

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

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.

					1		
Establishme Establishme	nt addres		narcoal Grill	Telephone Number (317 ETBOnme/94) () Owner	Date of Inspection	ID#	
Edinburgh Fall Festival Owner Dadivas				Purpose: 1. Routine	Follow-up Release Date 9/24/22		
				2. Follow-up	Symmary of Violations:		
Owner addre				3. Complaint	1'		
551	16	Ri	im Cherry Way	4. Pre-Operational	C NC R Menu Type (See back of page) 1 2 3 4 5		
Person in ch	arge	//	ndpls	5. Temporary 6. HACCP			
Responsible	person's	email	Alleger Company of the Company of th	7. Other (list)			
Certified foo	od handle:	r	Dadivias	-			
			ENTIFIED IN THE CHECKLIST AND NARRATIVI ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
443	C		Chlorine sanite	yer measur	ed 200	Corrected	
	- 1 15		ppm	0	15,380	1	
257	NC	× 14	mo nove food	thermome	eter	9/14/22	
	4.0		(0°F TO 220°F) ()	rovided		1	
		-					
		1					
		415			4 3 12		
						elis, Samille	
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	Harris and the same of the sam	tatio	if Requirements. The time mint for correction			r or tino reporti	
Establishment name Greins Sausage Grill Establishment address Edin burgh Fall Feshval				Telephone Number	Date of Inspection	ID#	
				(513) 484-08/2	9/14/0)	
				() Owner	1/1/00		
Lain	burg	h	Fall Festival	Purpose:	Follow-up Releas	. / /	
Owner	9			1. Routine	1/es 9	129/22	
Kho	onda		Grein	2. Follow-up	Symmary of Viola	nmary of Violations:/	
Owner addr	ess			3. Complaint	/		
				4. Pre-Operational			
Person in ch	arge			5. Temporary	C NC R Menu Type (See back of page)		
Car		N	lyers ,	6. HACCP 7. Other (list)			
Responsible	person's	emai	1 10 00				
			Sewsate 1				
Certified foo	od haŋdle	r A	EXP: -labul		1 2 3	4 5	
Car	0/	IV	1 yers (-x1.5/9/24/		J		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	and the same of		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative	,	To Be Corrected by	
218	NC		Rival microwave	is rusty insi	ide,	Keplace	
			+ door seal is to	orn on Frie	gidaire	0 /	
		_	reach-in-cooler	White Shell	ing	Order seal	
250	NC		inside Fraidaire	RIC IS PUSTY	/worn	tshelving	
257	100		120 Probe Toda	Thermome ter	(OF 10	9/14/22	
295	NC		Neck of tolde	MIXEN Soilea	/	9/12/22	
234	NC		Metal Ice scoop	handle touch	ina lie	Corrected	
25/	100		inside ice bin	ridicale percent	ing / LL	Corrected	
					A CONTRACTOR		
1					Carrie Man	name of	
						- House	
		- 1					
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r / · ·	1	M	Ners	An	Aveul Mil	ler EHS	
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				-					
Establishmer		(and Warn	h	Telephone Number (513) 484-68/	Date of Inspec	tion /	ID#	
Establishmer	nt addres	s	andy Wagon		() Owner	1 1/14	122		
Edinbi	urgh	F	all Festival		Purpose:	Follow-up I	Release I	Date)	
Owner /	J,		1		1. Routine	No	9/0	24/22	
Khi	ondo	1	Grein		2. Follow-up	Summary of	Summary of Violations:		
Owner addre	ess		The same of the sa		3. Complaint				
					4. Pre-Operational				
Person in cha	arge		n m 1	7, 11	5 Temporary	c0_1	VC_/	R	
dis	1	1	Ballard	\sim	6. HACCP				
Responsible	•		/ VPIN / \/	fe)	7. Other (list)	Menu Type	Menu Type (See back of page)		
Certified foo	d handle	r	- / Exp;			- 1 2 1/	/2	4 E	
Certified foo	na	6	ein 3/24/2	6/		1	.3	F5	
• CRITICAL I	ITEMS AR	RE ID	ENTIFIED IN THE CHECKLIST AND					1-1-1-1	
			ROM PREVIOUS INSPECTIONS ARE DEN			ND IN THE NARRATIVE B			
Section #	C/NC	R			Narrative		Т	o Be Corrected by	
205	NC	17:45	Dr. 1. 1. 1. 1. 1. 1. 1.	" h	11/10/140	/	73	9/11/2	
1-10	100	\Box	distances is	Sol	er round		- /	417100	
			augustical my	- 400	un	ote sometimes of	2/15	1	
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			Section 1981 Section 1981		-				
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	E	$\vdash \vdash$							
		\Box						No.	
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Establishn	ient Sani	tatto	n Requirements. The time limit for correc	tion of each violation is specific	ed in the narrative portion	n of this report.	
Establishme	ent name	_	C + CI	Telephone Number	Date of Inspection	ID#	
Shelby & Sweet Shop				() Establishment	9/11/2/2		
Estal Baharant ad disar				() Owner	1/17/00	1/14/30	
Edin	burg	h	Fall Festival	Purpose:	Follow-up Relea	se Date /	
Owner	J	^	2	1. Routine	ND 9	124/22	
KI	none	da	Grein	2. Follow-up	Summary of Viola	itions:	
Owner addı	ess			3. Complaint	1		
				4. Pre-Operational			
Person in cl	narge		0 -	5. Temporary	C_O_NC_	$2_{\rm R}$	
5/	ne 16	V	Grein	6. HACCP			
Responsible	person's	emai	(Con Cafe)	7. Other (list)	Menu Type (See	Menu Type (See back of page)	
Certified for	od handle	2 4	USSEN EXP: 5/9/24		12_/3	45	
		-	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		O IN THE NARRATIVE BELOW	'AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
218	NC	(1	Door seal on	True me	door	Replace	
		111	coroles is tore) Idamaged) 12 3 4 4 4 4 4	11-1-22	
	1114471	(2	merer neck	area los	t	Cleant	
			contains an	excessive	amount	monitor	
			of grease				
295	NC		Wholde ice	maker		9/14/22	
	-		round dispen	ser is so	led	/ //	
			(i.e. moldy)				
			9 -				
	-						
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