



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

Release Date

10 Days

Date 3/16/26

No. of Risk Factor/Intervention Violations

0

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

0

Establishment	Address	City/State	Zip Code	Telephone
Manchester Elementary School	301 River Road	North Manchester, Indiana	46962	(260) 982-7541
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
152	Manchester Community Schools	Routine	School	

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

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

Person In Charge (Signature)

Wanda Boudett

Date:

3/16/26

Inspector (Signature)

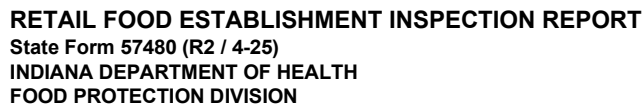
Ch

Follow-up: YES

NO

(Circle one)

Follow-up Date:



Date _____

Telephone

(260) 982-7541

R=repeat violation

COS	R
-----	---

58	IN OUT N/A N/O	Mobile Retail Food Establishment
----	----------------	----------------------------------

Temp

25

Complete by Date:

Date:



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

License/Permit #
152

Date

Establishment

Manchester Elementary School

Address

301 River Road

City/State

North Manchester, Indiana

Zip Code

46962

Telephone

(260) 982-7541

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:

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: