## 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 Violations

Establishment Address City/State Zip Code Telephone Pizza Hut Wing Street 1303 North Cass Street Wabash, Indiana 46992 (260) 563-8885 License/Permit # Permit Holder Purpose of Inspection Est. Type **Risk Category** 94 Deanna Freeland Restaurant

### 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 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection Compliance Status COS R **Compliance Status** Proper disposition of returned, previously served, Supervision OUT N/A N/O Person in charge present, demonstrates knowledge, and reconditioned & unsafe food OUT N/A N/O performs duties Time/Temperature Control for Safety OUT N/A N/O 18 (IN OUT N/A N/O Proper cooking time & temperatures Certified Food Protection Manager OUT N/A N/O Proper reheating procedures for hot holding **Employee Health** 19 DUT N/A N/O Proper cooling time and temperature Management, food employee and conditional employee; OUT N/A N/O IN OUT N/A N/O Proper hot holding temperatures knowledge, responsibilities and reporting OUT N/A N/O Proper use of restriction and exclusion 27 IN DUT N/A N/O Proper cold holding temperatures N/A N/O Proper date marking and disposition UT N/A N/O Procedures for responding to vomiting and diarrheal events NOUT N/A N/O Time as a Public Health Control; procedures & **Good Hygienic Practices** 6 IN DUT N/A N/O Proper eating, tasting, drinking, or tobacco products use Consumer Advisory 7 INOUT N/A N/O No discharge from eyes, nose, and mouth OUT N/A N/O Consumer advisory provided for raw/undercooked food **Highly Susceptible Populations**

**Preventing Contamination by Hands** OUT N/A N/O Hands clean & properly washed No bare hand contact with RTE food or a pre-approved UT N/A N/O alternative procedure properly allowed IN QUIT N/A N/O Adequate handwashing sinks properly supplied and accessible **Approved Source** OUT N/A N/O Food obtained from approved source OUT N/A N/O Food received at proper temperature OUT N/A N/O Food in good condition, safe, & unadulterated Required records available: molluscan shellfish identification,

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.

OUT N/A N/O Pasteurized foods used; prohibited foods not offered Food/Color Additives and Toxic Substances

OUT N/A N/O Toxic substances properly identified, stored, & used

**Conformance with Approved Procedures** 

OUT N/A N/O Food additives: approved & properly used

29 N OUT N/A N/O Compliance with variance/specialized process/HACCP

parasite destruction **Protection from Contamination** UT N/A N/O Food separated and protected UT N/A N/O Food-contact surfaces; cleaned & sanitized

**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	Cor	npliance Status	COS R	
Safe Food and Water			Proper Use of Utensils				
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
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		
Food Temperature Control			46	Gloves used properly			
33	Proper cooling methods used; adequate equipment for				Utensils, Equipment and Vending		
33	temperature control			47	Food & non-food contact surfaces cleanable,		
34	Plant food properly cooked for hot holding			47	properly designed, constructed, & used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
Prevention of Food Contamination			51	Plumbing installed; proper backflow devices			
38	Insects, rodents, & animals not present			52	Sewage & wastewater properly disposed		
39	Contamination prevented during food preparation, storage & display			53	Toilet facilities: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean		
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signatu

Inspector (Signature)

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



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Date

FOOD PROTECTION DIVISION 94 Address City/State Zip Code **Establishment** Telephone Pizza Hut Wing Street 1303 North Cass Street Wabash, Indiana 46992 (260) 563-8885 **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 R=repeat violation IN=in compliance OUT=not in compliance N/A=not applicable **Compliance Status** cos R Compliance Status 57 IN OUT N/A N/O Outdoor Food Operation 58 IN OUT N/A N/O Mobile Retail Food Establishment TEMPERATURE OBSERVATIONS Item/Location Item/Location Item/Location 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 Date: Inspector (Signature)



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