



**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

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 3 Agaves Mexican Grill Bar	Telephone Number () Establishment () Owner	Date of Inspection 1/22/23	ID# 2610
Establishment address 11 Declaration Dr	Owner Greenland	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes
Owner address	Person in charge	Release Date 3/4/23	Summary of Violations: C 2 NC 7 R
Responsible person's email	Certified food handler Francisco Garcia Lopez (4/8/26)	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 X 5 ___	

- 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
187	C		Observed beans in metal pan with with a plastic cover on a shelving rack hold holding @ 123°F	
431	NC		Drain by dish machine is soiled	
431	NC		Floor under equipment in bar area are soiled.	
218	NC		Hand sink in bar area not sealed/attached to wall	
345	C		Observed a glass stored in the bar hand sink.	
234	NC		Observed many in-use utensils stored without their handles above the food products.	
295	NC		Interior of ice machine is soiled	
431	NC		Floor under kitchen equipment is soiled	
324	NC		Observed a leak under 3 bay sink.	
			Note: Bulk food not labeled.	
			Note: Rice & beans need to be stored inside food grade bag.	

Received by (name and title printed): x Carlos Velarde	Inspected by (name and title printed): Cassi Hall / Caleb Fleener
Received by (signature): X [Signature]	Inspected by (signature): [Signature] / [Signature]
cc:	cc:



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Bulky
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 1823 BAKE HOUSE	Telephone Number () Establishment () Owner	Date of Inspection 2/15/23	ID# 2140
Establishment address 25 EAST COURT 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 2/25/23
Owner THOMAS MOORE		Summary of Violations: C 0 NC 4 R	
Owner address	Menu Type (See back of page) 1 2 3 4 5		
Person in charge HEATHER WENNING			
Responsible person's email			
Certified food handler HEATHER WENNING			

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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC	*	BAGS OF WHEAT FLOUR NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN STOCK ROOM	2/20/23
256	NC	*	THERMOMETER NOT SEEN IN UPRIGHT FREEZER IN DINING ROOM, KITCHEN CHEST FREEZER	2/20
218	NC	*	DOOR GASKETS WORN/SPLIT ON 2 DOOR UPRIGHT REFRIGERATOR IN DINING ROOM, KITCHEN 2 DOOR REFRIGERATOR	3/15
146	NC	*	SOME PREWRAPPED FOOD ITEMS IN DINING ROOM DISPLAY REFRIGERATOR NOT PROPERLY LABELED OR LABELED	2/22
		*	FEW SMALL FLIES SEEN IN MOP SINK ROOM TRASH STORAGE	CONTROL 2/20

Received by (name and title printed): Heather Wenning	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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*Becky
2/16*

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Establishment name <i>ALDI STORE #120</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/15/23</i>	ID# <i>1826</i>
Establishment address <i>300 SR. 135 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>-</i>	Release Date <i>2/25/23</i>
Owner		Summary of Violations: <i>C <u>4</u> NC <u>3</u> R</i>	
Owner address	Menu Type (See back of page) <i>1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___</i>	Responsible person's email	
Person in charge <i>MATT DOW</i>		Certified food handler	

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>384</i>	<i>NC</i>		<i>- DUMPSTER LID IS OPEN</i>	<i>2/15/23</i>
<i>451</i>	<i>NC</i>		<i>- FOOD ITEMS STORED WITH CHEMICAL BOTTLES IN BACK STORAGE AREA</i>	<i>2/16/23</i>
<i>411</i>	<i>NC</i>		<i>- LIGHT BULB IS OUT IN WALK-IN COOLER THAT HOUSES MILK</i>	<i>3/1/23</i>
<i>410</i>	<i>NC</i>		<i>- LIGHT BULB NOT PROTECTED IN WALK-IN COOLER THAT HOUSES MILK.</i>	<i>3/1/23</i>
<i>256</i>	<i>NC</i>		<i>- THERMOMETER FOR THE WALK-IN FREEZER APPEARS TO NOT BE FUNCTIONAL AS IT IS PEGGED AT -40°</i>	<i>3/1/23</i>
<i>= NOTE</i>				

Received by (name and title printed): <i>X MATT DOW Store Manager</i>	Inspected by (name and title printed): <i>KEVIN R PAULIN</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
3/6/23

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 APPLEBEE'S	Telephone Number () Establishment () Owner	Date of Inspection 2/28/23	ID# 687
Establishment address 700 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 3/9/23
Owner APPLE AMERICAN GROUP		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page)	
Person in charge RYAN CLARK		1 ___ 2 ___ 3 (4) 5 ___	
Responsible person's email			
Certified food handler RYAN CLARK (SAUSAGE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		FLOOR IN AREAS OF KITCHEN, WALK-IN COOLER, BAR (NEXT TO WALL, UNDER EQUIPMENT) NOT CLEAN	3/7/23
229	NC	X	METAL WORK TABLE IN KITCHEN HAS HOLE IN TOP (WHERE PEG WAS PREVIOUSLY)	3/10
399	NC	X	BACK DOOR THRESHOLD WORN	3/21
295	NC	X	BACK EDGE OF PREPARATION COOLER NOT CLEAN	3/4
(N/A)			MECHANICAL DISINFECTANT HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE	(OK)

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



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Bulky
2/22

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Establishment name ARCHER'S MEAT & CATERING	Telephone Number () Establishment () Owner	Date of Inspection 2/21/23 AMENDED: 2/21/23	ID# 472
Establishment address 259 S. MERIDIAN ST GREENWOOD, IN 46143	Owner BOBBI ARCHER	Follow-up 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Release Date
Owner address 886 SLEEPY HOLLOW PL 46142	Person in charge	Summary of Violations: C 3 NC 16 R	
Responsible person's email	Certified food handler	Menu Type (See back of page)	
		1 2 X 3 4 5	

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Section #	C/NC	R	Narrative	To Be Corrected by
384	NC		- PUMPKIN IS NOT ON A SECURE, LEVEL, APPROVED SURFACE	
411	NC		- LIGHTING IN STORAGE ROOM IS NOT SUFFICIENT	
136	C		- EVIDENCE OF CIGARETTE SMOKING INSIDE THE FACILITY, IN THE BACK HALLWAY. - OBSERVED A LIGHTER, PILE OF ASHES, AND CIGARETTE BUTTS.	
410/35	NC		- EMPLOYEE RESTROOM: NO FAN OBSERVED, NO COVERED RECEPTACLE OBSERVED	
257	NC		- NO THERMOMETER INSIDE OF CHEST FREEZER.	
296	C		- MEAT SLICER IS SOILED - MEAT CUBER	
437	C		- NO LABELS ON CHEMICAL SPRAY BOTTLES	
112	NC		- OBSERVED A RESIDENTIAL STOVE	
112	NC		- OBSERVED A RESIDENTIAL DISHWASHER	
430	NC		- CEILING IS MISSING PANELS THROUGHOUT THE FACILITY	
216	NC		- FLOOR NEAR WALK-IN FREEZER IS IN DISREPAIR	
177	NC		- MEAT STORED ON FLOOR IN WALK-IN FREEZER, NOT 6 INCHES OR MORE ABOVE THE FLOOR.	
218	NC		- BACK DOOR IS IN DISREPAIR	
431	NC		- SMOKEHOUSE IS SOILED - FLOORS, WALLS, CEILING NEED DETAILED CLEANING	corrected 2/21/23

Received by (name and title printed): X Chris Archer	Inspected by (name and title printed): KEVIN R. PAULIN / Bulky Sweavign
Received by (signature): X [Signature]	Inspected by (signature): [Signature] / Bulky Sweavign
cc:	cc: Bob Smith



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Beta
2/16

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Establishment name Aspen Trave	Telephone Number () Establishment () Owner	Date of Inspection 2-15-23	ID# 1794
Establishment address 3154 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 2-25-23
Owner		Summary of Violations: C 0 NC 3 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 Anastasia Helmich			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Observed a leak at the hand sink faucet (200 hall)	
295	NC		Cabinets (interior) are soiled (500 hall) ↳ appears to have water damage	
199	NC		Observed meat thawing at room temperature, not an approved method.	Corrected
			Note: One spray bottle needs labeled Note: Sanitizer buckets should be 200 ppm ↳ Change buckets throughout the day.	

Received by (name and title printed): Jackie Carlton	Inspected by (name and title printed): Cassi Hall / Caleb Fleener
Received by (signature): <i>Jackie Carlton</i>	Inspected by (signature): <i>Cassi Hall / Caleb Fleener</i>
cc:	cc:



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Butter
2/17

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>AAA @ Johnson Best western</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>02/06/23</i>	ID# <i>1561</i>
Establishment address <i>1281 S. Park dr. Greenwood Ind, 46143</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>2/17/23</i>
Owner		Summary of Violations: <i>C 0 NC 3 R 3</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <input checked="" type="checkbox"/> 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>146</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>there are some unlabeled food items inside the refrigerator downstairs</i>	<i>2/13</i>
<i>228</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Downstairs & upstairs refrigerator/freezer are not easily movable</i>	<i>2/27</i>
<i>255</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>one cooler unit downstairs temperature is at 55°F</i>	<i>2/13</i>
<p><i>NOTE: (i) please make things are always use for apples & oranges during breakfast.</i> <i>(ii) make sure coolers & freezers are easily movable.</i> <i>(iii) please mark items inside coolers & description if for employee or customers.</i></p>				

Received by (name and title printed): <i>Maichel Gibson-Rout</i>	Inspected by (name and title printed): <i>Paul Betton #HS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cd:



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Betsy 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 Big Woods	Telephone Number () Establishment () Owner	Date of Inspection 2-1-23	ID# 2047
Establishment address 1800 E. King 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 2-11-23
Owner Ed Ryan		Summary of Violations: C <u>0</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> </u> 5 <u>✓</u>	
Person in charge Jen Branam			
Responsible person's email			
Certified food handler Jen Branam (ServSafe EXP 10/3/26)			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floors, walls, ceilings soiled in firm	2-12-23
399	NC		Floor, tile and ceiling worn	2-12-23
402	NC		in kitchen	↓
190	NC		Previously cooked pork and chicken wings measured over 100°F while covered (not quick chilled) inside the walk-in cooler (wic)	Corrected
177	NC		Bag of onions on wic floor	2-1-23
218	NC		① Door seals worn on two cooler on west side of kitchen ② Two ice buckets were cracked at the top (open) end.	3-1-23
346	NC		No paper towels provided @ bar hand sink	2-1-23
352	NC		No covered waste can inside (ATM) Women's Restroom	2-10-23
227	NC		Bar keg cooler not easily movable	2-20-23
416	NC		Two dead mice were inside mechanical room	2-1-23
431	NC		Inverted racks were used as shelving in the basement	

Received by (name and title printed): Jen Branam	Inspected by (name and title printed): Andrew Miller, EHS / Bob Smith
Received by (signature): <i>J. Branam</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Buttm
2/22

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Establishment name Bob EVANS	Telephone Number () Establishment () Owner	Date of Inspection 2/15/23	ID# 2134
Establishment address 900 N MORTON 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 2/25/23
Owner		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> </u> 5 <u> </u>		
Person in charge ASHLEY GLIDDEN			
Responsible person's email			
Certified food handler ASHLEY GLIDDEN			

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Section #	C/NC	R	Narrative	To Be Corrected by
395	NC	X	FLOOR, WALL IN AREAS OF KITCHEN	2/25/23
399	NC		NOT CLEAN WALL COVING WORN IN AREA	
431	NC		OUTSIDE DUMPSTER - LID NOT DOWN, BROKEN	3/10
392	NC		AND MISSING	
256	NC	X	ICE CREAM - SMALL FREEZER - THERMOMETER NOT PROVIDED, GRILL AREA - THERMOMETERS NOT SEEN IN UPFRIGERATOR AND FREEZER SECTIONS, PREP LINE COOLER - NO THERMOMETER	2/25
295	NC	X	SIDES OF EQUIPMENT IN KITCHEN NOT CLEAN, DRAWERS INSIDE NOT CLEAN	2/25
218	NC	X	WALK-IN COOLER - FLOOR WORN AND NOT CLEAN	REPLACE 5/11 2/25
295	NC			
324	NC	X	BACK 2 COMPARTMENT SINK - LEAK AT FAULT	3/10
239	NC	X	WATER NOT AVAILABLE AT DIPPER WELL	3/11
295	NC	X	CONTAINER IN WITCHEH SUGAR STORED NOT CLEAN	2/20
187	C	X	FRONT AREA INTERNAL TEMPERATURE OF CHEESE 57°F NOT AT 41°F OR LESS	(discarded) 2/15
		X	NOTE - mech. DISINTEGRATING SANITATION TEMP. 160°F ±	OK

Received by (name and title printed): **ASHLEY GLIDDEN** Inspected by (name and title printed): **Bob SMITH EHS**

Received by (signature): *ASHLEY GLIDDEN* Inspected by (signature): *Bob SMITH*

Temp Rite cc: cc:





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Beltz
3/6/23

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Establishment name BLUE CACTUS	Telephone Number () Establishment () Owner	Date of Inspection 2/24/23	ID# 23249
Establishment address W. JEFFERSON 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 3/6/23
Owner MURDO		Summary of Violations: 0 10 R	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 4 5 ___	
Person in charge SAMANTHA ROSALES			
Responsible person's email			
Certified food handler MURDO			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	→	door gasket worn/split on 3 door refrigerator in kitchen across from grill	3/24/23
399	NC	→	FLOOR TILE WORN IN AREAS OF KITCHEN	4/1
190	NC	→	PREPARED CHEESE FOR CHEESE DIP COOLING AT ROOM TEMPERATURE - IN TERNAC TEMPERATURE 82°F - QUICK CHILL METHOD NOT UTILIZED	corrected 2/24
392	NC	o	OUTSIDE DUMPSTER LID NOT CLOSED	2/25
347	NC	✓	BACK EMPLOYER RESTROOM - DISPOSABLE TOWELS NOT PROVIDED	2/27
324	NC	o	COLD WATER NOT AVAILABLE AT HANDSINK FAUCET IN DISHWASHING AREA	3/24
411	NC	~	Ceiling light out in dishwashing area	3/15
431	NC	→	EXHAUST FAN COVERS NOT CLEAN IN RESTROOMS	2/28
309	NC	o	EXHAUST FAN NOT FUNCTIONING WOMEN'S RESTROOM	3/30
(NOTE)			WATER GLASS (PROPERLY) CLOSE TO CUSTOMER AREA (corrected)	2/24
239	NC	→	SINGLE SERVICE CUPS STORED CLOSE TO CUSTOMER AREA - BAR	2/27

Received by (name and title printed): Samantha Rosales	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): <i>Samantha Rosales</i>	Inspected by (signature): <i>Bl Smith</i>
cc:	cc:



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Becky
3/6/23

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Establishment name BOJAKS	Telephone Number () Establishment () Owner	Date of Inspection 2/28/23	ID# 1365
Establishment address 377 E JEFFERSON ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (POS)	Release Date 3/9/23
Owner (Gore)		Summary of Violations: C <u>0</u> NC <u>9</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge Greg GIGLI		1 <u> </u> 2 <u> </u> 3 <u>4</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler JONATHAN LANHAM			

- 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
392	NC	-	dumpster lid is not closed	3/1/23
394	NC	-	TRASH ON GROUND INSIDE DUMPSTER ENCLOSURE	
245	NC	-	WIPING CLOTHS NOT STORED IN SANITIZING SOLUTION BETWEEN USE	3/1
218	NC	-	DOOR GASKET/WORN/SPLIT ON UPRIGHT REFRIGERATOR NEXT TO GRILL	3/25
295	NC	-	EXHAUST HOOD FILTERS NOT CLEAN	3/4
295	NC	-	SIDES OF DEEP FRYER/GRILL NOT CLEAN	3/4
431	NC	-	FLOOR NEXT TO WALL UNDER GRILL/DEEP FRYER NOT CLEAN	3/4
309	NC	-	MECHANICAL VENTILATION NOT FUNCTIONING IN WOMEN'S RESTROOM (EXHAUST)	3/6
216	NC	-	CARDBOARD USED AS SHELF LINING IN UPRIGHT REFRIGERATOR IN KITCHEN NOT CLEAN	3/4

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

