



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

Release Date	10 Days	Date <b>8/29/25</b>
No. of Risk Factor/Intervention Violations	0	Time In
No. of Repeat Risk Factor/Intervention Violations	0	Time Out

Establishment	Address	City/State	Zip Code	Telephone
Manchester Intermediate School	20 West Woodring Road	North Manchester, Indiana	46962	(260) 578-0263
License/Permit # 155	Permit Holder Manchester Community Schools	Purpose of Inspection <i>Routine</i>	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
<b>Supervision</b>						
1 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Certified Food Protection Manager		
<b>Employee Health</b>						
3 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Proper use of restriction and exclusion		
5 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>						
6 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco products use		
7 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>						
8 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Hands clean & properly washed		
9 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Adequate handwashing sinks properly supplied and accessible		
<b>Approved Source</b>						
11 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Food obtained from approved source		
12 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Food received at proper temperature		
13 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Food in good condition, safe, & unadulterated		
14 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Required records available: molluscan shellfish identification, parasite destruction		
<b>Protection from Contamination</b>						
15 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Food separated and protected		
16 <input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	Food-contact surfaces; cleaned & sanitized		
<b>GOOD RETAIL PRACTICES</b>						
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 <b>not</b> 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
<b>Safe Food and Water</b>						
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	
<b>Food Temperature Control</b>						
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly	
34	Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>		
35	Approved thawing methods used			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips	
<b>Food Identification</b>				49	Non-food contact surfaces clean	
37	Food properly labeled; original container			<b>Physical Facilities</b>		
<b>Prevention of Food Contamination</b>						
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	
<b>Person In Charge (Signature)</b>				55	Physical facilities installed, maintained, & clean	
<b>Inspector (Signature)</b>				56	Adequate ventilation & lighting; designated areas used	
Follow-up: YES NO (Circle one) Follow-up Date: <b>9/29/25</b>						



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License/Permit #  
155

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

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date:



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## Establishment

## Address

**City/State**

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**Telephone**

Manchester Intermediate School

20 West Woodring Road

## North Manchester, Indiana

16962

(260) 578-0263

## OBSERVATIONS AND CORRECTIVE ACTIONS

## Published Comment

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date: