

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT Clinton County Health Dept. 1234 Rossville Ave. Frankfort, IN 46041 Phone: (765)659-6385 Fax: (765)656-2014		Release Date 5/16/2026		Date 5/6/26 Time In 1:02 p.m. Time Out
		No. of Risk Factor/Intervention Violations 0		
		No. of Repeat Risk Factor/Intervention Violations 0		
Establishment	Address	City/State	Zip Code	Telephone
Custom Building Products	3800 SR 28 West	Frankfort, IN	46041	765-448-4035
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
	AVI Foodsystems	Routine	Micro Mkt	1

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					Compliance Status				
Supervision					Time/Temperature Control for Safety				
1	IN	OUT	N/A	N/O	17	IN	OUT	N/A	N/O
Person in charge present, demonstrates knowledge, and performs duties					Proper disposition of returned, previously served, reconditioned & unsafe food				
2	IN	OUT	N/A	N/O	Consumer Advisory				
Certified Food Protection Manager					25 IN OUT N/A N/O Consumer advisory provided for raw/undercooked food				
Employee Health					Highly Susceptible Populations				
3	IN	OUT	N/A	N/O	26	IN	OUT	N/A	N/O
Management, food employee and conditional employee; knowledge, responsibilities and reporting					26 IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered				
4	IN	OUT	N/A	N/O	Food/Color Additives and Toxic Substances				
Proper use of restriction and exclusion					27 IN OUT N/A N/O Food additives: approved & properly used				
5	IN	OUT	N/A	N/O	28 IN OUT N/A N/O Toxic substances properly identified, stored, & used				
Procedures for responding to vomiting and diarrheal events					Conformance with Approved Procedures				
Good Hygienic Practices					29 IN OUT N/A N/O Compliance with variance/specialized process/HACCP				
6	IN	OUT	N/A	N/O	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.				
Proper eating, tasting, drinking, or tobacco products use									
7	IN	OUT	N/A	N/O					
No discharge from eyes, nose, and mouth									
Preventing Contamination by Hands									
8	IN	OUT	N/A	N/O					
Hands clean & properly washed									
9	IN	OUT	N/A	N/O					
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed									
10	IN	OUT	N/A	N/O					
Adequate handwashing sinks properly supplied and accessible									
Approved Source									
11	IN	OUT	N/A	N/O					
Food obtained from approved source									
12	IN	OUT	N/A	N/O					
Food received at proper temperature									
13	IN	OUT	N/A	N/O					
Food in good condition, safe, & unadulterated									
14	IN	OUT	N/A	N/O					
Required records available: molluscan shellfish identification, parasite destruction									
Protection from Contamination									
15	IN	OUT	N/A	N/O					
Food separated and protected									
16	IN	OUT	N/A	N/O					
Food-contact surfaces; cleaned & sanitized									

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					Compliance Status				
Safe Food and Water					Proper Use of Utensils				
30					43				
Pasteurized eggs used where required					In-use utensils: properly stored				
31					44				
Water & ice from approved source					Utensils, equipment & linens: properly stored, dried, & handled				
32					45				
Variance obtained for specialized processing methods					Single-use/single-service articles: properly stored & used				
Food Temperature Control					46				
33					Gloves used properly				
Proper cooling methods used; adequate equipment for temperature control					Utensils, Equipment and Vending				
34					47				
Plant food properly cooked for hot holding					Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
35					48				
Approved thawing methods used					Warewashing facilities: installed, maintained, & used; test strips				
36					49				
Thermometers provided & accurate					Non-food contact surfaces clean				
Food Identification					Physical Facilities				
37					50				
Food properly labeled; original container					Hot & cold water available; adequate pressure				
Prevention of Food Contamination					51				
38					Plumbing installed; proper backflow devices				
Insects, rodents, & animals not present					52				
39					Sewage & wastewater properly disposed				
Contamination prevented during food preparation, storage & display					53				
40					Toilet facilities: properly constructed, supplied, & cleaned				
Personal cleanliness					54				
41					Garbage & refuse properly disposed; facilities maintained				
Wiping cloths: properly used & stored					55				
42					Physical facilities installed, maintained, & clean				
Washing fruits & vegetables					56				
					Adequate ventilation & lighting; designated areas used				

Person In Charge (Signature)		Date: 5/16/26
Inspector (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

Phone: (765)659-6385 Fax: (765)656-2014

License/Permit #

Date 5/6/26

Establishment

Address

City/State

Zip Code

Telephone

Custom Building Products

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

COS R

Compliance Status

COS R

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

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

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Registered	34.5°				

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:

* All products w/in expiry date in machine *

No violations noted @ time of inspection

All in compliance

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:

Podney P. Wann, EPHS

5/6/2026

cooler
product
closed
system

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT Clinton County Health Dept. 1234 Rossville Ave. Frankfort, IN 46041 Phone: (765)659-6385 Fax: (765)656-2014						License/Permit #		Date 5/6/26			
Establishment Custom Building Products		Address			City/State		Zip Code		Telephone		
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											
Person In Charge Name				Person In Charge (Signature)				Date			
Inspector Name Rodney P. Wann, EHS				Inspector (Signature) <i>Rodney P. Wann, EHS</i>				Date 5/6/2026			