RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Release Date	10 Days

No. of Risk Factor/Intervention Violations

Time Out

No. of Repeat Risk Factor/Intervention

0

Violation's								
Establishment	Address	City/State	Zip Code	Telephone				
mose		WABASh						
License/Permit #	Permit Holder	Purpose of Inspection	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								

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item OUT-not in compliance N/O-not observed N/A-not applicable

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

	N=in compliance	OUT=not in compliance	N/O=not observed	N/A=not applic	cabl
	Compliance S	Status		со	S F
		Supervis	sion		
1	IN OUT N/A N/O	Person in charge present, de performs duties	monstrates knowledge,	and	
2	IN OUT N/A N/O	Certified Food Protection Ma	nager		
		Employee I	Health		
3	IN OUT N/A N/O	Management, food employee knowledge, responsibilities a		/ee;	
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	
		Good Hygienic	Practices		
6	IN OUT N/A N/O	Proper eating, tasting, drinking	g, or tobacco products i	ıse	Т
7 (OUT N/A N/O	No discharge from eyes, nos	e, and mouth		
_		Preventing Contamina	tion by Hands	,	
8	IN OUT N/A N/O	Hands clean & properly wash	ned		
9	NOUT N/A N/O	No bare hand contact with Ralternative procedure proper		ed	
10	NOUT N/A N/O	Adequate handwashing sink	s properly supplied and	d accessible	
	^	Approved S	Source		·
11	IN OUT N/A N/O	Food obtained from approved	d source		
_	IN OUT N/A N/O	Food received at proper temp	perature		
13	IN OUT N/A N/O	Food in good condition, safe,	& unadulterated		
14	NOUT N/A N/O	Required records available: r parasite destruction	nolluscan shellfish ident	ification,	
	R	Protection from Co	ntamination		
	IN OUT N/A N/O	Food separated and protecte	d		
15	IN OUT N/A N/O	Food-contact surfaces; clean			_

	• consected on one daming inspection of repeat the		
Compliance	Status	cos	R
17 INDOUT N/A N/O	Proper disposition of returned, previously served,		
17 TINGOT N/A N/O	reconditioned & unsafe food		
Λ	Time/Temperature Control for Safety		
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 UN OUT N/A N/O	Time as a Public Health Control; procedures & records		
	Consumer Advisory		
25 IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food		
6	Highly Susceptible Populations		
26 IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
Fo	od/Color Additives and Toxic Substances		
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		

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.

R=repeat violation

UT N/A N/O Compliance with variance/specialized process/HACCP

Conformance with Approved Procedures

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. COS and/or R COS=corrected on-site during inspection

Mark "X	" in box if numbered item is not in compliance Mark "X" in appropria	ate box foi	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		

(Compliance Status	cos	R
	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		
	Utensils, Equipment and Vending		
47	Food & non-food contact surfaces cleanable,		
47	properly designed, constructed, & used	ΙI	
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		
56	Adequate ventilation & lighting: designated areas Ased		

Person In Charge (Signature)

Inspector (Signature)

Follow-up: YES NO (Circle one)

Page 1 of 3



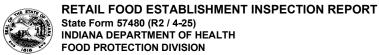
RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

icense/Permit #

Date 9/9/25

FOOD PR	ROTECTION D	IVISION				Licensen em		Julio I	1 11	
Establishment MOSE	Addre	ess			City/S	tate 4,54,54	Zip	Code	Telephone	
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) for each numbered item				Mark ">	(" in appropriate	box for COS and/or R	
IN=in compliance Ol Compliance Status	UT=not in complia	ince	N/A=not applicable	COS R	Ca	=COS ompliance Sta		on-site during ins	spection R=repeat	violation cos R
57 IN OUT N/A N/O Outdo		on .		COS R		OUT N/A N/O M		I Food Establish	ment	COS R
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Item/Locat	ion T	emp	Item/Location		Ter	mp	Item/Le	ocation	Temp	
			OBSERVATIONS AN	D CORRI	ECTIVE	ACTIONS				
Esta	ıblishment Sanit	ation Requirem	ne item(s) noted below id nents. Violations cited in and 476 of the Indiana R	this report	must be	e corrected with	in the tim		Complete by	Date:
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		0								
Person In Charge (Sig	gnature)	<u> </u>		1			_		Date:	1,
Inspector (Signature)		~~	~//		1	-			Date: 4/4	125



INI FC	FOOD PROTECTION DIVISION			License/Permit #		Date		
Establishment		Address		City/S	State	Zip (Code T	elephone
			ODOEDVATIONO A	ND CODDECTIVE	- 10TIONO			
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 ments. Violations cited ir of the Indiana Retail Fo	identify violations of this report must be od Establishment Fo	£ ACTIONS 410 IAC 7-26, India corrected within the bod Code.	ana Re e time	etail Food frames below or	Complete by Date:
Published Com	ment							
Person In Char	ge (Signature))						Date:
Inspector (Sign								Date: