			Retail Food Establishment Inspection Report State Form 57480 INDIANA DEPARTMENT OF HEALTH			lease l	Date:	ate: 07/01/2025			Hendricks County Health Department Telephone (317) 745-9217			
		- State Fo				No. Risk Factor/Interventions Violations 0 Date: Time In						06/21/2025 5:51 pm		
181	6		FOOD PROTECTION DIVISION			. Repe	at Risl	t Risk Factor/Intervention Violation			ns (·	
Establishment Address Podium BBQ Scamahorn Park Concession 116 Park Place							1 1	City/State Pittsboro/IN			Zip Code 46167	de Telephone		
License/P 2518	ermit #		Permit Holder Vince Johnson					Purpose of Inspection Routine			Est Type R Retail Food Establishment		Risk Category 2	
Certified F Vince Joh		ager	ServSafe	Exp. 03/08/20	026									
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Circle de	signated con	npliance status (IN, OUT, N/O, N/A) fo	r each numbered item						Mark "X" in	appropriate box for COS a	nd/or R		
IN-in complia	_{nce} nce Statu		compliance	N/O-not observered	N/A COS	-not app R		nplianc	COS-c	orrected on	-site during inspection	F	R-repeat violation COS R	
Compila		-	Supervisio	วท			17	IN		sition of re	turned, previously serve	ed, reconditioned		
1 IN			sent, demonstrate						& unsafe food	d				
2 IN		ns duties d Food Protec	tion Manager				18	IN	Proper cooki		perature Control 1 temperatures	or Salety		
	1		Employee He			1 I- I I	19	IN			dures for hot holding			
3 IN			mployee and cond pilities and reportin				20 21	N/O IN	Proper coolin Proper hot ho		d temperature			
4 IN			ion and exclusion			·	21	IN	Proper cold h					
5 IN	Proced			and diarrheal events	 		23	IN	Proper date r					
6 IN	Proper		od Hygienic F g, drinking, or toba		1		24	N/A	Time as a Pu	blic Health	n Control; procedures &	records		
7 IN	No dis	charge from ey	/es, nose, and mou	uth			25	N/A			onsumer Advisor			
	1			tion by Hands	1		25	IN/ <i>F</i> A			Susceptible Popu			
8 IN 9 IN		clean & prope	rly washed t with RTE food or	a pre-approved			26	N/A		• •	d; prohibited foods not c			
	alterna	tive procedure	properly allowed								dditives and Toxic	Substances		
10 IN	Adequ	ate handwashi		supplied and accessible			27 28	N/A IN			ed & properly used erly identified, stored, &			
11 IN	Food o	btained from a	Approved Source	ource	1	l li	20						· · · · · I · · · · I · · · I	
12 IN	Food r	eceived at pro	per temperature			Conformance with Approved Procedures 29 N/A Compliance with variance/specialized process/HACCP								
13 IN			on, safe, & unadult											
14 N/A		ed records ava e destruction	ailable: molluscan s	shellfish identification,		Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.)	
ar la mu	1		ction from Co	ntamination	1	1 1	P	Public health interventions are control measures to prevent foodborne illness or injury.						
15 IN 16 IN		eparated and		zed				ness o	r injury.					
16 IN Food-contact surfaces; cleaned & sanitized														
Person in Charge		Vince	Johnson								Date	: 06/21/20)25	
Inspector:		BRIA	BRIAN PORTWOOD				Follow-up Required: YES NO (Circle one)					(Circle one)		
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<form></form>	<form> Non-control Data: Distance Distance Distance <thd< th=""><th>S THE STAT</th><th>El C</th><th>etail Food Est</th><th colspan="5">Hendricks County Health Department Telephone (317) 745-9217</th></thd<></form>	S THE STAT	El C	etail Food Est	Hendricks County Health Department Telephone (317) 745-9217								
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