

Dec 19th

RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT
Clinton County Health Dept.
1234 Rossville Ave.
Frankfort, IN 46041

10 days
Release Date

Date 12/19/2025
Time In 11:37 AM
Time Out

No. of Risk Factor/Intervention Violations 0

No. of Repeat Risk Factor/Intervention Violations

Establishment <i>Azteca</i>	Address <i>256 W. ARMSTRONG ST</i>	City/State <i>FRANKFORT, IN</i>	Zip Code <i>46041</i>	Telephone <i>765 659-0603</i>
License/Permit # <i>GROCERY STORE</i>	Permit Holder <i>ANA Paola Arias</i>	Purpose of Inspection <i>ROUTINE</i>	Est. Type <i>GROCERY</i>	Risk Category <i>2</i>

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		Food/Color Additives and Toxic Substances						
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used				
Protection from Contamination				28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used				
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

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"/> IN	Pasteurized eggs used where required			Proper Use of Utensils						
31 <input checked="" type="checkbox"/> IN	Water & ice from approved source			43 <input checked="" type="checkbox"/> IN	In-use utensils: properly stored					
32 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods			44 <input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled					
Food Temperature Control				45 <input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used					
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/> IN	Gloves used properly					
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding			Utensils, Equipment and Vending						
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used			47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate			48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips					
Food Identification				49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean					
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container			Physical Facilities						
Prevention of Food Contamination				50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure					
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present			51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices					
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display			52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed					
40 <input checked="" type="checkbox"/> IN	Personal cleanliness			53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned					
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored			54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained					
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables			55 <input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean					
Person in Charge (Signature)				56 <input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used					
Inspector (Signature) <i>Rodney S. Warr, E.H.S.</i>										
Date:										
Follow-up: YES NO (Circle one) Follow-up Date:										

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Clinton County Health Dept.
1234 Rossville Ave.
Frankfort, IN 46041

License/Permit #

Date

12/8/2025

Establishment Azteca
GROCERY STORE

Address

City/State

Zip Code

Telephone

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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

57 IN OUT N/A/O Outdoor Food Operation

cos

R

Compliance Status

cos

R

58 IN OUT N/A/O Mobile Retail Food Establishment

TEMPERATURE OBSERVATIONS

Item/Location

Temp

Item/Location

Temp

Item/Location

Temp

ICE CREAM SAND

10°

FRUIT BARS

63°

HOT DOGS

46°

Deli. DRAIY SPREAD

39°

Cheese

39°

SOY CREAM

41°

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:

Person In Charge (Signature)

Date:

Inspector (Signature)

Rodney P. Wamm, E.H.S.

Date:

12/8/2025

