



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

Betany  
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 <b>CASEY'S GENERAL STORE</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/3/23</b>	ID# <b>2005</b>
Establishment address <b>3025 N US 31 FRANKLIN, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/13/23</b>
Owner <b>CASEY'S MARKETING</b>		Summary of Violations:  <b>C 1 NC 6 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>HEATHER WITMAN</b>		1 ___ 2 ___ <b>3 X</b> 4 ___ 5 ___	
Responsible person's email			
Certified food handler <b>JEANETTE BROWN N/A</b>			

- 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	X	INTERNAL TEMPERATURE OF BREAD CHEESEBURGER, POTATO CHEESE BITES ON LOWER SECTION OF WARMER UNIT IN KITCHEN 120°F-135°F NOT AT 135°F OR MORE	Food items discarded 2/3/23
392	NC	R	LID NOT CLOSED ON OUTSIDE DUMPSTER	2/5
431	NC	R	FLOOR NOT CLEAN IN AREAS OF KITCHEN NEXT TO WALL, DRAIN UNDER SOFT DRINK STATION NOT CLEAN	2/8
218	NC	R	DOOR GASKET <del>REMOVED</del> WORN ON 2 DOOR REFRIGERATOR IN KITCHEN	3/3
411	NC	X	FLIGHT OUT ON EXHAUST HOOD	2/10
431	NC	R	CeILING PANEL DUSTY IN KITCHEN	2/7
295	NC	R	DISPLAY REFRIGERATORS IN FRONT FRONT FILTER DUSTY	2/7
			<b>NOTE</b> → CERTIFIED FOOD HANDLER NOT PROVIDED	
			<b>NOTE</b> → mens RESTROOM - TRASH FULL	

Received by (name and title printed): <b>Heather Witman - Team member</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <b>Heather Witman</b>	Inspected by (signature): <b>BS</b>
cc:	cc:





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*Bltsy  
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 <b>ORIGINAL CHICAGO'S PIZZA &amp; CURRY</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/23/23</b>	ID# <b>2495</b>
Establishment address <b>153 HOLIDAY PLACE FRANKLIN, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>3/5/23</b>
Owner <b>SINGH</b>		Summary of Violations:  C <b>1</b> NC <b>7</b> R <b>—</b>	
Owner address		Menu Type (See back of page)  1 <b>—</b> 2 <b>—</b> 3 <b>3</b> 4 <b>—</b> 5 <b>—</b>	
Person in charge <b>M KAUR</b>			
Responsible person's email			
Certified food handler <b>GARY SINGH</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
190	NC	<input checked="" type="checkbox"/>	pre cooked CHICKEN ON METAL TRAY ON TABLE AT ROOM TEMPERATURE, INTERNAL TEMPERATURE 82°F, QUICK CHILL METHOD NOT USED / NOT PLACED IN WALK-IN COOLER UNDER 135°F	corrected 2/23
191	C	<input checked="" type="checkbox"/>	PREMADE FOOD ITEMS, MORE THAN 24 HOURS OLD NOT DATE MARKED IN WALK-IN COOLER	2/24
295	NC	<input checked="" type="checkbox"/>	HOBART MIXER NOT CLEAN	2/28
392	NC	<input checked="" type="checkbox"/>	OUTSIDE DUMPSTER LID NOT CLOSED/BOXES ON GROUND	2/24
228	NC	<input checked="" type="checkbox"/>	CHEST FREEZER NOT EASILY MOVABLE	3/20
256	NC	<input checked="" type="checkbox"/>	THERMOMETER SEEN / NOT CONSPICUOUSLY LOCATED IN CHEST FREEZER	2/26
H31	NC	<input checked="" type="checkbox"/>	FLOOR IN AREAS OF KITCHEN / NEXT TO WALL, BEHIND GREASE TRAP NOT CLEAN	2/28
411	NC	<input checked="" type="checkbox"/>	LIGHT OUT ON EXHAUST HOOD	3/10

Received by (name and title printed): <b>Maninderjeet Kaur</b>	Inspected by (name and title printed): <b>Bob Smith BHS</b>
Received by (signature): <i>Maninderjeet K.</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:







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Bulky  
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 <b>Chuck Fil A</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/27/23</b>	ID# <b>974</b>
Establishment address <b>155 Martin Dr Greenwood, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>3/7/23</b>
Owner		Summary of Violations:  <b>C 0 NC 2 R 0</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <b>X</b> 4 ___ 5 ___	
Responsible person's email			
Certified food handler <b>ServSafe Rick Johnson Exp: 2026</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Bottom of coolers soiled - raw meat - hashbrown/fry freezer - produce cooler	2/28/23
402	NC		Floor/base board soiled under dump sink in cockpit	2/28/23
NOTE			Chicken temp @ 51-55°F @ salad station - corrective action taken * keep an eye out on chicken holding temp <b>34°F</b>	2/22/23

Received by (name and title printed): <b>X Joe Heltrich Asst. Director</b>	Inspected by (name and title printed): <b>Jaymie Miller</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





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Betsy  
2/16

X

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 <b>Ching Garden</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2-15-23</b> 7:42 a.m.	ID# <b>1289</b>
Establishment address <b>2170 S SR 135, Greenwood</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>YES</b>	Release Date <b>2-15-23</b>
Owner		Summary of Violations:  <b>C 1 NC 9 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 X 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Zhenzhi Guo (exp 6/10/27)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
190	NC		Observed cooked meats inside a metal pan with a plastic cover inside the walk-in cooler @ 56°F ↳ employee stated was made 2-15-23 @ 12:30 p.m.	2-15-23
190	NC		Observed many plastic bins of chicken (cooked) sitting out at room temperature between 72°F - 105°F ↳ employee stated they were just made & was trying to cook them.	
294	C		Observed 3 bay sanitizer solution @ 9:00 p.m.	
346	NC		Observed no hand soap at kitchen hand sink.	Corrected
177	NC		Food products not 6" off floor-walk-in freezer floor. Bags of onions not 6" off floor.	2-17-23
347	NC		Observed no paper towels in the restroom.	2-15-23

Received by (name and title printed): <b>Laina Chen</b>	Inspected by (name and title printed): <b>Cassie Stoll</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <b>K-R PJ</b>







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*Bellevue*  
*3/10/23*

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Establishment name <i>CIRCLE K #4700051</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2/27/23</i>	ID# <i>430</i>
Establishment address <i>1014 N US 31 46184</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>-</i>	Release Date <i>3/07/23</i>
Owner <i>MAC'S CONVENIENCE STORES LLC</i>		Summary of Violations:  <i>C 0 NC 1 R -</i>	
Owner address <i>PO Box 347 Columbus IN 47202</i>		Menu Type (See back of page)  <i>1 2 X 3 4 5</i>	
Person in charge <i>ANGIE WILSON exp. 2/13/23</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>394</i>	<i>NC</i>		<i>- DUMPSTER LID IS OPEN</i>	<i>CORRECTED</i>
			<i>- ANGIE'S SERVSAFE exp. 2/13/23</i>	

Received by (name and title printed): <i>+ Angie Wilson</i>	Inspected by (name and title printed): <i>KEVIN R PAULIN EHS</i>
Received by (signature): <i>+ Angie Wilson</i>	Inspected by (signature): <i>K R Paulin</i>
cc:	cc:



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*Becky  
2/22*

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Establishment name <b>COFFEEHOUSE FIVE</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/15/23</b>	ID# <b>2335</b>
Establishment address <b>41 W MONROE ST. FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>2/25/23</b>
Owner <b>PETERS</b>		Summary of Violations:  C <u>0</u> NC <u>2</u> R <u>    </u>	
Owner address			
Person in charge <b>LARI ARCHIBALD</b>			
Responsible person's email		Menu Type (See back of page)	
Certified food handler <b>LARA ARCHIBALD</b>		1 <u>    </u> 2 <u>    </u> 3 <u>    </u> 4 <u>    </u> 5 <u>    </u>	

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Section #	C/NC	R	Narrative	To Be Corrected by
<b>228</b>	<b>NC</b>	<b>✓</b>	<b>BASEMENT UPRIGHT FREEZER NOT EASILY</b>	<b>3/15/23</b>
<b>256</b>	<b>NC</b>		<b>MOVEABLE, THERMOMETER NOT SEEN, NOT CONSPICUOUSLY LOCATED</b>	<b>2/20</b>

Received by (name and title printed): <b>Lara Archibald</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Lara Archibald</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:











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Bates  
2/13/23

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 <b>COURT STREET CAFE</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/7/23</b>	ID# <b>2232</b>
Establishment address <b>39 E COURT ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>2/7/23</b>
Owner <b>SHERRY YOUNG</b>		Summary of Violations:  C <u>0</u> NC <u>6</u> R <u>   </u>	
Owner address		Menu Type (See back of page)  1 <u>   </u> 2 <u>   </u> 3 <u>   </u> 4 <u>X</u> 5 <u>   </u>	
Person in charge <b>SHERRY YOUNG</b>			
Responsible person's email			
Certified food handler <b>SHERRY YOUNG</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
228	NC	Ⓟ	CHEST FREEZER, UPRIGHT REFRIGERATOR UNITS NOT EASILY MOVABLE	3/1/23
256	NC	Ⓟ	THERMOMETERS NOT SEEN/NOT CONSPICUOUSLY LOCATED IN SMALL CHEST FREEZER UPRIGHT & DOOR REFRIGERATOR, GRILL AREA SMALL REFRIGERATOR	2/12
431	NC	Ⓟ	FLOOR NOT TO WALL, UNDER EQUIPMENT NOT CLEAN IN KITCHEN	2/14
218	NC	Ⓟ	DOOR GASKET WORN/SPLIT ON 2 DOOR REFRIGERATOR IN KITCHEN,	3/7
295	NC	Ⓟ	SMALL REFRIGERATOR ACROSS FROM GRILL, DOOR GASKET NOT CLEAN	2/10
190	NC	Ⓟ	PREMADE SOUPS PLACED IN LARGE PLASTIC COVERED CONTAINERS WHILE WARM PLACED IN 2 DOOR REFRIGERATOR, QUICK CHILL METHOD NOT UTILIZED	corrected 2/7
(NOTE)		Ⓟ	MECHANICAL DETERMINING HOT WATER SANITIZATION TEMPERATURE ADEQUATE (160°F OR MORE)	OK

Received by (name and title printed): <b>SHERRY YOUNG</b>	Inspected by (name and title printed): <b>Bob Smith / EHS</b>
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Bethy  
2/16

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 <b>CREEKSIDE ELEMENTARY</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/14/23</b>	ID# <b>788</b>
Establishment address <b>700 E ST RD 44 FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/24/23</b>
Owner <b>FCSC</b>		Summary of Violations:  <b>C 0 NC 2 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>DIANA PORTERFIELD</b>			
Responsible person's email			
Certified food handler <b>DIANA PORTERFIELD</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC		OUTSIDE DUMPSTER LID NOT CLOSED	2/15/23
309	NC		ROSTROOM CEILING EXHAUST NOT FUNCTIONING	2/24
			<b>NOTE</b> MECHANICAL DISHMACHINE HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE / UTENSIL SURFACE	OK



Received by (name and title printed): <b>Diana Porterfield Manager</b>	Inspected by (name and title printed): <b>Bob SMITH / KEVIN PAULIN</b>
Received by (signature): <i>Diana Porterfield</i>	Inspected by (signature): <i>Bob Smith / Kevin Paulin</i>
cc:	cc:





**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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86 WEST COURT STREET  
FRANKLIN IN 46131  
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*Belkman  
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>Dale's Family Restaurant</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2-2-23</i>	ID# <i>2524</i>
Establishment address <i>1071 W. Jefferson St. Franklin, IN 46131</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>2-12-23</i>
Owner <i>Dennis Belkman</i>		Summary of Violations:  <i>C 0 NC 12 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 ✓ 5</i>	
Person in charge <i>Philip Ladd</i>			
Responsible person's email			
Certified food handler <i>Philip Ladd (SenSafe Exp: 1/17/27)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Hot water temperature measured <sup>°F</sup> 127°F to 130°F at hand sinks (Range 100°F to 170°F)	2-5-23 ↓
431	NC		Floors walls & ceilings soiled in areas	2-12-23 ↓
399	NC		Cove base worn in areas	2-12-23
295	NC		Various equipment are soiled interior and exterior	2-8-23 ↓
			Table slicer unit is soiled	2-2-23
218	NC		Top unit of table slicer is worn from possible grind stone hubbubing	2-27-23 ↓
430	NC		Walk-in freezer door does not shut/close tightly	2-27-23 ↓
218	NC		Two door cooler in prep area door seals are soiled + torn	2-27-23 ↓
324	NC		Three bay sink faucet leaks	2-27-23
295	NC		Employee restroom toilet soiled	2-2-23
352	NC		and door not self-closing	2-8-23

Received by (name and title printed): <i>Philip Ladd</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS / Bob Smith</i>
Received by (signature): <i>Philip Ladd</i>	Inspected by (signature): <i>Andrew Miller / Bob Smith</i>
cc:	cc:













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*Butter  
3/6/23*

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Establishment name <b>Desi Bazar</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/6/23</b>	ID# <b>2325</b>
Establishment address <b>916 E. MAIN ST. Greenwood, IN</b>	Purpose: 1. Routine 2. <b>Follow-up</b> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:  C <u>  </u> NC <u>  </u> R <u>  </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>  </u> 2 <u>  </u> 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"  
• 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
			Follow-up to 1/18/23 routine inspection	
			- the kitchen table shelves used for storage are soiled.	
			- The interior of the walk-in cooler door is soiled.	
			- Bare wood shelves used for bags of flour are not easily cleanable.	
			- The wooden pallets in the walk-in cooler are soiled. [use molded plastic or cleanable dunnage shelves]	
			- the front door is not totally rodent-proof.	
			* continued non-compliance could result in citations and fines.	

Received by (name and title printed): <b>X NARINDER S. SHERGILL</b>	Inspected by (name and title printed): <b>Terry D. Dayless</b>
Received by (signature): <b>X NS Shergill</b>	Inspected by (signature): <b>Terry D. Dayless</b>
cc:	cc:













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Betsy  
2/16  
4

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 <b>Dollar Tree #1970</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2-14-23</b>	ID# <b>1786</b>
Establishment address <b>2239 N Morton St 46131</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>2-24-23</b>
Owner		Summary of Violations:  <b>C 0 NC 3 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 <b>X</b> 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
295	NC		Many Shelves throughout food section are soiled.	
			Bottom of cooler is soiled.	
324	NC		Left restroom toilet is soiled	
414	NC		Back room exterior door not protected from potential rodents. ↳ daylight was observed ↳ not tight fitting.	
			Note: Observed trash build up inside building & in dumpster area. ↳ work orders have been placed.	
			Note: Restroom base covering needs to be reattached to the wall - (right side)	

Received by (name and title printed): <b>X Nicole Mueller Store manager</b>	Inspected by (name and title printed): <b>Cassi Hall</b>
Received by (signature): <b>X Nicole Mueller</b>	Inspected by (signature): <b>Cassi Hall</b>
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

Buku  
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 Domino's # 2503	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 2/17/23	ID# 2298
Establishment address 989 N US 31 Whiteland, IN 461	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 2/27/23
Owner RPM Pizza Midwest, LLC		Summary of Violations:  C 0 NC 4 R	
Owner address	Responsible person's email (SentSafe Exp:)	Menu Type (See back of page) 1 2 3 ✓ 4 5	
Person in charge Joshua Morgan			
Certified food handler Joshua Morgan (10/21/27)			

• 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
431	NC		① Floor is soiled under two door Coca-Cola Coolers	2/17/23
			② Floor drain soiled under 3 bay sink	2/19/23
218	NC		Splash guards loose at dish area hand sink	2/27/23
324	NC		Center bottom of three bay sink faucet leaks	2/27/23
218	NC		Walk-in cooler exterior door handle center area is cracked and sharp	3/1/23

Received by (name and title printed): Joshua Morgan employee	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 	Inspected by (signature): 
cc:	cc: