



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

Release Date	10 Days	Date <i>10/22/25</i>
No. of Risk Factor/Intervention Violations	0	Time In
No. of Repeat Risk Factor/Intervention Violations	0	Time Out

Establishment <i>LITTLE CAESARS</i>	Address	City/State <i>WABASH</i>	Zip Code	Telephone
License/Permit #	Permit Holder	Purpose of Inspection <i>ROUTINE</i>	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				
<b>Supervision</b>										
1 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food				
2 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooking time & temperatures				
<b>Employee Health</b>										
3 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper reheating procedures for hot holding				
4 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper use of restriction and exclusion		20 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooling time and temperature				
5 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper hot holding temperatures				
<b>Good Hygienic Practices</b>										
6 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cold holding temperatures				
7 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper date marking and disposition				
<b>Preventing Contamination by Hands</b>										
8 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Hands clean & properly washed		24 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Time as a Public Health Control; procedures & records				
9 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Consumer advisory provided for raw/undercooked food				
<b>Approved Source</b>										
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		<b>Highly Susceptible Populations</b>						
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature		26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered				
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used				
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used				
<b>Protection from Contamination</b>										
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected		<b>Conformance with Approved Procedures</b>						
16 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29 <input checked="" type="checkbox"/> 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   COS=corrected on-site during inspection   R=repeat violation										
Compliance Status	cos	R	Compliance Status	cos	R					
<b>Safe Food and Water</b>										
30		Pasteurized eggs used where required		43		Proper Use of Utensils				
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>										
33		Proper cooling methods used; adequate equipment for temperature control		46		Gloves used properly				
34		Plant food properly cooked for hot holding		<b>Utensils, Equipment and Vending</b>						
35		Approved thawing methods used		47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
36		Thermometers provided & accurate		48		Warewashing facilities: installed, maintained, & used; test strips				
<b>Food Identification</b>										
37		Food properly labeled; original container		49		Non-food contact surfaces clean				
<b>Prevention of Food Contamination</b>										
38		Insects, rodents, & animals not present		50		Physical Facilities				
39		Contamination prevented during food preparation, storage & display		51		Hot & cold water available; adequate pressure				
40		Personal cleanliness		52		Plumbing installed; proper backflow devices				
41		Wiping cloths: properly used & stored		53		Sewage & wastewater properly disposed				
42		Washing fruits & vegetables		54		Toilet facilities: properly constructed, supplied, & cleaned				
Person In Charge (Signature)		<i>Patricia M. Martin</i>		55		Garbage & refuse properly disposed; facilities maintained				
Inspector (Signature)		<i>Patricia M. Martin</i>		56		Physical facilities installed, maintained, & clean				





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License/Permit #      Date

## Establishment

## Address

**City/State**

**Zip Code**

**Telephone**

## OBSERVATIONS AND CORRECTIVE ACTIONS

## Published Comment

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date: