Brooke Sieg

15 IN

16 IN

Food separated and protected

Food-contact surfaces; cleaned & sanitized

Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH

ServSafe

Release Date:	06/16/2025
Nelease Date.	00/10/2023

No. Risk Factor/Interventions Violations

Hendricks County Health Department

Telephone (317) 745-9217

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Date: Time In

06/06/2025 1:22 pm

FOOD P	ROTECTION DI	VISION	No. Repea	at Risk Factor/Intervention Violation	ns U	Time Out	1:29 pm
Establishment Nature's Plate		Address		City/State	Zip Code	Telephone	
License/Permit # 2499	Permit Holder Brooke Sieg			Purpose of Inspection Routine	Est Type Mobile		Risk Category
Certified Food Manager		Exp.					

12/11/2028

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 IN Proper reheating procedures for hot holding **Employee Health** 3 IN Management, food employee and conditional employee; 20 N/O Proper cooling time and temperature knowledge, responsibilities and reporting 21 Proper hot holding temperatures IN 4 ΙN Proper use of restriction and exclusion 22 Proper cold holding temperatures IN 5 IN Procedures for responding to vomiting and diarrheal events 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 13 ΙN 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

illness or injury.

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

Retail Food Establishment Inspection Report

State Form 57480

Inspector:

BRIAN PORTWOOD

INDIANA DEPARTMENT OF HEALTH

Hendricks County Health Department Telephone (317) 745-9217

License/Permit#

1816	FOOD PROTECTION DI	VISION

2499

Date:
06/06/2025

(Circle one)

NO

YES

	Establishment Address Nature's Plate		City/State /			Zip Code Telephone							
				G	OOD I	RETAI	L PR	ACTIC	ES				
G	ood Retai	l Practices are preven	ntative measures to control	the addition of pathogens, chemicals,	and phy	sical obj	ects into	foods.					
				Mark "X" in appropriate b	oox for Co	OS and/o	or R		COS-corrected or	-site during inspection	R-rep	eat violation	
					cos	R						cos	R
			Safe Food and	Water					Pro	per Use of Utensi	İs		
30	N/A	Pasteurized eggs	s used where required	Prator			43	IN	In-use utensils: proper			I	
31	IN	Water & ice from	approved source				44	IN	Utensils, equipment &	inens: properly stored, o	dried, & handled		
32	N/A	Variance obtaine	d for specialized proce	ssing methods			45	IN	Single-use/single-servi	ce articles: properly stor	ed & used		
			i dda idiilpoiataid ddiitioi			46	IN	Gloves used properly					
33	IN	Proper cooling me temperature conf	ng methods used; adequate equipment for					Utensils	, Equipment and V	/ending	.		
34	IN		rly cooked for hot holdi	ng			47	IN	Food & non-food conta designed, constructed,	ct surfaces cleanable, p	roperly		
35	IN	Approved thawin	ig methods used				48	IN	{	installed, maintained, &	used; test		
36	IN	Thermometers p	rovided & accurate						strips				
			Food Identific	ation	L	١١	49	IN	Non-food contact surfa				lJ
37	IN	Food properly lai	beled; original containe				50	IN	i	Physical Facilities ble; adequate pressure		1	
		Prev	ention of Food C	ontamination			51	IN.	Plumbing installed; pro				
38	IN	Insects, rodents,	& animals not present				52	IN.	Sewage & waste water				
39	IN	Contamination po display	revented during food pr	eparation, storage &			53	IN.		constructed, supplied,	& cleaned		
40	IN	Personal cleanlin	ness				54	IN		erly disposed; facilities i			
41	IN	Wiping cloths: pr	operly used & stored				55	IN	<u>-</u>				
42	İN	Washing fruits &	vegetables				56	IN					
						1 1		l	<u> </u>	<u></u>			lJ
				Outdoor Food Ope	ration	ı & Mc	bile I	Retail	Food Establishmei	nt			
			atus (IN, OUT, N/O, N/A) fo							appropriate box for COS ar			
IN-ir	complia	nce OU	T-not in compliance	N/O-not observered	N/A-	-not appl	icable		COS-corrected on	-site during inspection	R-rep	eat violation	
					cos	R						COS	S R
57	N/A	Outdoor Food	Operation		L	ll	58	IN	Mobile Retail Food	l Establishment			
				TEM	PERA	TURE	OBS	ERVA ⁻	TIONS	(in degrees Fa	hrenheit)		
Item/Location Temp Item/Location				Tem	np Iter	n/Location	Tem	ıp					
Salsa - prep cooler 39.6		Cut greens - prep	ens - prep cooler			37.1				-			
				OBSERVAT	IONS	AND	CORF	RECTI	VE ACTIONS				
140.00			Based on an inspection	n this day, the item(s) noted held	w ident	tify viola	tions o	F / 10 I / 1	C 7 26 Indiana Petail Fo	nd Establishment	T	Complet	_
ItemBased on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food EstablishmentCompSanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Sectionhv Da						by Date:	е						
475 and 476 of the Indiana Retail Food Establishment Food Code										,			
	sk:												
	OS:												
	epeat:										 		
Su	mma	ry of Violatio	ns: P:		Pf:			_	Core:				

Follow-up Required: