

|                                                                                                                                                                                                         |  |                                                   |  |                       |  |                                                      |  |               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|-----------------------|--|------------------------------------------------------|--|---------------|--|
| <b>RETAIL FOOD ESTABLISHMENT<br/>INSPECTION REPORT</b><br><br><b>Clinton County Health Dept.</b><br><b>1234 Rossville Ave.</b><br><b>Frankfort, IN 46041</b><br>Phone: (765)659-6385 Fax: (765)656-2014 |  | Release Date                                      |  | 6/6/2026              |  | Date<br>Time In 5/27/26<br>Time Out 3:02pm<br>3:50pm |  |               |  |
|                                                                                                                                                                                                         |  | No. of Risk Factor/Intervention Violations        |  | 0                     |  |                                                      |  |               |  |
|                                                                                                                                                                                                         |  | No. of Repeat Risk Factor/Intervention Violations |  | 0                     |  |                                                      |  |               |  |
| Establishment                                                                                                                                                                                           |  | Address                                           |  | City/State            |  | Zip Code                                             |  | Telephone     |  |
| Family Dollar #21530                                                                                                                                                                                    |  | 364 W Walnut St                                   |  | Frankfort, IN         |  | 46041                                                |  | 765-650-2050  |  |
| License/Permit #                                                                                                                                                                                        |  | Permit Holder                                     |  | Purpose of Inspection |  | Est. Type                                            |  | Risk Category |  |
|                                                                                                                                                                                                         |  | Family Dollar Stores of IN, LLC                   |  | Routine               |  | RFE                                                  |  | 1             |  |

  

| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS                                                                                               |    |     |     |     |                                                                                                            |                                                                                                                                                                                                                                          |     |     |     |                                                      |                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|------------------------------------------------------|--------------------------------------------------------------------------------|
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br>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<br>COS=corrected on-site during inspection R=repeat violation |                                                                                                                                                                                                                                          |     |     |     |                                                      |                                                                                |
| Compliance Status                                                                                                                                            |    |     |     |     | Compliance Status                                                                                          |                                                                                                                                                                                                                                          |     |     |     |                                                      |                                                                                |
|                                                                                                                                                              |    |     |     |     |                                                                                                            |                                                                                                                                                                                                                                          |     |     |     |                                                      |                                                                                |
| <b>Supervision</b>                                                                                                                                           |    |     |     |     | <b>Time/Temperature Control for Safety</b>                                                                 |                                                                                                                                                                                                                                          |     |     |     |                                                      |                                                                                |
| 1                                                                                                                                                            | IN | OUT | N/A | N/O | Person in charge present, demonstrates knowledge, and performs duties                                      | 17                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Proper disposition of returned, previously served, reconditioned & unsafe food |
| 2                                                                                                                                                            | IN | OUT | N/A | N/O | Certified Food Protection Manager                                                                          | 18                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Proper cooking time & temperatures                                             |
| <b>Employee Health</b>                                                                                                                                       |    |     |     |     | <b>Consumer Advisory</b>                                                                                   |                                                                                                                                                                                                                                          |     |     |     |                                                      |                                                                                |
| 3                                                                                                                                                            | IN | OUT | N/A | N/O | Management, food employee and conditional employee; knowledge, responsibilities and reporting              | 19                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Proper reheating procedures for hot holding                                    |
| 4                                                                                                                                                            | IN | OUT | N/A | N/O | Proper use of restriction and exclusion                                                                    | 20                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Proper cooling time and temperature                                            |
| 5                                                                                                                                                            | IN | OUT | N/A | N/O | Procedures for responding to vomiting and diarrheal events                                                 | 21                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Proper hot holding temperatures                                                |
| <b>Good Hygienic Practices</b>                                                                                                                               |    |     |     |     | <b>Highly Susceptible Populations</b>                                                                      |                                                                                                                                                                                                                                          |     |     |     |                                                      |                                                                                |
| 6                                                                                                                                                            | IN | OUT | N/A | N/O | Proper eating, tasting, drinking, or tobacco products use                                                  | 22                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Proper cold holding temperatures                                               |
| 7                                                                                                                                                            | IN | OUT | N/A | N/O | No discharge from eyes, nose, and mouth                                                                    | 23                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Proper date marking and disposition                                            |
| <b>Preventing Contamination by Hands</b>                                                                                                                     |    |     |     |     | <b>Food/Color Additives and Toxic Substances</b>                                                           |                                                                                                                                                                                                                                          |     |     |     |                                                      |                                                                                |
| 8                                                                                                                                                            | IN | OUT | N/A | N/O | Hands clean & properly washed                                                                              | 24                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Time as a Public Health Control; procedures & records                          |
| 9                                                                                                                                                            | IN | OUT | N/A | N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed                | 25                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Consumer advisory provided for raw/undercooked food                            |
| 10                                                                                                                                                           | IN | OUT | N/A | N/O | Adequate handwashing sinks properly supplied and accessible                                                | <b>Conformance with Approved Procedures</b>                                                                                                                                                                                              |     |     |     |                                                      |                                                                                |
| <b>Approved Source</b>                                                                                                                                       |    |     |     |     | 26                                                                                                         | IN                                                                                                                                                                                                                                       | OUT | N/A | N/O | Pasteurized foods used; prohibited foods not offered |                                                                                |
| 11                                                                                                                                                           | IN | OUT | N/A | N/O | Food obtained from approved source                                                                         | 27                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Food additives: approved & properly used                                       |
| 12                                                                                                                                                           | IN | OUT | N/A | N/O | Food received at proper temperature                                                                        | 28                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Toxic substances properly identified, stored, & used                           |
| 13                                                                                                                                                           | IN | OUT | N/A | N/O | Food in good condition, safe, & unadulterated                                                              | <b>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.</b> |     |     |     |                                                      |                                                                                |
| 14                                                                                                                                                           | IN | OUT | N/A | N/O | Required records available: molluscan shellfish identification, parasite destruction                       | 29                                                                                                                                                                                                                                       | IN  | OUT | N/A | N/O                                                  | Compliance with variance/specialized process/HACCP                             |
| <b>Protection from Contamination</b>                                                                                                                         |    |     |     |     |                                                                                                            |                                                                                                                                                                                                                                          |     |     |     |                                                      |                                                                                |
| 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                                                       |    |  |  |  |                                                                                    |
|                                                                                                                                   |  |  |  |  |                                                                         |    |  |  |  |                                                                                    |
| <b>Safe Food and Water</b>                                                                                                        |  |  |  |  | <b>Proper Use of Utensils</b>                                           |    |  |  |  |                                                                                    |
| 30                                                                                                                                |  |  |  |  | Pasteurized eggs used where required                                    | 43 |  |  |  | In-use utensils: properly stored                                                   |
| 31                                                                                                                                |  |  |  |  | Water & ice from approved source                                        | 44 |  |  |  | Utensils, equipment & linens: properly stored, dried, & handled                    |
| 32                                                                                                                                |  |  |  |  | Variance obtained for specialized processing methods                    | 45 |  |  |  | Single-use/single-service articles: properly stored & used                         |
| <b>Food Temperature Control</b>                                                                                                   |  |  |  |  | <b>Utensils, Equipment and Vending</b>                                  |    |  |  |  |                                                                                    |
| 33                                                                                                                                |  |  |  |  | Proper cooling methods used; adequate equipment for temperature control | 46 |  |  |  | Gloves used properly                                                               |
| 34                                                                                                                                |  |  |  |  | Plant food properly cooked for hot holding                              | 47 |  |  |  | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |
| 35                                                                                                                                |  |  |  |  | Approved thawing methods used                                           | 48 |  |  |  | Warewashing facilities: installed, maintained, & used; test strips                 |
| 36                                                                                                                                |  |  |  |  | Thermometers provided & accurate                                        | 49 |  |  |  | Non-food contact surfaces clean                                                    |
| <b>Food Identification</b>                                                                                                        |  |  |  |  | <b>Physical Facilities</b>                                              |    |  |  |  |                                                                                    |
| 37                                                                                                                                |  |  |  |  | Food properly labeled; original container                               | 50 |  |  |  | Hot & cold water available; adequate pressure                                      |
| <b>Prevention of Food Contamination</b>                                                                                           |  |  |  |  | 51                                                                      |    |  |  |  | Plumbing installed; proper backflow devices                                        |
| 38                                                                                                                                |  |  |  |  | Insects, rodents, & animals not present                                 | 52 |  |  |  | Sewage & wastewater properly disposed                                              |
| 39                                                                                                                                |  |  |  |  | Contamination prevented during food preparation, storage & display      | 53 |  |  |  | Toilet facilities: properly constructed, supplied, & cleaned                       |
| 40                                                                                                                                |  |  |  |  | Personal cleanliness                                                    | 54 |  |  |  | Garbage & refuse properly disposed; facilities maintained                          |
| 41                                                                                                                                |  |  |  |  | Wiping cloths: properly used & stored                                   | 55 |  |  |  | Physical facilities installed, maintained, & clean                                 |
| 42                                                                                                                                |  |  |  |  | Washing fruits & vegetables                                             | 56 |  |  |  | Adequate ventilation & lighting; designated areas used                             |

  

|                              |  |                                                                                                       |  |
|------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| Person In Charge (Signature) |  | Date: 5/27/26                                                                                         |  |
| Inspector (Signature)        |  | Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> (Circle one) Follow-up Date: |  |

[illegible]

|                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                 |         |                              |  |  |                  |                   |                   |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------|--|--|------------------|-------------------|-------------------|-----------|
| RETAIL FOOD ESTABLISHMENT INSPECTION REPORT<br>Clinton County Health Dept.<br>1234 Rossville Ave.<br>Frankfort, IN 46041<br>Phone: (765)659-6385 Fax: (765)656-2014 |                                                                                                                                                                                                                                                                                                                                 |         |                              |  |  | License/Permit # |                   | Date 5/27/26      |           |
| Establishment<br>Family Dollar #21530                                                                                                                               |                                                                                                                                                                                                                                                                                                                                 | 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<br>Rodney P. Wann, EHS                                                                                                                               |                                                                                                                                                                                                                                                                                                                                 |         | Inspector (Signature)<br>    |  |  |                  | Date<br>5/27/2022 |                   |           |