



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R2/2-05)  
SDH Form 51-0001

## Clinton County Health Department

1234 Rossville Ave., Ste. B

Frankfort, IN 46041

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

TIME IN - 10:55 AM  
nt Sanitation Requirements.  
TIME OUT - 11:32 AM

Establishment Name <b>Aldi #21</b>	Telephone Number (765) 656-5007	Date of Inspection (mm/dd/yr) <b>8/7/25</b>	ID #
Establishment Address (number and street, city, state, ZIP code) <b>2465 E. WABASH ST. FRANKFORT, IN</b>			
Owner <b>Aldi (INDIANA) L. P.</b>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <hr/>	Follow-up <b>No</b>	Release Date <b>10 days</b>
Owner's Address <b>486 E. STOP 18 RD GREENWOOD, IN</b>	Summary of Violations:		
Person in Charge	<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R		
Responsible Person's E-mail <b>AD.GRC@ALDI.US</b>	Menu Type (See back of page) <b>RESTAURANT</b>		
Certified Food Handler <b>N/A</b>	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC

CC