



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

Release Date	10 Days	Date 9/26/25
No. of Risk Factor/Intervention Violations		
No. of Repeat Risk Factor/Intervention Violations		Time In
		Time Out

Establishment	Address	City/State	Zip Code	Telephone
Manchester Jr/Sr High School	1 Squire Drive	North Manchester, Indiana	46962	(260) 982-2196
License/Permit # 154	Permit Holder Manchester Community Schools	Purpose of Inspection FOOD INS	Est. Type School	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
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										
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										
Safe Food and Water										
30	Pasteurized eggs used where required			Compliance Status						
31	Water & ice from approved source			Proper Use of Utensils						
32	Variance obtained for specialized processing methods			43	In-use utensils: properly stored					
Food Temperature Control				44	Utensils, equipment & linens: properly stored, dried, & handled					
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single-service articles: properly stored & used					
34	Plant food properly cooked for hot holding			46	Gloves used properly					
35	Approved thawing methods used			Utensils, Equipment and Vending						
36	Thermometers provided & accurate			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
Food Identification				48	Warewashing facilities: installed, maintained, & used; test strips					
37	Food properly labeled; original container			49	Non-food contact surfaces clean					
Prevention of Food Contamination				Physical Facilities						
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					
Person In Charge (Signature)			Follow-up: YES NO (Circle one) Follow-up Date: <u>9/26/25</u>							
Inspector (Signature)										



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FOOD PROTECTION DIVISION

License/Permit #
154

Date

8-28-25

Establishment	Address	City/State	Zip Code	Telephone
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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

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:



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North Manchester, Indiana

16962

(260) 982-2196

OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: