



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

Release Date

10 Days

Date

6/26/25

Time In

11:00 AM

Time Out

No. of Risk Factor/Intervention Violations

1

No. of Repeat Risk Factor/Intervention Violations

0

Establishment

Wabash Pizza King

Address

46 West Canal Street

City/State

Wabash, Indiana

Zip Code

46992

Telephone

(260) 563-7417

License/Permit #

220

Permit Holder

Generations Pizza

Purpose of Inspection

Routine

Est. Type

Restaurant

Risk Category

**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

**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

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 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

**Compliance Status**

COS R

17 IN OUT N/A N/O Proper disposition of returned, previously served, reconditioned & unsafe food

**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 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 process/HACCP

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.

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

**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 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, 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)

*[Signature]*

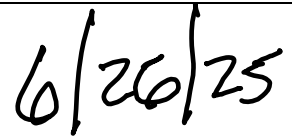
Date:

6/26/25

Inspector (Signature)

*[Signature]*

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

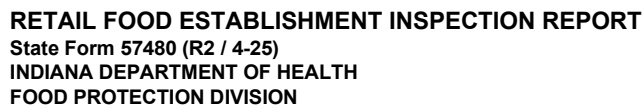


(260) 563-7417

40  
39

Food PERMIT needs transferred  
for New owner

6/24/25



Date \_\_\_\_\_

**Telephone**

(260) 563-7417

**Complete by Date:**

Date: