RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)

INDIANA DEPARTMENT OF HEALTH

FOOD PROTECTION DIVISION

Release Date	10 Days	Date	5/5/25
No. of Risk Factor/Intervention Violations		Time In	1015
No. of Repeat Risk Factor/Intervention Violations		Time Out	10:40

Establishment	Address	City/State	Zip Code	Telephone
Manchester Intermediate School	20 West Woodring Road	North Manchester, Indiana	46962	(260) 578-0263

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
155	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   Mark "X" in appropriate box for COS and/or R

IN=in compliance   **OUT**=not in compliance   **N/O**=not observed   **N/A**=not applicable

COS=corrected on-site during inspection   **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	(IN) OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		
2	(IN) OUT N/A N/O	Certified Food Protection Manager		
	Employee Health			
3	(IN) OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	(IN) OUT 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	(IN) OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		
7	(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		
9	(IN) OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	(IN) OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		
	Approved Source			
11	(IN) OUT N/A N/O	Food obtained from approved source		
12	(IN) OUT N/A N/O	Food received at proper temperature		
13	(IN) OUT N/A N/O	Food in good condition, safe, & unadulterated		
14	IN OUT (N/A) N/O	Required records available: molluscan shellfish identification, parasite destruction		
	Protection from Contamination			
15	(IN) OUT N/A N/O	Food separated and protected		
16	(IN) OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		

	Compliance Status		COS	R
17	(IN) OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
	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	(IN) 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 food		
	Highly Susceptible Populations			
26	(IN) OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	(IN) OUT N/A N/O	Food additives: approved & properly used		
28	(IN) OUT N/A N/O	Toxic substances properly identified, stored, & used		
	Conformance with Approved Procedures			
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	COS	R
	Safe Food and Water		
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
	Food Temperature Control		
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
	Food Identification		
37	Food properly labeled; original container		
	Prevention of Food Contamination		
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

	Compliance Status	COS	R
	Proper Use of Utensils		
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
	Utensils, Equipment and Vending		
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
	Physical Facilities		
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & wastewater properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature)		Date: 5/6/25
Inspector (Signature)		Follow-up: YES NO (Circle one) Follow-up Date:

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #	Date
155	5/5/25

Establishment	Address	City/State	Zip Code	Telephone
Manchester Intermediate School	20 West Woodring Road	North Manchester, Indiana	46962	(260) 578-0263

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   **OUT**=not in compliance   **N/A**=not applicable

COS=corrected on-site during inspection   **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	Temp	Item/Location	Temp	Item/Location	Temp
Refrigerator	39				
Milk	39				
Freezer	7				
Walk in Fridge	40				
Walk in Freezer	0				
Pizza	145				

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:

Person In Charge (Signature) _[signature]_   Date:

Inspector (Signature) _[signature]_   Date: 5/5/25

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

License/Permit #	Date
155	

Establishment	Address	City/State	Zip Code	Telephone
Manchester Intermediate School	20 West Woodring Road	North Manchester, Indiana	46962	(260) 578-0263

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:**