



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)  
SDH Form 51-0001

## Clinton County Health Department

1234 Rossville Ave., Ste. B

Frankfort, IN 46041

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-~~24~~, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. *TIME 01/15 3:30*

TIME OUT - 3:30pm

Establishment Name <b>DAIRY QUEEN</b>	Telephone Number <b>(785) 654-8221</b>	Date of Inspection (mm/dd/yr) <b>8/12/25</b>	ID #
Establishment Address (number and street, city, state, ZIP code) <b>1958 E. WABASH ST FRANKFORT</b>			
Owner <b>MAHADEV ENTERPRISE INC</b>	Purpose: 1. Routine	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>1958 E. WABASH ST FRANKFORT</b>	2. Follow-up	Summary of Violations:	
Person in Charge <b>Yogeshkumar Patel</b>	3. Complaint	<b>C NC R</b>	
Responsible Person's E-mail <b>yogesh.patel1414@gmail.com</b>	4. Pre-Operational		
Certified Food Handler <b>Dimca Patel</b>	5. Temporary		
	6. HACCP		
	7. Other (list) _____		
Menu Type (See back of page) <b>RISK CAT</b>			
1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

200

100

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