

<b>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT</b> <b>Clinton County Health Dept.</b> <b>1234 Rossville Ave.</b> <b>Frankfort, IN 46041</b>		<b>10 days</b> Release Date		Date <b>9/17/2025</b> Time In <b>10:15 AM</b> Time Out <b>11:15 am</b>	
		No. of Risk Factor/Intervention Violations <b>0</b>			
		No. of Repeat Risk Factor/Intervention Violations <b>0</b>			
Establishment <i>BLUE RIDGE PRIMARY School</i>	Address <i>1910 S. JACKSON ST</i>	City/State <i>FRANKFORT, IN 46041</i>	Zip Code <i>46041</i>	Telephone <b>765 659-3822</b>	
License/Permit #	Permit Holder <i>FRANKFORT COMMUNITY SCHOOL CORP</i>	Purpose of Inspection <i>ROUTINE</i>	Est. Type <i>RFE</i>	Risk Category <b>3</b>	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
Circle designated compliance status (IN, OUT, N/A, N/A) for each numbered item IN=in compliance   OUT=not in compliance   N/O=not observed   N/A=not applicable					
<b>Compliance Status</b>			<b>COS</b>	<b>R</b>	
<b>Supervision</b>					
1 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties				
2 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Certified Food Protection Manager				
<b>Employee Health</b>					
3 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting				
4 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Proper use of restriction and exclusion				
5 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Procedures for responding to vomiting and diarrheal events				
<b>Good Hygienic Practices</b>					
6 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use				
7 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	No discharge from eyes, nose, and mouth				
<b>Preventing Contamination by Hands</b>					
8 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Hands clean & properly washed				
9 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				
10 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible				
<b>Approved Source</b>					
11 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Food obtained from approved source				
12 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Food received at proper temperature				
13 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Food in good condition, safe, & unadulterated				
14 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction				
<b>Protection from Contamination</b>					
15 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Food separated and protected				
16 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT N/A N/O	Food-contact surfaces; cleaned & sanitized				
<b>GOOD RETAIL PRACTICES</b>					
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	
<b>Compliance Status</b>			<b>COS</b>	<b>R</b>	
<b>Safe Food and Water</b>					
30 <input checked="" type="checkbox"/>	Pasteurized eggs used where required				
31 <input checked="" type="checkbox"/>	Water & ice from approved source				
32 <input checked="" type="checkbox"/>	Variance obtained for specialized processing methods				
<b>Food Temperature Control</b>					
33 <input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				
34 <input checked="" type="checkbox"/>	Plant food properly cooked for hot holding				
35 <input checked="" type="checkbox"/>	Approved thawing methods used				
36 <input checked="" type="checkbox"/>	Thermometers provided & accurate				
<b>Food Identification</b>					
37 <input checked="" type="checkbox"/>	Food properly labeled; original container				
<b>Prevention of Food Contamination</b>					
38 <input checked="" type="checkbox"/>	Insects, rodents, & animals not present				
39 <input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display				
40 <input checked="" type="checkbox"/>	Personal cleanliness				
41 <input checked="" type="checkbox"/>	Wiping cloths: properly used & stored				
42 <input checked="" type="checkbox"/>	Washing fruits & vegetables				
<b>Person In Charge (Signature)</b> <i>Blue Hand</i> Date: _____					
<b>Inspector (Signature)</b> <i>Debra P. Warr</i>			Follow-up: YES   NO (Circle one)   Follow-up Date: _____		

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:

