



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

Release Date

10 Days

Oct. 30 2025  
Date  
Time In  
Time Out

No. of Risk Factor/Intervention Violations

4

No. of Repeat Risk Factor/Intervention  
Violations

1

Establishment Wings Rte. 2025-080	Address 1508 So Western Ave	City/State Marion IN	Zip Code 46953	Telephone 765.374.6233
License/Permit #	Permit Holder WFOC Fast Inc	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
<b>Supervision</b>						
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	
<b>Employee Health</b>						
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	
<b>Good Hygienic Practices</b>						
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	
<b>Preventing Contamination by Hands</b>						
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			<b>Consumer Advisory</b>		
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	
<b>Approved Source</b>						
11 IN OUT N/A N/O	Food obtained from approved source			<b>Highly Susceptible Populations</b>		
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	
<b>Protection from Contamination</b>						
15 IN OUT N/A N/O	Food separated and protected			29 IN OUT N/A N/O	Compliance with variance/specialized process/HACCP	
16 IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized	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.		

**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
<b>Safe Food and Water</b>						
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	
<b>Food Temperature Control</b>				46	Gloves used properly	
33	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>		
34	Plant food properly cooked for hot holding			47	X 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	X Non-food contact surfaces clean	
<b>Food Identification</b>				<b>Physical Facilities</b>		
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure	
<b>Prevention of Food Contamination</b>				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)

Inspector (Signature)

Date: 10-30-25

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

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION					2025-086 License/Permit #	Date Oct. 30 2025			
Establishment <i>Alma's Lot.</i>	Address <i>1508 So. Western</i>	City/State <i>Marion IN</i>	Zip Code <i>46952</i>	Telephone <i>—</i>					
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					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	
57	IN OUT N/A N/O	Outdoor Food Operation			58	IN OUT N/A N/O	Mobile Retail Food Establishment		
TEMPERATURE OBSERVATIONS									
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp				
OBSERVATIONS AND CORRECTIVE ACTIONS									
Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.						Complete by Date:		
299-P-16	Sanitizer - Concentration too low. Needs to be 200 ppm in 65-75 water						Today		
308 b-C-16	microwave abuse, perishing soft, moist & cut with dry food and other debris								
242-C-47	Can opener blade and base soiled to include chef. Knife glove prep sink stored as clean, has dry debris on blade.								
305-C-49	The following non food contact items) soiled with dry food and other debris, dust 1. Freezer (upright) (should freeze) 2. Warmer (top of heat lamp) *Repeat								
<p>* CFH (need verification) - pending</p> <p><i>Yiun Yous</i></p>									
Person In Charge (Signature)					Date: 10/30/25				
Inspector (Signature)					Date: 10/30/25				