Person in Charge

Inspector:

Sean Walker

YOCELI PALAFOX

Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

07/01/2025

No. Risk Factor/Interventions Violations

No. Repeat Risk Factor/Intervention Violations

Hendricks County Health Department

Telephone (317) 745-9217

2

0

Date:

NO

YES

06/21/2025

(Circle one)

Date: Time In Time Out 06/21/2025 3:50 pm 4:00 pm

	ablishme			Address			City	y/State		Zip Code	Telephone	
Lice 2203	nse/Per	rmit #	Permit Holder Sean Walker					rpose of	f Inspection	Est Type Mobile		Risk Category
Cer	tified Fo	ood Manager		Exp.						l		
1	n Walke	•	ServSafe	01/09/20	028							
			FOO	ODBORNE ILLNESS RISH	(FACT	ORS	ΔΝΓ) PIIRI	IC HEALTH INTER	VENTIONS		
					· i Ao i	Oito	AITL	J 1 0DL				
1	Circle designon compliance	gnated compliance status (I	N, OUT, N/O, N/A) for compliance	r each numbered item N/O-not observered	N/A n	ot applic	abla			appropriate box for COS an a-site during inspection		epeat violation
		ce Status	compliance	N/O-Hot observered	COS	R R		mplianc	e Status	I-site during inspection	K-I	COS R
			• • • • • • • • • • • • • • • • • • • •							sturned previously serve	ad reconditioned	1 1 1
1	IN	Person-in-charge pre	Supervision sent demonstrate		1 1	l	17	IN	& unsafe food	eturned, previously serve	ea, reconditioned	
		performs duties		· · · · · · · · · · · · · · · · · · ·	ļ <u>ļ</u> .]			Time/Tem	perature Control fo	or Safety	
2	IN	Certified Food Protect	tion Manager		<u> </u>]	18	N/O	Proper cooking time &	'		
	18.1	l.,	Employee H				19	N/O	Proper reheating proce			
3	IN	Management, food er knowledge, responsit					20	N/O	Proper cooling time an			
4	IN	Proper use of restricti		4			21	IN	Proper hot holding tem			
5	IN	Procedures for respo	nding to vomiting a	and diarrheal events			22	IN	Proper cold holding ter			
		Go	od Hygienic F	Practices	1 1 -		23	IN	Proper date marking a			
6	N/O	Proper eating, tasting	, drinking, or toba	cco products use	<u> .</u>		24	N/A	L <u>-</u>	h Control; procedures &		
7	IN	No discharge from ey	es, nose, and mou	uth	[<u>]</u> .		25	N/A		onsumer Advisory ovided for raw/undercook		
			_	tion by Hands	, ,				L			
8	N/O	Hands clean & prope			ļļ.		26	N/A		Susceptible Popul d; prohibited foods not of		
9	N/O	No bare hand contact alternative procedure		a pre-approved		- 1	:]		L	dditives and Toxic		
10	IN			supplied and accessible			27	N/A	Food additives: approv		Oubstances	
		.	Approved Sc	ource	l		28	IN	Toxic substances prope	erly identified, stored, & o	used	
11	IN	Food obtained from a	pproved source		ll.	أ			Conformanc	ce with Approved F	Procedures	
12	N/O	Food received at prop	oer temperature				29	N/A	Compliance with variar	nce/specialized process/	HACCP	
13	IN	Food in good condition	on, safe, & unadult	erated	l <u>l</u> .	[F			
14	N/A	Required records ava parasite destruction	ailable: molluscan	shellfish identification,					tors are important pra	•		
		.	ction from Co	ntamination	l -			•	evalent contributing fac ealth interventions are			e
15	IN	Food separated and			Π			llness o		oonao mododioo to	provent recusern	<u> </u>
16	IN	Food-contact surface	s; cleaned & sanit	zed			L					
					-	·						

Follow-up Required:

Retail Food Establishment Inspection Report

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INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION

Hendricks County Health Department Telephone (317) 745-9217

License/Permit# 2203

Date: 06/21/2025

Establishment Address City/State Zip Code Telephone Gumption Chef LLC

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 COS Safe Food and Water **Proper Use of Utensils** N/A Pasteurized eggs used where required IN In-use utensils: properly stored 30 43 31 ΙN Water & ice from approved source 44 ĺΝ Utensils, equipment & linens: properly stored, dried, & handled 32 N/A Variance obtained for specialized processing methods 45 IN Single-use/single-service articles: properly stored & used 46 N/O Gloves used properly **Food Temperature Control** Proper cooling methods used; adequate equipment for 33 N/A **Utensils, Equipment and Vending** temperature control 47 IN Food & non-food contact surfaces cleanable, properly 34 N/O Plant food properly cooked for hot holding designed, constructed, & used ĪN Approved thawing methods used OUT Warewashing facilities: installed, maintained, & used; test 35 48 36 ĪN Thermometers provided & accurate 49 IN Non-food contact surfaces clean

		Food Identification					Dhysical Facilities
37	IN	Food properly labeled; original container					Physical Faclities
	l	ll.	1 .	J	50	IN	Hot & cold water available; adequate pressure
		Prevention of Food Contamination					Discontinuity in the state of t
38	IN	Insects, rodents, & animals not present			51	IN	Plumbing installed; proper backflow devices
					52	İ	Sewage & waste water properly disposed
39	IN	Contamination prevented during food preparation, storage &					
		display			53	IN	Toilet facilities: properly constructed, supplied, & cleaned
40	IN	Personal cleanliness		1			O-th0
		· oroonar oroanimicoo			54	IN	Garbage & refuse properly disposed; facilities maintained
41	IN	Wiping cloths: properly used & stored			55	IN	Physical facilities installed, maintained, & clean
							- Hydrodi Tadinado indianod, maintanod, a didan
42	N/O	Washing fruits & vegetables			56	OUT	Adequate ventilation & lighting; designated areas used
	•	······································		,		l	l
		Outdoor Food Oper	ation 8	M S	ohile I	Retail	Food Establishment
		Outdoor 1 ood Open	ution t	~ 141	OD.IC I	Ctan	our Education Inches

			Outdoor 1 ood O	cration a me	bile it	ctuii i oo	a Establishinicht			
	Circle designa	ted compliance status (IN, OUT, N/O, N/A) for	each numbered item				Mark "X" in appropriate box for COS and/or I	R		
	IN-in compliance	OUT-not in compliance	N/O-not observered	N/A-not appl	icable		COS-corrected on-site during inspection	R-repeat viola	ation	
				COS R					cos	R
57	N/A	Outdoor Food Operation			58	IN	Mobile Retail Food Establishment			

		TEMPERATURE OBSE	RVATIONS	(in degrees Fahrenheit)	
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot dogs/Reach-in cooler	40*F	Burger patties/Reach-in cooler	40*F		

Person in Charge	Sean Walker			Date: 06/21/2025
Inspector:	YOCELI PALAFOX	Follow-up Required:	YES	NO (Circle one)

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INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION

Hendricks County Health Department Telephone (317) 745-9217

License/Permit # 2203

Date: 06/21/2025

Establishment	Address	City/State	Zip Code	Telephone
Gumption Chef LLC		1		

		OBSERVATIONS AND	CORRECTIVE ACTIONS		
Item	Sanitation Requiremen	n this day, the item(s) noted below identify viola its. Violations cited in this report must be correctional Retail Food Establishment Food Code.			Complete by Date:
48-281-(a) Risk: Pf COS: No Repeat:		n test strips on-site with expiration year of 2024. evice that accurately measures the concentration		provided .	06/25/2025
56-445-(a)or(b) Risk: Core COS: No Repeat:	(a) Intake and exhaust (1) dust; (2) dirt; and (3) other materials. (b) If vented to tf (1) public health hazard (2) nuisance; or			ination by:	06/28/2025
Summary of Violatic	(3) unlawful discharge.	n Pf·	1 Core:		

Summary of Violations:	P: _	0	Pf:	1	Core:	1

Published Comment

@Crestpoint Community Day, Plainfield