



**Retail Food Establishment
Inspection Report**

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

Release Date: 05/11/2026

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 05/01/2026

Time In 11:30 am

No. Repeat Risk Factor/Intervention Violations 0

Time Out 11:45 am

Establishment Colp's Concession		Address		City/State /		Zip Code		Telephone	
License/Permit # 2176		Permit Holder Casey Colp		Purpose of Inspection Routine		Est Type Mobile		Risk Category 3	
Certified Food Manager Casey Colp		ServSafe		Exp. 04/01/2026					

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													17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food												
2	IN	Certified Food Protection Manager													Time/Temperature Control for Safety														
Employee Health																													
3	IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting													18	IN	Proper cooking time & temperatures												
4	IN	Proper use of restriction and exclusion													19	N/O	Proper reheating procedures for hot holding												
5	IN	Procedures for responding to vomiting and diarrheal events													20	N/O	Proper cooling time and temperature												
Good Hygienic Practices																													
6	IN	Proper eating, tasting, drinking, or tobacco products use													21	IN	Proper hot holding temperatures												
7	IN	No discharge from eyes, nose, and mouth													22	N/O	Proper cold holding temperatures												
Preventing Contamination by Hands																													
8	IN	Hands clean & properly washed													23	N/O	Proper date marking and disposition												
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed													24	N/A	Time as a Public Health Control; procedures & records												
10	IN	Adequate handwashing sinks properly supplied and accessible													Consumer Advisory														
Approved Source																													
11	IN	Food obtained from approved source													25	N/A	Consumer advisory provided for raw/undercooked food												
12	N/O	Food received at proper temperature													Highly Susceptible Populations														
13	IN	Food in good condition, safe, & unadulterated													26	N/A	Pasteurized foods used; prohibited foods not offered												
14	N/A	Required records available: molluscan shellfish identification, parasite destruction													Food/Color Additives and Toxic Substances														
Protection from Contamination																													
15	IN	Food separated and protected													27	N/A	Food additives: approved & properly used												
16	IN	Food-contact surfaces; cleaned & sanitized													28	IN	Toxic substances properly identified, stored, & used												
															Conformance with Approved Procedures														
															29	N/A	Compliance with variance/specialized process/HACCP												
															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		Casey Colp		Date:		05/01/2026	
Inspector:		MATT WILLIAMS		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 #
2176

Date:
05/01/2026

Establishment
Colp's Concession

Address

City/State
/

Zip Code

Telephone

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/O	Plant food properly cooked for hot holding		
35	N/O	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	N/O	Wiping cloths: properly used & stored		
42	N/A	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	N/O	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	IN	Mobile Retail Food Establishment		
----	-----	------------------------	--	--	----	----	----------------------------------	--	--

TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

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:		

Summary of Violations:

P: _____

Pf: _____

Core: _____

Published Comment

@Cleetus and Cars

No violations noted at time of inspection.

Person in Charge Casey Colp

Date: 05/01/2026

Inspector: MATT WILLIAMS

Follow-up Required:

YES

NO

(Circle one)