## Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

07/08/2025

Hendricks County Health Department

Telephone (317) 745-9217

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No. Risk Factor/Interventions Violations

Date: Time In 06/28/2025 7:00 pm

No. Repeat Risk Factor/Intervention Violations

Time In Time Out 7:00 pm 7:15 pm

Establishment Grilled T's		Address	City/State /	Zip Code To	elephone	
License/Permit # 2548	Permit Holder Tanner Utley		Purpose of Inspection Routine	Est Type Mobile		Risk Category 2

Certified Food Manager Exp.

	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS								
Circle des	signated compliance status (IN, OUT, N/O, N/A) for each	numbered item				Mark "X" in appropriate box for COS and/or R			
IN-in complian	•	N/O-not observered	N/A-not app	olicable		COS-corrected on-site during inspection R-	repeat violation		
Complian	nce Status	(	COS R	Co	mplianc	e Status	COS R		
	Supervision			17	l in	Proper disposition of returned, previously served, reconditioned	1 1 1		
1 I IN	Person-in-charge present, demonstrates know	wledge and	1	. '' 		& unsafe food			
	performs duties					Time/Temperature Control for Safety			
2 N/A	Certified Food Protection Manager		]	18	N/O	Proper cooking time & temperatures			
	Employee Health			19	N/O	Proper reheating procedures for hot holding			
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			
5 IN	Procedures for responding to vomiting and dia	arrheal events		22	IN	Proper cold holding temperatures			
l	-			23	IN	Proper date marking and disposition			
6 N/O	Good Hygienic Pract  Proper eating, tasting, drinking, or tobacco pro		1	24	N/A	Time as a Public Health Control; procedures & records			
7 IN	No discharge from eyes, nose, and mouth			Consumer Advisory		Consumer Advisory			
l	.	h. Handa		25	N/A	Consumer advisory provided for raw/undercooked food			
8 I IN	Preventing Contamination  Hands clean & properly washed	by Hands	1			Highly Susceptible Populations			
9 IN	No bare hand contact with RTE food or a pre-	-annroyed		26	N/A	Pasteurized foods used; prohibited foods not offered			
	alternative procedure properly allowed	арргочен	]			Food/Color Additives and Toxic Substances			
10 IN	Adequate handwashing sinks properly supplied	ed and accessible		27	N/A	Food additives: approved & properly used			
	Approved Source	)		28	IN	Toxic substances properly identified, stored, & used			
11 IN	Food obtained from approved source					Conformance with Approved Procedures			
12 N/O	Food received at proper temperature		i	29	N/A	Compliance with variance/specialized process/HACCP			
13 IN	Food in good condition, safe, & unadulterated					<b>.</b>			
14 N/A	Required records available: molluscan shellfis	sh identification,		Risk factors are important practices or procedures identified as the					
parasite destruction			r I		evalent contributing factors of foodborne illness or injury.				
15 N/A	Protection from Contamination  15 N/A Food separated and protected			Public h illness o	ealth interventions are control measures to prevent foodborn	ne			
16 IN	Food-contact surfaces; cleaned & sanitized			'	11111033 0	i injury.			
	1 000-contact surfaces, cleaned & samuzed			-					

Tanner Utley			Date: 06/28/2025
YOCELI PALAFOX	Follow-up Required:	YES	NO (Circle one)
Pag	e 1 of 2		
	YOCELI PALAFOX		YOCELI PALAFOX Follow-up Required: YES

# THE STATE OF

### **Retail Food Establishment Inspection Report**

State Form 57480

INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION

Hendricks County	Health	Department
Telephone (	317) 745-9	217

2548

License/Permit# Date: 06/28/2025

(in degrees Fahrenheit)

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	E SM III
	1816
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Establishment City/State Zip Code Telephone Grilled T's

Oillio	410									
	GOOD RETAIL PRACTICES									
G	ood Retai	Practices are preventative measures to control the addition of pathogens, chemicals	, and phys	sical obj	ects into	foods.				
		Mark "X" in appropriate	box for CC	OS and/	or R		COS-corrected on-site during inspection	R-repeat vio	olation	
			cos	R					cos	R
		Safe Food and Water					Proper Use of Utensils			
30	N/A	Pasteurized eggs used where required			43	IN	In-use utensils: properly stored			
31	IN	Water & ice from approved source			44	IN	Utensils, equipment & linens: properly stored, dried, & han	dled		1
32	N/A	Variance obtained for specialized processing methods			45	IN	Single-use/single-service articles: properly stored & used			1
		Food Temperature Control			46	N/O	Gloves used properly			1
33	N/A	Proper cooling methods used; adequate equipment for temperature control					Utensils, Equipment and Vending			
34	N/A	Plant food properly cooked for hot holding			47	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
35	IN	Approved thawing methods used			48	IN	Warewashing facilities: installed, maintained, & used; test			
36	IN	Thermometers provided & accurate					strips			
		Food Identification			49	IN	Non-food contact surfaces clean	<u>.</u>	<u>l.</u>	
37	IN	Food properly labeled; original container			=-		Physical Facilities			
	l J	Prevention of Food Contamination		l J	50	IN	Hot & cold water available; adequate pressure			
38	IN	Insects, rodents, & animals not present	1 !		51	IN	Plumbing installed; proper backflow devices			]
39	IN	Contamination prevented during food preparation, storage &	-		52	IN	Sewage & waste water properly disposed			
		display			53	İN	Toilet facilities: properly constructed, supplied, & cleaned			
40	IN	Personal cleanliness		]	54	IN	Garbage & refuse properly disposed; facilities maintained			1
41	IN	Wiping cloths: properly used & stored		]	55	IN	Physical facilities installed, maintained, & clean			
42	N/O	Washing fruits & vegetables			56	IN	Adequate ventilation & lighting; designated areas used			
		Outdoor Food Ope	eration	& Mc	obile F	Retail	Food Establishment			
С	ircle desig	nated compliance status (IN, OUT, N/O, N/A) for each numbered item					Mark "X" in appropriate box for COS and/or R			
	n compliar		N/A-	not app	licable		COS-corrected on-site during inspection	R-repeat vio	olation	
			cos	R					cos	R
57	N/A	Outdoor Food Operation			58	IN	Mobile Retail Food Establishment		T	ΤÌ
1-		4	. I I	1		1			-l	1

	Circle designa	tted 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 ap	pplicab	le			COS-corrected on-site during inspection	R-repeat viola	ation	
				cos	R							cos	R
57	N/A	Outdoor Food Operation					58	IN	I	Mobile Retail Food Establishment			
					•	•							

**TEMPERATURE OBSERVATIONS** 

Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section  by	
Item  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  by	
Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section	
475 and 476 of the Indiana Retail Food Establishment Food Code .	Complete by Date:
Risk: COS: Repeat:	

Summary of Violations:	P:	Pf:	Core:

### **Published Comment**

@ Clayton Music at the Park

No violations noted at time of inspection.

Person in Charge **Tanner Utley** Date: 06/28/2025 NO (Circle one) YOCELI PALAFOX YES Inspector: Follow-up Required: