## 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

Time Out

No. of Repeat Risk Factor/Intervention Violations

Establishment Address

City/State

Telephone

New Asian Buffet

1367 North Cass Street Permit Holder

Wabash, Indiana Purpose of Inspection

46992 Est. Type

Zip Code

(260) 274-1349 **Risk Category** 

R=repeat violation

License/Permit # 120

Hui Chen

Restaurant

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

	i <b>n</b> =in compliance	OUT=not in compliance N/O=not observed N/A=not ap	plica	bie			
	Compliance S	Status	cos	R			
	Supervision						
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					
	Employee Health						
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					
Good Hygienic Practices							
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use	$\Box$				
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth					
	Preventing Contamination by Hands						
8	IN OUT N/A N/O	Hands clean & properly washed					
9	IN OUT N/A N/O	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					
Approved Source							
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					
Protection from Contamination							
15	IN OUT N/A N/O	Food separated and protected					
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		1			

Compliance Status				R	
17	IN OUT N/A N/O	Proper disposition of returned, previously served,			
''		reconditioned & unsafe food		l	
	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	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			
Consumer Advisory					
25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations					
26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered			
Food/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			
Conformance with Approved Procedures					
29	IN OUT N/A N/O	Compliance with variance/specialized			

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. S and/or R COS=corrected on-site during inspection

	cos	S R			
Safe Food and Water	r				
Pasteurized eggs used where required					
n approved source					
ed for specialized processing	methods				
Food Temperature Contr	rol				
methods used; adequate equip	oment for				
ntrol					
erly cooked for hot holding					
ng methods used					
provided & accurate					
Food Identification					
abeled; original container					
evention of Food Contamin	nation				
s, & animals not present					
prevented during food prepara	tion, storage & display				
ness					
roperly used & stored					
& vegetables					
	Food Identification abeled; original container evention of Food Contami a, & animals not present prevented during food prepara ness properly used & stored	Food Identification  abeled; original container evention of Food Contamination a, & animals not present brevented during food preparation, storage & display ness properly used & stored			

С	ompliance 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,			
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			
56	Adequate ventilation & lighting; designated areas used			

Person In Charge (Signature)

Inspector (Signature)

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



Inspector (Signature)

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit # FOOD PROTECTION DIVISION Address City/State Zip Code **Establishment** Telephone New Asian Buffet 1367 North Cass Street Wabash, Indiana 46992 (260) 274-1349 **OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT** Circle designated compliance status (IN, OUT, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection IN=in compliance **OUT**=not in compliance N/A=not applicable R=repeat violation **Compliance Status** cos R Compliance Status COS R 58 IN OUT N/A N/O Mobile Retail Food Establishment 57 IN OUT N/A N/O Outdoor Food Operation **TEMPERATURE OBSERVATIONS** Item/Location Item/Location Item/Location Temp Temp Temp **OBSERVATIONS AND CORRECTIVE ACTIONS** Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food **Item Number** Complete by Date: Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code Person In Charge (Signature)

Page 2 of 3



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

FOOD PROTECTION DIVISION			License/Permit #   Date  120			
Establishment		Address	City/State	Zip Code T	elephone	
New Asian	Buffet	1367 North Cass Street	Wabash, Indiana	46992	(260) 274-1349	
Item Number	Establishmer	OBSERVATIONS AND inspection this day, the item(s) noted below ider at Sanitation Requirements. Violations cited in this section 475 and 476 of the Indiana Retail Food E	s report must be corrected within th	ana Retail Food e time frames below or	Complete by Date:	
	•		ad com			
	HI	988 C87 Q 1 Clo	08,00%			
Published Com						
Person In Char	ge (Signature	9)			Date:	
Inspector (Signature)			Date:			