



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

Release Date	10 Days	Date <i>6/25/25</i>
No. of Risk Factor/Intervention Violations	<input checked="" type="checkbox"/>	Time In <i>9:45 AM</i>
No. of Repeat Risk Factor/Intervention Violations	<input checked="" type="checkbox"/>	Time Out

Establishment	Address	City/State	Zip Code	Telephone
Station 1 Fire House Café	910 Main Street	Lagro, Indiana	46941	(260) 571-4008
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
653	Scott Siders		Cafe	

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											
Supervision																	
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											
Employee Health																	
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											
Good Hygienic Practices																	
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											
Preventing Contamination by Hands																	
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		Consumer Advisory													
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											
Approved Source							Highly Susceptible Populations										
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered											
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature		27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used											
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used											
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		Conformance with Approved Procedures							Risk factors						
Protection from Contamination							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.										
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected		29 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Compliance with variance/specialized process/HACCP											
16 <input checked="" type="checkbox"/> IN	OUT 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	Compliance Status		cos	R			
Safe Food and Water										
30		Pasteurized eggs used where required		43		Proper Use of Utensils				
31		Water & ice from approved source		44		In-use utensils: properly stored				
32		Variance obtained for specialized processing methods		45		Utensils, equipment & linens: properly stored, dried, & handled				
Food Temperature Control										
33		Proper cooling methods used; adequate equipment for temperature control		46		Single-use/single-service articles: properly stored & used				
34		Plant food properly cooked for hot holding				Gloves used properly				
35		Approved thawing methods used		Utensils, Equipment and Vending						
36		Thermometers provided & accurate		47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
Food Identification				48		Warewashing facilities: installed, maintained, & used; test strips				
37		Food properly labeled; original container		49		Non-food contact surfaces clean				
Prevention of Food Contamination										
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)		Date: <i>6/25/25</i>								
Inspector (Signature)		Follow-up: YES NO (Circle one) Follow-up Date:								



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License/Permit #
653

Date

4/25/25

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OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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Compliance Status			cos	R	Compliance Status			cos	R
57	IN OUT N/A N/O	Outdoor Food Operation			58	IN OUT N/A N/O	Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

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TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:



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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: