



**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
No. of Risk Factor/Intervention Violations	0	Time In 12:00
No. of Repeat Risk Factor/Intervention Violations	0	Time Out

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 ROUTINE	Est. Type	Risk Category
685	Ben's Soft Pretzels		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																	
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						

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
Compliance Status	
Safe Food and Water	
30 <input checked="" type="checkbox"/> IN	Pasteurized eggs used where required
31 <input checked="" type="checkbox"/> IN	Water & ice from approved source
32 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods
Food Temperature Control	
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate
Food Identification	
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container
Prevention of Food Contamination	
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display
40 <input checked="" type="checkbox"/> IN	Personal cleanliness
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables
Physical Facilities	
50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure
51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices
52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed
53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned
54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained
55 <input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean
56 <input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used
Person In Charge (Signature)	<i>Ben's Soft Pretzels</i>
Inspector (Signature)	<i>PLM</i>
Follow-up: YES NO (Circle one) Follow-up Date:	



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IN=In compliance	OUT=not in compliance	N/A=not applicable	CGS=corrected on-site during inspection		R=repeat violation			
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

ITEM/LOCATION/OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cheese	41				
Marinara	40				

OBSERVATIONS AND CORRECTIVE ACTIONS

Person In Charge (Signature)

Dyantha Horch

Date:

Inspector (Signature)

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Date:



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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: