

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT
 Clinton County Health Dept.
 1234 Rossville Ave.
 Frankfort, IN 46041

Release Date: 10 days

Date: 10/15/2025
 Time In: 12:50 pm
 Time Out: 1:56 pm

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Establishment: Jimmy John's Address: 1640 W SR 28 City/State: FRANKFORT, IN Zip Code: 46041 Telephone: 765 670-7914

License/Permit #: THOMAS CHARLES BOOKWALTER Permit Holder: THOMAS CHARLES BOOKWALTER Purpose of Inspection: ROUTINE Est. Type: RFE Risk Category: 2

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		COS	R
Supervision			
<input checked="" type="checkbox"/> IN	Person in charge present, demonstrates knowledge, and performs duties		
<input checked="" type="checkbox"/> IN	Certified Food Protection Manager <u>NWA MAA</u>		
Employee Health			
<input checked="" type="checkbox"/> IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
<input checked="" type="checkbox"/> IN	Proper use of restriction and exclusion		
<input checked="" type="checkbox"/> IN	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
<input checked="" type="checkbox"/> IN	Proper eating, tasting, drinking, or tobacco products use		
<input checked="" type="checkbox"/> IN	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
<input checked="" type="checkbox"/> IN	Hands clean & properly washed		
<input checked="" type="checkbox"/> IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
<input checked="" type="checkbox"/> IN	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
<input checked="" type="checkbox"/> IN	Food obtained from approved source		
<input checked="" type="checkbox"/> IN	Food received at proper temperature		
<input checked="" type="checkbox"/> IN	Food in good condition, safe, & unadulterated		
<input checked="" type="checkbox"/> IN	Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination			
<input checked="" type="checkbox"/> IN	Food separated and protected		
<input checked="" type="checkbox"/> IN	Food-contact surfaces; cleaned & sanitized		

Compliance Status		COS	R
<input checked="" type="checkbox"/> IN	Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety			
<input checked="" type="checkbox"/> IN	Proper cooking time & temperatures		
<input checked="" type="checkbox"/> IN	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN	Proper cooling time and temperature		
<input checked="" type="checkbox"/> IN	Proper hot holding temperatures		
<input checked="" type="checkbox"/> IN	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN	Time as a Public Health Control; procedures & records		
Consumer Advisory			
<input checked="" type="checkbox"/> IN	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
<input checked="" type="checkbox"/> IN	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/> IN	Food additives: approved & properly used		
<input checked="" type="checkbox"/> IN	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
<input checked="" type="checkbox"/> IN	Compliance with variance/specialized process/HACCP		

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.

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		COS	R
Safe Food and Water			
<input checked="" type="checkbox"/> IN	Pasteurized eggs used where required		
<input checked="" type="checkbox"/> IN	Water & ice from approved source		
<input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods		
Food Temperature Control			
<input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control		
<input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding		
<input checked="" type="checkbox"/> IN	Approved thawing methods used		
<input checked="" type="checkbox"/> IN	Thermometers provided & accurate		
Food Identification			
<input checked="" type="checkbox"/> IN	Food properly labeled; original container		
Prevention of Food Contamination			
<input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present		
<input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display		
<input checked="" type="checkbox"/> IN	Personal cleanliness		
<input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored		
<input checked="" type="checkbox"/> IN	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
<input checked="" type="checkbox"/> IN	In-use utensils: properly stored		
<input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled		
<input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used		
<input checked="" type="checkbox"/> IN	Gloves used properly		
Utensils, Equipment and Vending			
<input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
<input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips		
<input checked="" type="checkbox"/> IN	Non-food contact surfaces clean		
Physical Facilities			
<input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure		
<input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed		
<input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned		
<input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean		
<input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature): [Signature] Date: 10/15/25

Inspector (Signature): [Signature]

Follow-up: YES NO (Circle one) Follow-up Date: _____

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 Clinton County Health Dept.
 1234 Rossville Ave.
 Frankfort, IN 46041

License/Permit #

Date 10/15/2025

Establishment

JIMMY JOHNS

Address

City/State

Zip Code

Telephone

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
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Compliance Status

Compliance Status

57 | IN OUT N/A/NO | Outdoor Food Operation

58 | IN OUT N/A/NO | Mobile Retail Food Establishment

TEMPERATURE OBSERVATIONS

COLD HOLD
TABLE 1
TABLE 2

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
CHICKEN SLICES	39°	UNDER TABLE STORE	32.5°	WALK-IN REFRIG	0°
TOMATOES SLICES	40°				
LETTUCE	39°	UNDER TABLE STORE	39°	WALK-IN COOLER	37°
SLICED TOMATOES	37°	WALK-IN COOLER	38°	CHEESE	38°
		BOUGH	38°	lettuce	38°
		SALAMI	39°		

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:

No violations noted @ time of inspection. All in compliance.

* new manager needs to complete ServSafe Certified Food Protection Manager Course w/in 3 months.*

Person In Charge (Signature)

Jimmy Roberts

Date: 10/15/25

Inspector (Signature)

Looney J. Mann, EHS

Date: 10/15/2025

