



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

Release Date	10 Days	Date Time In Time Out
No. of Risk Factor/Intervention Violations	0	
No. of Repeat Risk Factor/Intervention Violations	0	

Establishment	Address	City/State	Zip Code	Telephone
950 Speakeasy	950 Washington Street	Lagro, Indiana	46941	(260) 205-8775
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
467	Justin Gillespie	Root, IN	Restaurant	

**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		<b>Conformance with Approved Procedures</b>						
16 IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29 IN	OUT N/A N/O	Compliance with variance/specialized process/HACCP				
<b>GOOD RETAIL PRACTICES</b>										
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 <b>not</b> 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		Proper Use of Utensils				
31		Water & ice from approved source		44		In-use utensils: properly stored				
32		Variance obtained for specialized processing methods		45		Utensils, equipment & linens: properly stored, dried, & handled				
<b>Food Temperature Control</b>				46		Single-use/single-service articles: properly stored & used				
33		Proper cooling methods used; adequate equipment for temperature control				Gloves used properly				
34		Plant food properly cooked for hot holding		<b>Utensils, Equipment and Vending</b>						
35		Approved thawing methods used		47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
36		Thermometers provided & accurate		48		Warewashing facilities: installed, maintained, & used; test strips				
<b>Food Identification</b>				49		Non-food contact surfaces clean				
37		Food properly labeled; original container		<b>Physical Facilities</b>						
<b>Prevention of Food Contamination</b>				50		Hot & cold water available; adequate pressure				
38		Insects, rodents, & animals not present		51		Plumbing installed; proper backflow devices				
39		Contamination prevented during food preparation, storage & display		52		Sewage & wastewater properly disposed				
40		Personal cleanliness		53		Toilet facilities: properly constructed, supplied, & cleaned				
41		Wiping cloths: properly used & stored		54		Garbage & refuse properly disposed; facilities maintained				
42		Washing fruits & vegetables		55		Physical facilities installed, maintained, & clean				
<b>Person In Charge (Signature)</b>				56		Adequate ventilation & lighting; designated areas used				
<b>Inspector (Signature)</b>										
Follow-up: YES   NO   (Circle one)   Follow-up Date:										



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License/Permit #  
467

Date

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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

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cheese	36				
Carrots	36				
Lettuce	38				

## OBSERVATIONS AND CORRECTIVE ACTIONS

INFO @ 950.SPEAKEASY.COM

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date:



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## OBSERVATIONS AND CORRECTIVE ACTIONS

## Published Comment

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date: