

# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Release Date 10 Days

Date 10-8-2

cos R

No. of Risk Factor/Intervention Violations 3

Time In Time Out

No. of Repeat Risk Factor/Intervention Violations

**Compliance Status** 

Establishment Address City/State Zip Code Telephone (260) 563-4137 Wabash Middle / High School Cafeteria 150 Colerain Street Wabash, Indiana 46992 Permit Holder Purpose of Inspection Est. Type **Risk Category** License/Permit # ROUTINE 218 Wabash City School Corporation School

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
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 violati

IN=in compliance	OUT=not in compliance	N/O=not observed	N/A=not ap	plica	ıble			
Compliance	Status			cos	R			
	Supervis	ion						
1 NOUT N/A N/O	Person in charge present, de performs duties	monstrates knowledge,	and					
2 IN OUT N/A N/O	Certified Food Protection Ma	nager						
)	Employee Health							
3 NOUT N/A N/O	NOUT 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 10 OUT N/A N/O	Procedures for responding to	vomiting and diarrheal	events					
	Good Hygienic	Practices						
6 NOUT N/A N/O	Proper eating, tasting, drinkin	g, or tobacco products	use					
7 OUT N/A N/O	No discharge from eyes, nose	e, and mouth						
	Preventing Contamina	tion by Hands						
8 NOUT N/A N/O	Hands clean & properly wash	ied						
9 IN OUT N/A N/O	No bare hand contact with R <sup>-</sup> alternative procedure proper		ed					
10 (ID OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible							
	Approved S	ource						
11 OUT N/A N/O	Food obtained from approved	d source						
12 UN OUT N/A N/O	Food received at proper temp	perature						
13 NOUT N/A N/O	Food in good condition, safe,	& unadulterated						
14 IN OUT N/A N/O	Required records available: r parasite destruction	nolluscan shellfish iden	tification,					
	Protection from Co							
15 OUT N/A N/O								
16 ID OUT N/A N/O	Food-contact surfaces; clean	ed & sanitized						
			OOD DET	AII	<b>DD</b>			

17 NOUT N/A N/O	Proper disposition of returned, previously served,		ĺ		
17 TINGOT N/A N/O	reconditioned & unsafe food		ĺ		
<b>A</b>	Time/Temperature Control for Safety		Ī		
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 // OUT N/A N/O	Proper cooling time and temperature				
21 N OUT N/A N/O	Proper hot holding temperatures				
22 N OUT N/A N/O	Proper cold holding temperatures				
23 IN OUT N/A N/O	Proper date marking and disposition				
24 OUT N/A N/O	Time as a Public Health Control; procedures & records				
	DUT N/A N/O Proper reheating procedures for hot holding DUT N/A N/O Proper cooling time and temperature DUT N/A N/O Proper hot holding temperatures DUT N/A N/O Proper cold holding temperatures DUT N/A N/O Proper cold holding temperatures DUT N/A N/O Proper date marking and disposition DUT 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		Г		

25 INOUT N/A N/O Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26 INOUT N/A N/O Pasteurized foods used; prohibited foods not offered

Food/Color Additives and Toxic Substances

27 N OUT N/A N/O Food additives: approved & properly used

28 N OUT N/A N/O Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29 NOUT 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

Compliance Status cos		cos R	Coi	mpliance Status	cos	R
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			
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		4/	properly designed, constructed, & used		ļ <sup>!</sup>
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			
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	40 Personal cleanliness		54	Garbage & refuse properly disposed; facilities maintained		
41	41 Wiping cloths: properly used & stored		55	Physical facilities installed, maintained, & clean		
42	Washing fruits & vegetables		56	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature)

Inspector (Signature)

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NO (Circle one) Follow-up Date:

Follow-up: YES

10-8-2025

R=repeat violation

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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 10-9-2025

Zip Code Telephone Address City/State **Establishment** 150 Colerain Street Wabash, Indiana 46992 (260) 563-4137 **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 OUT=not in compliance COS=corrected on-site during inspection IN=in compliance N/A=not applicable R=repeat violation Compliance Status Compliance Status 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 MILK **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 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 WALL IN COOLER THERMOMETER RENDING WRONG. LOG Shows 50°, INTERIOR Shows 41 degrees BOXES ON FLOOR IN WALK IN FREEZERS DEMONSTRATION OF KNOWLEGGE harrellm@apaches. K12.in.us Person In Charge (Signature) / Wegan January Inspector (Signature) Date: Date: 10-9-15



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License/Permit # Date FOOD PROTECTION DIVISION Address City/State Zip Code Telephone **Establishment** 150 Colerain Street Wabash, Indiana 46992 (260) 563-4137 Wabash Middle / High School Cafeteria **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: