





RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #

Date _____

Establishment

Address

City/State

Zip Code

Telephone

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance

N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

R=repeat violation

Compliance Status

COS	R
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R

Compliance Status

COS	
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57	IN OUT N/A N/O	Outdoor Food Operation
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58	IN	OUT	N/A	N/O	Mobile Retail Food Establishment
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TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

Person In Charge (Signature)

Inspector (Signature)

Date:

Date: