



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

Release Date

10 Days

Date

8-1-25

No. of Risk Factor/Intervention Violations

1

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

Establishment

Neighborhood Fresh

Address

1204 State Road 114 West

City/State

North Manchester, Indiana

Zip Code

46962

Telephone

(260) 982-8577

License/Permit #

151

Permit Holder

L M Acquisition, Inc.

Purpose of Inspection

ROUTINE

Est. Type

Grocery

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
<b>Supervision</b>			
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			
<b>Employee Health</b>			
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			
<b>Good Hygienic Practices</b>			
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			
<b>Preventing Contamination by Hands</b>			
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			
<b>Approved Source</b>			
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			
<b>Protection from Contamination</b>			
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			
<b>Time/Temperature Control for Safety</b>			
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			
<b>Consumer Advisory</b>			
25	IN OUT N/A N/O		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	IN OUT N/A N/O		
Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>			
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			
<b>Conformance with Approved Procedures</b>			
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
<b>Safe Food and Water</b>			
30			
Pasteurized eggs used where required			
31			
Water & ice from approved source			
32			
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
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			
<b>Food Identification</b>			
37			
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
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
<b>Proper Use of Utensils</b>			
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			
<b>Utensils, Equipment and Vending</b>			
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			
<b>Physical Facilities</b>			
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)

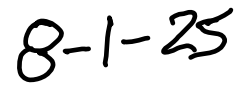
Denise Garber

Date:

Inspector (Signature)

[Signature]

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



(260) 982-8577

58	IN OUT N/A N/O	Mobile Retail Food Establishment
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## C45

175

WOLE PORIK Below ground PORIK

COS

Bent, ELLIS @ NEIGHBORHOOD FRESH.COM

Date:

Date:



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License/Permit #  
**151**

Date

<b>Establishment</b>	<b>Address</b>	<b>City/State</b>	<b>Zip Code</b>	<b>Telephone</b>
Neighborhood Fresh	1204 State Road 114 West	North Manchester, Indiana	46962	(260) 982-8577

**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:**