Brian Lambert

15 N/A

ĺΝ 16

Food separated and protected

Food-contact surfaces; cleaned & sanitized

Retail Food Establishment Inspection Report

State Form 57480 INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION

ServSafe

06/29/2025

Hendricks County Health Department

Telephone (317) 745-9217

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No. Risk Factor/Interventions Violations

Date: Time In Time Out 06/19/2025 5:00 pm

FOOD P	ROTECTION DI	VISION	No. Repea	at Risk Factor/Intervention Violation	0	Time Out	5:30 pm	
Establishment Big Bear Shaved Ice		Address		City/State /	Zip Code		Telephone	
License/Permit # 2533	Permit Holder Brian Lambert			Purpose of Inspection Routine	Est Type Mobile			Risk Category
Certified Food Manager		Evn		-	-			

08/13/2029

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 N/A Certified Food Protection Manager 18 N/A Proper cooking time & temperatures 19 N/O 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 N/A 5 IN Procedures for responding to vomiting and diarrheal events 23 N/A Proper date marking and disposition Good Hygienic Practices 24 N/A Time as a Public Health Control; procedures & records 6 N/O Proper eating, tasting, drinking, or tobacco products use **Consumer Advisory** 7 ΙN 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

illness or injury.

Person in Charge	Brain Lambert			Date:	06/19/2025
Inspector:	LISA CHANDLER	Follow-up Required: Y	′ES [NO	(Circle one)

Retail Food Establishment Inspection Report

State Form 57480

INDIANA DEPARTMENT OF HEALTH

Hendricks County Health Departme	nt
Telephone (317) 745-9217	

License/Permit #

Date:

FOOD PROTECTION DIVISION							25	533		06/19/2025					
Establishment Address Big Bear Shaved Ice					City.	City/State			Zip Code	Telephone					
				G	OOD F	RETA	IL PR	ACTIC	ES						
G	ood Retai	l Practices are preven	ntative measures to control	the addition of pathogens, chemicals,	and phys	sical ob	jects into	foods.							
Mark "X" in appropriate box for COS and/or R COS-corrected on-site during inspection							R-r	repeat violation							
COS R								cos	R						
			Safe Food and	Water						Pro	per Use of Utensils				
30	N/A	Pasteurized egg	s used where required				43	IN	In-use utensils: p						
31	IN	Water & ice from	approved source				44	IN	Utensils, equipm	ent & I	inens: properly stored, dried	d, & handled			
32	N/A	Variance obtaine	ed for specialized proce	ssing methods			45	IN	Single-use/single	e-servi	ce articles: properly stored	& used		11	
			Food Temperatur	e Control			46	N/O	N/O Gloves used properly						
33	N/A	Proper cooling n temperature con	nethods used; adequate trol	e equipment for					Utensils, Equipment and Vending						
34	N/A		rly cooked for hot holdi				47	IN	Food & non-food						
35	N/A	Approved thawir					48	IN IN	designed, constr Warewashing fac		installed, maintained, & us	ed: test			
36	IN		rovided & accurate						strips						
	L.::.J		Food Identific	ootion	L		49	IN	Non-food contac	t surfa	ces clean]]	
37	N/A	Food properly la	beled; original containe								Physical Faclities				
	1	Prev	ention of Food C	ontamination	L l	J	50	IN			ble; adequate pressure				
38	IN		& animals not present				51	IN			per backflow devices				
39	N/A	Contamination p	revented during food pr	reparation, storage &			52	IN			properly disposed				
		display					53				constructed, supplied, & cl				
40	IN	Personal cleanli					54	N/O	Garbage & refus	e prop	erly disposed; facilities mai	ntained		ll	
41	IN		roperly used & stored				55	IN	Physical facilities	s install	led, maintained, & clean]]	
42	N/O	Washing fruits &	vegetables		L l	l]	56	IN			lighting; designated areas ι]]	
				Outdoor Food Ope	ration	& M	obile F	Retail I	Food Establis	hmen	it				
С	ircle desig	nated compliance sta	atus (IN, OUT, N/O, N/A) fo	r each numbered item					Mari	k "X" in	appropriate box for COS and/or	r R			
IN-i	n compliar	nce OU	T-not in compliance	N/O-not observered	N/A-	not app	licable		COS-corre	cted on-	-site during inspection	R-r	repeat violation		
					cos	R							COS	S R	
57 N/A Outdoor Food Operation				58	IN	Mobile Reta	il Food	Establishment			\top				
			L I	1		1	L					1			
				TEM	PERA	TURE	OBS	ERVAT	TIONS		(in degrees Fahre	enheit)			
Item/Location Temp Item/Location							Tem	пр	Item	n/Location	Те	emp			
hot d	ogs		136												
				OBSERVAT	IONS	AND	CORF	RECTIV	VE ACTIONS						
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section						Complet by Date:									
475 and 476 of the Indiana Retail Food Establishment Food Code.															
2: 1															
	Risk: COS:														
	Repeat:														
			<u> </u>									<u>-</u>			
	_				· <u> </u>	_	· <u> </u>	_]	
Sı	ımmaı	ry of Violatio	ons: P:		Pf:	_		-	Core	: _					

Published Comment

Inspector:

No violations noted at time of inspection.

LISA CHANDLER

Person in Charge 06/19/2025 **Brain Lambert** Date: NO (Circle one)

Follow-up Required:

YES