



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

Beleny
8/22

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>Cafe Euclid</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/16/22</i>	ID# <i>2604</i>
Establishment address <i>357 Euclid Ave. Greenwood IN 46142</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>8/26/22</i>
Owner <i>Paul J.</i>		Summary of Violations: <i>C 0 NC 4 R</i>	
Owner address	Responsible person's email <i>(Sen Safe Exp:)</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Paul J.</i>			
Certified food handler <i>Jourdan Wilhoit (7/9/27)</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
324	NC		Hot water in public restroom was 138°F (Range to be 100°F to 120°F)	8/16/22 ↓
227	NC		Hand sink and three bay sink needs caulked to the wall	8/25/22 ↓
430	NC		Public restroom door rubs the door frame in areas	8/22/22 ↓
399	NC		Basement area contains exposed wood and unfinished construction while storing open and sealed single service items (i.e. open bake boxes)	Remove items from basement ASAP!

Received by (name and title printed): <i>Paul Jacobson</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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Balsm
8/8

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>Casey's General Store #4022</i>	Telephone Number <i>(317) 878-2390</i>	Date of Inspection <i>8/5/22</i>	ID# <i>(AM) 4022 2523</i>
Establishment address <i>Trafalgar, IN 46181</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>8/15/22</i>
Owner <i>Casey's</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 4 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>Cindy Ketchum-Engel</i>			
Responsible person's email			
Certified food handler <i>Korey Harrison (Sen Safe Exp) 3/18/25</i>			

• 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>382</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Exterior trash dumpster is stored on grass and not on pavement or concrete</i>	<i>12/1/22</i>
<i>431</i>	<i>NC</i>		<i>The stock rooms, walk-in-cooler/freezer contains inverted beverage racks used as shelving</i>	<i>9/10/22</i>
<i>218</i>	<i>NC</i>		<i>① Walk-in-freezer, for kitchen, contains condensate (ice) on the ceiling and floor</i>	<i>9/10/22</i>
			<i>② Several glass doors in guest area (for self-service) are "sweating" condensate and the wall above three door glass doors for freezer items (i.e. pizza & ice cream) is moldy from apparent "sweating" or condensation</i>	<i>Add plastic curtains 9/1/22</i>
<i>430</i>	<i>NC</i>			<i>8/15/22</i>
				<i>clean mold</i>

Received by (name and title printed): <i>Cindy Ketchum-Engel</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Cindy Ketchum-Engel</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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*Becky
8/13*

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>Charley's Philly Steak</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/10/22</i>	ID# <i>1783</i>
Establishment address <i>1251 US 31N. Greenwood IN 46142</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>8/20/22</i>
Owner <i>Nelly Cerino</i>		Summary of Violations: C <u>0</u> NC <u>4</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Person in charge <i>Cirina Mendez</i>			
Responsible person's email			
Certified food handler <i>Nelly Cerino</i> (<i>ServSafe</i> <i>EXP: 8/23/22</i>)			

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Section #	C/NC	R	Narrative	To Be Corrected by
416	NC		One dead and decaying mouse was on the inside bottom area for deep fryer	Corrected Removed ↓
295	NC	✓	Rodent-like pellets seen on inside bottom area for deep fryer	8-10-22 ↓
431	NC		and on floor under cash register, at front counter.	8-10-22 ↓
295	NC		Compressor soiled on one door preparation table/cooler.	8-21-22 ↓
			NOTES: Some small live winged insects near back room/dish area around wet towels.	

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



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Beth
8/3

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 CHICAGO'S PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 8/2/22	ID# 1131
Establishment address 1047 W JEFFERSON ST. FRANKLIN IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/12/22
Owner MORRIS, EPPLO, BOONER		Summary of Violations: C 0 NC 10 R	
Owner address	Menu Type (See back of page) 1 ___ 2 ___ 3 4 5 ___		
Person in charge			
Responsible person's email BETH MORRIS			
Certified food handler MATT ALLEN			

