## Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

| Release Date: | 06/29/2025 |  |
|---------------|------------|--|
|---------------|------------|--|

Hendricks County Health Department

Telephone (317) 745-9217

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No. Risk Factor/Interventions Violations

No. Repeat Risk Factor/Intervention Violations

Date: Time In Time Out 06/19/2025 5:30 pm 6:00 pm

| Establishment J&J A Taste of Home Catering |               | Address | City/State            | Zip Code | Telephone | elephone      |  |
|--|---------------|---------|-----------------------|----------|-----------|---------------|--|
| License/Permit #                           | Permit Holder |         | Purpose of Inspection | Est Type | ı         | Risk Category |  |
| 1971                                       | Tony Coleman  |         | Routine               | Mobile   |           | 3             |  |

Certified Food Manager Exp.

Juanita Coleman Always Food Safe 02/23/2027

| Juar   | nita Cole                          | eman Always Food Safe 02/2   | 3/2027     |   |  |   |                    |    |  |  |  |
|--|------------------------------------|--|------------|---|--|---|--------------------|----|--|--|--|
|  |                                    | FOODBORNE ILLNESS F  | RISK FACTO | ORS AN  | D PUBI   | LIC 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                         | e OUT-not in compliance N/O-not observered   | N/A-not    | t applicable  |  | COS-corrected on-site during inspection                         | R-repeat violation |    |  |  |  |
| Co   | omplianc                           | ce Status  | cos        | R Co  | ompliand   | ce Status   | cos                | R  |  |  |  |
| Supervision  |                                    |  |            | 17  | IN   | Proper disposition of returned, previously served, reconditione | d                  |    |  |  |  |
| 1  | IN                                 | Person-in-charge present, demonstrates knowledge, and  | T          |   | 1  | & unsafe food   |                    |    |  |  |  |
|  |                                    | performs duties  |            |   |  | Time/Temperature Control for Safety                             |                    |    |  |  |  |
| 2  | IN                                 | Certified Food Protection Manager  |            | 18  | N/O  | Proper cooking time & temperatures                              |                    | ll |  |  |  |
|  |                                    | Employee Health  |            | 19  | N/O  | Proper reheating procedures for hot holding                     |                    |    |  |  |  |
| 3  | IN                                 | Management, food employee and conditional employee;<br>knowledge, responsibilities and reporting |            | 20  | N/O  | Proper cooling time and temperature                             |                    |    |  |  |  |
| 4  | IN                                 | Proper use of restriction and exclusion  |            | 21  | N/O  | Proper hot holding temperatures                                 | i                  |    |  |  |  |
| 5  | IN                                 | Procedures for responding to vomiting and diarrheal events                                       |            | - 22  | IN   | Proper cold holding temperatures                                |                    |    |  |  |  |
|  |                                    |  |            | 23  | IN   | Proper date marking and disposition                             |                    |    |  |  |  |
| Good Hygienic Practices  6 N/O Proper eating, tasting, drinking, or tobacco products use |                                    | 24   | N/A        | Time as a Public Health Control; procedures & records |  |   |                    |    |  |  |  |
| 7  | IN                                 | No discharge from eyes, nose, and mouth  |            |   | Consumer Advisory  |   |                    |    |  |  |  |
| Preventing Contamination by Hands  |                                    |  | 25         | N/A   | Consumer advisory provided for raw/undercooked food  |   | l l                |    |  |  |  |
| 8 IN Hands clean & properly washed   |                                    |  |            |   | Highly Susceptible Populations   |   |                    |    |  |  |  |
| 9  | N/O                                | No bare hand contact with RTE food or a pre-approved   |            | 26  | N/A  | Pasteurized foods used; prohibited foods not offered            |                    |    |  |  |  |
|  |                                    | alternative procedure properly allowed   |            |   |  | S   |                    |    |  |  |  |
| 10   | IN                                 | Adequate handwashing sinks properly supplied and accessible                                      |            | 27  | N/A  | Food additives: approved & properly used                        |                    |    |  |  |  |
|  |                                    | Approved Source  |            | 28  | IN   | Toxic substances properly identified, stored, & used            |                    |    |  |  |  |
| 11   | IN                                 | Food obtained from approved source   |            |   |  |   |                    |    |  |  |  |
| 12   | N/O                                | Food received at proper temperature  | ] ]        | 29  | N/A  | Compliance with variance/specialized process/HACCP              |                    |    |  |  |  |
| 13   | IN                                 | Food in good condition, safe, & unadulterated  |            |   | •  | F   |                    |    |  |  |  |
| 14   | N/A                                | Required records available: molluscan shellfish identification, parasite destruction             |            |   | Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. |   |                    |    |  |  |  |
| Protection from Contamination  |                                    |  |            |   | Public health interventions are control measures to prevent foodborne  |   |                    |    |  |  |  |
| 15   | 15 IN Food separated and protected |  |            |   |  | r injury.   |                    |    |  |  |  |
| 16   | IN                                 | Food-contact surfaces; cleaned & sanitized   |            | ``  L   |  |   |                    |    |  |  |  |
|  |                                    | <b>,</b>   |            | - 1   |  |   |                    |    |  |  |  |

| Person in Charge | Abdur Henderson |                     |     | Date: 06/19/2025 |
|------------------|-----------------|---------------------|-----|------------------|
| Inspector:       | LISA CHANDLER   | Follow-up Required: | YES | NO (Circle one)  |

## **Retail Food Establishment Inspection Report**

State Form 57480

LISA CHANDLER

Inspector:

| Hendricks County Health Department |
|------------------------------------|
| Telephone (317) 745-9217           |

NO

YES

(Circle one)

| INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION |               |                            |  |   |            |         |              |                   | License/Permit #                |  | Date:<br>06/19/2025                                     |           |                   |      |         |  |
|---|---------------|----------------------------|--|---|------------|---------|--------------|-------------------|---------------------------------|--|---|-----------|-------------------|------|---------|--|
| Establishment J&J A Taste of Home Catering  Address   |               |                            |  |   | City/State |         |              |                   | Zip Code Telephone              |  |   |           |                   |      |         |  |
|   |               |                            |  | G   | OOD F      | RETA    | IL PR        | ACTIC             | ES                              |  |   |           |                   |      |         |  |
| G   | ood Reta      | il Practices are prever    | ntative measures to control                  | the addition of pathogens, chemicals  Mark "X" in appropriate t         |            |         |              | foods.            | COS-c                           | orrected on  | -site during inspection                                 | R-re      | epeat violatior   | n    |         |  |
|   |               |                            |  |   | cos        | R       |              |                   |                                 |  |   |           | cos               | R    |         |  |
|   |               |                            | Safe Food and                                | Water   |            |         |              |                   |                                 | Pro  | oper Use of Utensils                                    |           |                   |      | Ī       |  |
| 30  | N/A           |                            |  |   |            |         | 43           | N/O               | In-use utensi                   |  |   |           |                   | Τ    | 1       |  |
| 31  | IN            | <b>!</b>                   | approved source                              |   |            |         | 44           | IN                |                                 |  | linens: properly stored, drie                           |           |                   | .    |         |  |
| 32  | N/A           | Variance obtaine           | d for specialized proce                      | ssing methods   | L          |         | 45           | IN                |                                 |  | ce articles: properly stored                            | & used    |                   | .    |         |  |
| 33  | N/O           |                            | Food Temperaturnethods used; adequate        |   | ı          |         | 46<br>       | N/O               | Gloves used                     | <u> </u>   |   |           | <b>.</b>          | . l  | J       |  |
|   | 14/0          | temperature con            |  |   |            |         | 47           | l in              | Utensils, Equipment and Vending |  |   |           |                   |      |         |  |
| 34  | N/O           | !                          | rly cooked for hot holdii                    | ng<br>  |            |         |              | "`                | designed, co                    | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |   |           |                   |      |         |  |
| 35  | N/O           | Approved thawin            |  |   |            |         | 48           | IN                | Warewashing<br>strips           | g facilities:  | installed, maintained, & us                             | ed; test  |                   |      | l       |  |
| 36  | IN            | Thermometers p             | rovided & accurate                           |   | L          |         | 49           | IN                | Non-food cor                    | ntact surfa  | ces clean   |           |                   | -    | İ       |  |
| 37  | IN            | Food properly lai          | Food Identification beled; original containe |   | l          |         |              |                   |                                 |  | Physical Faclities                                      |           |                   |      | ĺ       |  |
|   | l             | J                          | vention of Food C                            |   | L          |         | 50           | IN                | Hot & cold w                    | ater availa  | ble; adequate pressure                                  |           |                   | .    |         |  |
| 38  | IN            |                            | & animals not present                        |   |            |         | 51           | IN                | Plumbing ins                    | talled; pro  | per backflow devices                                    |           |                   | .    |         |  |
| 39  | IN            | Contamination p            | revented during food pr                      | eparation, storage &  |            |         | 52           | IN                |                                 |  | properly disposed                                       |           |                   | .    | -       |  |
| 40  | IN            | display  Personal cleanlir |  |   |            |         | 53           |                   |                                 |  | constructed, supplied, & c                              |           |                   | .    |         |  |
| 41  | IN            |                            | operly used & stored                         |   |            |         | 54           | N/O               |                                 |  | erly disposed; facilities mai                           | ntained   |                   | .    | -       |  |
| 42  | N/O           | Washing fruits &           |  |   |            |         | 55<br><br>56 | IN<br>III         |                                 |  | lled, maintained, & clean<br>lighting; designated areas | used      |                   | -    | -       |  |
|   |               | J                          |  |   | L          |         |              | l                 | <u> </u>                        |  |   |           | l                 | . l  | <u></u> |  |
|   |               |                            |  | Outdoor Food Ope  | ration     | & M     | obile l      | Retail            | Food Estab                      | lishmer  | nt  |           |                   |      |         |  |
|   |               |                            | atus (IN, OUT, N/O, N/A) fo                  |   |            |         |              |                   |                                 |  | appropriate box for COS and/o                           |           |                   |      |         |  |
| IN-ir   | complia       | nce OU                     | T-not in compliance                          | N/O-not observered  | N/A-       | not app | olicable     |                   | COS-0                           | orrected on  | -site during inspection                                 | K-re      | epeat violatior   | n    | _       |  |
|   |               | T                          |  |   | cos        | R       |              |                   |                                 | =  |   |           | CC                | os i | R       |  |
| 5/  | N/A           | Outdoor Food               | Operation                                    |   | L          |         | 58           | IN.               | Mobile F                        | etail Food   | d Establishment   |           | <b>.  </b>        | ] .  |         |  |
|   |               |                            |  | TEM   | PERA       | ΓURΙ    | OBS          | ERVA <sup>*</sup> | TIONS                           |  | (in degrees Fahre                                       | enheit)   |                   |      |         |  |
| ltom/   | Locatio       | · n                        | Tomo   | Itam/Lagation   |            |         |              | Tom               |                                 | lton   | n/l acation   | To        |                   |      | _       |  |
|   |               | lls-Upright cooler         | Temp<br>41                                   | Item/Location  Chicken philly egg                                       | rolls-upr  | iaht ca | ooler        | Tem<br>37         | iρ                              | I  | n/Location  | 161       | mp                |      | _       |  |
|   | 99            | ing oping in agenci.       |  |   |            |         |              | 1                 | VE ACTION                       | <u>ւ</u><br>Տ  |   | _         |                   |      |         |  |
|   |               |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      | _       |  |
| Item  |               |                            |  | on this day, the item(s) noted belonts. Violations cited in this report |            | ,       |              |                   |                                 |  |   |           | Comple<br>by Date |      |         |  |
|   |               |                            | 475 and 476 of the Inc                       | diana Retail Food Establishment   | Food Co    | ode.    |              |                   |                                 |  |   |           | by Date           | •    |         |  |
|   |               |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      | _       |  |
|   |               |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
|   | isk:          |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
|   | OS:<br>epeat: |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
|   |               |                            |  |   |            |         |              |                   |                                 |  |   | <b></b> . |                   |      |         |  |
|   |               |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
| Su  | mma           | ry of Violatio             | ns: P:                                       |   | Pf:        | _       |              | _                 | Co                              | re: _  |   |           |                   |      |         |  |
|   |               |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
| Durk  | اممما         | Comment                    |  |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
|   |               |                            | ne of inspection.                            |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
| . •O V  | .oralio       |                            | or mopositori.                               |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
|   |               |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
|   |               |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
|   |               |                            |  |   |            |         |              |                   |                                 |  |   |           |                   |      |         |  |
| Pers  | on in         | Charge Ab                  | odur Henderson                               |   |            |         |              |                   |                                 |  | Date:   | 06/19/202 | 5                 |      |         |  |

Follow-up Required: