





**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

*Beitar  
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 <i>Mi Jefe</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>02/09/23</i>	ID# <i>1689</i>
Establishment address <i>106 S. SR 135 Trafalgar, IN 46181</i>	Owner	Follow-up <i>-</i>	Release Date <i>02/23/23</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 <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/></i>	
Owner address		Menu Type (See back of page)  <i>1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___</i>	
Person in charge <i>Jose Cirion</i>			
Responsible person's email			
Certified food handler <i>Jose Cirion Exp. 2024</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>177</i>	<i>NC</i>		<i>Some materials are on the floor inside walk-in cooler.</i>	<i>2/20</i>
<i>297</i>	<i>NC</i>		<i>Some soda nozzles are soiled.</i>	<i>↓</i>
<i>430</i>	<i>NC</i>		<i>One pipe by prep sink is leaking</i>	
<i>295</i>	<i>NC</i>		<i>Inside of one cooler unit by oven is soiled</i>	
<p><i>NOTE: (i) please clean cooler unit by oven (ii) switch out soda nozzles every Friday (iii) Mechanical dish washer sanitizer is okay</i></p>				

Received by (name and title printed): <i>Jose Cirion</i>	Inspected by (name and title printed): <i>Paul Beitar EHS</i>
Received by (signature): <i>Jose Cirion</i>	Inspected by (signature): <i>Paul Beitar</i>
cc:	cc:



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Belt  
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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>Mumbai Grill</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2-3-23</b>	ID# <b>1545</b>
Establishment address <b>916 E. Main St. Greenwood IN 46143</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>2-13-23</b>
Owner <b>Ejaz ABIDI</b>		Summary of Violations:  <b>C 3 NC 11 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 <input checked="" type="checkbox"/> 5</b>	
Person in charge <b>Luis Pons</b>			
Responsible person's email			
Certified food handler <b>Luis Pons (SenSafe Exp: 8/18/2026)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
136	C		Dish employee was observed eating in the kitchen	Corrected ↓
393	NC		No dumpster drain plug provided	2-10-23
425	NC		Broom & dust pan not hung up	2-3-23
431	NC		Kitchen exhaust hood filters (mechanical) are soiled	2-5-23 ↓
295	NC		Kitchen preparation table compressor soiled	2-3-23 ↓
177	NC		Box of tomatoes and a crate of cilantro were stored on the walk-in-cooler floor	2-12-23 ↓
191	C		Date marking stickers lacked a date on foods inside the walk-in-cooler	2-3-23 ↓
216	NC		Cardboard is used as liners for shelving inside "meat" side of the walk-in-cooler	2-3-23 remove ↓
227	NC		Master-Bilt two door cooler not easily movable	2-12-23 ↓

Received by (name and title printed): <b>X Luis Pons</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <b>X Luis Pons</b>	Inspected by (signature): <b>Andrew Miller</b>
cc:	cc:

## NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Mumbai Grill			916 E. Main St. Greenwood IN 46143	
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
430	NC		During room ceiling tiles are damaged from being previously wet	2-15-23 ↓
399	NC		Floor tiles are damaged behind the men's toilet	2-15-23 ↓
303	C		The three bay sink was not set-up properly to wash, rinse, and sanitize	Corrected ↓
291	NC		No sanitizer test kit for Quat was provided	2-4-23 ↓
245	NC		Wet wiping cloth for meat cutting area was not stored in sanitizer	Corrected ↓
<p>* (1) Notes: Firm has a hand out on how to set-up the three bay sink, provided by our office, that is posted on the wall between three bay sink and kitchen hand sink *</p> <p>(2) Ceiling tiles are missing in hallway for bathrooms</p>				
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
Luis A. Be			Andrew Miller, EHS	





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Beky  
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>PARK HURST DINING</b> (FRANKLIN COLLEGE)	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/6/23</b>	ID# <b>2273</b>
Establishment address <b>101 BRANTON BLVD FRANKLIN, IN</b>	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/16/23</b>
Owner <b>PARK HURST DINING</b>		Summary of Violations:  C <u>0</u> NC <u>5</u> R <u>   </u>	
Owner address		Menu Type (See back of page)	
Person in charge <b>DEVA DUNCAN</b>		1 <u>   </u> 2 <u>   </u> 3 <u>   </u> 4 <b>X</b> 5 <u>   </u>	
Responsible person's email			
Certified food handler <b>DEVA DUNCAN / CHRIS BATOR</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	*	FLOOR NEXT TO WALL, IN 3 COMPARTMENT SINK <sup>WASH</sup> STOCK AREA FLOOR NOT CLEAN WALK-IN COOLER FLOOR NOT DRAINING PROPERLY (WATER PONDING) IN	2/16/23
399	NC		DISHWASHING TRAY RETURN AREA	
399	NC	*	FLOOR TILES WORN IN AREAS OF KITCHEN HALL	4/1/23
411	NC	*	CETILING LIGHTS IS OUT ON EXHAUST HOOD, LIGHT OUT ON EXHAUST HOOD OVER STOVE (BACK)	2/16
218	NC	*	DOOR SEALS WORN ON WALK-IN FREEZER	3/16
239	NC	*	SINGLE SERVICE ITEMS IN BOXES NOT STORED OFF MINIMUM OF 6 INCHES, (RETAIL CAPS)	corrected 2/6
<b>NOTE</b>		*	DISHWASHING TILE WORN IN DISHWASHING AREA	3/16
<b>NOTE</b>		*	MECHANICAL DISHWASHING HOT WATER SANITIZATION ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE	<b>OK</b>

