



**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.

Establishment name MO BOWL	Telephone Number () Establishment () Owner	Date of Inspection 7/15/22	ID#
Establishment address DAIZY JOURNAL STREET FESTIVAL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/25/22
Owner JOHNSON & HAMPTON		Summary of Violations: NLS	
Owner address		C <u> </u> NC <u> </u> R <u> </u>	
Person in charge TAYLOR JOHNSON	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	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 TAYLOR JOHNSON (300 CFPM)	MOBILE		

- 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
1			NO ISSUES NOTED	

Received by (name and title printed): Taylor Johnson	Inspected by (name and title printed): Bob Smith ITH ETS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name ANTO LITOS ROSITA	Telephone Number () Establishment () Owner	Date of Inspection 7/15/22	ID#
Establishment address DRIZY JOUANAC STREET FESTIVAL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u> </u>	Release Date 7/25/22
Owner MANUEL MORENO		Summary of Violations: N/A C <u> </u> NC <u> </u> R <u> </u>	
Owner address	7. Other (list)	Menu Type (See back of page)	
Person in charge MANUEL MORENO		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler TO BE CERTIFIED	MOBZE		

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Section #	C/NC	R	Narrative	To Be Corrected by
			NO NO ISSUES NOTED	

Received by (name and title printed):
Manuel A Moreno

Received by (signature):

cc:

Inspected by (name and title printed):
Bob Jurek

Inspected by (signature):

cc:



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Establishment name <i>Johnson's BBQ (Big Smokey)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/15/22</i>	ID#
Establishment address <i>DAILY JOURNAL STREET FESTIVAL</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>7/25/22</i>
Owner <i>NATE JOHNSON</i>		Summary of Violations: <i>N/S</i> C <u> </u> NC <u> </u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge <i>NATE JOHNSON</i>		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>N. JOHNSON</i>	<i>MOBILE</i>		

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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 ISSUES NOTED</i>	

Received by (name and title printed): <i>Nate Johnson - Owner</i>	Inspected by (name and title printed): <i>Bob Smith</i>
Received by (signature): <i>Nate Johnson</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc: