



# Retail Food Establishment Inspection Report

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

Release Date: 02/28/2026

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 02/18/2026

Time In 4:15 pm

No. Repeat Risk Factor/Intervention Violations 0

Time Out

Establishment SommHerr's Bakery		Address		City/State /		Zip Code		Telephone	
License/Permit # 2306		Permit Holder Donna Sommer		Purpose of Inspection Routine		Est Type Mobile		Risk Category 1	
Certified Food Manager Elizabeth Sommer		AAA Food Handler		Exp. 12/16/2029					

## 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
<b>Supervision</b>						
1	IN			17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food
2	N/A			<b>Time/Temperature Control for Safety</b>		
<b>Employee Health</b>						
3	IN			18	N/A	Proper cooking time & temperatures
4	IN			19	N/A	Proper reheating procedures for hot holding
5	IN			20	N/A	Proper cooling time and temperature
<b>Good Hygienic Practices</b>						
6	N/O			21	N/A	Proper hot holding temperatures
7	N/O			22	IN	Proper cold holding temperatures
<b>Preventing Contamination by Hands</b>						
8	N/O			23	N/A	Proper date marking and disposition
9	N/A			24	N/A	Time as a Public Health Control; procedures & records
10				<b>Consumer Advisory</b>		
<b>Approved Source</b>						
11	IN			25	N/A	Consumer advisory provided for raw/undercooked food
12	N/O			<b>Highly Susceptible Populations</b>		
13	IN			26	N/A	Pasteurized foods used; prohibited foods not offered
14	N/A			<b>Food/Color Additives and Toxic Substances</b>		
<b>Protection from Contamination</b>						
15	N/A			27	N/A	Food additives: approved & properly used
16	N/A			28	N/A	Toxic substances properly identified, stored, & used
<b>Conformance with Approved Procedures</b>						
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	Daniel Sommer	Date:	02/18/2026
Inspector:	LISA CHANDLER	Follow-up Required:	YES <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> (Circle one)



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State Form 57480

INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

Hendricks County Health Department  
Telephone (317) 745-9217

License/Permit #  
2306

Date:  
02/18/2026

Establishment  
SommHerr's Bakery

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	N/A	Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		

### Proper Use of Utensils

43	N/A	In-use utensils: properly stored		
44	N/A	Utensils, equipment & linens: properly stored, dried, & handled		
45	N/A	Single-use/single-service articles: properly stored & used		
46	N/A	Gloves used properly		

### Food Temperature Control

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

### Utensils, Equipment and Vending

47	N/A	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	N/A	Warewashing facilities: installed, maintained, & used; test strips		
49	N/A	Non-food contact surfaces clean		

### Food Identification

37	IN	Food properly labeled; original container		
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### Physical Facilities

50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54	N/O	Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

### Prevention of Food Contamination

38	N/A	Insects, rodents, & animals not present		
39	N/A	Contamination prevented during food preparation, storage & display		
40	N/A	Personal cleanliness		
41	N/A	Wiping cloths: properly used & stored		
42	N/A	Washing fruits & vegetables		

## 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

## OBSERVATIONS AND CORRECTIVE ACTIONS

<b>Item</b>	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.	<b>Complete by Date:</b>
Risk:		
COS:		
Repeat:		

Summary of Violations: P: \_\_\_\_\_ Pf: \_\_\_\_\_ Core: \_\_\_\_\_

### Published Comment

No violations noted at time of inspection.

Person in Charge Daniel Sommer

Date: 02/18/2026

Inspector: LISA CHANDLER

Follow-up Required:

YES

NO

(Circle one)