



Retail Food Establishment Inspection Report

State Form 57480
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date: 02/19/2026

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 02/09/2026

Time In 1:46 pm

No. Repeat Risk Factor/Intervention Violations 0

Time Out 2:05 pm

Establishment The Market at Swayzee #3009 Van 1 (V1)	Address	City/State /	Zip Code	Telephone
---	---------	-----------------	----------	-----------

License/Permit # 2457	Permit Holder James Cruea	Purpose of Inspection Routine	Est Type Mobile	Risk Category 1
--------------------------	------------------------------	----------------------------------	--------------------	--------------------

Certified Food Manager Allison Cruea	ServSafe	Exp. 03/25/2029
---	----------	--------------------

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
Supervision						
1	IN			17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food
2	IN			Time/Temperature Control for Safety		
Employee Health						
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
Good Hygienic Practices						
6	N/O			21	N/A	Proper hot holding temperatures
7	N/O			22	IN	Proper cold holding temperatures
Preventing Contamination by Hands						
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	IN			Consumer Advisory		
Approved Source						
11	IN			25	N/A	Consumer advisory provided for raw/undercooked food
12	N/O			Highly Susceptible Populations		
13	IN			26	N/A	Pasteurized foods used; prohibited foods not offered
14	N/A			Food/Color Additives and Toxic Substances		
Protection from Contamination						
15	N/A			27	N/A	Food additives: approved & properly used
16	N/A			28	N/A	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 James Cruea Date: 02/09/2026

Inspector: YOCELI PALAFOX 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 #
2457

Date:
02/09/2026

Establishment The Market at Swayzee #3009 Van 1 (V1)	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		
----	----	---	--	--

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		

Prevention of Food Contamination

38	IN	Insects, rodents, & animals not present		
39	IN	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		
----	-----	------------------------	--	--	----	-----	----------------------------------	--	--

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

@Ferguson Do It Best Hardware

No violations noted at time of inspection. Permit issued.

Person in Charge James Cruea

Date: 02/09/2026

Inspector: YOCELI PALAFOX

Follow-up Required:

YES

NO

(Circle one)