

Dec 19th

<b>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT</b> <b>Clinton County Health Dept.</b> <b>1234 Rossville Ave.</b> <b>Frankfort, IN 46041</b>		Release Date <b>10 days</b>		Date <b>12/8/2025</b> Time In <b>11:37 AM</b> Time Out	
Establishment <b>Arteca</b> <b>GROCERY STORE</b>		Address <b>256 W. ARMSTRONG ST</b> <b>FRANKFORT, IN 46041</b>		Telephone <b>765 659-0603</b>	
License/Permit #		Permit Holder <b>ANA PARRA ADIAS</b>		Purpose of Inspection <b>ROUTINE</b> Est. Type <b>GROCERY</b> Risk Category <b>2</b>	

**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
<b>Supervision</b>			
1	Person in charge present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>			
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>
4	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>
5	Procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
6	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>	<input type="checkbox"/>
7	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>			
8	Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>
10	Adequate handwashing sinks properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
11	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
12	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
13	Food in good condition, safe, & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
14	Required records available: molluscan shellfish identification, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>			
15	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
16	Food-contact surfaces; cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>

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
<b>Safe Food and Water</b>			
30	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>
31	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>
32	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>			
33	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>
34	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
35	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>
36	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>			
37	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>			
38	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>
39	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>
40	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
41	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>
42	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>
44	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>
45	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>
46	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utensils, Equipment and Vending</b>			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	<input type="checkbox"/>	<input type="checkbox"/>
48	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>
49	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Facilities</b>			
50	Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
51	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
52	Sewage & wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
53	Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>
54	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
55	Physical facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>
56	Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>

Person In Charge (Signature) <i>[Signature]</i>		Date:	
Inspector (Signature) <i>[Signature]</i>		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 ATECA  
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  
IN=in compliance OUT=not in compliance 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

57 IN OUT N/A/N/O Outdoor Food Operation

COS R

### Compliance Status

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

COS R

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
ICE CREAM SAND	10°				
FRUIT BARS	6°				
HOT DOGS	46°				
PAST. DRIED SPREAD	39°				
CHEESE	39°				
SOFT CREAM	40°				

## 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)

Inspector (Signature)

Rodney P. Mann, EHL

Date:

Date: 12/8/2025

ICE CREAM  
COOLER  
REACH IN  
COOLER



[illegible]