



**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
3/21

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 Marco's Pizza	Telephone Number () Establishment () Owner	Date of Inspection 3/18/22	ID# 2211
Establishment address 989 N US 31, 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3/28/22
Owner		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge X Eforung			
Responsible person's email			
Certified food handler X Patrick Bridges (exp. 6/11/23)			

• 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		Observed a leak from the faucet at the 3 bay sink	3-25-22
			Note: Pepsi ice chute has some build-up. ↳ needs cleaned.	
			Note: Make sure to clean under all equipment ↳ Observed build up under some of the equipment (pepsi cooler)	
			Note: Observed a plastic cover around the oven attached to the exhaust hood	

Received by (name and title printed): X Cody Perry Shift lead	Inspected by (name and title printed): CASSI HALL
Received by (signature): X Cody Perry	Inspected by (signature): CASSI HALL
cc:	cc:



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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 McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 3/24/22	ID# 903
Establishment address 2252 US 31 Greenwood IN	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 4/14/22
Owner		Summary of Violations: C 1 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler <i>[Signature]</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC		- Box of drink cups stored on the floor -	3/24/22
324	NC		- No hot water in the restroom for proper handwashing - shield	4/24/22
295	C		Ice machine Ice shield is moldy. [Food contact surface]	3/24/22
425	NC		maintenance equipment not hung up	-

Received by (name and title printed): X Blaine Bennett Shift Manager	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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Betsy
3/17

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Establishment name <i>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/14/22</i>	ID# <i>464</i>
Establishment address <i>121 Marlin Dr Greenwood IN 46142</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>3/24/22</i>
Owner <i>Paul Wojtowicz</i>		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>1</u>	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Person in charge <i>Savannah Marquez</i>			
Responsible person's email			
Certified food handler <i>Savannah Marquez</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		① Strainers with handles damaged ② walk-in freezer door gasket torn damaged	3/16/22 1
399	NC	✓	Minor gasket repair needed near bulk CO ₂ tank and near drive-up window #2	4/14/22 1
431	NC		Floors not clean under newer drink station near drive-up window #2	3/22/22 1
			Notes: Two of four WIF fan blades working at time of inspection. Please monitor.	

Received by (name and title printed): <i>Savannah Marquez, Department Manager</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Savannah Marquez</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Betsy
3/14

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 McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 3/8/22	ID# 1451
Establishment address 706 W Trafalgar Pointe way	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 3/18/22
Owner Trafalgar, IN		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 4 5	
Responsible person's email			
Certified food handler + Casey Harr			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		-No hot water at the front hand sink	3/9/22
431	NC		-The floor is dirty by the bulk grease tanks	3/9/22
239	NC		-The dish rack - [mobile unit] is soiled	3/8/22
431	NC		-The walk-in freezer floor is soiled	3/15/22
347	NC		-No towels available at the kitchen hand sink	3/8/22
431	NC		-The grill area floors are soiled.	3/9/22
			Note: Drink dispenser nozzles are soiled.	

Received by (name and title printed): + Casey Harr	Inspected by (name and title printed): Terry D. Bayless
Received by (signature): + Casey: Harr	Inspected by (signature): Terry D Bayless
cc:	cc:



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*Bekm
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>McDonalds</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/21/2022</i>	ID# <i>2187</i>
Establishment address <i>US 31</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>3/31/2022</i>
Owner		Summary of Violations: <i>C 0 NC 6 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <i>4</i> 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>Ice cream machine soiled</i>	<i>3/21/2022</i>
			<i>no cup in ice bin -> use scooper only + store outside</i>	
<i>257</i>	<i>NC</i>		<i>No thermometers found in many cooling units</i>	<i>3/30/2022</i>
<i>402</i>	<i>NC</i>		<i>Floors soiled behind burger grills</i>	<i>3/25/2022</i>
<i>255</i>	<i>NC</i>		<i>Cooling unit w/ breakfast product needs turned down (Food between 41°F - 45°F)</i>	<i>3/31/2022</i>
<i>138</i>	<i>NC</i>		<i>Hair should be restrained by hair or hair net</i>	<i>3/21/2022</i>
<i>431</i>	<i>NC</i>		<i>Leak observed in back storage room where bucket is placed + by 3 bay sink</i>	<i>3/31/2022</i>
<i>NOTE</i>			<i>Dish racks should NOT be stored on floor</i>	

