



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

Release Date	10 Days	Date 5/2/25 Time In 9:15 Time Out 9:35
No. of Risk Factor/Intervention Violations		
No. of Repeat Risk Factor/Intervention Violations		

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	Routine	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												
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							Highly Susceptible Populations											
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered												
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature		27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used												
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used												
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		Conformance with Approved Procedures							Risk factors							
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected		29 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Compliance with variance/specialized process/HACCP						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.						
16 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized																

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		cos	R	Compliance Status	cos	R				
Safe Food and Water										
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					
Food Temperature Control										
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly					
34	Plant food properly cooked for hot holding			Utensils, Equipment and Vending						
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					
Food Identification				49	Non-food contact surfaces clean					
37	Food properly labeled; original container			Physical Facilities						
Prevention of Food Contamination										
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					
Person In Charge (Signature)				55	Physical facilities installed, maintained, & clean					
Inspector (Signature)				56	Adequate ventilation & lighting; designated areas used					
Follow-up: YES NO (Circle one) Follow-up Date:										



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OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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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

IV: In compliance	V: Not in compliance	NA: Not applicable	CC: Corrected on site during inspection	RV: 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

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walking Cooler	39°				
Walk in Freezer	9°				
Everest Cooler	39°				
Ice Cream Freezer	-15°				
Juice/Milk cooler	39°				
Milk Cooler	41°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Person In Charge (Signature)

Baileya Grayi

Date: 5/7

Inspector (Signature)

[Signature]

Date: 5/1



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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date: _____

Inspector (Signature)

Date: