A A A A A A A A A A A A A A A A A A A		0	Retail Food Establishment Inspection Report			Release Da		Date:	e: 06/14/2025		Hendricks County Health Department Telephone (317) 745-9217						
H			State Form 57480			No.							Date: Time In	06/04/2025 10:05 am			
	1810		FOOD P	No.	at Risl	at Risk Factor/Intervention Violatio			IS	0	Time Out	10:30 am					
Establishment Address								City /	City/State /			Zip Code Telephone					
License/Permit #Permit Holder2544Chad and Shawn Ramey									Purpose of Inspection Pre-Operational			Est Type Mobile			Risk Category 3		
	ified Foo wn Ram	od Managei iey	r	ServSafe	Exp. 05/01/20	030											
				FO	ODBORNE ILLNESS RISP	K FAC	TORS		PUBL	IC HEALTH	INTER	VENTIONS					
(	Circle desig	gnated compliar			or each numbered item		Mark "X" in appropriate box for COS and/or R										
IN-in compliance OUT-not in compliance N/O-not observered Compliance Status								icable Con	nplianc		orrected on-	-site during inspec	ction	R-r	repeat violation COS R		
	Compliance Status     COS     R     Compliance Status     COS     R       Supervision     17     IN     Proper disposition of returned, previously served, reconditioned     III     III																
1	IN				s knowledge, and					& unsafe food	łł						
2	IN	performs de Certified Fo		tion Manager			Time/Temperature Control for Safety           18         N/O         Proper cooking time & temperatures										
				Employee H	ealth	1		19	N/O	Proper rehea	ting proce	dures for hot ho	olding				
3	IN			nployee and cond ilities and reportir				20	N/O	Proper coolin							
4	IN			on and exclusion				21 22	N/O N/O	Proper hot ho Proper cold h							
5	IN	Procedures			and diarrheal events			22	N/O	Proper date r							
6	N/O	Proper eati		od Hygienic I , drinking, or toba		1		24	N/A			n Control; proce	edures & rec	cords			
7	N/O			es, nose, and mo							C	onsumer Ac	-				
		F	Preventi	ng Contamina	ation by Hands			25	N/A			vided for raw/u					
8	N/O	Hands clea						26	N/A		• •	Susceptible I; prohibited foc					
9	N/O			with RTE food or properly allowed	a pre-approved			· · · ·				dditives and			I		
10	IN	Adequate h	nandwashii	ng sinks properly	supplied and accessible			27	N/A	Food additive	s: approv	ed & properly u	sed				
11	IN	Eood obtai	and from a	Approved Source	ource	1	I I	28	N/A			erly identified, s					
12	N/O			er temperature			Conformance with Approved Procedures           29         N/A         Compliance with variance/specialized process/HACCP										
13	IN	Food in go	od conditio	n, safe, & unadult	erated												
14	N/A	·		ilable: molluscan	shellfish identification,						•			entified as the			
15	N/O	parasite de Food sepai	Protec	tion from Co	ntamination	 	most prevalent contributing factors of foodborne illness or injury.           Public health interventions are control measures to prevent foodborne illness or injury.           illness or injury.										
16	IN		s; cleaned & sanit					, ,									
						•											
Person in Charge Chad Ramey													Date:	06/04/202	25		
									Follo	w-up Requir	ed.	YES	NO	(Circle one)			
	Inspector: LISA CHANDLER Follow-up Required: YES NO (Circle one)																

												County Health Department lephone (317) 745-9217															
INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION											License/Permit # Date: 2544 06/04/2			i													
	ablishm ne Woods		ess	City/State Zip Code					Telephone																		
				<b>I</b>	G	GOOD	RETA	IL PR	ACTIC	ES																	
(	Good Reta	ail Practices are p	reventative measu	ures to control the additi	ion of pathogens, chemicals Mark "X" in appropriate I		-		foods.	COS-0	orrected on-site during insp	ection	P	-repeat violatio	'n												
						COS					oneoled on one during inop			CO													
			Safa						Proper Use o	flltonsil	•		<u> </u>														
30	N/A	Pasteurized	eggs used whe	Food and Water ere required		<u> </u>		43	N/O	In-use utensi	ls: properly stored																
31	31         IN         Water & ice from approved source           32         N/A         Variance obtained for specialized processing methods							44	N/O		ipment & linens: proper																
Food Temperature Control								45  46	N/O N/O	Single-use/si Gloves used	ngle-service articles: pr	operly store	d & used		-												
33 N/O Proper cooling methods used; adequate equipment for											Jtensils, Equipme	nt and Ve	ending		.11												
34	Image: N/O         Plant food properly cooked for hot holding							47	N/O	Food & non-f	Food & non-food contact surfaces cleanable, properly designed, constructed, & used																
35	N/O		awing methods					48	IN	Warewashing	facilities: installed, ma	intained, &	used; test	• • • • • • • • • •	-												
36	IN		ers provided & a			[		49	IN IN	strips Non-food cor	ntact surfaces clean				-												
37	N/O	Food proper	Food ly labeled; origi	d Identification		1	1 1				Physical F																
	.1	J		of Food Contam	ination		11	50	IN		ater available; adequate																
38	IN	Insects, rode	ents, & animals	not present		<u>.</u>		51  52	IN  IN		talled; proper backflow aste water properly disp				-												
39	N/O	Contaminati display	on prevented d	uring food preparatio	n, storage &			53			s: properly constructed,		cleaned		-												
40	IN	Personal cle						54	IN	Garbage & re	efuse properly disposed	; facilities m	aintained		-												
41	N/O		s: properly use				55	IN		ities installed, maintaine																	
42	N/A		its & vegetables	· · · · · · · · · · · · · · · · · · ·		. <u>l</u>	II	56	IN	Adequate ve	ntilation & lighting; desig	nated area	s used	<u>l</u>	<u>. ]</u>												
					Outdoor Food Ope	eration	n & Mo	obile I	Retail I	Food Estab	lishment																
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 compliance OUT-not in compliance N/O-not observered N/A-not applicable COS-corrected on-site during inspection R-repeat violation																											
57	N/A	Outdoor F	ood Operation					58	IN	Mobile F	Retail Food Establishme	nt															
					TEM			OBS			(in de	orees Fah	renheit)														
Itor	a/Locati	TEMPERATURE OBSERVATIONS     (in degrees Fahrenheit)																									
	Item/Location Temp Item/Location Temp Item/Location Temp												т	omp	_												
		ion		Temp	Item/Location				Tem	ıp	Item/Location		Т	emp	_												
	<u></u>	ion		Temp		TIONS	AND	CORI		VE ACTION			Т	emp													
lten	n	ion		an inspection this da	OBSERVAT	low ident	tify viola	ations o	<b>RECTIV</b> f 410 IA0	VE ACTION	<b>S</b> Retail Food Establishm		Т	emp Compl	ete												
lten	n	ion	Sanitation	an inspection this da	OBSERVAT ay, the item(s) noted bel ations cited in this report	low ident t must b	tify viola e corre	ations o	<b>RECTIV</b> f 410 IA0	VE ACTION	<b>S</b> Retail Food Establishm		T	I													
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Iten	n	ion	Sanitation	an inspection this da	OBSERVAT ay, the item(s) noted bel ations cited in this report	low ident t must b	tify viola e corre	ations o	<b>RECTIV</b> f 410 IA0	VE ACTION	<b>S</b> Retail Food Establishm		T	Compl													
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	Risk: COS: Repeat:		Sanitation 475 and 4	an inspection this da n Requirements. Viol 176 of the Indiana Re	OBSERVAT ay, the item(s) noted bel ations cited in this report	low ident t must b t Food C	tify viola e corre	ations o	<b>RECTIV</b> f 410 IA0	VE ACTION C 7-26, Indiana ime frames bel	<b>S</b> Retail Food Establishm			Compl													
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s	Risk: COS: Repeat: <b>umma</b>	ary of Viola	Sanitation 475 and 4	an inspection this da n Requirements. Viol 176 of the Indiana Re	OBSERVAT ay, the item(s) noted bel ations cited in this report	low ident t must b t Food C	tify viola e corre	ations o	<b>RECTIV</b> f 410 IA0	VE ACTION C 7-26, Indiana ime frames bel	S Retail Food Establishm ow or as stated in Secti			Compl													
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