



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

Release Date	10 Days	Date 5/22/25
No. of Risk Factor/Intervention Violations	1	
No. of Repeat Risk Factor/Intervention Violations		

Establishment	Address	City/State	Zip Code	Telephone
Wabash Food Mart	498 Manchester Avenue	Wabash, Indiana	46992	(765) 702-7576
License/Permit # 217	Permit Holder Harjot Singh	Purpose of Inspection	Est. Type Convenience Store	Risk Category

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	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2	IN OUT N/A N/O	Certified Food Protection Manager		18	IN OUT N/A N/O	Proper cooking time & temperatures
Employee Health						
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	IN OUT N/A N/O	Proper reheating procedures for hot holding
4	IN OUT N/A N/O	Proper use of restriction and exclusion		20	IN OUT N/A N/O	Proper cooling time and temperature
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21	IN OUT N/A N/O	Proper hot holding temperatures
Good Hygienic Practices						
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22	IN OUT N/A N/O	Proper cold holding temperatures
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		23	IN OUT N/A N/O	Proper date marking and disposition
Preventing Contamination by Hands						
8	IN OUT N/A N/O	Hands clean & properly washed		24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food
Approved Source						
11	IN OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations		
12	IN OUT N/A N/O	Food received at proper temperature		26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		27	IN OUT N/A N/O	Food additives: approved & properly used
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used
Protection from Contamination						
15	IN OUT N/A N/O	Food separated and protected		29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		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	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	

Date:

5/22/25

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



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #
217

Date

Establishment	Address	City/State	Zip Code	Telephone
Wabash Food Mart	498 Manchester Avenue	Wabash, Indiana	46992	(765) 702-7576

OBSERVATIONS AND CORRECTIVE ACTIONS

Published Comment

Person In Charge (Signature)

Date: _____

Inspector (Signature)

Date: