



Retail Food Establishment Inspection Report

State Form 57480

INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date:

06/08/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations

3

Date: 05/29/2025

Time In 12:15 pm

No. Repeat Risk Factor/Intervention Violations

0

Time Out 12:48 pm

Establishment

Double D's Southern BBQ

Address

1670 US 40

City/State

Clayton/IN

Zip Code

46118

Telephone

317-626-3622

License/Permit #

2065

Permit Holder

Double D's Southern BBQ

Purpose of Inspection

Routine

Est Type

Retail Food Establishment

Risk Category

3

Certified Food Manager

Tina Duncan

State Food Safety

Exp.

05/25/2026

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	N/O	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	IN	Food separated and protected		
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	N/O	Proper cooling time and temperature		
21	IN	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	OUT	Toxic substances properly identified, stored, & used	X	

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 Tina Duncan

Date: 05/29/2025

Inspector: YOCELI PALAFOX

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.

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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	N/O	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	OUT	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

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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
Pulled pork/Hot box	140°F	Baked beans/Hot box	160°F	Chicken/Hot box	156°F
Macaroni and cheese/Steam table	158°F	Green beans/Steam table	156°F	Baked beans/Steam table	156°F
Potato salad/Prep-top cooler	38°F	Potato salad/Reach-in cooler	36°F		

Person in Charge Tina Duncan

Date: 05/29/2025

Inspector: YOCELI PALAFOX

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:
28-456-(a) Risk: Pf COS: Yes Repeat:	No label provided on clear spray bottle of sanitizer at back kitchen area. (a) Working containers used for storing poisonous or toxic materials, such as cleaners and sanitizers taken from bulk supplies, must be clearly and individually identified with the common name of the material.	05/29/2025
38-421-(a)or(d) Risk: Core COS: No Repeat:	Observed gap on exit door of dry storage room. (a) Except as specified in this section, outer openings of a retail food establishment must be protected against the entry of insects and rodents by: (1) filling or closing holes and other gaps along floors, walls, and ceilings; (2) closed, tight fitting windows; and (3) solid, self-closing, and tight fitting doors. (d) Except as specified in subsections (b) and (e), if the windows or doors of a retail food establishment, or of a larger structure within which a retail food establishment is located, are kept open for ventilation or other purposes, or a temporary retail food establishment is not provided with windows and doors as specified under subsection (a), the openings must be protected against the entry of insects and rodents by: (1) sixteen (16) mesh to twenty-five and four-tenths millimeters (25.4 mm) screens; (2) properly designed and installed air curtains to control flying insects; or (3) other effective means.	06/05/2025
54-401-(a) Risk: Core COS: No Repeat:	Drain plug not present in green Waste Management receptacle. (a) Drains in receptacles and waste handling units for refuse, recyclables, and returnables must have drain plugs in place.	06/05/2025

Summary of Violations: P: 0 Pf: 1 Core: 2

Published Comment

Reviewed regulatory changes.
Provided handouts.

Person in Charge Tina Duncan

Date: 05/29/2025

Inspector: YOCELI PALAFOX

Follow-up Required: YES ☐ NO ☒ (Circle one)