Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

05/14/2025

No. Risk Factor/Interventions Violations

Hendricks County Health Department

Telephone (317) 745-9217

0

Date:	
Time	In

05/04/2025 2:40 pm

FOOD P	ROTECTION DI	VISION	No. Repea	at Risk Factor/Intervention Violation	Time Out	3:10 pm		
Establishment Lumpia Creations		Address		City/State	Zip Code		Telephone	
License/Permit # 2456	Permit Holder Mechelle Munn			Purpose of Inspection Routine	Est Type Mobile			Risk Category 2

Certified Food Manager Exp.

Mechelle Munn ServSafe 03/20/2027

Med	chelle M	unn ServSafe	03/20)/2027						
		FOO	ODBORNE ILLNESS R	ISK FACTO	RS AN	D PUBI	LIC HEALTH INTERVENTIONS			
(Circle desig	gnated compliance status (IN, OUT, N/O, N/A) fo	or 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-not applicable COS-corrected on-site during inspection R-repeat violation							
Co	ompliand	ce Status		COS F	R Co	ompliand	ce Status	COS R		
		Supervision	on		17	I in	Proper disposition of returned, previously served, recondition	ned I I		
1	IN	Person-in-charge present, demonstrate		1 1	1]	& unsafe food			
		performs duties					Time/Temperature Control for Safety			
2	IN	Certified Food Protection Manager			18	N/O	Proper cooking time & temperatures			
		Employee H	ealth		19	N/O	Proper reheating procedures for hot holding			
3	IN	Management, food employee and cond			20	N/O	Proper cooling time and temperature			
4	IN	knowledge, responsibilities and reporting Proper use of restriction and exclusion	<u>ig</u>		- 21	N/O	Proper hot holding temperatures			
5	IN IN	Procedures for responding to vomiting	and diarrheal ayenta		- 22	N/O	Proper cold holding temperatures			
	IIN	L			23	IN	Proper date marking and disposition			
6	INI	Good Hygienic F		1 1	24	N/A	Time as a Public Health Control; procedures & records			
		.			-	1	Consumer Advisory			
	IIN	l			25	N/A	Consumer advisory provided for raw/undercooked food			
			ation by Hands			Highly Susceptible Populations				
		.			- 26	l N/A		1 1 1		
9	N/O		a pre-approved		1	1	<u> </u>			
10	IN	Adequate handwashing sinks properly	supplied and accessible		27	N/A	Food additives: approved & properly used			
		Approved So	NIICA		- I 28	N/A	Toxic substances properly identified, stored, & used			
11	IN	Food obtained from approved source	741.00		1	1	L			
12	N/O	Food received at proper temperature			29	l N/A				
13	IN	Food in good condition, safe, & unadult	erated		· <u>-</u> -	1	<u> </u>			
14	N/A	Required records available: molluscan	shellfish identification,		-	Risk fac	ctors are important practices or procedures identified as	s the		
		parasite destruction	·				evalent contributing factors of foodborne illness or injury			
		Protection from Co	ntamination	,			ealth interventions are control measures to prevent foo	dborne		
15	N/O	Food separated and protected			.	illness o	r injury.			
16	IN	Food-contact surfaces; cleaned & sanit	ized		.│ └					
		,			<u> </u>					
11 12 13 14	IN N/O IN N/A	Approved Sc Food obtained from approved source Food received at proper temperature Food in good condition, safe, & unadult Required records available: molluscan parasite destruction Protection from Co Food separated and protected	ation by Hands a pre-approved supplied and accessible purce erated shellfish identification,		25 26 27 28 29	N/A N/A N/A N/A N/A Risk fac	Consumer Advisory Consumer Advisory Consumer advisory provided for raw/undercooked food Highly Susceptible Populations Pasteurized foods used; prohibited foods not offered Food/Color Additives and Toxic Substance Food additives: approved & properly used Toxic substances properly identified, stored, & used Conformance with Approved Procedures Compliance with variance/specialized process/HACCP ctors are important practices or procedures identified as evalent contributing factors of foodborne illness or injury ealth interventions are control measures to prevent food	s the		

Person in Charge Mechelle Munn Date: 05/04/2025

Inspector: LISA CHANDLER Follow-up Required: YES NO (Circle one)

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Telephone (317) 745-9217	

(1816	/2/	IANA DEPARTMENT DD PROTECTION DIV						Licens 2456	e/Permit #	Date: 05/04/2025			
1	blishme			Address		Ci	ty/State			Zip Code	Telephone			
				(GOOD RE	TAIL PI	RACTIO	CES						
G	ood Reta	il Practices are preven	ntative measures to control t	he addition of pathogens, chemica			to foods.							
				Mark "X" in appropriate	box for COS a	nd/or R		COS-	corrected or	site during inspection	R-	repeat violation	1	
					COS I	₹						cos	R	
			Safe Food and	Water					Pro	oper Use of Utensils				
30	N/A	Pasteurized egg	s used where required			43	N/O	In-use utens	ils: proper	y stored			l	
31	IN	Water & ice from	approved source		1	44	N/O	Utensils, equ	uipment &	linens: properly stored, drie	d, & handled			
32	N/A	Variance obtaine	ed for specialized proces	sing methods		45	İN	Single-use/s	ingle-serv	ce articles: properly stored	& used			
			Food Temperature	Control		46	IN	Gloves used	properly					ĺ
33	N/O		nethods used; adequate	equipment for					Utensils	, Equipment and Ver	nding			
34	N/O	temperature con	rly cooked for hot holdin		+	- 47	IN	1		ct surfaces cleanable, prop	erly			1
35	N/O	.	ng methods used			48	IN	designed, co		: installed, maintained, & us	ed: test			-
36	IN		rovided & accurate					strips					J	
	L."`	I memorite a p				. 49	IN	Non-food co	ntact surfa	ces clean				
37	IN	Food properly la	Food Identification beled; original container		1 1					Physical Faclities				
	l	J	vention of Food Co		<u></u>	_ J 50		Hot & cold w	ater availa	able; adequate pressure			.	.
38	IN		& animals not present	mammation	T	51	IN	Plumbing ins	stalled; pro	per backflow devices			.	
39	IN	Contamination p	revented during food pre	eparation, storage &	+	- 52		Sewage & w	aste wate	properly disposed			. l	
		display		·		53	IN	Toilet facilitie	es: properl	y constructed, supplied, & c	leaned			
40	IN	Personal cleanli				54	· IN	Garbage & r	efuse prop	erly disposed; facilities mai	ntained			
41	IN	Wiping cloths: p	operly used & stored			55	IN	Physical fac	lities insta	lled, maintained, & clean				
42	N/O	Washing fruits &	vegetables		.ll	56	IN			lighting; designated areas	used			
				Outdoor Food Op	eration &	Mobile	Retail							
C	ircle desi	gnated compliance sta	atus (IN, OUT, N/O, N/A) for	each numbered item					Mark "X" in	appropriate box for COS and/o	r R			
IN-i	n complia	nce OL	T-not in compliance	N/O-not observered	N/A-not	applicable		COS-	corrected or	-site during inspection	R-	repeat violation	1	
					COS I	,						CC	ns	R
57	N/A	Outdoor Food	Operation		T T	58	3 11	N Mobile I	Retail Foo	d Establishment			T	\Box
1-					-11	-1 -							1 -	1
				TEN	/IPERATU	RE OB	SERVA	TIONS		(in degrees Fahre	enheit)			
Item	/Locatio	on	Temp	Item/Location			Ten	np	Iter	n/Location	Te	emp		
				OBSERVA	TIONS AN	D COF	RRECTI	VE ACTION	IS					
Item														

		Outdoor Food Oper		etail Food Establis			
Circle designated complianc	e status (IN, OUT, N/O, N/A) for each n	umbered item		Mari	k "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-corre	cted on-site during insp	ection	R-repeat violation
			COS R				COS R
57 N/A Outdoor Fo	ood Operation		58	IN Mobile Reta	il Food Establishme	nt	
		TEMF	PERATURE OBSE	RVATIONS	(in de	grees Fahrenh	neit)
Item/Location	Temp	Item/Location		Temp	Item/Location		Temp
	<u></u>	<u>l</u>					
		OBSERVAT	IONS AND CORR	ECTIVE ACTIONS			
Item	Based on an inspection this of						Complete
	Sanitation Requirements. Vid	•		in the time frames below	or as stated in Secti	on	by Date:
	475 and 476 of the Indiana R	etaii Food Estadiishment i	-000 Code.				
Person in Charge	Mechelle Munn					Date:	05/04/2025
Inspector:	LISA CHANDLER			Follow-up Required	l: YES	NO (Ci	rcle one)
			Page 2 of 2				