A STAT	2 2		ail Food Establishment pection Report		Release Da		Date:	07/09/2025		Hendricks County Health De Telephone (317) 745-9217		partment		
1010 C		State Form 57480			No.	No. Risk Factor/Interventions Violations 0 Date: 06/29/20								
1816	/	INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION			No.	Time No. Repeat Risk Factor/Intervention Violations 0					Time In Time Out	11:15 am 11:30 am		
Establishment Address Bus Stop Bistro						City/s /IN	State	Zip Code		Telephone				
License/Permit # Permit Holder 2416 Jacob O'Rourke							Purp Routii	ose of Inspection	Est Type Mobile			Risk Category 2		
Certified Food Manager Exp. Jacob O'Rourke ServSafe 04/18/20														
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 observered Compliance Status					N/A- COS	not appl R		_{COS-o} pliance Status	corrected on	-site during inspe	ction	R-r	epeat violation COS R	
			Supervisi	on			17			turned, previou	isly served	, reconditioned		
1	Person-in-		sent, demonstrate	es knowledge, and				& unsafe foo		perature Co	ontrol for	r Safetv		
2			tion Manager				18	Proper cooki	ng time &	temperatures				
3	Managem	ent food er	Employee H		1	I 1	19 20			dures for hot ho d temperature	olding			
	knowledge	e, responsit	pilities and reportin				20	Proper hot h						
4 5			on and exclusion	and diarrheal events			22	Proper cold I						
			od Hygienic I		1	I	23			nd disposition				
6		ting, tasting	, drinking, or toba	cco products use			24	Time as a Pu		n Control; proce		cords		
7			es, nose, and mo				25	Consumer a		onsumer Ad wided for raw/u	-	d food		
8		an & prope	-	ation by Hands	1	l l		·····		Susceptible	-			
9			with RTE food or	a pre-approved			26	-		l; prohibited for				
10			properly allowed	supplied and accessible			27			dditives and ed & properly u		Substances		
			Approved So	ource		11-	28	Toxic substa	nces prope	erly identified, s	tored, & us	ed		
11			pproved source				20			e with App				
13			n, safe, & unaduli	terated			29			ice/specialized	process/H/		···· I ···· I ··· I	
14			ilable: molluscan	shellfish identification,				sk factors are impo						
· · · · · I · · · · · ·	parasite d		ction from Co	ntamination	1			ost prevalent contril Iblic health interver	•				e	
15	Protection from Contamination Food separated and protected Food separated and protected					illness or injury.								
16	Food-cont	act surface	s; cleaned & sanit	lized										
Person in Charge Jacob O'Rourke										Date:	06/29/202	25		
Inspector:		MATT	WILLIAMS					Follow-up Requi	red:	YES	NO	(Circle one)		

Retail Food Establishment Inspection Report State Form 57480							Hendricks County Health Department Telephone (317) 745-9217					
H	INDIANA DEPARTMEN	INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION						Date: 06/29/2025				
Establishment Bus Stop Bistro		Address		City/State /IN		Zip Code		Telephone				
But the Block		GC	OOD RETA		ES							
Good Retail Practic	ces are preventative measures to contro	I the addition of pathogens, chemicals, a		-								
		Mark "X" in appropriate bo	ox for COS and	or R	COS-c	orrected on-site during insp	pection	R-rep	peat violation			
			COS R						COS	R		
	Safe Food and			(0.	1	Proper Use o	of Utensils		1			
30 Pasteurized eggs used where required 31 Water & ice from approved source				43		Is: properly stored	ly stored drie	d & handled				
	nce obtained for specialized proce		45		Utensils, equipment & linens: properly stored, dried, & handled Single-use/single-service articles: properly stored & used							
	Food Temperatu		46	Gloves used								
	er cooling methods used; adequat		47		Utensils, Equipment and Vending							
	34 Plant food properly cooked for hot holding					& non-food contact surfaces cleanable, properly ned, constructed, & used						
35 Appro	oved thawing methods used			48	Warewashing	g facilities: installed, ma	iintained, & us	sed; test				
36 Therr	mometers provided & accurate			49	strips Non-food co	ntact surfaces clean						
	Food Identifi			" [Physical F	aclities			IJ		
37 Food	I properly labeled; original containe			50	Hot & cold w	ater available; adequate			—			
38 Insec	Prevention of Food C cts, rodents, & animals not present		1.1	51	Plumbing ins	talled; proper backflow	devices					
	amination prevented during food p			52	Sewage & w	aste water properly disp	osed					
displa				53		s: properly constructed						
	onal cleanliness			54		efuse properly disposed		intained				
	ng cloths: properly used & stored hing fruits & vegetables			55		ities installed, maintain						
+2 Was		l	· · · · · I · · · ·	56		ntilation & lighting; desi		used	<u>l</u>	<u> </u>		
		Outdoor Food Oper	ation & M	obile Retail	Food Estab	lishment						
Circle designated co	compliance status (IN, OUT, N/O, N/A) fo	or each numbered item				Mark "X" in appropriate bo	x for COS and/o	or R				
IN-in compliance	OUT-not in compliance	N/O-not observered	N/A-not app	olicable	COS-c	orrected on-site during insp	pection	R-rep	peat violation			
			000 0									
57 Out			COS R	50					CO	S R		
	tdoor Food Operation			58 IN	Mobile F	Retail Food Establishme	ent		CO	S R		
	taoor Food Operation	TEMP		58 IN E OBSERVA	· · · · L · · · · · ·		ent egrees Fahr	enheit)		S R		
Item/Location				E OBSERVA	TIONS			,		S R		
Item/Location	Temp	TEMP			TIONS	(in de		enheit) Terr		S R		
Item/Location			PERATURE	COBSERVA	TIONS	(in de litem/Location		,		S R		
	Temp	Item/Location	PERATURE ONS AND	CORRECTI	TIONS	(in de Item/Location S	egrees Fahr	,	ıp			
Item/Location	Temp 	Item/Location OBSERVATI on this day, the item(s) noted below ents. Violations cited in this report r	PERATURE ONS AND w identify viol must be corre	CORRECTI ations of 410 IA	TIONS np VE ACTION C 7-26, Indiana	(in de Item/Location S Retail Food Establishn	egrees Fahr	,				
	Temp 	Item/Location OBSERVATI on this day, the item(s) noted below	PERATURE ONS AND w identify viol must be corre	CORRECTI ations of 410 IA	TIONS np VE ACTION C 7-26, Indiana	(in de Item/Location S Retail Food Establishn	egrees Fahr	,	np Complet	e		
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Item Risk: COS: Repeat:	Temp Based on an inspecti Sanitation Requireme 475 and 476 of the In	Item/Location OBSERVATI on this day, the item(s) noted below ents. Violations cited in this report r	PERATURE ONS AND w identify viol must be corre- cood Code .	CORRECTI ations of 410 IA	TIONS	(in de Item/Location S Retail Food Establishn ow or as stated in Secti	egrees Fahr	,	np Complet			
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Item Risk: COS: Repeat: Summary of Published Com	Temp Based on an inspecti Sanitation Requireme 475 and 476 of the In	Item/Location OBSERVATI on this day, the item(s) noted below ents. Violations cited in this report r	PERATURE ONS AND w identify viol must be corre- cood Code .	CORRECTI ations of 410 IA	TIONS	(in de Item/Location S Retail Food Establishn ow or as stated in Secti	egrees Fahr	,	np Complet	e		
Item Risk: COS: Repeat: Summary of	Temp Based on an inspecti Sanitation Requireme 475 and 476 of the In	Item/Location OBSERVATI on this day, the item(s) noted below ents. Violations cited in this report r	PERATURE ONS AND w identify viol must be corre- cood Code .	CORRECTI ations of 410 IA	TIONS	(in de Item/Location S Retail Food Establishn ow or as stated in Secti	egrees Fahr	,	np Complet	e		
Item Risk: COS: Repeat: Summary of Published Come @Pride Picnic	Temp Based on an inspecti Sanitation Requireme 475 and 476 of the In	Item/Location OBSERVATI on this day, the item(s) noted below ents. Violations cited in this report r	PERATURE ONS AND w identify viol must be corre- cood Code .	CORRECTI ations of 410 IA	TIONS	(in de Item/Location S Retail Food Establishn ow or as stated in Secti	egrees Fahr	,	np Complet	e		
Item Risk: COS: Repeat: Summary of Published Come @Pride Picnic	Temp Based on an inspecti Sanitation Requireme 475 and 476 of the In	Item/Location OBSERVATI on this day, the item(s) noted below ents. Violations cited in this report r	PERATURE ONS AND w identify viol must be corre- cood Code .	CORRECTI ations of 410 IA	TIONS	(in de Item/Location S Retail Food Establishn ow or as stated in Secti	egrees Fahr	,	np Complet			
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Item Risk: COS: Repeat: Summary of Published Come @Pride Picnic	Temp Based on an inspecti Sanitation Requiremed 475 and 476 of the In Violations: P: ment oted at time of inspection.	Item/Location OBSERVATI on this day, the item(s) noted below ents. Violations cited in this report r	PERATURE ONS AND w identify viol must be corre- cood Code .	CORRECTI ations of 410 IA	TIONS	(in de Item/Location S Retail Food Establishn ow or as stated in Secti	egrees Fahr	,	Complet by Date:			
Item Risk: COS: Repeat: Summary of Published Com @Pride Picnic No violations no	Temp Based on an inspecti Sanitation Requiremed 475 and 476 of the In Violations: P: ment oted at time of inspection.	Item/Location OBSERVATI on this day, the item(s) noted below ents. Violations cited in this report r	PERATURE ONS AND w identify viol must be corre- cood Code .	CORRECTI ations of 410 IA cted within the t	TIONS	(in de Item/Location S Retail Food Establishn ow or as stated in Section re:	egrees Fahr		Complet by Date:			