



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

Release Date	10 Days	Date 8-29-25
No. of Risk Factor/Intervention Violations	(3)	Time In
No. of Repeat Risk Factor/Intervention Violations	(0)	Time Out

Establishment	Address	City/State	Zip Code	Telephone
Manchester Marketplace	11659 North State Road 13	North Manchester, Indiana	46962	(260) 306-2464
License/Permit #	Permit Holder	Purpose of Inspection ROUTINE	Est. Type	Risk Category
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

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 <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				
Employee Health										
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				
Good Hygienic Practices										
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				
Preventing Contamination by Hands										
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		Consumer Advisory						
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				
Approved Source										
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations						
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				
Protection from Contamination										
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected		Conformance with Approved Procedures						
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				
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										
30 <input checked="" type="checkbox"/> IN	OUT	Pasteurized eggs used where required		43 <input checked="" type="checkbox"/> IN	OUT	Proper Use of Utensils				
31 <input checked="" type="checkbox"/> IN	OUT	Water & ice from approved source		44 <input checked="" type="checkbox"/> IN	OUT	Proper Use of Utensils				
32 <input checked="" type="checkbox"/> IN	OUT	Variance obtained for specialized processing methods		45 <input checked="" type="checkbox"/> IN	OUT	Proper Use of Utensils				
Food Temperature Control										
33 <input checked="" type="checkbox"/> IN	OUT	Proper cooling methods used; adequate equipment for temperature control		46 <input checked="" type="checkbox"/> IN	OUT	Proper Use of Utensils				
34 <input checked="" type="checkbox"/> IN	OUT	Plant food properly cooked for hot holding		47 <input checked="" type="checkbox"/> IN	OUT	Utensils, Equipment and Vending				
35 <input checked="" type="checkbox"/> IN	OUT	Approved thawing methods used		48 <input checked="" type="checkbox"/> IN	OUT	Utensils, Equipment and Vending				
36 <input checked="" type="checkbox"/> IN	OUT	Thermometers provided & accurate		49 <input checked="" type="checkbox"/> IN	OUT	Utensils, Equipment and Vending				
Food Identification										
37 <input checked="" type="checkbox"/> IN	OUT	Food properly labeled; original container		50 <input checked="" type="checkbox"/> IN	OUT	Physical Facilities				
Prevention of Food Contamination										
38 <input checked="" type="checkbox"/> IN	OUT	Insects, rodents, & animals not present		51 <input checked="" type="checkbox"/> IN	OUT	Physical Facilities				
39 <input checked="" type="checkbox"/> IN	OUT	Contamination prevented during food preparation, storage & display		52 <input checked="" type="checkbox"/> IN	OUT	Physical Facilities				
40 <input checked="" type="checkbox"/> IN	OUT	Personal cleanliness		53 <input checked="" type="checkbox"/> IN	OUT	Physical Facilities				
41 <input checked="" type="checkbox"/> IN	OUT	Wiping cloths; properly used & stored		54 <input checked="" type="checkbox"/> IN	OUT	Physical Facilities				
42 <input checked="" type="checkbox"/> IN	OUT	Washing fruits & vegetables		55 <input checked="" type="checkbox"/> IN	OUT	Physical Facilities				
Person In Charge (Signature)										
Inspector (Signature)										
Follow-up: YES NO (Circle one) Follow-up Date: 8/29/25										



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Date 8/29/25

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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

ManchesterMarketplace@gmail.com

ure) Darryl Turner

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:

8/29/25



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Published Comment

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Date:

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