



**Retail Food Establishment  
Inspection Report**

State Form 57480  
**INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION**

Release Date: 05/14/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations

1

Date: 05/04/2025

Time In 2:35 pm

Time Out 2:55 pm

No. Repeat Risk Factor/Intervention Violations

0

Establishment

Papa Curl Ice Cream Truck

Address

City/State

/

Zip Code

Telephone

317-714-5300

License/Permit #

2299

Permit Holder

Michael Beach

Purpose of Inspection

Routine

Est Type

Mobile

Risk Category

2

Certified Food Manager

Michael Beach

Exp.

Food Protection Manager

11/18/2025

**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**

1	IN	Person-in-charge present, demonstrates knowledge, and performs duties		
2	IN	Certified Food Protection Manager		

**Employee Health**

3	IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN	Proper use of restriction and exclusion		
5	OUT	Procedures for responding to vomiting and diarrheal events		

**Good Hygienic Practices**

6	IN	Proper eating, tasting, drinking, or tobacco products use		
7	IN	No discharge from eyes, nose, and mouth		

**Preventing Contamination by Hands**

8	IN	Hands clean & properly washed		
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN	Adequate handwashing sinks properly supplied and accessible		

**Approved Source**

11	IN	Food obtained from approved source		
12	N/O	Food received at proper temperature		
13	IN	Food in good condition, safe, & unadulterated		
14	N/A	Required records available: molluscan shellfish identification, parasite destruction		

**Protection from Contamination**

15	IN	Food separated and protected		
16	IN	Food-contact surfaces; cleaned & sanitized		

17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food		
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**Time/Temperature Control for Safety**

18	IN	Proper cooking time & temperatures		
19	IN	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	IN	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	IN	Proper date marking and disposition		
24	N/A	Time as a Public Health Control; procedures & records		

**Consumer Advisory**

25	N/A	Consumer advisory provided for raw/undercooked food		
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**Highly Susceptible Populations**

26	N/A	Pasteurized foods used; prohibited foods not offered		
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**Food/Color Additives and Toxic Substances**

27	N/A	Food additives: approved & properly used		
28	IN	Toxic substances properly identified, stored, & used		

**Conformance with Approved Procedures**

29	N/A	Compliance with variance/specialized process/HACCP		
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**Risk factors** 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.

Person in Charge      Michael Beach

Date:      05/04/2025

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) 745-9217License/Permit #  
2299Date:  
05/04/2025Establishment  
Papa Curl Ice Cream Truck

Address

City/State  
/

Zip Code

Telephone  
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 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	IN	Proper cooling methods used; adequate equipment for temperature control		
34	N/A	Plant food properly cooked for hot holding		
35	N/O	Approved thawing methods used		
36	IN	Thermometers provided & accurate		

**Food Identification**

37	IN	Food properly labeled; original container		
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**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	IN	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	IN	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

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N/O-not observed

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COS R

COS R

57	N/A	Outdoor Food Operation			58	IN	Mobile Retail Food Establishment		
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**TEMPERATURE OBSERVATIONS**

(in degrees Fahrenheit)

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Taco meat/ hot holding unit	196.0	Ice cream base/ dispenser well	36.4		

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item		Complete by Date:
	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.	
5-153-(a) Risk: Pf COS: No Repeat:	Went over new requirements for vomit/diarrheal clean up kit and policy. (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

**Summary of Violations:**P: 0Pf: 1Core: 0**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)