



**Retail Food Establishment
Inspection Report**

State Form 57480
**INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION**

Release Date: 07/08/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 06/28/2025

Time In 10:45 am

No. Repeat Risk Factor/Intervention Violations 0

Time Out 11:00 am

Establishment Orange Leaf Frozen Yogurt		Address		City/State /		Zip Code		Telephone	
License/Permit # 1907		Permit Holder Orange Leaf Plainfield, LLC		Purpose of Inspection Routine		Est Type Mobile		Risk Category 1	
Certified Food Manager Stephanie Bernhardt		ServSafe		Exp. 02/02/2030					

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 compliance					OUT-not in compliance					N/O-not observed					N/A-not applicable					COS-corrected on-site during inspection					R-repeat violation				
Compliance Status					COS					R					Compliance Status					COS					R				
Supervision															17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food												
1	IN	Person-in-charge present, demonstrates knowledge, and performs duties																											
2	N/A	Certified Food Protection Manager																											
Employee Health															Time/Temperature Control for Safety														
3	IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting												18	N/A	Proper cooking time & temperatures													
4	IN	Proper use of restriction and exclusion												19	N/A	Proper reheating procedures for hot holding													
5	IN	Procedures for responding to vomiting and diarrheal events												20	N/A	Proper cooling time and temperature													
														21	N/A	Proper hot holding temperatures													
														22	IN	Proper cold holding temperatures													
														23	N/A	Proper date marking and disposition													
														24	N/A	Time as a Public Health Control; procedures & records													
Good Hygienic Practices															Consumer Advisory														
6	N/O	Proper eating, tasting, drinking, or tobacco products use												25	N/A	Consumer advisory provided for raw/undercooked food													
7	N/O	No discharge from eyes, nose, and mouth																											
Preventing Contamination by Hands															Highly Susceptible Populations														
8	N/O	Hands clean & properly washed												26	N/A	Pasteurized foods used; prohibited foods not offered													
9	N/A	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed																											
10		Adequate handwashing sinks properly supplied and accessible																											
Approved Source															Food/Color Additives and Toxic Substances														
11	IN	Food obtained from approved source												27	N/A	Food additives: approved & properly used													
12	N/O	Food received at proper temperature												28	N/A	Toxic substances properly identified, stored, & used													
13	IN	Food in good condition, safe, & unadulterated																											
14	N/A	Required records available: molluscan shellfish identification, parasite destruction																											
Protection from Contamination															Conformance with Approved Procedures														
15	N/A	Food separated and protected												29		Compliance with variance/specialized process/HACCP													
16	N/A	Food-contact surfaces; cleaned & sanitized																											

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.

Person in Charge		Trevor Bernhardt		Date:		06/28/2025	
Inspector:		LISA CHANDLER		Follow-up Required:		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one)	



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Hendricks County Health Department
Telephone (317) 745-9217

License/Permit #
1907

Date:
06/28/2025

Establishment
Orange Leaf Frozen Yogurt

Address

City/State
/

Zip Code

Telephone

GOOD RETAIL PRACTICES

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

Safe Food and Water

30	N/A	Pasteurized eggs used where required		
31	IN	Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		

Food Temperature Control

33	N/A	Proper cooling methods used; adequate equipment for temperature control		
34	N/A	Plant food properly cooked for hot holding		
35	N/A	Approved thawing methods used		
36	IN	Thermometers provided & accurate		

Food Identification

37	N/A	Food properly labeled; original container		
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Prevention of Food Contamination

38	N/A	Insects, rodents, & animals not present		
39	N/A	Contamination prevented during food preparation, storage & display		
40	N/A	Personal cleanliness		
41	N/A	Wiping cloths: properly used & stored		
42	N/A	Washing fruits & vegetables		

Proper Use of Utensils

43	N/A	In-use utensils: properly stored		
44	N/A	Utensils, equipment & linens: properly stored, dried, & handled		
45	N/A	Single-use/single-service articles: properly stored & used		
46	N/A	Gloves used properly		

Utensils, Equipment and Vending

47	N/A	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	N/A	Warewashing facilities: installed, maintained, & used; test strips		
49	N/A	Non-food contact surfaces clean		

Physical Facilities

50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water 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		

Outdoor Food Operation & Mobile Retail Food Establishment

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 observed

N/A-not applicable

COS-corrected on-site during inspection

R-repeat violation

COS R

COS R

57	N/A	Outdoor Food Operation			58		Mobile Retail Food Establishment		
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TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item	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:
Risk: COS: Repeat:		

Summary of Violations:

P: _____

Pf: _____

Core: _____

Published Comment

No violations noted at time of inspection

Person in Charge Trevor Bernhardt

Date: 06/28/2025

Inspector: LISA CHANDLER

Follow-up Required:

YES

NO

(Circle one)