		Retail Food Establishment Inspection Report State Form 57480 INDIANA DEPARTMENT OF HEALTH			Release Da)ate:	: 05/26/2025			Hendricks County He Telephone (317)			·		
					No. Risk Factor/Interventions Violations 2						2	Date:	05/16/2025			
1010			FOOD PROTECTION DIVISION				. Repe	at Risł	Risk Factor/Intervention Violation			Time In 1 Time Out		Time In Time Out	3:05 pm 3:45 pm	
Establishment Mason Inn				Address 1 W Main St						City/State Pittsboro/IN				Telephone 317-892-8200		
License/Permit # 601				Permit Holder Gerard Mason				Purpose of Inspection Routine			Est Type Retail Food Establishment			Risk Category 3		
	tified Foo bastian S	od Manage Sweeney	r	ServSafe	Exp. 11/12/20)25										
FOODBORNE ILLNESS RISK								AND	PUB		INTER	VENTIONS				
Circle designated complian			nce status (I	N, OUT, N/O, N/A)	for each numbered item					I	Mark "X" in	appropriate box	for COS and/o	r R		
	omplianc		OUT-not in compliance N/O-not observered			N/A- COS	N/A-not applicable COS-corrected on-site during ins COS R Compliance Status						g inspection R-repeat violation COS R			
Compliance Status Supervision								17	IN		sition of re	turned, previou	uslv served.	reconditioned		
1	IN		0.		es knowledge, and		l li			& unsafe food	a					
2	IN	performs d Certified F		tion Manager				18	IN	Proper cookir		perature Co temperatures		Salety		
	· · · · · · · · · · · · · · · · · · ·			Employee H		1 · · · 1 ·	19	IN	Proper reheating procee			olding				
3	IN			nployee and con- ilities and reporti	ditional employee; ng		-	20	N/O	Proper coolin						
4	IN			on and exclusion				21	IN IN	Proper hot ho Proper cold h						
5	IN	Procedure			and diarrheal events		·	23	IN	Proper date r						
6	IN	Proper eat		od Hygienic , drinking, or toba	acco products use		- 	24	N/A			n Control; proc		ords		
7	IN	No dischar	ge from ey	es, nose, and mo	buth			25	IN			onsumer A		food		
	I			-	ation by Hands	1		25		.		Susceptible				
8 9	IN IN	Hands clea			r a pre-approved		· · ·	26	N/A			; prohibited for				
		alternative	procedure	properly allowed			Ī			Food/0	Color A	dditives an	d Toxic S	ubstances		
10	IN	Adequate	handwashi	ndwashing sinks properly supplied and accessible				27 N/A Food additives: approved & properly used								
11	IN	Food obtai	ned from a	Approved S pproved source	ource	I	28 IN Toxic substances properly identified, stored, & used Conformance with Approved Procedures									
12	N/O			per temperature				29	N/A			ice/specialized				
13	IN	Food in go	od conditio	n, safe, & unadu	Iterated					•						
14	N/A	Required r parasite de		ilable: molluscan	shellfish identification,					tors are impo						
			Prote	ction from Co		most prevalent contributing factors of foodborne illness or in Public health interventions are control measures to prevent								e		
15 IN Food separ				protected s; cleaned & san	x		ill	ness c	r injury.							
16	OUT					·										
1																
Person in Charge			Ann M	lason									Date:	05/16/202	25	
Inspector:			BRIAN PORTWOOD						Follo	w-up Requir	ed:	YES	NO	(Circle one)		

State Form 57480	rt		Hendricks County Health Department Telephone (317) 745-9217														
INDIANA DEPARTMENT OF HEALTH			License/Permit	#	Date: 05/16/2025												
FOOD PROTECTION DIVISION				4	!												
Establishment Address Mason Inn 1 W Main St	City/State Pittsboro/IN	I	Zip Co 46167	le	Telephone 317-892-8200												
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 f	COS-corrected on-site during inspection R-repeat violation																
COS R CO																	
Safe Food and Water 30 N/A Pasteurized eggs used where required	4	Proper Use of Utensils 43 IN In-use utensils: properly stored Inclusion															
31 IN Water & ice from approved source	44 IN Utensils, equipment & linens: properly stored, dried, & handled																
32 N/A Variance obtained for specialized processing methods	15 IN Single-use/single-service articles: properly stored & used																
Food Temperature Control 33 IN Proper cooling methods used; adequate equipment for	46 IN Gloves used properly																
temperature control		7 IN		Jtensils, Equip				1									
34 IN Plant food properly cooked for hot holding			designed, constructed, & used														
35 IN Approved thawing methods used 36 IN Thermometers provided & accurate				strips	······································												
Food Identification	I.	4	19 IN	LJ													
37 IN Food properly labeled; original container			50 IN	Hot & cold w	Physica ater available; adequ	I Faclities Late pressure		I I									
Prevention of Food Contamination 38 IN Insects, rodents, & animals not present	1	į	51 IN														
39 IN Contamination prevented during food preparation, storage &	.		52 IN		vaste water properly disposed												
40 IN Personal cleanliness	.	••••	53 IN		Toilet facilities: properly constructed, supplied, & cleaned Garbage & refuse properly disposed; facilities maintained												
41 IN Wiping cloths: properly used & stored		•••• •••	54 IN 55 IN		lities installed, maint												
42 IN Washing fruits & vegetables			6 OUT	Adequate ve	equate ventilation & lighting; designated areas used X												
Outdoor Food Operat	tion 8	& Mobi	le Retail		lishment												
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																	
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item					Mark X in appropriate	box for COS and/o	IN-in compliance OUT-not in compliance N/O-not observered N/A-not applicable COS-corrected on-site during inspection R-repeat violation										
	N/A-no	ot applicab	le					violation									
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IN-in compliance OUT-not in compliance N/O-not observered		R	le 58 N/	COS-c		inspection			R								
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IN-in compliance OUT-not in compliance N/O-not observered	cos	R	58 N/	COS-c	orrected on-site during Retail Food Establish	inspection ment degrees Fahr	R-repeat		R								
IN-in compliance OUT-not in compliance N/O-not observered 57 N/A Outdoor Food Operation C TEMPEI Item/Location Cut tomatoes - prep cooler	cos	R	58 N/ BSERVA	COS-c A Mobile F TIONS	orrected on-site during Retail Food Establish	inspection ment degrees Fahr n	R-repeat		R								
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3445	etail Food Est ate Form 57480	Hendricks County Health Departme Telephone (317) 745-9217				partment			
IN	DIANA DEPARTMENT				License 601	License/Permit # 601		Date: 05/16/2025	
Establishment Mason Inn		Address 1 W Main St	City/State Pittsboro/IN				Telephone 317-892-8200	0	
		OBSERVA	TIONS AND O	CORRECTIVE ACTION	S				
ltem	Sanitation Requireme	on this day, the item(s) noted bel nts. Violations cited in this repor diana Retail Food Establishmen	rt must be correct						Complete by Date:
16-307-(e) Risk: Core COS: Yes Repeat: 56-445-(a)or(b) Risk: Core COS: No Repeat: 2 Summary of Violati	Observed yellow and (e) Except when dry c contacting food that is (1) at any time when c (2) at least every twer (3) before restocking of (4) in equipment, such (A) ice makers; (B) cooking oil storage (C) beverage and syrut (D) coffee bean grinde (E) water vending equ (i) at a frequency spec (ii) absent manufactur Observed accumulation (a) Intake and exhaus (1) dust; (2) dirt; and (3) other materials. (b) If vented to (1) public health hazar (2) nuisance; or (3) unlawful discharge	black residue on ice machine ba leaning methods are used as sp not a TCS food must be cleane contamination may have occurre ty-four (24) hours for iced tea di consumer self-service equipmen a si ce bins and beverage dispe e tanks and distribution lines; up dispensing lines or tubes; ers; and igment: cified by the manufacturer; or er specifications, at a frequency on of grease and dust on hood v t air ducts must be cleaned and the outside, ventilation systems rd;	affle . becified under sec ad : ispensers and co it and utensils, su ensing nozzles, a necessary to pre- vent. covers. have filters chan- may not create a	nsumer self-service utensils, ich as condiment dispensers ind enclosed components of e eclude accumulation of soil or ged so they are not a source	such as to and displa equipment, mold.	ngs, scoops, o y containers; a such as:	r ladles;		05/16/2025
Person in Charge	Ann Mason						Date:	05/16/202	25
Inspector: E	BRIAN PORTWOOI	5		Follow-up Requi	red:	YES	NO	(Circle one)	