









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

Betsy  
5/19

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 <u>Arbys</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>5 17 22</u>	ID# <u>950</u>
Establishment address <u>2140 US 31 Greenwood</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>NO</u>	Release Date <u>5 27 22</u>
Owner		Summary of Violations: <u>C 0 NC 5 R 0</u>	
Owner address		Menu Type (See back of page) <u>1 2 3 4 5</u>	
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
324	NC		Repair the faucet on 3 bay sink so that it has <del>hot</del> water (left side) (cold)	
431	NC		Clean the wall by the 3 bay sink	
431	NC		Clean the fryer hood	
431	NC		Clean the floor in the fryer area	
426	NC		Remove all non working equipment and other unnecessary items	
			Thank you!	

Received by (name and title printed):	Inspected by (name and title printed): <u>Jennifer Warner</u>
Received by (signature): 	Inspected by (signature): 3464376
cc:	cc:







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*Belen 5/31*

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>Ari's Pancake House, LLC</i>	Telephone Number <i>(317) 893-2268</i>	Date of Inspection <i>5/26/22</i>	ID# <i>2303</i>
Establishment address <i>2150 Independence Dr Greenwood IN 46143</i>	( ) Owner	Follow-up <i>No</i>	Release Date <i>6/5/22</i>
Owner <i>Margarito Cuenca STE EFF</i>	Purpose: 1. <u>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>5</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 <i>Margarito Cuenca</i>			
Responsible person's email			
Certified food handler <i>Margarito Cuenca</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC	✓	① West kitchen door rubs the door frame ③ West exterior, block wall missing a cover/screen or sealed	6/26/22
324	NC	✓	① Public restrooms contained hot water above 120°F (women's 142°F and men's 128°F) ② Water leaks from three bay sink faucet	5/27/22 Adjust to max 120°F 6/10/22
218	NC		Three door prep cooler door gaskets severely damaged/torn	6/26/22 order new
411	NC		Three 2' x 4' LED lights not working in kitchen ceiling	6/15/22 repair/replace
430	NC		① Ceiling tiles damaged/previously wet in both public restrooms and two ceiling tiles missing in employee restroom	replace unit(s)

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







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*Beta*  
*5/31*

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>Bay Horse Inn</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/26/22</i>	ID# <i>1999</i>
Establishment address <i>1468 W. Stones Crossing, Greenwood</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>6/5/22</i>
Owner		Summary of Violations:  <i>C 1 NC 3 R</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>187</i>	<i>C</i>		<i>Maraschino cherries inside Coca-Cola fridge in bar area was @ 49°F ↳ unopen bottle of creamer is also stored in fridge</i>	<i>6-7-22</i>
<i>295</i>	<i>NC</i>		<i>Shelving inside Coca-Cola fridge in bar area soiled.</i>	
<i>310</i>	<i>NC</i>		<i>Ceiling vent in women's restroom &amp; family restroom soiled</i>	
<i>351</i>	<i>NC</i>		<i>trash can lid wasn't observed in restroom</i>	
			<i>Final dish machine rinse in bar area → OK</i>	
			<i>Note: Women's restroom hot water appeared cold. WAS @ 71°F (needs to be 100°F-120°F)</i>	
			<i>Note: One bar soda nozzle needs clean</i>	
			<i>Thank you!</i>	



Received by (name and title printed): <i>Grace Dettwren event 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:



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Betsy  
5/10

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Establishment name <b>BLUE CACTUS TACO &amp; TEQUILA BAR</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/9/22</b>	ID# <b>2349</b>
Establishment address <b>188 W JEFFERSON ST. FRANKLIN, IN</b>	Owner	Follow-up <b>—</b>	Release Date <b>5/19/22</b>
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <b>C 0 NC 6 R</b>	
Person in charge <b>JOSE MURILLO</b>		Menu Type (See back of page)  <b>1 2 3 4 X 5</b>	
Responsible person's email			
Certified food handler <b>JOSE MURILLO (SERUSA FO EXP - 7/31/23)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
425	NC	*	BROOMS NOT HUNG UP OFF FLOOR	5/15/22
295	NC	*	EXHAUST HOOD FILTER NOT CLEAN	5/18
399	NC	X	FLOOR TILE WORN IN AREAS OF KITCHEN	7/11
324	NC	*	LEAK NOTED AT HOT WATER FAUCET OF HANDSINK IN PREPARATION AREA	5/25
231	NC	X	WALL NOT CLEAN BY 3 COMPARTMENT SINK BASIN	5/15
324	NC	R	WOMENS RESTROOM - TOILET (1) NOTED OUT OF ORDER, (1) HANDSINK OUT OF ORDER	6/11

Received by (name and title printed): <b>Jose Murillo</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <b>Jose Murillo</b>	Inspected by (signature): <b>Bob Smith</b>
cc:	cc:





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5/19

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Establishment name <b>Bob Evans</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/16/22</b>	ID# <b>2133</b>
Establishment address <b>159 Martin Dr Greenwood</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>5/26/22</b>
Owner		Summary of Violations:  <b>C 0 NC 2 R 0</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1. 2. 3. 4. <b>X</b> 5.	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
931	NC		clean all floor drains throughout kitchen	
415	NC		work on exterminating small flies	
			work on detail cleaning throughout kitchen	
			Thank you!	

Received by (name and title printed): <b>Xorran Fuller</b>	Inspected by (name and title printed): <b>Jennifer Warner</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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Beth  
5/31

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Establishment name BPO ELK # 1818	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 5/26/22	ID# 106
Establishment address 56 E JEFFERSON ST. FRANKLIN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/5/22
Owner BPOE # 1818		Summary of Violations:  C <u>0</u> NC <u>1</u> R <u>   </u>	
Owner address		Menu Type (See back of page)	
Person in charge GORDON PRINE		1 <u>   </u> 2 <u>   </u> 3 <u>   </u> 4 <u>   </u> 5 <u>   </u>	
Responsible person's email			
Certified food handler JULIE SANDLIN <del>EXPIRED</del>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<u>NOTE</u>			MECHANICAL DISHMACHINE HOT WATER SANITIZATION TEMPERATURE ON HEAT/UTENSIL SURFACE (160°F OR MORE) WAS 166°F	OK
197	NC		Basement chest freezer (16°F) NOT AT 0°F OR LESS	5/30/22
<u>NOTE</u>			<del>SCREEN</del> FOOD SAFETY CERTIFICATION EXPIRED	7/19/22

Received by (name and title printed): Gordon Prine	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Gordon Prine</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Belton  
5/13

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Establishment name <i>Buffalo wild wings</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/11/2022</i>	ID# <i>2163</i>
Establishment address <i>2330 N Morton St Franklin, IN 46131</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>5/21/2022</i>
Owner		Summary of Violations:  <i>C 0 NC 2 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 ___ 4 <i>X</i> 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>Floor and floor drain soiled in bar area under ice bin</i>	<i>5/15/2022</i>
<i>411</i>	<i>NC</i>		<i>Light not sufficient in freezer</i>	<i>5/31/2022</i>
<i>NOTE</i>			<i>Make sure to clean floor messes after spill</i>	
			<i>Recommended to turn down dressing cooler dressing @ 41°F</i>	

Received by (name and title printed): <i>Samantha Pappas</i>	Inspected by (name and title printed): <i>Jaycie Blanford / Paul Betke</i>
Received by (signature): <i>Samantha Pappas</i>	Inspected by (signature): <i>Jaycie Blanford, ETS</i>
cc:	cc:



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*Belten 5/31*

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>Burger King #1720</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/26/22</i>	ID# <i>1885</i>
Establishment address <i>765 County line rd</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>6/02/22</i>
Owner <i>Greenwood, Ind 46142</i>		Summary of Violations:  <i>C <input checked="" type="checkbox"/> NC <u>2</u> R <input checked="" type="checkbox"/></i>	
Owner address	Menu Type (See back of page)  <i>1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Kimberly Mcandrews. <sup>serv safe</sup> Exp 4/18/24</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>there is a water leak on the floor by the ice machine</i>	<i>5/31/22</i>
<i>411</i>	<i>NC</i>		<i>light in both walk-in freezer &amp; cooler not bright enough.</i>	<i>↓</i>
<i>431</i>	<i>NC</i>		<i>floor by prep area &amp;oyer soiled. * please clean floors after shift, this would be helpful.</i>	
			<i>NOTE: Everything else is okay, temperatures are fine.</i>	
			<i>thank you!! v</i>	

Received by (name and title printed): <i>Kim McAndrews General Manager</i>	Inspected by (name and title printed): <i>Paul Belten EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betkov  
5/19

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Establishment name <i>Chicago's Pizza</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>05/18/22</i>	ID# <i>367</i>
Establishment address <i>2. N. SR 135</i>	Owner <i>Borgersville, Ind 46106</i>	Follow-up <i>NO</i>	Release Date <i>06/01/22</i>
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <input checked="" type="checkbox"/> NC <i>3</i> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>Richie Perkins Exp. 9/2/25</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<b>NOTE:</b> cutting board at <del>open</del> two door cooler by oven does not have smooth surface change this soon.	
295	NC		Timer upper part of ice machine getting soiled.	05/25/22
239	NC		Dish racks are on the floor.	L
297	NC		Soda nozzles are soiled I recommend cleaning them every three days instead of ones a week.	05/21/22
			<b>NOTE:</b> Create job on date markings. Create job on fixing mechanical dish washer sanitizer. make sure food containers are labeled on the side.	

Received by (name and title printed): <i>Megan Morris</i>	Inspected by (name and title printed): <i>Paul Betkov EHS</i>
Received by (signature): <i>Megan Morris</i>	Inspected by (signature): <i>Paul Betkov</i>
cc:	cc:





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*Becky 5/27*

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Establishment name <b>CINEMA MAX</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/27/22</b>	ID# <b>2382</b>
Establishment address <b>870 MAZZONI PARKWAY 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>6/6/22</b>
Owner <b>—</b>		Summary of Violations:  C <u>0</u> NC <u>9</u> R <u>—</u>	
Owner address		Menu Type (See back of page)	
Person in charge <b>HEATHER DUNAWAY</b>		1 <u>2</u> <u>A3</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
324	NC	X	HOT WATER TEMPERATURE LESS THAN 100°F NOT AT 100°F - 120°F AT HANDSINK	6/6/22
(NOTE)			3 COMPARTMENT SINK SET UP: WASH/RINSE/SANITIZER 5/27	
346	NC	X	HANDSINK AT 3 COMPARTMENT SINK AREA - HANDSOAP NOT PROVIDED	5/28
239	NC	X	BOX OF SINGLE SERVICE ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	5/29
295	NC	—	TOP INSIDE OF ICE MAKER NOT CLEAN	5/30
256	NC	—	THERMOMETER NOT SEEN IN REFRIGERATED SECTION OF UPRIGHT REFRIGERATOR/FREEZER	corrected 5/27
(NOTE)			(1) FREEZER UPRIGHT NOT IN USE	
431	NC	X	FLOOR BEHIND REFRIGERATOR/FREEZERS NEXT TO WALL NOT CLEAN	6/11
399	NC	X	RESTROOM CEILING TILES STRIPPED/NOT SMOOTH	8/11
197	NC	X	FREEZER SECTION OF REFRIGERATOR/FREEZER 18°F NOT AT 0°F OR LESS	5/29
291	NC	X	QUAT SANITIZER CHEMICAL TEST STRIPS NOT AVAILABLE	6/4

Received by (name and title printed): <b>Heather Dunaway</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>CIRCLE K 121</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/23/22</b>	ID# <b>686</b>
Establishment address <b>1219 STREET I-65/600 BARGE ROAD FRANKLIN, IN</b>	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 <b>-</b>	Release Date <b>6/2/22</b>
Owner <b>CIRCLE K</b>		Summary of Violations:  <b>C 0 NC 4 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>AMBER PARTON</b>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
394	NC	*	TRASH BAY ON GROUND - INSIDE DUMPSTER ENCLOSURE	5/26/22
255	NC	*	THERMOMETER IN CHEST FREEZER IN OFFICE AREA NOT ACCURATE	5/27
256	NC	*	THERMOMETER NOT SEEN IN BARN (STOCK) CHEST FREEZER	5/27
431	NC	*	FLOOR NOT CLEAN INSIDE SOFT DRINK UNIT CABINET AND UNDER FROSTER UNIT	5/29

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



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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 <b>COURT STREET CAFE'</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/23/22</b>	ID# <b>2232</b>
Establishment address <b>39 E COURT ST. 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>6/2/22</b>
Owner <b>SHERRY YOUNG</b>		Summary of Violations:  <b>C 0 NC 6 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>SHERRY YOUNG</b>		1 2 3 <b>4 X</b> 5	
Responsible person's email			
Certified food handler <b>SHERRY YOUNG</b>			

- 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
256	NC	R	THERMOMETER NOT SEEN IN CHEST FREEZER	5/26/22
228	NC	X	(TWO) LARGE UPRIGHT REFRIGERATORS NOT EASILY MOVABLE	7/1
218	NC	X	BEVERAGE AIR REFRIGERATOR DOOR GASKET WORN / NOT <del>clean</del> CLEAN	6/20
229	NC	X	(2) RUBBER SPATULAS WORN	5/28
295	NC	X	INSIDE TOP OF JTO MAKER NOT CLEAN	5/26
410	NC	X	Ceiling FLUORESCENT LIGHTS SOME PROTECTIVE END CAPS NOT PROVIDED	6/10
			mechanical DISINFECTING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 173°F)	OK

Received by (name and title printed): <b>SHERRY YOUNG OWNER</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:

