

<b>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT</b> Clinton County Health Dept. 1234 Rossville Ave. Frankfort, IN 46041		Release Date: <b>10 days</b>	Date: <b>10/20/2025</b> Time In: <b>10:45 AM</b> Time Out:
Establishment: <b>Mid-Land Meals @ Paul Phillippe</b>		Address: <b>401 W. WALNUT ST FRANKFORT, IN 46041</b>	Telephone: <b>765 657-4060</b>
License/Permit #:	Permit Holder: <b>Mid-Land Meals</b>	Purpose of Inspection: <b>ROUTINE</b>	Est. Type: <b>Sr. Center</b> Risk Category: <b>2</b>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		Compliance Status		Compliance Status	
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			
Item	Description	IN	OUT	N/A	N/O
<b>Supervision</b>					
1	Person in charge present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Certified Food Protection Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>					
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Proper use of restriction and exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Procedures for responding to vomiting and diarrheal events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>					
6	Proper eating, tasting, drinking, or tobacco products use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>					
8	Hands clean & properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Adequate handwashing sinks properly supplied and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>					
11	Food obtained from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Food received at proper temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Food in good condition, safe, & unadulterated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Required records available: molluscan shellfish identification, parasite destruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>					
15	Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Food-contact surfaces; cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Description	IN	OUT	N/A	N/O
17	Proper disposition of returned, previously served, conditioned & unsafe food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Time/Temperature Control for Safety</b>					
18	Proper cooking time & temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Proper reheating procedures for hot holding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Proper cooling time and temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Proper hot holding temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Proper cold holding temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Proper date marking and disposition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Time as a Public Health Control; procedures & records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consumer Advisory</b>					
25	Consumer advisory provided for raw/undercooked food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>					
26	Pasteurized foods used; prohibited foods not offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food/Color Additives and Toxic Substances</b>					
27	Food additives: approved & properly used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Toxic substances properly identified, stored, & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conformance with Approved Procedures</b>					
29	Compliance with variance/specialized process/HACCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		Compliance Status		Compliance Status	
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	
Item	Description	IN	OUT	N/A	N/O
<b>Safe Food and Water</b>					
30	Pasteurized eggs used where required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Water & ice from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Variance obtained for specialized processing methods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>					
33	Proper cooling methods used; adequate equipment for temperature control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Plant food properly cooked for hot holding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Approved thawing methods used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Thermometers provided & accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>					
37	Food properly labeled; original container	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>					
38	Insects, rodents, & animals not present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Contamination prevented during food preparation, storage & display	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Personal cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Wiping cloths: properly used & stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Washing fruits & vegetables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Description	IN	OUT	N/A	N/O
<b>Proper Use of Utensils</b>					
43	In-use utensils: properly stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Utensils, equipment & linens: properly stored, dried, & handled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Single-use/single-service articles: properly stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Gloves used properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utensils, Equipment and Vending</b>					
47	Food & non-food contact surfaces: cleanable, properly designed, constructed, & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Warewashing facilities: installed, maintained, & used; test strips	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Non-food contact surfaces clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Facilities</b>					
50	Hot & cold water available; adequate pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Plumbing installed; proper backflow devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Sewage & wastewater properly disposed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Toilet facilities: properly constructed, supplied, & cleaned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Garbage & refuse properly disposed; facilities maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Physical facilities installed, maintained, & clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Adequate ventilation & lighting; designated areas used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person In Charge (Signature): *Brenda H. [Signature]* Date: **10/20/2025**

Inspector (Signature): *Kelsey J. Wam, EHS* Follow-up: YES NO (Circle one) Follow-up Date:

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

License/Permit #

Date 10/20/2025

Establishment *Mick Land* Address *401 W. Walnut St* City/State *FRANKFORT, IN* Zip Code *46041* Telephone

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item  
IN=in compliance OUT=not in compliance 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  IN  OUT  N/A  O Outdoor Food Operation  COS  R Compliance Status  IN  OUT  N/A  O Mobile Retail Food Establishment  COS  R

TEMPERATURE OBSERVATIONS

Freezer

Ridge

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>MEALS</i>	<i>0°</i>			<i>AS HEATED MEALS</i>	<i>180°</i>
<i>BARAD</i>	<i>50</i>				
<i>MILK-SCAN</i>	<i>39°</i>				

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 inspect  
100. All in compliance.*

Person In Charge (Signature)

*Rodney S. Mann, EPHS*

Date:

Inspector (Signature)

Date: 10/20/2025

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

License/Permit #

Date 10/20/2025

Establishment *Mid-Land* Address

*Meat & Paul Phillippe*

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

*Provided IDOH handouts outlining regulatory changes (eff April 2025) Including Employee Health AND Hygiene & clean up procedures for diarrhea AND vomit requirements*

Person In Charge Name

Person In Charge (Signature)

Date

Inspector Name

Inspector (Signature)

Date

*RODNEY P. WANN*

*Rodney P. Wann, EHS*

*10/20/2025*