Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH

06/17/2025

No. Depeat Disk Eactor/Intervention Violations

Hendricks County Health Department

Telephone (317) 745-9217

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No. Risk Factor/Interventions Violations

Date: Time In 06/07/2025 3:55 pm 4:05 pm

TOOD TROTEOTION BIVIOLON				- Tribit i dotoi/intorvention violation	Time Out	4.00 pm		
Establishment Izzys AF Bar LLC		Address		City/State	Zip Code Telephone			
License/Permit # 2451	Permit Holder Rachael Kennedy			Purpose of Inspection Routine	Est Type Mobile		Risk Category	

Certified Food Manager

n/a

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 OUT-not in compliance N/A-not applicable COS-corrected on-site during inspection R-repeat violation N/O-not observered Compliance Status cos R Compliance Status cos R Proper disposition of returned, previously served, reconditioned Supervision & unsafe food 1 Person-in-charge present, demonstrates knowledge, and Fime/Temperature Control for Safety performs duties 2 ĺΝ Certified Food Protection Manager 18 IN Proper cooking time & temperatures 19 N/A Proper reheating procedures for hot holding **Employee Health** 3 IN Management, food employee and conditional employee; N/A 20 Proper cooling time and temperature knowledge, responsibilities and reporting N/A Proper hot holding temperatures 21 4 ΙN Proper use of restriction and exclusion 22 Proper cold holding temperatures IN Procedures for responding to vomiting and diarrheal events 5 IN 23 Proper date marking and disposition IN Good Hygienic Practices 24 N/A Time as a Public Health Control; procedures & records IN Proper eating, tasting, drinking, or tobacco products use **Consumer Advisory** 7 IN No discharge from eyes, nose, and mouth 25 N/A Consumer advisory provided for raw/undercooked food **Preventing Contamination by Hands** Highly Susceptible Populations 8 IN Hands clean & properly washed 26 N/A Pasteurized foods used; prohibited foods not offered No bare hand contact with RTE food or a pre-approved 9 ĪN alternative procedure properly allowed Food/Color Additives and Toxic Substances 10 ΪΝ Adequate handwashing sinks properly supplied and accessible 27 N/A Food additives: approved & properly used 28 IN Toxic substances properly identified, stored, & used **Approved Source** 11 IN Food obtained from approved source Conformance with Approved Procedures 12 N/O Food received at proper temperature 29 N/A Compliance with variance/specialized process/HACCP IN 13 Food in good condition, safe, & unadulterated 14 N/A Required records available: molluscan shellfish identification, Risk factors are important practices or procedures identified as the parasite destruction most prevalent contributing factors of foodborne illness or injury. **Protection from Contamination** Public health interventions are control measures to prevent foodborne 15 IN Food separated and protected illness or injury. ĺΝ 16 Food-contact surfaces; cleaned & sanitized

Person in Charge	Rachael Kennedy			Date: 06/07/2025
Inspector:	BRIAN PORTWOOD	Follow-up Required:	YES	NO (Circle one)

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INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION

BRIAN PORTWOOD

Inspector:

Hendricks County Health Department Telephone (317) 745-9217

License/Permit# 2451

Date: 06/07/2025

Establishment Izzys AF Bar LLC		Address			//State		Zip Code	Telephone				
GOOD RETAIL PRACTICES												
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								a at vialation				
						K-lep	eat violation COS					
30	N/A	Pasteurized eggs	Safe Food and used where required	Water	1 1	43	IN	In-use utensils: properl	oper Use of Utensils y stored		1	
31	IN		Water & ice from approved source			44	IN					
32	N/A		for specialized proce	ssing methods		45	IN	Single-use/single-servi	ce articles: properly stored			
l						46	IN	Gloves used properly				
33	IN	Proper cooling me	ethods used; adequate			1	1	Utensils	, Equipment and Ver	ndina		1 J
34	N/A	temperature cont	rol ly cooked for hot holdi			47	IN	Food & non-food conta	ct surfaces cleanable, prop			
35	N/A	Approved thawing				48	IN	designed, constructed, Warewashing facilities:	& used installed, maintained, & us	sed: test		
36	IN		ovided & accurate					strips		, 		
			Food Identific	ration	L I	49	IN	Non-food contact surfa	ces clean		l	lJ
37	IN	Food properly lab	eled; original containe			50	IN		Physical Facilities able; adequate pressure		1	
		Prev	ention of Food C	ontamination	1	51	IN IN	Plumbing installed; pro				
38	IN	Insects, rodents,	& animals not present		<u> </u>	52	IN IN	Sewage & waste water				
39	IN	Contamination pr display	evented during food pr	reparation, storage &		53	IN IN		/ constructed, supplied, & c	leaned		
40	IN	Personal cleanlin	ess			54	IN		erly disposed; facilities mai			
41	IN				55	IN		lled, maintained, & clean				
42	N/O	Washing fruits &	vegetables			56	IN		lighting; designated areas			
						,	l	<u> </u>				lJ
				Outdoor Food Ope	ration & N	/lobile	Retail	Food Establishmer	nt			
			tus (IN, OUT, N/O, N/A) fo						appropriate box for COS and/o			
IN-ir	complia	nce OUT	-not in compliance	N/O-not observered	N/A-not a	oplicable		COS-corrected on	-site during inspection	R-rep	eat violation	
					COS R						CO	S R
57	N/A	Outdoor Food (Operation 		L I	58	II.	Mobile Retail Food	d Establishment		. l	
				TEM	PERATUR	E OBS	ERVA	TIONS	(in degrees Fahre	enheit)		
Item/Location Temp Item/Location				Ten	ıp Iten	n/Location	Tem	р				
				OBSERVAT	IONS ANI	COR	RECTI	VE ACTIONS				
Item			Based on an inspection	n this day, the item(s) noted belo	ow identify vio	olations o	f 410 IA	C 7-26, Indiana Retail Fo	od Establishment		Complet	e
					/iolations cited in this report must be corrected within the time frames below or as stated in Section				stated in Section	by Date:		
			475 and 476 of the Inc	diana Retail Food Establishment	Food Code.							
Risk:												
COS:												
R	epeat:											
Summer of Violations D. Df.												
Summary of Violations: P: Pf: Core:												
Person in Charge Rachael Kennedy Date: 06/07/2029												

Follow-up Required:

YES

NO

(Circle one)