Received by (name and title printed): <i>Amya Chandler Asst MGR</i>	Inspected by (name and title printed): <i>Jamie Blanford / Paul Bekm</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>3173464369</i>



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Betm
3/16

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 Meijer #132	Telephone Number () Establishment () Owner	Date of Inspection 3/8/22	ID# 636
Establishment address 150 S. Marlin dr. Greenwood, IN 46142	Owner Meijer	Follow-up —	Release Date 3/22/22
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 6 R 0	
Person in charge		Menu Type (See back of page) 1 2 3 ✓ 4 5	
Responsible person's email			
Certified food handler Ryan Kirk Exp 3/20/22			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		One light out by freezer at bakery (i) Lights out at freezer unit at frozen potatoes & fish freezer (frozen frocks). (ii) Appliance bulb is out at deli.	3/15/22
410	NC		(iii) Bulb not shielded at frozen frocks freezer	3/14/22
218	NC		Dairy walk-in cooler gasket is worn (i) Door gasket at frozen vegetables are worn (ii) Frying basket at fryer is worn.	3/15/22
324	NC		Leak at 3-bay sink by prep room	
425	NC		Mop not stored out of mop bucket at ^{clean} station 2	3/15/22
346	NC		One soap dispenser is out at men's restroom.	
NOTE: Check mechanical exhaust fan in restrooms				

Received by (name and title printed): Malinda Kost Fashion AREA Team leader	Inspected by (name and title printed): Raul Beltriv & Bob Smith
Received by (signature): Malinda Kost	Inspected by (signature): Raul Beltriv
cc:	cc:



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Betky
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 <i>Mi Jefe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/4/22</i>	ID# <i>1639</i>
Establishment address <i>106 S. S.R 135 Trafalgar, IN 46181</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>3/18/22</i>
Owner		Summary of Violations: <i>C 0 NC 3 R 1</i>	
Owner address	Menu Type (See back of page) <i>1 2 3 4 <input checked="" type="checkbox"/> 5</i>		
Person in charge <i>Jose Giron</i>			
Responsible person's email			
Certified food handler <i>Jose Giron</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
297	NC		<i>Soda nozzles are soiled.</i>	<i>3/5/22</i>
411	NC		<i>NO light in ^{some} cooler ^{unit} by the machine & by the hood.</i>	<i>3/17/22</i>
274	NC	<input checked="" type="checkbox"/>	<i>some materials stored on the floor inside walk-in cooler</i>	<i>3/9/22</i>
			<i>NOTE Food item placed inside cooler not too long ago is moved inside walk-in cooler.</i>	
			<i>there is a construction going on by with some of the pipes by the upright cooler</i>	
			<i>Dish washer sanitizer is okay</i>	
			<i>-thank you!!</i>	

Received by (name and title printed): <i>Jose Giron</i>	Inspected by (name and title printed): <i>Paul Betky Ets</i>
Received by (signature): <i>Jose Giron</i>	Inspected by (signature): <i>Paul Betky</i>
cc:	cc:



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Betsy Miller
4/11/22

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 THE MINT	Telephone Number () Establishment () Owner	Date of Inspection 3/30/22	ID# 2257
Establishment address WATER 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 3/9/22
Owner MOORE		Summary of Violations: C 1 NC 7 R	
Owner address	Menu Type (See back of page) 1 2 3 4 5		
Person in charge GRANT Young			
Responsible person's email			
Certified food handler THOMAS MOORE			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC	⊗	SOME CEILING LIGHTS OUT IN KITCHEN	4/10/22
295	NC	⊗	INSIDE BASE OF KITCHEN UPRIGHT FREEZER NOT CLEAN	4/16
(NOTE)		⊗	(SAME) UPRIGHT COOLER NOT IN USE IN KITCHEN	—
191	C	+	PREPARED FOOD ITEMS IN CONTAINERS AND OPENED LUNCH MEAT IN PACKAGE NOT DATED MARKED (USE BY DATE)	3/31
431	NC	⊗	FLOOR NEXT TO WALL, UNDER EQUIPMENT IN KITCHEN, BAR NOT CLEAN, BASEMENT FLOOR NOT CLEAN (ITEMS ON FLOOR)	4/6
228	NC	+	SMALL REFRIGERATOR IN KITCHEN, BEER COOLERS NOT EASILY MOVABLE	6/1
295	NC	⊗	ICE MAKER INSIDE Drip Edge NOT CLEAN	3/31
431	NC	⊗	RESTROOM CEILING EXHAUST FAN COVER NOT CLEAN	4/6
324	NC	+	HOT WATER FAUCET LEAKS IN KITCHEN	5/1

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



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*Belton
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 <i>Noble Roman's Craft Pizza & Pub</i>	Telephone Number <i>(317) 743-9111</i>	Date of Inspection <i>3/24/22</i>	ID# <i>2384</i>
Establishment address <i>2826 S. S.R. 135 Greenwood</i>	Owner <i>() Owner</i>	Follow-up <i>No</i>	Release Date <i>4/3/22</i>
Owner <i>Noble Roman's Inc IN 46143</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 0 NC 6 R 4</i>	
Owner address	2. Follow-up	Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Cody Chandler</i>	3. Complaint		
Responsible person's email <i>(SenSafe)</i>	4. Pre-Operational		
Certified food handler <i>Dave Jennings EXP 9/8/23</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
346	NC	✓	No hand soap available nor	3/24/22
347	NC	✓	paper towels at hot hand sink	3/24/22
218	NC	✓	Door gaskets split on some refrigeration units	4/24/22 I
431	NC	✓	Kitchen area ceiling, HVAC vents, and oven hood system soiled	4/8/22 I
218	NC		① Dough room mobile ingredient bin cracked/damaged	4/12/22
			② Inside right cooler door stung uncooked bread sticks is pulling away from the door	I
295	NC	✓	Exterior top of mechanical dish unit is soiled & walk-in-cooler green shelving	3/24/22 I

Received by (name and title printed): <i>Cody Chandler</i>	Inspected by (name and title printed): <i>Andrew Miller EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Buttm
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 NORMA JEANS PASTRIES	Telephone Number () Establishment () Owner	Date of Inspection 3/4/22	ID# 2409
Establishment address 49 N MAIN 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 3/14/22
Owner Whitney Myers		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 A 3 4 5	
Person in charge Whitney Myers			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
(NOTE)			1 GALLON OF MILK - DATE MARKED 2/5/22 IN REFRIGERATOR	TO BE DISCARDED 3/5
174	NC	*	CONTAINERS IN WHICH BULK FOOD STORED (NOT LABELED ON CONTAINER)	3/5
431	NC	*	FLOOR NOT CLEAN IN AREAS OF KITCHEN / NEXT TO WALL, UNDER EQUIPMENT	3/10
239	NC	*	CUPCAKE TIN MOLDS (TRAYS) NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	3/6
(NOTE)			ITEMS STORED IN HANDSINK BASIN	(*) CORRECTED 3/14/22
255	NC	*	DIGITAL THERMOMETER NOT FUNCTIONING PROPERLY	3/8

Received by (name and title printed): Whitney Atkerson	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Whitney Atkerson	Inspected by (signature): Bob Smith
cc:	cc:

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3/10
B. Kelly

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 Olue Gardner	Establishment address 1274 US 31 N. Greenwood, IN 46142	Owner Darden Corp	Owner address	Person in charge Jordan Martner	Responsible person's email (ServSafe)	Certified food handler Jordan Martner exp 11/8/26
Telephone Number (317) 887-3032	Telephone Number (317) 887-3032	Owner () Owner	Summary of Violations: C 0 NC 2 R	Menu Type (See back of page) 1 2 3 4 5		
Date of Inspection 3/8/22	Follow-up No	Follow-up Date 3/18/22				
ID# 227						

• 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
431	NC		① Dish and cutting tiles are waxed and/or a moly ② floor drain and floor are waxed in several number soda stations ③ Pota cooking baskets contain peeling/damaged handles ④ Saka plate, center top center basket loose/damaged ⑤ Soft bottom ice maker drop plate cracked on the top left edge.	4/8/22
218	NC			3/18/22

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



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Establishment name <i>S He Golf Center</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3 15 22</i>	ID# <i>804</i>
Establishment address <i>681 Shuck Rd Greenwood</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>3 25 22</i>
Owner		Summary of Violations: <i>C 0 NC 0 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>No items noted today</i>	
			<i>Thank you!</i>	

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



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Beta
3/10

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FRANKLIN, IN 46131
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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>Pho Loi</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3 8 22</i>	ID# <i>2022</i>
Establishment address <i>1000 N Madison Av</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>3 18 22</i>
Owner <i>Greenwood</i>		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 <u>4</u> 4 ___ 5 ___	
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>431</i>	<i>NC</i>		<i>Clean the ceiling tiles in the kitchen</i>	
<i>411</i>	<i>N</i>		<i>Replace burned out lightbulbs throughout kitchen</i>	
<i>297</i>	<i>NC</i>		<i>Work on cleaning the metal part by the stove, the stove and fryers hood - remove food soil buildup</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>YW</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
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Betsy
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 PIZZA HUT	Telephone Number () Establishment () Owner	Date of Inspection 3/29/22	ID# 2183
Establishment address 440 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 4/8/22
Owner QUALITY HUTS INDIANAPOLIS LLC		Summary of Violations: C <u>0</u> NC <u>8</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 MARLENE POE			
Responsible person's email			
Certified food handler MARLENE POE (ANNIE) SERVISAFE EXP. 7/11/23			

• 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
(NOTE)			(DINING ROOM ROOM) (USED FOR STORAGE)	✓
399	NC	R	WALL (FRP) WORN, NOT CLEAN IN AREAS OF KITCHEN (MOLDY)	REPAIR 5/1 CLEAN 4/6
2131	NC			
256	NC	R	THERMOMETER NOT SEEN IN PREPARATION COOK RECH-IN	CORRECTED (3/29)
216	NC	R	CARDBOARD NOT DURABLE/CLEANABLE IN PREPARATION REFRIGERATOR	REMOVE 4/2
431	NC	R	FLOOR IN AREAS OF KITCHEN/FLOOR DRAIN UNDER DISHWASHER NOT CLEAN	4/6
411	NC	R	ONE LIGHT OUT ON EXHAUST HOOD	4/10
218	NC	R	EXHAUST HOOD ABOVE PIZZA OVEN PEELING	4/15
324	NC	R	TILET SOFT CRACKED IN WOMEN'S RESTROOM	4/4
(NOTE)		R	AIR BROOK NOT PROVIDED FOR 3 COMPARTMENT SINK DRAIN	6/1

Received by (name and title printed): Marlene Poe RGM	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Marlene Poe Marlene Poe	Inspected by (signature): Bob Smith
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

Belen
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 QUAZITY INN	Telephone Number () Establishment () Owner	Date of Inspection 3/25/22	ID# 2025
Establishment address 150 LOVERS 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 4/14/22
Owner CHINTU PATEL		Summary of Violations: C 1 NC 3 R	
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 TRACEY HIGGINS			
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
411	NC	+	LIGHT INTENSITY NOT ADEQUATE IN DISHWASHING AREA	4/20/22
191	C	*	EGGS THAWED IN UPRIGHT REFRIGERATOR USE BY DATE 2/23 (HAD BEEN IN FREEZER) (NOT DATE MARKED AFTER BEING THAWED)	EGGS DISCARDED 3/25
218	NC	+	DOOR GASKET WORN ON UPRIGHT REFRIGERATOR	5/1
228	NC	+	UPRIGHT FREEZER, REFRIGERATOR NOT EASILY MOVABLE	5/1
(NOTE)			MOUSE DROPPINGS SEEN ON CABINET SHELF - DISHWASHING AREA	3/27

Received by (name and title printed): Tracey Higgins	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

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Belen
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 Rally's # 7208	Telephone Number 317 664-9081	Date of Inspection 3/22/22	ID# 2287
Establishment address 839 US 31W Greenwood, IN	() Owner	Follow-up Yes	Release Date 4/1/22
Owner Corporate 46142	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>2</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Person in charge Francisco Amaya (Sen/Safe Exp)			
Responsible person's email Brenda Charney 11/8/23			
Certified food handler Jamiantha Kendrick			

- 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
193	C		Holding Chart (used as time as a Public Health Control last dated 3/20) was not current for cooked tenders, chicken bites, spicy chicken, and fish	3/22/22
256	NC	✓	No thermometers seen in mobile meat freezer and small reach-in-cooler	3/23/22
431	NC	✓	Ceiling soiled around HVAC vent above make-line & wall above two door freezer	3/26/22

Received by (name and title printed): Francisco Amaya	Inspected by (name and title printed): Andrew Miller EHS
Received by (signature): Francisco Amaya	Inspected by (signature): Andrew Miller
cc:	cc:

