



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

Release Date	10 Days	Date <b>9/5/25</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
Northfield Jr/Sr High School	154 West 200 North	Wabash, Indiana	46992	(260) 563-8050
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
165	MSD of Wabash County	<i>ROUTINE</i>	School	

**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 IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 IN	OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food				
2 IN	OUT N/A N/O	Certified Food Protection Manager		18 IN	OUT N/A N/O	Proper cooking time & temperatures				
<b>Employee Health</b>										
3 IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 IN	OUT N/A N/O	Proper reheating procedures for hot holding				
4 IN	OUT N/A N/O	Proper use of restriction and exclusion		20 IN	OUT N/A N/O	Proper cooling time and temperature				
5 IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21 IN	OUT N/A N/O	Proper hot holding temperatures				
<b>Good Hygienic Practices</b>										
6 IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22 IN	OUT N/A N/O	Proper cold holding temperatures				
7 IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		23 IN	OUT N/A N/O	Proper date marking and disposition				
<b>Preventing Contamination by Hands</b>										
8 IN	OUT N/A N/O	Hands clean & properly washed		24 IN	OUT N/A N/O	Time as a Public Health Control; procedures & records				
9 IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		<b>Consumer Advisory</b>						
10 IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25 IN	OUT N/A N/O	Consumer advisory provided for raw/undercooked food				
<b>Approved Source</b>										
11 IN	OUT N/A N/O	Food obtained from approved source		<b>Highly Susceptible Populations</b>						
12 IN	OUT N/A N/O	Food received at proper temperature		26 IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered				
13 IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		27 IN	OUT N/A N/O	Food additives: approved & properly used				
14 IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28 IN	OUT N/A N/O	Toxic substances properly identified, stored, & used				
<b>Protection from Contamination</b>										
15 IN	OUT N/A N/O	Food separated and protected		<b>Conformance with Approved Procedures</b>						
16 IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		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 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	
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
Person In Charge (Signature)	<i>Barbara Staniford</i>
Inspector (Signature)	<i>Jess</i>
Follow-up: YES NO (Circle one) Follow-up Date: <b>9/5/25</b>	



## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #  
165

Date

9/5/2025

Establishment	Address	City/State	Zip Code	Telephone
Northfield Jr/Sr High School	154 West 200 North	Wabash, Indiana	46992	(260) 563-8050

Circle designated compliance status (IN, OUT, N/A) for each numbered item  
**IN**=in compliance      **OUT**=not in compliance      **N/A**=not applicable

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

IN=In compliance	OUT=not in compliance	N/A=not applicable	CO=Corrected on-site during inspection	RC=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

## OBSERVATIONS AND CORRECTIVE ACTIONS

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date:

e) Barbara Stauffer  
Flers

9/3/25



## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #  
165

Date

**Establishment**

**Address**

**City/State**

Zip Code  
46992

**Telephone**  
(260) 563-8050

## OBSERVATIONS AND CORRECTIVE ACTIONS

## Published Comment

**Person In Charge (Signature)**

Date:

**Inspector (Signature)**

Date: