



**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

10
27

No. of Risk Factor/Intervention Violations

3

Time Out

No. of Repeat Risk Factor/Intervention
Violations

1

Establishment

Waylon's Bar
2025-330

Address

324 E. Charles St.
Travis Campbell

City/State

Marion IN
Routine

Zip Code

46953

Telephone

765668-8360

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

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

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

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

Date: 10-28-2025

