





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 <b>RICHARD'S KITCHEN</b> <i>BACK OVEN PIZZA</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/25/22</b>	ID# <b>1089</b>
Establishment address <b>229 SOUTH MAIN 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>48</b>	Release Date <b>5/4/22</b>
Owner <b>RICHARD GOSS</b>		Summary of Violations:  C <u>0</u> NC <u>4</u> R <u>    </u>	
Owner address		Menu Type (See back of page)	
Person in charge <b>MICHAEL MORRISON</b>		1 <u>    </u> 2 <u>    </u> 3 <u>    </u> 4 <u>    </u> 5 <u>    </u>	
Responsible person's email			
Certified food handler <b>RICHARD GOSS</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
411	NC	*	WALK-IN COOLER - LIGHT IS OUT,	6/30/22
418	NC		DOOR GASKET IS WORN	
431	NC	*	WOMANS RESTROOM - CEILING EXHAUST COVER NOT CLEAN	6/1
257	NC	*	METAL STEM PROBE THERMOMETER REGISTERING 61/ 0-220°F OR DIGITAL TYPE NOT PROVIDED	6/1
			INTERNAL TEMPERATURES OF FOOD IN PIZZA PREPARATION REFRIGERATOR 43°F NOT AT 41°F OR LESS (AMBIENT) AIR TEMPERATURE 51°F	check 5/26
			EMPLOYEE IN KITCHEN - DRINK CUP DOES NOT HAVE LIDS/SCREEN	5/26

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





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*Best  
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 <b>RITTERS FROZEN CUSTARD</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/27/22</b>	ID# <b>2370</b>
Establishment address <b>351 N MORTON ST FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 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>Alex Jome</b>		Summary of Violations:  <b>C 0 NC 3 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>HANNAH ASHER</b>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		WALK-IN COOLER SHELVES NOT CLEAN, BOX OF FOOD PRODUCT NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	6/1/22
399	NC		WALL BEHIND ICE MAKER, FROZEN CUSTARD MARSHMALLOW WORN	7/1
<del>257</del>			Food THERMOMETER PROBE 0-220°F OR DIGITAL TYPE NOT SEEN	

Received by (name and title printed): <b>Hannah Asher</b>	Inspected by (name and title printed): <b>Bob Smith ENS</b>
Received by (signature): <i>Hannah Asher</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:





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Beltz  
5/20

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>Road Ranger # 226</i>	Telephone Number <i>(317) 315-4987</i>	Date of Inspection <i>5-13-22</i>	ID# <i>915</i>
Establishment address <i>1615 E. Main St. Greenwood IN 46143</i>	Owner <i>( )</i>	Follow-up <i>No</i>	Release Date <i>5-23-22</i>
Owner <i>Road Ranger, LLC</i>	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 5 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Angela Ware</i>			
Responsible person's email			
Certified food handler <i>Angela Ware</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC	✓	South Subway area exit door interior right corner (of the door) is rusted / out, damaged & deteriorated door.	6-13-22 Replace
399	NC	✓	Floor tiles missing and Northeast and North entry ways	6-13-22 Replace by
218	NC		Subway Turbo Encore Speed Oven interior door peeling a black coating.	6-13-22 Replace door/unit
239	NC		Green apples not wrapped from consumer contamination	5-14-22 L
430	NC		Storage room interior walls, near shower, contain what appears to be black mold	6-13-22 L
			② Ceiling tiles near shower 3, are damaged and / or moldy	6-1-22
			③ Men's restroom self-closure device rubs the top of the door	L

Received by (name and title printed): <i>Cheryl Moore</i>	Inspected by (name and title printed): <i>Andrew Miller EHS</i>
Received by (signature): <i>Cheryl Moore</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>Speedway</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/26/22</i>	ID# <i>2493</i>
Establishment address <i>5. S. Crankum rd 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>06/02/22</i>
Owner	Summary of Violations:  <i>C 0 NC 2 R 0</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>Debbie Busey (exp. 1/29/23) servsafe</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>425</i>	<i>NC</i>		<i>Map not being</i>	<i>5/30/21</i>
<i>346</i>	<i>NC</i>		<i>one soap not dispensing in mens restroom.</i>	<i>5/31/21</i>
			<i>NOTE: make sure to clean soda nozzles every three days.</i>	
			<i>Please make sure food prep area is clean.</i>	
			<i>Thank you!! ☺</i>	

Received by (name and title printed): <i>Debbie Busey</i>	Inspected by (name and title printed): <i>Paul Betton EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:







JOHNSON COUNTY HEALTH DEPARTMENT  
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rev 51222  
460 N. MORTON ST. STE A <sup>Bekyn</sup>  
FRANKLIN, IN 46131 <sup>519</sup>  
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 <u>1033 Starbucks</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>5-5-22</u>	ID# <u>1109</u>
Establishment address <u>1035 E Main St</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>5-12-22</u>	Release Date <u>5-15-22</u>
Owner <u>Greenwood</u>		Summary of Violations:  C <u>1</u> NC <u>3</u> R <u>2</u>	
Owner address		Menu Type (See back of page)  1 <u>  </u> 2 <u>X</u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<u>344</u>	<u>C</u>	<input checked="" type="checkbox"/>	<u>Do not block access to the hand sink in the back room</u>	
<u>347</u>	<u>NC</u>	<input checked="" type="checkbox"/>	<u>Provide paper towels at all hand sinks in back and in front areas</u>	
<u>431</u>	<u>NC</u>	<input type="checkbox"/>	<u>Clean the floor area by drive through and front storeroom</u>	
<u>239</u>	<u>NC</u>	<input type="checkbox"/>	<u>Store all paper products and boxes off the floor - front storage area</u>	
			<u>The top 2 items are repeat violations. Warning issued</u>	
			<u>Thank you!</u>	

Received by (name and title printed): <u>Kaelynn Howard</u>	Inspected by (name and title printed): <u>Jennifer Warner</u>
Received by (signature): <u>Kaelynn</u>	Inspected by (signature): <u>JW 346 4376</u>
cc:	cc:













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Bakas  
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>Swagat Indian Cuisine</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/26/22</i>	ID# <i>2337</i>
Establishment address <i>Greenwood, 11 Declaration Dr. IN 46143</i>	Purpose: 1. Routine 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 <i>ste s. Harry Singh</i>	Summary of Violations:  <i>C 1 NC 11 R</i>	Menu Type (See back of page)	
Owner address		1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Person in charge <i>Harry Singh</i>			
Responsible person's email			
Certified food handler <i>Harry Singh</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC		<i>a large pot of food was cooling on the floor, at time of inspection</i>	<i>Corrected</i>
324	NC		<i>(1) Jet spray unit leaking from underneath unit (2) middle three bay drain stopper unit leaking (3) Hot water in public restrooms were 74°F and 76°F (range shall 100°F to 120°F)</i>	<i>6/7/22</i>
430	NC		<i>(1) Alley side kitchen door rubs the door frame (2) Condensate leak from conduit box for WIC ceiling light and piping for WIC evaporator unit (3) WIC ceiling and wall plugs missing</i>	<i>6/11/22</i>
399	NC		<i>Floor (concrete repair) near kitchen grease trap not smooth and easily cleanable</i>	<i>6/11/22</i>
413	NC		<i>Alley side kitchen door screening</i>	<i>6/11/22</i>

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



## NARRATIVE REPORT

Establishment Name			Address		Inspection Date	
Swagat Indian			Greenwood 11 Declaration Dr. IN 46143		5/26/22	
Section#	C/NC	R	Cuisine	REMARKS	Steps.	TO BE CORRECTED BY
				not tight-fitting at the bottom		6/1/22
187	C			① Heavy Whipping Cream and Cheese measured 56°F and 48°F while in the Avanco one door kitchen cooler. ② Chicken Tikka measured 46°F and cooked coat measured 46°F while inside the WIC at 2:09 pm. Note: Right fan for WIC not producing much cold air		Called for Emergency Repair 5/26/22
217	NC			An apparent 2" paint brush was stored in a pan with oil for bread		5/27/22 Food grade only
218	NC			Two bunge straps are tied to the inside of the WIC door to help with closing		6/1/22
411	NC	✓		Overhead light ballast out in server soda station area		6/11/22
218	NC			Door seal torn on Avanco one door cooler		6/26/22
433	NC			Three wet mops were not hung to air dry		5/26/22
324	NC			Hot water temperature at dish area hand sink was 163°F (max 120°F).		Corrected
Received By (Name & Title)			Inspected By (Name & Title)		Page	
S. Miller			Andrew Miller, EHP		2 of 2	



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*Backup  
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>Texas Roadhouse</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5 26 22</i>	ID# <i>1781</i>
Establishment address <i>270 Martin Dr</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 6 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 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>177</i>	<i>NC</i>		<i>Provide additional racks for fries in walk in freezer</i>	
<i>190</i>	<i>NC</i>		<i>Chili and green beans were 80°F in walk in cooler  They need to be cooled quicker with ice chains before placing into walk in cooler  (135-40°F 2 hrs then 4 more hours to 41°F)</i>	
<i>191</i>	<i>NC</i>		<i>Note had to prime sanitizer on bar dishmachine - monitor this so each cycle will have 50-100ppm chlorine</i>	

Received by (name and title printed): <i>Molly Stout</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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*Begin 5/26*

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>White's Inn Bar + Grill</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/24/22</i>	ID# <i>2011</i>
Establishment address <i>1020 N US 31 New Whiteland, IN 46184</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>6/3/22</i>
Owner <i>Mark Clark</i>		Summary of Violations:  <i>C 0 NC 4 R</i>	
Owner address	Responsible person's email <i>(Sen Safe EXP 9/30/23)</i>	Menu Type (See back of page)  <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Mark Clark</i>			
Certified food handler <i>Jim Whitaker</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>399</i>	<i>NC</i>		<i>Floor not smooth and easily cleanable under kitchen mechanical exhaust and the floor is soiled</i>	<i>6/24/22</i>
<i>431</i>	<i>NC</i>		<i>① Top of metal table under flat top grill is soiled</i>	<i>6/24/22</i>
<i>295</i>	<i>NC</i>		<i>② Exterior sides of cooking equipment soiled</i>	<i>5/28/22</i>
			<i>③ Walk-in-cooler (green &amp; silver) shelving soiled</i>	
			<i>④ Bar soda gun soiled</i>	
			<i>⑤ Ice bin drop plate soiled</i>	<i>5/28/22</i>
<i>413</i>	<i>NC</i>		<i>Kitchen area back door propped open (leading to Event Center)</i>	<i>Corrected</i>
			<i>Notes: Event Center behind White's Inn inspected and has four freezers</i>	

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











