



**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
1/30*

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>DICKINSON JUVENILE DETENTION CENTER</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/27/23</i>	ID# <i>540</i>
Establishment address <i>1121 HOSPITAL RD FRANKLIN, IN</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>2/6/23</i>
Owner <i>So. Co. GOVT</i>		Summary of Violations: <i>C 0 NC 4 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>BRUCE WIGGINTON</i>			
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>(NOTE)</i>			<i>MECHANICAL DISHWASHER HOT WATER TEMPERATURE ADEQUATE 160°F + ON PLATE/UTENSIL SURFACE</i>	<i>(OK)</i>
<i>411</i>	<i>NC</i>	<i>*</i>	<i>LIGHT INTENSITY IN KITCHEN 55 FOOTBUNDLES NOT 70 FOOTBUNDLES OR MORE / WALK-IN COOLER ~10 FOOTBUNDLES NOT 20 FOOTBUNDLES OR MORE</i>	<i>3/1/23</i>
<i>399</i>	<i>NC</i>	<i>*</i>	<i>WALL COVERING LOOSE BY WALK-IN FREEZER</i>	<i>2/10</i>
<i>351</i>	<i>NC</i>	<i>*</i>	<i>RESTROOM - COVER NOT PROVIDED FOR</i>	<i>2/15</i>
<i>309</i>	<i>NC</i>	<i>*</i>	<i>WASTE RECEPTACLE, CEILING EXHAUST NOT FUNCTIONING</i>	<i>2/10</i>



Received by (name and title printed): <i>Bruce Wigginton</i>	Inspected by (name and title printed): <i>Bob Smith BMS</i>
Received by (signature): <i>Bruce Wigginton</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Belm
1/23/23*

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>Desi Bazar</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/18/23</i>	ID# <i>2325</i>
Establishment address <i>916 E. Main St Greenwood, IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>2 weeks</i>	Release Date <i>11/28/23</i>
Owner		Summary of Violations: C <u>4</u> NC <u>5</u> R _____	
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 <i>Jaskaran Singh</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
344	C		- the kitchen hand sink was inaccessible	1/18/23
294	C		- kitchen's utensils weren't being washed and sanitized properly	1/18/23
295	NC		- The kitchen table shelves are soiled.	
187	C		- The flip top refrigerator was not maintaining food at 41°F or below. [potatoes] etc	1/18/23
295	NC		- The interior of the walk-in cooler is soiled.	2/2/23
216	NC		- Bare wood shelves used for bags of flour are not easily cleanable.	
295	NC		- The wooden pallets in the walk-in cooler are very soiled.	
413	NC		- The front door entrance is not rodent proof	
187	C		- The milk and cooked vegetables are not being maintained at 41°F or below in the walk-in cooler unit	1/18/23

Received by (name and title printed): <i>NAVINDER S. SHERGILL</i>	Inspected by (name and title printed): <i>TERRY D. GUYLASS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Bekn
1-9-23

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 Dollar General	Telephone Number () Establishment () Owner	Date of Inspection 1-6-23	ID# 1814
Establishment address 540 Three Notch Lane	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 1-16-23
Owner		Summary of Violations: C 6 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 X 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
414	NC		Back storage room emergency exit door not protected from potential rodents ↳ day light was observed	
295	NC		Bottom of back storage room cooler is soiled	
218	NC		"fresh food" cooler with eggs stored in it, door gaskets are split/worn	
295			Bottom of cooler with milk stored in it is soiled	
352	NC		Women's restroom door is not self-closing	
310	NC		Women's restroom vent is soiled	
430	NC		Ceiling tiles by paper products appears to have water damage	
430	NC		Ceiling tiles by restrooms appears to have water damage	
			NOTE: All thermometers need to be easily seen inside units	
			NOTE: Men's restroom walls need cleaned	
			NOTE: Women's restroom cold side water pressure is low	
Received by (name and title printed): x Twila Davis			Inspected by (name and title printed): CASSI HALL	
Received by (signature): x Twila Davis			Inspected by (signature): CASSI HALL	
cc:	cc:	cc:		

Note: Water fountains need cleaned.



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*Belton
1/18*

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Establishment name <i>Dollar Tree #09029</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-12-23</i>	ID# <i>2520</i>
Establishment address <i>870 N US 31, Greenwood</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>1-22-23</i>
Owner		Summary of Violations: <i>C <u>0</u> NC <u>4</u> R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
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>Bottom of frozen food freezer (door #3) is soiled.</i>	
<i>218</i>	<i>NC</i>		<i>Frozen food door gasket (door #6) is split/worn</i>	
<i>177</i>	<i>NC</i>		<i>Observed boxes of food products inside walk-in freezer not 6" off floor.</i>	
<i>324</i>	<i>NC</i>		<i>first restroom toilet is soiled.</i>	
			<i>Note: Restroom fans starting to get dusty.</i>	
			<i>Note: One shelf in food section appears rusty</i>	

Received by (name and title printed): <i>X Jamie Delgado</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>X Jamie Delgado</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



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Bekah
11/23/23

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 Don Cuervo Tacos & Brews	Telephone Number () Establishment () Owner	Date of Inspection 1/18/23	ID# 2387
Establishment address 3113 W. Smith Valley Rd Greenwood, IN 46142	Purpose: <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 1/28/23
Owner Jacob Lopez		Summary of Violations: C <u>1</u> NC <u>4</u> R <u> </u>	
Person in charge Jacob Lopez	Responsible person's email	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <input checked="" type="checkbox"/> 5 <u> </u>	
Certified food handler Jessica Lopez <i>(Sew Safe)</i> <i>EXP: 9/27/26</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	<input checked="" type="checkbox"/>	Walk-in-cooler shelving is rusty	3/18/23
		<input checked="" type="checkbox"/>	Walk-in-freezer door frame is worn and appears heat element is out in door frame	
295	NC	<input checked="" type="checkbox"/>	Coca-Cola salsa cooler condenser is soiled	1/28/23
324	NC	<input checked="" type="checkbox"/>	Bar three bay sink lacks an air gap	2/18/23
309	NC		Women's restroom mechanical ventilation appears not working	2/18/23
187	C		The following internal product temperatures were measured inside the walk-in-cooler ① Previously cooked taco meat 43°F and Queso 43°F ② Queso cheese in a block measured 43°F and portioned bag of raw chicken measured 44°F.	Corrected Adjusted Wk Temp down

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



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*Bekky
1/23/23*

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Establishment name <i>Donatos #172</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/16/23</i>	ID# 22 <i>2509</i>
Establishment address <i>2260 S US Greenwood, IN</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up	Release Date <i>1/26/23</i>
Owner		Summary of Violations: <i>C 1 NC 1 R</i>	
Owner address		Menu Type (<i>See back of page</i>) <i>1 2 3 X 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>J J Johnson 2025</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>Toppings, ham, wings, and chicken are not maintained at 41°F in the sandwich make-up refrigerator. Move items to the walk-in cooler.</i>	<i>1/16/23</i>
<i>431</i>	<i>NC</i>		<i>The floor space behind the proofer bates is soiled.</i>	<i>1/23/23</i>

Received by (name and title printed): <i>Terina Beedler</i>	Inspected by (name and title printed): <i>Terry D. Fay</i>
Received by (signature): <i>Terina Beedler</i>	Inspected by (signature): <i>Terry D. Fay</i>
cc:	cc:



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*Belton
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 <i>Dunkin Donuts</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/30/23</i>	ID# <i>2407</i>
Establishment address <i>120 W Smith Valley Rd</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>2/10/23</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 <i>Apurva Chawan Exp: 2027</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations found during inspection</i>	
			<i>NOTE: Keep cooling unit w/ food closed at all times to maintain temperature</i>	

Received by (name and title printed): <i>X Britaney Prince</i>	Inspected by (name and title printed): <i>Jayce Miller</i>
Received by (signature): <i>X Britaney Prince</i>	Inspected by (signature): <i>Jayce Miller</i>
cc:	cc:



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*Betsey
1-10-23*

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>Edinburgh High/Middle School</i>	Telephone Number) Establishment () Owner	Date of Inspection <i>1-10-23</i>	ID# <i>397</i>
Establishment address <i>300 S. Keeley St.</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>1-20-23</i>
Owner		Summary of Violations: <i>C</i> <i>X</i> <i>NC</i> <i>X</i> <i>R</i>	
Owner address	Menu Type (See back of page) <i>1</i> <i>X</i> <i>3</i> <i>4</i> <i>5</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Lisa Martin (exp 2/26/23)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Final dishmachine rinse is OK</i>	
			<i>Note: Traulsen hot + cold holding unit and chest freezer door gaskets split/worn ↳ work order placed to get replaced again.</i>	
			<i>Note: floor mixer not in use.</i>	



Received by (name and title printed): <i>Holly Britton</i>	Inspected by (name and title printed): <i>Cassi Hall / Kevin Paxon</i>
Received by (signature): <i>Holly Britton</i>	Inspected by (signature): <i>Cassi Hall / K.P.</i>
cc:	cc:



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Betsey 211

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 Egg Roll #1	Telephone Number () Establishment () Owner	Date of Inspection 01/30/23	ID# 2464
Establishment address Cepo US 31 S. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 02/10/22
Owner		Summary of Violations: C 0 NC 2 R 0	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 <input checked="" type="checkbox"/> 4 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC		food materials are on the floor in dry storage, walk-in cooler & walk-in freezer.	02/8
324	NC		faucet at prep sink & hand sink is leaking	-

Received by (name and title printed): John Kwan	Inspected by (name and title printed): Paul Betsey
Received by (signature): <i>John Kwan</i>	Inspected by (signature): <i>Paul Betsey</i>
cc:	cc:



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B 2-2-23

Bekem
1/27

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 El Beso	Telephone Number () Establishment () Owner	Date of Inspection 1-26-23	ID# 2380
Establishment address 2993 S. Grove Blvd.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 2-5-23
Owner		Summary of Violations: C 3 NC 9 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Miguel Rodriguez (Exp 7/20/25)			

• 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
438	C		Observed toxic spray bottles not labeled.	1-26-23
415	C		Observed small flies throughout kitchen & bar area	2-2-23
366	C		Observed a spray nozzle affixed to a hose connected to the mop sink without a back siphonage approved for continuous pressure.	1-26-23
218	NC		Flip top cooler across from fryer air ambient temperature observed @ 42°F ↳ food temperatures were observed 42°F-43°F	2-2-23
256	NC		Did not observe a thermometer inside flip top cooler by prep table.	1-27-23
431	NC		3 boy sink floor drain is soiled.	2-2-23
431	NC		Floor under ice machine is soiled. ↳ floor needs cleaned under many equipment.	
190	NC		Observed queso inside many metal pans greater than 3" cooling at room temperature @ 78°F	Corrected

Received by (name and title printed): X Miguel Rodriguez	Inspected by (name and title printed): Cassi Hall Caleb Peener
Received by (signature): X [Signature]	Inspected by (signature): [Signature] Cal Peener
cc:	cc:

NARRATIVE REPORT

Establishment Name El Beso	Address 2993 S Grove Blvd.	Inspection Date 1-26-23
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		Coca-cola cooler door gasket is split/worn	2-2-23
218			Light shields not observed inside walk-in cooler gone light is out	
177	NC		Food product inside walk-in freezer not got off floor	
178	NC		Observed margarita mix stored under 3 bay sink sewer line.	Corrected.
425	NC		Mop not hung up Notes employee jackets not stored in designated area.	1-26-23
187		Notes	Observed sauce on hot holding unit at 121°F	Corrected.

Received By (Name & Title) Miguel Rodriguez	Inspected By (Name & Title) Cass Hall Alej Elemeu	Page 2 of 2
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Establishment name <i>El Potro 2 Mexican</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/10/23</i>	ID# <i>2568</i>
Establishment address <i>cross Restaurant</i> <i>200 E. Main St. 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>1/20/23</i>
Owner <i>Juan Quezada</i>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <input checked="" type="checkbox"/>	
Person in charge <i>Ruber Quezada</i>			
Responsible person's email			
Certified food handler <i>Juan Quezada</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>430</i>	<i>NC</i>		<i>Northwest dish area wall near mechanical dish machine, is peeling a white film (i.e. paint)</i>	<i>1/25/23 Scrape area</i>
			<i>Note: some liquid condensate along East interior top ceiling of the walk-in-cooler.</i>	

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



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Belm
1-9-23

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.

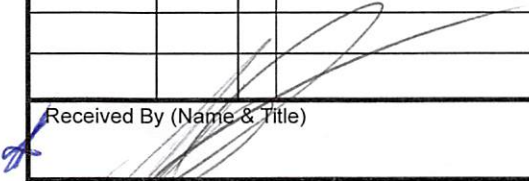

Establishment name EL PUEBLO	Telephone Number () Establishment () Owner	Date of Inspection 1/5/23	ID# 2038
Establishment address FRANKLIN, IN 1904 NORTHWOOD PLAZA	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 1/15/23
Owner VANESSA AGUIRRE		Summary of Violations: C 3 NC 18 R	
Owner address		Menu Type (See back of page)	
Person in charge JESUS MIRALLES		1 2 3 4 X 5	
Responsible person's email			
Certified food handler JOSUS MIRALLES			

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Section #	C/NC		Narrative	To Be Corrected by
187	C	X	INTERNAL FOOD TEMPERATURES OF POTENTIALLY HAZARDOUS FOODS MEAT, CHICKEN, CHEESE 43°F-44°F NOT AT 41°F OR LESS, MILK IN PEPSI UNIT 42°F	1/6/23
324	NC	X	HOT WATER AT HANDSINKS ~70°F NOT AT 100°F & 120°F	1/15
999	NC	X	CEILING PANELS NOT SMOOTH, EASILY CLEANABLE FRONT RESTROOMS	1/15
351	NC	R	LID/COVER FOR WASTE CONTAINER NOT PROVIDED FRONT WOMEN'S RESTROOM	1/15
431	NC	X	FLOOR NEXT TO WALL IN AREAS OF KITCHEN NOT CLEAN, WALL WORN IN AREAS, FLOOR TILE IN AREA, FLOOR DRAIN NOT CLEAN IN BAR AREA	1/15
399	NC	X	SIDE OF WALK-IN COOLER WORN	
174	NC	X	BULK SUGAR NOT LABELED, SMALL SALT/PEPPER NOT LABELED	1/8
228	NC	X	"SI PEPSI" REFRIGERATOR NOT EASILY MOVABLE (NO CASTERS OR WHEELS) / BEER COOLERS NOT EASILY CLEANABLE	1/15

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

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
EL PUEBLO			FRANKLIN 1904 NORTHWOOD PLAZA	1/15/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC	✓	ICE MAKER (FRONT) INSIDE TOP NOT CLEAN	1/10/23
239	NC	✓	(1) FRY BASKET WORN	1/6
218	NC	✓	DOOR GASKET WORN ON PREPARATION REFRIGERATOR	1/15
324	NC	✓	MOP SINK FAUCET LEAKING	1/15
239	NC	✓	BOXES OF SINGLE SERVED ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	1/15
392	NC	✓	DUMPSTER LID NOT CLOSED	corrected 1/15/23
295 295	NC	✓	BAR BEER COOLER WATER STANDING IN BOTTOM OF UNIT	1/10
324	NC	✓	WATER NOT AVAILABLE AT BAR 3 COMPARTMENT SINK	1/15
415	C	✗	SMALL FLYING INSECTS SEEN AROUND BAR DRAINS, DISHWASHER DRAIN	CONTROL 1/15
431	NC	-	BACK CEILING EXHAUST FAN UNITS NOT CLEAN	corrected 1/15/23
438	C	✗	SPRAY BOTTLE OF CLEANER NOT LABELED	1/8
324	NC	✓	LEAK NOTED ON DISHWASHER DRAIN AREA	1/15
239	NC	✓	DISHRACKS NOT STORED OFF FLOOR	1/8
<p>* <u>NOTE:</u> VERIFY THAT HOSE CONNECTED TO FAUCET IN DISHWASHER AREA HAS ADEQUATE ANTI-SIPHON DEVICE INSTALLED</p>				✓
Received By (Name & Title)			Inspected By (Name & Title)	
			Bal Sn  ETS	
			Page 2 of 2	



**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 1/18

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 Energy Spot Whiteland	Telephone Number () Establishment () Owner	Date of Inspection 1-12-23	ID# 1527
Establishment address 989 N US 31 Ste. B	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1-22-23
Owner		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 X 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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
256	NC		Did not observe a thermometer inside small reach-in cooler	Corrected
112	NC		Stand-up cooler/freezer appears not NSF approved.	
430	NC		Restroom floor is damaged. ↳ not smooth & easily cleanable.	
174	NC		few bulk food products not labeled.	
			Note: Restroom self closing device not functioning properly.	
			Note: interior of ice machine needs cleaned.	

Received by (name and title printed): Jeremy C. Miller	Inspected by (name and title printed): Cassi Hall
Received by (signature): 	Inspected by (signature):
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

Bekn
1/27

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 Energy spot	Telephone Number () Establishment () Owner	Date of Inspection 1-23-23	ID# 1584
Establishment address 3100 Meridian Park Dr	Purpose: 1. Routine	Follow-up 2-2-23	Release Date
Owner		Summary of Violations: C 0 NC 6 R	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge	3. Complaint	1 <u> </u> 2 X 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email	4. Pre-Operational		
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Observed ice build up inside cooler	
218			Wheel is missing from cooler	
324	NC		Mop sink (right) knob is missing	
177	NC		Observed single use items (cups/lids) not 6" off floor ↳ bottom shelf needs to be 6" off floor	
174	NC		Bank food not labeled	
414	NC		Back exterior door not protected from potential rodents ↳ day light was observed	
324	NC		Observed a leak at 3 bay sink faucet faucet connection	
			Note: Restroom vent needs cleaned	
			Note: Observed herbalife 24 expiration date, 12/22	
			Observed herbalife Nutrition fiber expiration date 12/22	
			Note: 3 bay sink sanitizer solution should be 150 to 200 ppm.	

Received by (name and title printed): X Lore Miller	Inspected by (name and title printed): Cassi Hall
Received by (signature): X Miller	Inspected by (signature): CASSI HALL
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
1/27

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 Energy Spot Center Grove	Telephone Number () Establishment () Owner	Date of Inspection 1-23-23	ID# 2379
Establishment address 5891 S SR 135, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 2-2-23
Owner		Summary of Violations: C 0 NC 2 R	
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			

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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC		Single use items NOT 6" off floor.	
294	NC		3 bay sink sanitizer solution observed less than 150 ppm.	
			Note: bulk food needs to be relabeled.	
			Note: observed Herbalife. Prepare expiration date 12/22 + 11/22	

Received by (name and title printed): x Angela Brennan	Inspected by (name and title printed): Cassi Hall
Received by (signature): x Angela Brennan	Inspected by (signature): Cassi Hall
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

3-2-23

Beken
2/11

460 N. MORTON ST. STE A
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.


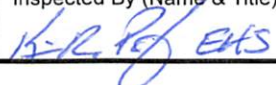
Establishment name Flap Jacks	Telephone Number () Establishment () Owner	Date of Inspection 1-31-23	ID# 1505
Establishment address 2991 Fulmer Dr. 46106	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes	Release Date 2-10-23
Owner TOM LASARU		Summary of Violations: C <input checked="" type="checkbox"/> NC 18 R _____	
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 TOM LASARU			

- 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
190	NC		Observed soup cooling on the kitchen floor inside a plastic bucket	1-31-23
324	NC		Observed a leak at the 3 bay sink drain connection.	2-14-23
431	NC		Walk-in freezer floor is soiled.	2-7-23
295	NC		Walk-in cooler shelving racks are soiled/rusty	
431	NC		Walk-in cooler walls behind shelving racks are soiled	
430	NC		Observed many floor tiles throughout walk-in cooler & kitchen are worn/damaged	3-1-23
295	NC		Interior of ice machine is soiled.	2-7-23
431	NC		Floor through out kitchen is soiled under equipment → under shelving racks units → around water heater.	2-14-23
NOTE: employee aprons not hung up in designated area → observed stored on bulk food.				

Received by (name and title printed): * Alfonso Martinez	Inspected by (name and title printed): Cassi Hall
Received by (signature): 	Inspected by (signature):
cc:	cc:

NARRATIVE REPORT

Establishment Name		Address		Inspected Date
Flap Jacks		2991 Fuller Dr 46106		1-30-23
Section#	C/NC	R	REMARKS	DATE CORRECTED BY
216	NC		Observed pans/cooking equipment stored inside cardboard box ↳ not easily cleanable	1/30/23
			Note: Observed a damaged utensil (spoon)	
234	NC		Observed in use, utensils not stored with handles out of food product.	1/30/23
			Note: Women's restroom vent needs cleaned.	
			Note: all wet wiping cloths need to be stored in sanitizer bucket.	
218	NC		- STOVE IS MISSING MULTIPLE KNOBS	3/1/23
218	NC		- REACH IN COOLER NEXT TO FOOD LINE HAS DOOR GASKETS IN DISREPAIR, ALSO REACH IN FREEZER	3/1/23
255	NC		- THERMOMETER IN REACH IN COOLER UNDER COOKING LINE WAS NOT FUNCTIONING.	2/14/23
295	NC		- BOTTOM OF REACH IN FREEZER (INSIDE) IS SOILED	1/30/23
351	NC		- EMPLOYEE RESTROOM DOES NOT HAVE A COVERED RECEPTACLE.	2/14/23
295	NC		- EQUIPMENT ON COOK LINE IS SOILED	1/30/23
174	NC		- BULK ITEMS AT END OF COOK LINE NOT LABELED - ALL BULK ITEMS OUT OF ORIGINAL PACKAGE NEED TO BE LABELED	1/30/23
295	NC		- VEGETABLE SLICER IS SOILED	1/30/23
			Note: Label & date mark bulk food in walk-in cooler.	
Received By (Name & Title)			Inspected By (Name & Title)	
				
			Page <u>2</u> of <u>2</u>	



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RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

*beta
1/18*

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>Freddy's Frozen Custard</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/18/23</i>	ID# <i>2393</i>
Establishment address <i>2306 N Morton 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>NO</i>	Release Date <i>1/28/23</i>
Owner		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			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>399</i>	<i>NC</i>		<i>Grout on floor tiles need replaced</i>	<i>2/28/23</i>
<i>138</i>	<i>NC</i>		<i>Hair must be pulled back at all times no matter what position their at.</i>	<i>1/18/23</i>
			<i>HUGE Improvement! Great Job 😊</i>	
			<i>NOTE: Dishwasher not in use</i>	

Received by (name and title printed): <i>X Greg Pickel</i>	Inspected by (name and title printed): <i>Jayce Miller</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
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Beky
1/27

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>Fuji Sushi</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-19-23</i> <i>11:15am</i>	ID# <i>2642</i>
Establishment address <i>Greenwood Park Mall</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>1-29-23</i>
Owner <i>Sui Ling</i>		Summary of Violations: <i>C 0 NC 1 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>132</i>	<i>NC</i>		<i>Employee donned blue soiled smock to start work. Clothing shall be Laundered</i>	<i>1/19/23</i>
<i>414</i>	<i>NC</i>		<i>Observed bags of trash in front of breakers</i>	<i>1/19/23</i>
			<i>Always store bags of rice on shelf at least 6" off floor.</i>	
			<i>Always Wash, rinse, sanitize & air dry equipment, such as rice cookers bowls between use</i>	

Received by (name and title printed): <i>Sui Ling</i>	Inspected by (name and title printed): <i>Elizabeth Schultz</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Elizabeth Schultz</i>
cc:	cc: