# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

| | |
|---|---|
| **Release Date** | 10 Days |
| **No. of Risk Factor/Intervention Violations** | |
| **No. of Repeat Risk Factor/Intervention Violations** | |
| **Date** | 5/5/25 |
| **Time In** | 840 |
| **Time Out** | 915 |

| Establishment | Address | City/State | Zip Code | Telephone |
|---|---|---|---|---|
| OJ Neighbours Elementary | 1101 Colerain Street | Wabash, Indiana | 46992 | (260) 563-2345 |

| License/Permit # | Permit Holder | Purpose of Inspection | Est. Type | Risk Category |
|---|---|---|---|---|
| 167 | Wabash City School Corporation | 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 |
|---|---|---|---|---|
| **Supervision** | | | | |
| 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 | | |
| **Employee Health** | | | | |
| 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 | | |
| **Good Hygienic Practices** | | | | |
| 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 | | |
| **Preventing Contamination by Hands** | | | | |
| 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 | | |
| **Approved Source** | | | | |
| 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 | | |
| **Protection from Contamination** | | | | |
| 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 | | |
| **Time/Temperature Control for Safety** | | | | |
| 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 | | |
| **Consumer Advisory** | | | | |
| 25 | IN OUT N/A N/O | Consumer advisory provided for raw/undercooked food | | |
| **Highly Susceptible Populations** | | | | |
| 26 | IN OUT N/A N/O | Pasteurized foods used; prohibited foods not offered | | |
| **Food/Color Additives and Toxic Substances** | | | | |
| 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 | | |
| **Conformance with Approved Procedures** | | | | |
| 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 |
|---|---|---|---|---|
| **Safe Food and Water** | | | | |
| 30 | | Pasteurized eggs used where required | | |
| 31 | | Water & ice from approved source | | |
| 32 | | Variance obtained for specialized processing methods | | |
| **Food Temperature Control** | | | | |
| 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 | | |
| **Food Identification** | | | | |
| 37 | | Food properly labeled; original container | | |
| **Prevention of Food Contamination** | | | | |
| 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 |
|---|---|---|---|---|
| **Proper Use of Utensils** | | | | |
| 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 | | |
| **Utensils, Equipment and Vending** | | | | |
| 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 | | |
| **Physical Facilities** | | | | |
| 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)** Joanne Osborn **Date:** 5/5/25

**Inspector (Signature)**

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

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**FOOD PROTECTION DIVISION**

**License/Permit #** 167

**Date**

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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 |
|---|---|---|---|---|---|
| WALK IN COOLER | 40 | | | | |
| FREEZER | 10 | | | | |
| MILK 1 | 39 | | | | |
| MILK 2 | 41 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**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: |
|---|---|---|
| 2 | CFM EXPIRED - GETTING NEW IN JUNE | |
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**Person In Charge (Signature)** Joyce Osborn **Date:** 5/5/25

**Inspector (Signature)** [signature] **Date:** 5/5/25

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**Published Comment**

| | |
|---|---|
| **Person In Charge (Signature)** | **Date:** |
| **Inspector (Signature)** | **Date:** |