



**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

Belen  
4/21

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>Grace Point Church food pantry</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>04/20/21</i>	ID# <i>2238</i>
Establishment address <i>330 W Whiteland rd</i>	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date —
Owner <i>New whiteland IN, 46149</i>		Summary of Violations:  <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/></i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
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>NO violation during inspection.</i>	

Received by (name and title printed): <i>✓ Vickie Merida-</i>	Inspected by (name and title printed): <i>Paul Belton ETS</i>
Received by (signature): <i>✓ Vickie Merida</i>	Inspected by (signature): <i>Paul Belton</i>
cc:	cc:



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Belsky  
4/11

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>Crafton Peak</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/08/2022</i>	ID# <i>1782</i>
Establishment address <i>410 E main st, Greenwood, IN 46142</i>	Owner	Follow-up <i>NO</i>	Release Date <i>4/22/22</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 <u>1</u> NC <u>3</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email <i>Charles Bryant</i>		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	nc		Dish racks are on the floor (needs to be above the floor)	4/11/22
187	C		Cake cooler temperature at 42-44°F	corrected <del>4/9/22</del>
295	nc		Inside of ice-machine is soiled (this needs cleaning on the upper right of the machine).	4/15/22
			NOTE: there's a gap at the back exit door	
			Vent inside walk-in cooler needs cleaning	corrected <del>4/11/22</del>
174	NC		there's one unmarked food container by the kitchen hand sink ↳ recommend moving unmarked bulk food items to dry storage	<del>4/11/22</del> Corrected

Received by (name and title printed): <i>Mike A. Allen</i>	Inspected by (name and title printed): <i>Raul Belsky / Cassi Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc: <i>Mike Allen</i>	cc:



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Beth  
4/13

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>Creek 3 Pizzeria</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/11/22</i>	ID# <i>2146</i>
Establishment address <i>1642 Olive branch IN 46143</i>	Owner	Follow-up <i>NO</i>	Release Date <i>4/25/22</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <u>1</u> NC <u>4</u> R <u>0</u>	
Owner address		Menu Type (See back of page)  1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Person in charge <i>Kristian Walker</i>			
Responsible person's email			
Certified food handler <i>Jason Tapp</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
347 & 346	NC		No paper towel & no hand soap by hand sink in back storage.	4/15/22
411	NC		No light inside walk-in cooler. close to small cooler unit. @couple of lights out by oven.	
256	NC		thermometer not provided at one cooler & freezer unit.	
294	C		Insufficient sanitizer at 3-boy sink	4/15/22
			NOTE: MAKE SURE ICE-SCOPES ARE PLACED PROPERLY IN A CLEAN CONTAINER. (H) MAKE SURE SANITIZER BUCKET ARE PROPERLY LABELLED	

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



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Betsy  
4/19

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 <b>Greenwood Stadium 14 + RPX</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/14/22</b>	ID# <b>1520</b>
Establishment address <b>4601 Greenwood Park S Dr., 46147</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>4/24/22</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>0</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge <b>X Michael Lusk</b>		1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<p>final rinse temperature is OK for dish machine.</p>	
			Note: Certified food handler is needed.	

Received by (name and title printed): <b>X Michael Lusk, GM</b>	Inspected by (name and title printed): <b>CASSI HALL</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature]</b>
cc:	cc:



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Betm  
4/13

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>Hawaiian smoothie</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>04/11/22</i>	ID# <i>1934</i>
Establishment address <i>1251 US 31 N. Greenwood Ind, 46142</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>—</i>
Owner		Summary of Violations:	
Owner address		C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input checked="" type="radio"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection.</i>	
			<i>NOTE: TAKE OUT LIGHT BULBS IN BACK STORAGE</i>	

Received by (name and title printed): <i>Hyon Kim</i>	Inspected by (name and title printed): <i>Paul Betiku RHC</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beta 5/2

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Establishment name <b>HILLTOP CC. / 200'S DEN</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/26/22</b>	ID# <b>2150</b>
Establishment address <b>1800 E KING 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>5/5/22</b>
Owner <b>KRYSTAL BRUMMITT</b>		Summary of Violations:  C <u>0</u> NC <u>1</u> R <u>    </u>	
Owner address		Menu Type (See back of page) <b>1</b> <u>2</u> <u>3</u> <b>4</b> <u>5</u>	
Person in charge <b>KRYSTAL BRUMMITT</b>			
Responsible person's email			
Certified food handler <b>JENNIFER COTTERELL (SERVSAFE 5/8/24 EXP)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC	-	THERMOMETER NOT OBSERVED IN UPRIGHT FREEZER	Corrected 4/26/22

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



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Betsy  
 4/22

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>House of Tokyo</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/21/22</i>	ID# <i>515</i>
Establishment address <i>172 Melody Ln 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>5/1/22</i>
Owner	Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>0</u>	Menu Type (See back of page)  1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___	
Owner address			
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>[Signature]</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature):	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Bekay  
4/19*

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 <i>Indian Bazar</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4-18-22</i> <i>3:15p</i>	ID#
Establishment address	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>4-28-22</i>
Owner		Summary of Violations:  <i>C 4 NC 5 R 0</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 X 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>415</i>	<i>C</i>		<i>Observed flies in establishment &amp; especially by 3-bay sink</i>	<i>4-28-22</i>
			<i>Observed several dead mice on glue traps in kitchen as well as rodent dropping thru out back doors may be where they are coming in. Recommend cleaning, organizing, &amp; hiring a Certified Pest Control operator.</i>	
<i>441</i>	<i>C</i>		<i>Home pesticides observed in kitchen. Remove from kitchen today. Only pesticides approved for use in a commercial kitchen are allowed. - It will be stated on label.</i>	<i>4-18-22</i>
<i>191</i>	<i>C</i>		<i>Food in Walk-in-Cooler not date marked.</i>	<i>4-18-22</i>
<i>419</i>	<i>C</i>		<i>Tylenol &amp; Hajmola stored on shelf by Mango Custard powder. Personal care products shall not be stored by food products.</i>	

Received by (name and title printed):	Inspected by (name and title printed): <i>Elizabeth Schultz</i>
Received by (signature): <i>Am Tim</i>	Inspected by (signature):
cc:	cc:



# NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Indian Bazar				4-18-22

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
177	NC		Food not stored 6" off floor - Observed Large Stock pot on Floor of Kitchen; Food observed on floor in Containers in Walk-in-Cooler	4-18-22
431	NC		Floors, walls, ceilings soiled; specifically By trash can, under 3-bay, in Walk in, under equipment Inverted 2L carrying container for soda is not easy to clean under	4-21-22
433	NC		Mops not hung up to dry stored in wringer of mop bucket. Both mop buckets have soiled water	4-18-22
174	NC		Beer Food not labeled.	4-20-22
256	NC		Thermometer not observed in Walk-in-cooler Built in thermometer shows it is 61°F Food in Walk in is 38 On display - Milk cooler - Thermometer not observed	4-18-22

Received By (Name & Title)	Inspected By (Name & Title)	Page 2 of 2
Ch Tin	Elnorheth Schultz	



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*Patem 4/21*  
✓

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Establishment name <i>Jacks Donuts</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4 20 22</i>	ID# <i>2027</i>
Establishment address <i>3100 Meridian Parkway</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>N/A</i>	Release Date <i>4 30 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 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>174</i>	<i>nk</i>		<i>label all bulk food containers in the kitchen</i>	
			<i>Thank you!</i>	

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



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*Beday 512*

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>Jenkin's Farm Market</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/29/22</i>	ID# <i>2374</i>
Establishment address <i>5566 Indiana 252, franklin</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>5/10/22</i>
Owner		Summary of Violations:  C <u>0</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>156</i>	<i>NC</i>		<i>Didn't observe <del>thermometers</del> thermometers in 4 of the freezers ↳ 3 in shed &amp; 1 inside store</i>	
<i>197</i>	<i>NC</i>		<i>Freezer (with ribeye) in shed appears to be at 12°F</i>	
<i>Thank you!</i>				

Received by (name and title printed): <i>x Shannon Harper</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>x Shannon Harper</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc: <i>Gabriel Schultz</i>



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Bukm  
4/11  
✓

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Establishment name <b>JIBS BBQ</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/8/22</b>	ID# <b>2264</b>
Establishment address <b>38 S CROWELL ST, FRANKLIN, IN</b>	Owner <b>Jesse Hutton</b>	Follow-up <b>-</b>	Release Date <b>4/18/22</b>
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <u>2</u> NC <u>1</u> R	
Person in charge <b>Jesse Hutton</b>		Menu Type (See back of page) 1 2 <u>3</u> 4 5	
Responsible person's email			
Certified food handler <b>Jesse Hutton (SOSASAF) 6/22/23 EXP</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C	→	INTERNAL Food Temperatures of POTENTIALLY HAZARDOUS Food ITEMS in UPRIGHT REFRIGERATOR 44°F NOT AT 41°F OR LESS	4/9/22
187	C	→	INTERNAL Food Temperatures of POTENTIALLY HAZARDOUS ITEMS in HOT HOLDING UNIT 119°-128°F NOT AT 135°F OR MORE	4/9/22
254	NC	*	DIGITAL THERMOMETER NOT FUNCTIONING (corrected)	

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



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Beltm  
4/21 ✓

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Establishment name <i>Jimmy John's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/21/22</i>	ID# <i>1627</i>
Establishment address <i>733 Lowe's Blvd Greenwood IN 46142</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>5/1/22</i>
Owner		Summary of Violations:  <i>C 2 NC 5 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>product stored on floor back by freezer</i>	<i>4/22/22</i>
<i>174</i>	<i>NC</i>		<i>label sauces in cooler</i>	<i>4/21/22</i>
<i>295</i>	<i>NC</i>		<i>stand up cooler soiled inside</i>	<i>4/25/22</i>
<i>438</i>	<i>C</i>		<i>Cleaning bottles NOT labeled w/ correct name</i>	<i>4/21/22</i>
<i>431</i>	<i>NC</i>	<i>1</i>	<i>Floor drain under 3 bay sink soiled</i>	<i>5/1/22</i>
<i>294</i>	<i>C</i>		<i>sanitizer in 3 bay sink is low (<del>200ppm</del> <sup>50-100ppm</sup> 100ppm)</i>	<i>4/21/22</i>
		<i>2</i>	<i>Build up on ice dispenser on drink machine</i>	<i>4/25/22</i>

Received by (name and title printed): <i>X Daniel Spaulding General Manager</i>	Inspected by (name and title printed): <i>Skylie Blanford EHS</i>
Received by (signature): <i>X Daniel Spaulding</i>	Inspected by (signature): <i>Skylie Blanford</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

Betsy  
4/21

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>Johnson's BBQ Shack Byrd Way</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4-20-22</i>	ID# <i>2358</i>
Establishment address <i>100 Byrd Way 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>4-30-22</i>
Owner <i>Nate Johnson</i>		Summary of Violations:  <i>C 2 NC 8 R 1</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 3 4 X 5</i>	
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
191	C		Date marking not observed	4-20-22
190	NC		Chicken in sauce @ 73°F @ 3:30pm in walk in cooler inside metal covered metal pan - just placed	4-20-22
187	C		Avantco Refrigeration reach-in-cooler @ 90°F @ 3:20pm. Observed moldy pie & bags of pepperni.	4-20-22
342	NC	X	Hand sink (in kitchen) @ 68°F	4-20-22
414	NC		Daylight observed under back door	4-30-22
177	NC		Shelves not 1" of floor (some not all) Single service cups stored on floor surface inside cabinet @ front bar	4-30-22
324	NC		2-bay faucet runs	4-22-22
425	NC		mop not hung up to dry	4-20-22
351	NC		Waste receptacle not covered in restrooms women use	4-22-22
310	NC		Restroom vents are dusty	4-22-22
			Beards should be covered	

in cooler

Received by (name and title printed): <i>Tim Brandon</i>	Inspected by (name and title printed): <i>Elizabeth Schuetz</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

eschultz@co.johnson.in.us



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Betsy  
4/26

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>Kentucky Fried Chicken</i>	Telephone Number Establishment Owner	Date of Inspection <i>4-21-22</i>	ID# <i>2245</i>
Establishment address <i>1293 N SR 135 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>5-1-22</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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
<i>399</i>	<i>NC</i>		<i>Replace missing floor tile in the back hallway</i>	
<i>399</i>	<i>NC</i>		<i>Work on ice buildup in walk-in freezer</i>	
			<i>Nice job! Thank you!!</i>	

Received by (name and title printed): <i>Cynthia Bertram</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature):	Inspected by (signature): <i>JW 3464376</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
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Betsy  
4/11

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 <b>KING BUFFET</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/16/22</b>	ID# <b>2041</b>
Establishment address <b>2239 N MORTON ST. #G 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>4/16/22</b>
Owner <b>EN CHEN</b>		Summary of Violations:  <b>C 0 NC 8 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 X 5</b>	
Person in charge <b>EN CHEN</b>			
Responsible person's email			
Certified food handler <b>EN CHEN</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC	*	BAG OF RICE NOT STORED OFF FLOOR IN KITCHEN MINIMUM OF 6 INCHES	4/7/22
411	NC	*	LIGHT INTENSITY NOT ADEQUATE IN AREAS OF KITCHEN	5/1
199	NC	*	FROZEN CHICKEN BEING THAWED IN <del>COASTER</del> KITCHEN AT ROOM TEMPERATURE (NOT THAWED PROPERLY)	corrected 4/6
H31	NC	*	FLOOR UNDER DISHWASHER / UNDER EQUIPMENT NEXT TO WALL NOT CLEAN	4/12
392	NC	*	OUTSIDE DUMPSTER LID NOT CLOSED	corrected 4/16
324	NC	*	RESTROOM HANDSINK HOT WATER TEMPERATURE NOT AT 100°F - 120°F (WAS 139°F)	4/7
138	NC	@	HAIR RESTRAINT (CAP / VISOR / HAIR NET) NOT WORN BY EMPLOYEE IN KITCHEN	4/7
431	NC	@	RESTROOM CEILING EXHAUST COVER NOT CLEAN	4/10

Received by (name and title printed): <b>EN CHEN</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <b>En Chen</b>	Inspected by (signature): <b>Betsy Smith</b>
cc:	cc:





**JOHNSON COUNTY HEALTH DEPARTMENT  
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*Beky 5/2*

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>Kroger</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4 26 22</i>	ID# <i>434</i>
Establishment address <i>3100 Mendham Park Dr Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>ND</i>	Release Date <i>5 6 22</i>
Owner	Summary of Violations:  <i>C 0 NC 0 R 0</i>	Menu Type (See back of page)  <i>1 2 3 4 X 5</i>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Continue working on the Deli floor - smooth &amp; cleanable</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Abby Travers</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Abby Travers</i>	Inspected by (signature): <i>JW 316 4376</i>
cc:	cc: