

Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date: 07/13/2025

Hendricks County Health Department

Telephone (317) 745-9217

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No. Risk Factor/Interventions Violations

No. Repeat Risk Factor/Intervention Violations

Date: Time In Time Out 07/03/2025 5:50 pm 6:08 pm

Establishment Travelin' Tom's of Greenwood		Address 9694 Decatur Drive	City/State Indianapolis/IN	Zip Code 46256	Telephone 317-934-0359	
License/Permit # 2397	Permit Holder Jeanne Farah		Purpose of Inspection Routine	Est Type Mobile		Risk Category

Certified Food Manager Exp.

Jeanne Farah ServSafe 09/18/2028

Jea	nne Far	ah ServSafe	09/18/202	28						
		FOODB	ORNE ILLNESS RISK	FACT	TORS A	ANE	PUBI	LIC 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-r	not applica	able		COS-corrected on-site during inspection	R-repeat violation	
Co	omplian	ce Status		cos	R	Co	mpliand	ce Status	cos	R
		Supervision				17	IN	Proper disposition of returned, previously served, reconditioned		
1	IN	Person-in-charge present, demonstrates kno	wledge, and	ı	ļ			& unsafe food		
		performs duties						Time/Temperature Control for Safety		
2	IN	Certified Food Protection Manager]	l	18	N/A	Proper cooking time & temperatures]
		Employee Health	1	·		19	N/A	Proper reheating procedures for hot holding		i i
3	IN	Management, food employee and conditiona	l employee;		[20	N/A	Proper cooling time and temperature		1
4	IN	knowledge, responsibilities and reporting Proper use of restriction and exclusion				21	N/A	Proper hot holding temperatures		11
5	OUT	Procedures for responding to vomiting and di	ingripool ovente			22	OUT	Proper cold holding temperatures	X	1 1
		L				23	N/A	Proper date marking and disposition		1
6	N/O	Good Hygienic Pract Proper eating, tasting, drinking, or tobacco properties.				24	N/O	Time as a Public Health Control; procedures & records		1
			oducis use		🗀			Consumer Advisory		-1
7	IN	No discharge from eyes, nose, and mouth				25	N/A	Consumer advisory provided for raw/undercooked food	1	
		Preventing Contamination	by Hands		- 1	1		Highly Susceptible Populations		-1
8	IN 	Hands clean & properly washed				26	N/A	Pasteurized foods used; prohibited foods not offered	1	
9	IN	No bare hand contact with RTE food or a pre alternative procedure properly allowed	-approved		1	1		Food/Color Additives and Toxic Substances		-1
10	IN	Adequate handwashing sinks properly suppli	ed and accessible			27	N/A	Food additives: approved & properly used	•	
		Approved Source				28	IN	Toxic substances properly identified, stored, & used		
11	IN	Food obtained from approved source		I	111			Conformance with Approved Procedures		-1
12	N/O	Food received at proper temperature				29	N/A	Compliance with variance/specialized process/HACCP		
13	IN	Food in good condition, safe, & unadulterated	d					<u> </u>		
14	N/A	Required records available: molluscan shellfi parasite destruction	sh identification,					ctors are important practices or procedures identified as the	ne	
		Protection from Contan	nination					ealth interventions are control measures to prevent foodb	orne	
15	IN	Food separated and protected						r injury.		
16	IN	Food-contact surfaces; cleaned & sanitized				L				
		-			I					

Person in Charge Riley Spearing Date: 07/03/2025

Inspector: SARAH DALLAS Follow-up Required: YES NO (Circle one)

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(in degrees Fahrenheit)

State Form 57480 INDIANA DEPARTMENT OF HEALTH License/Permit # Date: FOOD PROTECTION DIVISION 2397 07/03/2025 Address City/State Zip Code Establishment Telephone Travelin' Tom's of Greenwood 9694 Decatur Drive Indianapolis/IN 46256 317-934-0359 **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 IN Water & ice from approved source 44 ĪN Utensils, equipment & linens: properly stored, dried, & handled Variance obtained for specialized processing methods 45 Single-use/single-service articles: properly stored & used 32 N/A IN 46 N/O Gloves used properly **Food Temperature Control** 33 N/A 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 Warewashing facilities: installed, maintained, & used; test 35 N/A 48 IN strips 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 ΙN 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 ΙN Garbage & refuse properly disposed; facilities maintained 41 N/O Wiping cloths: properly used & stored 55 IN Physical facilities installed, maintained, & clean 42 N/A Washing fruits & vegetables 56 ĪN Adequate ventilation & lighting; designated areas used

			Outdoor Food Op	eration	& M	obile F	Retail Foo	od Establishment			
	Circle designa	ated compliance status (IN, OUT, N/O, N/A) for e	each numbered item					Mark "X" in appropriate box for COS and/o	r R		
IN	l-in compliance	e OUT-not in compliance	N/O-not observered	N/A-	not app	olicable		COS-corrected on-site during inspection	R-repeat viol	ation	
				cos	R					cos	R
57	N/A	Outdoor Food Operation				58	N/A	Mobile Retail Food Establishment			
					• •						

TEMPERATURE OBSERVATIONS

Item/Location Temp Item/Location Temp Item/Location Temp Milk/ RIC 42.5-50..8 **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) 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 Ρf Risk: specific actions employees shall take to minimize the spread of contamination and the exposure of employees, consumers, food, and COS: No surfaces to vomitus or fecal matter. Repeat: 22-213-(a)(2),(b) Milk was holding an internal temperature of 42.5-50.8 degrees Fahrenheit in the reach-in cooler. 07/03/2025 Risk: (a) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under section 216 of COS: this rule, and except as specified under subsections (b) and (c), TCS food must be maintained: Repeat (2) at forty-one (41) degrees Fahrenheit, five (5) degrees Celsius, or less. (b) Raw shell eggs that have not been treated to destroy all viable Salmonellae must be stored in refrigerated equipment that maintains an ambient air temperature of forty-five (45) degrees Fahrenheit, seven (7) degrees Celsius, or less.

Summary of Vio	lations: P:	1	Pf: <u>1</u>	Core: _	0			
Person in Charge	Riley Spearing					Date:	07/03/2025	
Inspector:	SARAH DALLAS			Follow-up Required:	YES	NO	(Circle one)	

Establishment

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9694 Decatur Drive

Address

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Hendricks County Health Department

License/Permit#

Telephone	(317) 745-9217
	Date:

317-934-0359

	2397		07/03/2025	
City/State		Zip Code	Telephone	

46256

Indianapolis/IN

Published Comment

Went over proper procedures to use time as a public health control on milk.

07/03/2025 Person in Charge Riley Spearing Date: NO (Circle one) YES Inspector: SARAH DALLAS Follow-up Required: