



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Belay
9/13

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 FAIRFIELD INN & SUITES | Telephone Number () Establishment () Owner | Date of Inspection 9/19/22 | ID# 2274 |
| Establishment address 350 PRATT DR FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 9/19/22 |
| Owner GENERAL HOTELS | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Owner address | | Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 5 | |
| Person in charge BRITANNY KIRKHAM | | | |
| Responsible person's email | | | |
| Certified food handler | | | |

- 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 | |
| | | * | MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 176°F) | OK |
| | | * | DINING ROOM HANDSINK - DISPOSABLE TOWELS NOT PROVIDED FOR GUESTS | ✓ |

| | |
|--|--|
| Received by (name and title printed): Brittany Kirkham | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

*John
9/23*

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 <i>Flying Cupcake</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>9 21 22</i> | ID# <i>1802</i> |
| Establishment address <i>789 US 31 Greenwood</i> | Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>NR</i> | Release Date <i>10 1 22</i> |
| Owner | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Owner address | Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u> | Person in charge | |
| Responsible person's email | | Certified food handler | |
| | | | |

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|-----------------------------|--------------------|
| | | | <i>No items noted today</i> | |
| | | | <i>Thank you!</i> | |
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|--|---|
| Received by (name and title printed): <i>Alexis Schoppenhorst</i> | Inspected by (name and title printed): <i>Jen Warner</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



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RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Bukm
9/17

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 Greeks Pizzeria of Edinburgh | Telephone Number () Establishment () Owner | Date of Inspection 9/1/22 | ID# 2386 |
| Establishment address 114 E. Main Cross St IN 46124 | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up No | Release Date 9/1/22 |
| Owner Greeks Pizzeria of Edinburgh, LLC | | Summary of Violations: C 0 NC 6 R 0 | |
| Owner address | | Menu Type (See back of page) 1 ___ 2 ___ 3 4 5 ___ | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler Brad Newton Exp: 12/8/24 | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 402 | NC | | Floors and walls soiled at PARTS in kitchen | 9/15/22 |
| 399 | NC | | tile broken under topping cooling unit | 9/30/22 |
| 174 | NC | | Label food not in original container | 9/1/22 |
| 257 | NC | | thermometer not easily seen in cooling unit | 9/1/22 |
| 295 | NC | | stand up cooler closest to coca cola cooler soiled | 9/1/22 |
| | | | marker on bottom | |
| 430 | NC | ① | Cocacola cooler door glass broken * firm shall not be using it until shattered glass is fixed * | 9/30/22 |
| | | ② | marker on bottom | 9/30/22 |

| | |
|---|---|
| Received by (name and title printed): Lindsay Stevens Manager | Inspected by (name and title printed): Jayce Blanford |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: 317 346 4369 |

Call me with any questions!
Page 1 of 1



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

*Before
9/23*

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| | | | |
|---|---|---|--------------------------------|
| Establishment name <i>Greenwood United Methodist</i> | Telephone Number Establishment () Owner | Date of Inspection <i>9 20 22</i> | ID# <i>1617</i> |
| Establishment address <i>525 N Madison AV</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>NO</i> | Release Date <i>9 30 22</i> |
| Owner <i>Greenwood</i> | | Summary of Violations: <i>C 0 NC 0 R 0</i> | |
| Owner address | Menu Type (See back of page) <i>1 2 X 3 4 5</i> | Responsible person's email | |
| Person in charge | | Certified food handler | |
| Responsible person's email | | Certified food handler | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|------------------------------|--------------------|
| | | | <i>No items noted today.</i> | |
| | | | <i>Thank you!</i> | |
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|---|--|
| Received by (name and title printed): <i>Brenda Chandler</i> | Inspected by (name and title printed): <i>Jennifer Warner</i> |
| Received by (signature): <i>Brenda Chandler</i> | Inspected by (signature): <i>JW 346 4376</i> |
| cc: | cc: |



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*Belean
9/20*

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 <i>Greenwood Manor 14</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>9/16/22</i> | ID# <i>1520</i> |
| Establishment address <i>4601 Greenwood Park S Dr Greenwood</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>NO</i> | Release Date <i>9/26/22</i> |
| Owner | | Summary of Violations: <i>C X NC <u>2</u> R</i> | |
| Owner address | | Menu Type (See back of page) <i>1 2 <u>X</u> 3 4 5</i> | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|------------|-----------|---|--|--------------------|
| | | | <i>Dish machine final rinse is OK.</i> | |
| <i>218</i> | <i>NC</i> | | <i>Walk-in cooler door gasket is split/worn.</i> | |
| <i>324</i> | <i>NC</i> | | <i>WOMEN'S restroom hand sink (1st one) is not draining properly (by theatre 7) Note: 4 door peephole in freezer was observed at 18°F ↳ Should be 0°F or less Note: Bar hand sink water pressure is very low. Note: Servsafe certificate is needed</i> | |
| | | | <i>Thank you!</i> | |



| | |
|---|---|
| Received by (name and title printed): <i>X Mike Lusk, GM</i> | Inspected by (name and title printed): <i>CASSI HALL</i> |
| Received by (signature): <i>X [Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



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*Betel
9/23*

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| | | | |
|---|---|--|--------------------------------|
| Establishment name <i>Grillers Cafe</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>9/21/22</i> | ID# <i>2248</i> |
| Establishment address <i>1070 E. 775 S. Nineveh IN 46164</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>No</i> | Release Date <i>10/1/22</i> |
| Owner <i>J.L.</i> | | Summary of Violations: <i>C 0 NC 2 R</i> | |
| Owner address | | Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i> | |
| Person in charge <i>J.L.</i> | | | |
| Responsible person's email | | | |
| Certified food handler <i>J.L.</i> | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|------------|-----------|---|---|---------------------------|
| <i>190</i> | <i>NC</i> | | <i>Previously, cooked taco meat cooling inside the walk-in-cooler and covered with a lid measured 98°F</i> | <i>Corrected</i> |
| <i>430</i> | <i>NC</i> | | <i>① West exterior soffit contains two holes with what appears to be bird nesting material</i> | <i>10/1/22</i> |
| | | | <i>③ Beer walk-in-cooler door hinge is worn on lower left (bottom)</i> | |
| | | | <i>Notes: North exterior parking lot contains at least three pot holes/damaged areas some with stagnant water</i> | <i>Repair by 10/31/22</i> |

| | |
|--|---|
| Received by (name and title printed): <i>Left report with Owner</i> | Inspected by (name and title printed): <i>Andrew Miller, EHS</i> |
| Received by (signature): | Inspected by (signature): <i>Andrew Miller</i> |
| cc: | cc: |



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Baker
9/13

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 HAMPTON INN | Telephone Number () Establishment () Owner | Date of Inspection 9/9/22 | ID# 2356 |
| Establishment address 361 PARIS DR. FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 9/19/22 |
| Owner | | Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u> | |
| Owner address | Responsible person's email | Menu Type (See back of page) | |
| Person in charge TRACI LINN | | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> | |
| Certified food handler | | | |

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- 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 |
|-----------|------|---|--|--------------------|
| 257 | NC | * | METAZ STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT PROVIDED | 9/11/22 |
| 291 | NC | * | CHEMICAL TEST PAPERS NOT AVAILABLE | 9/15 |
| 179 | NC | * | APPLS OR DISPLAY NOT PREWRAPPED OR TONGS PROVIDED | (corrected 9/9) |
| | | | (note) - MECHANICAL DISH WASHING NOT IN USE (3 compartment sink used) | ✓ |
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| Received by (name and title printed): TRACI Linn Breakfast Host | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



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Beky
9/7

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 Hokkaido Ramen House | Telephone Number (317) 893-4233 | Date of Inspection 9/2/22 | ID# 2558 |
| Establishment address 1251 US 31N Greenwood, IN 46142 | Owner () Owner | Follow-up Yes | Release Date 9/12/22 |
| Owner Kenny/Carol Weng | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Summary of Violations: | |
| Owner address Ste # 105 | | C <u>1</u> NC <u>9</u> R <u> </u> | |
| Person in charge Kenny Weng | | Menu Type (See back of page) | |
| Responsible person's email | | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>✓</u> 5 <u> </u> | |
| Certified food handler Carol Weng | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 431 | NC | | Floors soiled under cookline, under three bay sink, and numerous floor drains soiled; including mop sink basin | 9/8/22 |
| 347 | NC | | No paper towels provided at cookline hand sink and dish area hand sink | 9/2/22 |
| 177 | NC | | Food stored on the back room floor & inside walk-in-cooler/freezer units | 9/18/22 |
| 218 | NC | | Mechanical dishmachine temperature gauge not working (stuck on ~92°F) | 9/8/22 |
| 415 | C | | Five small winged insects seen in dish area, mop sink area, and front guest area soda station | 9/2/22 |
| 199 | NC | | Raw chicken thawing inside one bay sink | 9/2/22 |
| 430 | NC | | Walk-in-freezer door | 9/2/22 |

| | |
|--|---|
| Received by (name and title printed): X Kenny Weng | Inspected by (name and title printed): Andrew Miller, EHS |
| Received by (signature): X [Signature] | Inspected by (signature): [Signature] |
| cc: | cc: |

NARRATIVE REPORT

| | | |
|---|---|----------------------------------|
| Establishment Name Hokkaido Ramen | Address Ste 105 1251 US 31 N. Greenwood | Inspection Date 9/2/22 |
|---|---|----------------------------------|

| | | | | | |
|----------|------|---|---------|----|--------------------|
| Section# | C/NC | R | REMARKS | IN | TO BE CORRECTED BY |
|----------|------|---|---------|----|--------------------|

| | | | | | |
|----------------|---------------|--|--|-----------------|-----------|
| | | | HOUSE | IN 46142 | |
| | | | <i>was frozen to the door at time of inspection</i> | | |
| 295 | NC | | ① Table ^(Am) unit unit | | 9/2/22 |
| | | | <i>was soiled slicer</i> | | |
| | | | <i>② Refrigeration equipment condenser units are soiled</i> | | |
| 190 | NC | | Previously cooked chicken broth in a 16qt container covered with a lid | | Corrected |
| | | | <i>measured 80°F while stored at room temperature</i> | | |
| 239 | NC | | ① Mechanical dish racks were stored on the floor | | 9/2/22 |
| | | | <i>② single service cups were stored on the floor at front line and on floor near mop sink</i> | | |
| 218 | NC | | Mechanical dish unit temperature appeared stuck on 92°F (Am) | | |

Note:

* firm needs more NSF shelving throughout the firm *

| | | |
|--------------------------------|--|---------------------------|
| Received By (Name & Title) | Inspected By (Name & Title) Andrew Miller, FHS | Page <u>2</u> of <u>2</u> |
|--------------------------------|--|---------------------------|



JOHNSON COUNTY HEALTH DEPARTMENT
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INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264
317-346-4373
(direct)

Bekm
9/27

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 HOMETOWN NUTRITION | Telephone Number () Establishment () Owner | Date of Inspection 9/26/22 | ID# 2395 |
| Establishment address 33 S. MORTON ST. FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up (Yes) | Release Date 9/15/22 |
| Owner FLESHMAN | | Summary of Violations: C 2 NC 2 R | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge SARAH BURTON | | 1 2 (3) 4 5 | |
| Responsible person's email | | | |
| Certified food handler | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|------------------------------|
| 218 | NC | * | FRONT AREA - SMALL REFRIGERATORS Jammed up INSIDE | DEFROST 9/28/22 |
| 187 | C | * | FRONT REFRIGERATOR IN WHICH POTENTIALLY HAZARDOUS FOOD ITEM STORED (EGGS) NOT AT 41°F OR LESS (WAS 48°F) | EGGS DISCARDED 9/26/22 |
| 257 | NC | * | METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT PROVIDED | 10/1 |
| 336 | C | * | HOSE WITH SPRAY NOZZLE CONNECTED TO MOP SINK FAUCET WITHOUT AN ANTI-SIPHON DEVICE (UNDER PRESSURE TYPE) INSTALLED | 10/1 |

| | |
|---|--|
| Received by (name and title printed): Sarah Burton - employee | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): <i>Sarah Burton</i> | Inspected by (signature): <i>Bob Smith</i> |
| cc: | cc: |



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*Belm
10/13*

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

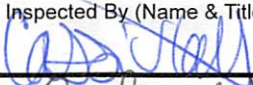
| | | | |
|--|---|--|---------------------------------|
| Establishment name <i>Indian Bazaar Bazaar</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>9/30/22</i> | ID# <i>1878</i> |
| Establishment address <i>334 S. Emerson Ave. 46143</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>Yes</i> | Release Date <i>10/10/22</i> |
| Owner | | Summary of Violations: C <u>1</u> NC <u>9</u> R _____ | |
| Owner address | Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <u>X</u> 5 _____ | | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler <i>Vijender Kumar (EXP. 4/12/23)</i> | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 146 | NC | | Garlic in a sealed container and bags of leaf product for retail sale in guest area lacked a product name, weight, and name and address of business | 9/30/22 |
| 413 | NC | | East and west exterior doors contained exterior gaps and the west door rubs the door frame | 11/1/22 |
| 430 | NC | | West door rubs the door frame | 10/31/22 |
| 218 | NC | | Walk-in-cooler door gasket and guest area reach-in-cooler door seals are torn/worn | |
| 234 | NC | | Metal long handle was touching product (dessert) in bulk bin in guest area | Corrected |
| 324 | NC | | ① Hot water at kitchen hand sink (by three bay) contained 72°F hot water and left handle doesn't supply water ② Three bay sink lacks an air | 10/8/22 |

| | |
|--|--|
| Received by (name and title printed): <i>X Cm Tiw</i> | Inspected by (name and title printed): <i>Andrew Miller EHS/ Cassi Hall</i> |
| Received by (signature): <i>X Cm Tiwann</i> | Inspected by (signature): <i>Andrew Miller/ Cassi Hall</i> |
| cc: | cc: |

NARRATIVE REPORT

| Establishment Name | | | Address | Inspection Date |
|---|------|---|---|--------------------|
| Indian Bazaar | | | 334 S. Emerson Ave. Greenwood IN | 9/30/22 |
| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY |
| | | | | 46/43 |
| 228 | NC | | gap Chest freezers in storage room (off kitchen) was not easily movable | 11/1/22 |
| 256 | NC | | Display coolers, flip top prep table, upright freezers, and mobile ice cream freezers lacked ambient air thermometers | 10/1/22 |
| 295 | NC | | Display coolers (i.e. storing green vegetable products) were soiled on the bottom shelving units | 10/1/22 |
| 438 | C | | Several toxic items/containers were stored above or next to single service items | Corrected |
| <p>Notes: ① One toxic spray bottle not labeled</p> <p>② Missing ceiling tile noted in storage room with chest freezers</p> <p>③ Last pest control visit was 9/6/22 per report</p> <p>④ No mice activity or product damage was noted/seen on this inspection</p> | | | | |
| Received By (Name & Title) | | | Inspected By (Name & Title) | |
| X Am Tim | | |  Andrew Miller, EHS | |
| | | | Page 2 of 2 | |



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Betsy
9/20
✓

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 Johnson BBQ Shack | Telephone Number () Establishment () Owner | Date of Inspection 9 15 22 | ID# 2487 |
| Establishment address 1001 N SR 135 Greenwood | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up NO | Release Date 9 25 22 |
| Owner | | Summary of Violations: C 0 NC 4 R 0 | |
| Owner address | Menu Type (See back of page) 1 2 3 4 X 5 | | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler need to update | | | |

- 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 |
|-----------|------|---|---|--------------------|
| 347 | | | All handwashing sinks must have a supply of soap & paper towels in the kitchen and bar | |
| 346 | NC | | Do block sinks with spray bottles | |
| 324 | NC | | Repair leaking pipe on dish machine by vacuum breaker | |
| 431 | NC | | Remove soil buildup on floor areas in the cooler under dish machine and in mop room - along wall edge | |
| | | | Thank you! | |

| | |
|---|---|
| Received by (name and title printed): ANDREA DILLMAN, REST SUPERVISOR | Inspected by (name and title printed): Jenni Fertl Warner |
| Received by (signature): <i>Andrea Dillman</i> | Inspected by (signature): <i>JW 3464376</i> |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Betsy
10/13

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 JOHNSON COUNTY JAIL KITCHEN | Telephone Number () Establishment () Owner | Date of Inspection 9/30/22 | ID# 419 |
| Establishment address 1091 HOSPITAL RD FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 10/9/22 |
| Owner JOHNSON CO. GOV'T | | Summary of Violations: C <u>0</u> NC <u>1</u> R <u>—</u> | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge TIFFANY PRUITT ROETHEMEIER | | 1 <u>—</u> 2 <u>AB</u> 4 <u>—</u> 5 <u>—</u> | |
| Responsible person's email | | | |
| Certified food handler KATLY BANNABY | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | | Narrative | To Be Corrected by |
|-----------|------|---|--|---------------------|
| 218 | NC | * | EXHAUST HOOD FAN NOT FUNCTIONING ABOVE VULCAN Ovens | WORK ORDER 10/10/22 |
| | | | Mechanical Dishwashing Hot Water Sanitization temperature Adequate 160°F OR MORE ON PLATE/WENSIL SURFACE (WAS 166°F) | OK |
| | | | NOTE | |

| | |
|--|--|
| Received by (name and title printed): Tiffany Pruitt Roethemeier | Inspected by (name and title printed): Bob Smith ENT |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Belton 10/13

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 Kroger | Telephone Number () Establishment () Owner | Date of Inspection 9/29/22 | ID# 2003 |
| Establishment address 970 N Morton St | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up No | Release Date 10/9/22 |
| Owner | | Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</u> | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 ___ 2 ___ 3 ___ 4 <u>4</u> 5 ___ | |
| Responsible person's email | | | |
| Certified food handler | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------------------|
| 411 | NC | | Deli Freezer in back of hot foods section has light out + needs picked up | 9/29/22 10/19/22 |
| 402 | NC | | Floors soiled in back of hot foods area | 9/29/22 |
| 257 | NC | | Thermometer needed in cheese cooler | 9/29/22 |
| | | | NOTE: - Cheese station: Try to put less product in back display case so temps can be accurate - Leak in proofer in bakery (waiting on a part) - Deli display coolers food right @ 41°F - Keep an eye out on temp/ or lower cooler setting | |

| | |
|---|--|
| Received by (name and title printed): X Daniel Lamott ASL | Inspected by (name and title printed): Jaycie Blanford / Paul Botzen |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Belen
9/23

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 <i>Kroger</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>9/21/22</i> | ID# <i>2008</i> |
| Establishment address <i>5961 N SR135 Greenwood</i> | Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) | Follow-up <i>NO</i> | Release Date <i>10/1/22</i> |
| Owner | | Summary of Violations: <i>C 0 NC 4 R 0</i> | |
| Owner address | | Menu Type (See back of page) <i>1 2 3 4 5</i> | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|------------|-----------|---|--|--------------------|
| <i>324</i> | <i>NC</i> | | <i>Starbucks - repair 3 bag side so that they can use all 30-wat. cold water on left side</i> | |
| <i>431</i> | <i>NC</i> | | <i>Dairy - clean the walk in cooler floor</i> | |
| <i>347</i> | <i>NC</i> | | <i> Deli - provide paper towels at hand sink by 3 bag side</i> | |
| <i>309</i> | <i>NC</i> | | <i>Floor under chicken fryers is still in poor repair must be smooth & cleanable must be completed by 1-31-23 or face monetary fines</i> | |
| | | | <i>Thank you!</i> | |

| | |
|--|--|
| Received by (name and title printed): <i>Sean Longenecker</i> | Inspected by (name and title printed): <i>Jennifer Warner</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |

