IL OF	THE STAT	di mai	Retail Food Establishment Inspection Report			Release Da		Date:	ate: 05/22/2025			Hendricks County Health Department Telephone (317) 745-9217			
		ALL E	- State Fo	No.	No. Risk Factor/Interventions Violations 1 Date: 05/12/2025 Time In 1:00 pm										
	1816		FOOD PROTECTION DIVISION					at Ris	Risk Factor/Intervention Violation					Time Out	1:46 pm
Establishment Address Pittsboro Golf Course 2227 E US Highway 136									City/State Pittsboro/IN			Zip Code 46167-9133		Telephone 317-892-3335	5
License/Permit # Permit Holder 1587 Pittsboro Golf Course								Purpose of Inspection Routine				Est Type Retail Food Establishment			Risk Category 1
	tified Fo Ira Bear	od Manag	er	learn2Serv	Exp. /e 01/25/20)20									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
	Circle desig	gnated compli	ance status (I	N, OUT, N/O, N/A) fo	r each numbered item						Mark "X" in	appropriate box fo	or COS and/o	or R	
IN-in compliance OUT-not in compliance N/O-not observered							not appli				orrected on-	-site during inspec	tion	R-	repeat violation
Compliance Status COS R Compliance Status COS R Supervision 17 IN Proper disposition of returned, previously served, reconditioned IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII															
1	IN	Person-in	-charge pre	Supervision sent, demonstrates				17	IN	Proper dispose & unsafe food		turned, previou	sly served,	reconditioned	
		performs	duties					40.1				perature Co	ntrol for	Safety	
2	IN	Certified I	ood Protec	tion Manager	141.			18 19	IN IN	Proper cookin		temperatures dures for hot ho			
3	IN	Managem	ient, food er	Employee He nployee and condi				20	N/O			d temperature			
		knowledg	e, responsit	ilities and reportin				21	IN	Proper hot ho					
4	IN IN			on and exclusion	and diarrheal events			22	IN	Proper cold h	olding ten	nperatures			
	1						[*]	23	IN	Proper date r	narking ar	nd disposition			
6	IN	Good Hygienic Practices IN Proper eating, tasting, drinking, or tobacco products use						24	N/A	Time as a Pu	blic Health	n Control; proce	dures & red	cords	
7	IN	No discha	irge from ey	es, nose, and mou	uth			25	NI/A	Consumer a		onsumer Ac		food	
	1			•	tion by Hands	1	25 N/A Consumer advisory provided for raw/undercooked food Highly Susceptible Populations								
8	IN IN		an & prope	ly washed with RTE food or	a pro approved		· · ·	26	N/A			; prohibited foo	· ·		
9				properly allowed	a pre-approved		İ	· · · · 4		Food/	Color A	dditives and	Toxic S	ubstances	1
10	OUT	Adequate	handwashi	ng sinks properly s	supplied and accessible			27	N/A			ed & properly u			
11	IN	Eood obt	ined from a	Approved So pproved source	ource	1	l li	28	IN			erly identified, st			
12	N/O			pproved source			Conformance with Approved Procedures 29 N/A Compliance with variance/specialized process/HACCP								
13	IN		'	n, safe, & unadulte	erated										
14	N/A		records ava	ilable: molluscan s	shellfish identification,		Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.								
				ction from Co	ntamination		Public health interventions are control measures to prevent foodborne								
15	IN						illness or injury.								
16	6 N Food-contact surfaces; cleaned & sanitized														
Person in Charge Jim Bear													Date:	05/12/202	25
Inspector: BRIAN PORTWOOD									Follo		rod.	VES	NO	(Circle one)	
ins	pector:		BRIAN		ر 					w-up Requi	ea:	YES	NO		

Retail Food Establishment Inspection Report											Hendricks County Health Department Telephone (317) 745-9217						
State Form 57480 INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION											License/Permit # 1587		Date: 05/12/	2025			
Establishment Address								1 1	/State			Zip Code	Telepho				
Pittsboro Golf Course 2227 E US Highway 136 Pittsboro/IN 46167-9133											46167-9133	317-892	-3335				
	GOOD RETAIL PRACTICES Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																
	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in appropriate box for COS and/or R COS-corrected on-site during inspection R-repeat violation																
						COS	R							COS R			
			0.1	-							Du						
30	Safe Food and Water N/A Pasteurized eggs used where required 4								Proper Use of Utensils 43 IN In-use utensils: properly stored Inclusion								
31	IN Water & ice from approved source							44	IN	Utensils, equ	equipment & linens: properly stored, dried, & handled						
32	2 N/A Variance obtained for specialized processing methods							45	IN	Single-use/si	/single-service articles: properly stored & used						
	Food Temperature Control								N/O	Gloves used	d properly						
33	33 IN Proper cooling methods used; adequate equipment for temperature control								1		Utensils, Equipment and Vending						
34	N/A			for hot holding				47	IN		n-food contact surfaces cleanable, properly constructed, & used						
35	N/O	Approved that	wing methods	sused				48	IN		ng facilities: installed, maintained, & used; test						
36	IN]	Thermometer	s provided &	accurate				49	IN IN	strips Non-food cor	ontact surfaces clean						
Food Identification 37 IN Food properly labeled; original container									l	1	Physical Faclities						
37	IN			4!	.l	l l'	50	IN	Hot & cold wa	water available; adequate pressure							
38	IN	Insects, rode		of Food Contamil not present	nation	1	1 1	51	IN	Plumbing inst	talled; pro	per backflow device	es				
39	IN	Contaminatio	n prevented o	luring food preparation	, storage &			52	IN	Sewage & wa	aste water	properly disposed					
40	IN	display Personal clea	nliness					53	IN			/ constructed, supp					
40 41	IN IN	Wiping cloths		d & stored				54	IN			erly disposed; facili					
42	N/O	Washing fruit					55 56	IN IN IN	Physical facil								
	lJ					.L	11		l	Ii		lighting; designated		<u>lll</u>			
				0	utdoor Food Ope	eration	& Mo	bile F	Retail	Food Estab	lishmer	nt					
	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-I	n complian	ice	OUT-not in con	npliance N/C	D-not observered	N/A-	not appl	icable		COS-c	orrected on	-site during inspection		R-repeat violation			
			10 1			COS	R							COS R			
57	N/A	Outdoor Fo	od Operation					58	N//			l Establishment					
					TEM	IPERA	TURE	OBS	ERVA	TIONS		(in degree	s Fahrenheit)				
Item	/Locatio	n		Temp	Item/Location				Tem	מו	Iten	n/Location		Temp			
		dog roller		135.2 - 143.8	1					·r				· - · · P			
					OBSERVA	TIONS	AND	CORF	RECTI		s						
Item			Based or	an inspection this day	the item(s) noted bel	ow ident	ify viola	ations o	f 410 IA	C 7-26 Indiana	Retail Fo	od Establishment		Complete			
item						cted within the time frames below or as stated in Sec						by Date:					
			475 and 4	476 of the Indiana Reta	ode.							-					
10-42	9-(a) Risk:	Pf	athroom hand sink.									05/12/2025					
	COS:	No	• •	handwashing sink or g	sinks r	nust be	provided with a	supply of	hand cleaning:								
F	Repeat:		(1) liquid; (2) powder; or														
			(3) bar so	pap.										····			
Summary of Violations: P: 0 Pf: 1 Core: 0																	
Por	son in (Charge	Jim Bear										Date: 05/12	2/2025			
		2naiye				Follow-up Required: YES NO (Circle one)											
insp	ector:		BRIAN PC	ORTWOOD					F0110	w-up Requi	ieu:			· /			