



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

Release Date

10 Days

Date

4/23/25

No. of Risk Factor/Intervention Violations

0

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

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
<b>Supervision</b>				<b>Time/Temperature Control for Safety</b>			
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			<b>Time/Temperature Control for Safety</b>			
Certified Food Protection Manager				18	IN OUT N/A N/O		
<b>Employee Health</b>				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			
<b>Good Hygienic Practices</b>				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		
<b>Preventing Contamination by Hands</b>				Time as a Public Health Control; procedures & records			
8	IN OUT N/A N/O			<b>Consumer Advisory</b>			
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				<b>Highly Susceptible Populations</b>			
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			
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>			
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			<b>Conformance with Approved Procedures</b>			
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							
<b>Protection from Contamination</b>							
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
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
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			
<b>Food Temperature Control</b>				46	IN		
33	IN			Gloves used properly			
Proper cooling methods used; adequate equipment for temperature control				<b>Utensils, Equipment and Vending</b>			
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			
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	IN			50	IN		
Food properly labeled; original container				Hot & cold water available; adequate pressure			
<b>Prevention of Food Contamination</b>				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)

*Carol Miller*

Date: 4/13

Inspector (Signature)

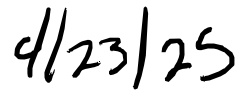
*[Signature]*

Follow-up: YES

NO

(Circle one)

Follow-up Date:



(260) 982-7541

58	IN OUT N/A MO	Mobile Retail Food Establishment
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-40

Spoke about hand washing signage (new)

4/23



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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:**