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Section #	C/NC	R	Narrative	To Be Corrected by
138	NC	(X)	HAIR RESTRAINTS (CAP, NET, VISOR) NOT WORN BY EMPLOYEES IN KITCHEN	8/4/22
431	NC	(X)	Ceiling panels in kitchen dusty not clean	8/7
974	NC	(X)	PIZZA PREPARATION AREA - FLOUR(?) CONTAINER ON METAL TABLE NOT LABELED AS TO CONTENTS, METAL TABLE NOT CLEAN	8/4
228	NC	(X)	3 DOOR UPRIGHT REFRIGERATOR IN KITCHEN NOT CLEAN DOOR GASKET WORN	9/2
425	NC	(X)	BROOMS NOT HUNG UP OFF FLOOR	8/4
431	NC	(X)	FLOOR NOT CLEAN IN AREAS OF KITCHEN, UNDER EQUIPMENT, NEXT TO WALL	8/10
295	NC	(X)	TOP OF INSIDE OF ICE MAKER NOT CLEAN	8/6
431	NC	(X)	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	8/9
(NOTED)		(X)	EMPLOYEE DRINK CUP - COVER, STRAW NOT PROVIDED	
218	NC	(X)	TRUE REFRIGERATOR (SALAD BAR AREA) NOT EASILY MOVABLE	9/2

Received by (name and title printed): Beth Morris Manager	Inspected by (name and title printed): Bob Smith BHS
Received by (signature): <i>Beth Morris</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Betsy
8/23

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Establishment name Chicago's Pizza	Telephone Number () Establishment () Owner	Date of Inspection 8/22/22	ID# 1584
Establishment address 1280 US 31 Greenwood	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9/1/22
Owner Ron Epple IN 46142		Summary of Violations: C 0 NC 10 R	
Owner address	Certified food handler Nick Epple (SenSafe Exp: 10/31/23)	Menu Type (See back of page) 1 2 3 4 5	
Person in charge Nick Epple			
Responsible person's email			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	✓	① Door gaskets split on some refrigeration units	9/22/22
			② Cover missing on soap dispenser (near oven) at hand sink	9/1/22
			③ Tape on door handle for HATCO warmer unit	9/22/22
295	NC	✓	① Refrigeration door gaskets soiled and inside various units	8/22/22
		✓	② Shelving inside walk-in-cooler and above three bay sink are soiled and drain line soiled at sewer station	9/1/22
		✓	③ Inside top of ice maker soiled	9/10/22
431	NC	✓	Floors, floor drains, walls soiled in various areas (i.e. WIC)	9/10/22
		✓	Kitchen HVAC vents are rusty	
430	NC		Back (West) kitchen door rusted out with daylight noted near the bottom and vertical door trim/seal missing in areas	10/1/22

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

NARRATIVE REPORT

Establishment Name		Address		Inspection Date
Chicago's Pizza		1280 US 31 Greenwood		8/22/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			IN 46142	
227	NC	✓	Dish tables not secured and caulked to the walls	8/28/22
295	NC		Top of counter under HATCO warmer unit soiled	8/22/22
324	NC	✓	Hot water at restroom hand sinks measured	8/22/22
			138-140°F (Range shall be 100°F to 120°F)	
309	NC	✓	Mechanical ventilation in public restrooms not working (per Owner)	9/10/22
347	NC		Paper towels not dispensed from dish area hand sink towel unit	8/22/22
411	NC	✓	Interior bulb not working in one 4 door refrigeration unit	8/28/22
<p>Note: ① Numerous kitchen lights (inside cover) contain dead insects.</p> <p>② Firm in need of increased cleaning (repeat issue). This was noted on last routine inspection on 2/22/22.</p>				
Received By (Name & Title)		Inspected By (Name & Title)		Page <u>2</u> of <u>2</u>
		Andrew Miller, EHS		



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*Belen
8/22*

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>Chicago Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/16/22</i>	ID# <i>2355</i>
Establishment address <i>2245 Shrewsbury</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>8/26/22</i>
Owner <i>Greenwood</i>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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>	

Received by (name and title printed): <i>NOAH EPPLER</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:



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Betsy
 8/15

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>China Wok</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/4/22</i>	ID# <i>2417</i>
Establishment address <i>200 S Emerson Ave</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	Release Date
Owner <i>Greenwood</i>		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Wen Hai Liu</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>245</i>	<i>NC</i>		<i>store wet wiping cloths in sanitizer solution</i>	<i>8/4/22</i>
<i>112</i>	<i>NC</i>		<i>Home type freezer(s) are not approved commercial equipment</i>	
<i>392</i>	<i>NC</i>		<i>Outside dumpster lids are not closed</i>	<i>8/4/22</i>

Received by (name and title printed): <i>Wenhai Liu</i>	Inspected by (name and title printed): <i>Terry D Boyless</i>
Received by (signature): <i>Wenhai Liu</i>	Inspected by (signature): <i>Terry D Boyless</i>
cc:	cc:



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Betsy
8/15

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>Christina Place</i>	Telephone Number <i>(317) 218-9718</i>	Date of Inspection <i>8/12/22</i>	ID# <i>1850</i>
Establishment address <i>1435 Christian Blvd. Franklin, IN 46131</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>8/22/22</i>
Owner <i>Corporate</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>4</u> R <u>2</u>	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <u>✓</u> 5 ___	
Person in charge <i>Jessica Charette</i>			
Responsible person's email			
Certified food handler <i>Jacyln Fisher (ServSafe Exp: 11/7/24)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	① Floor soiled behind ice maker + dish machine	8/15/22
			③ Floor drains soiled in Kitchen	↓
430	NC		Coffee pot cabinet damaged on exterior near floor drain	10/1/22
				↓
411	NC	✓	Ceiling bulbs out in Kitchen and Storage room	8/20/22
430	NC		Ceiling light cover cracked near ice maker	I
			Notes: Refrigeration door gaskets on back older	

Received by (name and title printed): <i>Jessica Charette</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>J Charette</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Betsy
8/24

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 Circle K	Telephone Number () Establishment () Owner	Date of Inspection 8/24/22	ID# 267
Establishment address 200 W Cross St, 46124	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 9/14/22
Owner		Summary of Violations: C 0 NC 6 R 2	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 X 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC	X	Observed a leak from storage room hand sink faucet Observed a leak from 3 bay sink faucet Observed a leak from restroom hand sink faucet.	work order is placed.
431	NC	X	Floor under shelving units in back storage room is soiled. interior of cabinet under ice coffee machines is soiled. ↳ Starting to get worn. Floor under shelving units inside walk in cooler is soiled.	
218	NC		Door gasket (closest to soda machine) split worn.	
297	NC		Powerade nozzles are soiled. Soda machine ice chutes are soiled (interior) Creamer and ice coffee nozzles are soiled.	
310	NC		Restroom ceiling vent is soiled	

Received by (name and title printed): X Shawn Chandler	Inspected by (name and title printed): CASSI HALL
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc: 317-346-4371

NARRATIVE REPORT

Establishment Name Circle K			Address 200 W CROSS ST 46124	Inspection Date 8/24/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		<p>Bottom of "ice" freezer in back storage room is soiled</p> <p>Note: Restroom toilet needs cleaned.</p> <p>Note: Observed a few flies.</p> <p>Note: Sanitizer bucket solution should be 200 ppm.</p>	
Thank You!				
Received By (Name & Title) [Signature]			Inspected By (Name & Title) [Signature]	
			Page 2 of 2	



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Betsy 8/10

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Establishment name <i>Circle K</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8 8 22</i>	ID# <i>430</i>
Establishment address <i>1014 N US 31</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>8 18 22</i>
Owner <i>Whiteland</i>		Summary of Violations: <i>C 0 NC 0 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>No items noted today</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Angie Wilson</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Angie Wilson</i>	Inspected by (signature): <i>JW 346 4370</i>
cc:	cc:



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Beth
8/15

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Establishment name <i>Coffee House S</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/10/22</i>	ID# <i>1813</i>
Establishment address <i>323 Market Plaza</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>8/20/22</i>
Owner <i>Greenwood</i>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
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
			<i>No items noted today</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>HEIDI Jensen</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>	
Received by (signature): <i>Heidi Jensen</i>	Inspected by (signature): <i>JW 3464376</i>	
cc:	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
8/15

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 <u>Cold Stone Creamery</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>8/10/22</u>	ID# <u>245</u>
Establishment address <u>789 US 31 Greenwood</u>	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 <u>NO</u>	Release Date <u>8/20/22</u>
Owner		Summary of Violations: <u>C <u>0</u> NC <u>0</u> R <u>0</u></u>	
Owner address		Menu Type (See back of page)	
Person in charge		<u>1</u> <u>2</u> <u>X</u> <u>3</u> <u>4</u> <u>5</u>	
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
			<u>NO items noted today.</u>	
			<u>Thank you!</u>	

Received by (name and title printed): <u>[Signature]</u>	Inspected by (name and title printed): <u>Jennifer Warner</u>
Received by (signature): <u>Hui Zhang</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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Office 317-346-4365 Fax 317-736-5264

*Belkm
8/15*

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>Country Charm</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>08/10/22</i>	ID# <i>1767</i>
Establishment address <i>3179 meridian park dr.</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>8/24/22</i>
Owner <i>Greenwood, IN 46142</i>		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/></i>	
Owner address	Menu Type (See back of page) <i>1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___</i>	Person in charge	
Responsible person's email		Certified food handler <i>Sarah Rodriguez (Exp. 2/11/23)</i>	

• 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 violation during inspection</i>	
			<i>All temperatures are okay. Thank you</i>	
			<i>NOTE: Make sure the main/floor drains are cleaned (a) make sure floors by dish washer & floors by Fryer & hand sink is cleaned.</i>	

Received by (name and title printed): <i>Sarah Rodriguez</i>	Inspected by (name and title printed): <i>Paul Betku EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

*Belmi
9-1*

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>Country Nutrition</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8 29 22</i>	ID# <i>16 26</i>
Establishment address <i>1450 Olive Branch Lane</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 9 22</i>
Owner		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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>	

Received by (name and title printed): <i>Audra Nicholls owner</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Audra Nicholls</i>	Inspected by (signature): <i>JW 346 4376</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Betsy
8/14

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 COURT STREET CAFE	Telephone Number () Establishment () Owner	Date of Inspection 8/13/22	ID# 2232
Establishment address 39 E COURT ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/13/22
Owner SHERRY YOUNG		Summary of Violations: C <u>0</u> NC <u>6</u> R <u> </u>	
Owner address	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Person in charge SHERRY YOUNG			
Responsible person's email			
Certified food handler SHERRY YOUNG			

• 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
295	NC	⊙	INSIDE TOP ID MARKER NOT CLEAN	8/16/22
			KITCHEN CHEST FREEZER AND SMALL	
256	NC	⊙	REFRIGERATOR REFRIG. THERMOMETERS NOT SEEN	8/8
228	NC	⊙	LARGE UPRIGHT REFRIGERATION UNITS NOT EASILY MOVED	9/3
324	NC	⊙	LEAKS NOTED AT FRONT AREA HANDSINK AND PRODUCE SINK FAULT IN KITCHEN	8/20
431	NC	⊙	RESTROOM CEILING EXHAUST COVER DUSTY/NOT CLEAN	8/8
431	NC	⊙	FLOOR AND WALL IN AREAS OF KITCHEN NOT CLEAN	8/12
			MECHANICAL DISINFECTING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/DIAPHRAGM SURFACE (WAS 164°F)	OK
			FAN COVER DUSTY IN KITCHEN	

Received by (name and title printed): SHERRY YOUNG	Inspected by (name and title printed): Bob Smith EMS
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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*Betsy
8/22*

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>CNS</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-23-22</i>	ID# <i>1374</i>
Establishment address <i>705 Trafalgar Square, 46181</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>9/5/22</i>
Owner		Summary of Violations: <i>8-30-22</i>	
Owner address		C <i>0</i> NC <i>7</i> R <i>3</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>X</i> 2 <i>X</i> 3 <i>X</i> 4 <i>X</i> 5 <i>X</i>	
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>414</i>	<i>NC</i>	<i>X</i>	<i>Back storage exterior door, emergency exit not protected from potential rodents Day light observed.</i>	<i>8-30-22</i>
			<i>Emergency exit, by greeting cards, not protected from potential rodents Day light observed.</i>	
<i>295</i>	<i>NC</i>		<i>Bottom of frozen food freezer is soiled. Bottom of ice freezer is soiled. Stand up 2 door cooler shelving racks (that contains milk/eggs) are soiled.</i>	<i>8-29-22</i>
<i>218</i>	<i>NC</i>		<i>Stand up 2 door cooler door gasket split/loose that contains milk/eggs</i>	<i>8-30-22</i>
<i>431</i>	<i>NC</i>	<i>X</i>	<i>Floor by utility sink is soiled Floor under milk cooler in back storage room is soiled.</i>	<i>8-24-22</i>
<i>310</i>	<i>NC</i>		<i>Women's restroom ceiling vent is soiled.</i>	<i>8-30-22</i>
<i>324</i>	<i>NC</i>		<i>Men's restroom toilet is soiled.</i>	<i>8-23-22</i>

Received by (name and title printed): <i>X Tawnee Paxton</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>X Tawnee Paxton</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name CVS			Address 705 Trafalgar Square			Inspection Date 8/23/22		
Section#	C/NC	R	REMARKS				TO BE CORRECTED BY	
342	NC	X	Observed women's restroom hand sink hot water @ 134°F Observed men's restroom hand sink hot water @ 134°F ↳ should be 100°F - 120°F Note: Koala Kare Changing table in women's restroom needs cleaned. Note: Observed a broken glass bottle inside utility sink. Note: Observed damaged ceiling tiles ↳ appears water damaged.				8-30-22	
			<h2 style="font-size: 2em; color: blue;">Thank you!</h2>					
Received By (Name & Title)			Inspected By (Name & Title)			Page <u>2</u> of <u>2</u>		
A Tawnee Paxton			Cassie Wall					