THE REAL OF		0	Retail Food Establishment Inspection Report			Release Da		Date:	06/17/2025			Hendricks County Health Department Telephone (317) 745-9217			partment
H 1016			State Form 57480			No.	No. Risk Factor/Interventions Violations 0					0	Date: Time In	06/07/2025	
			FOOD PROTECTION DIVISION				No. Repeat f			Risk Factor/Intervention Violation			0	Time Out	4:09 pm 4:22 pm
Establishment Address Rmy's Restaurant/Food Truck							City /	City/State /			Zip Code		Telephone		
License/Permit # Permit Holder 2169 Maggie Fuqua & Yo					Yolanda Johnson				Purpose of Inspection Routine			Est Type Mobile			Risk Category 3
Certified Food ManagerExp.Yolanda JohnsonServSafe09/28/20.															
	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 observered					N/O-not observered	N/A- COS	not app R		nnlian		orrected on	-site during inspec	ction	R-r	epeat violation COS R
1	IN	Person-in-o	harge pre	Supervision sent, demonstrates				17		& unsafe food	dt				
2	IN	performs d		tion Manager				18	N/O	Tir Proper cookii		perature Co	ontrol for	Safety	
				Employee He	alth			10	IN/O			dures for hot ho	oldina		• • • • • • • • • • • • •
3	IN	Manageme	nt, food er	mployee and condi				20	N/O	Proper coolin					• • • • • • • • • • • • •
4	IN			oilities and reportin on and exclusion	g			21	IN	Proper hot ho	olding tem	peratures			• • • • • • • • • • • • •
5	IN IN				and diarrheal events			22	IN	Proper cold h	olding ten	nperatures			
				od Hygienic P			I I	23	IN	Proper date r					
6	IN	Proper eati		, drinking, or tobac				24	N/A			n Control; proce		ords	
7	IN	No dischar	ge from ey	es, nose, and mou	ıth			25	N/A	Consumer ac		onsumer Ad vided for raw/u		food	
0	Тил			-	tion by Hands							Susceptible			
8	IN IN	Hands clea		with RTE food or	a pre-approved			26	N/A			l; prohibited for	-		
		alternative	procedure	properly allowed					Food/Color Additives and Toxic Substances						
10	IN	Adequate h	andwashi		supplied and accessible			27	N/A			ed & properly u			
11	IN	Eood obtai	ned from a	Approved Source	ource		1 1	28	IN			erly identified, s			
12	N/O		Food obtained from approved source Food received at proper temperature				29 N/A Compliance with variance/specialized process/HACCP								
13	IN		Food received at proper temperature Food in good condition, safe, & unadulterated												
14	N/A	Required re	ecords ava	ilable: molluscan s	shellfish identification,		<b>Risk factors</b> are important practices or procedures identified as the								
	<b>.</b>	parasite de		tion from Co	atamination		most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne								
15	Protection from Contamination 15 IN Food separated and protected						illness or injury.							e	
16															
Person in Charge Yolanda Johnson													Date:	06/07/202	25
Ins	pector:		BRIAN	BRIAN PORTWOOD					Foll	ow-up Requi	red:	YES	NO	(Circle one)	
	•								-						

0	Retail Food Es	Hendricks County Health Department Telephone (317) 745-9217											
	INDIANA DEPARTMEN					License/Permit # 2169	Date: 06/07						
Establishment Rmy's Restaurant/Food Tru	uck	Address		City/State		Zip Code	r Teleph	one					
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													
	Safe Food and	d Water				Proper Use of L	Utensils	CO					
	0 N/A Pasteurized eggs used where required				43 IN In-use utensils: properly stored								
	trom approved source	essing methods		44 IN 45 IN	.ed								
	Food Temperatu		.LI	45     IN     Single-use/single-service articles: properly stored & used       46     IN     Gloves used properly									
temperature				47 IN	and Vending		1 1						
	properly cooked for hot hold hawing methods used	ling		designed, constructed, & used 48 IN Warewashing facilities: installed, maintained, & used; test									
36 IN Thermomet	ters provided & accurate			49 IN	strips Non-food coi	ntact surfaces clean							
37 IN Food prope	Food Identifi erly labeled; original contain		1 1	1		lities		.1					
	Prevention of Food (			50 IN 51 IN	4	ater available; adequate pr talled; proper backflow dev							
	lents, & animals not presen tion prevented during food p			52 IN		aste water properly dispose							
display				53 IN		s: properly constructed, su							
40 IN Personal cle 41 IN Wiping cloth	hs: properly used & stored			54 IN 55 IN		efuse properly disposed; fa lities installed, maintained,							
42 N/O Washing fru	uits & vegetables			56 IN		ntilation & lighting; designa	ated areas used						
		Outdoor Food Ope	eration & N	lobile Retail	Food Estab				,				
	nce status (IN, OUT, N/O, N/A) f		N/A			Mark "X" in appropriate box for		D					
IN-in compliance	OUT-not in compliance	N/O-not observered	N/A-not ap	plicable	005-0	corrected on-site during inspect	lion	R-repeat violatio	OS R				
57 N/A Outdoor F	Food Operation			58 11	N Mobile F	Retail Food Establishment							
		TEM	IPERATUR	E OBSERVA	TIONS	(in degr	ees Fahrenheit)						
Item/Location	Temp	Item/Location		Ten	np	Item/Location		Temp					
Hot dogs - steam table	177.2					<u> </u>			_				
	Desert en en insertet												
Item	Sanitation Requireme	on this day, the item(s) noted belients. Violations cited in this report	t must be corr				Complete by Date:						
	475 and 476 of the Ir	idiana Retail Food Establishment	Food Code.										
Risk: COS:													
Repeat:													
Summary of Violations:     P:     Pf:     Core:													
Person in Charge Yolanda Johnson Date: 06								7/2025					
Inspector:	BRIAN PORTWOO	D		Follow-up Required: YES NO (Circle or									