Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date:	07/14/2025

No. Risk Factor/Interventions Violations

Hendricks County Health Department

Telephone (317) 745-9217

0 Date:

Time In

07/04/2025 12:30 pm

FOOD P	ROTECTION DI	VISION	No. Repea	at Risk Factor/Intervention Violation) Time Out	12:45 pm	
Establishment Hutt's Snack Shack		Address		City/State /IN	Zip Code 46149	Telephone	
License/Permit # 2520	Permit Holder Christopher Hutton II			Purpose of Inspection Routine	Est Type Mobile		Risk Category

Certified Food Manager Exp.
Christopher Hutton II ServSafe Manager 01/20/2030

Chr	istopher	Hutton II ServSafe Manager 01/20/2	030								
		FOODBORNE ILLNESS RIS	K FACTO	ORS A	AND	PUBL	IC 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											
IN-in	complianc	e OUT-not in compliance N/O-not observered	N/A-nc	ot applica	able		COS-corrected on-site during inspection	R-repeat violation			
Co	ompliand	ce Status	cos	R	· · · · · · · · · · · · · · · · · · ·						
Supervision 17							Proper disposition of returned, previously served, reconditioned	1 1			
1	IN	Person-in-charge present, demonstrates knowledge, and	Т].		& unsafe food]]			
		performs duties	1				Time/Temperature Control for Safety				
2	IN	Certified Food Protection Manager	.ll.		18	N/O	Proper cooking time & temperatures				
		Employee Health			19	N/O	Proper reheating procedures for hot holding	l i			
3	IN	Management, food employee and conditional employee;			20	N/O	Proper cooling time and temperature				
4	IN	knowledge, responsibilities and reporting Proper use of restriction and exclusion			21	N/O	Proper hot holding temperatures				
					22	IN	Proper cold holding temperatures				
5 IN Procedures for responding to vomiting and diarrheal events					23	IN	Proper date marking and disposition				
Good Hygienic Practices 6 IN Proper eating, tasting, drinking, or tobacco products use				24	N/A	Time as a Public Health Control; procedures & records					
	-4				Consumer Advisory						
7 IN No discharge from eyes, nose, and mouth					25	N/A	Consumer advisory provided for raw/undercooked food	1 1			
Preventing Contamination by Hands						Highly Susceptible Populations					
8	IN 	Hands clean & properly washed			26 	N/A	Pasteurized foods used; prohibited foods not offered	1 1			
9	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		- 1	Food/Color Additives and Toxic Substances						
10	IN	Adequate handwashing sinks properly supplied and accessible	1		27	N/A	Food additives: approved & properly used	·			
	l	Approved Source	ld.		 28	IN	Toxic substances properly identified, stored, & used				
11	IN	Food obtained from approved source	T		Conformance with Approved Procedures						
12	N/O	Food received at proper temperature	1		29	N/A	Compliance with variance/specialized process/HACCP				
13	IN	Food in good condition, safe, & unadulterated	11-				.		/ I		
14	N/A	Required records available: molluscan shellfish identification, parasite destruction	1		Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.						
Protection from Contamination							ealth interventions are control measures to prevent foodb	orne			
15	IN	Food separated and protected			illness or injury.						
16	IN	Food-contact surfaces; cleaned & sanitized	1								
		 	+								
l											

Person in Charge Christopher Hutton Date: 07/04/2025

Inspector: MATT WILLIAMS Follow-up Required: YES NO (Circle one)

Retail Food Establishment Inspection Report

State Form 57480

Ή

Hendricks County Health Department							
Telephone (317) 745-9217							

License/Permit#

Date:

\.	INDIANA DEPARTMENT	OF HEALT
1816	FOOD PROTECTION DI	VISION

07/04/2025

	.0,5		COD FRO LECTION DI	VISION					2020		0170-1/2020		
	olishme Snack S			Address			City /IN	/State	•	Zip Code 46149	Telephone		
				G	OOD	RETA	IL PR	ACTIC	ES				
G	ood Retai	il Practices are pr	eventative measures to control	the addition of pathogens, chemicals	, and phy	sical ob	jects into	foods.					
				Mark "X" in appropriate I	oox for C	OS and	or R		COS-corrected on	site during inspection	R-r	epeat violation	
					cos	R						cos	R
			Safe Food and	l Water					Pro	oper Use of Utens	sils		
30	N/A	Pasteurized 6	eggs used where required				43	N/O	In-use utensils: properl		,,,,,		
31	IN	Water & ice f	rom approved source				44	N/O	Utensils, equipment &	linens: properly stored,	dried, & handled		
32	N/A	Variance obta	ained for specialized proce	ssing methods			45	IN	Single-use/single-servi	ce articles: properly sto	ored & used		
00	LNIO	l 5 ::	Food Temperatur				46	IN	Gloves used properly]]
33	N/O	temperature	ng methods used; adequate control	e equipment for			47	IN	Utensils Food & non-food conta	, Equipment and			
34	N/O	Plant food pr	operly cooked for hot holdi	ng			47	IIN	designed, constructed,		property		
35	N/O	Approved that	awing methods used				48	IN	Warewashing facilities:	installed, maintained,	& used; test		
36	IN	Thermomete	rs provided & accurate		L	l	49	IN	strips Non-food contact surfa	ces clean			
0.7	l iki l	l =	Food Identific						l	Physical Faclities			1
37	IN	J	y labeled; original containe		L	 .	50	IN	Hot & cold water availa				
38	IN		revention of Food C nts, & animals not present		ı		51	IN	Plumbing installed; pro	per backflow devices			
39	IN		on prevented during food p				52	IN	Sewage & waste water	properly disposed			1
		display					53	IN	Toilet facilities: properly	y constructed, supplied	, & cleaned		
40	IN	Personal clea					54	IN	Garbage & refuse prop	erly disposed; facilities	maintained		
41	IN		s: properly used & stored				55	IN	Physical facilities instal	lled, maintained, & clea	ın		
42	IN 	vvasning truit	s & vegetables		L	l	56	IN	Adequate ventilation &	lighting; designated ar			ll
				Outdoor Food Ope	ration	& M	obile F	Retail	Food Establishmer	nt			
Ci	rcle desig	gnated compliance	e status (IN, OUT, N/O, N/A) fo	or each numbered item					Mark "X" in	appropriate box for COS a	and/or R		
IN-ir	compliar	nce	OUT-not in compliance	N/O-not observered	N/A	-not app	olicable		COS-corrected on	-site during inspection	R-r	epeat violation	
					cos	R						CO	S R
57	N/A Outdoor Food Operation				58	IN	Mobile Retail Food	d Establishment					
				7711	DED 4				TION 0	/in dograda ['abranhait\		
				IEM	PERA	IURI	OBS	ERVA	IIONS	(in degrees F	anrenneit)		
Item/	Locatio	on	Temp	Item/Location				Tem	ip Iter	n/Location	Te	mp	
			<u></u>	<u></u>									
				OBSERVAT	TIONS	AND	CORF	RECTI	VE ACTIONS				
Item				on this day, the item(s) noted belo								Complet	e
			1	nts. Violations cited in this report			cted with	hin the t	ime frames below or as s	stated in Section		by Date:	
			475 and 476 of the inc	diana Retail Food Establishment	F000 C	oue.							
R	sk:												
С	OS:												
R	epeat:												
			•										
Su	mma	ry of Viola	tions: P:		Pf:				Core:				
Pub	ished	Comment											
@Pi	ttsboro	o Fireworks	Scamahorn Park										
Pers	on in (Charge	Christopher Hutton							Date	e: 07/04/202	 25	
			•										
Insp	ector:		MATT WILLIAMS					Follo	w-up Required:	YES NO	(Circle one)		