



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
2/2

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 Denny's	Telephone Number () Establishment () Owner	Date of Inspection 2/1/22	ID# 836
Establishment address 1253 South Park Ave Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/1/22
Owner		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 <u>✓</u> 4 ___ 5 ___	
Person in charge			
Responsible person's email			
Certified food handler X Craig Prodmote			

- 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
177	NC		ice scoop improperly stored in the ice bin	2/1/22
			Note: Deli cooler on the line is running slightly high - 42°F - 43°F Keep at 38°F - 40°F	

Received by (name and title printed): X Craig Prodmote	Inspected by (name and title printed): Terry D. Bayless
Received by (signature): X	Inspected by (signature): Terry D Bayless
cc:	cc:



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Bekm
2/25

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Establishment name DESI BAZAR	Telephone Number () Establishment () Owner	Date of Inspection 2/11/22	ID# 2325
Establishment address 916 E MAIN ST Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/21/22
Owner IN		Summary of Violations: C 2 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 X Sasikaran Singh			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		- compressor in the freezer is icing up - Noted a large frost build-up	2/21/22
245 (a)	C		- The white nylon cutting board on the prep cooler is very stained and soiled -	2/11/22
293	NC		- the 3-bay sink trays are soiled	
187	C		- cooked potatoes and vegetables are not being maintained at 41°F or below in the kitchen refrigerator	2/11/22
295	NC		- white bulk food containers are very dirty -	2/21/22
431	NC		- The floor throughout kitchen is soiled under and around the equipment.	2/21/22
431	NC		- the display area flooring is soiled under the shelving units.	2/21/22
426	NC		- storage areas are disorganized and in disarray - preventing easy cleaning of these spaces	2/21/22

Received by (name and title printed): INARINDER S. SHERGILL	Inspected by (name and title printed): Terry Bayless
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Beky
2/25

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Establishment name Dollar General #1572	Telephone Number () Establishment () Owner	Date of Inspection 2/24/22	ID# 1077
Establishment address 1872 Northwood Plaza, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/16/22
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge x Ericka R. Smith			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
425	NC		mop not hung	
411	NC		Leiling light out in employee restroom	
256	NC		NO thermometer observed in "Dairy cooler" in stock room.	
430	NC		floor around Door "2" and in employee restroom worn. Ceiling in restroom crack/worn x Electrical cover missing by hand sink in the employee restroom.	
347	NC		NO hand towels observed at hand sink.	
			Note: • Milk is getting rotated out (3 exp. 2/24/22) today • Green hose is being used in utility sink	

Received by (name and title printed): x ERICKA R. Smith AST. MAR.	Inspected by (name and title printed): Cassi Hall
Received by (signature): x ERICKA R. Smith	Inspected by (signature): Cassi Hall
cc:	cc:



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Belky 2/23

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 <i>Dollar tree</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/23/22</i>	ID# <i>2461</i>
Establishment address <i>787 N US 31, 46184</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>3/5/22</i>
Owner		Summary of Violations: <i>C 0 NC 4 R 1</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge <i>Michael Mathew</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>218</i>	<i>NC</i>	<i>X</i>	<i>Ice build up observed in walk in freezer</i>	
<i>414</i>	<i>NC</i>		<i>exterior door not protected from potential rodents ↳ daylight observed between doors.</i>	
<i>433</i>	<i>NC</i>		<i>mop not hung</i>	
<i>392</i>	<i>NC</i>		<i>Dumpster lids not closed.</i>	<i>One was corrected at time of inspection</i>
			<i>NOTE: trash wasn't picked up on Monday due to Holiday</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Michael Mathew</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsey
2/8

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>Energy Spot Center Grove</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/7/22</i>	ID# <i>2379</i>
Establishment address <i>5891 S State Rd. 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>2-17-22</i>
Owner		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			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>NO violations found during inspection</i>	
			<i>Note: • Make sure to change out sanitizer out. Also buy quat test paper (200 parts per million)</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Angela Brennan</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>Angela D Brennan</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



