



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

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

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	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	
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COS=corrected on-site during inspection R=repeat violation	
Compliance Status	
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
Proper Use of Utensils	
43 <input checked="" type="checkbox"/> IN	In-use utensils: properly stored
44 <input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled
45 <input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used
46 <input checked="" type="checkbox"/> IN	Gloves used properly
Utensils, Equipment and Vending	
47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used
48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips
49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean
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:

10/8/2025

Inspector (Signature)

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



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License/Permit #
167

Date

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Address

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(260) 563-2345

OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: