



**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 C & T ICE CREAM	Telephone Number () Establishment () Owner	Date of Inspection 6/24/22	ID# M 2549
Establishment address WHIMY & BLOOMS	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up ---	Release Date 7/3/22
Owner CAILEY KEAN-ZIMMERMAN		Summary of Violations: NIS	
Owner address	Menu Type (See back of page) 1 ___ 2 ___ 3 <u>✓</u> 4 ___ 5 ___	C ___ NC ___ R ___	
Person in charge CAILEY KEAN-ZIMMERMAN		Certified food handler 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
			PREPACKAGED ICE CREAM (NO ISSUES NOTED)	

Received by (name and title printed): → Cailey Kean Zimmerman	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Cailey Kean Zimmerman	Inspected by (signature): Bob Smith
cc:	cc:



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Establishment name EL TACO AZTECA	Telephone Number () Establishment () Owner	Date of Inspection 6/24/22	ID# m2508
Establishment address WHIMY & BLOOMS	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) (MOBILE)	Follow-up —	Release Date 7/4/22
Owner DONATO LUIS HERNANDEZ		Summary of Violations: n/s C <u>—</u> NC <u>—</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>(13)</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge DONATO Hernandez			
Responsible person's email			
Certified food handler DONATO L. Hernandez			

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Section #	C/NC	R	Narrative	To Be Corrected by
			(C) UPRIGHT REFRIGERATOR / FREEZER THERMOMETERS NOT PROVIDED REFRIGERATOR 61°F	

Received by (name and title printed): Donato L Hernandez	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Donato Hernandez</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Establishment name GYPSY MOON NOSH WAGON	Telephone Number () Establishment () Owner	Date of Inspection 6/24/22	ID#
Establishment address WHIMY & BLOOMS	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list) <u>mobile</u>	Follow-up <u> </u>	Release Date 7/3/22
Owner J L WHITE		Summary of Violations: MIS C <u> </u> NC <u> </u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge J L WHITE			
Responsible person's email			
Certified food handler J L WHITE (SOCSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
		*	Food items food down in coolers	
		(*)	REFRIGERATION EQUIPMENT NOT PROVIDED	

Received by (name and title printed): J L White	Inspected by (name and title printed): Bob SMITH EPH
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment name <i>INDY ANNIE'S KETTO KORN</i>	Telephone Number <i>(812) 584-8688</i>	Date of Inspection <i>6/24/22</i>	ID# <i>-</i>
Establishment address <i>WHIMY & BLOOMS</i>	() Owner	Follow-up <i>-</i>	Release Date <i>7/3/22</i>
Owner <i>SAM GOODALL</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>NIS</i>	
Owner address		C <u> </u> NC <u> </u> R <u> </u>	
Person in charge <i>SAM GOODALL</i>		Menu Type (See back of page) 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>(NO VIOLATIONS NOTED)</i>	

Received by (name and title printed): <i>* Sam Goodall</i>	Inspected by (name and title printed): <i>Bob Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment name KELLY'S CONCESSIONS	Telephone Number () Establishment () Owner	Date of Inspection 6/24/22	ID#
Establishment address WHIMY & BLOOMS	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 7/3/22
Owner MIKE CRIPP		Summary of Violations: N/S C <u> </u> NC <u> </u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge MIKE CRIPP			
Responsible person's email			
Certified food handler MIKE CRIPP TREN FON CRIPP	MOBILE		

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Section #	C/NC	R	Narrative	To Be Corrected by
			* CHEST FREEZER - THERMOMETER NOT SEEN	
			* SMALL REFRIGERATOR - THERMOMETER NOT SEEN, SMALL FLUORESCENT LIGHT NOT SHUT OFF	
			* BULK SUGAR NOT LABELED	

Received by (name and title printed): [Signature]	Inspected by (name and title printed): Bob Smith ENT
Received by (signature): MIKE CRIPP	Inspected by (signature): [Signature]
cc:	cc: