



**Retail Food Establishment  
Inspection Report**

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

Release Date: 11/02/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations

2

Date: 10/23/2025

Time In 2:44 pm

Time Out 3:20 pm

No. Repeat Risk Factor/Intervention Violations

0

Establishment

Quail Creek Golf Club, LLC

Address

7585 Quail Creek Trace

City/State

Pittsboro/IN

Zip Code

46167-9034

Telephone

317-892-2582

License/Permit #

1286

Permit Holder

Quail Creek Golf Club LLC

Purpose of Inspection

Routine

Est Type

Retail Food Establishment

Risk Category

2

Certified Food Manager

Nicole Sides

ServSafe

Exp.

06/10/2026

**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	IN	Certified Food Protection Manager		

**Employee Health**

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

**Good Hygienic Practices**

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

**Preventing Contamination by Hands**

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

**Approved Source**

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

**Protection from Contamination**

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

17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food		
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**Time/Temperature Control for Safety**

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

**Consumer Advisory**

25	N/A	Consumer advisory provided for raw/undercooked food		
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**Highly Susceptible Populations**

26	N/A	Pasteurized foods used; prohibited foods not offered		
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**Food/Color Additives and Toxic Substances**

27	N/A	Food additives: approved & properly used		
28	IN	Toxic substances properly identified, stored, & used		

**Conformance with Approved Procedures**

29	N/A	Compliance with variance/specialized process/HACCP		
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**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      Nicole Sides

Date: 10/23/2025

Inspector:      BRIAN PORTWOOD

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	IN	Proper cooling methods used; adequate equipment for temperature control		
34	N/A	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		
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### Prevention of Food Contamination

38	OUT	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	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	IN	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	N/A	Mobile Retail Food Establishment		
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## TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
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Person in Charge Nicole Sides

Date: 10/23/2025

Inspector: BRIAN PORTWOOD

Follow-up Required:

☒ YES

☐ NO (Circle one)



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## 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:
15-175-(a)(1)(A),(a)(1)(B),(a)(1)(C) Risk: P COS: Yes Repeat:	Raw shell eggs over stored over hot dogs and sliced ham in the kitchen refrigerator.  (a) Food must be protected from cross-contamination by the following: (1) Separating raw animal foods during storage, preparation, holding, and display from: (A) raw, ready-to-eat food, including other raw animal food, such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food, such as fruits and vegetables; (B) cooked ready-to-eat food; and (C) fruits and vegetables before they are washed. (2) Except when combined as ingredients, separating types of raw animal foods from each other, such as beef, fish, lamb, pork, and poultry during storage, preparation, holding, and display by: (A) using separate equipment for each type, or arranging each type of food in equipment so that cross-contamination of one (1) type with another is prevented; and (B) preparing each type of food at different times or in separate areas.	10/23/2025
38-450-(a)(3) Risk: Pf COS: No Repeat:	Observed rodent droppings in corner next to freezers and behind freezers in downstairs dry storage area.  (a) The premises must be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests must be controlled to eliminate their presence on the premises by: (3) using methods, if pests are found, such as trapping devices or other means of pest control as specified under sections 459, 467, and 468 of this rule; and	10/24/2025

Summary of Violations: P: 1 Pf: 1 Core: 0

Person in Charge Nicole Sides

Date: 10/23/2025

Inspector: BRIAN PORTWOOD

Follow-up Required:

YES

NO (Circle one)