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Betsy
2/8
✓

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Establishment name FAZOLI'S	Telephone Number () Establishment () Owner	Date of Inspection 2/7/22	ID# 1860
Establishment address 2161 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 (YES)	Release Date 2/17/22
Owner CAITUL PATEL		Summary of Violations: C <u>1</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>X</u> 4 _____ 5 _____	
Person in charge MICHELLE ROMANOSKI			
Responsible person's email			
Certified food handler MICHELLE ROMANOSKI			

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Section #	C/NC	R	Narrative	To Be Corrected by
300	C		CHLORINE NOT DETECTED ON DISHWASHER AFTER FINAL SANITIZATION RINSE AT MECHANETIC DISHWASHER	2/7/22 CORRECTED 2/7/22
431	NC	X	FLOOR NOT CLEAN UNDER EQUIPMENT, NEXT TO WALL IN WALK-IN COOLER AND KITCHEN	
324	NC	X	HOT WATER AT HANDSINKS 75°F NOT AT 100°F - 120°F	

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



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Betsy
2/11/22

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 FLORES WESTERN WEAR	Telephone Number () Establishment () Owner	Date of Inspection 2/8/22	ID# 2194
Establishment address 200 S WALNUT ST. EDINBURGH IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/18/22
Owner IREME FLORES		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge IREME FLORES		1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	*	UPRIGHT REFRIGERATOR door GASKET WORN, SPLIT	3/1/22
(note)		*	NO POTENTIALLY HAZARDOUS FOOD ITEMS, NO OPEN FOOD PRODUCTS OBSERVED, PROVIDED ON THIS DATE	✓
352	NC	*	EMPLOYEES RESTROOM door NOT SELF-CLOSING	3/1

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



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Belton
2/17 ✓

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Establishment name Freddy's	Telephone Number () Establishment () Owner	Date of Inspection 2/16/22	ID# 2393
Establishment address 7306 N Morton St Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 2/26/22
Owner	Summary of Violations: C 4 NC 6 R 0	Menu Type (See back of page) 1 2 3 4 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
402	NC		Floors soiled behind fryers, dish area, and in walk in cooler and freezers	2/20/22
431	NC		Drain under custard machine soiled	2/20/22
295	C		Custard machine soiled	2/20/22
324	C(b)		leak at mop sink and prep sink faucets	2/26/22
294	C		Chemical sanitizer low at mechanical dish machine	2/16/22
234	NC		Improper storage of in use utensils observed - should be held in food @ 41°F or in running water	2/16/22
295	NC		Stand up freezer by fryers are soiled inside	2/16/22
425	NC		Mop sink not clogged / mop not hung	2/16/22
295	NC (c)		Ice machine soiled on outside - no food should be placed on machine	2/16/22
324	C(a)		Blue tube under dish machine is draining on floor - A lot of water observed on floor	2/16/22
			NOTE: Hole in wall w/ plumbing under mechanical dish machine. Needs sealed	

Received by (name and title printed): X Trell Doty	Inspected by (name and title printed): Jayce Blanford / Paul Betiku
Received by (signature): X Trell Doty	Inspected by (signature): Jayce Blanford
cc:	cc:



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Betsy
2/11

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 Greeks Pizzeria & TAPP Room	Telephone Number () Establishment () Owner	Date of Inspection 2/9/22	ID# 1909
Establishment address 18 E Jefferson St. Franklin, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (YES)	Release Date 2/19/22
Owner JASON TAPP		Summary of Violations: C <u>1</u> NC <u>10</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> A </u> 5 <u> </u>	
Person in charge PATRICIA DOAN			
Responsible person's email			
Certified food handler JASON TAPP			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	<input checked="" type="checkbox"/>	DOOR GASKET WORN KITCHEN 2 DOOR REFRIGERATOR UPRIGHT, PIZZA PREPARATION REFRIGERATOR	3/1/22
399	NC	<input checked="" type="checkbox"/>	FLOOR TILE WORN, BY PIZZA OVEN, AND BY MECHANICAL EXHAUST	3/1
324	NC	-	LEAK NOTED AT 3 COMPARTMENT SINK FAUCET IN KITCHEN	2/20
218	NC	+	HANDLE OF MICROWAVE MISSING	3/1
295	NC	+	EXHAUST HOOD FILTERS NOT CLEAN (DUSTY)	2/20
411	NC	<input checked="" type="checkbox"/>	(1) LIGHT ON EXHAUST HOOD LIGHT OUT INSIDE DOUGH-WALK-IN COOLER	2/20
<u>NOTE</u>			MECHANICAL EXHAUST NOT APPARENTLY FUNCTIONING IN RESTROOMS	✓ 2/20
187	C	<input checked="" type="checkbox"/>	CHICKEN FOR PIZZA TOPPINGS - INTERNAL TEMPERATURE 47°F NOT AT 41°F OR LESS AT PIZZA PREPARATION REFRIGERATOR	2/10
324	NC	<input checked="" type="checkbox"/>	MECHANICAL EXHAUST - HANDSINK - WATER	3/1
346	NC	<input checked="" type="checkbox"/>	NOT AVAILABLE AT FAUCETS, HANDSINK NOT AVAILABLE	
346	NC	+	NO HANDSINK SOAP AVAILABLE AT BATH, ITEMS STORED IN SINK	2/14
256	NC	<input checked="" type="checkbox"/>	BASINMENT CHEST FREEZERS (4) NO THERMOMETER SEEN	2/15

Received by (name and title printed): PATRICIA DOAN	Inspected by (name and title printed): Bub Smith EHS
Received by (signature): PATRICIA DOAN	Inspected by (signature): Bub Smith
cc:	cc:



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Betsy
2/24

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Establishment name <i>The Grill Bar</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/23/22</i>	ID# <i>143</i>
Establishment address <i>138 E Jefferson St Franklin, IN 46131</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>3/3/22</i>
Owner <i>Hughes</i>		Summary of Violations: <i>C 1 NC 5 R 4</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			

- 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
347	NC	✓	No hand towels provided at hand sink at bar	2/23/22
355	NC	✓	mop sink not installed	4/23/22
2.28	NC	✓	upright freezer, chest freezer in back room, upright freezer in grill area not easily movable	3/1/22
399	NC	✓	Floor in walk in cooler and areas of bar soiled	3/1/22
129	C		Employees must wash hands after changing gloves, touching face/hair, or touching non-contact food surfaces	2/23/22
177	NC		Store items in walk in cooler, ^{6" off} temperature floor NOTE: Check raw burger temperature before 4hrs and place in walk in cooler if above 41°F	3/3/22
			Hand sink not provided in back room	

Received by (name and title printed): <i>Whitney Sharp</i>	Inspected by (name and title printed): <i>Jaycie Blanford</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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2/2

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Establishment name Hardee's	Telephone Number () Establishment () Owner	Date of Inspection 2/2/22	ID# 1873
Establishment address 1001 N. US 31 New Whiteland, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/12/22
Owner		Summary of Violations: C <u>0</u> NC <u>7</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler Lori Fahy			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		-The wall is soiled by the 3-bay sink	2/5/22
295	NC		- The 3-bay sink faucet is clean	2/2/22
430	NC		- The FRP is loose behind ice maker-	3/2/22
345	NC		- The kitchen hand sink is soiled	2/2/22
431	NC		- the floor is very soiled behind the grease storage tank	2/9/22
190	NC		- sausage is being improperly cooked in a deep pan & cooling 4" -	2/2/22
218	NC		- The storage cabinet under the drink dispensers is rusted and soiled.	2/9/22

Received by (name and title printed): Sarah Black	Inspected by (name and title printed): Terry D Boyless
Received by (signature): Sarah Black	Inspected by (signature): Terry D Boyless
cc:	cc:

