



**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

*Return
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 Taco Bell #1980	Telephone Number () Establishment () Owner	Date of Inspection 4/21/2022	ID# 241
Establishment address 801 N US 31 Greenwood, IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 5/1/22
Owner		Summary of Violations: C 0 NC <u>4</u> R 0	
Owner address		Menu Type (See back of page) 1 2 3 <u>X</u> 4 5	
Person in charge			
Responsible person's email			
Certified food handler Christiah Foriest Exp 2025			

- 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
425	NC		map not hung	4/21/22
431	NC	①	Ice machine on drive thru drink machine soiled	4/21/22
		②	Drain and Floor under freeze machine soiled	4/25/22
228	NC		equipment is not easily movable	5/1/22
NOTE: NO utensil handles shall be touching ready to eat food				
Also, keep back door clear of trash				

Received by (name and title printed): X Christian Foriest	Inspected by (name and title printed): Jaucie Blanford FHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

rev 4/29/22 *Betsy 4/26*
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 <i>TGI Fridays</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/21/22</i>	ID# <i>1904</i>
Establishment address <i>1251 US 31 Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>4/29</i>	Release Date <i>5/1/22</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"
- 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>Note dish machine not sanitizing Do not use until repaired</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Erin Davis</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Erin Davis</i>	Inspected by (signature): <i>JW 346 4376</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
4/1/23

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 Victory Christian Church	Telephone Number () Establishment () Owner	Date of Inspection 4/1/22	ID# 2249
Establishment address 1720 Graham Rd, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 4/21/22
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC 3 R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler Sherry Wilson (exp. 4/10/24)			

• 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
			NOTE: Clean utensils and containers stored on towels	
411	NC		few lights out in exhaust hood	4-21-22
174	NC		A few bulk containers in dry storage not labeled	↓
256	NC		No thermometer observed in freezer	
			NOTE: ice machine has some build up ↳ needs clean	
			NOTE: Dish machine not in use at time of inspection.	
			NOTE: test strips and food thermometer not observed at time of inspection.	

Received by (name and title printed): + Linda Peek office volunteer	Inspected by (name and title printed): Cassi Hall
Received by (signature): + Linda S Peek	Inspected by (signature): Cassi Hall
cc:	cc:

317-346-4371



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

Beta
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>Waffle House</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/6/22</i>	ID# <i>1676</i>
Establishment address <i>1069 E. Main St Greenwood, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>4/16/22</i>
Owner		Summary of Violations: C <u>0</u> NC <u>2</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> x </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Kashaunda Holman</i>			

- 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>295</i>	<i>NC</i>		<i>Map sink basin is soiled.</i>	<i>4/7/22</i>
<i>347</i>	<i>NC</i>		<i>No hand towels at the kitchen hand sink</i>	<i>corrected</i>
<i>295</i>	<i>NC</i>		<i>Reach-in coolers are soiled.</i>	<i>✓</i>
			<i>* Egg cooler is slightly off temp. 42°F must be 38-40°F</i>	

Received by (name and title printed): <i>Kashaunda Holman, UM</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>Kashaunda Holman</i>	Inspected by (signature): <i>Terry D Bayless</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

Bob Smith 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 WAL-MART #995	Telephone Number () Establishment () Owner	Date of Inspection 4/20/22	ID# 691
Establishment address 2125 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/30/22
Owner WAL-MART STORES EAST		Summary of Violations: C <u>0</u> NC <u>4</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>X</u> 5 <u>—</u>	
Person in charge KRISTINA ROMIG			
Responsible person's email			
Certified food handler KRISTINA ROMIG			

- 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
431	NC		FLOOR AND FLOOR DRAINS IN AREAS OF BACK HALL NOT CLEAN (WALL WORN IN AREAS)	4/28/22
218	NC		BAKERY DEPARTMENT WALK-IN FREEZER DOOR GASKET WORN/NOT CLEAN	5/20
346	NC		BAKER DEPT. (I) HANDSINK NO SOAP AVAILABLE	4/22
347	NC		(II) HANDSINK DISPOSABLE HAND TOWELS NOT AVAILABLE	
			NOTE - CHEST FREEZER DISPLAY - SOME PACKAGES OF FROZEN FOOD ABOVE LOAD LIMIT HEIGHT	4/22
			NOTE - (EMPLOYEES) MEN'S RESTROOM - CEILING MECHANICAL EXHAUST FAN NOT FUNCTIONING	4/23
			NOTE - MECHANICAL TRAY/WASHING MACHINE/BAKERY	
			NOTE - WASH TEM 142°F / FINAL RINSE 158°F NOT AT 150°F MIN. / FINAL RINSE 158°F NOT AT 160°F MIN.	4/21

Received by (name and title printed): Kristina Romig	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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

Beta
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>Wendys</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4 25 22</i>	ID# <i>2378</i>
Establishment address <i>1065 South Park</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 5 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 X 4 5</i>	Responsible person's email	
Person in charge		Certified food handler	
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>549</i>	<i>NC</i>		<i>work on freezer where ice buildup is on the drain line</i>	
<i>431</i>	<i>NC</i>		<i>work on floor cleaning in walk in cooler and kitchen area in grill</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Charity McIntosh</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:



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
 4/19

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>The Willow Cafe @ JmH</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/18/22</i>	ID# <i>2235</i>
Establishment address <i>1125 W JEFFERSON FRANKLIN, IN</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>-</i>	Release Date <i>4/28/22</i>
Owner <i>JmH</i>		Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge <i>JOSHUA WATTERS</i>			
Responsible person's email			
Certified food handler <i>JOSHUA WATTERS</i>			

- 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
		<input checked="" type="checkbox"/>	<i>NO ITEMS NOTED</i>	
		<input checked="" type="checkbox"/>	<i>MECHANICAL DISHWASHER HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL (WAS 180°F) (POT) - FINAL RINSE ~ 29-30 NOT AT 15-25 PSI</i>	<i>-OK</i>

Received by (name and title printed): <i>Joshua Watters, CDM-CFPP</i>	Inspected by (name and title printed): <i>Bob Smith EHS</i>
Received by (signature): <i>Joshua Watters</i>	Inspected by (signature): <i>Bob Smith</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
4/19

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 WINGS ETC.	Telephone Number () Establishment () Owner	Date of Inspection 4/18/22	ID# 2029
Establishment address 2237 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/28/22
Owner		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>5</u> 4 <u> </u> 5 <u> </u>	
Person in charge Andrew Ahlefeld			
Responsible person's email			
Certified food handler Andrew Ahlefeld			

• 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
431	NC	Ⓟ	FLOOR IN KITCHEN NEXT TO WALL, UNDER EQUIPMENT, AND WALK IN FREEZER NOT CLEAN	4/26/22
324	NC	Ⓟ	LEAK NOTED ON MECHANICAL DISHWASHER, S/O DRAINING INTO PLASTIC TUB	5/2
324	NC	Ⓟ	LEAK NOTED AT CULINARY SINK BY ICE MAKER	5/2
399	NC	Ⓟ	FLOOR TILE MISSING AROUND GROSS TRAP	4/20
431	NC	Ⓟ	CAULK MISSING AROUND MOP SINK BASIN	5/1
229	NC	Ⓟ	CONTAINER (PLASTIC) ON GRILL LIMP CHECKED ON EDGES	5/18

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

