



**Retail Food Establishment  
Inspection Report**

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

Release Date: 11/30/2025

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 11/20/2025

No. Repeat Risk Factor/Intervention Violations 0

Time In 10:15 am

Time Out 10:45 am

|   |                                 |                  |  |                    |                    |
|---|---------------------------------|------------------|--|--------------------|--------------------|
| Establishment<br>Ricky's On Wheels      |                                 | Address          | City/State<br>/                          | Zip Code           | Telephone          |
| License/Permit #<br>2594                | Permit Holder<br>Salvador Rosas |                  | Purpose of Inspection<br>Pre-Operational | Est Type<br>Mobile | Risk Category<br>2 |
| Certified Food Manager<br>Enrique Rosas |                                 | Exp.<br>ServSafe | 09/14/2028                               |                    |                    |

**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

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

|                                   |  |
|-----------------------------------|--|
| Person in Charge<br>Enrique Rosas | Date: 11/20/2025   |
| Inspector: LISA CHANDLER          | Follow-up Required: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one) |



# Retail Food Establishment Inspection Report

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Telephone (317) 745-9217

License/Permit #  
2594

Date:  
11/20/2025

Establishment  
Ricky's On Wheels

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 |  |  |

### Proper Use of Utensils

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

### Food Temperature Control

|    |     |   |  |  |
|----|-----|---|--|--|
| 33 | N/O | 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  |  |  |

### Utensils, Equipment and Vending

|    |     |  |  |  |
|----|-----|--|--|--|
| 47 | N/O | 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  |  |  |

### Food Identification

|    |     |   |  |  |
|----|-----|---|--|--|
| 37 | N/O | 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 |     | 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:<br>COS:<br>Repeat: |   |                   |

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

## Published Comment

Mobile meets health code regulations and the permit has been issued.

Person in Charge Enrique Rosas

Date: 11/20/2025

Inspector: LISA CHANDLER

Follow-up Required: YES  NO  (Circle one)