



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

Release Date	10 Days	Date <i>7/29/25</i>
No. of Risk Factor/Intervention Violations	4	Time In
No. of Repeat Risk Factor/Intervention Violations	D	Time Out

Establishment	Address	City/State	Zip Code	Telephone
Supreme Service Solutions @ Kroger 875	1309 North Cass Street	Wabash, Indiana	46992	(972) 402-9498
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
698	Supreme Service Solutions, Inc.	<i>ROUTINE</i>	Grocery	

**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
<b>Supervision</b>						
1 IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food	
2 IN	OUT N/A N/O	Certified Food Protection Manager		18 IN OUT N/A N/O	Proper cooking time & temperatures	
<b>Employee Health</b>						
3 IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 IN OUT N/A N/O	Proper reheating procedures for hot holding	
4 IN	OUT N/A N/O	Proper use of restriction and exclusion		20 IN OUT N/A N/O	Proper cooling time and temperature	
5 IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21 IN OUT N/A N/O	Proper hot holding temperatures	
<b>Good Hygienic Practices</b>						
6 IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22 IN OUT N/A N/O	Proper cold holding temperatures	
7 IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		23 IN OUT N/A N/O	Proper date marking and disposition	
<b>Preventing Contamination by Hands</b>						
8 IN	OUT N/A N/O	Hands clean & properly washed		24 IN OUT N/A N/O	Time as a Public Health Control; procedures & records	
9 IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		<b>Consumer Advisory</b>		
10 IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25 IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food	
<b>Approved Source</b>						
11 IN	OUT N/A N/O	Food obtained from approved source		<b>Highly Susceptible Populations</b>		
12 IN	OUT N/A N/O	Food received at proper temperature		26 IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered	
13 IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		27 IN OUT N/A N/O	Food additives: approved & properly used	
14 IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28 IN OUT N/A N/O	Toxic substances properly identified, stored, & used	
<b>Protection from Contamination</b>						
15 IN	OUT N/A N/O	Food separated and protected		29 IN OUT N/A N/O	Compliance with variance/specialized process/HACCP	
16 IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		<b>Risk factors</b> 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	Compliance Status	cos	R
<b>Safe Food and Water</b>						
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	
<b>Food Temperature Control</b>						
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly	
34	Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>		
35	Approved thawing methods used			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips	
<b>Food Identification</b>				49	Non-food contact surfaces clean	
37	Food properly labeled; original container			<b>Physical Facilities</b>		
<b>Prevention of Food Contamination</b>						
38	Insects, rodents, & animals not present			50	Hot & cold water available; adequate pressure	
39	Contamination prevented during food preparation, storage & display			51	Plumbing installed; proper backflow devices	
40	Personal cleanliness			52	Sewage & wastewater properly disposed	
41	Wiping cloths: properly used & stored			53	Toilet facilities: properly constructed, supplied, & cleaned	
42	Washing fruits & vegetables			54	Garbage & refuse properly disposed; facilities maintained	
<b>Person In Charge (Signature)</b>				55	Physical facilities installed, maintained, & clean	
<b>Inspector (Signature)</b>				56	Adequate ventilation & lighting; designated areas used	
Follow-up: YES   NO   (Circle one)   Follow-up Date: <i>7/29/25</i>						



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## OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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**IN**=in compliance      **OUT**=not in compliance      **N/A**=not applicable

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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

## **OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food 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.	Complete by Date:
173A	BARE HAND CONTACT OF PRODUCE (COS)	
142A	DIDN'T WASH HANDS BEFORE PUTTING ON GLOVES (COS)	
429A	NO SOAP @ HAND SINK	7/29/25
135A	DEMONSTRATES LACK OF KNOWLEDGE 8/29/25	

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date:

*Alay*



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Wabash, Indiana

-6992

(972) 402-9498

## OBSERVATIONS AND CORRECTIVE ACTIONS

## Published Comment

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date: