



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
9/15

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>Asian Charcoal Grill</i>	Telephone Number <i>(317) 780-1943</i>	Date of Inspection <i>9/14/22</i>	ID#
Establishment address <i>Edinburgh Fall Festival</i>	Owner <i>() Owner</i>	Follow-up <i>Yes</i>	Release Date <i>9/24/22</i>
Owner <i>Jose Dadvias</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational <u>5. Temporary</u> 6. HACCP 7. Other (list)	Summary of Violations: C <u> 1 </u> NC <u> 1 </u> R <u> </u>	
Owner address <i>5516 Rum Cherry Way</i>		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Indpls</i>			
Responsible person's email			
Certified food handler <i>Jose Dadvias</i>			

- 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
<i>443</i>	<i>C</i>		<i>Chlorine sanitizer measured 200 ppm</i>	<i>Corrected</i>
<i>257</i>	<i>NC</i>		<i>no probe food thermometer (0°F to 220°F) provided</i>	<i>9/14/22</i> <i>L</i>

Received by (name and title printed): <i>JOSE Dadvias</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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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>Greins Sausage Grill</i>	Telephone Number <i>(513) 484-0812</i>	Date of Inspection <i>9/19/22</i>	ID#
Establishment address <i>Edinburgh Fall Festival</i>	() Owner	Follow-up <i>Yes</i>	Release Date <i>9/29/22</i>
Owner <i>Rhonda Grein</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>4</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Carol Myers</i>		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email <i>(SewSafe)</i>			
Certified food handler <i>Carol Myers (EXP: 5/9/24)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Rival microwave is rusty inside + door seal is torn on Frigidaire reach-in-cooler; white shelving inside Frigidaire RIC is rusty/worn	Replace Order seal/shelving
257	NC		No probe food thermometer (0°F to 220°F) provided	9/14/22
295	NC		Neck of table mixer soiled	9/14/22
234	NC		Metal ice scoop handle touching ice inside ice bin	Corrected

Received by (name and title printed): <i>Carol Myers</i>	Inspected by (name and title printed): <i>Andrew Miller EHS</i>
Received by (signature): <i>Carol Myers</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Beltm
9-15

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>Kirby's Candy Wagon</i>	Telephone Number <i>(513) 484-0812</i>	Date of Inspection <i>9/14/22</i>	ID#
Establishment address <i>Edinburgh Fall Festival</i>	Owner	Follow-up <i>No</i>	Release Date <i>9/24/22</i>
Owner <i>Rhonda Grein</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:	
Owner address		C <u> 0 </u> NC <u> 1 </u> R <u> </u>	
Person in charge <i>Lisa Ballard</i>		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 <i>Rhonda Grein</i>	<i>(SenSafe EXP: 3/24/26)</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>Inside ice maker round dispenser is soiled</i>	<i>9/14/22</i>

Received by (name and title printed): <i>Lisa Ballard</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Lisa Ballard</i>	Inspected by (signature): <i>Andrew Miller</i>

cc:	cc:	cc:
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Beky
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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>Shelby's Sweet Shop</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/14/22</i>	ID#
Establishment address <i>Edinburgh Fall Festival</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>9/24/22</i>
Owner <i>Rhonda Grein</i>		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address	5. <u>Temporary</u>	Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Shelby Grein</i>			
Responsible person's email			
Certified food handler <i>Tammy Hussey (SenSafe EXP: 5/9/24)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>218</i>	<i>NC</i>		<i>① Door seal on True one door cooler is torn/damaged</i>	<i>Replace 11-1-22</i>
			<i>② Mixer neck area bolt contains an excessive amount of grease</i>	<i>Clean & monitor</i>
<i>295</i>	<i>NC</i>		<i>Inside ice maker round dispenser is soiled (i.e. moldy)</i>	<i>9/14/22</i>

Received by (name and title printed): <i>X Shelby Grein</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>X Shelby Grein</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: