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

TIME IN - 3:39pm
TIME OUT 4:00pm

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-~~24~~ 26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: FRANKFORT PETRO, LLC	Telephone Number: (765) 659-4557	Date of Inspection (mm/dd/yr): 8/18/25	ID #:
Establishment Address (number and street, city, state, ZIP code): 59 W. KUGER ST. FRANKFORT, IN	( )		
Owner: Hannah Patel	Purpose: (1) Routine	Follow-up	Release Date: 10 days
Owner's Address: 919 King St. Lafayette, IN	2. Follow-up	Summary of Violations:	
Person in Charge: Saami Patel	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: frankfortpartay@gmail.com	4. Pre-Operational	~~Menu Type~~ (See back of page) RISK CAT	
Certified Food Handler	5. Temporary		
	6. HACCP	1___ 2 ✓ 3___ 4___ 5___	
	7. Other (list)		

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			- No violations observed @ time of	
			inspection - All in compliance -	

Received by (name and title printed): [illegible]	Inspected by (name and title printed): Rodney P. Wann, EHS
Received by (signature):	Inspected by (signature): Rodney P. Wann, EHS
cc:	cc:
	cc: