



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

Release Date

10 Days

Date

4/17/26

No. of Risk Factor/Intervention Violations

1

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

0

Establishment	Address	City/State	Zip Code	Telephone
Crush @ Wilbur's	604 East College Avenue	North Manchester, Indiana	46962	(260) 982-5251
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
225	Sodexo Management	Routine	Cafe	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

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

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 for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plant food properly cooked for hot holding			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, & animals not present			52	Sewage & wastewater properly disposed		
39	Contamination prevented during food preparation, storage & display			53	Toilet facilities: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean		
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature)

Date:

4/17/26

Inspector (Signature)

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



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225

Date

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OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	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:

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: