



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

Release Date	10 Days	Date <b>11/10/25</b>
No. of Risk Factor/Intervention Violations	0	Time In
No. of Repeat Risk Factor/Intervention Violations	0	Time Out

Establishment <b>Hawkins farm</b>	Address	City/State <b>North Manchester</b>	Zip Code	Telephone
License/Permit #	Permit Holder	Purpose of Inspection <b>Food</b>	Est. Type	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
<b>Supervision</b>						
1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2	IN OUT N/A N/O	Certified Food Protection Manager		18	IN OUT N/A N/O	Proper cooking time & temperatures
<b>Employee Health</b>						
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	IN OUT N/A N/O	Proper reheating procedures for hot holding
4	IN OUT N/A N/O	Proper use of restriction and exclusion		20	IN OUT N/A N/O	Proper cooling time and temperature
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21	IN OUT N/A N/O	Proper hot holding temperatures
<b>Good Hygienic Practices</b>						
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22	IN OUT N/A N/O	Proper cold holding temperatures
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		23	IN OUT N/A N/O	Proper date marking and disposition
<b>Preventing Contamination by Hands</b>						
8	IN OUT N/A N/O	Hands clean & properly washed		24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		<b>Consumer Advisory</b>		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food
<b>Approved Source</b>						
11	IN OUT N/A N/O	Food obtained from approved source		<b>Highly Susceptible Populations</b>		
12	IN OUT N/A N/O	Food received at proper temperature		26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		27	IN OUT N/A N/O	Food additives: approved & properly used
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used
<b>Protection from Contamination</b>						
15	IN OUT N/A N/O	Food separated and protected		29	IN OUT N/A N/O	Conformance with Approved Procedures
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		Compliance with variance/specialized process/HACCP		
<b>Risk factors</b> 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	Compliance Status	cos	R
<b>Safe Food and Water</b>						
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	
<b>Food Temperature Control</b>						
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly	
34	Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>		
35	Approved thawing methods used			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips	
<b>Food Identification</b>				49	Non-food contact surfaces clean	
37	Food properly labeled; original container			<b>Physical Facilities</b>		
<b>Prevention of Food Contamination</b>						
38	Insects, rodents, & animals not present			50	Hot & cold water available; adequate pressure	
39	Contamination prevented during food preparation, storage & display			51	Plumbing installed; proper backflow devices	
40	Personal cleanliness			52	Sewage & wastewater properly disposed	
41	Wiping cloths: properly used & stored			53	Toilet facilities: properly constructed, supplied, & cleaned	
42	Washing fruits & vegetables			54	Garbage & refuse properly disposed; facilities maintained	
<b>Person In Charge (Signature)</b>				55	Physical facilities installed, maintained, & clean	
<b>Inspector (Signature)</b>				56	Adequate ventilation & lighting; designated areas used	
				Follow-up: YES   NO   (Circle one)   Follow-up Date: <b>11/10/25</b>		





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**INDIANA DEPARTMENT OF HEALTH**  
**FOOD PROTECTION DIVISION**

License/Permit #      Date

## Establishment

## Address

**City/State**

**Zip Code**

### Telephone

## OBSERVATIONS AND CORRECTIVE ACTIONS

## Published Comment

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date: