



Retail Food Establishment
Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date: 09/05/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations

2

Date: 08/26/2025

Time In 10:47 am

No. Repeat Risk Factor/Intervention Violations

2

Time Out 11:00 am

Establishment

Clayton Grill and Cafe/Stacks 2

Address

76 E Kentucky St

City/State

Clayton/IN

Zip Code

46118

Telephone

317-539-2139

License/Permit #

2396

Permit Holder

Venkata Nattam

Purpose of Inspection

Followup

Est Type

Retail Food Establishment

Risk Category

3

Certified Food Manager

Exp.

by 9/11/2024

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	OUT	Certified Food Protection Manager		X

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	N/A	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	IN	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	OUT	Consumer advisory provided for raw/undercooked food		X
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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

Schilla Cass

Date: 08/26/2025

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.

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	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	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	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 Schilla Cass

Date: 08/26/2025

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:
2-135- Risk: Pf COS: No Repeat: 4	Proof of having a certified food manager was not provided.	09/09/2025
25-223-(a),(b),or(c) Risk: Pf COS: No Repeat: 2	Dinner menu did not contain a consumer advisory. (a) Except as specified in sections 198(c), 198(d)(4), and 225(a)(3) of this rule, if a food of animal origin, such as: (1) beef; (2) eggs; (3) fish; (4) lamb; (5) milk; (6) pork; (7) poultry; or (8) shellfish; is served or sold raw, undercooked, or without otherwise being processed to eliminate pathogens, either in ready-to-eat form or as an ingredient in another ready-to-eat food, the owner or operator of the retail food establishment shall inform consumers of the significantly increased risk of consuming those foods by way of a disclosure and reminder, as specified in subsections (b) and (c), using brochures, deli case or menu advisories, label statements, table tents, placards, or other effective written or visual means . (b) A disclosure includes: (1) a description of the animal-derived foods, such as: (A) "Oysters on the half shell (raw oysters)"; (B) "Raw egg Caesar salad"; (C) "Hamburgers (can be cooked to order)"; or (2) identification of the animal-derived foods with an asterisk to a footnote that states the items are: (A) served raw or undercooked; or (B) contain, or may contain, raw or undercooked ingredients. (c) A reminder includes designating the animal-derived foods requiring disclosure with an asterisk to a footnote that states one (1) of the following: (1) "Regarding the safety of these items, written information is available upon request. ". (2) "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness. ". (3) "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions. ".	09/09/2025

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

Person in Charge Schilla Cass

Date: 08/26/2025

Inspector: YOCELI PALAFOX

Follow-up Required:

☒ YES

☐ NO (Circle one)