RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Release Date: 10 days
No. of Risk Factor/Intervention Violations: 0
No. of Repeat Risk Factor/Intervention Violations: 0
Date: 7/28/26
~~Time In~~
~~Time Out~~ #27

Establishment	Address	City/State	Zip Code	Telephone
GAS City Brewing Co. INC	245 Main St	GAS City, IN	46933	(765) 251-1476

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
FE 2026-0031	Dennis & Missy Sample	Routine	2	1

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	

	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		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) VINCENT SM Date: 7/28/2026

Inspector (Signature) [signature] Follow-up: YES (NO) (Circle one) Follow-up Date:

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

FEL 2026-0021
License/Permit # | Date

Establishment	Address	City/State	Zip Code	Telephone
Gas City Brewing Co Inc	245 E Main St	Gas City, IN	46933	(765)257-4876

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
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
Upright Freezer	0F				
WALK IN cooler	37°F				

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:
	No violations At this time	

Person In Charge (Signature) Date: 7/28/26

Inspector (Signature) Date: 7/28/26