



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

Release Date	10 Days	Date 8-13-25
No. of Risk Factor/Intervention Violations	1	
No. of Repeat Risk Factor/Intervention Violations		Time In Time Out

Establishment	Address	City/State	Zip Code	Telephone
Travel Bee Coffee House	101 East Second Street	North Manchester, Indiana	46962	(260) 982-9429
License/Permit #	Permit Holder	Purpose of Inspection ROUTINE	Est. Type	Risk Category
651	The ARC of Wabash County		Coffee	

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	
COS=corrected on-site during inspection R=repeat violation	
Compliance Status	
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
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)	<i>Maisie Bowland</i>	Date: 8-13-25
Inspector (Signature)	<i>John H</i>	Follow-up: YES NO (Circle one) Follow-up Date:



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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

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:
286	VICTORY COOLER LEAKING WATER OUT DOOR	8/30/25

Person In Charge (Signature)

Maissa Bowland

Date: _____

Inspector (Signature)

friends

Date: 9-13-25



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OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date: