

## 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.

Establishmen	nt name	0				Telephone Numb	. /	nspection	ID#		
Establishment address						( ) Owner	6//	0/22	1412593		
Edinburgh Bicentennial						Purpose:	Follow-	Follow-up Release Date			
Owner						1. Routine	No				
THE RESERVE OF THE PERSON NAMED IN	David Straber						Summa	Summary of Viglations:			
Owner addre	Owner address										
						4. Pre-Operation			6 3		
Person in charge						<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	C_0	NC	7 RO		
	David Straker Responsible person's email						<u> </u>	- /0 - 1	1 C		
Responsible	person s	ептап				nobile	Menu	Type (See ba	ack of page)		
Certified foo		r,				THOUNG	1 /2	3	4 5		
	N	A									
						TIVE COLUMNS MARKED "C					
Section #	C/NC	_	ROM PREVIOU	JS INSPECTION	IS ARE DENOTED IN	THE "SUMMARY OF VIOLATION  Narrative	NS" AND IN THE NARRA		To Be Corrected by		
beetion ii	6/116								To Be Coffeeted by		
	no violations noted p						ner	ingali Rac	n saryii		
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Received by (signature):							Inspected by (signatur	" Mil	Der/		
cc:			, ,	cc:			cc:				



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Establishme	ent name	11	11			7	Telephone Numbe		Date of Insp	ection	ID#
		170	taggs			(	) Establishme	ent	6/10,	122	
Establishme	; J	1	0	1.	1200	2	) Owner		/ /		Just A
	burg	-	Dicen	rennia	1/2022	P	urpose:		Follow-up	Release	Date /
Owner	idi	N	nd .	Lock 1	Black		1. Routine		No	6/0	20/22
ME	101	U	na (	Jasn E	Mack		2. Follow-up		Summary o	of Viólatio	ons:
Owner addı	ess					] :	3. Complaint				
							4. Pre-Operationa	al		-	7
Person in charge							5. Temporary		$_{\rm C}$ $_{\rm NC}$ $_{\rm R}$		
Hel	di	1	Blace	e	$L^{-1}$	1 10	6. HACCP	care to a second			
Responsible	person's	emai				(	Other (list)	Menu Type (See back of page)			
							mobile		1		
Certified for	od handle	r /-	Black			E	dinburgh	1/202	1 1/2_	3	_45
- 6			-	THE RESERVE OF THE PARTY OF THE	LIST AND NAR	RRATIVE CO	DLUMNS MARKED "C"	1 00			
200000000000000000000000000000000000000							UMMARY OF VIOLATIONS	S" AND IN T	THE NARRATIVE	E BELOW AS	"R"
Section #		_		W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-			ırrative			-	To Be Corrected
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/			are	Soiler	1	1.1	0	Ų,		0.000	111
295	NC		yn	terior	na	half of upright					6/15/22
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Establishm		- 1	photos.	Low Loy III	1	Miles	Telephone Number	er	Date of Inspe	ction	ID#		
KOVE	ener-	S	Corne	ex Ice	Crea	M	812 522-92	59	1/10/	20	24111		
Establishm	ent address	s	4				( ) Owner	,	6/10/	11	2447		
Edink	burah	BI	center	nnial	2022	- 1	Purpose:		Follow-up	Release I	Date /		
Owner	, 0			dan bandada ya isana isana a			1. Routine		NO	6/	20/22		
Nic	holas	5	Kov	ener			2. Follow-up		Summary of Violations:				
Owner add	ress		1				3. Complaint						
						Ī	4. Pre-Operation	al					
Person in a		1	Α.	1	THE RES	70 .00	5. Temporary C / NC 3 R						
(1)	Oun	de	4/	Jusgra	ive		6. HACCP		martin per la de la Collegia de la c				
Responsible	e person's	email	/			1 1 1 1	7. Other (list)	-	Menu Type (See back of page)				
	•		pho.		4 _ 2	1, 1	Edinburgh		pulsed in				
Certified fo	od handler	14	Scate	Pmin	dod		Bicentennia	/	1_1_2	_3	45		
- CRITICAL				THE CHECK	MEAND NA	DDATIVE	COLLIMNS MARKED "C"						
THE THE PROCESSION OF SURESHIPS OF				S INSPECTION:			COLUMNS MARKED "C" "SUMMARY OF VIOLATION		HE NARRATIVE I	BELOW AS "	'R"		
	C/NC	-				White Park to the state of	Varrative			A Commence of the Commence of	o Be Corrected by		
291	110		no Quat tost stoin morudal 61								6/10/22		
257	NC	FEE	no nove food thermometor								16/10/22		
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			_	19						Carrier Company			
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I			1										