



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

Release Date	10 Days	Date 8/13/25
No. of Risk Factor/Intervention Violations	0	
No. of Repeat Risk Factor/Intervention Violations	0	

Establishment	Address	City/State	Zip Code	Telephone
North Manchester McDonald's	1702 State Road 114 West	North Manchester, Indiana	46962	(260) 982-4419
License/Permit #	Permit Holder	Purpose of Inspection Routine	Est. Type	Risk Category
55	James Wong		Restaurant	

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				

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 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		
Compliance Status	COS	R
Safe Food and Water		
30 <input checked="" type="checkbox"/> IN	Pasteurized eggs used where required	
31 <input checked="" type="checkbox"/> IN	Water & ice from approved source	
32 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods	
Food Temperature Control		
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control	
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding	
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used	
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate	
Food Identification		
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container	
Prevention of Food Contamination		
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present	
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display	
40 <input checked="" type="checkbox"/> IN	Personal cleanliness	
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored	
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables	
Physical Facilities		
50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure	
51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices	
52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed	
53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned	
54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained	
55 <input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean	
56 <input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used	

Person In Charge (Signature)

Date: **8/13/25**

Inspector (Signature)

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

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISIONLicense/Permit #
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Date

8-13-25

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OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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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**Item/Location****Temp****Item/Location****Temp****Item/Location****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 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:

Antojung2711@gmail.com

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:



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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: