



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

Release Date

10 Days

Date **11/6/25**
Time In
Time Out

No. of Risk Factor/Intervention Violations

2

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

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

| Compliance Status | | COS | R | Compliance Status | | COS | R |
|---|----------------|-----|---|--|----------------|-----|---|
| Supervision | | | | Time/Temperature Control for Safety | | | |
| 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, reheated & unsafe food | | | |
| 2 | IN OUT N/A N/O | | | Time/Temperature Control for Safety | | | |
| Certified Food Protection Manager | | | | 18 | IN OUT N/A N/O | | |
| Employee Health | | | | Proper cooking time & temperatures | | | |
| 3 | IN OUT N/A N/O | | | 19 | IN OUT N/A N/O | | |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | Proper reheating procedures for hot holding | | | |
| 4 | IN OUT N/A N/O | | | 20 | IN OUT N/A N/O | | |
| Proper use of restriction and exclusion | | | | Proper cooling time and temperature | | | |
| 5 | IN OUT N/A N/O | | | 21 | IN OUT N/A N/O | | |
| Procedures for responding to vomiting and diarrheal events | | | | Proper hot holding temperatures | | | |
| Good Hygienic Practices | | | | 22 | IN OUT N/A N/O | | |
| 6 | IN OUT N/A N/O | | | Proper cold holding temperatures | | | |
| Proper eating, tasting, drinking, or tobacco products use | | | | 23 | IN OUT N/A N/O | | |
| 7 | IN OUT N/A N/O | | | Proper date marking and disposition | | | |
| No discharge from eyes, nose, and mouth | | | | 24 | IN OUT N/A N/O | | |
| Preventing Contamination by Hands | | | | Time as a Public Health Control; procedures & records | | | |
| 8 | IN OUT N/A N/O | | | Consumer Advisory | | | |
| Hands clean & properly washed | | | | 25 | IN OUT N/A N/O | | |
| 9 | IN OUT N/A N/O | | | Consumer advisory provided for raw/undercooked food | | | |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | | Highly Susceptible Populations | | | |
| 10 | IN OUT N/A N/O | | | 26 | IN OUT N/A N/O | | |
| Adequate handwashing sinks properly supplied and accessible | | | | Pasteurized foods used; prohibited foods not offered | | | |
| Approved Source | | | | Food/Color Additives and Toxic Substances | | | |
| 11 | IN OUT N/A N/O | | | 27 | IN OUT N/A N/O | | |
| Food obtained from approved source | | | | Food additives: approved & properly used | | | |
| 12 | IN OUT N/A N/O | | | 28 | IN OUT N/A N/O | | |
| Food received at proper temperature | | | | Toxic substances properly identified, stored, & used | | | |
| 13 | IN OUT N/A N/O | | | Conformance with Approved Procedures | | | |
| Food in good condition, safe, & unadulterated | | | | 29 | IN OUT N/A N/O | | |
| 14 | IN OUT N/A N/O | | | Compliance with variance/specialized process/HACCP | | | |
| Required records available: molluscan shellfish identification, parasite destruction | | | | 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. | | | |
| Protection from Contamination | | | | | | | |
| 15 | IN OUT N/A N/O | | | | | | |
| Food separated and protected | | | | | | | |
| 16 | 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.

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

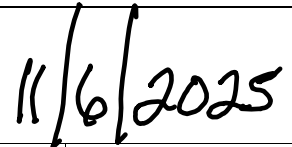
| Compliance Status | | COS | R | Compliance Status | | COS | R |
|---|---|-----|---|--|--|-----|---|
| Safe Food and Water | | | | Proper Use of Utensils | | | |
| 30 | Pasteurized eggs used where required | | | 43 | In-use utensils: properly stored | | |
| 31 | Water & ice from approved source | | | 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 32 | Variance obtained for specialized processing methods | | | 45 | Single-use/single-service articles: properly stored & used | | |
| Food Temperature Control | | | | 46 | Gloves used properly | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | | Utensils, Equipment and Vending | | | |
| 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 | | |
| Food Identification | | | | Physical Facilities | | | |
| 37 | Food properly labeled; original container | | | 50 | Hot & cold water available; adequate pressure | | |
| Prevention of Food Contamination | | | | 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)

Date: **11/6/25**

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date:



(260) 563-0111

| | | |
|----|----------------|----------------------------------|
| 58 | IN OUT N/A N/O | Mobile Retail Food Establishment |
|----|----------------|----------------------------------|

37

$$12/6/25$$

Chef ERIC WILSON @ GMAIL.COM

Date:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #
86

Date _____

Establishment

Address

City/State

Zip Code

Telephone

Charley Creek Inn

111 West Market Street

Wabash, Indiana

46992

(260) 563-0111

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:

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: