

Retail Food Establishment Inspection Report

State Form 57480 INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION

Release Date:

11/02/2025

No. Risk Factor/Interventions Violations

Hendricks County Health Department

Telephone (317) 745-9217

0

Date:

10/23/2025 12:52 am

Time In Time Out

FOOD PROTECTION DIVISION			No. Repea	at Risk Factor/Intervention Violation	ns 0	Time Out	1:30 pm
Establishment Steel Dynamics Cafeteria		Address 8000 N 225 E		City/State Pittsboro/IN	Zip Code 46167	Telephone 317-892-7000	
License/Permit #	Permit Holder Steel Dynamics			Purpose of Inspection Routine	Est Type Retail Food Establishme		Risk Category

Certified Food Manager Exp. Lory Burkert ServSafe 04/25/2027

Lory	/ Burker	t ServSate	04/25/2027						
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 approx							Mark "X" in appropriate box for COS and/or R		
IN-in compliance OUT-not in compliance N/O-not observered N/A-not app				-not applic	able		COS-corrected on-site during inspection	R-repeat violation	
Compliance Status COS R Compliance Status						ce Status	COS F	₹	
Supervision					17	IN	Proper disposition of returned, previously served, reconditioned	ı I I	ı
1	IN	Person-in-charge present, demonstrates knowl	ledge, and	<u> </u>			& unsafe food		
		performs duties		I			Time/Temperature Control for Safety		
2	IN	Certified Food Protection Manager		<u> </u>	18	IN	Proper cooking time & temperatures		_
		Employee Health			19	IN	Proper reheating procedures for hot holding		
3	IN	Management, food employee and conditional e	employee;		20	IN	Proper cooling time and temperature		
4	IN	knowledge, responsibilities and reporting Proper use of restriction and exclusion		 	21	IN	Proper hot holding temperatures		
		. '	rhool ovente	I	22	IN	Proper cold holding temperatures		1
	5 IN Procedures for responding to vomiting and diarrheal events			-l l- :	23	IN	Proper date marking and disposition		-
	Good Hygienic Practices				24	N/A	Time as a Public Health Control; procedures & records		-
1 - 1 - 4	6 IN Proper eating, tasting, drinking, or tobacco products use 7 IN No discharge from eyes, nose, and mouth			-l l**	Consumer Advisory				
7				<u> </u>	25	N/A	Consumer advisory provided for raw/undercooked food	1 1	п.
	Preventing Contamination by Hands								
8	IN	Hands clean & properly washed		J I	26	N/A	Highly Susceptible Populations Pasteurized foods used; prohibited foods not offered	1 1	٩.
9	IN	No bare hand contact with RTE food or a pre-approved		I I ₌			L		
		alternative procedure properly allowed		-l I			Food/Color Additives and Toxic Substances	, ,	4.
10	IN	Adequate handwashing sinks properly supplied	and accessible		27	N/A	Food additives: approved & properly used		-
		Approved Source		1 15	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		<u> </u>	29	N/A	Compliance with variance/specialized process/HACCP		.
13	IN	Food in good condition, safe, & unadulterated		J I	г		·		1
14	N/A	Required records available: molluscan shellfish parasite destruction	n identification,		Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.				
						ealth interventions are control measures to prevent foodb	orne		
15 IN Food separated and protected illness or injury.									
16	IN	Food-contact surfaces; cleaned & sanitized		1	L				j
	1	-		-11					
1									

Person in Charge Erin Johnson Date: 10/23/2025 NO (Circle one) **BRIAN PORTWOOD** YES Inspector: Follow-up Required:

Summary of Violations:

P:

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INDIANA DEPARTMENT OF HEALTH

Hendricks County Health Department
Telephone (317) 745-9217

License/Permit#

Date:

COS R

FOOD PROTECTION DIVISION 1023 10/23/2025 Establishment Address City/State Zip Code Telephone Steel Dynamics Cafeteria 8000 N 225 E Pittsboro/IN 46167 317-892-7000 **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

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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, & handled		
32	N/A	Variance obtained for specialized processing methods			45	IN	Single-use/single-service articles: properly stored & used		
		Food Temperature Control			46	IN	Gloves used properly		
33	IN	Proper cooling methods used; adequate equipment for temperature control					Utensils, Equipment and Vending		
34	IN	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			49	IN	strips Non-food contact surfaces clean		
		Food Identification						ll	
37 IN Food properly labeled; original container					Physical Facilities				
			1 1	50	IN	Hot & cold water available; adequate pressure			
38	I IN	Prevention of Food Contamination Insects, rodents, & animals not present			51	IN	Plumbing installed; proper backflow devices		1
					52	IN	Sewage & waste water properly disposed		
39	IN	Contamination prevented during food preparation, storage & display			53	IN	Toilet facilities: properly constructed, supplied, & cleaned		
40	IN	Personal cleanliness			54	IN	Garbage & refuse properly disposed; facilities maintained		
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		
42	N/O	Washing fruits & vegetables		ll	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 observered N/A-not applicable COS-corrected on-site during inspection R-repeat violation COS cos R Outdoor Food Operation N/A Mobile Retail Food Establishment 58

TEMPERATURE OBSERVATIONS (in degrees Fahrenheit) Item/Location Temp Item/Location Temp Item/Location Temp 177.6 195.4 Grilled chicken - steam table 172.7 Breaded tenderloin - steam table Mashed potatoes - steam table Buffalo chicken wrap - cold service 39.8 Macaroni salad - cold service counter 40.0 Cut lettuce - cold service counter 40.8 counter Diced tomatoes - cold service counter 40.4

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:						

Core:

Person in Charge Erin Johnson Date: 10/23/2025

Inspector: BRIAN PORTWOOD Follow-up Required: YES NO (Circle one)