



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

Release Date

10 Days

Date

9/3/25

Time In

Time Out

No. of Risk Factor/Intervention Violations

2

No. of Repeat Risk Factor/Intervention
Violations

2

Establishment
Taylor University Dining Commons
License/Permit #
2025-179

Address

236 W Broad Rd
All food systems

City/State

Upland IN
10#27

Zip Code

46989
5745141095

Telephone

4

Permit Holder

Est. Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

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

Compliance Status		COS	R	Compliance Status	COS	R				
Supervision										
1 IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties			17 IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food					
2 IN OUT N/A N/O	Certified Food Protection Manager			18 IN OUT N/A N/O	Proper cooking time & temperatures					
Employee Health										
3 IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting			19 IN OUT N/A N/O	Proper reheating procedures for hot holding					
4 IN OUT N/A N/O	Proper use of restriction and exclusion			20 IN OUT N/A N/O	Proper cooling time and temperature					
5 IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events			21 IN OUT N/A N/O	Proper hot holding temperatures					
Good Hygienic Practices										
6 IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use			22 IN OUT N/A N/O	Proper cold holding temperatures					
7 IN OUT N/A N/O	No discharge from eyes, nose, and mouth			23 IN OUT N/A N/O	Proper date marking and disposition					
Preventing Contamination by Hands										
8 IN OUT N/A N/O	Hands clean & properly washed			24 IN OUT N/A N/O	Time as a Public Health Control; procedures & records					
9 IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			Consumer Advisory						
10 IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible			25 IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food					
Approved Source										
11 IN OUT N/A N/O	Food obtained from approved source			Highly Susceptible Populations						
12 IN OUT N/A N/O	Food received at proper temperature			26 IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered					
13 IN OUT N/A N/O	Food in good condition, safe, & unadulterated			27 IN OUT N/A N/O	Food additives: approved & properly used					
14 IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction			28 IN OUT N/A N/O	Toxic substances properly identified, stored, & used					
Protection from Contamination										
15 IN OUT N/A N/O	Food separated and protected			Conformance with Approved Procedures						
16 IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized			29 IN OUT N/A N/O	Compliance with variance/specialized process/HACCP					
GOOD RETAIL PRACTICES										
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation				
Compliance Status										
Safe Food and Water										
30	Pasteurized eggs used where required			Compliance Status						
31	Water & ice from approved source			Proper Use of Utensils						
32	Variance obtained for specialized processing methods			43	In-use utensils: properly stored					
Food Temperature Control				44	Utensils, equipment & linens: properly stored, dried, & handled					
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single-service articles: properly stored & used					
34	Plant food properly cooked for hot holding			46	Gloves used properly					
35	Approved thawing methods used			Utensils, Equipment and Vending						
36	Thermometers provided & accurate			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
Food Identification				48	Warewashing facilities: installed, maintained, & used; test strips					
37	Food properly labeled; original container			49	X Non-food contact surfaces clean					
Prevention of Food Contamination				Physical Facilities						
38	Insects, rodents, & animals not present			50	Hot & cold water available; adequate pressure					
39	Contamination prevented during food preparation, storage & display			51	Plumbing installed; proper backflow devices					
40	Personal cleanliness			52	Sewage & wastewater properly disposed					
41	Wiping cloths: properly used & stored			53	Toilet facilities: properly constructed, supplied, & cleaned					
42	Washing fruits & vegetables			54	Garbage & refuse properly disposed; facilities maintained					
Person In Charge (Signature)				55	Physical facilities installed, maintained, & clean					
Inspector (Signature)				56	Adequate ventilation & lighting; designated areas used					
Date: 9/3/25										
Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (Circle one) Follow-up Date:										



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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

2225179
License/Permit #

Date 9/21/25

Establishment

Address

Address 236 W. Beach Rd. City/State Upland Zip Code 46989 Telephone 574514095

City/State

Zip Code

Telephone

OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Inspector (Signature)

Date:

9/3/25