



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

Belsm
 11/21/22
 ✓

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>Candlewood Suite</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/4/22</i>	ID# <i>1326</i>
Establishment address <i>1190 N. Graham Rd. Greenwood, 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	Release Date
Owner		Summary of Violations: C <u>0</u> NC <u>1</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input checked="" type="checkbox"/> 2 _____ 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
<i>248</i>	<i>NC</i>		<i>water is dripping inside freezer unit.</i>	

Received by (name and title printed): <i>Andrew Drufke General Manager</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:



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*Butson
1/25*

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>Casey's General store #2582</i>	Telephone Number <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	Date of Inspection <i>01/24/22</i>	ID# <i>1114</i>
Establishment address	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>01/31/22</i>
Owner		Summary of Violations: <i>C 0 NC 2 R 0</i>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Tina Blaker</i> (<i>FSP Exp. 2023</i>)		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"/>	

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>411</i>	<i>NC</i>		<i>couple of light's out by the oven hood.</i>	
<i>218</i>	<i>NC</i>		<i>there is a bag inside the cooler (cake product walk-in cooler).</i>	

Received by (name and title printed): <i>Nichole Lister</i>	Inspected by (name and title printed): <i>Paul Betton #115</i>
Received by (signature): <i>Nichole Lister</i>	Inspected by (signature): <i>Paul Betton</i>
cc:	cc:



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Betkin
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 <i>Chicago's pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>01/31/22</i>	ID# <i>367</i>
Establishment address <i>2 N. SR 135</i>	<i>Bargersville, IN 46106</i>	Follow-up <i>NO</i>	Release Date <i>02/08/22</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 3 R</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>Richie Perkin's Exp 9/2/25</i>			

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Section #	C/NC	R	Narrative	Stand up	To Be Corrected by
191	C		Some of the food products in two door cooler does not have date markings.	stand up	02/2/22
			- Some of the food products in single door cooler unit does not date markings.	stand up	
295	NC		Some areas inside ice machine is soiled.		02/2/22
294	C		Mechanical dish washer does not have enough sanitizer		02/2/22
291	NC		- chemical test kit not provided (quat test paper)		02/7/22
			↳ NOT seen.		
186	NC		Pizza Sauce temperature is at 100°F.		corrected
			- Since it's only been out for less than two hours, heat up to 135°F.		
			at self serve		
			- Eggs & bacon temperature at 47°F, both food products are thrown out.		corrected

Received by (name and title printed): <i>Madi Tharp</i>	Inspected by (name and title printed): <i>Paul Betkin EHS</i>
Received by (signature): <i>Madison E. Tharp</i>	Inspected by (signature): <i>Paul Betkin</i>
cc:	cc:



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Beth
11/9/22

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 ORIGINAL CHICAGO'S PIZZA & CURRY	Telephone Number () Establishment () Owner	Date of Inspection 1/14/22	ID# 2495
Establishment address 153 HOLIDAY PLACE FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/24/22
Owner GARY SINGH		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 (X) 4 5	
Person in charge GARY SINGH			
Responsible person's email			
Certified food handler GARY SINGH (SERVSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	X	FLOOR NEXT TO WALL IN WALK-IN COOLER NOT CLEAN	1/20/22
25-6	NC	X	THERMOMETER NOT CONSPICUOUSLY LOCATED IN CHEST FREEZER	corrected 1/14
216	NC	X	WOOD CRATE IN REACH-IN REFRIGERATOR NOT EASILY CLEANABLE	1/18
190	NC	X	PRECOOKED RICE COOLING AT ROOM TEMPERATURE / QUICK CHILL METHOD NOT USED	corrected 1/14
392	NC	X	OUTSIDE DUMPSTER LID NOT CLOSED	1/16

Received by (name and title printed): Gary Singh Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
1/17/22

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Establishment name <i>Chick Fila Greenwood Mall</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/7/22</i>	ID# <i>179</i>
Establishment address <i>1251 N US 31</i>	Purpose: <ol style="list-style-type: none"> <u>1. 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>1/17/22</i>
Owner		Summary of Violations: <i>C <u>0</u> NC <u>0</u> R <u>0</u></i>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u>X</u>	
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 violations found during inspection</i>	

Received by (name and title printed): <i>X Stephanie Kendrick</i>	Inspected by (name and title printed): <i>Jaycie Blanford</i>
Received by (signature): <i>X S Kendrick</i>	Inspected by (signature): <i>Jaycie Blanford</i>
cc:	cc:



