



**Retail Food Establishment
Inspection Report**

State Form 57480
**INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION**

Release Date: 09/08/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 08/29/2025

Time In 12:00 pm

No. Repeat Risk Factor/Intervention Violations 0

Time Out 12:15 pm

| | | | | |
|---|---------|-----------------|----------|-----------|
| Establishment Homestead Steaks LLC DBA Essential Foods | Address | City/State / | Zip Code | Telephone |
|---|---------|-----------------|----------|-----------|

| | | | | |
|--------------------------|--------------------------------|--|--------------------|--------------------|
| License/Permit # 2572 | Permit Holder Corrie Gatlin | Purpose of Inspection Pre-Operational | Est Type Mobile | Risk Category 1 |
|--------------------------|--------------------------------|--|--------------------|--------------------|

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 for COS and/or R

IN-in compliance OUT-not in compliance N/O-not observed N/A-not applicable COS-corrected on-site during inspection R-repeat violation

| Compliance Status | COS | R | Compliance Status | COS | R |
|-------------------|-----|---|-------------------|-----|---|
|-------------------|-----|---|-------------------|-----|---|

Supervision

| | | | | |
|---|-----|---|--|--|
| 1 | IN | Person-in-charge present, demonstrates knowledge, and performs duties | | |
| 2 | N/A | Certified Food Protection Manager | | |

| | | | | |
|----|--|--|--|--|
| 17 | | Proper disposition of returned, previously served, reconditioned & unsafe food | | |
|----|--|--|--|--|

Time/Temperature Control for Safety

| | | | | |
|---|----|---|--|--|
| 3 | IN | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | |
| 4 | IN | Proper use of restriction and exclusion | | |
| 5 | | Procedures for responding to vomiting and diarrheal events | | |

| | | | | |
|----|----|---|--|--|
| 18 | | Proper cooking time & temperatures | | |
| 19 | | Proper reheating procedures for hot holding | | |
| 20 | | Proper cooling time and temperature | | |
| 21 | | Proper hot holding temperatures | | |
| 22 | IN | Proper cold holding temperatures | | |
| 23 | IN | Proper date marking and disposition | | |
| 24 | | Time as a Public Health Control; procedures & records | | |

Good Hygienic Practices

| | | | | |
|---|----|---|--|--|
| 6 | | Proper eating, tasting, drinking, or tobacco products use | | |
| 7 | IN | No discharge from eyes, nose, and mouth | | |

| | | | | |
|----|--|---|--|--|
| 25 | | Consumer advisory provided for raw/undercooked food | | |
|----|--|---|--|--|

Preventing Contamination by Hands

| | | | | |
|----|----|---|--|--|
| 8 | | Hands clean & properly washed | | |
| 9 | IN | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | |
| 10 | | Adequate handwashing sinks properly supplied and accessible | | |

| | | | | |
|----|--|--|--|--|
| 26 | | Pasteurized foods used; prohibited foods not offered | | |
|----|--|--|--|--|

Food/Color Additives and Toxic Substances

| | | | | |
|----|----|--|--|--|
| 11 | IN | Food obtained from approved source | | |
| 12 | | Food received at proper temperature | | |
| 13 | IN | Food in good condition, safe, & unadulterated | | |
| 14 | | Required records available: molluscan shellfish identification, parasite destruction | | |

| | | | | |
|----|--|--|--|--|
| 27 | | Food additives: approved & properly used | | |
| 28 | | Toxic substances properly identified, stored, & used | | |

Conformance with Approved Procedures

| | | | | |
|----|----|--|--|--|
| 15 | IN | Food separated and protected | | |
| 16 | | Food-contact surfaces; cleaned & sanitized | | |

| | | | | |
|----|--|--|--|--|
| 29 | | Compliance with variance/specialized process/HACCP | | |
|----|--|--|--|--|

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Person in Charge Date: 08/29/2025

Inspector: MATT WILLIAMS Follow-up Required: YES **NO** (Circle one)



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Hendricks County Health Department
Telephone (317) 745-9217

License/Permit #
2572

Date:
08/29/2025

Establishment

Homestead Steaks LLC DBA Essential Foods

Address

City/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 Water

| | | | | |
|----|--|--|--|--|
| 30 | | Pasteurized eggs used where required | | |
| 31 | | Water & ice from approved source | | |
| 32 | | Variance obtained for specialized processing methods | | |

Food Temperature Control

| | | | | |
|----|--|---|--|--|
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | | Plant food properly cooked for hot holding | | |
| 35 | | Approved thawing methods used | | |
| 36 | | Thermometers provided & accurate | | |

Food Identification

| | | | | |
|----|--|---|--|--|
| 37 | | Food properly labeled; original container | | |
|----|--|---|--|--|

Prevention of Food Contamination

| | | | | |
|----|--|--|--|--|
| 38 | | Insects, rodents, & animals not present | | |
| 39 | | Contamination prevented during food preparation, storage & display | | |
| 40 | | Personal cleanliness | | |
| 41 | | Wiping cloths: properly used & stored | | |
| 42 | | Washing fruits & vegetables | | |

Proper Use of Utensils

| | | | | |
|----|--|---|--|--|
| 43 | | In-use utensils: properly stored | | |
| 44 | | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | | Single-use/single-service articles: properly stored & used | | |
| 46 | | Gloves used properly | | |

Utensils, Equipment and Vending

| | | | | |
|----|--|--|--|--|
| 47 | | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 48 | | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | | Non-food contact surfaces clean | | |

Physical Facilities

| | | | | |
|----|--|--|--|--|
| 50 | | Hot & cold water available; adequate pressure | | |
| 51 | | Plumbing installed; proper backflow devices | | |
| 52 | | Sewage & waste water properly disposed | | |
| 53 | | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 54 | | Garbage & refuse properly disposed; facilities maintained | | |
| 55 | | Physical facilities installed, maintained, & clean | | |
| 56 | | Adequate ventilation & lighting; designated areas used | | |

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 observed

N/A-not applicable

COS-corrected on-site during inspection

R-repeat violation

COS R

COS R

| | | | | | | | | | |
|----|--|------------------------|--|--|----|----|----------------------------------|--|--|
| 57 | | Outdoor Food Operation | | | 58 | IN | Mobile Retail Food Establishment | | |
|----|--|------------------------|--|--|----|----|----------------------------------|--|--|

TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------|------|---------------|------|---------------|------|
| | | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| 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 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

No violations noted at time of inspection.
Mobile permit issued.

Person in Charge

Date: 08/29/2025

Inspector: MATT WILLIAMS

Follow-up Required:

YES

NO

(Circle one)