



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

Release Date

10 Days

Date

Time In

Time Out

Oct. 23 25
10 27

No. of Risk Factor/Intervention Violations

9

No. of Repeat Risk Factor/Intervention Violations

3

Establishment

Address

City/State

Zip Code

Telephone

License/Permit #

Permit Holder

Purpose of Inspection

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
Supervision			
1 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties	
2 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Certified Food Protection Manager	
Employee Health			
3 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper use of restriction and exclusion	
5 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events	
Good Hygienic Practices			
6 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use	X
7 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Hands clean & properly washed	
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	
10 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible	
Approved Source			
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source	
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature	
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated	
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.

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		cos	R
Safe Food and Water			
30 <input checked="" type="checkbox"/> IN	Pasteurized eggs used where required		
31 <input checked="" type="checkbox"/> IN	Water & ice from approved source		
32 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods		
Food Temperature Control			
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control		
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding		
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used		
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate		
Food Identification			
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container		
Prevention of Food Contamination			
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present		
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display		
40 <input checked="" type="checkbox"/> IN	Personal cleanliness	X	
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored		
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables		

Compliance Status		cos	R
Proper Use of Utensils			
43 <input checked="" type="checkbox"/> IN	In-use utensils: properly stored		
44 <input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled		
45 <input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used		
46 <input checked="" type="checkbox"/> IN	Gloves used properly		
Utensils, Equipment and Vending			
47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips		
49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean		X
Physical Facilities			
50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure		
51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices		
52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed		
53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned		
54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained		
55 <input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean		
56 <input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used		X

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.

Person In Charge (Signature)

Mirela

Date: 10/23/2025

Inspector (Signature)

Jessica Gonzalez, RPH

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

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
148 C-6			Employee personal beverage observed in cooler w/ food and other container on a food prep area	COS 3-5 days
151 C-40			Casual tip employees without hair protection observed	
175 P-15			Observed raw bacon in walk in cooler setting on top of butter	
183 C-43			Drip well on service line was not running while utensil was inside	
286 C-47			Refrigerator equipment 1. jacket off prep line cooler 2. ice buildup on evaporator in walk in cooler on cook line	
213 P-22			Ranch dressing - house made - temp at 41° and cold/hot on top tray temp 41°	
287 C-47			Cutting Board scored heavily - needs to be smooth to be able to clean	
306 C-49			Refrigerator 1. following Non Food Contact areas soiled with food, dust and other debris 2. Underside of warming station 3. Chaulkline between cold prep area 3. Microwave inside/out on front prep line	
445 C-58			Dust through out kitchen ceiling (jackets) and blue pads in meat room Walk in cooler and dish room	

Received By (Name & Title)

Inspected By (Name & Title)

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