



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date	10 Days	Date
No. of Risk Factor/Intervention Violations		Time In
No. of Repeat Risk Factor/Intervention Violations		Time Out

Establishment Star Billiards II	Address 710 W. 3rd St.	City/State Marion IN	Zip Code 46952	Telephone 765-611-5548
License/Permit # 2025-165	Permit Holder Robert Chan Monroe	Purpose of Inspection routine	Est. Type 2	Risk Category 2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R
Supervision				Time/Temperature Control for Safety		
1 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooking time & temperatures
Employee Health				19 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper reheating procedures for hot holding
3 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		20 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooling time and temperature
4 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper use of restriction and exclusion		21 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper hot holding temperatures
5 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		22 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cold holding temperatures
Good Hygienic Practices				23 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper date marking and disposition
6 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		24 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Time as a Public Health Control; procedures & records
7 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		Consumer Advisory		
8 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Hands clean & properly washed		25 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Consumer advisory provided for raw/undercooked food
9 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Highly Susceptible Populations		
10 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered
Approved Source				27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature		29 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Compliance with variance/specialized process/HACCP
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.		
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction				
Protection from Contamination						
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected				
16 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized				

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		COS	R	Compliance Status	COS	R
Safe Food and Water				Proper Use of Utensils		
30	Pasteurized eggs used where required			43	In-use utensils: properly stored	
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled	
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used	
Food Temperature Control				46	Gloves used properly	
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending		
34	Plant food properly cooked for hot holding			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips	
36	Thermometers provided & accurate			49	Non-food contact surfaces clean	
Food Identification				Physical Facilities		
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure	
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices	
38	Insects, rodents, & animals not present			52	Sewage & wastewater properly disposed	
39	Contamination prevented during food preparation, storage & display			53	Toilet facilities: properly constructed, supplied, & cleaned	
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained	
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean	
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used	

Person In Charge (Signature)

Date: 11/07/25

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date:

