



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

Release Date	10 Days	Date <b>8/13/25</b>
No. of Risk Factor/Intervention Violations		
No. of Repeat Risk Factor/Intervention Violations		Time In
		Time Out

Establishment	Address	City/State	Zip Code	Telephone
<b>Koi Sushi</b>	<b>1412 Main</b>	<b>North Manchester</b>	<b>46962</b>	<b>260-867-2077</b>
License/Permit #	Permit Holder	Purpose of Inspection	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 <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				
<b>Employee Health</b>										
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				
<b>Good Hygienic Practices</b>										
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				
<b>Preventing Contamination by Hands</b>										
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		<b>Consumer Advisory</b>						
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				
<b>Approved Source</b>										
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		<b>Highly Susceptible Populations</b>						
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature		26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered				
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used				
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used				
<b>Protection from Contamination</b>										
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected		<b>Conformance with Approved Procedures</b>						
16 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		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.

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

Person In Charge (Signature)

Date: **8-13-25**

Inspector (Signature)

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

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INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

License/Permit #

Date

8/13/25

Establishment

Koi Sushi

Address

City/State

Zip Code

Telephone

**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**

## Item/Location

## Temp

## Item/Location

## Temp

## Item/Location

## Temp

Chicken

39

Beef

39

Pork

38

Sprouts

39

**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:

Taoping Wang@icloud.com

Person In Charge (Signature)

Jin Wang

Date:

Date:

Inspector (Signature)

CJCF

8-13-25



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## Establishment

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## OBSERVATIONS AND CORRECTIVE ACTIONS

## Published Comment

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date: