Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH

Release Date: 06	5/01/2025
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Hendricks County Health Department

Telephone (317) 745-9217

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Date:

05/22/2025

No. Risk Factor/Interventions Violations

Time In

4:45 pm

FOOD P	ROTECTION DI	VISION	No. Repea	at Risk Factor/Intervention Violation	0	Time Out	5:00 pm	
Establishment Hankins Farms		Address		City/State	Zip Code		Telephone	
License/Permit # 2104	Permit Holder Jennifer Hankin	s/Jason Hankins		Purpose of Inspection Routine	Est Type Mobile			Risk Category
Cartified Food Manager		- Fvn		-				

Certified Food Manager Exp

		FOO	DBORNE ILLNESS RI	SK FACTOR	SAN	D PUB	LIC HEALTH INTERVENTIONS		
Cir	rcle desig	gnated 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 observered N/A-r			N/A-not ap	plicable		COS-corrected on-site during inspection	R-repeat violation		
Compliance Status COS R				Co	mpliano	ce Status	COS R		
		Supervisio	n		17	IN	Proper disposition of returned, previously served, recondition	ed	
1 IN Person-in-charge present, demonstrates knowledge, and		T		1	& unsafe food				
.		performs duties					Time/Temperature Control for Safety		
2	N/A	Certified Food Protection Manager			18	N/A	Proper cooking time & temperatures		
		Employee He	alth		19	N/A	Proper reheating procedures for hot holding		
3	IN	Management, food employee and condit			20	N/A	Proper cooling time and temperature		
	IN	knowledge, responsibilities and reporting Proper use of restriction and exclusion			21	N/A	Proper hot holding temperatures		
-		'			22	N/A	Proper cold holding temperatures		
5	IN	Procedures for responding to vomiting a			23	N/A	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	·			
6	N/O					1	Consumer Advisory		
7].	N/O	No discharge from eyes, nose, and mout]]	25 N/A Consumer advisory provided for raw/undercooke				
Preventing Contamination by Hands				1	Highly Susceptible Populations				
8	N/O	Hands clean & properly washed			26	l N/A	1 1		
9	N/A	No bare hand contact with RTE food or a	pre-approved			1			
 10		alternative procedure properly allowed Adequate handwashing sinks properly su	innlied and accessible		27	l N/A	Food/Color Additives and Toxic Substance Food additives: approved & properly used	es I I I	
'`].		L					L		
11 I	IN	Approved Source Food obtained from approved source	urce	1 1	28	N/A	Toxic substances properly identified, stored, & used		
		.				I	Conformance with Approved Procedures	S	
12	N/O	Food received at proper temperature			29	N/A	Compliance with variance/specialized process/HACCP		
13	IN	Food in good condition, safe, & unadulte			lг				
14	N/A	Required records available: molluscan sl	nellfish identification,				ctors are important practices or procedures identified as		
] .		parasite destruction Protection from Con	tomination		r I		evalent contributing factors of foodborne illness or injury		
15 	N/A	Food separated and protected	tannination	1 1			ealth interventions are control measures to prevent food	ibottle	
16	N/A	Food-contact surfaces; cleaned & sanitize	ed		illness or injury.				
	19/74		cu 		-				

Person in Charge Jennifer Hankins Date: 05/22/2025

Inspector: LISA CHANDLER Follow-up Required: YES NO (Circle one)

Inspector:

LISA CHANDLER

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INDIANA DEPARTMENT OF HEALTH

Hendricks County Health Department					
Telephone (317) 745-9217					

(Circle one)

NO

YES

License/Permit #

Date:

FOOD PROTECTION DIVISION					2104		05/22/2025							
Establishment Address Hankins Farms						City	/State	•	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-repea									eat violation					
					cos	R						cos	R	
	Safe Food and Water								Dr	oper Use of Utensils				_
30	N/A	Pasteurized eg	ggs used where required	• • • • • • • • • • • • • • • • • • •			43	N/A	In-use utensils: prope			T		
31	N/A	Water & ice fro	om approved source				44	N/A	Utensils, equipment &	linens: properly stored, drie	d, & handled			
32	N/A	Variance obtai	ned for specialized proces	ssing methods			45			vice articles: properly stored	& used			
			Food Temperatur				46	N/A	Gloves used properly					
33	N/A	Proper cooling temperature co	methods used; adequate ontrol	e equipment for						s, Equipment and Ver				
34	N/A		perly cooked for hot holding	ng			47	N/A	Food & non-food cont designed, constructed	act surfaces cleanable, prop I. & used	erly			
35	N/A	Approved thav	ving methods used				48	N/A		s: installed, maintained, & us	ed; test			
36	IN	Thermometers	provided & accurate				49	N/A	strips Non-food contact surf	anna alaan				
			Food Identific	ation			49	IN/A	Non-lood contact sun			l	lJ	
37	IN	Food properly	labeled; original containe	r	L	 	50		Hot & cold water avail	Physical Faclities able; adequate pressure				
00	I		evention of Food C	ontamination			51		Plumbing installed; pr	oper backflow devices				
38	N/A		ts, & animals not present	· · · · · · · · · · · · · · · · · · ·			52		Sewage & waste wate	er properly disposed				
39	N/A	display	prevented during food pr	eparation, storage &			53		Toilet facilities: proper	ly constructed, supplied, & c	leaned			
40	N/A	Personal clear	liness				54			perly disposed; facilities mai	ntained			
41	N/A	Wiping cloths:	properly used & stored				55		Physical facilities insta	alled, maintained, & clean				
42	N/A	Washing fruits	& vegetables				56			& lighting; designated areas	used			
				Outdoor Food Ope	ration	& M	obile i	Retail	Food Establishme	nt				Ī
Cir	rcle desig	nated compliance	status (IN OLIT N/O N/A) fo	-		- 		1010		n appropriate box for COS and/o	r R			-
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 :				-not app	olicable			n-site during inspection		eat violation				
			cos	R				<u> </u>		CO	S R	-		
57		Outdoor Foo	d Operation		LOS	K	58	I IN	Mobile Retail Foo	od Establishment		T	5 K	_
T. J.		.1			L	I l	11.		L				I	-
				TEM	PERA	TURE	OBS	ERVA	TIONS	(in degrees Fahre	enheit)			
Item/	Locatio	on	Temp	Item/Location				Tem	ıp Ite	m/Location	Temp)		Ī
									<u></u>			-		-
				OBSERVAT	IONS	AND	CORF	RECTI	VE ACTIONS					Ī
Itama			Based on an inspectio	n this day, the item(s) noted bel	ow ident	ify viol	ations o	f /10 IA/	2 7 26 Indiana Petail F	ood Establishment		Complet	_	-
Item				nts. Violations cited in this report								Complet by Date:		
			475 and 476 of the Inc	liana Retail Food Establishment	Food C	ode.						•		
	sk:													
	OS: epeat:													
			-L								- 			
														l
Su	mmaı	ry of Violati	ions: P:		Pf:	_		_	Core: _					l
<u> </u>														J
		Comment	ime of inspection											
INU V	เบเสแบ	no noteu al l	ime of inspection.											
Doro	on in 1	Chargo	Ionnifor Hankins							Data	05/22/2025			_
rers	on in (Charge .	Jennifer Hankins							Date:	05/22/2025			

Follow-up Required: