		2 2	Retail Food Establishment Inspection Report State Form 57480			Release Da		Date:	e: 07/01/2025		Hendricks County Health Department Telephone (317) 745-9217					
		S				No. Risk Factor/Interventions Violations					ons		0	Date:	06/21/2025	
1010			INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION			No.	Repe	at Risl	at Risk Factor/Intervention Violation			าร	Time In 0 Time Out		4:00 pm 4:15 pm	
Establishment Address Chick-Fil-A									City/State /			Zip Code		Telephone		
License 1053	/Perr	mit #		Permit Holder Christopher Spires				Purpose of Inspection Routine			Est Type Mobile			Risk Category 1		
Certified Food ManagerExp.Chris SpiresServSafe05/15/2027																
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 comp Comp		e Status	OUT-not in	compliance N/O-not observered		N/A- COS	not appli R		nplian	cos-c	orrected on	-site during inspectio	'n	R-r	epeat violation COS R	
	Supervision         17         IN         Proper disposition of returned, previously served, reconditioned         I															
1 1	N			sent, demonstrates knowledge, and	Τ		i	<b>I</b> .		& unsafe food		perature Cont	trol for	Safety		
2 II	N	performs duties Certified Food Protection Manager						18	N/A	Proper cookir						
3 11	M I	Managemen	t food en	Employee Health nployee and conditional employee;	-		I I <sup>.</sup>	19	N/A			dures for hot hold	ing			
		knowledge, r	responsib	pilities and reporting				20	N/A IN	Proper coolin Proper hot ho		temperature peratures			• • • • • • • • • • • • •	
4 IN 5 IN				on and exclusion nding to vomiting and diarrheal events				22	N/A	Proper cold h						
				od Hygienic Practices	1		`	23	N/A	Proper date r						
6 N/				, drinking, or tobacco products use				24	N/A			n Control; procedu onsumer Adv		ords		
7	×			res, nose, and mouth ng Contamination by Hands				25	N/A	Consumer ad		vided for raw/und		food		
8 N/	0	Hands clean			Т		ĺ					Susceptible P	-			
9 1	N			t with RTE food or a pre-approved properly allowed				26	N/A			l; prohibited foods				
10 IN	N			ng sinks properly supplied and accessible				27	N/A			ed & properly use		abstances		
11	A I	Food obtains	od from o	Approved Source	-		1 11	28	IN			erly identified, stor				
12				pproved source			· · · ·	29	N/A			e with Approvice/specialized pro				
13 II	N	Food in good	d conditio	n, safe, & unadulterated											1	
14 N/		Required rec parasite des		ilable: molluscan shellfish identification,								ctices or proced tors of foodborr				
			Protec	ction from Contamination				P	ublic	health interven	-	control measur			e	
15     N/A     Food separated and protected       16     IN     Food-contact surfaces; cleaned & sanitized							illness or injury.									
Duran			Weste											00/04/000	55	
Person in Charge Wesley Mast													Date:	06/21/202	25	
Inspect	tor:		YOCE	ELI PALAFOX					Foll	ow-up Requir	red:	YES	NO	(Circle one)		

Retail Food Establishment Inspection Report State Form 57480									Hendricks County Health Department Telephone (317) 745-9217						
1016 CT	INDIANA DEPARTMENT FOOD PROTECTION DI							Licens 1053	se/Permit #		Date: 06/21/2025	j			
Establishment Chick-Fil-A		Address			City	/State			Zip Code		<b>;</b> Telephone				
GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
												-repeat violation			
COS R Safe Food and Water Proper Use of Utensils										CO	IS R				
30 N/A Pasteurized	Safe Food and d eggs used where required	Safe Food and Water				N/A	In-use utensi								
	Nater & ice from approved source					N/A	Utensils, equ								
32 N/A Variance of			45	N/A	Single-use/single-service articles: properly stored & used										
	1		46	N/O	Gloves used	properly									
33 N/A Proper coo temperatur	•	thods used; adequate equipment for ol					47 IN Food & non-food contact surfaces cleanable, properly								
	properly cooked for hot holdi	ng	designed, constructed, & used												
	hawing methods used ters provided & accurate				48	N/A	Warewashing strips	g facilities	s: installed, maint	ained, &	used; test				
	Food Identific	ation	L	I	49	[ IN ]	Non-food cor								
37 IN Food prope	erly labeled; original containe		1		50	N/O	Hot & cold w		1.1						
	Prevention of Food C		1		51	IN			oper backflow de						
	tion prevented during food p				52	IN	Sewage & w	aste wate	er properly dispos	ed					
display					53	IN	Toilet facilitie	s: proper	cleaned						
40 IN Personal cl 41 N/A Wiping clot	hs: properly used & stored				54	IN			perly disposed; fa		aintained				
	uits & vegetables				55  56	IN N/O			alled, maintained, & lighting; designa						
·····l····J······			.L	11		lJ						<u>l</u>	<u>ll</u>		
		Outdoor Food Ope	eration	i & MC		Retail I		_			Via D				
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 observered N/A-not applicable COS-corrected on-site during inspection R-repeat violation															
	COS R COS R														
57 N/A Outdoor	Food Operation				58	IN	Mobile F	Retail Foo	od Establishment						
		TEM	PERA	TURE	OBS	ERVAT			(in degr	rees Fah	irenheit)				
Item/Location	Temp	Item/Location				Tem	מו	lte	m/Location		Т	emp			
							·P								
		OBSERVAT	TIONS	AND	CORF	RECTIN	VE ACTION	S							
ltem		on this day, the item(s) noted belo										Compl	lete		
			ted within the time frames below or as stated in Section						by Date:						
	475 and 476 of the ind	diana Retail Food Establishment		oue.								───			
Risk:															
COS: Repeat:															
	<b>.</b>											<u> </u>			
	ational Di		Df.				6								
Summary of Violations:         P:         Pf:         Core:															
Published Comment															
@Crestpoint Community Appreciation Day, Plainfield No violations noted at time of inspection.															
Person in Charge	Wesley Mast									Date:	06/21/20	25			
Inspector:	YOCELI PALAFOX						Follow-up Required: YES NO (Circle one)								