

#### RETAIL FOOD ESTABLISHMENT **INSPECTION REPORT**

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

10 Days Release Date

No. of Risk Factor/Intervention Violations

Time Out

No. of Repeat Risk Factor/Intervention Violations Establishment City/State Zip Code Address Telephone Manchester Marketplace 11659 North State Road 13 North Manchester, Indiana 46962 (260) 306-2464 License/Permit # Permit Holder Est. Type **Risk Category Purpose of Inspection** 268 Gary Long Grocery

#### 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 **Compliance Status** COS R **Compliance Status** Supervision Person in charge present, demonstrates knowledge, and IN OUT N/A N/O performs duties 2 IN OUT N/A N/O Certified Food Protection Manager **Employee Health** 1 NO N/A N/O Management, food employee and conditional employee;

knowledge, responsibilities and reporting OUT N/A N/O Proper use of restriction and exclusion OUT N/A N/O Procedures for responding to vomiting and diarrheal events **Good Hygienic Practices** 

OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use IN OUT N/A N/O No discharge from eyes, nose, and mouth **Preventing Contamination by Hands** 

8 IN OUT N/A N/O Hands clean & properly washed No bare hand contact with RTE food or a pre-approved DUT N/A N/O alternative procedure properly allowed OUT N/A N/O Adequate handwashing sinks properly supplied and accessible

**Approved Source** OUT N/A N/O Food obtained from approved source OUT N/A N/O Food received at proper temperature OUT N/A N/O Food in good condition, safe, & unadulterated Required records available: molluscan shellfish identification, parasite destruction

**Protection from Contamination** IN DUT N/A N/O Food separated and protected IN OUT N/A N/O Food-contact surfaces; cleaned & sanitized

Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

	17	IN OUT N/A N/O	Proper disposition of returned, previously served,					
			reconditioned & unsafe food					
			Time/Temperature Control for Safety					
	18	8 IN OUT N/A N/O Proper cooking time & temperatures						
	19	9 IN OU N/A N/O Proper reheating procedures for hot holding						
	20	IN OUT N/A N/O	Proper cooling time and temperature					
	21							
	22	IN OUT N/A N/O	Proper cold holding temperatures					
	23	IN DUT N/A N/O	Proper date marking and disposition					
	24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records					
			Consumer Advisory					
Ī	25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food					
		_	Highly Susceptible Populations					
Ī	26	IN OUT N/A N/O	Pasteurized foods used: prohibited foods not offered					

ANO Pasteurized foods used; prohibited foods not offered Food/Color Additives and Toxic Substances OUT N/A•N/O Food additives: approved & properly used

OUT N/A N/O Toxic substances properly identified, stored, & used **Conformance with Approved Procedures** 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				Co	ompliance 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 & u	ised		
Food Temperature Control					Gloves used properly			
Proper cooling methods used; adequate equipment for				Utensils, Equipment and Vending				
33	temperature control			47	Food & non-food contact surfaces cleanable,			
34	4 Plant food properly cooked for hot holding			47	properly designed, constructed, & used			
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used strips	; test		
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 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, & clea	ined		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities mainta	ined		
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean			
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas use	ed		

Person In Charge (Signature)

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 5/7/25

Address Establishment City/State Zip Code Telephone Manchester Marketplace 11659 North State Road 13 North Manchester, Indiana 46962 (260) 306-2464 **OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT** Circle designated compliance status (IN, OUT, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection IN=in compliance **OUT**=not in compliance N/A=not applicable R=repeat violation Compliance Status cos R Compliance Status 58 IN OUT N/A N/O Mobile Retail Food Establishment 57 IN OUT N/A N/O Outdoor Food Operation **TEMPERATURE OBSERVATIONS** Item/Location Item/Location Temp Temp Temp 40 **OBSERVATIONS AND CORRECTIVE ACTIONS** Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food **Item Number** Complete by Date: 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 Person In Charge (Signature) Date: Inspector (Signature)



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State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH

License/Permit # Date FOOD PROTECTION DIVISION Address City/State Zip Code Telephone **Establishment** Manchester Marketplace 11659 North State Road 13 46962 North Manchester, Indiana (260) 306-2464 **OBSERVATIONS AND CORRECTIVE ACTIONS** 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 Item Number Complete by Date: as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code **Published Comment** Person In Charge (Signature) Date: Inspector (Signature) Date: