



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

Release Date	10 Days	Date 6/25/25
No. of Risk Factor/Intervention Violations	0	Time In
No. of Repeat Risk Factor/Intervention Violations	0	Time Out

Establishment	Address	City/State	Zip Code	Telephone
Burger King #7857	1209 North Cass Street	Wabash, Indiana	46992	(260) 569-1000
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
78	Gary Tiedeman	<i>ROUTINE</i>	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		29 IN	OUT N/A N/O	Compliance with variance/specialized process/HACCP				
16 IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		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.						

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 IN	Pasteurized eggs used where required			43 IN	Utensils: properly stored					
31 IN	Water & ice from approved source			44 IN	Utensils, equipment & linens: properly stored, dried, & handled					
32 IN	Variance obtained for specialized processing methods			45 IN	Single-use/single-service articles: properly stored & used					
Food Temperature Control										
33 IN	Proper cooling methods used; adequate equipment for temperature control			46 IN	Gloves used properly					
34 IN	Plant food properly cooked for hot holding			Utensils, Equipment and Vending						
35 IN	Approved thawing methods used			47 IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
36 IN	Thermometers provided & accurate			48 IN	Warewashing facilities: installed, maintained, & used; test strips					
Food Identification				49 IN	Non-food contact surfaces clean					
37 IN	Food properly labeled; original container			Physical Facilities						
Prevention of Food Contamination				50 IN	Hot & cold water available; adequate pressure					
38 IN	Insects, rodents, & animals not present			51 IN	Plumbing installed; proper backflow devices					
39 IN	Contamination prevented during food preparation, storage & display			52 IN	Sewage & wastewater properly disposed					
40 IN	Personal cleanliness			53 IN	Toilet facilities: properly constructed, supplied, & cleaned					
41 IN	Wiping cloths: properly used & stored			54 IN	Garbage & refuse properly disposed; facilities maintained					
42 IN	Washing fruits & vegetables			55 IN	Physical facilities installed, maintained, & clean					
Person In Charge (Signature)				56 IN	Adequate ventilation & lighting; designated areas used					
Inspector (Signature)										
Follow-up: YES NO (Circle one) Follow-up Date:										



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License/Permit #
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Date

6/25/25

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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

ITEM/LOCATION DESCRIPTIONS

TEMPERATURE OBSERVATIONS

Item/Location

Item/Location Temp Item/Location Temp Item/Location Temp

Table 1. Summary of the main characteristics of the 1000 samples used in this study.

OBSERVATIONS AND CORRECTIVE ACTIONS

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: