Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date:	04/27
Release Date:	04/27

04/27/2025

No. Risk Factor/Interventions Violations

Hendricks County Health Department

Telephone (317) 745-9217

Date: Time In 04/17/2025 3:18 pm

FOOD PROTECTION DIVISION				at Risk Factor/Intervention Violation	ns 0	Time Out	3:50 pm				
Establishment Chefs in Motion	Address 30 Legion Lane	City/State Pittsboro/IN		Zip Code 46167	Telephone 317-264-9362						
License/Permit # 1591	Permit Holder Chefs in Motion			Purpose of Inspection Routine	Est Type Retail Food Establish	ment	Risk Category 3				

1591	1		Chefs in Motion			Routine		outine		Retail Food Establishment		3
			FOODI	BORNE ILLNESS RISK	FACT	ORS A	ND	PUBL	IC HEALTH INTER	VENTIONS		
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN-in compliance OUT-not in compliance N/O-not observered N/A-not appli						ot applicat	ble			appropriate box for COS and/or R -site during inspection R	-repeat violation	
Co	omplianc	ce Status	'		cos			plianc	e Status	3 1	cos	R
1	IN	Person-in-charge pres	Supervision sent, demonstrates kn	owledge, and		1	17	IN	& unsafe food	eturned, previously served, reconditioned		
2	· · · · · · · · · · · · · · · · · · ·	performs duties Certified Food Protect	tion Manager				18	IN	Time/Tem Proper cooking time &	perature Control for Safety	ı	
			Employee Healt				4 - 1	N/O	Proper reheating proce	[.]		∤
3	IN IN	Management, food en knowledge, responsib Proper use of restricti	nployee and condition ilities and reporting			2	20	IN N/O	Proper cooling time and	d temperature		
5	OUT	Procedures for respor		diarrheal events			22	IN	Proper cold holding ten	nperatures		<u> </u>
	Good Hygienic Practices					23	IN 	Proper date marking ar			ļ	
6	N/O	Proper eating, tasting	, ,		-	2	24	N/A	Time as a Public Health	h Control; procedures & records		<u> </u>
7	IN	No discharge from ey	es, nose, and mouth		1					onsumer Advisory		
		Preventii	ng Contaminatio	n by Hands			25	N/A		ovided for raw/undercooked food		
8	N/O	Hands clean & proper	ly washed				26 	N/A		Susceptible Populations d; prohibited foods not offered	ı	
9	IN	No bare hand contact alternative procedure		re-approved			20]	IN/A		dditives and Toxic Substances		
10	IN	Adequate handwashir		lied and accessible		2	27	N/A	Food additives: approv			
		<u> </u>	Approved Source	ce		2	28	IN	Toxic substances prope	erly identified, stored, & used		11
11	IN	Food obtained from a	pproved source				- 4		Conformanc	e with Approved Procedures		
12	N/O	Food received at prop	er temperature			2	29	N/A		nce/specialized process/HACCP		
13	IN	Food in good conditio	n, safe, & unadulterat	ed	1				-			,,
14	N/A	Required records ava parasite destruction	ilable: molluscan shell	fish identification,						ctices or procedures identified as the ctors of foodborne illness or injury.		
		Protec	tion from Conta	mination			Pu	ıblic he	ealth interventions are	control measures to prevent foodbor	ne	
15	IN 	Food separated and p	protected].		illn	ness o	r injury.			
16	IN	Food-contact surfaces	s; cleaned & sanitized									
	•	-				-						

Person in Charge	Jason Anderson				Date: 04/17/2025
Inspector:	BRIAN PORTWOOD	Follow-up:	YES	NO (Circle one)	Follow-up Date:

Retail Food Establishment Inspection Report

State Form 57480

Hendricks County Health Department Telephone (317) 745-9217

INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION									Licens 1591	e/Permit #	Date: 04/17/2025			
	tablishment Address efs in Motion 30 Legion Lane					ity/State	ı		Zip Code 46167	Telephone 317-264-9362				
					GOOD R	RETAIL F	RACTIO	CES						
G	ood Retai	l Practices are prever	ntative measures to control	the addition of pathogens, chemica Mark "X" in appropriat		•	nto foods.	COS-c	corrected or	n-site during inspection	R-n	epeat violation		
					cos	R						cos	R	
			Safe Food and	Water					Pro	oper Use of Utensils				
30	N/A	Pasteurized egg	s used where required			4	3 IN	In-use utens				L	[]	
31	IN	Water & ice from	approved source			4	4 IN	Utensils, equ	uipment &	linens: properly stored, dried	d, & handled			
32	N/A	Variance obtaine	d for specialized proces	ssing methods	[]	4	5 IN	Single-use/s	ingle-servi	ice articles: properly stored	& used]]	
			Food Temperature		, ,	4	6 IN	Gloves used	properly			<u>.</u>	<u>[</u>]	
33	IN	Proper cooling me temperature con	nethods used; adequate trol	equipment for			- 1			, Equipment and Ven				
34	N/O		rly cooked for hot holdir	ng		4	7 IN	Food & non- designed, co		act surfaces cleanable, prop . & used	erly			
35	N/O	Approved thawin	ig methods used			4	8 IN	4		: installed, maintained, & us	ed; test		11	
36	IN	Thermometers p	rovided & accurate			 		strips Non-food co	ntact curfa	aces clean				
			Food Identific	ation				I Noll-lood col					1	
37	IN	Food properly la	beled; original containe	r 	[]] 5	0 IN	Hot & cold w		Physical Faclities able; adequate pressure		1	1 1	
			vention of Food C	ontamination	, ,	- 5	1 IN	Plumbing ins	stalled; pro	oper backflow devices				
38	IN		& animals not present			5				r properly disposed				
39	IN	Contamination policy display	revented during food pr	eparation, storage &		5	3 IN	Toilet facilitie	s: properly	y constructed, supplied, & c	leaned			
40	IN	Personal cleanlin	ness			5	4 IN	Garbage & r	efuse prop	perly disposed; facilities mail	ntained		1	
41	IN	Wiping cloths: pr	operly used & stored			5	5 IN	Physical faci	lities insta	lled, maintained, & clean				
42	N/A	Washing fruits &	vegetables			5	6 IN	Adequate ve	ntilation &	lighting; designated areas u	used			
				Outdoor Food Op	oration	2 Mobil	l o Potail			nt			1	
			. (IN OUT NIC NIA) (Jei ation	& WODII	e Netali				-			
	rcle desig i compliar	•	atus (IN, OUT, N/O, N/A) for T-not in compliance	N/O-not observered	N/A r	not applicab	•			appropriate box for COS and/or n-site during inspection		epeat violation		
IIN-II	Compilar	ice 00	1-not in compilance	IVO-IIOLODSelveled	IV/A-I	тот аррисар			Jorrected of	i-site during inspection	N-10	speat violation		_
					cos	R						CC	S R	_
57	N/A	Outdoor Food	Operation 		l 1	! '	58 N/	A Mobile F	Retail Food	d Establishment				
				TE	MPERAT	URE OI	SERVA	TIONS						
Item	Locatio	ın	Temp	Item/Location			Ter	nn	lter	m/Location	Te	mn		_
	orisket		198°	Item/Eocation			101	пр	itei	TI/LOCATION	10	ПР		-
500.				OBSERVA	ATIONS A	AND CO	RRECT	VE ACTION	S					
														-
Item				n this day, the item(s) noted bots. Violations cited in this repo					Complete					
			•	liana Retail Food Establishme					by Date:					
E 152	(a)						an in 2026	if not corrected	J			01/01/2020		_
5-153-	(a)			ovision of 7-26. This will be do shment shall have written pro-						iting or diarrheal events		01/01/2026)	
				rge of vomitus or fecal matter										
			surfaces to vomitus or	yees shall take to minimize the fecal matter.	e spread or	contamina	ition and ti	ne exposure or	empioyees	s, consumers, rood, and				
		·									 			

Person in Charge 04/17/2025 Jason Anderson Date: NO YES (Circle one) **BRIAN PORTWOOD** Inspector: Follow-up: Follow-up Date: