Establishment

License/Permit #

Sodeez

2552

Retail Food Establishment Inspection Report

State Form 57480 INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION

Permit Holder

Address

Brendon and Stephanie Bennett

Release Date:	07/12/2025

City/State

Pre-Operational

Purpose of Inspection

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations

Date: Time In 07/02/2025 10:50 am

Risk Category

No. Repeat Risk Factor/

Intervention Violation	าร	0	Time Out	11:10 am	
	Zip Code 46168		Telephone		

Est Type

Mobile

0

Certified Food Manager

Ехр.

		FOOD	BORNE ILLNESS RI	SK FACTORS	ANI	D PUBI	IC 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				
N-in c	-in compliance OUT-not in compliance N/O-not observered N/A-not ap		N/A-not app	pplicable		COS-corrected on-site during inspection	R-repeat violation			
Compliance Status COS R					Co	mpliand	e Status	COS R		
Supervision						IN	Proper disposition of returned, previously served, reconditioned	ı		
1	IN	· · · · · · · · · · · · · · · · · · ·				1	& unsafe food Time/Temperature Control for Safety			
<u>.</u> - .		performs duties								
2	N/A	Certified Food Protection Manager			18 N/A		Proper cooking time & temperatures			
		Employee Heal			19	N/A	Proper reheating procedures for hot holding			
3	IN	Management, food employee and condition knowledge, responsibilities and reporting	al employee;		20	N/A	Proper cooling time and temperature			
 4	IN	Proper use of restriction and exclusion			21	N/A	Proper hot holding temperatures	l i		
- 5	 IN		diarrheal evente		22	N/O	Proper cold holding temperatures	1 1		
				23	N/A	Proper date marking and disposition				
。 I	N/O	Good Hygienic Pra Proper eating, tasting, drinking, or tobacco			24	N/A	Time as a Public Health Control; procedures & records			
6 		.	products use				Consumer Advisory			
7 <u> </u>	N/O	No discharge from eyes, nose, and mouth		l <u>l</u> <u> </u>	25	l N/A	Consumer advisory provided for raw/undercooked food	1 1		
Preventing Contamination by Hands						l	Highly Susceptible Populations			
8	N/O	Hands clean & properly washed			26	l N/A	Pasteurized foods used; prohibited foods not offered	1 1		
9	N/O	No bare hand contact with RTE food or a p alternative procedure properly allowed	re-approved			1	Food/Color Additives and Toxic Substances			
 10	IN	Adequate handwashing sinks properly sup	olied and accessible		27	l N/A	Food/Color Additives and Toxic Substances Food additives: approved & properly used	1 1		
1.		Approved Sour			 28	IN	Toxic substances properly identified, stored, & used			
11 I	IN	Food obtained from approved source	ce	1 1 1		I	<u> </u>			
 12	N/O	Food received at proper temperature			200	1 N/A	Conformance with Approved Procedures Compliance with variance/specialized process/HACCP			
		 			29 	N/A	Compilance with variance/specialized process/HACCP			
13	IN	Food in good condition, safe, & unadultera			Г					
14	N/A	Required records available: molluscan she parasite destruction	lfish identification,		Risk factors are important practices or procedures identified as the					
		Protection from Conta	mination				evalent contributing factors of foodborne illness or injury. ealth interventions are control measures to prevent foodb	orne		
15	N/A	Food separated and protected			illness or injury.					
16	IN	Food-contact surfaces; cleaned & sanitized			-					
. : 1.		L								

07/02/2025 Person in Charge Brendon Bennett Date: NO (Circle one) YES Inspector: LISA CHANDLER Follow-up Required:

Retail Food Establishment Inspection Report

State Form 57480

INDIANA DEPARTMENT OF HEALTH

Hendricks County Health Department Telephone (317) 745-9217

License/Permit#

Date:

	1816	FOC	OD PROTECTION DI	VISION					2552		07/02/2025			
Establishment Sodeez		Address		Cit	City/State			Zip Code 46168	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 t	box for COS a	ind/or R	or R COS-co			-site during inspection	R-n	epeat viola	ation	
					cos	R						С	os	R
			Safe Food and	Water					Pro	oper Use of Utensils				
30	N/A	Pasteurized egg	s used where required			43	IN	In-use utens					Т	
31	IN	Water & ice from	n approved source			44		Utensils, equipment & linens: properly stored, dried, & handled						
32	N/A	Variance obtaine	ed for specialized proces	ssing methods		45	N/O	Single-use/s	ingle-servi	ce articles: properly stored	& used		-	
	1		Food Temperatur	e Control		46	N/O	Gloves used	properly				-	
33	N/A	Proper cooling n	nethods used; adequate			7		J	litensils	, Equipment and Ver	ndina		1 .	
	N/A	temperature cor			.	- 47	IN			ct surfaces cleanable, prop			Т	
34	N/A		erly cooked for hot holdin	1g 	.			designed, co					-	
35	N/A	Approved thawir	ng methods used 		ļl	48	IN	Warewashin strips	g facilities	installed, maintained, & us	sed; test			
36	IN	Thermometers p	provided & accurate		<u> </u>	49	- I IN	Non-food co	ntact surfa	ces clean			-	
			Food Identific					J		Physical Faclities				
37	N/A	Food properly la	beled; original containe	r 	<u>.ll.</u> .	. 50	IN	Hot & cold w		ible; adequate pressure			Т	
	1 1		vention of Food C	ontamination		51	IN IN		stalled; pro	per backflow devices			-	
38	N/A		, & animals not present		.	- 52	- I IN	Sewage & w	aste water	properly disposed			-	
39	N/A		prevented during food pr	eparation, storage &		53				/ constructed, supplied, & d	eleaned		-	
40	N/O	display Personal cleanli	ness			54	 N/O			erly disposed; facilities ma			-	
41	N/O		roperly used & stored				.						-	
42	N/A	Washing fruits &				- 55	IN 	<u> </u>		lled, maintained, & clean			-	
	[]				.L l	56	<u>.l</u>			lighting; designated areas		<u></u>	<u> l .</u>	<u>l</u>
				Outdoor Food Ope	eration &	Mobile	Retail	Food Estab	olishmei	nt				
С	ircle desig	nated compliance st	atus (IN, OUT, N/O, N/A) fo	r each numbered item					Mark "X" in	appropriate box for COS and/o	or R			
IN-ir	n compliar	nce OL	JT-not in compliance	N/O-not observered	N/A-not	applicable		COS-	corrected or	-site during inspection	R-n	epeat viola	ation	
					000								000	
E7	N/A	Outdoor Food	Operation		cos	R 58	. I INI	I Mahila I	Datail Face	d Establishment			cos	R
5/		Outdoor Food			.L I		i IN			ı Establistiment		l		l
				TEM	PERATU	RE OBS	SERVAT	TIONS		(in degrees Fahr	enheit)			
							J_111711				,			
Item/	Locatio	on	Temp	Item/Location			Tem	пр	Iter	n/Location	Te	mp		
			<u> </u>	<u></u>										
				OBSERVAT	TIONS AN	ID COR	RECTI	VE ACTION	IS					
Item			Based on an inspection	n this day the item(s) noted belo	ow identify v	riolations	of 410 IA	C 7-26 Indiana	a Retail Fo	od Establishment		Com	nloto	
Item Based on an inspection this day, the item(s) noted below identify violating Sanitation Requirements. Violations cited in this report must be correct										by Da	-			
475 and 476 of the Indiana Retail Food Establishment Food Code .												,		
											-			
R	isk:													
COS:														
Repeat:														
			L											
_ ا			_											
Su	ımmaı	ry of Violatio	ons: P:		Pf:		_	Co	ore: _					

Published Comment

Mobile meets health code regulations and the permit has been issued.

Person in Charge Brendon Bennett 07/02/2025 Date:

YES NO (Circle one) LISA CHANDLER Inspector: Follow-up Required: