



**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
2/14*

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 <i>Popover Louisiana Kitchen</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2 8 22</i>	ID# <i>2339</i>
Establishment address <i>270 N SR 135 Greenwood</i>	Purpose: <input checked="" type="radio"/> 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 18 22</i>
Owner		Summary of Violations: <i>C 0 NC 4 R 0</i>	
Owner address	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 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>Remove food soil on the walk in cooler door handle and door (on the inside)</i>	
<i>177</i>	<i>NC</i>		<i>Do not put food boxes on the floor inside walk in cooler</i>	
<i>349</i>	<i>NC</i>		<i>Repair paper towel dispenser (up front) so it works properly</i>	
<i>324</i>	<i>NC</i>		<i>Continue working on hand sink in the back to remove clog</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Cole Cutforth</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
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 Rama Hoosier Gas way	Telephone Number () Establishment () Owner	Date of Inspection 2/7/22	ID# 242
Establishment address 560 N. St. Rd 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/17/22
Owner Greenwood, IN		Summary of Violations: C 0 NC 7 R 4	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 X 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
430	NC		drinking base is damaged by the drink dispenser	
431	NC		Back storage room floor is dirty	
239	NC		Boxes of drink cups are stored directly on the floor	2/9/22
295	NC	✓	The shelving and cabinet under the drink dispenser is soiled from leaky lines	2/14/22
218	NC	✓	Drink dispenser lines are leaking	3/7/22
218	NC	✓	The ^{new} 3-bay sink is not installed	
345	NC	✓	The hand sink has a heavy build-up of rust and calcium.	3/7/22

Received by (name and title printed): Terry D. Bayless	Inspected by (name and title printed): Terry D. Bayless
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
2/28

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 RICHARDS BRICK OVEN PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 2/25/22	ID# 1089
Establishment address 229 S 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 3/7/22
Owner MARY JAMES/RICHARD GOSS		Summary of Violations: C 0 NC 4 R	
Owner address	Menu Type (See back of page) 1 2 3 4 5		
Person in charge MICHAEL MORRISON			
Responsible person's email			
Certified food handler RICHARD GOSS (30RUSAFP EXP 9/5/26)			

- 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
411	NC	\$	LEIGHT IS OUT IN WALK-IN COOLER → 3/5	
218	NC	7	DOOR GASKET WORN/SPLIT ON WALK-IN COOLER → 3/30	
347	NC	*	DISPOSABLE TOWELS NOT AVAILABLE AT HANDSINK IN KITCHEN	2/26
431	NC	\$	CEILING EXHAUST COVERS NOT CLEAN IN RESTROOMS	2/28

Received by (name and title printed): Michael Morrison	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

Betsy
2/19

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>Roku Sushi & Pho</i>	Telephone Number <i>317) 893-5780</i>	Date of Inspection <i>2/9/22</i>	ID# <i>2494</i>
Establishment address <i>2800 S. S.R. 135 Ste 250B Greenwood, IN 46143</i>	Owner <i>()</i>	Follow-up <i>yes</i>	Release Date <i>2/19/22</i>
Owner <i>Chu Cung Thawng</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 7 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Colin</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Chu Cung Thawng Exp: 9/15/26</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
324	NC		Left drain pipe on three bay sink leaking sugar	2/16/22 I
218	NC		① Salt bulk bin lid and salt lid damaged	2/12/22 I
			② Blender pitcher damaged	I
234	NC		Rice scoop, in kitchen, stored in container with water	Corrected I
431	NC		Flooded walls soiled in kitchen	2/16/22 I
177	NC		Food stored on walk-in-freezer floor	I
218	NC		① Interior ceiling light for walk-in-cooler "flashing"	2/22/22 I
			② Interior shelving for walk-in-cooler rusty/soiled	3/9/22 I
345	C		Dish/area hand sink storing strainer basket with spoons and	Corrected
347	NC		no paper towels provided at sink	Corrected

Received by (name and title printed): <i>Thawng</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Chu Cung Thawng</i>	Inspected by (signature): <i>Andrew Miller</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

Bakery
2/1/22

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>Sam's club</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/8/22</i>	ID# <i>486</i>
Establishment address <i>1101 Windhorst Way</i>	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>2/18/22</i>
Owner <i>Greenwood, IN</i>		Summary of Violations: <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <u>4</u> 5 ___	
Responsible person's email			
Certified food handler <i>Daniel Correa</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>324</i>	<i>NC</i>		<i>Hot water is not readily available @ the hand sinks in the bakery, meat prep and tortisserie areas.</i>	<i>2/15/22</i>
<i>324</i>	<i>NC</i>		<i>water The hot is off at the demo room hand sink. Repairs are pending.</i>	<i>2/15/22</i>
<i>239</i>	<i>NC</i>		<i>The knife holder is soiled in the meat cutting room.</i>	<i>2/8/22</i>

Received by (name and title printed): <i>Daniel Correa</i>	Inspected by (name and title printed): <i>Terry D Bayless</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 ^{Betsy 2/28}
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>Southern Comfort</i>	Telephone Number <i>(317) 395-6433</i>	Date of Inspection <i>2/25/22</i>	ID# <i>2329</i>
Establishment address <i>200 W. Pearl St. Tratalgar, IN 46181</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>3/7/22</i>
Owner <i>James Lockard</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 6 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Kimberly Schauinger</i>			
Responsible person's email <i>(Sent Safe)</i>			
Certified food handler <i>Kimberly Schauinger</i> ^{EXP. 9/18/23}			

• 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	✓	① Hot water temperature at dish area hand sink was 53°F ② Jet spray at mechanical dish table hangs below flood rim	3/10/22
295	NC		Exterior sides of cooking equipment soiled and interior shelves for Edessa two door cooler are soiled	3/12/22
112	NC	✓	Magic Chef chest freezer is not NSF/ANSI approved	5/1/22
190	NC		Previously cooked sausage gravy measured 68°F while covered with lid inside the walk-in-cooler	Corrected
284	NC	✓	Final rinse gauge on mechanical dish unit stuck on 110°F	3/9/22
411	NC	✓	Lights out in public restrooms Note: Hot water mechanical dish machine ASAP (not in-use) contained maximum water temperature of 148°F. Please repair/replace unit.	3/9/22

Received by (name and title printed): <i>Kimberly Schauinger</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Kimberly Schauinger</i>	Inspected by (signature): <i>Andrew Miller</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

Beky
2/28

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 Speedway	Telephone Number () Establishment () Owner	Date of Inspection 2/25/22	ID# 1648
Establishment address 5061 W Smith Valley Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3/7/22
Owner		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Scott Burdine (exp. 7/22/26)			

- 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		Hand sink faucet leaks in storage room and faucet on 3 bay sink	3-4-22
255	NC		Thermometer in "true" reach in fridge appears inaccurate	
297	NC		Soda Nozzles slightly soiled	
411	NC		Light out in walk-in cooler	
431	NC		Shelving unit under fans in walk in cooler soiled Floor in walk in cooler soiled.	
			Note: appears the ice cream & pizza 2 door freezer has ice build-up	

Received by (name and title printed): x Kevin Small	Inspected by (name and title printed): Cass Hall
Received by (signature): x [Signature]	Inspected by (signature): Elizabeth Schutte, [Signature]
cc:	cc: 317-346-4373

You may make written comments - fax, email or mail.



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

Bekal
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 SUBWAY / WAL-MART #42293	Telephone Number () Establishment () Owner	Date of Inspection 2/4/22	ID# 1923
Establishment address 2125 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 2/14/22
Owner DHARUV PATEL		Summary of Violations: C <u>1</u> NC <u>2</u> R	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 <u>X</u> 4 <u>5</u>	
Person in charge JORDAN GOMES			
Responsible person's email			
Certified food handler DHARUV PATEL (SERUSARE EXP. 5/4/22)			

- 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
411	NC	R	LIGHT INTENSITY IN WALK-IN COOLER NOT ADEQUATE	3/1/22
187	C	R	MEAT BALLS ON HOT HOLDING UNIT INTERNAL TEMPERATURE 123°F (WATER IN BATH 123°F) NOT 135°F OR MORE	CORRECTED 2/4
324	NC	R	COAK ON 3 COMPARTMENT SINK DRAIN	2/28

Received by (name and title printed): Jordan Gomes	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Jordan Gomes	Inspected by (signature): Bob Smith
cc:	cc:

