



**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

Beky 3/27

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.

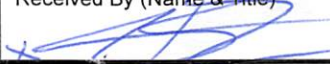
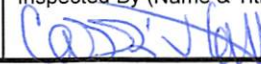
Establishment name 3 Agaves	Telephone Number () Establishment () Owner	Date of Inspection 7/26/22	ID# 2610
Establishment address 11 Declaration Dr Ste A	Owner Greenwood	Follow-up Yes	Release Date 8/5/22
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: 8/2/22	
Owner address		C <u>5</u> NC <u>6</u> R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 <u>X</u> 5 _____	
Certified food handler Francisco Gracia Lopez (4/8/26)			

• 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
187	C		Observed cooked rice made 7/26/22 @ 10 a.m @ 105°F ↳ cooked refried beans @ 129°F needs to be reheated to 1105°F	Corrected at time of inspection
190	C		Observed queso stored in 4 gal plastic containers made on 7/23/22 @ 45°F	Discarded at time of inspection
438	C		Observed plastic spray bottles with no label	
173	C		Observed raw chicken stored above and next to cooked rice	7/26/22
191	C		Date marking here not observed	7/29/22
174	NC		BELOW Bulk food was not labeled	
174			food products stored in ziplock bags inside stand up freezer not labeled	7/29/22
431	NC		Walk in cooler floor soiled under shelving	
431			bottom of stand up freezer soiled	8/2/22
342	NC		bar hand sink observed at 66°F ↳ needs to be 100°F-120°F	8/2/22
346	NC		Soap wash ⁴ provided at bar hand sink	7/26/22

Received by (name and title printed): x Carlos Velarde	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name 3 Agaves			Address 11 Declaration Dr Ste A.			Inspection Date 7/26/22	
Section#	C/NC	R	REMARKS			TO BE CORRECTED BY	
347	NC		Paper towels^{1.25} not provided at bar hand sink.				
Note:			Observed cardboard lining shelving units in bar and kitchen				
324	NC		Observed a leak at the bar 3 Bay Sink faucet (back).				
			↳ when turned on. (water)				
			Note: Stand up freezer needs to be 0°F or below				
			Note: thermometer is needed for walk in cooler				
			Note: 2 door stand up cooler recommended to be turned down				
			↳ reading 41°F - 42°F				
			Note: make sure cleaning supplies are stored away from food products.				
			Note: mop needs hung				
			Note: personal items (food/drinks) should be stored away from food products.				
			Thank you!				
Received By (Name & Title)			Inspected By (Name & Title)			Page <u>2</u> of <u>2</u>	
							



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Beleny 7/7

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 Aldi Inc	Telephone Number () Establishment () Owner	Date of Inspection 7-1-22	ID# 466
Establishment address 1595 US 31 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 7.1.22
Owner	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Owner address			
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): Stephen Hockett	Inspected by (name and title printed): Jennifer Warner
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belen
7/25*

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>Ale Emporium</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7 21 22</i>	ID# <i>2280</i>
Establishment address <i>997 E Colina Rd</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>7 31 22</i>
Owner <i>Grumwood</i>		Summary of Violations: <i>C 0 NC 1 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>431 NC</i>			<i>Clean the exhaust hood - all filters need to be in place</i>	
<i>Note</i>			<i>Dishmachine in kitchen was not sanitizing today - GFS was called to service it (He was here when I left)</i>	
			<i>Thankyou!</i>	

Received by (name and title printed): <i>Kasey Leonard</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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Beky
7/19

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 ANN'S RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 7/19/22	ID# 104
Establishment address 77 W MONROE FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/29/22
Owner DOUGHERT		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge MERIKA CRAWLEY			
Responsible person's email			
Certified food handler MERIKA CRAWLEY			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	*	DOOR GASKET WORN / SPLIT ON STATION 2 REFRIGERATOR	8/10/22

Received by (name and title printed): * Merika Crawley General Manager	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Merika</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Beta
8/11*

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>Applebee's Grill & Bar</i>	Telephone Number <i>() 888-0744</i>	Date of Inspection <i>7/29/22</i>	ID# <i>563</i>
Establishment address <i>1251 US 31 N Greenwood IN 46142</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>8/9/22</i>
Owner <i>L-5 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>1</u> NC <u>4</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 <i>Tom Wilson</i>			
Responsible person's email			
Certified food handler <i>Tom Wilson</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C		Numerous live small winged seen in trash room (enclosed)	7/29/22 ↓
413	NC		Back hallway door and trash room overhead door contains exterior gaps	8/18/22 ↓
431	NC		Floors and floor drains soiled in some areas	8/11/22 ↓
399	NC		Shout repair needed in bar, under server station soda unit, and under mechanical dish machine	8/18/22 ↓
218	NC		① Gauge on dish machine read 10 psi and not 15-25 psi ② Small clear line in back top of ice maker dripping water onto the floor and not to a drain	8/18/22 ↓

Received by (name and title printed): <i>Tom Wilson</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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Betsy
7/21

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>Archus Meat & Latent</i>	Telephone Number) Establishment	Date of Inspection <i>7-19-22</i>	ID# <i>472</i>
Establishment address <i>259 S Meridian St</i>) Owner	Follow-up <i>NO</i>	Release Date <i>7 29 22</i>
Owner <i>Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 1 R 0</i>	
Owner address			
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 2 3 4 5</i>	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>Replace all damaged ceiling tiles (repair roof as needed)</i>	
			<i>Thank you!</i>	

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



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Betsy
7/14

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 AVI Market C Berry Gilbow	Telephone Number () Establishment () Owner	Date of Inspection 7/8/22	ID# 2331
Establishment address 1900 Commerce PKWY	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 7/18/22
Owner		Summary of Violations: C 2 NC 1 R	
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
297	NC		Coffee condiment machine nozzles soiled	

Thank you!

Received by (name and title printed): Shelly Henman	Inspected by (name and title printed): Cass Hall
Received by (signature): Shelly Henman	Inspected by (signature): Cass Hall
cc:	cc:



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120
711
Bekm

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 AVI Market C <i>ElectroSpec</i>	Telephone Number () Establishment () Owner	Date of Inspection 7/8/22	ID# 2492
Establishment address 1800 Commerce PKWY	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 7/18/22
Owner		Summary of Violations: C NC R	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 X 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
			NO Items Noted at time of inspection	
			Note: freezer is not in use at time of inspection	
			Note: Observed food products inside cooler at 41°F, recommended to turn down cooler	
			Thank You!	

Received by (name and title printed): Shelly Hinman	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>Shelly Hinman</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



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Bekm
811

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>Bar Louie</i>	Telephone Number <i>(317) 215-5400</i>	Date of Inspection <i>7/27/22</i>	ID# <i>1926</i>
Establishment address <i>1257 US 31 Greenwood, IN 46142</i>	() Owner	Follow-up <i>No</i>	Release Date <i>8/6/22</i>
Owner <i>Frank Sweeney</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 6 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 ✓ 5</i>	
Person in charge <i>Megan Cherry</i>			
Responsible person's email			
Certified food handler <i>Megan Cherry</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC	✓	Hot water at prep line measured 143°F and at prep area was 85°F	8/18/22 ↓
431	NC	✓	Floors and floor drains soiled in areas	8/1/22
218	NC	✓	Ice maker drop plate and left hinge damaged	8/18/22 ↓
295	NC		① Exterior sides of deep fryers soiled ② Bar soda guns are soiled	8/1/22 Corrected
399	NC		Grout repair needed in dish area, mop sink area and bar area floors	9/27/22 ↓
295	NC		Clean dishes and equipment are soiled (i.e. lexan pans)	Corrected ↓

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



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Bekky
7/27

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 <i>Benjamin's coffeehouse</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/27/22</i>	ID# <i>2555</i>
Establishment address	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>8/7/22</i>
Owner		Summary of Violations: <i>C 1 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 <i>Andrea Brewer Exp. 2027</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>136</i>	<i>NC</i>		<i>Drinks should NOT be stored in food prep areas at any time</i>	<i>7/27/22</i>
<i>402</i>	<i>NC</i>		<i>Floors soiled in kitchen in many places</i>	<i>7/31/22</i>
<i>257</i>	<i>NC</i>		<i>Thermometers not easily accessible in fridges</i>	<i>7/27/22</i>
<i>294</i>	<i>C</i>		<i>Sanitizer is very high - try adding water to buckets</i>	<i>7/27/22</i>
<i>254</i>	<i>NC</i>		<i>In use utensils should be stored in product @ 41°F or below OR in running water - Not to be stored in still water</i>	<i>7/27/22</i>
			<i>NOTE: NO jewelry worn for anyone preparing food</i>	
			<i>WWW.baileystst.com (test strips)</i>	

Received by (name and title printed): <i>X Andrea Brewer</i>	Inspected by (name and title printed): <i>Jaycie Blanford</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
7/21

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Establishment name Bickford Assisted Living	Telephone Number Establishment	Date of Inspection 7 20 22	ID# 1759
Establishment address 3021 Stella Dr	Owner Greenwood	Follow-up NV	Release Date 7 30 22
Owner Greenwood	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)	Summary of Violations: C 0 NC 1 R 0	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 X 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
512 399	NC		Replace caulk along top edge of drainboard near dish machine (moldy part)	
			Thank you!	

Received by (name and title printed):	Inspected by (name and title printed): Jennifer Warner
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Bellevue
7/11/22

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>Big Reds Place</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/18/22</i>	ID# <i>2397</i>
Establishment address <i>124 E. Main Cross Edinburgh IN 46124</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>7/28/22</i>
Owner <i>Willard Hadley</i>		Summary of Violations: C <u>1</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Person in charge <i>Willard Hadley</i>			
Responsible person's email			
Certified food handler <i>Paula Dayton (AFSC Exp: 1/20/26)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>Raw shelled eggs measured 51°F and hot dogs measured 50°F while inside kitchen preparation table. Ambient air of this unit was 50.9°F at 8:30 am.</i>	<i>Called for emergency repair</i>
<i>218</i>	<i>NC</i>		<i>Four basement refrigeration units are not NSF/ANSI approved and the Kenmore unit (freezer) lid gasket is damaged/torn</i>	<i>3/1/23</i>
<i>218</i>	<i>NC</i>			

Received by (name and title printed): <i>W. Eugene Hadley</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Willard Eugene Hadley</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Betsy
7/19

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>Biggy Coffee</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/18/22</i>	ID# <i>1581</i>
Establishment address <i>156 Marlin Dr, Greenwood</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>7/28/22</i>
Owner		Summary of Violations: <i>7/25/22</i>	
Owner address		C <u>1</u> NC <u>2</u> R	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>X</u> 2 3 4 5	
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
189	C		Observed milk @ 45° inside reach-in cooler	
187			Observed popping pearls inside reach-in small cooler @ 48°F (made 7/17/22)	
177	NC		Single use cups not stored 6" off floor	7/21/22
174	NC		Observed bulk food products inside freezer not labeled!	7/20/22
			Note: hand sink must be accessible at all times.	

Received by (name and title printed): <i>X [Signature]</i>	Inspected by (name and title printed): <i>Cassie Hall</i>
Received by (signature): <i>X [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

Betsy
7/11

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 Bob EVANS RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 7/7/22	ID# 2134
Establishment address 900 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date 7/17/22
Owner		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge JOHN WITHAM			
Responsible person's email			
Certified food handler J WITHAM			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	<input checked="" type="checkbox"/>	FLOOR SURFACE NOT CLEAN IN AREAS OF KITCHEN, WALK-IN COOLER, WALK-IN FREEZER (UNDER EQUIPMENT, NEXT TO WALL)	7/12/22
177	NC	<input checked="" type="checkbox"/>	SOME FOOD PACKAGES NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN COOLER/WALK-IN FREEZER	7/10
295	NC	<input checked="" type="checkbox"/>	INSIDE OF 2 DOOR REFRIGERATOR (IN BACK NEXT TO MIXER) NOT CLEAN	7/18
174	NC	<input checked="" type="checkbox"/>	ON SHELF IN BACK SMALL PLASTIC CONTAINER OF SEASONING (NOT LABELED)	7/9
295	NC	<input checked="" type="checkbox"/>	INSIDE OF FRONT BISCUIT WARMER NOT CLEAN	7/10
256	NC	<input checked="" type="checkbox"/>	FRONT PREPARATION REFRIGERATOR THERMOMETER NOT SEEN	7/9
NOTE			MECHANICAL DISINFECTANT HOT WATER SANITIZATION TEMPERATURE ADOQUITO 160°F OR MORE ON POTS/UTENSIL	OK

Received by (name and title printed): John Witham General Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
 RETAIL FOOD ESTABLISHMENT
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Betsy
 7/27

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 <i>Bobs To Your Door Pizzeria</i>	Telephone Number <i>() Establishment</i>	Date of Inspection <i>7 25 22</i>	ID# <i>2398</i>
Establishment address <i>510 N Meridian St</i>	<i>() Owner</i>	Follow-up <i>NO</i>	Release Date <i>8 5 22</i>
Owner <i>Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 2 R 2</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1. <i>X</i> 2. 3. 4. 5.	
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>Brittany Bowling</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:



**JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy
7/21

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 BOJAKS	Telephone Number () Establishment () Owner	Date of Inspection 7/21/22	ID# 1365
Establishment address 377 E 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 8/1/22
Owner Gore	Summary of Violations: 7 C <u>1</u> NC <u>8</u> R <u>—</u>	Menu Type (See back of page)	
Owner address		1 <u>—</u> 2 <u>—</u> 3 <u>2</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge JOHN LANHAM			
Responsible person's email			
Certified food handler JOHN LANHAM			

• 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
215	C	*	NUMEROUS SMALL FLIES OBSERVED AROUND JELLY LIME BASKET HANGER IN CLEANING CLOSET	7/23/22
218	NC	⊙	DOOR GASKET WORN/SPLIT ON "TRUE" REFRIG IN REFRIGERATOR	8/20
431	NC	⊙	FLOOR NEXT TO WALL AND UNDER EQUIPMENT NOT CLEAN, FLOOR DRAIN AREA NOT CLEAN	7/28
351	NC	*	COVER NOT PROVIDED FOR WOMEN'S RESTROOM WASTE CONTAINER	7/28
211	NC	*	LIGHT INTENSITY LIMITED IN AREA OF WORK-IN COOLER	8/20
295	NC	⊙	INSIDE TOP OF ICE MAKER NOT CLEAN	7/23
295	NC	→	SOFT DRINK NOZZLE HOLDER NOT CLEAN	7/23
138	NC	—	HAIR RESTRAINT NOT WORN BY EMPLOYEE IN KITCHEN (NET, CAP/VISOR)	7/23

Received by (name and title printed): John Lanham	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Betsy
7/27

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 <i>Breeze Nutrition</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/26/22</i>	ID# <i>2522</i>
Establishment address <i>801 Spring Lake Dr. W 46181</i>	Owner	Follow-up <i>-</i>	Release Date <i>8/09/22</i>
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C <u>0</u> NC <u>0</u> R <u>0</u></i>	
Person in charge		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			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection</i>	

Received by (name and title printed): <i>Jennifer Stauffer</i>	Inspected by (name and title printed): <i>Paul Betsy EHS</i>	
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:



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*Bekn
7/27*

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 <i>Burger King</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/26/22</i>	ID# <i>635</i>
Establishment address <i>891 US 31 N Whitehd IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>10/5/22</i>
Owner		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <i>X</i> 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>Brandy Selke</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>324</i>	<i>NC</i>		<i>The kitchen hand sink drains slowly</i>	<i>7/28/22</i>
			<i>the towel dispenser in the men's</i>	<i>7/28/22</i>
<i>347</i>	<i>NC</i>		<i>ROOM is broken</i>	
			<i>* Empty the trash in the</i>	
			<i>men's room</i>	

Received by (name and title printed): <i>Brandy Selke GM</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Brandy Selke</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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*Betsy
7/25*
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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>Burger King</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>07/22/22</i>	ID# <i>2606</i>
Establishment address <i>1839 E. Main St. Greenwood, IN 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date <i>7/29/22</i>
Owner		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 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Shawn Houser Exp. ^{serv safe} 8/13/26</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
			<p><i>NOTE: Mechanical dishwasher sanitizer & three bay sink sanitizer are low (Chlorine between 10-50 ppm, quat < 200 ppm) Chlorine should be about 100 ppm & quat should be about 200-300 ppm.</i></p> <p><i>@ One small cooler unit by service window used to store ice coffee temp is at 45°F work order is put in for unit. Remove items in the cooler until it gets fixed.</i></p>	

Received by (name and title printed): <i>HOUSER SHAWN GENERAL Manager</i>	Inspected by (name and title printed): <i>Pam Betsy EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: