

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

10 days
Release Date

Date 10/20/2025
Time In 11:30 AM
Time Out

No. of Risk Factor/Intervention Violations 4

No. of Repeat Risk Factor/Intervention Violations

Establishment BAUER Family Residence	Address 2120 S. SR 39	City/State FRANKFORT, IN	Zip Code 46041	Telephone 765 742-4848
License/Permit #	Permit Holder Bob McClelland	Purpose of Inspection ROUTINE	Est. Type PRE-K	Risk Category 4

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

Compliance Status		COS	R
17	Proper disposition of returned, previously served, reconditioned & unsafe food	<input checked="" type="radio"/>	
Time/Temperature Control for Safety			
18	Proper cooking time & temperatures	<input checked="" type="radio"/>	
19	Proper reheating procedures for hot holding	<input checked="" type="radio"/>	
20	Proper cooling time and temperature	<input checked="" type="radio"/>	
21	Proper hot holding temperatures	<input checked="" type="radio"/>	
22	Proper cold holding temperatures	<input checked="" type="radio"/>	
23	Proper date marking and disposition	<input checked="" type="radio"/>	
24	Time as a Public Health Control; procedures & records	<input checked="" type="radio"/>	
Consumer Advisory			
25	Consumer advisory provided for raw/undercooked food	<input checked="" type="radio"/>	
Highly Susceptible Populations			
26	Pasteurized foods used; prohibited foods not offered	<input checked="" type="radio"/>	
Food/Color Additives and Toxic Substances			
27	Food additives; approved & properly used	<input checked="" type="radio"/>	
28	Toxic substances properly identified, stored, & used	<input checked="" type="radio"/>	
Conformance with Approved Procedures			
29	Compliance with variance/specialized process/HACCP	<input checked="" type="radio"/>	

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

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

Person In Charge (Signature) *[Signature]* Date: 10/20/25
Inspector (Signature) *[Signature]* 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 10/20/2025

Establishment <i>BAUER FAMILY RESERVE</i>	Address	City/State	Zip Code	Telephone
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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		COS	R	Compliance Status		COS	R
57	IN OUT N/A/NO			58	IN OUT N/A/NO		
Outdoor Food Operation				Mobile Retail Food Establishment			

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>MAC & CHEESE</i>	<i>140°</i>	<i>Back room freezer</i>		<i>Kitchen Freezer</i>	
<i>Mixed vegetable</i>	<i>140°</i>	<i>Vegetables</i>	<i>0°</i>	<i>potato bins</i>	<i>-5°</i>
				<i>vegetables</i>	<i>-5°</i>
				<i>KITCHEN COOLER</i>	
				<i>MILK</i>	<i>38°/30°</i>
				<i>CHEESE SHRED</i>	<i>39°</i>

HOT HOLD MEALS IN ROOMS

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-25, 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:

No violations noted @ time of inspection
All in compliance.

Person In Charge (Signature) <i>[Signature]</i>	Date: <i>10/20/25</i>
Inspector (Signature) <i>Rodney C. Warm, EPHS</i>	Date: <i>10/20/2025</i>

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FAMILY RESOURCE

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:

Published Comment

Provided IDOH handouts outlining regulatory changes (eff April 2025) including Employee Health and Hygiene & clean up procedures for diarrhea and vomit requirements

Person In Charge Name

Person In Charge (Signature)

Date

Brenny

10/20/25

Inspector Name

Inspector (Signature)

Date

RODNEY P. WANN

Rodney P. Wann, EHA

10/20/2025