



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

Release Date	10 Days	Date 5/30/25
No. of Risk Factor/Intervention Violations	1	Time In 1000
No. of Repeat Risk Factor/Intervention Violations		Time Out

Establishment COCO JO's	Address 7309 E 400S	City/State Lafayette IN	Zip Code 46941	Telephone
License/Permit # 441	Permit Holder	Purpose of Inspection ROUTINE	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 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		Food/Color Additives and Toxic Substances						
14 IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		27 IN	OUT N/A N/O	Food additives: approved & properly used				
Protection from Contamination				28 IN	OUT N/A N/O	Toxic substances properly identified, stored, & used				
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		COS	R	Compliance Status		COS				
Safe Food and Water										
30		30		43						
	Pasteurized eggs used where required			44						
31		31		45						
	Water & ice from approved source			46						
32		32		Proper Use of Utensils						
	Variance obtained for specialized processing methods			47						
Food Temperature Control				48						
33		33		49						
	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending						
34		34		50						
	Plant food properly cooked for hot holding			51						
35		35		52						
	Approved thawing methods used			53						
36		36		54						
	Thermometers provided & accurate			55						
Food Identification				56						
37		37		Physical Facilities						
	Food properly labeled; original container			50						
Prevention of Food Contamination				51						
38		38		52						
	Insects, rodents, & animals not present			53						
39		39		54						
	Contamination prevented during food preparation, storage & display			55						
40		40		56						
	Personal cleanliness			Date: 5/30/25						
41		41		Follow-up: YES NO (Circle one) Follow-up Date:						
	Wiping cloths; properly used & stored									
42		42								
Person In Charge (Signature)										
Inspector (Signature)										



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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: