



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

rev 6-14-22 Brynn
6/13
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 <i>Long Johns Sivers</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6 3 22</i>	ID# <i>2167</i>
Establishment address <i>2191 Independence</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>6-9</i>	Release Date <i>6 13 22</i>
Owner <i>Greenwood</i>		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
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
911	NC		Replace all burned out light bulbs throughout including exhaust hood	
239	NC		Store all boxes of paper goods off the floor	
257	NC		Provide food thermometer to check food	
425	NC		Hang up all brooms and dustpans	
399	NC		provide door sweep on back door	
399	NC		provide missing water tile by mop sink	
431	N		Work on clearing floor areas under equipment and floor drains Not do not block any of the handwashing sinks - need to be accessible at all times (Note walk in cooler repaired today)	

Received by (name and title printed): <i>Shel [Signature]</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>SH [Signature]</i>	Inspected by (signature): <i>JW 346 4376</i>
cc:	cc:



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Bekm
6/20

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Establishment name <i>Mallow Run</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/17/22</i>	ID# <i>1117</i>
Establishment address <i>6964 W. Whiteland Rd</i>	<i>Bargersville</i>	Follow-up <i>YES</i>	Release Date <i>6/27/22</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>6/24/22</i>	
Owner address		C <u>1</u> NC <u>2</u> R _____	
Person in charge <i>X</i>		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>Display, reach-in deli cooler's air ambient temperature was observed at 56°F Benedictine Cheese @ 57°F Cube Cheese @ 55°F</i>	<i>Discarded at time of inspection</i>
<i>275</i>	<i>NC</i>		<i>Bottom of stand up freezer soiled</i>	<i>6/21/22</i>
			<i>→ final dish machine ring is OK</i>	
			<i>NOTE: Walk-in cooler fans need clean NOTE: Observed ice build up in stand up freezer and chest freezer</i>	
<i>291</i>	<i>NC</i>		<i>test strips not provided for 3 bay sink solution sanitizer for 3 bay solution not observed.</i>	<i>6/18/22</i>



Received by (name and title printed): <i>ELIZABETH MANSON</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>Elizabeth Manson</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc: <i>317-346-4371</i>



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Beth
1/11

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>Marathon Mini Mart</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/28/22</i>	ID# <i>1430</i>
Establishment address <i>2130 E. Court St King St</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>6/30/22</i>	Release Date
Owner <i>Franklin, IN</i>		Summary of Violations: C <u>1</u> NC <u>6</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		sandwich cooler is only 41°F <i>Recommend</i> must be 41°F or below <i>discarding</i>	6/28/22
218	NC		sandwich cooler is leaking <i>frames</i> condensation	6/30/22
295	NC		men's room lavatory and toilet are soiled.	6/28/22
346	NC		No soap or towels at the store room	6/28/22
347	NC		hand sink	
349	NC		The rear door is not tight fitting	7/15/22
295	NC		coke dispenser nozzles are soiled	6/28/22

Received by (name and title printed): <i>X Va...</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>X</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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Bekm
TH

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>Maruti Corner Store</i>	Telephone Number Establishment Owner	Date of Inspection <i>6/30/22</i>	ID# <i>1691</i>
Establishment address <i>3697 S Morgantown Rd. Ind 46144</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>7/7/22</i>
Owner		Summary of Violations: <i>C 0 NC 2 R 1</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>Ruehn Patel (Exp. u/4/23)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>177</i>	<i>NC</i>		<i>materials like (styrofoam cups) are on the floor</i>	<i>7/6/22</i>
			<i>make sure boxes in the back are off the ground.</i>	
<i>425</i>	<i>NC</i>		<i>Just get delivery*</i>	<i>7/4/22</i>
			<i>Map not being</i>	

Received by (name and title printed): <i>Indrajit Singh</i>	Inspected by (name and title printed): <i>Paul Bekm EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Bekm
6/23

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Establishment name <i>McAlister's Deli</i>	Telephone Number <i>(317) 739-8828</i>	Date of Inspection <i>6/21/22</i>	ID# <i>2311</i>
Establishment address <i>2378 N. Morton St. Franklin, IN 46131</i>	() Owner	Follow-up <i>Yes</i>	Release Date <i>7/01/22</i>
Owner <i>David Blackburn</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 4 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Patricia Barnes</i>			
Responsible person's email <i>(SenSafe)</i>			
Certified food handler <i>Patricia Barnes Exp: 2025</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC		Floor grout repair needed in dish area and kitchen area	7/4/22
177	NC		Boxes of food were stored on the walk-in-freezer floor	6/22/22
218	NC		Some refrigeration door gaskets are split/damaged	7/22/22
187	C		Sauces and Salads Preparation Table contained the following internal product temperatures: ① Portioned (bagged) cheese 58°F ② Cut tomatoes 53°F ③ Egg product 53°F	Called for emergency repair
295	NC		Exterior top of mechanical dish machine is soiled	6/21/22

Received by (name and title printed): <i>Patricia Barnes Asst Mgr.</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Patricia Barnes Asst. Mgr.</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Buky
6/13

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Establishment name mcdonalds	Telephone Number () Establishment () Owner	Date of Inspection 6 7 22	ID# 1186
Establishment address 2962 E 500 N	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 6 17 22
Owner Whiteland		Summary of Violations: C 0 NC 5 R 0	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Clean the walls in freezer floor and the floor in fryer area	
239	NC		Clean the ice buckets (scrub outside)	
399	NC		Replace all missing vent covers in ceiling	
411	NC		Replace all burned out lightbulbs throughout	
297	NC		Clean the inside of coolers in coffee area plus the inside of the shaver machine cabinet	
			Note Do not put any food containers in the handwashing sink (in back)	
			Thank you!	

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



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BETH
6/15

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>Mi Tefe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/13/22</i>	ID# <i>1639</i>
Establishment address <i>106 S. S.R 135 Trafalgar, Ind 46181</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>6/27/22</i>
Owner		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <u>3</u> R <input checked="" type="checkbox"/></i>	
Owner address		Menu Type (See back of page) <i>1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___</i>	
Person in charge <i>Jose Cirion</i>			
Responsible person's email			
Certified food handler <i>Jose Cirion (Serrv safe Exp 2024)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>178</i>	<i>NC</i>		<i>Some bulk food items does not have lid to cover it.</i>	
			<i>Food item inside cooler unit not covered</i>	
<i>239</i>	<i>NC</i>		<i>Dish racks stored on the floor.</i>	
<i>295</i>	<i>NC</i>		<i>ice machine is soiled (inner upper corner)</i>	
			NOTE: <i>Dish washer sanitizer is okay!!</i>	
			<i>Make sure ^{broken} bulk food that container lid is replaced.</i>	
			<i>materials are off the floor in walk-in cooler & freezer.</i>	

Received by (name and title printed): <i>Jose I Cirion</i>	Inspected by (name and title printed): <i>Paul Betkov EHS</i>
Received by (signature): <i>Jose I Cirion</i>	Inspected by (signature): <i>Paul Betkov</i>
cc:	cc:



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Bakery
6/13

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>Mega Meat Shop</i>	Telephone Number <i>317 780-0051</i>	Date of Inspection <i>6/2/22</i>	ID# <i>2521</i>
Establishment address <i>11 Declaration Dr. Greenwood, IN 46143</i>	() Owner	Follow-up <i>Yes</i>	Release Date <i>6/17/22</i>
Owner <i>Mandeep Singh</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 2 NC 9 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Warda Shahid</i>			
Responsible person's email			
Certified food handler <i>Mandeep Singh</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
344	C		Hand sink in dish area was not accessible	Corrected L
199	NC		Whole chicken and raw fish were thawing at room temperature	Corrected L
430	NC		Vanity/cabinet for two body sink is damaged/deteriorated	Replace by 6/22/22
295	C		Meat cutting / saw unit was crusted with meat debris (last used on 6-1-22)	Clean today! 6/2/22
218	NC		Ice Key display cooler unit was dripping water onto covered containers	Call for repair 6/2/22
433	NC		Wet mop not hung to air dry	6/2/22
425	NC		Brooms and dust pans not hung up	6/2/22
430	NC		① Employee restroom wall peeling paint ② stock room contains unfinished construction (i.e. exposed drywall material) at the entry wall/door frame	6/12/22 6/20/22

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

NARRATIVE REPORT

Establishment Name Moga Meat Shop		Address 11 Declaration Dr, IN 46143		Inspection Date 6/2/22
Section#	C/NC	R	REMARKS Step	TO BE CORRECTED BY
			③ Previously wet ceiling tile in dish area	6/22/22 L
347	NC		No paper towels available in employee restroom	6/2/22 L
324	NC		① Hot water temperature in employee restroom was 64°F	6/2/22 L
			② Toilet in employee restroom runs water into the bowl constantly	
227	NC		Map sink loose from the wall and not sealed to the wall	6/9/22 L
<p>Note: Firm shall wash, rinse, and sanitize all cutting boards and knives up to four (4) hours after cutting meat, fish items, etc</p>				
Received By (Name & Title)			Inspected By (Name & Title)	
<i>W. Shelton</i>			<i>Andrew Miller, EHS</i>	