



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

|   |         |                     |
|---|---------|---------------------|
| Release Date                                      | 10 Days | Date <i>6-9-25</i>  |
| No. of Risk Factor/Intervention Violations        |         | Time In <i>2:10</i> |
| No. of Repeat Risk Factor/Intervention Violations |         | Time Out            |

| Establishment      | Address                | City/State            | Zip Code   | Telephone      |
|--------------------|------------------------|-----------------------|------------|----------------|
| Culver's of Wabash | 1321 North Cass Street | Wabash, Indiana       | 46992      | (260) 225-0446 |
| License/Permit #   | Permit Holder          | Purpose of Inspection | Est. Type  | Risk Category  |
| 89                 | Neil Miller            | <i>Roots: NC</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  |  |  |  |  |
|--|-------------|---|---|---|-------------|--|--|--|--|--|
| <b>Supervision</b>                       |             |   |   |   |             |  |  |  |  |  |
| 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   |  |  |  |  |
| <b>Employee Health</b>                   |             |   |   |   |             |  |  |  |  |  |
| 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  |  |  |  |  |
| <b>Good Hygienic Practices</b>           |             |   |   |   |             |  |  |  |  |  |
| 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  |  |  |  |  |
| <b>Preventing Contamination by Hands</b> |             |   |   |   |             |  |  |  |  |  |
| 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   |   | <b>Consumer Advisory</b>                    |             |  |  |  |  |  |
| 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                            |  |  |  |  |
| <b>Approved Source</b>                   |             |   |   |   |             |  |  |  |  |  |
| 11 IN                                    | OUT N/A N/O | Food obtained from approved source  |   | <b>Highly Susceptible Populations</b>       |             |  |  |  |  |  |
| 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                           |  |  |  |  |
| <b>Protection from Contamination</b>     |             |   |   |   |             |  |  |  |  |  |
| 15 IN                                    | OUT N/A N/O | Food separated and protected  |   | <b>Conformance with Approved Procedures</b> |             |  |  |  |  |  |
| 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                             |  |  |  |  |

**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 are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. |  |
|---|--|
| Mark "X" in box if numbered item is <b>not</b> in compliance  |  |
| Mark "X" in appropriate box for COS and/or R  |  |
| Mark "X" in box if numbered item is <b>not</b> in compliance  | Mark "X" in appropriate box for COS and/or R                                       |
| COS=corrected on-site during inspection R=repeat violation  |  |
| <b>Compliance Status</b>  |  |
| <b>Safe Food and Water</b>  |  |
| 30  | Pasteurized eggs used where required   |
| 31  | Water & ice from approved source   |
| 32  | Variance obtained for specialized processing methods                               |
| <b>Food Temperature Control</b>   |  |
| 33  | Proper cooling methods used; adequate equipment for temperature control            |
| 34  | Plant food properly cooked for hot holding   |
| 35  | Approved thawing methods used  |
| 36  | Thermometers provided & accurate   |
| <b>Food Identification</b>  |  |
| 37  | Food properly labeled; original container  |
| <b>Prevention of Food Contamination</b>   |  |
| 38  | Insects, rodents, & animals not present  |
| 39  | Contamination prevented during food preparation, storage & display                 |
| 40  | Personal cleanliness   |
| 41  | Wiping cloths: properly used & stored  |
| 42  | Washing fruits & vegetables  |
| <b>Proper Use of Utensils</b>   |  |
| 43  | In-use utensils: properly stored   |
| 44  | Utensils, equipment & linens: properly stored, dried, & handled                    |
| 45  | Single-use/single-service articles: properly stored & used                         |
| 46  | Gloves used properly   |
| <b>Utensils, Equipment and Vending</b>  |  |
| 47  | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |
| 48  | Warewashing facilities: installed, maintained, & used; test strips                 |
| 49  | Non-food contact surfaces clean  |
| <b>Physical Facilities</b>  |  |
| 50  | Hot & cold water available; adequate pressure                                      |
| 51  | Plumbing installed; proper backflow devices  |
| 52  | Sewage & wastewater properly disposed  |
| 53  | Toilet facilities: properly constructed, supplied, & cleaned                       |
| 54  | Garbage & refuse properly disposed; facilities maintained                          |
| 55  | Physical facilities installed, maintained, & clean                                 |
| 56  | Adequate ventilation & lighting; designated areas used                             |
| Person In Charge (Signature)  | <i>Myron and Vicki Miller</i>  |
| Inspector (Signature)   | <i>John</i>  |
| Follow-up: YES  | NO (Circle one)  |
| Follow-up Date: <i>6-9-25</i>   |  |



## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #  
89

Date

6-9-25

| Establishment      | Address                | City/State      | Zip Code | Telephone      |
|--------------------|------------------------|-----------------|----------|----------------|
| Culver's of Wabash | 1321 North Cass Street | Wabash, Indiana | 46992    | (260) 225-0446 |

Circle designated compliance status (IN, OUT, N/A) for each numbered item  
**IN**=in compliance      **OUT**=not in compliance      **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R  
**COS**=corrected on-site during inspection    **R**=repeat violation

| 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

## OBSERVATIONS AND CORRECTIVE ACTIONS

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date: 6



## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #  
89

Date

## Establishment

### Culver's of Waba

**Address**

**City/State**

Zip Code  
46992

**Telephone**  
(260) 225-0446

## OBSERVATIONS AND CORRECTIVE ACTIONS

## Published Comment

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date: