



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

Release Date	10 Days	Date 9/23/25
No. of Risk Factor/Intervention Violations		
No. of Repeat Risk Factor/Intervention Violations		Time In
		Time Out

Establishment	Address	City/State	Zip Code	Telephone
Fast Mart SR 15-114	12038 North State Road 15	North Manchester, Indiana	46962	(260) 982-4379
License/Permit # 116	Permit Holder Michael D. Street	Purpose of Inspection <i>Part 1</i>	Est. Type Convenience Store	Risk Category

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

Compliance Status		COS	R	Compliance Status	COS	R							
Safe Food and Water													
30 <input checked="" type="checkbox"/> IN	Pasteurized eggs used where required			43 <input checked="" type="checkbox"/> IN	In-use utensils: properly stored								
31 <input checked="" type="checkbox"/> IN	Water & ice from approved source			44 <input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled								
32 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used								
Food Temperature Control													
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/> IN	Gloves used properly								
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding			Utensils, Equipment and Vending									
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used			47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used								
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate			48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips								
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container			49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean								
Food Identification							Physical Facilities						
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present			50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure								
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display			51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices								
40 <input checked="" type="checkbox"/> IN	Personal cleanliness			52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed								
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored			53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned								
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables			54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained								
Person In Charge (Signature) <i>John J. S.</i>							Follow-up: YES NO (Circle one) Follow-up Date: <i>9/23/25</i>						
Inspector (Signature) <i>John J. S.</i>													



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57	IN OUT	N/A N/O	Outdoor Food Operation		58	IN OUT	N/A N/O	Mobile Retail Food Establishment

TEMPERATURE OBSERVATIONS

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:
328A	MUTTER BOTTOM BARS ON FLOOR SINGLE USE PACKAGING ON FLOOR	9/23/25
457	CHEMICALS & SINGLE USE PACKAGING INTERMINGLED ON SAME SHELF	9/23/25
181	REFRIGERATOR FREEZER IN BACK ROOM NEEDS DEFROSTED	10/23/25
359B	HAND WASH SINK NO OTHER USE	COS
Person In Charge (Signature)		Date:
Inspector (Signature)		Date: 9/23/25

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:



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Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: