



Retail Food Establishment  
Inspection Report

State Form 57480  
INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

Release Date: 07/18/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations

4

Date: 07/08/2025

Time In 4:15 pm

No. Repeat Risk Factor/Intervention Violations

0

Time Out 4:30 pm

Establishment  
Magnolia Cafe

Address

City/State  
/

Zip Code

Telephone

License/Permit #  
2265

Permit Holder  
Misty Fain/Aubrey Fain

Purpose of Inspection  
Routine

Est Type  
Mobile

Risk Category  
2

Certified Food Manager  
Misty Fain

Food Handler

Exp.  
02/03/2026

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

Person in Charge      Misty Fain/ Aubrey Fain

Date:      07/08/2025

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 #  
2265

Date:  
07/08/2025

Establishment  
Magnolia Cafe

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		

### 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	N/A	Thermometers provided & accurate		

### Food Identification

37	N/A	Food properly labeled; original container		
----	-----	---	--	--

### 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	N/O	Wiping cloths: properly used & stored		
42	N/O	Washing fruits & vegetables		

### 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		

### 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		

### Physical Facilities

50	N/O	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		

## 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	OUT	Mobile Retail Food Establishment		
----	-----	------------------------	--	--	----	-----	----------------------------------	--	--

## TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
---------------	------	---------------	------	---------------	------

Person in Charge Misty Fain/ Aubrey Fain

Date: 07/08/2025

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 #  
2265

Date:  
07/08/2025

Establishment  
Magnolia Cafe

Address

City/State  
/

Zip Code

Telephone

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item	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.	Complete by Date:
5-153-(a) Risk: Pf COS: No Repeat:	(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.	01/01/2026
8-141-(a)&(b) Risk: P COS: No Repeat:	Hot water was not provided on mobile unit to properly wash hands. Generator was not hooked up to provide power to water heater.  (a) Except as specified in subsection (d), food employees shall clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands or arms, for at least twenty (20) seconds, using a cleaning compound in a handwashing sink that is equipped as specified under section 347 of this rule and sections 429 through 433 of this rule. (b) Food employees shall use the following cleaning procedures in the order stated to clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands and arms: (1) Rinse under clean, running warm water. (2) Apply an amount of cleaning compound recommended by the cleaning compound manufacturer. (3) Rub together vigorously for at least ten (10) to fifteen (15) seconds while: (A) paying particular attention to removing soil from underneath the fingernails during the cleaning procedure; and (B) creating friction on the surfaces of the hands and arms, or surrogate prosthetic devices for hands and arms, finger tips, and areas between the fingers. (4) Thoroughly rinse under clean, running warm water. (5) Immediately follow the cleaning procedure with thorough drying using a method as specified under section 430 of this rule.	07/08/2025
10-347-(a) Risk: Pf COS: No Repeat:	(a) Unless otherwise approved, a handwashing sink must be equipped to provide water at a temperature of at least eighty-five (85) degrees Fahrenheit, twenty-nine and four-tenths (29.4) degrees Celsius, through a mixing valve or combination faucet.	07/08/2025
58-488-(a)(2),(a)(3),or(a)(6) Risk: Pf COS: No Repeat:	(6) A mobile retail food establishment requiring a water system shall have a potable water system under pressure. The system must be of sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning and sanitizing, and handwashing, as specified in this rule.	07/08/2025

Summary of Violations: P: 1 Pf: 3 Core: 0

### Published Comment

@ Avon Farmers Market

Pre-packaged popcorn & lemon shake-ups

Temporary hand washing station was set up, generator was not hooked up. Went over requirements for hot and cold running water under pressure for mobile units per 410 IAC 7-26-488. Owner was able to hook up pump to battery to get water running on board but no hot water was available without electrical hooked up.

New food code and handouts emailed with report.

Person in Charge Misty Fain/ Aubrey Fain

Date: 07/08/2025

Inspector: SARAH DALLAS

Follow-up Required:

**YES**

NO (Circle one)