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Bekm
1131

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>Chili's Grill and Bar</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/26/22</i>	ID# <i>1304</i>
Establishment address <i>1281 US 31 N Greenwood, IN 46142</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>2/5/22</i>
Owner <i>Brunker</i>		Summary of Violations: <i>C 1 NC 6 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 ✓ 5</i>	
Person in charge <i>Siana F. Benton</i>			
Responsible person's email			
Certified food handler <i>Marnee Todd (Exp: 8/7/24)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC	✓	Shout and tile repair needed in various areas (kitchen, walk-in-cooler, bar area, server drink station area); including some tile covering repair inside walk-in-cooler	2/10/22
402	NC	✓	Floors soiled in some areas	1/28/22
431	NC	✓	Motor leaking on dish machine and rinse gauge was stuck on 140°F	1/28/22
218	NC		Inside vent areas on mechanical dish unit are soiled + screens on WIC fan blades	1/27/22
295	NC		Electrical box on west dish area wall rusty/damaged	2/12/22
430	NC		Numerous live small winged insects seen near server soda station	1/26/22
415	C		Notes: Firm has several new refrigeration units on cook line and floor tile repair is "in-progress"	Clean/repair floor tiles

Received by (name and title printed): <i>M. Benton</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Siana F. Benton</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Bulky
1/25

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Establishment name CHILLI'S GRILL & BAR	Telephone Number () Establishment () Owner	Date of Inspection 1/24/22	ID# 2292
Establishment address 2299 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 2/3/22
Owner		Summary of Violations: C 0 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 (X) 4 5	
Person in charge MARK THOMPSON			
Responsible person's email			
Certified food handler CHRIS Redman (See RUSAFD)			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC	(X)	OUTSIDE DUMPSTER - LID NOT CLOSED	1/26/22
394	NC	(X)	TRASH OBSERVED ON GROUND	
431	NC	(X)	FLOOR IN AREAS OF KITCHEN, BAR (UNDER EQUIPMENT, NEXT TO WALL) NOT CLEAN, OUTSIDE STOCK CLOSET FLOOR NOT CLEAN (SOME PACKAGES OF STYROFOAM ITEMS NOT STORED OFF FLOOR)	1/29
324	NC	X	LEAKS NOTED AT RESTROOM HANDSINKS	2/10
431	NC	X	RESTROOM CEILING WENT COVERS NOT CLEAN	1/28
411	NC	X	CEILING LIGHT OUT FRONT KITCHEN AREA AND GRILL AREA	2/11
218	NC	X	FEE BUILT UP IN SALAD DRESSING COOLER	1/29

Received by (name and title printed): MARK THOMPSON - MGR	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beth
 1/12/22
 ✓

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>Circle K</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-7-22</i>	ID# <i>294</i>
Establishment address <i>692 SE 135 Greenwood</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>1-17-22</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): <i>Ruby Havers</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Ruby Havers</i>	Inspected by (signature): <i>dw 346 4376</i>
cc: _____	cc: _____



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Betsy
 11/7/22

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 Circle K	Telephone Number () Establishment () Owner	Date of Inspection 14 22	ID# 1694
Establishment address 989 US 31 Whiteland	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 1 14 22
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</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			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC		Replace missing floor tile in storeroom by coffee storage	
426 399	NC		Clean the mop area and replace all deteriorated wall pieces	
			Thank you!	
			 	

Received by (name and title printed): Charly Brewer	Inspected by (name and title printed): Jennifer Wanzel
Received by (signature): <i>Charly Brewer</i>	Inspected by (signature): <i>JW 3464370</i>
cc:	cc:



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Betkov

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>Cliff's bar</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/24/22</i>	ID# <i>1461</i>
Establishment address <i>113 E. Main Cross Edinburgh, IN 46124</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>1/31/22</i>
Owner	Summary of Violations: <i>C 0 NC 2 R 2</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Brittany Tracy (Exp. 3/29/26)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>112</i>	<i>nc</i>	<input checked="" type="checkbox"/>	<i>couple of refrigeration units are not NSF approved. ↳ the manager stated these are planned to be changed one's the setup of the bar is concluded</i>	<i>---</i>
<i>295</i>	<i>nc</i>	<input checked="" type="checkbox"/>	<i>ice machine is soiled</i>	<i>2/27/22</i>

Received by (name and title printed): <i>* Brittany Tracy manager</i>	Inspected by (name and title printed): <i>Paul Betkov EHS.</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
1/31

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>Country Charm</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>01/26/22</i>	ID# <i>1767</i>
Establishment address <i>3177 Meridian Park Dr</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>02/01/22</i>
Owner <i>Greenwood, IN 46142</i>		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) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Person in charge			
Responsible person's email			
Certified food handler <i>Sarah Rodriguez (Exp. 2/11/23)</i>			

• 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
			<i>No violation during inspection</i>	
			<i>thank you!!</i>	

Received by (name and title printed): <i>Judith Berry</i>	Inspected by (name and title printed): <i>Paul Betsy Ets</i>
Received by (signature): <i>Judith Berry</i>	Inspected by (signature): <i>Paul Betsy</i>
cc:	cc:



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Bulky
1/25

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 Crowbar Restaurant & Lounge</i>	Telephone Number <i>(317) 878 4030</i>	Date of Inspection <i>1/24/22</i>	ID# <i>1444</i>
Establishment address <i>209 S. S.R. 135 Trafalgar IN 46181</i>	() Owner	Follow-up <i>Yes</i>	Release Date <i>2/3/22</i>
Owner <i>Brian Machino</i>	Purpose: 1. <u>Routine</u> 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 4 <input checked="" type="checkbox"/> 5	
Person in charge <i>Brian Machino</i>			
Responsible person's email			
Certified food handler <i>Brenda Maschino</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Baked potatoes cooked on 1-23-22 and covered with foil measured 48°F to 52°F at 11:17 am while inside the walk-in-cooler	Corrected Vol. Discarded
218	NC		ⓐ Door gaskets torn / split on some refrigeration units ⓑ 1 Temperature control knobs missing on the flat top grill	2/24/22
385	NC		ⓑ Dumpster (trash) dumpster stored on gravel and not on pavement or concrete	

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



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*Betsy
1/26*

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>Culver's</i>	Telephone Number <i>317 560-5025</i>	Date of Inspection <i>1/24/22</i>	ID# <i>2171</i>
Establishment address <i>191 Granville Dr. Franklin, IN 46131</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>2/3/22</i>
Owner <i>Ashley Mitchell</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Ashley Mitchell</i>			
Responsible person's email			
Certified food handler <i>Ashley Mitchell</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>218</i>	<i>NC</i>		<i>① Some door gaskets split on refrigeration units</i>	<i>2/24/22</i>
			<i>② Astro Blender covers (2) broken</i>	
			<i>③ Plastic cover broken on ticket printer on cookline</i>	
			<i>④ Some lids cracked for toppings (i.e. pecans, sprinkles, Heath Bar)</i>	
<i>295</i>	<i>NC</i>		<i>⑤ Some deep fryer baskets damaged soda station & floor drain and soda drain line heavily soiled</i>	<i>1/29/22</i>

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

Betson
11/31

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 CVS	Telephone Number () Establishment () Owner	Date of Inspection 1/28/22	ID# 1374
Establishment address 705 Trafalgar Square, 46181	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 2/11/22
Owner		Summary of Violations: C 1 NC 3 R 2	
Owner address	Menu Type (See back of page) 1 2 X 3 4 5		
Person in charge Samantha Nelson (SM)			
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
342	NC	✓	Hot water temperature in women's restroom was 133°F ↳ It should be in range of 100°F - 120°F	2-4-22
413	NC	✓	Gap along the bottom of the emergency exit door in stock room	2-11-22
431	NC		Floor by mop sink is soiled	1-29-22
139	C		Enfamil brand baby formula expired (1/1/22) Note: Broken bottle inside mop sink	1 corrected at time of inspection

Received by (name and title printed): Samantha Nelson Store Manager	Inspected by (name and title printed): Cassie Hall / Paul Betson
Received by (signature): Jessie Hall	Inspected by (signature): Cassie Hall / Paul Betson
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
1/13/22

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 Dairy Queen	Telephone Number () Establishment () Owner	Date of Inspection 1/12/22	ID# 118
Establishment address 480 N. Morton St. Franklin, IN 46131	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 1/22/22
Owner	Summary of Violations: C 0 NC <u>2</u> R 0	Menu Type (See back of page) 1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler Nicole Helton			

- 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 out in walk-in freezer & above fryer in the hood	
297	NC		Soda nozzles soiled.	

Received by (name and title printed): Nicole Helton	Inspected by (name and title printed): Cassi Hall
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

Beky
 1/12/22

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>Whiteland Dairy Queen</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/28/21</i>	ID# <i>1792</i>
Establishment address <i>99 S. US 31 Whiteland, IN</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up	Release Date <i>1/8/22</i>
Owner		Summary of Violations: <i>C 0 NC 2 R</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 <i>1 Joe Napier</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>the ice maker shield is soiled.</i>	<i>12/28/21</i>
<i>216</i>	<i>NC</i>		<i>The kitchen freezer racks are worn -</i>	<i>-</i>
			<i>Note: store all damp clothes in sanitizer solution</i>	

Received by (name and title printed): <i>Jesse E Miller</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Jesse E. Miller</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

Belton
11/2/22

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>Desi Bazar</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/5/22</i>	ID# <i>2325</i>
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>new addition</i>	Follow-up	Release Date
Owner		Summary of Violations: C _____ NC _____ R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
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
			<p><i>* New Store addition requirements</i></p> <p><i>1. Blue print drawing to scale showing existing and the new addition</i></p> <p><i>2. List all equipment i.e. freezers and specs. refrigerators shelving -</i></p> <p><i>3. List floor, wall and ceiling finishes</i></p> <p><i>4. show all plumbing or electrical changes if any are required includes lighting fixtures</i></p>	
			<p><i>Submit to Terry Bayless</i></p> <p><i>Johnson County Health Dept</i></p> <p><i>460 North Morton Street</i></p> <p><i>Suite A</i></p> <p><i>Franklin, IN 46131</i></p>	

Received by (name and title printed): <i>Lars Shaeffer</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature):	Inspected by (signature):
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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Belson
1/31

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 Dollar General	Telephone Number () Establishment () Owner	Date of Inspection 1/28/22	ID# 1367
Establishment address 783 Nathan Dr. Trafalgar, IN 46181	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 02/03/2022
Owner Patricia Wells		Summary of Violations: C 0 NC 3 R 3	
Owner address	Menu Type (See back of page) 1 ___ 2 X 3 ___ 4 ___ 5 ___		
Person in charge Patricia Wells			
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
411 411	NC	✓	Light Out in a couple of cooler units	02/11/22
425 425	NC		Cooler unit with cheese shelving is soiled	02/11/22
430	NC	✓	Ceiling tiles damage and missing above body wash products Small like substance observed	02/11/22

Received by (name and title printed): Kristina Olson / Justia Wells	Inspected by (name and title printed): Cassi Hall / Paul Betten
Received by (signature): <i>Kristina Olson</i>	Inspected by (signature): <i>Cassi Hall / Paul Betten</i>
cc:	cc:

Dollar General Store # 11257
783 Nathan Dr
Trafalgar, IN 46181



**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
1/25
✓

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 General</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-24-22</i> <i>3:30p</i>	ID# <i>1814</i>
Establishment address <i>540 Three Notch LN 46106</i>	Purpose: <u>1. 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>2-2-22</i>
Owner		Summary of Violations: <i>C 0 NC 3 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			

- 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
<i>257</i>	<i>NC</i>		<i>Thermometer not observed in Reach in Milk customer service cooler</i>	<i>1-25-22</i>
<i>197</i>	<i>NC</i>		<i>Reach in frozen pizzas freezer @ 19°F 25°F - Inside center of frozen food</i>	<i>1-25-22</i>
			<i>Reach in freezer (double door) - Shall be kept @ or below 0°F</i>	
<i>257</i>			<i>Thermometers not easily seen in customer reach-in units</i>	
<i>411</i>	<i>NC</i>		<i>Lights out in customer reach-in units</i>	<i>1-27-22</i>
			<i>Back door blocked by wheeled carts of product</i>	
			<i>Back door emergency exit alarm appears to be chirping</i>	

Received by (name and title printed): <i>Janet Lynch ASM</i>	Inspected by (name and title printed): <i>Cassie Elizabeth Schultz Hall</i>
Received by (signature): <i>Janet Lynch ASM</i>	Inspected by (signature): <i>Elizabeth Schultz</i> 317346 4373
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

Buky
1/25

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 Domino's Pizza #12539	Telephone Number () Establishment () Owner	Date of Inspection 01/24/22	ID# 1846
Establishment address 8843 S. Us 31 Edinburgh, IN 46124	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 02/07/22
Owner		Summary of Violations: C 0 NC 3 R 0	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Person in charge			
Responsible person's email			
Certified food handler Nicole Caughan (Servesafe) Exp. 2/27/23			

- 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
257	NC		Thermometers not seen in some of the cooler units.	01/31/22
425	NC		Some broilers not hinged at the back	corrected.
146	NC		One food container not labelled.	01/24/22
			NOTE: Make sure to keep lids in coolers unit closed. Make sure food containers are labelled.	

Received by (name and title printed): Juanita Harmon	Inspected by (name and title printed): Paul Betiku EHS
Received by (signature): <i>Juanita Harmon</i>	Inspected by (signature): <i>Paul Betiku</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

*BEXM
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 <i>Donatos Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/31/22</i>	ID# <i>1526</i>
Establishment address <i>2260 S US 31 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>2/9/22</i>
Owner		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 <i>X</i> 4 5	
Responsible person's email			
Certified food handler <i>X Mishan Miller</i>			

- 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
<i>431</i>	<i>NC</i>		<i>spot cleaning is needed around shelving and equipment</i>	<i>2/7/22</i>
<i>431</i>			<i>The sink area floor is soiled.</i>	<i>2/2/22</i>

Received by (name and title printed): <i>Christine Burden</i>	Inspected by (name and title printed): <i>Terry D. Burkes</i>
Received by (signature): <i>Christine Burden</i>	Inspected by (signature): <i>Terry D. Burkes</i>
cc:	cc: