

Establishment

License/Permit #

82

RETAIL FOOD ESTABLISHMENT **INSPECTION REPORT**

State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH **FOOD PROTECTION DIVISION**

10 Days Release Date

No. of Risk Factor/Intervention Violations

Time In Time Out

City/State

No. of Repeat Risk Factor/Intervention Violations

Casey's General Store #3057 810 West Main Street

North Manchester, Indiana Purpose of Inspection

46962 (260) 982-0111

Telephone

Risk Category

Permit Holder Casey's Marketing Company

Convenience Store

Zip Code

Est. Type

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Address

Mark "X" in appropriate box for COS and/or R $\,$ COS=corrected on-site during inspection Compliance Status

l	IN =in compliance	OUT=not in compliance	N/O=not observed	N/A=not app	olica	ble
Compliance Status cos					R	
	Supervision					
(IN UT N/A N/O	Person in charge present, den performs duties	nonstrates knowledge,	and		
2	IN OUT N/A N/O	Certified Food Protection Man	ager			
		Employee H	ealth			
•	IN OUT N/A N/O	Management, food employee knowledge, responsibilities ar		yee;		
4	IN OUT N/A N/O	Proper use of restriction and e	xclusion			
7	OUT N/A N/O	Procedures for responding to	vomiting and diarrheal	events		
		Good Hygienic I	Practices			
6	IN OUT N/A N/O	Proper eating, tasting, drinking	, or tobacco products	use		
7	IN OUT N/A N/O	No discharge from eyes, nose	, and mouth			
		Preventing Contaminat	ion by Hands			
8 (IN DUT N/A N/O	Hands clean & properly washe	ed			
V	IN OUT N/A N/O	No bare hand contact with RT alternative procedure properly		ed		
10	IN OUT N/A N/O	Adequate handwashing sinks	properly supplied an	d accessible		
		Approved So	ource			
11	IN DUT N/A N/O	Food obtained from approved	source			
12	IN OUT N/A N/O	Food received at proper temporal	erature			
13	IN DUT N/A N/O	Food in good condition, safe,	& unadulterated			
14	IN OUT N/A N/O	Required records available: m parasite destruction	olluscan shellfish iden	tification,		
	Protection from Contamination					
	IN OUT N/A N/O	Food separated and protected				
16	IN OUT N/A N/O	Food-contact surfaces; cleane	d & sanitized			

17 IN OUT N/A N/O	Proper disposition of returned, previously served,	
IN GOT IN/A IN/O	reconditioned & unsafe food	
	Time/Temperature Control for Safety	
	Proper cooking time & temperatures	
	Proper reheating procedures for hot holding	
20 IN OUT N/A N/O	Proper cooling time and temperature	
21 IN OUT N/A N/O	Proper hot holding temperatures	
	Proper cold holding temperatures	Ī
	Proper date marking and disposition	Ī
24 TIN OUT N/A N/O	Time as a Public Health Control; procedures & records	
_	Consumer Advisory	
	Consumer advisory provided for raw/undercooked food	

Highly Susceptible Populations IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered

Food/Color Additives and Toxic Substances IN OUT N/A N/O Food additives: approved & properly used OUT N/A N/O Toxic substances properly identified, stored, & used

Conformance with Approved Procedures OUT N/A N/O 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.

COS=corrected on-site during inspection

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X"	in box if numbered item is not in compliance	Mark "X" in appropriate box f	or COS	and/or l	R
Con	npliance Status	со	S R	С	or
	Safe Food and Wat	er			
30	Pasteurized eggs used where required			43	
31	Water & ice from approved source			44	
32	Variance obtained for specialized processing	methods		45	
	Food Temperature Con	trol		46	
22	Proper cooling methods used; adequate equ	ipment for			
33	temperature control			47	
34	Plant food properly cooked for hot holding			47	
35	Approved thawing methods used			48	
36	Thermometers provided & accurate			49	
	Food Identification	1	•		
37	Food properly labeled; original container			50	
·	Prevention of Food Contam	ination		51	
38	Insects, rodents, & animals not present			52	
39	Contamination prevented during food prepar	ation, storage & display		53	
40	Personal cleanliness	,		54	
41	Wiping cloths: properly used & stored			55	
42	Washing fruits & vegetables			56	

	Co	Compliance Status					
	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					
1		Utensils, Equipment and Vending					
	47	Food & non-food contact surfaces cleanable,					
	41	properly designed, constructed, & used		Ì			
	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 & wastewater 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					

Person In Charge (Signature

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date:

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Date: 8-21-25

R=repeat violation



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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #

Date 9-21-25

82 Address Zip Code Establishment City/State Telephone Casey's General Store #3057 810 West Main Street North Manchester, Indiana 46962 (260) 982-0111 **OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT** Circle designated compliance status (IN, OUT, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection IN=in compliance **OUT**=not in compliance N/A=not applicable R=repeat violation **Compliance Status** Compliance Status 57 IN OUT N/A N/O Outdoor Food Operation 58 IN OUT N/A N/O Mobile Retail Food Establishment **TEMPERATURE OBSERVATIONS** Item/Location Item/Location Temp Item/Location Temp Temp Cheesé **OBSERVATIONS AND CORRECTIVE ACTIONS** Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food **Item Number** Complete by Date: 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 Person In Charge (Signature) Date: Inspector (Signature)



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