

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT		10 days Release Date		Date 10/3/2025																																																																																																																																																																																																															
Clinton County Health Dept. 1234 Rossville Ave. Frankfort, IN 46041		No. of Risk Factor/Intervention Violations 0		Time In																																																																																																																																																																																																															
		No. of Repeat Risk Factor/Intervention Violations 0		Time Out																																																																																																																																																																																																															
Establishment Dollar Tree #03521	Address 1407 E. WABASH ST.	City/State FRANKFORT, IN	Zip Code 46041	Telephone 765 650-2027																																																																																																																																																																																																															
License/Permit #	Permit Holder DOLLAR TREE STORES, INC ROUTINE	Purpose of Inspection FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS	Est. Type RFE	Risk Category 1																																																																																																																																																																																																															
<p>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</p> <p>Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</p> <table border="1"> <thead> <tr> <th colspan="2">Compliance Status</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td colspan="4">Supervision</td> </tr> <tr> <td>1 IN OUT N/A N/O</td> <td>Person in charge present, demonstrates knowledge, and performs duties</td> <td></td> <td></td> </tr> <tr> <td>2 IN OUT N/A N/O</td> <td>Certified Food Protection Manager</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Employee Health</td> </tr> <tr> <td>3 IN OUT N/A N/O</td> <td>Management, food employee and conditional employee: knowledge, responsibilities and reporting</td> <td></td> <td></td> </tr> <tr> <td>4 IN OUT N/A N/O</td> <td>Proper use of restriction and exclusion</td> <td></td> <td></td> </tr> <tr> <td>5 IN OUT N/A N/O</td> <td>Procedures for responding to vomiting and diarrheal events</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Good Hygienic Practices</td> </tr> <tr> <td>6 IN OUT N/A N/O</td> <td>Proper eating, tasting, drinking, or tobacco products use</td> <td></td> <td></td> </tr> <tr> <td>7 IN OUT N/A N/O</td> <td>No discharge from eyes, nose, and mouth</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Preventing Contamination by Hands</td> </tr> <tr> <td>8 IN OUT N/A N/O</td> <td>Hands clean & properly washed</td> <td></td> <td></td> </tr> <tr> <td>9 IN OUT N/A N/O</td> <td>No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed</td> <td></td> <td></td> </tr> <tr> <td>10 IN OUT N/A N/O</td> <td>Adequate handwashing sinks properly supplied and accessible</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Approved Source</td> </tr> <tr> <td>11 IN OUT N/A N/O</td> <td>Food obtained from approved source</td> <td></td> <td></td> </tr> <tr> <td>12 IN OUT N/A N/O</td> <td>Food received at proper temperature</td> <td></td> <td></td> </tr> <tr> <td>13 IN OUT N/A N/O</td> <td>Food in good condition, safe, & unadulterated</td> <td></td> <td></td> </tr> <tr> <td>14 IN OUT N/A N/O</td> <td>Required records available: molluscan shellfish identification, parasite destruction</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Protection from Contamination</td> </tr> <tr> <td>15 IN OUT N/A N/O</td> <td>Food separated and protected</td> <td></td> <td></td> </tr> <tr> <td>16 IN OUT N/A N/O</td> <td>Food-contact surfaces; 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Published Comment Provided IDOT Code update hand-outs eff. April 2025, including Employee Health & Hygiene Agreement and Diarrhea and vomit clean-up procedures requirements.

Person In Charge Name <u>Jessica L. Morris</u>	Person In Charge (Signature) <u>Jessica L. Morris</u>	Date <u>10-3-25</u>
Inspector Name <u>RODNEY S. WANN</u>	Inspector (Signature) <u>Rodney S. Wann, E618</u>	Date <u>10/3/2025</u>