



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

Release Date	10 Days	Date 8/28/25
No. of Risk Factor/Intervention Violations		
No. of Repeat Risk Factor/Intervention Violations		Time In
		Time Out

Establishment TOWNE MARKET	Address	City/State WABASH IN	Zip Code	Telephone
License/Permit #	Permit Holder	Purpose of Inspection Pre-Inspection	Est. Type	Risk Category

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		29 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Compliance with variance/specialized process/HACCP							
Protection from Contamination							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											
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	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			47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used			48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips	
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate			49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean	
Food Identification						
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container			50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure	
Prevention of Food Contamination						
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present			51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices	
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display			52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed	
40 <input checked="" type="checkbox"/> IN	Personal cleanliness			53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned	
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored			54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained	
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables			55 <input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean	
Physical Facilities						
43 <input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used			56 <input checked="" type="checkbox"/> IN		
Person In Charge (Signature)						
Inspector (Signature)						
Follow-up: YES NO (Circle one) Follow-up Date: 8/28/25						



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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: