



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

Release Date

10 Days

Date

7-1-25

Time In

12:00

Time Out

No. of Risk Factor/Intervention Violations

0

No. of Repeat Risk Factor/Intervention Violations

0

Establishment	Address	City/State	Zip Code	Telephone
Ben's Soft Pretzels	1601 North Cass Street	Wabash, Indiana	46991	(260) 225-5720
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
685	Ben's Soft Pretzels	ROUTINE	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
Supervision				Time/Temperature Control for Safety			
1	IN OUT N/A N/O			17	IN OUT N/A N/O		
Person in charge present, demonstrates knowledge, and performs duties				Proper disposition of returned, previously served, reheated & unsafe food			
2	IN OUT N/A N/O			Time/Temperature Control for Safety			
Certified Food Protection Manager				18	IN OUT N/A N/O		
Employee Health				19	IN OUT N/A N/O		
3	IN OUT N/A N/O			20	IN OUT N/A N/O		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				21	IN OUT N/A N/O		
4	IN OUT N/A N/O			22	IN OUT N/A N/O		
Proper use of restriction and exclusion				23	IN OUT N/A N/O		
5	IN OUT N/A N/O			24	IN OUT N/A N/O		
Procedures for responding to vomiting and diarrheal events				Time as a Public Health Control; procedures & records			
Good Hygienic Practices				Consumer Advisory			
6	IN OUT N/A N/O			25	IN OUT N/A N/O		
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided for raw/undercooked food			
7	IN OUT N/A N/O			Highly Susceptible Populations			
No discharge from eyes, nose, and mouth				26	IN OUT N/A N/O		
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances			
8	IN OUT N/A N/O			27	IN OUT N/A N/O		
Hands clean & properly washed				Food additives: approved & properly used			
9	IN OUT N/A N/O			28	IN OUT N/A N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Toxic substances properly identified, stored, & used			
10	IN OUT N/A N/O			Conformance with Approved Procedures			
Adequate handwashing sinks properly supplied and accessible				29	IN OUT N/A N/O		
Approved Source				Compliance with variance/specialized process/HACCP			
11	IN OUT N/A N/O			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.			
12	IN OUT N/A N/O						
13	IN OUT N/A N/O						
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							

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	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plant food properly cooked for hot holding			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, & animals not present			52	Sewage & wastewater properly disposed		
39	Contamination prevented during food preparation, storage & display			53	Toilet facilities: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean		
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature)

[Signature]

Date:

7-1-25

Inspector (Signature)

[Signature]

Follow-up: YES NO (Circle one) Follow-up Date:



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License/Permit #
685

Date

Establishment Ben's Soft Pretzels	Address 1601 North Cass Street	City/State Wabash, Indiana	Zip Code 46992	Telephone (260) 225-5720
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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:

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: