Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH

Release Date:	С

05/14/2025

No. Risk Factor/Interventions Violations

Hendricks County Health Department

Telephone (317) 745-9217

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Date: Time In 05/04/2025 2:35 pm

FOOD PROTECTION DIVISION		по. кереа	it Risk Factor/Intervention Violation	Time Out	2:55 pm		
Establishment Address Papa Curl Ice Cream Pushcart		Address		City/State	Zip Code Telephone 317-714-5300		
License/Permit # 2298	Permit Holder Michael Beach			Purpose of Inspection Routine	Est Type Mobile		Risk Category

Certified Food Manager Exp.

Michael Beach Food Protection Manager 11/18/2025

Michael Beach Food Protection Manager 11/18/2025										
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS										
(Circle 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	complianc	e OUT-not in compliance	N/O-not observered	N/A-	-not appl	licable		COS-corrected on-site during inspection R-repeat violation		
Compliance Status COS R Compliance Status					e Status	cos	R			
Supervision 17 IN Proper disposition of returned, previously served, reconditioned							1 1			
1	IN	Person-in-charge present, demonstrates			Π.			& unsafe food		
		performs duties						Time/Temperature Control for Safety		
2	IN	Certified Food Protection Manager				18	IN	Proper cooking time & temperatures		
		Employee Hea	alth			19	IN	Proper reheating procedures for hot holding		1
3	IN	Management, food employee and condition			[20	N/O	Proper cooling time and temperature		1
	IN	knowledge, responsibilities and reporting Proper use of restriction and exclusion			⁻	21	IN	Proper hot holding temperatures		11
	OUT	 '	d diarrhool evente		⁻	22	IN	Proper cold holding temperatures		11
				23	IN	Proper date marking and disposition		1		
6	IN	Good Hygienic Pr Proper eating, tasting, drinking, or tobacc			- 	24	N/A	Time as a Public Health Control; procedures & records		1
7	IN	No discharge from eyes, nose, and mouth			i	Consumer Advisory				
l J L			l '	25	N/A	Consumer advisory provided for raw/undercooked food		\Box		
Preventing Contamination by Hands			Ī	Highly Susceptible Populations						
	IN 				ļ '	26	N/A	Pasteurized foods used; prohibited foods not offered		\Box
9	9 IN No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			l li	Food/Color Additives and Toxic Substances					
10	IN	Adequate handwashing sinks properly su	pplied and accessible			27	N/A	Food additives: approved & properly used		\Box
		Approved Sou	irce		1 1-	28	IN	Toxic substances properly identified, stored, & used		1
11	IN	Food obtained from approved source			l li					
12	N/O	Food received at proper temperature			1	29	N/A	Conformance with Approved Procedures Compliance with variance/specialized process/HACCP		\Box
13	IN	Food in good condition, safe, & unadulter	ated					 		1
14	N/A	Required records available: molluscan sh parasite destruction	ellfish identification,		1	Risk factors are important practices or procedures identified as the				
					most prevalent contributing factors of foodborne illness or injury.					
15	IN	Food separated and protected	Protection from Contamination			Public health interventions are control measures to prevent foodborne illness or injury.				
16	IN	Food-contact surfaces; cleaned & sanitize	ed			Illiness of injury.				
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Person in Charge	Michael Beach			Date:	05/04/2025
Inspector:	SARAH DALLAS	Follow-up Required:	YES	NO	(Circle one)

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INDIANA DEPARTMENT OF HEALTH License/Permit# Date: FOOD PROTECTION DIVISION 2298 05/04/2025 City/State Zip Code Establishment Address Telephone Papa Curl Ice Cream Pushcart 317-714-5300 **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** 30 N/A Pasteurized eggs used where required 43 IN In-use utensils: properly stored 31 ĪN Water & ice from approved source 44 ĪN Utensils, equipment & linens: properly stored, dried, & handled Variance obtained for specialized processing methods 45 32 N/A IN Single-use/single-service articles: properly stored & used Gloves used properly 46 IN **Food Temperature Control** 33 IN Proper cooling methods used; adequate equipment for Utensils, Equipment and Vending temperature control 47 IN Food & non-food contact surfaces cleanable, properly 34 N/A Plant food properly cooked for hot holding designed, constructed, & used Approved thawing methods used N/O 35 48 IN Warewashing facilities: installed, maintained, & used; test 36 IN Thermometers provided & accurate 49 IN Non-food contact surfaces clean **Food Identification Physical Faclities** 37 IN Food properly labeled; original container 50 IN Hot & cold water available; adequate pressure Prevention of Food Contamination 51 ĪN Plumbing installed; proper backflow devices 38 IN Insects, rodents, & animals not present 52 IN Sewage & waste water properly disposed ĪN 39 Contamination prevented during food preparation, storage & 53 ĪN Toilet facilities: properly constructed, supplied, & cleaned Personal cleanliness 40 IN 54 ĺΝ Garbage & refuse properly disposed; facilities maintained IN Wiping cloths: properly used & stored 55 IN Physical facilities installed, maintained, & clean 42 N/A Washing fruits & vegetables ĪN Adequate ventilation & lighting; designated areas used 56 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 observered N/A-not applicable COS-corrected on-site during inspection R-repeat violation cos cos R Outdoor Food Operation Mobile Retail Food Establishment 58 TEMPERATURE OBSERVATIONS (in degrees Fahrenheit) Item/Location Temp Item/Location Temp Item/Location Temp Taco meat/ hot holding unit 196 Ice cream base/ dispenser well 36.4 **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 Complete Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section by Date: 475 and 476 of the Indiana Retail Food Establishment Food Code 5-153-(a) Went over new requirements for vomit/diarrheal clean up kit and policy. 01/01/2026 (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 **Published Comment** Went over new code provisions and emailed handouts including allergens. Person in Charge Michael Beach Date: 05/04/2025 Inspector: SARAH DALLAS Follow-up Required: YES NO (Circle one)