## Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH

Release Date:	07/

7/08/2025

No. Risk Factor/Interventions Violations

Hendricks County Health Department

Telephone (317) 745-9217

0

Date: Time In 06/28/2025 10:15 am

FOOD PROTECTION DIVISION				at Risk Factor/Intervention Violation	ns 0	Time Out	10:45 am
Establishment Address Matchbox Meats LLC 51 Harvest Court				City/State Danville/IN	Zip Code 46122	Telephone	
License/Permit # 2437	Permit Holder Dwight Duncan		Purpose of Inspection Routine	Est Type Mobile		Risk Category	
Certified Food Manager	Alwavs Fo	Exp. od Safe 06/05/20					

	FOC	DDBORNE ILLNESS KI	SK FACI	UKS A	ו טאג	PUBL	IC 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 compliance	e OUT-not in compliance	N/O-not observered	N/A-n	ot applical	ble		COS-corrected on-site during inspection	R-repeat violation
Compliand	ce Status		cos	R	Com	plianc	e Status	cos
	Supervision	on			17	IN	Proper disposition of returned, previously served, reconditioned	ĺĺ
IN	Person-in-charge present, demonstrates		$\top$				& unsafe food	
	performs duties						Time/Temperature Control for Safety	
IN	Certified Food Protection Manager				18	N/O	Proper cooking time & temperatures	
	Employee He	alth			19	N/O	Proper reheating procedures for hot holding	
IN	Management, food employee and condi			2	20	N/O	Proper cooling time and temperature	1
	knowledge, responsibilities and reporting Proper use of restriction and exclusion	9		2	21	IN	Proper hot holding temperatures	
				2	22	IN	Proper cold holding temperatures	
IN	Procedures for responding to vomiting a				 23	IN	Proper date marking and disposition	
1	Good Hygienic P				24	N/A	Time as a Public Health Control; procedures & records	
N/O	Proper eating, tasting, drinking, or tobac							
IN	No discharge from eyes, nose, and mou	th 			Consumer Advisory  25 N/A Consumer advisory provided for raw/undercooked food			1 1
	Preventing Contamina	tion by Hands			I			
IN	Hands clean & properly washed			Highly Susceptible Populations				
IN	No bare hand contact with RTE food or	a pre-approved		26 N/A Pasteurized foods used; prohibited foods not offered				
	alternative procedure properly allowed						Food/Color Additives and Toxic Substances	
IN	Adequate handwashing sinks properly s					N/A	Food additives: approved & properly used	
1	Approved So	urce		1	28	N/A	Toxic substances properly identified, stored, & used	
IN	Food obtained from approved source				Conformance with Approved Procedures			
2 N/O	Food received at proper temperature		.		29	N/A	Compliance with variance/specialized process/HACCP	
3 IN	Food in good condition, safe, & unadulte	erated	] ].				•	<u> </u>
1 N/A	Required records available: molluscan s parasite destruction	hellfish identification,			Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.			ie
	Protection from Cor	ntamination			Pu	blic he	ealth interventions are control measures to prevent foodbo	orne
5 IN	Food separated and protected				illn	ess o	r injury.	
S I IN	Food-contact surfaces; cleaned & sanitize	zed	1 1	1				

Person in Charge	Dwight and Jennifer Duncan			Date: 06/28/2025
Inspector:	LISA CHANDLER	Follow-up Required:	YES	NO (Circle one)
		Page 1 of 2		

Person in Charge

Inspector:

Dwight and Jennifer Duncan

LISA CHANDLER

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INDIANA DEPARTMENT OF HEALTH

Hendricks County Health Department
Telephone (317) 745-9217

Date:

NO

YES

06/28/2025

(Circle one)

License/Permit #

Date:

FOOD PROTECTION DIVISION 2437 06/28/2025 Address City/State Zip Code Establishment Telephone Matchbox Meats LLC 51 Harvest Court Danville/IN 46122 **GOOD RETAIL PRACTICES** Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods R-repeat violation Mark "X" in appropriate box for COS and/or R COS-corrected on-site during inspection 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 Single-use/single-service articles: properly stored & used 32 N/A IN 46 IN **Food Temperature Control** Gloves used properly N/O Proper cooling methods used; adequate equipment for 33 Utensils, Equipment and Vending temperature control Food & non-food contact surfaces cleanable, properly 47 IN 34 N/O Plant food properly cooked for hot holding designed, constructed, & used Approved thawing methods used 35 N/O 48 IN Warewashing facilities: installed, maintained, & used; test Thermometers provided & accurate 36 IN 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 Toilet facilities: properly constructed, supplied, & cleaned uispiay Personal cleanliness 40 IN 54 N/O Garbage & refuse properly disposed; facilities maintained IN Wiping cloths: properly used & stored 55 IN Physical facilities installed, maintained, & clean 42 N/O 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 Outdoor Food Operation Mobile Retail Food Establishment 58 TEMPERATURE OBSERVATIONS (in degrees Fahrenheit) Item/Location Item/Location Item/Location Temp Temp 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 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 Risk: COS: Repeat: **Summary of Violations:** Core: **Published Comment** No violations noted at time of inspection.

Follow-up Required: