Sa THE STATE		0	Retail Food Establishment Inspection Report			Release Da		Date:	te: 06/22/2025		Hendricks County Health Department Telephone (317) 745-9217						
H 1016			State Form 57480			No. Risk Factor/Interventions Violations					ions		0	Date: Time In	06/12/2025 9:15 am		
			FOOD PROTECTION DIVISION				No. Repea			at Risk Factor/Intervention Violatic			0	Time Out	9:30 pm		
	ablishme ed T's	ent		Address						City/State /				Telephone			
Lice 2548	ense/Per 3	mit #		Permit Holder Tanner Utley						Purpose of Inspection Pre-Operational				Risk Category 2			
Certified Food Manager Exp.																	
	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 f	for COS and/o	or R			
	IN-in compliance Compliance Status			compliance	N/A- COS	N/A-not applicable COS-corrected on-site during inspection COS R Compliance Status							R-r	R-repeat violation COS R			
	Inplane			Supervisio	n an			17	IN		sition of re	turned, previou	uslv served.	reconditioned			
1	IN			sent, demonstrates						& unsafe foo	d						
2	N/A	performs duties N/A Certified Food Protection Manager							N/O	Proper cooki		perature Co temperatures	Difference of the second se	Salety			
	Employee Health							19	N/O			dures for hot h	olding				
3	IN	knowledge	, responsib	nployee and condi ilities and reportin				20 21	N/O N/O	Proper coolir Proper hot ho		d temperature					
4	IN IN			on and exclusion	and diarrheal events			22	N/O	Proper cold h					• • • • • • • • • • • • • • •		
				od Hygienic P				23	N/O	Proper date i	marking ar	nd disposition					
6	N/O	Proper eati		, drinking, or tobac				24	N/A			n Control; proce		cords			
7	N/O			es, nose, and mou				25	N/A	Consumer ad		onsumer A ovided for raw/u	-	l food			
8	N/O	Hands clea		-	tion by Hands						Highly	Susceptible	Populat	ions			
9	N/O			with RTE food or	a pre-approved		26 N/A Pasteurized foods used; prohibited foods not offered										
10	IN			properly allowed			27	N/A			or Additives and Toxic Substances pproved & properly used						
				Approved So		28 IN Toxic substances properly identified, stored, & used											
11 12	IN N/O	Food obtain			00	N1/A			e with App								
13	IN/O IN	Food received at proper temperature Food in good condition, safe, & unadulterated						29	N/A	Compliance		ice/specialized	process/HA				
14	N/A	A Required records available: molluscan shellfish identification,								ctors are impo							
	parasite destruction Protection from Contamination						most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne										
15 N/A Food separated and protected					illness or injury.												
16 IN Food-contact surfaces; cleaned & sanitized																	
1																	
1																	
Person in Charge Tanner Utley													Date:	06/12/202	25		
Inspector:			LISA (CHANDLER					Foll	ow-up Requi	red:	YES	NO	(Circle one)			

Retail Food Establishment Inspection Report State Form 57480									Hendricks County Health Department Telephone (317) 745-9217							
						License/Permit #			Date:							
	FOOD PROTECTION D							2548			06/12/202					
Establishment Grilled T's		Address			/	/State			Zip Code		Telephone	;				
GOOD RETAIL PRACTICES																
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in appropriate box for COS and/or R COS-corrected on-site during inspection R-repeat violation																
COS R											COS	R				
	Safe Food and	l Water						Pr	oper Use of	lltensils						
30 N/A Pasteurized	N/A Pasteurized eggs used where required					N/O	In-use utensi	ls: proper	rly stored]				
						N/O	Utensils, equ									
32 N/A Variance ob	l]]	45	N/O N/O			vice articles: prop	erly stored	& used							
33 N/A Proper cooli	1	1 1	46		Gloves used			and Vo	nding	. l		IJ				
34 N/A Plant food p	e control properly cooked for hot hold				Utensils, Equipment and 47 N/O Food & non-food contact surfaces cleanable,											
	nawing methods used				48	IN	designed, co Warewashing		l, & used s: installed, maint	ained, & u	sed; test					
	ers provided & accurate				49	IN	strips Non-food cor									
	Food Identifi				49			naci suna		l		IJ				
	rly labeled; original containe		l	I]	50	IN	Hot & cold wa			1						
	Prevention of Food C ents, & animals not present		1	1 1	51	IN	Plumbing ins	talled; pro								
39 N/A Contaminati	ion prevented during food p	reparation, storage &			52	IN	Sewage & wa	aste wate	er properly dispos	sed						
40 N/O Personal cle	anliness				53				ly constructed, su							
	ns: properly used & stored				54 55	N/O IN			perly disposed; fa alled, maintained,							
42 N/O Washing fru	its & vegetables				56	IN IN			k lighting; designa		used					
		Outdoor Eood Opa	rotion	1J		l	<u></u>	<u></u>			<u></u>	<u></u>		IJ		
Outdoor Food Operation & Mobile Retail Food Establishment																
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																
			COS	R R									CO	S R		
57 N/A Outdoor F	Food Operation				58	IN	Mobile F	Retail Foo	d Establishment							
		ТЕМ	DEDA	TIIDE		ERVA			(in dear	rees Fahr	enheit)					
Itom/Logation	Tomp	Item/Location				_		lto	m/Location		,	Temp				
Item/Location	Temp					Tem	ιμ	iter	III/LUCAUUII			Temp				
		OBSERVAT	TIONS	AND	CORF	RECTI	VE ACTION	S								
Item	Based on an inspecti	on this day, the item(s) noted bel	ow iden	tify viola	ations of	f 410 IA	C 7-26, Indiana	Retail Fo	ood Establishmer	nt		Co	mplet	e		
	Sanitation Requirements. Violations cited in this report must be corrulated and the stabilishment Food Code.					hin the t	ime frames bel						by Date:			
	Food C	ode.														
Risk:																
COS:																
Repeat:																
Summary of Violations: P: Pf: Core:																
L																
Published Comment																
Mobile meets health department regulations and the permit has been issued.																
Person in Charge	Tanner Utley									Date:	06/12/2	025				
Inspector:	LISA CHANDLER			Follo	w-up Requi	red:	YES	NO	(Circle one)							