



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

| | | |
|---|-------------------------------------|---------------------|
| Release Date | 10 Days | Date <i>6/26/25</i> |
| No. of Risk Factor/Intervention Violations | <input checked="" type="checkbox"/> | Time In |
| No. of Repeat Risk Factor/Intervention Violations | <input checked="" type="checkbox"/> | Time Out |

| Establishment | Address | City/State | Zip Code | Telephone |
|------------------|--------------------|---|-------------------|----------------|
| AANDRZ | 6 West Hill Street | Wabash, Indiana | 46992 | (317) 797-3103 |
| License/Permit # | Permit Holder | Purpose of Inspection <i>ROUTINE</i> | Est. Type | Risk Category |
| 604 | Syed S. Ali | | Convenience Store | |

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 | | | | | | | | | | | |
|---|-------------|---|---|---|-------------|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|
| Supervision | | | | | | | | | | | | | | | | | |
| 1 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Person in charge present, demonstrates knowledge, and performs duties | | 17 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Proper disposition of returned, previously served, reconditioned & unsafe food | | | | | | | | | | | |
| 2 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Certified Food Protection Manager | | 18 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Proper cooking time & temperatures | | | | | | | | | | | |
| Employee Health | | | | | | | | | | | | | | | | | |
| 3 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | 19 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Proper reheating procedures for hot holding | | | | | | | | | | | |
| 4 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Proper use of restriction and exclusion | | 20 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Proper cooling time and temperature | | | | | | | | | | | |
| 5 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Procedures for responding to vomiting and diarrheal events | | 21 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Proper hot holding temperatures | | | | | | | | | | | |
| Good Hygienic Practices | | | | | | | | | | | | | | | | | |
| 6 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Proper eating, tasting, drinking, or tobacco products use | | 22 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Proper cold holding temperatures | | | | | | | | | | | |
| 7 <input checked="" type="checkbox"/> IN | OUT N/A N/O | No discharge from eyes, nose, and mouth | | 23 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Proper date marking and disposition | | | | | | | | | | | |
| Preventing Contamination by Hands | | | | | | | | | | | | | | | | | |
| 8 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Hands clean & properly washed | | 24 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Time as a Public Health Control; procedures & records | | | | | | | | | | | |
| 9 <input checked="" type="checkbox"/> IN | OUT N/A N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | Consumer Advisory | | | | | | | | | | | | | |
| 10 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Adequate handwashing sinks properly supplied and accessible | | 25 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Consumer advisory provided for raw/undercooked food | | | | | | | | | | | |
| Approved Source | | | | | | | Highly Susceptible Populations | | | | | | | | | | |
| 11 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food obtained from approved source | | 26 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Pasteurized foods used; prohibited foods not offered | | | | | | | | | | | |
| 12 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food received at proper temperature | | 27 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food additives: approved & properly used | | | | | | | | | | | |
| 13 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food in good condition, safe, & unadulterated | | 28 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Toxic substances properly identified, stored, & used | | | | | | | | | | | |
| 14 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Required records available: molluscan shellfish identification, parasite destruction | | Conformance with Approved Procedures | | | | | | | 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. | | | | | | |
| 15 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food separated and protected | | 29 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Compliance with variance/specialized process/HACCP | | | | | | | | | | | |
| 16 <input checked="" type="checkbox"/> IN | OUT N/A N/O | Food-contact surfaces; cleaned & sanitized | | | | | | | | | | | | | | | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

| Compliance Status | | cos | R | Compliance Status | cos | R | | | | |
|--|---|-----|---|---|--|---|--|--|--|--|
| Safe Food and Water | | | | | | | | | | |
| 30 <input checked="" type="checkbox"/> IN | Pasteurized eggs used where required | | | 43 <input checked="" type="checkbox"/> IN | In-use utensils: properly stored | | | | | |
| 31 <input checked="" type="checkbox"/> IN | Water & ice from approved source | | | 44 <input checked="" type="checkbox"/> IN | Utensils, equipment & linens: properly stored, dried, & handled | | | | | |
| 32 <input checked="" type="checkbox"/> IN | Variance obtained for specialized processing methods | | | 45 <input checked="" type="checkbox"/> IN | Single-use/single-service articles: properly stored & used | | | | | |
| Food Temperature Control | | | | | | | | | | |
| 33 <input checked="" type="checkbox"/> IN | Proper cooling methods used; adequate equipment for temperature control | | | 46 <input checked="" type="checkbox"/> IN | Gloves used properly | | | | | |
| 34 <input checked="" type="checkbox"/> IN | Plant food properly cooked for hot holding | | | Utensils, Equipment and Vending | | | | | | |
| 35 <input checked="" type="checkbox"/> IN | Approved thawing methods used | | | 47 <input checked="" type="checkbox"/> IN | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | | | | |
| 36 <input checked="" type="checkbox"/> IN | Thermometers provided & accurate | | | 48 <input checked="" type="checkbox"/> IN | Warewashing facilities: installed, maintained, & used; test strips | | | | | |
| Food Identification | | | | 49 <input checked="" type="checkbox"/> IN | Non-food contact surfaces clean | | | | | |
| 37 <input checked="" type="checkbox"/> IN | Food properly labeled; original container | | | Physical Facilities | | | | | | |
| Prevention of Food Contamination | | | | | | | | | | |
| 38 <input checked="" type="checkbox"/> IN | Insects, rodents, & animals not present | | | 50 <input checked="" type="checkbox"/> IN | Hot & cold water available; adequate pressure | | | | | |
| 39 <input checked="" type="checkbox"/> IN | Contamination prevented during food preparation, storage & display | | | 51 <input checked="" type="checkbox"/> IN | Plumbing installed; proper backflow devices | | | | | |
| 40 <input checked="" type="checkbox"/> IN | Personal cleanliness | | | 52 <input checked="" type="checkbox"/> IN | Sewage & wastewater properly disposed | | | | | |
| 41 <input checked="" type="checkbox"/> IN | Wiping cloths: properly used & stored | | | 53 <input checked="" type="checkbox"/> IN | Toilet facilities: properly constructed, supplied, & cleaned | | | | | |
| 42 <input checked="" type="checkbox"/> IN | Washing fruits & vegetables | | | 54 <input checked="" type="checkbox"/> IN | Garbage & refuse properly disposed; facilities maintained | | | | | |
| Person In Charge (Signature) | | | | | | | | | | |
| Inspector (Signature) | | | | | | | | | | |
| Follow-up: YES NO (Circle one) Follow-up Date: | | | | | | | | | | |



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FOOD PROTECTION DIVISION

License/Permit #
604

Date

6/26/25

| | | | | |
|---------------|--------------------|-----------------|----------|----------------|
| Establishment | Address | City/State | Zip Code | Telephone |
| ANDRZ | 6 West Hill Street | Wabash, Indiana | 46992 | (317) 797-3103 |

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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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

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Item/Location | **Temp**

Table 1. Summary of the main characteristics of the four groups of patients.

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OBSERVATIONS AND CORRECTIVE ACTIONS



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Date

Establishment AANDRZ

Address

City/State

Zip Code
46992

Telephone
(317) 797-3103

OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date: _____

Inspector (Signature)

Date: