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RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

INOUT N/A N/O Food separated and protected

Person In Charge (Signature

Inspector (Signature)

NOUT N/A N/O Food-contact surfaces; cleaned & sanitized

Date 4 5 6202

No. of Risk Factor/Intervention Violations

Time Out

Date: 4/3/2025

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

0

No. of Repeat Risk Factor/Intervention Violations Establishment Address City/State Zip Code Telephone Sharp Creek Elementary 264 West 200 North Wabash, Indiana 46992 (260) 274-0598 License/Permit # Permit Holder Purpose of Inspection Est. Type **Risk Category** 192 MSD of Wabash County School

Relea

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation Compliance Status COS R Compliance Status Proper disposition of returned, previously served, Supervision Person in charge present, demonstrates knowledge, and reconditioned & unsafe food JT N/A N/O performs duties Time/Temperature Control for Safety N/A N/O Certified Food Protection Manager OUT N/A N/O Proper cooking time & temperatures **Employee Health** DUT N/A N/O Proper reheating procedures for hot holding 20 NOUT N/A N/O Proper cooling time and tempera 21 NOUT N/A N/O Proper hot holding temperatures OUT N/A N/O Proper cooling time and temperature Management, food employee and conditional employee; IN DUT N/A N/O knowledge, responsibilities and reporting OUT N/A N/O Proper use of restriction and exclusion OUT N/A N/O Proper cold holding temperatures OUT N/A N/O Proper date marking and disposition OUT N/A N/O Procedures for responding to vomiting and diarrheal events OUT N/A N/O Time as a Public Health Control; procedures & **Good Hygienic Practices** OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use Consumer Advisory UT N/A N/O No discharge from eyes, nose, and mouth UT N/A N/O Consumer advisory provided for raw/undercooked food **Highly Susceptible Populations Preventing Contamination by Hands** OUT N/A N/O Hands clean & properly washed OUT N/A N/O Pasteurized foods used; prohibited foods not offered Food/Color Additives and Toxic Substances No bare hand contact with RTE food or a pre-approved UT N/A N/O OUT N/A N/O Food additives: approved & properly used alternative procedure properly allowed OUT N/A N/O Adequate handwashing sinks properly supplied and accessible OUT N/A N/O Toxic substances properly identified, stored, & used **Approved Source Conformance with Approved Procedures** OUT N/A N/O Food obtained from approved source OUT N/A N/O Compliance with variance/specialized process/HACCP OUT N/A N/O Food received at proper temperature OUT N/A N/O Food in good condition, safe, & unadulterated Risk factors are important practices or procedures identified as the Required records available: molluscan shellfish identification, N/O most prevalent contributing factors of foodborne illness or injury. parasite destruction Public health interventions are control measures to prevent **Protection from Contamination** 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 pox 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 | Cor | Compliance Status | | |
|----------------------------------|--|-----|---|---------------------------------|--|--|--|
| Safe Food and Water | | | | Proper Use of Utensils | | | |
| 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 | | | | 46 | Gloves used properly | | |
| 33 | Proper cooling methods used; adequate equipment for | | | Utensils, Equipment and Vending | | | |
| 33 | temperature control | | | 47 | Food & non-food contact surfaces cleanable, | | |
| 34 | Plant food properly cooked for hot holding | | | 47 | properly designed, constructed, & used | | |
| 35 | Approved thawing methods used | | | 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 36 | Thermometers provided & accurate | | | 49 | Non-food contact surfaces clean | | |
| | Food Identification | | | | Physical Facilities | | |
| 37 | Food properly labeled; original container | | | 50 | Hot & cold water available; adequate pressure | | |
| Prevention of Food Contamination | | | | 51 | Plumbing installed; proper backflow devices | | |
| 38 | Insects, rodents, & animals not present | | | 52 | Sewage & wastewater properly disposed | | |
| 39 | Contamination prevented during food preparation, storage & display | | | 53 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 40 | Personal cleanliness | | | 54 | Garbage & refuse properly disposed; facilities maintained | | |
| 41 | Wiping cloths: properly used & stored | | | 55 | Physical facilities installed, maintained, & clean | | |
| 42 | Washing fruits & vegetaties | | | a 56 | Adequate ventilation & lighting; designated areas used | | |

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RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #

Date 9/5/2025

Address City/State Zip Code **Establishment** Telephone Sharp Creek Elementary 264 West 200 North Wabash, Indiana 46992 (260) 274-0598 **OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT** Circle designated compliance status (IN, OUT, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection IN=in compliance **OUT**=not in compliance N/A=not applicable R=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** Item/Location Item/Location Item/Location Temp Temp Temp **OBSERVATIONS AND CORRECTIVE ACTIONS** Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food **Item Number** Complete by Date: 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 Person In Charge (Signature) Date: Inspector (Signature)



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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit # Date FOOD PROTECTION DIVISION Address City/State Zip Code Telephone **Establishment** Sharp Creek Elementary 264 West 200 North Wabash, Indiana 46992 (260) 274-0598 **OBSERVATIONS AND CORRECTIVE ACTIONS** 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 Item Number Complete by Date: as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code **Published Comment** Person In Charge (Signature) Date: Inspector (Signature) Date: