

<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>10/29/2025</b> Time In <b>2:45 PM</b> Time Out
		No. of Risk Factor/Intervention Violations <b>0</b>	
		No. of Repeat Risk Factor/Intervention Violations	

Establishment <b>THE CASIS</b>	Address <b>2520 S. SR 39</b>	City/State <b>FRANKFORT, IN</b>	Zip Code <b>46041</b>	Telephone <b>765 242-7744</b>
License/Permit #	Permit Holder <b>Daniel Perkins</b>	Purpose of Inspection <b>ROUTINE</b>	Est. Type <b>RFE</b>	Risk Category <b>2</b>

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

Person In Charge (Signature) <i>Daniel Perkins</i>	Date: <b>10/29/25</b>
Inspector (Signature) <i>Rodney P. Nam, EHS</i>	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

10/29/2025

Establishment  
**THE OASIS**

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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Mark "X" in appropriate box for COS and/or R  
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R		Compliance Status		COS		R			
57	IN	OUT	N/A	N/O	Outdoor Food Operation			59	IN	OUT	N/A	N/O	Mobile Retail Food Establishment

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
FRIDGE outlets	39°	FRIDGE CHICKEN	10°	FRIDGE MUSH ROOMS	10°
Ice (whole)	38°	FRIDGE	0°	FRIDGE	0°
HOT HOLD		make-up		Refrigerator	35°
Cheese Nacho	135°	TOMATOES	38°		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-25, 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.

Person In Charge (Signature)

*Rodney P. Wann, EPHS*

Date:

Inspector (Signature)

Date: 10/29/2025

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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 & cleanup 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

10/29/2025