



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

Release Date

10 days

Date

05-26

No. of Risk Factor/Intervention Violations

1

Time In

Time Out

#27

No. of Repeat Risk Factor/Intervention Violations

0

Establishment <i>The Branch</i>	Address <i>108 S. Main St</i>	City/State <i>Farmington IN</i>	Zip Code <i>46928</i>	Telephone
License/Permit # <i>2026-0316</i>	Permit Holder <i>Farmington Wesleyan Church</i>	Purpose of Inspection <i>Routine</i>	Est. Type <i>3</i>	Risk Category <i>3</i>

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 X	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)

Theresa Jones
Dean Shel *PSE*

Date:

05-26

Follow-up: YES NO

(Circle one)

Follow-up Date:

Date 8-5-2024

Establishment <i>The Beacon</i>	Address <i>108 S. Main St</i>	City/State <i>Frankfort KY</i>	Zip Code <i>40601</i>	Telephone
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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

IN - in compliance			OSF - not in compliance			N/A - not applicable			OSF - not on site during inspection						
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

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

Person In Charge (Signature) <i>Toni [Signature]</i>	Date: _____
Inspector (Signature) <i>Dean [Signature]</i> <i>FST</i>	Date: <i>8-5-2026</i>

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 8.6.26

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 8-3-26

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>8.6.26</u>	<u>Emptied and thoroughly disinfected</u> <u>with bleach, rinsed thoroughly.</u> <u>(ice machine)</u>

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Clared Kaufman Title Assr. Manager

Establishment The Branch

Address 108 S Main, Fairmount