



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

Bellevue
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>La Rosa</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/27/22</i>	ID# <i>2019</i>
Establishment address <i>50 N SR 135 Ste. A, Bargersville</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>8/16/22</i>
Owner		Summary of Violations: <i>C 2 NC 5 R 2</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 ___ 4 <i>X</i> 5 ___	
Responsible person's email			
Certified food handler <i>J Joseph + i enen (exp 11/26/26)</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
199	NC		<i>Frozen</i> Observed meat inside a plastic bucket of water, with no running water	<i>Corrected at time of inspection</i>
174	NC	X	Bulk food containers not labeled. food products stored in ziplock bags inside walk-in freezer not labeled.	
191	C		Date marking not observed on many containers inside walk in cooler	<i>7/29/22</i>
218	NC	X	Flip-top cooler door gaskets worn/split.	<i>8/3/22</i>
295	NC		interior of ice machine soiled.	
295			Stand up cooler, by chest freezer shelving racks soiled.	
295			Bottom of stand up cooler by chest freezer soiled.	
245	NC		Observed wet wiping cloths stored on counter, not in sanitizer bucket	<i>7/27/22</i>
345	C		Observed cup in designated hand sink Note: Cleaning Supplies should be stored away from food products. Note: stove should be 6" off floor Note: Soiled utensils should be stored in designated bins/dish area.	<i>7/27/22</i>

Received by (name and title printed): <i>X Jesus Gael Pedraza</i>	Inspected by (name and title printed): <i>CASSI HALL</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>CASSI HALL</i>
cc:	cc: <i>317-346-4371</i>

Note: Observed red garden hose with spray nozzle connected to mop sink, backflow device appears to not be for continuous pressure.

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Belmont 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 <i>The Legends Golf Club</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/7/22</i>	ID# <i>1576</i>
Establishment address <i>2555 Hurricane Rd Franklin IN 46131</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>7/17/22</i>
Owner <i>Bishop</i>		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address	Responsible person's email <i>SenSafe</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>Ashley Davidson</i>			
Certified food handler <i>Ashley Davidson</i> (Exp 1/26/26)			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>228</i>	<i>NC</i>		<i>Bar area coolers and chest freezer by west exit door (not easily movable)</i>	<i>8/7/22</i>
<i>399</i>	<i>NC</i>		<i>women's restroom ceiling not smooth</i>	<i>12/1/22</i>
<i>295</i>	<i>NC</i>		<i>Ice maker, shoot area soiled & walk-in-cooler shelving rusty.</i>	<i>7/7/22</i>
			<i>Note: wic floor is rusty and worn</i>	

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



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Bekou
7/11

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Establishment name MI ABUELITO 3	Telephone Number () Establishment () Owner	Date of Inspection 7/7/22	ID# 2460
Establishment address 2797 N MORTON 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 7/17/22
Owner JUAN QUESADA		Summary of Violations: C 2 NC 6 R	
Owner address	Menu Type (See back of page) 1 2 3 4 5	Person in charge BULMARO GARCIA CERNA	
Responsible person's email		Certified food handler BULMARO GARCIA CERNA (3/17/26 ^{EXP.} SERUSAFE)	

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C	X	INTERVAL FOOD TEMPERATURES OF	Food items
218	NC		RAW BACON, FISH, CHICKEN, BEEF	discarded
			EGGS INSIDE REFRIGERATOR ACROSS	7/7/22
			FROM GRILL 45°F - 48°F NOT AT	
			41°F OR LESS, DOOR GASKET	
			OF THIS UNIT WORN	8/7
392	NC	X	OUTSIDE DUMPSTER LID NOT CLOSED	7/9
174	NC	X	BULK CONTAINER OF SAFT NOT LABELED,	discarded 7/9
431	NC	X	FLOOR IN AREAS OF KITCHEN NOT CLEAN	7/9
197	NC	X	TEMPERATURE OF WALK-IN FREEZER 20°F	7/9
			NOT AT 0°F OR LESS	
438	C	X	SPRAY BOTTLES OF CLEANERS NOT LABELED	7/8
218	NC	X	UPRIGHT REFRIGERATOR (WITH SOFT DRINKS)	8/7
			DOOR GASKET WORN	

Received by (name and title printed): Bulmaro R Garcia	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Bulmaro R Garcia	Inspected by (signature): Bob Smith
cc:	cc:



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Betsy
7/21

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Establishment name NEW KUMO JAPANESE RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 7/19/22	ID# 1821
Establishment address 1057 W JEFFERSON FRANKLIN, IN	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 7/29/22
Owner YI LI		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page)	
Person in charge YI LI		1 ___ 2 ___ 3 ___ 4 (P) 5 ___	
Responsible person's email			
Certified food handler YI LI			

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Section #	C/NC	R	Narrative	To Be Corrected by
255	NC	<input checked="" type="checkbox"/>	THERMOMETER NOT ACCURATE "COKE" REFRIGERATOR	7/22/22
295	NC	<input checked="" type="checkbox"/>	WALK-IN COOLER - CEILING CONDENSER FAN COVER NOT CLEAN, WATER DRIPPING INTO BUCKET	7/24 → 8/11
431	NC	<input checked="" type="checkbox"/>	FLOOR UNDER EQUIPMENT / NEXT TO WALL NOT CLEAN	7/24
295	NC	<input checked="" type="checkbox"/>	EXHAUST HOOD - FILTER AND HOOD GRASSY NOT CLEAN	7/24
291	NC	<input checked="" type="checkbox"/>	CHEMICAL TEST PAPERS (CH2O (TMO))	7/22
228	NC	<input checked="" type="checkbox"/>	FRONT SUSHI AREA - SMALL CHEST FREEZER NOT EASILY MOVABLE	8/11

Received by (name and title printed): YI LI	Inspected by (name and title printed): Bob Smith ENT
Received by (signature): YI LI	Inspected by (signature): Bob Smith
cc:	cc:



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Betsy
7/19

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Establishment name <i>Pho Lou</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7 14 22</i>	ID# <i>2022</i>
Establishment address <i>1000 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>ND</i>	Release Date <i>7 24 22</i>
Owner <i>Greenwood</i>		Summary of Violations: <i>C 0 NC 4 R 0</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			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>297</i>	<i>NC</i>		<i>Work on cleaning the stoves & other cooking equipment</i>	
<i>431</i>	<i>NC</i>		<i>Work on cleaning the floor under the equipment</i>	
<i>324</i>	<i>NC</i>		<i>Repair cold water on hand sink so it will work</i>	
<i>347</i>	<i>NC</i>		<i>Provide paper towels at hand sink</i>	
			<i>- do not use cardboard on shelving</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>JW</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>JW</i>	Inspected by (signature): <i>JW 316-4376</i>
cc:	cc:



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Bckm
7/19

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Establishment name PIZZA HUT	Telephone Number () Establishment () Owner	Date of Inspection 7/13/22	ID# 2183
Establishment address 440 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 —	Release Date 7/23/22
Owner QUAZITY HUTS INDIANAPOLIS LLC		Summary of Violations: C <u>0</u> NC <u>9</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>X</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge JOHN CROSLY			
Responsible person's email			
Certified food handler (?) (Need to verify)			

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Section #	C/NC	R	Narrative	To Be Corrected by
(NOD)			DINING ROOM USED FOR STORAGE	
399	NC		KITCHEN WALL WORN, NOT CLEAN IN AREAS	repair 7/13
431	NC		FLOOR IN AREAS OF KITCHEN NOT CLEAN, FLOOR DRAIN NOT CLEAN	clean 7/20/22
411	NC	A	ONE LIGHT OUT ON EXHAUST HOOD	7/21
295	NC	A	SHELVING NOT CLEAN IN WALK-IN COOLER	7/20
239	NC		DISHTRAYS FOR DISHWASHER NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	7/14
295	NC	A	INSIDE OF PIZZA DOUGH REFRIGERATOR NOT CLEAN	7/20
346	NC		HANDSAP NOT AVAILABLE IN mens rest room	corrected 7/13
392	NC		Lid NOT CLOSED ON OUTSIDE DUMPSTER	7/14
431	NC		CEILING VENT COVER NOT CLEAN IN KITCHEN	7/21
(NOD)			3 COMPARTMENT SINK DOES NOT HAVE AIR GAP	✓

Received by (name and title printed): Jaten Crosley Shift Lead	Inspected by (name and title printed): Bob Smith
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment name <i>Ked sun</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/29/22</i>	ID# <i>1809</i>
Establishment address <i>3100 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>100</i>	Release Date
Owner		Summary of Violations: <i>C 1 NC 4 R 1</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 <i>4</i> 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		<i>mop sink soiled</i>	<i>7/29/22</i>
174	NC		<i>Label bulk food in walk in cooler</i>	<i>7/30/22</i>
402	NC		<i>Floors under ice machine soiled</i>	<i>7/31/22</i>
130	NC		<i>hand sink used for hand washing only</i>	<i>7/29/22</i>
187	C		<i>raw meat in cooling unit @ 45°F - recommend putting meat in shallow metal pans to keep it @ temp.</i>	<i>7/30/22</i>
<i>Great Improvement!</i>				

Received by (name and title printed): <i>X Mike Hwang</i>	Inspected by (name and title printed): <i>Jaycie Blanford</i>
Received by (signature): <i>X Mike Hwang</i>	Inspected by (signature): <i>Jaycie Blanford</i>
cc:	cc:



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Betsy
811

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Establishment name RFD FRANKLIN	Telephone Number () Establishment () Owner	Date of Inspection 7/27/22	ID# 2241
Establishment address 55 W MADISON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/6/22
Owner LESA McDANIEL-TAZLEY		Summary of Violations: C 1 NC 5 R	
Owner address	Menu Type (See back of page) 1 2 3 4 5		
Person in charge ALLAN CLARK			
Responsible person's email			
Certified food handler ALLAN CLARK (SERVSAFE 2/25/25 EXP.)			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C	R	INTERNAL TEMPERATURE OF POTENTIALLY HAZARDOUS FOOD (MEAT, CHEESE ETC) IN (2) REFRIGERATORS LOCATED ACROSS FROM GRILL/STOVE NOT AT 41°F OR LESS (were 46-48°F)	Food items discarded 7/27/22
218	NC	R	one REFRIGERATOR IN KITCHEN ICE BUILT UP INSIDE AMBIENT AIR ~ 42°F-43°F	7/30
295	NC	R	WALK-IN COOLER - FLOOR NOT CLEAN	7/30
324	NC	R	SINGLE BAY SERVICE SINK - COLD WATER NOT PROVIDED AT FAUCET (LEAK) (BAR)	8/15
431	NC	R	WOMENS RESTROOM - CEILING EXHAUST COVER NOT CLEAN	8/11
			BAR - MECHANICAL DRAIN MACHINE/GLASS DISINFECTANT NOT DETECTED - FLOOR NOT UNDERNEATH (LEAK) - (MACHINE NOT IN USE)	check before use
414	NC	R	Basement - Northwest door HAS AIR GAP TO OUTSIDE	8/5

Received by (name and title printed): Allen Clark Executive Chef	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Allen Clark</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc: