





Retail Food Establishment Inspection Report

State Form 57480

**INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION****Hendricks County Health Department**
Telephone (317) 745-9217License/Permit #
662Date:
08/13/2026Establishment
White Castle #51Address
8290 Windfall LnCity/State
Camby/INZip Code
46113Telephone
317-821-4830**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	IN	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		
----	----	---	--	--

Prevention of Food Contamination

38	OUT	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/A	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		
----	-----	------------------------	--	--	----	-----	----------------------------------	--	--

TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Eggs/Hot holding case	186°F	Sausage patty/Reach-in cooler	40°F	Beef patties/Flat top grill	170°F
Garlic cheese/Walk-in cooler	38°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item		Complete by Date:
	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.	
38-419-(a)or(b) Risk: Core COS: No Repeat:	Observed gaps at bottom of kitchen exit door. (a) Insect control devices used to electrocute or stun flying insects must be designed to keep the insect in the device. (b) Insect control devices must be installed so that: (1) the devices are not located over a food preparation area; and (2) dead insects and insect fragments are prevented from being impelled onto or falling on: (A) exposed food; (B) clean equipment, utensils, and linens; and (C) unwrapped single-service and single-use articles.	08/27/2026

Summary of Violations:**P:** 0**Pf:** 0**Core:** 1

Person in Charge Cheryl Harrison

Date: 08/13/2026

Inspector: YOCELI PALAFOX

Follow-up Required:

YES

NO

(Circle one)