



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

Release Date	10 Days	Date Time In Time Out
No. of Risk Factor/Intervention Violations	1	
No. of Repeat Risk Factor/Intervention Violations		

Establishment	Address	City/State	Zip Code	Telephone
Keela Coffee	115 East Main Street	North Manchester, Indiana	46962	(260) 252-4132
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
691	Paul R. Tafoya	Testing	Coffee	

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	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
Employee Health						
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
Good Hygienic Practices						
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
Preventing Contamination by Hands						
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		Consumer Advisory		
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
Approved Source						
11	IN OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations		
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
Protection from Contamination						
15	IN OUT N/A N/O	Food separated and protected		Conformance with Approved Procedures		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29	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.

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		Utensils, Equipment and Vending				
33	Proper cooling methods used; adequate equipment for temperature control		46	Gloves used properly		
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	X 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		Plumbing		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:

7/26/25

Inspector (Signature)

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



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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #
691

Date

7/28/25

Establishment	Address	City/State	Zip Code	Telephone
Keela Coffee	115 East Main Street	North Manchester, Indiana	46962	(260) 252-4132

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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Compliance Status			cos	R	Compliance Status	cos	R
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:

281A NO SANITIZER TEST STRIPS

8-6-25

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:

e) Operacion Tercer Frente
en la era

7/23/25



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Keela Coffee

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North Manchester, Indiana

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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: