



**Retail Food Establishment
Inspection Report**

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

Release Date: 07/03/2026

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations

6

Date: 06/23/2026

Time In 11:26 am

No. Repeat Risk Factor/Intervention Violations

3

Time Out 12:22 pm

Establishment

Heavy's Bar and Grill

Address

8411 Windfall Lane Suite 110

City/State

Camby/IN

Zip Code

46113

Telephone

317-856-7888

License/Permit #

1264

Permit Holder

5 M LLC

Purpose of Inspection

Routine

Est Type

Retail Food Establishment

Risk Category

3

Certified Food Manager

Kyle Malott

ServSafe

Exp.

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 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	IN	Proper cooking time & temperatures				
Employee Health					19	IN	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	IN	Proper hot holding temperatures				
5	OUT	Procedures for responding to vomiting and diarrheal events		X	22	OUT	Proper cold holding temperatures			X	X
Good Hygienic Practices					23	IN	Proper date marking and disposition				
6	N/O	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	OUT	Adequate handwashing sinks properly supplied and accessible		X	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			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.						
Protection from Contamination											
15	IN	Food separated and protected									
16	OUT	Food-contact surfaces; cleaned & sanitized									

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 Katie Malott

Date: 06/23/2026

Inspector: YOCELI PALAFOX

Follow-up Required:

YES

NO (Circle one)



Retail Food Establishment Inspection Report

State Form 57480

INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Hendricks County Health Department
Telephone (317) 745-9217

License/Permit #
1264

Date:
06/23/2026

Establishment
Heavy's Bar and Grill

Address
8411 Windfall Lane Suite 110

City/State
Camby/IN

Zip Code
46113

Telephone
317-856-7888

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

Food Identification

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

Prevention of Food Contamination

38	IN	Insects, rodents, & animals not present		
39	IN	Contamination prevented during food preparation, storage & display		
40	IN	Personal cleanliness		
41	IN	Wiping cloths: properly used & stored		
42	N/O	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	OUT	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	IN	Garbage & refuse properly disposed; facilities maintained		
55	OUT	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	N/A	Mobile Retail Food Establishment		
----	-----	------------------------	--	--	----	-----	----------------------------------	--	--

TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Mashed potatoes/Steam well	183°F	Gravy/Steam well	180°F	Green beans/Steam well	176°F
Raw chicken wings/Walk-in cooler	31°F	Raw ground beef patties/Walk-in cooler	36°F	Sliced turkey deli meat/Walk-in cooler	38°F
Sausage/Prep-top cooler	41°F	Taco meat/Reach-in cooler	40°F	Egg roll/Reach-in cooler	54°F
Baked potatoes/Reach-in cooler	54°F				

Person in Charge Katie Malott

Date: 06/23/2026

Inspector: YOCELI PALAFOX

Follow-up Required:

☒ YES

☐ NO (Circle one)



Retail Food Establishment Inspection Report

State Form 57480

INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Hendricks County Health Department
Telephone (317) 745-9217

License/Permit #
1264

Date:
06/23/2026

Establishment
Heavy's Bar and Grill

Address
8411 Windfall Lane Suite 110

City/State
Camby/IN

Zip Code
46113

Telephone
317-856-7888

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:
5-153-(a) Risk: Pf COS: No Repeat: 2	Written procedures are not available at establishment for vomit or diarrheal events . (a) A retail food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the retail food establishment. The procedures must address the specific actions employees shall take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.	06/30/2026
10-432-(a) Risk: Core COS: No Repeat: 2	Hand washing signage is not available in women restroom. (a) A sign or poster that notifies food employees to wash their hands must be : (1) posted at all handwashing sinks used by food employees; and (2) clearly visible to food employees.	06/30/2026
16-318-(a) Risk: P COS: No Repeat:	Low temperature dish machine measured 0ppm on chlorine test strip. (a) After being cleaned, equipment food contact surfaces and utensils must be sanitized in: (1) hot water manual operations by immersion for at least thirty (30) seconds as specified under section 296 of this rule; (2) hot water mechanical operations by being cycled through equipment set up as specified under sections 290, 297, and 298 of this rule and achieving a utensil surface temperature of one hundred sixty (160) degrees Fahrenheit, seventy-one (71) degrees Celsius, as measured by an irreversible registering temperature indicator; or (3) chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion, manual swabbing, brushing, or pressure spraying methods, using a solution as specified under section 299 of this rule. Contact times must be consistent with those on EPA registered label use instructions by providing : (A) except as specified under clause (B), a contact time of at least ten (10) seconds for a chlorine solution specified under section 299(a)(1) of this rule; (B) a contact time of at least seven (7) seconds for a chlorine solution of fifty (50) ppm that has a pH of ten (10) or less and a temperature of at least one hundred degrees Fahrenheit, thirty-eight (38) degrees Celsius, or a pH of eight (8) or and a temperature of at least seventy five (75) degrees Fahrenheit, twenty-four(24) degrees Celsius; (C) a contact time of at least thirty (30) seconds for other chemical sanitizing solutions; or (D) a contact time used in relationship with a combination of temperature, concentration, and pH that when evaluated for efficacy , yields sanitization, as defined in section 108 of this rule.	06/26/2026
22-213-(a)(2),(b) Risk: P COS: Yes Repeat: 2	Baked potatoes from 6/22/26 and egg rolls from 6/21/26 in 3-door reach in cooler of cook line had an internal temperature of 54 degrees Fahrenheit (food items were discarded). (Ambient temperature of 54.9 degrees Fahrenheit) (a) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under section 216 of this rule, and except as specified under subsections (b) and (c), TCS food must be maintained: (2) at forty-one (41) degrees Fahrenheit, five (5) degrees Celsius, or less. (b) Raw shell eggs that have not been treated to destroy all viable Salmonellae must be stored in refrigerated equipment that maintains an ambient air temperature of forty-five (45) degrees Fahrenheit, seven (7) degrees Celsius, or less.	06/23/2026
47-287-(a) Risk: Core COS: No Repeat:	Cuttin board of prep-top cooler of cook line is heavily scored. (a) Surfaces, such as cutting blocks and boards, that are subject to scratching and scoring must be resurfaced if they can no longer be effectively cleaned and sanitized , or discarded if they cannot be resurfaced.	06/30/2026
55-443-(a),(b) Risk: Core COS: No Repeat:	Observed an accumulation of grease and food debris on floor behind cooking equipment of cook line. Observed an accumulation of dust on floor fan covers. Observed an accumulation of dust on ceiling tiles of warewashing area. (a) A physical facility of a retail food establishment must be cleaned as often as necessary to keep it clean . (b) Cleaning must be done during periods when the least amount of food is exposed, such as after closing. This requirement does not apply to cleaning that is necessary due to a spill or other accident.	06/25/2026

Summary of Violations: P: 2 Pf: 1 Core: 3

Person in Charge Katie Malott

Date: 06/23/2026

Inspector: YOCELI PALAFOX

Follow-up Required:

☒ YES

NO (Circle one)