



Retail Food Establishment
Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date: 06/30/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 06/20/2025

Time In 6:10 pm

No. Repeat Risk Factor/Intervention Violations 0

Time Out 6:20 pm

Establishment Mokey's on the Go Address City/State / Zip Code Telephone

License/Permit # 2331 Permit Holder Taryn Stewart Purpose of Inspection Routine Est Type Mobile Risk Category 1

Certified Food Manager Exp.

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

17 IN Proper disposition of returned, previously served, reconditioned & unsafe food

Time/Temperature Control for Safety

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

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

Good Hygienic Practices

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

25 N/A Consumer advisory provided for raw/undercooked food

Consumer Advisory

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

26 N/A Pasteurized foods used; prohibited foods not offered

Highly Susceptible Populations

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

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

Food/Color Additives and Toxic Substances

Conformance with Approved Procedures

29 N/A Compliance with variance/specialized process/HACCP

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.

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

Person in Charge Taryn Stewart

Date: 06/20/2025

Inspector: BRIAN PORTWOOD

Follow-up Required: YES NO (Circle one)



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2331

Date:
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/

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

Proper Use of Utensils

43	N/A	In-use utensils: properly stored		
44	N/A	Utensils, equipment & linens: properly stored, dried, & handled		
45	IN	Single-use/single-service articles: properly stored & used		
46	N/A	Gloves used properly		

Utensils, Equipment and Vending

47	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	N/A	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	IN	Mobile Retail Food Establishment		
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TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

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

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:
Risk: COS: Repeat:		

Summary of Violations:

P: _____

Pf: _____

Core: _____

Person in Charge Taryn Stewart

Date: 06/20/2025

Inspector: BRIAN PORTWOOD

Follow-up Required:

YES

NO

(Circle one)