RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Release Date	10 days S
No. of Risk Factor/Intervention Violations	1
No. of Repeat Risk Factor/Intervention Violations	0
Date	8-18-26
Time In	
Time Out	# 27

Establishment	Address	City/State	Zip Code	Telephone
ST Martin DeSoto	9015 Branson St	Merrillville IN	46953	

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
2026-0024	Board	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		

	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) [signature] Date: 8/18-26

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

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit # 2026-0024

Date 8-18-26

Establishment	Address	City/State	Zip Code	Telephone
St Martin DePorres	901 S Branson St	Marion IN	46953	

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		

	Compliance Status		COS	R
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:
2-4-PF (23)	3 Sour Cream / Cottage Cheese in walk in Cooler Units Best by June 2026 & July 19th 2026	Remove

Person In Charge (Signature) [signature] Date:

Inspector (Signature) [signature] F Stud Date: 8-18-26