



**Retail Food Establishment
Inspection Report**

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

Release Date: 04/27/2026

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 04/17/2026

Time In 10:30 am

No. Repeat Risk Factor/Intervention Violations 0

Time Out 10:45 am

Establishment Homestead Steaks LLC DBA Essential Foods	Address	City/State /	Zip Code	Telephone
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License/Permit # 2572	Permit Holder Corrie Gatlin	Purpose of Inspection Routine	Est Type Mobile	Risk Category 1
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Certified Food Manager Exp.

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



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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	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		

Food Temperature Control

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

Food Identification

37	Food properly labeled; original container		
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Prevention of Food Contamination

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

Proper Use of Utensils

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

Utensils, Equipment and Vending

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

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	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	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	Outdoor Food Operation			58	IN	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

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

No violations noted at time of inspection. Mobile permit issued.

@ Menards - Camby

Person in Charge Luis Martinez

Date: 04/17/2026

Inspector: YOCELI PALAFOX

Follow-up Required:

YES

NO

(Circle one)