Received by (name and title printed): <b>DEVA DUNCAN - General Mgr</b>	Inspected by (name and title printed): <b>Bob Smith / Kevin R. Taylor</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





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Betsey  
2/16

X

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Establishment name <i>PIECE OF CAKE</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2/15/23</i>	ID# <i>2149</i>
Establishment address <i>484 N. MADISON 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>2/26/23</i>
Owner <i>DEBBIE VAN VOLKENBURGH</i>		Summary of Violations:  <i>C 0 NC 6 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
257	NC		- REFRIGERATOR/FREEZER IN DISH ROOM DOES NOT HAVE A THERMOMETER EASILY ACCESSIBLE	2/26/23
257	NC		- REFRIGERATOR/FREEZER IN BAKING ROOM DO NOT HAVE A THERMOMETER EASILY ACCESSIBLE	2/26/23
174	NC		- BULK FOOD ITEMS ARE NOT LABELED	2/26/23
351	NC		- EMPLOYEE RESTROOM DOES NOT HAVE A COVERED RECEIPTILE	
334	NC		- NO AIR GAP IN THE PLUMBING UNDER THE 3 BAY SINK	2/26/23
291	NC		- NO TEST STRIPS OBSERVED FOR <del>WATER</del> SANITATION	2/26/23
*NOTE*			- RESIDENTIAL REFRIGERATOR/FREEZER X 2 BEING USED - RESIDENTIAL STOVES BEING USED	

Received by (name and title printed): <i>X Deborah Van Volkenburg</i>	Inspected by (name and title printed): <i>K-R Paulin</i>
Received by (signature): <i>X Debbie Van Volkenburg</i>	Inspected by (signature): <i>KEVIN R. PAULIN</i>
cc:	cc:





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Betsy  
2/22

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Establishment name <b>PIZZA HUT</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/16/23</b>	ID# <b>2183</b>
Establishment address <b>2440 N MORTON 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>2/26/23</b>
Owner <b>QUALITY HUTS INPPIS, LLC</b>		Summary of Violations: <b>0 NC 5 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>CHRISTINA KIRTMAN</b>			
Responsible person's email			
Certified food handler <b>JACOB ELDRIDGE (CORUSAFE 10/30/27 EXP)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	X	FLOORS IN AREAS OF KITCHEN NOT CLEAN	2/24/23
399	NC	-	WALL WORN, NOT CLEAN IN AREAS OF KITCHEN	2/15
431	NC			2/24
295	NC	-	WALK-IN COOLER BOTTOM OF SHELVING NOT CLEAN	2/24
347	NC	-	MENS RESTROOM - DISPOSABLE TOWELS NOT PROVIDED	2/17

Received by (name and title printed): <b>Cristina Kirtman Shift Manager</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Cristina Kirtman</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:





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Belen  
2/13/23

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Establishment name RICHARD'S KITCHEN BUCK OVEN PIZZA	Telephone Number Establishment ( ) Owner	Date of Inspection 2/7/23	ID# 1089
Establishment address 229 S MAIN ST FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/17/23
Owner RICHARD GOSS, MEG JONES		Summary of Violations:  C <u>0</u> NC <u>5</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 MICHAEL MORRISON			
Responsible person's email			
Certified food handler RICHARD GOSS SERUSAPP (4/5/26 <del>EXP</del> )			

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Section #	C/NC	R	Narrative	To Be Corrected by
999	NC	0	WALL WORN IN AREAS OF KITCHEN	3/1/23
218	NC	0	WRZK - IN COOLER DOOR GASKET WORN/SPLIT	3/7
431	NC	0	COILING EXHAUST FAN COVERS NOT CLEAN	2/20
309	NC	0	IN RESTROOMS, (1) FAN EXHAUST NOT FUNCTIONING IN RESTROOM	
(NOTE)		*	SOME EQUIPMENT NOT IN USE AT TIME OF INSPECTION	
257	NC	*	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F NOT PROVIDED	2/12

Received by (name and title printed): Michael Morrison	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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*Belam  
2/16/23*

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>Road Ranger #226</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2/16/23</i>	ID# <i>915</i>
Establishment address <i>1615 E. Main St. Greenwood, IN 46143</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>2/26/23</i>
Owner		Summary of Violations:  <i>C 2 NC 11 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Darrell Byrd</i>			
Responsible person's email			
Certified food handler <i>in - progress</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC	✓	① Mens restroom door rubs the door frame ② Interior tile cove base missing at subway back door ③ Mechanical room, within subway area, contains a roof leak from water heater flue ④ Wall shelf above subway's microwave is loose	2/26/23
187	C	✓	The following internal product temperatures were measured at the subway front preparation table: ① Cut Turkey 45°F ② Cut Salami 45°F	Called for emergency repair
294	C		Sanitizer concentration inside the three bay sink measured greater than 400 ppm	Called for repair
218	NC		No temperature control knob	2/26/23

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

