



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

Release Date

10 Days

Date

5-8-25

No. of Risk Factor/Intervention Violations

0

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

0

Establishment	Address	City/State	Zip Code	Telephone
Charley Creek Inn	111 West Market Street	Wabash, Indiana	46992	(260) 563-0111
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
86	Charley Creek Inn Hospitality	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
<b>Supervision</b>				<b>Time/Temperature Control for Safety</b>			
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, reconditioned & unsafe food			
2	IN OUT N/A N/O			<b>Consumer Advisory</b>			
Certified Food Protection Manager				Consumer advisory provided for raw/undercooked food			
<b>Employee Health</b>				<b>Highly Susceptible Populations</b>			
3	IN OUT N/A N/O			26	IN OUT N/A N/O		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Pasteurized foods used; prohibited foods not offered			
4	IN OUT N/A N/O			<b>Food/Color Additives and Toxic Substances</b>			
Proper use of restriction and exclusion				Food additives: approved & properly used			
5	IN OUT N/A N/O			27	IN OUT N/A N/O		
Procedures for responding to vomiting and diarrheal events				Toxic substances properly identified, stored, & used			
<b>Good Hygienic Practices</b>				<b>Conformance with Approved Procedures</b>			
6	IN OUT N/A N/O			29	IN OUT N/A N/O		
Proper eating, tasting, drinking, or tobacco products use				Compliance with variance/specialized process/HACCP			
7	IN OUT N/A N/O						
No discharge from eyes, nose, and mouth							
<b>Preventing Contamination by Hands</b>							
8	IN OUT N/A N/O						
Hands clean & properly washed							
9	IN OUT N/A N/O						
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed							
10	IN OUT N/A N/O						
Adequate handwashing sinks properly supplied and accessible							
<b>Approved Source</b>							
11	IN OUT N/A N/O						
Food obtained from approved source							
12	IN OUT N/A N/O						
Food received at proper temperature							
13	IN OUT N/A N/O						
Food in good condition, safe, & unadulterated							
14	IN OUT N/A N/O						
Required records available: molluscan shellfish identification, parasite destruction							
<b>Protection from Contamination</b>							
15	IN OUT N/A N/O						
Food separated and protected							
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.

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
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
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		
<b>Food Temperature Control</b>				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>			
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		
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				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:

5/8/25

Inspector (Signature)

*[Signature]*

Follow-up: YES NO

(Circle one)

Follow-up Date:

Date 5-8-25

Establishment	Address	City/State	Zip Code	Telephone
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## OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item

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**IN**=in compliance      **OUT**=not in compliance

**N/A**=not applicable

**COS**=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		

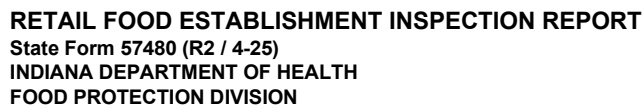
## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
TOMATOES	39				
PEPPERS	37				
BALON	171				
PINEAPPLE	35				
melon	42				

### OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

Person In Charge (Signature) <i>E. W. T.</i>	Date: <i>5/8/05</i>
Inspector (Signature) <i>[Signature]</i>	Date: <i>5-8-25</i>



Date \_\_\_\_\_

Telephone

(260) 563-0111

**Complete by Date:**

Date: