

#### 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	Telephone Number	Date of Inspection	10#	
MO BOWL	( ) Establishment	Date of Hispection	ID#	
Establishment address	( ) Owner	7/15/20	2	
DATTY JOURNAL STREET FESTIVAL	Purpose:	E-II D-I	D	
Owner	1. Routine	Follow-up Release	25/20	
SOKNSON & HAMPTON		Summary of Violation		
Owner address	2. Follow-up	Summary of Violance	ons:	
Owner address	3. Complaint	NIS		
	4. Pre-Operational			
Person in charge TRY LOR JOHNSON	<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	C NC R  Menu Type (See back of page)		
Responsible person's email	7. Other (list)			
2 ACFPR		- 120 Maria	71 87	
Certified food handler  TOTO SON GOODS	(mobile)	123	_45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND I	IN THE NARRATIVE BELOW AS	"R"	
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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 :  Establishment :  DATLY  Owner  Owner address	address Jour	and s	ROSERA MORET FE, MOREPO	STURC	Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operation	ent	Follow-up Release Summary of Violation	75/20 ons:
Person in charge  MANNEL MOCENO  Responsible person's email  Certified food handler  TO BE CONSTREET				5. Temporary 6. HACCP 7. Other (list)	CNC	pe (See back of page)  4 5		
• CRITICAL ITI			34		E COLUMNS MARKED "C"	8		
• VIOLATION(S)	REPEATED F	ROM PREVIO	US INSPECTIONS ARE	DENOTED IN TH	IE "SUMMARY OF VIOLATION	IS" AND IN T		
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Establishment name  JOHNSON S BBQ (BIG SMOJEGY)  Establishment address  OATHY JULKNAL STREET FESTIVAL  Owner  WATE JOHNSON  Owner address  Person in charge  WATE SOLLANDOR  Responsible person's email					Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)		Follow-up Release Date  Summary of Violations:  CNCR  Menu Type (See back of page)		
Certified food handler			iso d	(mobile)		1 2 3 4 5			
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