RETAIL FOOD ESTABLISHMENT **INSPECTION REPORT**

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

Release Date

10 Days

Time In

Date

No. of Risk Factor/Intervention Violations

No. of Reneat Risk Factor/Intervention

Time Out

cos R

	Viol	ations							
Establishment	Address	City/State	Zip Code	Telephone					
Dairy Queen	309 State Road 13 North	North Manchester, Indiana	46962	(260) 982-2582					
License/Permit #	Permit Holder		Est. Type	Risk Category					
100	Middle Foods, LLC	Routine	Restaurant						
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 Compliance Status COS R Supervision Person in charge present, demonstrates knowledge, and UT N/A N/O performs duties UT N/A N/O Certified Food Protection Manager **Employee Health** Management, food employee and conditional employee; JT N/A N/O knowledge, responsibilities and reporting IT N/A N/O Proper use of restriction and exclusion JT N/A N/O Procedures for responding to vomiting and diarrheal events **Good Hygienic Practices** OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use OUT N/A N/O No discharge from eyes, nose, and mouth **Preventing Contamination by Hands** OUT N/A N/O Hands clean & properly washed No bare hand contact with RTE food or a pre-approved DUT N/A N/O alternative procedure properly allowed OUT N/A N/O Adequate handwashing sinks properly supplied and accessible Approved Source N DUT N/A N/O Food obtained from approved source OUT N/A N/O Food received at proper temperature OUT N/A N/O Food in good condition, safe, & unadulterated Required records available: molluscan shellfish identification, OUT N/A N/O parasite destruction **Protection from Contamination**

OUT N/A N/O Food separated and protected

OUT N/A N/O Food-contact surfaces; cleaned & sanitized

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

17	IN DUT N/A N/O	Proper disposition of returned, previously served,	
17	III COT IVA IVO	reconditioned & unsafe food	
	B	Time/Temperature Control for Safety	
18	N OUT N/A N/O	Proper cooking time & temperatures	
19	IN OUT N/A N/O	Proper reheating procedures for hot holding	
20	IN DUT N/A N/O	Proper cooling time and temperature	
21	IN OUT N/A N/O	Proper hot holding temperatures	
22	JN OUT N/A N/O	Proper cold holding temperatures	
23	IN OUT N/A N/O	Proper date marking and disposition	
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records	
	_	Consumer Advisory	
25	N DUT N/A N/O	Consumer advisory provided for raw/undercooked food	
	A	Highly Susceptible Populations	
26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered	

Food/Color Additives and Toxic Substances 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**

29 N 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.

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		R	Compliance Status								
Safe Food and Water				Proper Use of Utensils							
30	Pasteurized eggs used where required			43	In-use utensils: properly stored	Т					
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled	T					
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used						
Food Temperature Control				46	46 Gloves used properly						
33	Proper cooling methods used; adequate equipment for			Utensils, Equipment and Vending							
33	temperature control		i I	47	Food & non-food contact surfaces cleanable,	T					
34	Plant food properly cooked for hot holding			47	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	T					
39	Contamination prevented during food preparation, storage & display			53	Toilet facilities: properly constructed, supplied, & cleaned	T					
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	T					

Person In Charge (Signature) William End

Inspector (Signature)

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

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IND	IANA DEPA	RTMENT OF HE	ALTH			icense/P	ermit #	Date	11	16	7/25
Establishment Address				City/State Zip Code			Tel	Telephone			
Dairy Queen 309 \$		309 State				North Manchester, Indiana 46		6962	(2	(260) 982-2	
,		OUTDOOR	FOOD OPERATION & M	OBILE R	RETAIL F	OOD ES	TABLISH	MENT			
Circle desi IN=in compliance Compliance S	OUT=not in	nce status (IN, OUT n compliance	N/A) for each numbered item N/A=not applicable	COS R	Com	Co npliance	OS=correcte	"X" in approp d on-site durir			d/or R epeat violation cos R
57 IN OUT N/A N/O		d Operation		COS R				tail Food Esta	olishment		COS R
		·	TEMPERATUR	RE OBSE							
Item/Location CLess		Temp	Item/Location		Tem	р	Item/	Location		Temp	
Tom	MB	41									
			OBSERVATIONS AN	D CORR	FCTIVE A	ACTIONS	•				
Item Number	Based on a	n inspection this d	ay, the item(s) noted below it	dentify viol	lations of 4	110 IAC 7	-26, Indiana	Retail Foo	d	Complet	e by Date:
			uirements. Violations cited in 475 and 476 of the Indiana R					me trames			
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Person In Charg	e (Signature		w person							Date:	リリス
Inspector (Signa	ature)	Sin	- si	7					ı	Date:	, ,



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INDIANA DEPARTMENT OF HEALTH

License/Permit # Date FOOD PROTECTION DIVISION Establishment Address City/State Zip Code Telephone Dairy Queen 309 State Road 13 North 46962 (260) 982-2582 North Manchester, Indiana **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 Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or Item Number Complete by Date: as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code **Published Comment** Person In Charge (Signature) Date: Inspector (Signature) Date: