

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

10 days  
Release Date

No. of Risk Factor/Intervention Violations  6  
No. of Repeat Risk Factor/Intervention Violations  0

Date 9/30/2025  
Time In 11:30 AM  
Time Out 12:20 PM

Establishment <i>Clinton Central HIGH SCHOOL</i>	Address <i>215 N. SR 29</i>	City/State <i>Michigantown, IN</i>	Zip Code <i>46059</i>	Telephone <i>765 246-0202</i>
License/Permit #	Permit Holder <i>Clinton Central School Corp</i>	Purpose of Inspection <i>Routine</i>	Est. Type <i>RFE</i>	Risk Category <i>3</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
<b>Supervision</b>			
1 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties	
2 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Certified Food Protection Manager	
<b>Employee Health</b>			
3 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper use of restriction and exclusion	
5 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events	
<b>Good Hygienic Practices</b>			
6 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use	
7 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
8 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Hands clean & properly washed	
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	
10 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible	
<b>Approved Source</b>			
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source	
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature	
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated	
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction	
<b>Protection from Contamination</b>			
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected	
16 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized	

Compliance Status		cos	R
17 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food	
<b>Time/Temperature Control for Safety</b>			
18 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooking time & temperatures	
19 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper reheating procedures for hot holding	
20 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooling time and temperature	
21 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper hot holding temperatures	
22 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cold holding temperatures	
23 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper date marking and disposition	
24 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Time as a Public Health Control; procedures & records	
<b>Consumer Advisory</b>			
25 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Consumer advisory provided for raw/undercooked food	
<b>Highly Susceptible Populations</b>			
26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered	
<b>Food/Color Additives and Toxic Substances</b>			
27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used	
28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used	
<b>Conformance with Approved Procedures</b>			
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
<b>Safe Food and Water</b>			
30 <input checked="" type="checkbox"/> IN	Pasteurized eggs used where required		
31 <input checked="" type="checkbox"/> IN	Water & ice from approved source		
32 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control		
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding		
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used		
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate		
<b>Food Identification</b>			
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present		
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display		
40 <input checked="" type="checkbox"/> IN	Personal cleanliness		
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored		
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables		
<b>Proper Use of Utensils</b>			
43 <input checked="" type="checkbox"/> IN	In-use utensils: properly stored		
44 <input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled		
45 <input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used		
46 <input checked="" type="checkbox"/> IN	Gloves used properly		
<b>Utensils, Equipment and Vending</b>			
47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips		
49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean		
<b>Physical Facilities</b>			
50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure		
51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices		
52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed		
53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned		
54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained		
55 <input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean		
56 <input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature) *Bucky L. McQuin*

Date: 9/30/25

Inspector (Signature) *Rodney J. Wann, EHA*

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	
Establishment		Address	City/State	Zip Code	Telephone		
<b>OUTDOOR FOOD OPERATION &amp; MOBILE RETAIL FOOD ESTABLISHMENT</b>							
Circle designated compliance status (IN, OUT, N/A) for each numbered item			Mark "X" in appropriate box for COS and/or R				
IN=in compliance	OUT=not in compliance	N/A=not applicable	COS=corrected on-site during inspection			R=repeat violation	
Compliance Status		cos	R	Compliance Status		cos	
57	IN OUT N/A N/O	Outdoor Food Operation		58	IN OUT N/A N/O	Mobile Retail Food Establishment	
<b>TEMPERATURE OBSERVATIONS</b>							
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp		
FRONT LINE (R)	145°	LAZANO		WALK-IN COOLER	39°		
11 ' ' (D)	135°	GREEN BEANS		WALK-IN FREEZE	-10°		
REACH IN COLD	35°	SALAD					
FRONT LINE (L)	153°	LAZANO					
11 ' ' (L)	145°	GREEN BEANS					
REACH IN HOT	62°	GARLIC BLEND					
	(40)						
<b>OBSERVATIONS AND CORRECTIVE ACTIONS</b>							
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:	
	<p>No violations noted @ time of insp</p> <p>All in compliance</p>						
Person In Charge (Signature)							
<input type="text" value="Rodney S. Wain"/> <span style="float: right;">Date: 9/30/2025</span>							
Inspector (Signature)							
<input type="text" value="Rodney S. Wain"/> <span style="float: right;">Date: 9/30/2025</span>							

