



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

Beky
4/14/22 ✓

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 1823 BAKEHOUSE	Telephone Number () Establishment () Owner	Date of Inspection 3/25/22	ID# 2140
Establishment address E COURT 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 4/14/22
Owner (none)		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> </u> 5 <u> </u>	
Person in charge HEATHER WENNING			
Responsible person's email			
Certified food handler HEATHER WENNING (SERUSAFE)			

• 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
138	NC	*	HAIR RESTRAINTS (CAPS/VELOS/HAIR NETS) NOT WORN BY EMPLOYEES IN KITCHEN	3/26/22
228	NC	*	KITCHEN CHEST FREEZER, UPRIGHT FREEZER	4/28
256	NC		NOT EASILY MOVABLE / AND THERMOMETERS NOT SEEN	3/28
218	NC	*	DOOR GASKETS WORN - KITCHEN 2 DOOR REFRIGERATOR AND 2 DOOR REFRIGERATOR IN DINING ROOM AREA AND FRONT DISPLAY CASE	4/28
			QUICK CHILL METHOD REVIEWED	3/25
			PREWRAPPED BARS ON DISPLAY MADE ON SITE NOT LABELED (STORE NAME / ADDRESS ITEM INFO)	4/11

Received by (name and title printed): Heather Wenning, Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Beltm
3/17

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 APPLEBEE'S NEIGHBORHOOD GRILL & BAR	Telephone Number () Establishment () Owner	Date of Inspection 3/16/22	ID# 687
Establishment address 700 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 3/26/22
Owner [Signature]		Summary of Violations: C <u>0</u> NC <u>2</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge RYAN CLARK			
Responsible person's email			
Certified food handler RYAN CLARK (6/23/22)			

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Section #	C/NC	R	Narrative	To Be Corrected by
(NCP)			DICHLORVOS PEST STRIPS USED IN KITCHEN AREA (POTENTIAL HEALTH RISK)	Remove 3/18/22
431	NC	R	FLOOR NOT CLEAN IN AREAS OF KITCHEN/ BAR AND OUTSIDE STOCK MINI-BARN	3/21/22
324	NC	R	BAR - SOFT DRINK TUBE CLOGGED/NOT DRAINING	3/20/22
		X		

Received by (name and title printed): Ryan Clark	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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Belen
317

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>Athen's Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/3/22</i>	ID# <i>105</i>
Establishment address <i>1800 Northwood Plaza</i>	<i>Franklin, IN 46131</i>	Follow-up <i>Yes</i>	Release Date <i>3/13/22</i>
Owner <i>Tom Filis</i>		Summary of Violations: <i>C 1 NC 15 R</i>	
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Tom Filis</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Tom Filis</i>	<i>EXP: 1/17/23</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C	✓	The following internal product temperatures were measured at the salad station, in dining room: ① Shredded Cheese 55°F ② Macaroni Salad 50°F ③ Cole Slaw 47°F * Ambient air of this unit was ~50°F at approximately 2:30 pm	3/3/22
295	NC	✓	Inside and outside of various kitchen equipment are soiled	3/4/22
431	NC	✓	① Carpet under white freezer and walk cooler are soiled ② Floors, walls, ceilings soiled in various areas of the firm	
430	NC	✓	Toilets in public restrooms are soiled	
295	NC	✓	① Manual can opener and holder soiled	Corrected

Received by (name and title printed): <i>TOM FILIS</i>	Inspected by (name and title printed): <i>Andrew Miller EHS/paul Belen/Cassie Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller/paul Belen/Cassie Hall</i>
cc:	cc:

NARRATIVE REPORT

Franklin,

Establishment Name			Address	Inspection Date
Athen's Restaurant			1800 Northwood Plaza ^{IN} 46131	3/3/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
399	NC	✓	② Table slicer unit is soiled floor worn under south Bend stove	3/3/22 3/23/22
295	NC	✓	Inside top of back room ice maker is soiled (i.e. moldy)	3/3/22
218	NC		Bar area ice maker interior contains grey duct tape and two rusty bolt/screw	Replace unit 4/3/22
254	NC		Ambient air thermometer not accurate in bar area cooler (on carpet)	Corrected
309	NC		Mechanical ventilation in public restrooms appeared not working	3/23/22
431	NC		Women's restroom walls and floor are soiled	3/3/22
413	NC		Back kitchen door (to exit) not self-closing	3/23/22
385	NC		Dumpster lid not closed	3/3/22
411	NC		① Ceiling light in area of ^{arm} walk-in cooler not working	3/5/22 3/10/22
			② Interior light bulbs not working in various refrigeration units	
218	NC		① Strainer with handle worn/damaged at deep fryer	3/3/22 Replace
			② Warmer table missing the bottom leg piece unit has an inverted metal pan	3/24/22
228	NC		Some cooking equipment are not easily movable and bar cooler.	4/3/22
* Notes Firm in need of significant cleaning to both equipment and facility Repeat violations *				
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
<i>[Signature]</i>			Andrew Miller	



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Bellem
317

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 BAAM Energy	Telephone Number () Establishment () Owner	Date of Inspection 3/2/11	ID# 2510
Establishment address 1032 US 31 S, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. <u>Pre-Operational</u> 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 3/12/22
Owner		Summary of Violations: No Score C <u> </u> NC <u> </u> R <u> </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 x Lindsay Heck			
Responsible person's email x baamenergy31@gmail			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			• Need to have two more air gap or backflow prevention on 3 bay sink (only one is provided)	4-1-22
			• inside the freezer at the bottom is soiled ↳ needs cleaned	
			• Ceiling tile by back door are broken/damaged ↳ needs replaced.	
			• ice machine is soiled ↳ needs cleaned.	
			• Light out by back door	
			• Need to have an open front toilet seat for public use.	
			• Door sweep for back door needs replaced	
			• Midea small freezer is not NSF/ANSI approved. Unit must be commercial.	
			• Three bay sink needs sealed to the wall	
			Thank you!	

Received by (name and title printed): x Lindsay Heck	Inspected by (name and title printed): Cassi Hall / Andrew Miller
Received by (signature): x Lindsay Heck	Inspected by (signature): Cassi Hall / Andrew Miller
cc:	cc:

317-346-4371



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Buku
 3/24

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>Barnes & Noble Book Store</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/22/22</i>	ID# <i>1268</i>
Establishment address <i>(store books) 1251 VS 31 N Greenwood, Ind</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>4/05/22</i>
Owner <i>46142</i>		Summary of Violations: <i>C 0 NC 3 R 1</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 <i>Jaqueline Finney (FSP exp. 3/10/22)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>347</i>	<i>nc</i>		<i>NO paper towel at hand sink by dish washer</i>	<i>3/25/22</i>
<i>239</i>	<i>nc</i>		<i>Dish racks are on the floor</i>	<i>3/25/22</i>
<i>431</i>	<i>nc</i>		<i>floor inside walk-in freezer is soiled. - floor by main drain & by dish washer is soiled.</i>	<i>3/30/22</i>
			<i>NOTE: Manager is taking food safety class.</i>	

Received by (name and title printed): <i>Jaqueline Finney</i>	Inspected by (name and title printed): <i>Paul Betteu EHS</i>
Received by (signature): <i>Jaqueline Finney</i>	Inspected by (signature): <i>Paul Betteu</i>
cc:	cc:



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Beky
4/14/22
✓

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Establishment name BRYMONT INN	Telephone Number () Establishment () Owner	Date of Inspection 3/25/22	ID# 1200
Establishment address 2122 HOLIDAY LN FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/4/22
Owner CHINMU PATEL		Summary of Violations: C <u>1</u> NC <u>4</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Person in charge ROBIN ALBERTS			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
203	NC	*	APPLES AT COUNTER - NOT PREWRAPPED, TONGS NOT AVAILABLE	3/26/22
431	NC	*	CABINET SHELF UNDER SINK NOT CLEAN, MOUSE DROPPINGS SEEN	3/29
254	NC	*	DIGITAL THERMOMETER TO CHECK FOOD TEMPERATURES NOT FUNCTIONING	3/28
256	NC	*	BACK ROOM - CHEST FREEZER - THERMOMETER NOT OBSERVED	3/28
187	C	*	EGGS IN UPRIGHT REFRIGERATOR 48°F NOT AT 41°F OR LESS	3 ITEMS TO BE PLACED IN ANOTHER REFRIGERATOR (3/25)
(WTO)		*	RAID LISTED FOR HOUSEHOLD (TO BE REMOVED)	

Received by (name and title printed): Robin Alberts	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Robin Alberts	Inspected by (signature): Bob Smith
cc:	cc:



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Betsey
3/2

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 Big Lots #5284	Telephone Number () Establishment () Owner	Date of Inspection 3/1/22	ID# 1840
Establishment address 1538 N Morton St, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3/10/22
Owner		Summary of Violations: C 0 NC <u>9</u> R	
Owner address		Menu Type (See back of page)	
Person in charge x Diane West		1 ___ 2 X 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
414	NC		Emergency EXIT door in stock room and in home section not protected from potential rodents ↳ Day light observed under doors	3-12-22
430	NC		Baseboard missing by emergency exit door in home section	3-12-22
411	NC		Lights out in both emergency exit hallways (work order in process to replace them)	3-10-22
431	NC		Floor soiled in emergency exit hallway by door Note: No baseboard in stock room (gap between floor and wall)	3-2-22

Received by (name and title printed): x Diane West	Inspected by (name and title printed): Cassi Hall
Received by (signature): x Diane West	Inspected by (signature): Cassi Hall
cc:	cc:



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*Buttm
Blam*

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 BJ's Restaurant and Brewhouse	Telephone Number () Establishment () Owner	Date of Inspection 3/23/22	ID# 1344
Establishment address 1251 N US 31 Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 4/2/22
Owner		Summary of Violations: C 2 NC 3 R 1	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 ___ 4 X 5 ___	
Responsible person's email			
Certified food handler K. Katrina A. Vogel			

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Section #	C/NC	R	Narrative	To Be Corrected by
347	NC		No hand towels at the front area hand sink	corrected 3/22/22
187	C		Raw chicken and macaroni are not being maintained at 41°F or below in the service line refrigerated drawer(s)	3/22/22
345	C		mold was noted on the rear kitchen hand sink. [faucet handle assembly -]	4/2/22
295	NC		The dry storage shelving is very soiled.	3/24/22
218	NC	✓	The walk-in freezer is covered in frost. [shelving - products - door way and compressor are covered] Continued non compliance to the above mentioned items may result in a suspension of your food permit.	4/2/22 Refer to ABC"

Received by (name and title printed): K. Katrina A. Vogel	Inspected by (name and title printed): Terry D Bayless
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beltz
3/2

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Establishment name BOJAKS	Telephone Number () Establishment () Owner	Date of Inspection 3/1/22	ID# 1365
Establishment address 377 E JOFFERSON ST.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (YES)	Release Date 3/11/22
Owner AUSTIN GORE		Summary of Violations: C 1 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge GARY GIGLI			
Responsible person's email			
Certified food handler JONATHAN ZANHAM (CFMP)			

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C	→	NUMEROUS SMALL FLIES OBSERVED AROUND BACK SOFT DRINK STATION, BAR SOFT DRINK NOZZLES	CONTROL 3/8/22
295	NC		BAR SOFT DRINK NOZZLE / DRAIN NOT CLEAN	
392	NC	→	OUTSIDE DUMPSTER LTD NOT CLOSED	3/4
295	NC	→	EXHAUST HOOD FILTERS NOT CLEAN	3/10
431	NC	→	FLOOR IN AREAS NOT CLEAN, NEXT TO WALL, UNDER GRILL, UNDER BACK SOFT DRINK STATION, NEXT TO WALL IN KITCHEN / FLOOR WET UNDER BACK SOFT DRINK STATION	3/10
218	NC	→	UPRIGHT REFRIGERATOR IN KITCHEN DOOR GASKET SPLIT, WORN @ (UPRIGHT REFRIGERATOR)	4/1
357	NC	→	WOMENS RESTROOM - LTD NOT PROVIDED FOR WASTE CONTAINER	3/20
411	NC	→	LIGHT INTENSITY NOT ADEQUATE IN AREA OF WALK-IN COOLER	3/28
339	NC	→	TRAYS NOT STORED OFF FLOOR MINIMUM 6 INCHES IN BACK WALL SOFT DRINK STATION AREA	3/3

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



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Balky
3/22

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Establishment name Buca di Beppo	Telephone Number () Establishment () Owner	Date of Inspection 3/22/22	ID# 897
Establishment address 659 N US 31 Greenwood IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 4/2/22
Owner		Summary of Violations: C <u>1</u> NC <u>2</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			
Responsible person's email			
Certified food handler Amanda Couture			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Portion sliced chicken is not being maintained at 41°F or below	3/22/22
431	NC		Floor under kitchen equipment is not clean [Line]	
413	NC		Rear entrance door does not fit tight	
			Note: walk-in cooler 42°F Suggest maintaining at 38°F - 40°F	

Received by (name and title printed): Amanda Couture	Inspected by (name and title printed): Terry D Bay
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: