



**Retail Food Establishment
Inspection Report**

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

Release Date: 09/12/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 09/02/2025

Time In 11:45 am

No. Repeat Risk Factor/Intervention Violations 0

Time Out 12:15 pm

Establishment
Ben's Soft Pretzels-Trailer 2

Address

City/State
/

Zip Code

Telephone

License/Permit #
2579

Permit Holder
DamFine Foods LLC, Marie Damler

Purpose of Inspection
Pre-Operational

Est Type
Mobile

Risk Category
2

Certified Food Manager
Marie Damler

Exp.
08/11/2029

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					17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food				
1	IN	Person-in-charge present, demonstrates knowledge, and performs duties			Time/Temperature Control for Safety						
2	IN	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; knowledge, responsibilities and reporting			20	N/O	Proper cooling time and temperature				
4	IN	Proper use of restriction and exclusion			21	N/O	Proper hot holding temperatures				
5	IN	Procedures for responding to vomiting and diarrheal events			22	N/O	Proper cold holding temperatures				
Good Hygienic Practices					23	IN	Proper date marking and disposition				
6	IN	Proper eating, tasting, drinking, or tobacco products use			24	N/A	Time as a Public Health Control; procedures & records				
7	IN	No discharge from eyes, nose, and mouth			Consumer Advisory						
Preventing Contamination by Hands					25	N/A	Consumer advisory provided for raw/undercooked food				
8	IN	Hands clean & properly washed			Highly Susceptible Populations						
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			26	N/A	Pasteurized foods used; prohibited foods not offered				
10	IN	Adequate handwashing sinks properly supplied and accessible			Food/Color Additives and Toxic Substances						
Approved Source					27	N/A	Food additives: approved & properly used				
11	IN	Food obtained from approved source			28	IN	Toxic substances properly identified, stored, & used				
12	N/O	Food received at proper temperature			Conformance with Approved Procedures						
13	IN	Food in good condition, safe, & unadulterated			29	N/A	Compliance with variance/specialized process/HACCP				
14	N/A	Required records available: molluscan shellfish identification, parasite destruction			<div>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.</div>						
Protection from Contamination											
15	N/A	Food separated and protected									
16	IN	Food-contact surfaces; cleaned & sanitized									

Person in Charge Marie Damler

Date: 09/02/2025

Inspector: LISA CHANDLER

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



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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	N/A	Pasteurized eggs used where required		
31	IN	Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		

Food Temperature Control

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

Food Identification

37	IN	Food properly labeled; original container		
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Prevention of Food Contamination

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

Proper Use of Utensils

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

Utensils, Equipment and Vending

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

Physical Facilities

50	IN	Hot & cold water available; adequate pressure		
51	IN	Plumbing installed; proper backflow devices		
52	IN	Sewage & waste water properly disposed		
53	IN	Toilet facilities: properly constructed, supplied, & cleaned		
54	N/O	Garbage & refuse properly disposed; facilities maintained		
55	IN	Physical facilities installed, maintained, & clean		
56	IN	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	N/A	Outdoor Food Operation			58	IN	Mobile Retail Food Establishment		
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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

Mobile meets health code regulations and a mobile permit may be applied for.

Person in Charge Marie Damler

Date: 09/02/2025

Inspector: LISA CHANDLER

Follow-up Required:

YES

NO

(Circle one)