

Establishment

156

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

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

Release Date	10 Days

Time In /O:

No. of Risk Factor/Intervention Violations

D Time Out

No. of Repeat Risk Factor/Intervention Violations City/State Address

Zip Code Telephone

Manchester Trading Post 3 West State Road 114 License/Permit # Permit Holder

Purpose of Inspection Est. Type

**Compliance Status** 

North Manchester, Indiana

(260) 982-2479

Ryan Johnson

Convenience Store

**Risk Category** 

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

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

IN=in complianc	e OUT=not in compliance	N/O=not observed	N/A=not applic	able	
Compliance	Status		co	S R	
	Supervis	ion			
Person in charge present, demonstrates knowledge, and performs duties					
2 IN OUT N/A N/	2 IN OUT N/A N/O Certified Food Protection Manager				
	Employee I	Health			
3 INOUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting				
4 JUNOUT N/A N/O	4 DVOUT N/A N/O Proper use of restriction and exclusion				
5 IN OUT N/A N/O	Procedures for responding to	vomiting and diarrheal	events		
	Good Hygienic	Practices			
6 WOUT N/A N/	Proper eating, tasting, drinking	g, or tobacco products ι	ıse		
7 OUT N/A N/	No discharge from eyes, nos	e, and mouth			
4	Preventing Contamina	tion by Hands	,		
8 OUT N/A N/	Hands clean & properly wash	ied			
9 <b>R</b> OUT N/A N/	No bare hand contact with R alternative procedure proper		ed		
10 (IN OUT N/A N/0	10 IN OUT N/A N/O Adequate handwashing sinks properly supplied and accessible				
	Approved S	ource			
11 IN OUT N/A N/O	Food obtained from approve	d source			
12 W OUT N/A N/	Pood received at proper temp	perature			
13 (I) OUT N/A N/0	Food in good condition, safe	& unadulterated			
14 IN OUT N/A N/	parasite destruction		ification,		
^	Protection from Contamination				
15 IN OUT N/A N/					
16 MY OUT N/A N/	Food-contact surfaces; clean	ed & sanitized			

17	OUT N/A N/O	Proper disposition of returned, previously served,	
117	TIP COT IN/A IN/C	reconditioned & unsafe food	
	<b>^</b>	Time/Temperature Control for Safety	
18	IN OUT N/A N/O	Proper cooking time & temperatures	
19	IN OUT N/A N/O	Proper reheating procedures for hot holding	
20	IN OUT N/A N/O	Proper cooling time and temperature	
21	OUT N/A N/O	Proper hot holding temperatures	
22	IN OUT N/A N/O	Proper cold holding temperatures	
23	IN OUT 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	
25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked	

46962

**Highly Susceptible Populations** 

OUT N/A N/O 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** 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

Con	pliance Status	cos	R	Co	mpliance Status cos F	
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 & used	
Food Temperature Control			46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for			Utensils, Equipment and Vending		
33	temperature control			47	Food & non-food contact surfaces cleanable,	
34	Plant food properly cooked for hot holding			47	properly designed, constructed, & used	
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips	
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			51	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, & cleaned	
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained	
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean	
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used	

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date:

# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Inspector (Signature)

State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH License/Permit # Date FOOD PROTECTION DIVISION Address Zip Code Establishment City/State Telephone Manchester Trading Post | 3 West State Road 114 North Manchester, Indiana 46962 (260) 982-2479 **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 IN=in compliance COS=corrected on-site during inspection **OUT**=not in compliance N/A=not applicable R=repeat violation 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** Item/Location Item/Location Item/Location Temp Temp Temp **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 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:

Date:



## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit # Date FOOD PROTECTION DIVISION Address City/State Zip Code Telephone **Establishment** Manchester Trading Post | 3 West State Road 114 46962 North Manchester, Indiana (260) 982-2479 **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: