		04	Retail Food Establishment Inspection Report			Releas	e Date:	Date: 06/15/2025		Hendricks County Health Department Telephone (317) 745-9217					
		State Form 57480			No. Ris								06/05/2025 4:00 pm		
1010			FOOD P	No. Re	peat Ris	at Risk Factor/Intervention Violation			ıs	0	Time Out	4:00 pm 4:20 pm			
	ablishme et Lemon			Address			Cit /	City/State /			Zip Code Telephone				
License/Permit # Permit Holder 2541 Krista Micho							Purpose of Inspection Routine			Est Type Mobile			Risk Category 2		
Cer	Certified Food Manager Exp.														
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
					r each numbered item						appropriate box f				
IN-in compliance OUT-not in compliance N/O-not observered Compliance Status						N/A-not a COS R	•••	mplia	COS-c	orrected on	-site during inspe	ction	R-r	epeat violation COS R	
	·			Supervisio	on		17	IN	Proper dispo	sition of re	turned, previou	usly served,	reconditioned		
1	IN	Person-in-cl performs du		sent, demonstrate					& unsafe foo		perature Co	ontrol for	Safety		
2	N/A		od Protect	tion Manager			18	N/A	Proper cooki				Jalety		
3	IN	Managemer	at food on	Employee He			19	N/A			dures for hot h	olding			
		knowledge,	responsib	ilities and reportin			20  21	N/A N/A	Proper coolin Proper hot ho		d temperature peratures				
4	IN IN			on and exclusion	and diarrheal events		22	N/A	Proper cold h	olding ter	nperatures				
				od Hygienic P			23	N/A	Proper date r						
6	IN			, drinking, or tobac				N/A	Time as a Pu		n Control; proce		cords		
7	IN			es, nose, and mou			25	N/A	Consumer ad		onsumer A ovided for raw/u		food		
8	IN	Hands clear		-	tion by Hands					• •	Susceptible				
9	IN			with RTE food or properly allowed	a pre-approved		26	N/A	<mark>.</mark>		d; prohibited for				
10	IN				supplied and accessible		27	N/A			dditives and ed & properly u		ubstances		
				Approved So	ource		28	IN	Toxic substar	nces prope	erly identified, s	stored, & use	ed		
11 12	IN N/A			pproved source per temperature			29 N/A Compliance with Variance/specialized process/HACCP								
13	IN			n, safe, & unadulte	erated										
14	N/A			ilable: molluscan s	shellfish identification,		<b>Risk factors</b> are important practices or procedures identified as the								
		parasite des		tion from Co			most prevalent contributing factors of foodborne illness or injury.           Public health interventions are control measures to prevent foodborne								
15	N/A	Food separa					illness or injury.								
16	IN	Food-contac		s; cleaned & saniti	zed										
Person in Charge			Krista	Micho								Date:	06/05/202	25	
Ins	pector:		LISA	CHANDLER				Fol	low-up Requi	red:	YES	NO	(Circle one)		

118	Retail Food Estab	Hendricks County Health Department Telephone (317) 745-9217												
1010 - 1010 - 1010						License/Permit # 2541	Date: 06/05/2025							
Establishment Sweet Lemon			City/	State		Zip Code	Zip Code Telephon							
		G	OOD F	RETAI	L L PRA		ES							
Good Retail Practices are p	reventative measures to control the a					foods.								
		Mark "X" in appropriate t			r R		COS-c	orrected on-site during inspec	tion	R-re	peat violatio			
			COS	R				Proper Use of	_		COS	S R		
	Safe Food and Water           30         N/A         Pasteurized eggs used where required					IN			1 1					
31 IN Water & ice			44	IN	Utensils, equipment & linens: properly stored, dried, & handled									
32 N/A Variance obtained for specialized processing methods					45	IN	Single-use/si	Single-use/single-service articles: properly stored & used						
33 N/A Proper cool	1		46	IN	IN Gloves used properly Utensils, Equipment and Vending									
temperature			47	IN	Food & non-f		1.1							
					48	 IN		nstructed, & used a facilities: installed, maint	ained & us	ed: test				
	ers provided & accurate						strips	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
· · · · · I · · · · J · · · · · · · ·	Food Identification	on		J	49	IN	Non-food cor	ntact surfaces clean	1:4:			.Ll		
37 IN Food prope	rly labeled; original container		[		50	IN	Hot & cold w	Physical Fac ater available; adequate p				1.1.		
	Prevention of Food Cont ents, & animals not present	amination	1		51	IN	Plumbing ins	talled; proper backflow de	vices			-		
	on prevented during food prepar	ation, storage &			52	IN	Sewage & w	aste water properly dispos	ed					
40 IN Personal cle	anliness				53			s: properly constructed, si						
	is: properly used & stored				54 55	IN IN		efuse properly disposed; fail ties installed, maintained		intained				
	its & vegetables				56	 IN		ntilation & lighting; design		used		-		
1		Outdoor Food Ope	ration	8. Mc	bilo B	otail					<u>l</u>	.11		
Circle designated complian	ce status (IN, OUT, N/O, N/A) for eac	•	ation					Mark "X" in appropriate box fo	r COS and/c	r R				
IN-in compliance	OUT-not in compliance	N/O-not observered	N/A-	not appl	cable			orrected on-site during inspec			peat violatio	n		
			COS	R							C	OS R		
57 N/A Outdoor F	and Onenation				50		Mobile F	Retail Food Establishment						
· · · · · · · · · · · · · · · · · · ·			<b>.</b>		58	IN	· · · <b>I</b> · · · · · · ·					]]		
· · · · · · · · · · · · · · · · · · ·		тем	PERA					(in deg	ees Fahr	enheit)	l.			
Item/Location	Temp	TEM	PERA	TURE				(in degr	ees Fahr	enheit) Ter	np			
			PERA	TURE		ERVAI			rees Fahr	,	np	]]		
					OBSE	ERVAT Tem	ip	Item/Location	ees Fahr	,	np			
	Temp Based on an inspection thi	Item/Location OBSERVAT s day, the item(s) noted belo	<b>FIONS</b> pw ident	<b>AND</b>	OBSE CORR	ERVAT Tem ECTIV	VE ACTION	Item/Location S Retail Food Establishme	nt	,	Comple			
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