



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

Release Date

10 days

Date

4/9/26

No. of Risk Factor/Intervention Violations

1

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

1

Establishment

Address

City/State

Zip Code

Telephone

License/Permit #

Permit Holder

Purpose of Inspection

Est. Type

Risk Category

Travis Stoker Private Home 406 E 4th St

Marion IN

46952

2026-0348

Ethan Peepz

Routine

3

4

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	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A N/O	Certified Food Protection Manager			
Employee Health					
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT N/A N/O	Proper use of restriction and exclusion			
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use			
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN OUT N/A N/O	Hands clean & properly washed			
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible			
Approved Source					
11	IN OUT N/A N/O	Food obtained from approved source			
12	IN OUT N/A N/O	Food received at proper temperature			
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated			
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction			
Protection from Contamination					
15	IN OUT N/A N/O	Food separated and protected			
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS		R	
17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food			
Time/Temperature Control for Safety					
18	IN OUT N/A N/O	Proper cooking time & temperatures			
19	IN OUT N/A N/O	Proper reheating procedures for hot holding			
20	IN OUT N/A N/O	Proper cooling time and temperature			
21	IN OUT N/A N/O	Proper hot holding temperatures			
22	IN OUT N/A N/O	Proper cold holding temperatures			
23	IN OUT N/A N/O	Proper date marking and disposition			
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records			X
Consumer Advisory					
25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations					
26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	IN OUT N/A N/O	Food additives: approved & properly used			
28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP			

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.

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

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R=repeat violation

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

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

Person In Charge (Signature)

Date:

4-9-2026

Inspector (Signature)

Follow-up: YES (NO) Circle one

Follow-up Date:

2026-0340	Date	4-9-2026
License/Permit #		

Establishment Tina Shop	Address 406 E 4th St	City/State Mankato, MN	Zip Code 56002	Telephone
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OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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

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Compliance Status			COS	R	Compliance Status			COS	R
57	IN OUT N/A N/O	Outdoor Food Operation			58	IN OUT N/A N/O	Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

Person In Charge (Signature) <i>[Signature]</i>	Date: _____
Inspector (Signature) <i>[Signature]</i>	Date: <i>4-9-2026</i>