



**Retail Food Establishment
Inspection Report**

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

Release Date: 05/11/2026

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 05/01/2026

Time In 9:00 am

No. Repeat Risk Factor/Intervention Violations 0

Time Out

Establishment
Ice Cream Donuts

Address

City/State
/

Zip Code

Telephone

License/Permit #
2642

Permit Holder
Jared Rodriguez

Purpose of Inspection
Routine

Est Type
Mobile

Risk Category
1

Certified Food Manager
Jared Rodriguez

ServSafe

Exp.
11/15/2027

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	N/A	Certified Food Protection Manager		

17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food		
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Time/Temperature Control for Safety

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		

18	N/A	Proper cooking time & temperatures		
19	N/A	Proper reheating procedures for hot holding		
20	N/A	Proper cooling time and temperature		
21	N/A	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	N/O	Proper date marking and disposition		
24	N/A	Time as a Public Health Control; procedures & records		

Good Hygienic Practices

6	N/O	Proper eating, tasting, drinking, or tobacco products use		
7	N/O	No discharge from eyes, nose, and mouth		

25	N/A	Consumer advisory provided for raw/undercooked food		
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Preventing Contamination by Hands

8	N/O	Hands clean & properly washed		
9	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN	Adequate handwashing sinks properly supplied and accessible		

26	N/A	Pasteurized foods used; prohibited foods not offered		
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Food/Color Additives and Toxic Substances

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		

27	N/A	Food additives: approved & properly used		
28	IN	Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

15	N/A	Food separated and protected		
16	IN	Food-contact surfaces; cleaned & sanitized		

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 Jared Rodriguez

Date: 05/01/2026

Inspector: LISA CHANDLER

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	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		

Food Identification

37	N/O	Food properly labeled; original container		
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Prevention of Food Contamination

38	IN	Insects, rodents, & animals not present		
39	N/A	Contamination prevented during food preparation, storage & display		
40	IN	Personal cleanliness		
41	N/O	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	N/O	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		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		
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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

Mobile meet health code requirements and the permit has been issued.

Person in Charge Jared Rodriguez

Date: 05/01/2026

Inspector: LISA CHANDLER

Follow-up Required:

YES

NO

(Circle one)