



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

Release Date

10 days

Date

No. of Risk Factor/Intervention Violations

10

Time In

No. of Repeat Risk Factor/Intervention
Violations

0

Time Out

Establishment

Address

City/State

Zip Code

Telephone

Allen Elementary

1115 E Bradford

Marion, IN

46952

License/Permit #

Permit Holder

Purpose of Inspection

Est. Type

Risk Category

2025-186

Marion Community School

Rating

4

4

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, N/O) 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	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
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 <input checked="" type="checkbox"/>	Pasteurized eggs used where required			Proper Use of Utensils		
31 <input checked="" type="checkbox"/>	Water & ice from approved source			43 <input checked="" type="checkbox"/>	In-use utensils: properly stored	
32 <input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			44 <input checked="" type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled	
Food Temperature Control				45 <input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	
33 <input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/>	Gloves used properly	
34 <input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			Utensils, Equipment and Vending		
35 <input checked="" type="checkbox"/>	Approved thawing methods used			47 <input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36 <input checked="" type="checkbox"/>	Thermometers provided & accurate			48 <input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	
Food Identification				49 <input checked="" type="checkbox"/>	Non-food contact surfaces clean	
37 <input checked="" type="checkbox"/>	Food properly labeled; original container			Physical Facilities		
Prevention of Food Contamination						
38 <input checked="" type="checkbox"/>	Insects, rodents, & animals not present			50 <input checked="" type="checkbox"/>	Hot & cold water available; adequate pressure	
39 <input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display			51 <input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	
40 <input checked="" type="checkbox"/>	Personal cleanliness			52 <input checked="" type="checkbox"/>	Sewage & wastewater properly disposed	
41 <input checked="" type="checkbox"/>	Wiping cloths: properly used & stored			53 <input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned	
42 <input checked="" type="checkbox"/>	Washing fruits & vegetables			54 <input checked="" type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	
Person In Charge (Signature)						
Inspector (Signature)						
Follow-up: YES <input checked="" type="checkbox"/>				Date: 8-27-2025		
Follow-up: NO <input type="checkbox"/>				(Circle one) Follow-up Date:		