



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

Release Date

10 Days

Date

Time In

Time Out

No. of Risk Factor/Intervention Violations

0

No. of Repeat Risk Factor/Intervention Violations

0

Establishment

Address

City/State

Zip Code

Telephone

Moon Dog Pub & Catering

233 South Miami Street

Wabash, Indiana

46992

(260) 417-9732

License/Permit #

Permit Holder

Purpose of Inspection

Est. Type

Risk Category

562

Mary Hettmansperger

ROUTINE

Bar

**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
<b>Supervision</b>			
1	IN OUT N/A N/O		
Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A N/O		
Certified Food Protection Manager			
<b>Employee Health</b>			
3	IN OUT N/A N/O		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT N/A N/O		
Proper use of restriction and exclusion			
5	IN OUT N/A N/O		
Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>			
6	IN OUT N/A N/O		
Proper eating, tasting, drinking, or tobacco products use			
7	IN OUT N/A N/O		
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
8	IN OUT N/A N/O		
Hands clean & properly washed			
9	IN OUT N/A N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT N/A N/O		
Adequate handwashing sinks properly supplied and accessible			
<b>Approved Source</b>			
11	IN OUT N/A N/O		
Food obtained from approved source			
12	IN OUT N/A N/O		
Food received at proper temperature			
13	IN OUT N/A N/O		
Food in good condition, safe, & unadulterated			
14	IN OUT N/A N/O		
Required records available: molluscan shellfish identification, parasite destruction			
<b>Protection from Contamination</b>			
15	IN OUT N/A N/O		
Food separated and protected			
16	IN OUT N/A N/O		
Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS	R
17	IN OUT N/A N/O		
Proper disposition of returned, previously served, reconditioned & unsafe food			
<b>Time/Temperature Control for Safety</b>			
18	IN OUT N/A N/O		
Proper cooking time & temperatures			
19	IN 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	IN 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			
<b>Consumer Advisory</b>			
25	IN OUT N/A N/O		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	IN OUT N/A N/O		
Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>			
27	IN OUT N/A N/O		
Food additives: approved & properly used			
28	IN OUT N/A N/O		
Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>			
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**

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

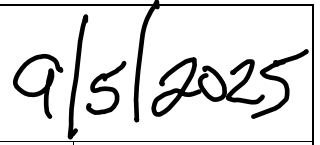
Compliance Status		COS	R
<b>Safe Food and Water</b>			
30			
Pasteurized eggs used where required			
31			
Water & ice from approved source			
32			
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
33			
Proper cooling methods used; adequate equipment for temperature 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			

Compliance Status		COS	R
<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)

Inspector (Signature)

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



Telephone  
(260) 417-9732

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

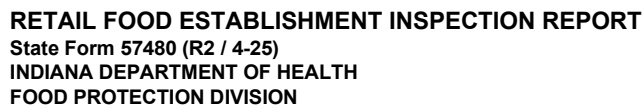
COS	R
-----	---

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

## Temp

**Complete by Date:**Date:

Date:



Date \_\_\_\_\_

Moon Dog Pub &amp; Catering

233 South Miami Street

Wabash, Indiana

46992

(260) 417-9732

Item Number	Item Description	Item Type	Item Status	Item Location	Item Date	Item Time	Item User	Item Action	Item Comment
1	Item 1 Description	Item 1 Type	Item 1 Status	Item 1 Location	Item 1 Date	Item 1 Time	Item 1 User	Item 1 Action	Item 1 Comment
2	Item 2 Description	Item 2 Type	Item 2 Status	Item 2 Location	Item 2 Date	Item 2 Time	Item 2 User	Item 2 Action	Item 2 Comment
3	Item 3 Description	Item 3 Type	Item 3 Status	Item 3 Location	Item 3 Date	Item 3 Time	Item 3 User	Item 3 Action	Item 3 Comment
4	Item 4 Description	Item 4 Type	Item 4 Status	Item 4 Location	Item 4 Date	Item 4 Time	Item 4 User	Item 4 Action	Item 4 Comment
5	Item 5 Description	Item 5 Type	Item 5 Status	Item 5 Location	Item 5 Date	Item 5 Time	Item 5 User	Item 5 Action	Item 5 Comment
6	Item 6 Description	Item 6 Type	Item 6 Status	Item 6 Location	Item 6 Date	Item 6 Time	Item 6 User	Item 6 Action	Item 6 Comment
7	Item 7 Description	Item 7 Type	Item 7 Status	Item 7 Location	Item 7 Date	Item 7 Time	Item 7 User	Item 7 Action	Item 7 Comment
8	Item 8 Description	Item 8 Type	Item 8 Status	Item 8 Location	Item 8 Date	Item 8 Time	Item 8 User	Item 8 Action	Item 8 Comment
9	Item 9 Description	Item 9 Type	Item 9 Status	Item 9 Location	Item 9 Date	Item 9 Time	Item 9 User	Item 9 Action	Item 9 Comment
10	Item 10 Description	Item 10 Type	Item 10 Status	Item 10 Location	Item 10 Date	Item 10 Time	Item 10 User	Item 10 Action	Item 10 Comment
11	Item 11 Description	Item 11 Type	Item 11 Status	Item 11 Location	Item 11 Date	Item 11 Time	Item 11 User	Item 11 Action	Item 11 Comment
12	Item 12 Description	Item 12 Type	Item 12 Status	Item 12 Location	Item 12 Date	Item 12 Time	Item 12 User	Item 12 Action	Item 12 Comment
13	Item 13 Description	Item 13 Type	Item 13 Status	Item 13 Location	Item 13 Date	Item 13 Time	Item 13 User	Item 13 Action	Item 13 Comment
14	Item 14 Description	Item 14 Type	Item 14 Status	Item 14 Location	Item 14 Date	Item 14 Time	Item 14 User	Item 14 Action	Item 14 Comment
15	Item 15 Description	Item 15 Type	Item 15 Status	Item 15 Location	Item 15 Date	Item 15 Time	Item 15 User	Item 15 Action	Item 15 Comment
16	Item 16 Description	Item 16 Type	Item 16 Status	Item 16 Location	Item 16 Date	Item 16 Time	Item 16 User	Item 16 Action	Item 16 Comment
17	Item 17 Description	Item 17 Type	Item 17 Status	Item 17 Location	Item 17 Date	Item 17 Time	Item 17 User	Item 17 Action	Item 17 Comment
18	Item 18 Description	Item 18 Type	Item 18 Status	Item 18 Location	Item 18 Date	Item 18 Time	Item 18 User	Item 18 Action	Item 18 Comment
19	Item 19 Description	Item 19 Type	Item 19 Status	Item 19 Location	Item 19 Date	Item 19 Time	Item 19 User	Item 19 Action	Item 19 Comment
20	Item 20 Description	Item 20 Type	Item 20 Status	Item 20 Location	Item 20 Date	Item 20 Time	Item 20 User	Item 20 Action	Item 20 Comment
21	Item 21 Description	Item 21 Type	Item 21 Status	Item 21 Location	Item 21 Date	Item 21 Time	Item 21 User	Item 21 Action	Item 21 Comment
22	Item 22 Description	Item 22 Type	Item 22 Status	Item 22 Location	Item 22 Date	Item 22 Time	Item 22 User	Item 22 Action	Item 22 Comment
23	Item 23 Description	Item 23 Type	Item 23 Status	Item 23 Location	Item 23 Date	Item 23 Time	Item 23 User	Item 23 Action	Item 23 Comment
24	Item 24 Description	Item 24 Type	Item 24 Status	Item 24 Location	Item 24 Date	Item 24 Time	Item 24 User	Item 24 Action	Item 24 Comment
25	Item 25 Description	Item 25 Type	Item 25 Status	Item 25 Location	Item 25 Date	Item 25 Time	Item 25 User	Item 25 Action	Item 25 Comment
26	Item 26 Description	Item 26 Type	Item 26 Status	Item 26 Location	Item 26 Date	Item 26 Time	Item 26 User	Item 26 Action	Item 26 Comment
27	Item 27 Description	Item 27 Type	Item 27 Status	Item 27 Location	Item 27 Date	Item 27 Time	Item 27 User	Item 27 Action	Item 27 Comment
28	Item 28 Description	Item 28 Type	Item 28 Status	Item 28 Location	Item 28 Date	Item 28 Time	Item 28 User	Item 28 Action	Item 28 Comment
29	Item 29 Description	Item 29 Type	Item 29 Status	Item 29 Location	Item 29 Date	Item 29 Time	Item 29 User	Item 29 Action	Item 29 Comment
30	Item 30 Description	Item 30 Type	Item 30 Status	Item 30 Location	Item 30 Date	Item 30 Time	Item 30 User	Item 30 Action	Item 30 Comment
31	Item 31 Description	Item 31 Type	Item 31 Status	Item 31 Location	Item 31 Date	Item 31 Time	Item 31 User	Item 31 Action	Item 31 Comment
32	Item 32 Description	Item 32 Type	Item 32 Status	Item 32 Location	Item 32 Date	Item 32 Time	Item 32 User	Item 32 Action	Item 32 Comment
33	Item 33 Description	Item 33 Type	Item 33 Status	Item 33 Location	Item 33 Date	Item 33 Time	Item 33 User	Item 33 Action	Item 33 Comment
34	Item 34 Description	Item 34 Type	Item 34 Status	Item 34 Location	Item 34 Date	Item 34 Time	Item 34 User	Item 34 Action	Item 34 Comment
35	Item 35 Description	Item 35 Type	Item 35 Status	Item 35 Location	Item 35 Date	Item 35 Time	Item 35 User	Item 35 Action	Item 35 Comment
36	Item 36 Description	Item 36 Type	Item 36 Status	Item 36 Location	Item 36 Date	Item 36 Time	Item 36 User	Item 3	

**Complete by Date:**

**Person In Charge (Signature)**

Date:

Inspector (Signature)

Date: