



**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

*Belley  
6/20*  
✓

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>Smocktown Brewing</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/17/22</i>	ID# <i>2499</i>
Establishment address <i>223 W Main St</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>6/27/22</i>
Owner <i>Freewood</i>		Summary of Violations:  <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page)  <i>1 2 4 3 4 5</i>	
Person in charge			
Responsible person's email			
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
			<i>Post the food manager certification when possible</i>	
			<i>Monitor cooler temps daily</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Kate Thompson</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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Bekam  
6/20

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Establishment name <i>Smokehouse Catering</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/16/22</i>	ID# <i>2503</i>
Establishment address <i>1140 N SR 135</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>6/22/22</i>
Owner <i>Greenwood</i>		Summary of Violations:  <i>C 0 NC 0 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>No items noted today.</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Kentel Johnson</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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Beta  
 6/29

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>Speedway</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6 28 22</i>	ID# <i>175</i>
Establishment address <i>1291 N Madison AV</i>	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 <i>NO</i>	Release Date <i>7 8 22</i>
Owner <i>Greenwood</i>		Summary of Violations:  <i>C 0 NC 2 R 0</i>	
Owner address		Menu Type (See back of page)  <i>1 2 X 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>394</i>	<i>NC</i>		<i>work on picking up trash around dumpsters inside enclosure</i>	
<i>399</i>	<i>NC</i>		<i>Repair or replace walk in cooler door - coming apart</i>	
			<i>Thank you.</i>	

Received by (name and title printed): <i>Martha A. Bullington</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Martha A. Bullington</i>	Inspected by (signature): <i>JW 346 4376</i>
cc:	cc:







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*Belem 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>Speedway #8031</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/29/22</i>	ID# <i>1649</i>
Establishment address <i>221 S. SR 135, Burgersville</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>7/6/22</i>	Release Date <i>7/9/22</i>
Owner		Summary of Violations:  <i>C 1 NC 6 R 2</i>	
Owner address		Menu Type (See back of page)  <i>1 2 X 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Michael Swalkenbush (9/15/26)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>	<i>X</i>	<i>Deli subs, wraps &amp; sandwiches customer reach-in cooler ambient air temperature reads 46°F - Oh Snap Pickles @ 45°F - Oven Roasted White Turkey &amp; Cheese sandwich @ 45°F</i>	<i>Discarded at time of inspection</i>
<i>431</i>	<i>NC</i>		<i>Cabinet under Soda Machine Soiled</i>	<i>7/2/22</i>
<i>431</i>			<i>Cabinet under Slurpee Drink Machine Soiled.</i>	
<i>431</i>			<i>Wall behind Soda box shelving Soiled.</i>	<i>7/6/22</i>
<i>431</i>			<i>Wall behind 3 bay Sink Soiled</i>	
<i>218</i>	<i>NC</i>		<i>Walk-in-cooler "juice" door gasket split/worn</i>	<i>7/6/22</i>
<i>295</i>	<i>NC</i>	<i>X</i>	<i>Delight Creamer Nozzles Soiled (machine)</i>	<i>7/6/30/22</i>
<i>297</i>			<i>Brew Coffee machine nozzles Soiled</i>	
<i>297</i>			<i>Ice coffee machine nozzles Soiled</i>	
<i>297</i>			<i>Speedy Premium Specialties Machines nozzles Soiled</i>	

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







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Betsy  
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>Starbucks Greenwood Mall</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/13/22</i>	ID# <i>1256</i>
Establishment address	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>6/23/22</i>
Owner		Summary of Violations:  C <del>0</del> NC <i>1</i> R <del>0</del>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>  </u> 2 <u>  </u> 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
<i>402</i>	<i>NC</i>		<i>Floors soiled in some areas in bar under equipment &amp; cabinets</i>	<i>6/23/22</i>
<i>NOTE</i>			<i>Small winged insects observed - Drain/cleaning scheduled</i>	



Received by (name and title printed): <i>Deborah Speedy, mgr</i>	Inspected by (name and title printed): <i>Jaycie Blanford</i>
Received by (signature): <i>DS</i>	Inspected by (signature): <i>Jaycie Blanford</i>
cc:	cc:













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*Patricia  
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 <b>SUBWAY #42293 (FRANKLIN WAZ-MART)</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/7/22</b>	ID# <b>1923</b>
Establishment address <b>2125 N MORTON FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>6/17/22</b>
Owner <b>DHRUV PATEL</b>		Summary of Violations:	
Owner address		C <b>0</b> NC <b>2</b> R	
Person in charge <b>Jordan Gomes</b>	Menu Type (See back of page) 1 2 <b>3</b> 4 5		
Responsible person's email			
Certified food handler <b>DHRUV PATEL SERVISARE EXP 5/1/26</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<b>256</b>	<b>NC</b>	<b>*</b>	<b>SMALL REFRIGERATOR IN FRONT SERVING AREA IN WHICH MEAT STORED - THERMOMETER NOT SEEN</b>	<b>6/10/22</b>
<b>431</b>	<b>NC</b>	<b>*</b>	<b>FLOOR DRAIN NOT CLEAN IN BACK ROOM AREA</b>	<b>6/10</b>

Received by (name and title printed): <b>Jordan Gomes</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Jordan Gomes</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:











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BHM  
6/13

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Establishment name <b>SWEET SCOOP MARKET</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/10/22</b>	ID# <b>2449</b>
Establishment address <b>300 TRACEY RD New Whiteland, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date
Owner <b>HARMON BAR SARAN</b>		Summary of Violations:  C <u>0</u> NC <u>6</u> R <u>—</u>	
Owner address		Menu Type (See back of page)	
Person in charge <b>JOLEA HYATT</b>		1 <u>—</u> 2 <u>—</u> 3 <u>2</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
			FRONT STOCK ROOM - (2) CHEST FREEZERS - BOTH JOD UP (1) WITH ICE CREAM - THERMOMETER NOT SEEN	6/15/22
258	NC		THERMOMETER NOT SEEN IN ONE ICE CREAM CHEST FREEZER SMALL REFRIGERATOR BY FRONT DOOR - THERMOMETER NOT SEEN FOR UNIT	
239	NC		BOX OF SINGLE SERVED CUPS BY RESTROOM NOT STORED OFF FLOOR A MINIMUM OF 6 INCHES	6/13
392	NC		LID NOT CLOSED ON OUTSIDE DUMPSTER	6/12
239	NC		STYROFOAM CUPS NOT IN DISPENSER UNIT BY SOFT DRINK UNIT	6/13
391	NC		QUAT SANITIZER NOT SEEN / BLEACH AVAILABLE NO TEST STRIPS	6/15/22
399	NC		CEILING MISSING ON ONE WALL AREA ICE CREAM SERVING AREA	7/1

Received by (name and title printed): <b>Jolea Hyatt</b>	Inspected by (name and title printed): <b>Bob Smith BHS</b>
Received by (signature): <i>Jolea Hyatt</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:





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*Byem  
6/24*

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 Sycamore at Mallow Run</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/24/22</i>	ID# <i>1983</i>
Establishment address <i>7070 W White Land Rd</i>	Owner	Follow-up	Release Date <i>7/8/22</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 0 NC 2 R</i>	
Person in charge		Menu Type (See back of page)  <i>1 2 X 3 4 5</i>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>Shelving in stand up cooler in homestead kitchen soiled.</i>	<i>7/8/22</i>
<i>414</i>	<i>NC</i>		<i>Exterior door in the estate kitchen not protected from potential rodents day light observed under door</i>	<i>7/8/22</i>
			<i>→ final dish machine rinse OK</i>	
			<i>Note: bar cooler needs a thermometer</i>	



Received by (name and title printed): <i>Hannah Graphman, manager</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>317-346-4371</i>





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Beta  
6/13

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Establishment name <i>Sycamore Ice Cream</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/22</i>	ID# <i>2563</i>
Establishment address <i>200 S Emerson Av Greenwood</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>6/11/22</i>
Owner <i>Greenwood</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>239</i>	<i>NC</i>		<i>Store the straws off the ground</i>	
			<i>Provide more shelving as needed</i>	
			<i>Note dump mop water in mop sink only</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Sara Johnson</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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Bekm  
6/23

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>Tara Treatment Center</i>	Telephone Number <i>(812) 526-2611</i>	Date of Inspection <i>6/22/22</i>	ID# <i>160</i>
Establishment address <i>6231 S. US 31 Franklin, IN 46131</i>	( ) Owner	Follow-up <i>No</i>	Release Date <i>7/2/22</i>
Owner <i>Tara Treatment Center</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <u>0</u> NC <u>1</u> R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	
Person in charge <i>Amanda Troha</i>			
Responsible person's email	<i>(SenSafe Exp: 11/29/26)</i>		
Certified food handler <i>Amanda Troha</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>413</i>	<i>NC</i>		<i>Dining room south exterior door contains a bottom outside gap.</i>	<i>7/4/22</i>
			<i>Note: Firm has a new Blueair commercial one door cooler.</i>	

Received by (name and title printed): <i>Amanda Troha</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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6/13*

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Establishment name <b>TACO BELL # 31940</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/10/22</b>	ID# <b>2023</b>
Establishment address <b>US 31 <sup>new</sup> WHTVCLAND, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>6/20/22</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>2</u> R <u>    </u>	
Owner address		Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u>(A)</u> 4 <u>    </u> 5 <u>    </u>	
Person in charge <b>NICHOLAS NORMAN</b>			
Responsible person's email			
Certified food handler <b>NICHOLAS NORMAN</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC		WALK-IN COOLER - THERMOMETER NOT PROVIDED	6/15/22
431	NC		FLOOR NEXT TO SAFE IN PREPARATION AREA NOT CLEAN	6/13

Received by (name and title printed): <b>Nicholas Norman</b>	Inspected by (name and title printed): <b>Bob Smith ETS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment name <b>TACO BELL #35305</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/17/22</b>	ID# <b>2316</b>
Establishment address <b>115 GANSVILLE DR. FRANKLIN, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>6/17/22</b>
Owner <b>TACO BELL OF AMERICA LLC</b>		Summary of Violations:  C <u>0</u> NC <u>1</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 <b>BRIAN RINGER</b>			
Responsible person's email			
Certified food handler <b>EMILY DOYLE (SERVSAFE EXP. 10/4/24)</b>			

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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
			<b>BACK AREA BEHIND FRYERS - FLOOR NEXT WALL NOT CLEAN</b>	<b>6/10/22</b>

Received by (name and title printed): <b>Brian Ringer AGM</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Brian Ringer</i>	Inspected by (signature): <i>Bob Smith</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

*Before 6/29*

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>Village Pantry</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/23/22</i>	ID# <i>505</i>
Establishment address <i>899 E Main St Greenwood, IN</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>7/7/22</i>
Owner	Summary of Violations:  <i>C 0 NC 2 R 1</i>	Menu Type (See back of page)  <i>1 2 ✓ 3 4 5</i>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Michael Amber (Servesafe Exp 9/11/24)</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
<i>218</i>	<i>NC</i>	<i>✓</i>	<i>Door seal by frozen <del>freezer</del> pizza is worn</i>	<i>6/30/22</i>
<i>411</i>	<i>NC</i>		<i>light is out by frozen pizza freezer unit</i>	<i>↓</i>
<i>299</i>	<i>NC</i>		<i>soda nozzles are sorted</i>	
<i>NOTE: walk-in freezer door is taken out walk-in freezer currently not in use</i>				

Received by (name and title printed): <i>Gennifer Galtton Manager</i>	Inspected by (name and title printed): <i>Paul Betiku EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Paul Betiku</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

*Becken 711*

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>Via Via's Pancakes House of</i>	Telephone Number <i>317 888-6800</i>	Date of Inspection <i>6/24/22</i>	ID# <i>1756</i>
Establishment address <i>11694 W. Main St. Greenwood, IN 46142</i>	( ) Owner	Follow-up <i>Yes</i>	Release Date <i>7/1/22</i>
Owner <i>Stavros Galiotos</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 8 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>Patti Keithley</i>			
Responsible person's email			
Certified food handler <i>Becky Kapitany (SenSafe) (Exp 2025)</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
218	NC		① Ormana microwave is an exterior handle	7/7/22 New unit
			② Interior of Medea dorm style freezer is damaged	11/1/22 New unit
			③ Mechanical dish machine leaks into a bus tub	7/4/22 Call tech
			④ Refrigerated door gaskets are torn on some units	7/24/22
411	NC		Lights out in small storage room and walk-in-cooler/freezer	7/1/22
430	NC		Peeling paint noted on HVAC vent and ceiling near mechanical dish unit	7/7/22 Scrape
431	NC		Floors walls, ceilings soiled in some areas	7/1/22
112	NC		Medea dorm style freezer not NSF/ANSI approved	11/1/22 new unit
295	NC		Table slider unit soiled	6/24/22

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

