#### RETAIL FOOD ESTABLISHMENT **INSPECTION REPORT**

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

10 Days Release Date

No. of Risk Factor/Intervention Violations

Compliance Status

Time Out

No. of Repeat Risk Factor/Intervention Violations

Establishment	
HELDING	HANDS

City/State Address WASSEL IN Zip Code

Telephone

License/Permit # Permit Holder

OUT N/A N/O Food received at proper temperature 13 OUT N/A N/O Food in good condition, safe, & unadulterated

parasite destruction

15 OUT N/A N/O Food separated and protected
16 OUT N/A N/O Food-contact surfaces; cleaned & sanitized

14 IN OUT N/

Inspector (Signatura)

Purpose of Inspection

RatinE

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

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/O=not observed N/A=not applicable **Compliance Status** cos R Supervision Person in charge present, demonstrates knowledge, and IN OUT N/A N/O performs duties OUT N/A N/O | Certified Food Protection Manager **Employee Health** 3 WY OUT N/A N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting OUT N/A N/O Proper use of restriction and exclusion OUT N/A N/O Procedures for responding to vomiting and diarrheal events **Good Hygienic Practices** IN OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use INOUT N/A N/O No discharge from eyes, nose, and mouth **Preventing Contamination by Hands** 8 OUT N/A N/O Hands clean & properly washed No bare hand contact with RTE food or a pre-approved OUT N/A N/O alternative procedure properly allowed IN OUT N/A N/O Adequate handwashing sinks properly supplied and accessible **Approved Source** IN OUT N/A N/O Food obtained from approved source

Required records available: molluscan shellfish identification,

**Protection from Contamination** 

17 INOUT N/A N/O	Proper disposition of returned, previously served,	
17 THEOUT WANG	reconditioned & unsafe food	
_	Time/Temperature Control for Safety	
18 N OUT N/A N/O	Proper cooking time & temperatures	
10 OUT N/A N/O	Proper reheating procedures for hot holding	
20 IN OUT N/A N/O	Proper cooling time and temperature	
21 IN OUT N/A N/O	Proper hot holding temperatures	
22 IN OUT N/A N/O	Proper cold holding temperatures	
23 N OUT N/A N/O	Proper date marking and disposition	
24 IN OUT N/A N/O	Time as a Public Health Control; procedures & records	
_	Consumer Advisory	
25 OLITAVA NIO	Consumer advisory provided for row/underecoked	

# OUT N/A N/O Consumer advisory provided for raw/undercooked food **Highly Susceptible Populations** OUT N/A N/O Pasteurized foods used; prohibited foods not offered

Food/Color Additives and Toxic Substances DUT N/A N/O Food additives: approved & properly used DUT N/A N/O Toxic substances properly identified, stored, & used **Conformance with Approved Procedures** 

UT 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.

COS=corrected on-site during inspection

### **GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

and/or R

Mark "〉	X" in box if numbered item is <b>not</b> in compliance Mark "X" in a	ppropriate box for	r COS
Co	mpliance Status	cos	R
	Safe Food and Water	,	
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
	Food Temperature Control		
33	Proper cooling methods used; adequate equipment for		
33	temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
	Food Identification		
37	Food properly labeled; original container		
	Prevention of Food Contamination		
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	0/	

	Compliance Status							
		Proper Use of Utensils						
	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						
1		Utensils, Equipment and Vending	·					
ı	47	Food & non-food contact surfaces cleanable,						
	41	properly designed, constructed, & used						
	48	Warewashing facilities: installed, maintained, & used; test strips						
	49	Non-food contact surfaces clean						
		Physical Facilities						
	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						
1	56	Adequate ventilation & lighting; designated areas used						

R=repeat violation

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



## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

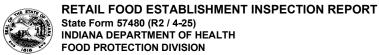
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #

Date 9/25/25

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IN=in compliance	OUT=not in	compliance	N/A=not applicable	200 5	0-				n-site durin	g inspection R=repea	t violation
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Item/L	_ocation	Temp	Item/Location	(2 0202	Ten		Ite	em/Lo	cation	Temp	
			OBSERVATIONS AN	D CORRE	ECTIVE	ACTIO	NS				
Item Number	Based on an	inspection this	day, the item(s) noted below in quirements. Violations cited in	dentify viola	ations of	410 IAC	7-26, Ind	iana F	Retail Food	Complete by	y Date:
	below or as s	tated in Section	1 475 and 476 of the Indiana R	etail Food	Establis	hment F	ood Code.	io uiile	, iiaiiles		
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Inspector (Signa	nture)	In	~ SV							Date: 4 Z	1/4

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INI FC	FOOD PROTECTION DIVISION				License/Permit #	ŧ	Date			
Establishment		Address		City/S	State	Zip (	Code T	elephone		
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Item Number	Based on an Establishmen as stated in S	inspection this day, to it Sanitation Requiren Section 475 and 476	OBSERVATIONS As the item(s) noted below nents. Violations cited in of the Indiana Retail For	identify violations of this report must be od Establishment Fo	F 410 IAC 7-26, India corrected within the cod Code.	ana Re e time	etail Food frames below or	Complete by Date:		
Published Com	ment									
Person In Char	ge (Signature	a)						Date:		
Inspector (Sign		•						Date:		