



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

Release Date	10 Days	Date <i>9/30/25</i>
No. of Risk Factor/Intervention Violations		Time In
No. of Repeat Risk Factor/Intervention Violations		Time Out

Establishment	Address	City/State	Zip Code	Telephone
Blue Bird Cafe	15 North Main Street	Laketon, Indiana	46943	(260) 982-7147
License/Permit #	Permit Holder	Purpose of Inspection <i>Routine</i>	Est. Type	Risk Category
73	Bobbie-Marie Giordano		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 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				
Employee Health										
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				
Good Hygienic Practices										
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				
Preventing Contamination by Hands										
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		Consumer Advisory						
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				
Approved Source										
11 IN	OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations						
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				
Protection from Contamination										
15 IN	OUT N/A N/O	Food separated and protected		Conformance with Approved Procedures						
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				
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										
Safe Food and Water										
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				
Food Temperature Control										
33		Proper cooling methods used; adequate equipment for temperature control		46		Single-use/single-service articles: properly stored & used				
34		Plant food properly cooked for hot holding		Utensils, Equipment and Vending						
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				
Food Identification				49		Non-food contact surfaces clean				
37		Food properly labeled; original container		Physical Facilities						
Prevention of Food Contamination				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				
Person In Charge (Signature)				56		Adequate ventilation & lighting; designated areas used				
Inspector (Signature)										
Follow-up: YES NO (Circle one) Follow-up Date:										



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**INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION**

License/Permit #
73

Date

4/30/25

Establishment	Address	City/State	Zip Code	Telephone
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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

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:
181A	Defrost freezers	30days

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:

Cohen Bellows
Leanne Sculley

9 | 30/25



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Laketon, Indiana

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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

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Date: