



Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date: 05/12/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations

1

Date: 05/02/2025

Time In 12:05 pm

No. Repeat Risk Factor/Intervention Violations

0

Time Out 12:15 pm

Establishment Ben's Pretzels	Address	City/State /	Zip Code	Telephone
---------------------------------	---------	-----------------	----------	-----------

License/Permit # 2050	Permit Holder DamFine Foods LLC, Marie Damler	Purpose of Inspection Routine	Est Type Mobile	Risk Category 2
--------------------------	--	----------------------------------	--------------------	--------------------

Certified Food Manager _____ Exp. _____

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

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 Charles Damler Date: 05/02/2025

Inspector: SARAH DALLAS Follow-up Required: YES NO (Circle one)



Retail Food Establishment Inspection Report

State Form 57480

INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Hendricks County Health Department
Telephone (317) 745-9217

License/Permit #
2050

Date:
05/02/2025

Establishment Ben's Pretzels	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		

Proper Use of Utensils

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

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		

Utensils, Equipment and Vending

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

Food Identification

37	IN	Food properly labeled; original container		
----	----	---	--	--

Physical Facilities

50	IN	Hot & cold water available; adequate pressure		
51	IN	Plumbing installed; proper backflow devices		
52	IN	Sewage & waste water properly disposed		
53	IN	Toilet facilities: properly constructed, supplied, & cleaned		
54	IN	Garbage & refuse properly disposed; facilities maintained		
55	IN	Physical facilities installed, maintained, & clean		
56	IN	Adequate ventilation & lighting; designated areas used		

Prevention of Food Contamination

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

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	IN	Mobile Retail Food Establishment		
----	-----	------------------------	--	--	----	----	----------------------------------	--	--

TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Shredded mozzarella cheese/ RIC	41.9				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item		Complete by Date:
5-153-(a)	<p>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 .</p> <p>Discussed new requirements for vomit/diarrheal clean up.</p> <p>(a) A retail food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the retail food establishment. The procedures must address the specific actions employees shall take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.</p>	01/01/2026

Published Comment

Went over new code and verified PIC received email with handouts.

Person in Charge Charles Damler

Date: 05/02/2025

Inspector: SARAH DALLAS

Follow-up Required:

YES

NO

(Circle one)