RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Release Date	10 day S
No. of Risk Factor/Intervention Violations	3
No. of Repeat Risk Factor/Intervention Violations	1
Date	9-4-26
Time In	
Time Out	#27

Establishment	Address	City/State	Zip Code	Telephone
Bob Evans #2067	2609 S Western Ave	Marion IN	46953	—

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
2026. 0059	Bob Evans Restaurant	Routine	3	3

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
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	X	X

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		
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 COS=corrected on-site during inspection 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	X	Personal cleanliness	X	X
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: 9-4-26

Inspector (Signature) FSE

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

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit # 2026-0059

Date 9-4-26

Establishment	Address	City/State	Zip Code	Telephone
Bob Evans	2609 S Western Ave	Marion IN	46953	

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
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	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:
306-PF 1a	Lrg white Bowl / Stored Clean - Sorted w/ Dried Food	Removed
151 C-40	Employee Cooking w/o hair Restraint on	Corrected
443-C 55	Flooring in Kitchen on Southend under fryer - grease/food	Today

Person In Charge (Signature) _____ Date: 9-4-26

Inspector (Signature) _____ RS I (C) Date: 9-4-26