



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

Beckm
4/10

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 Neathery's BP.	Telephone Number () Establishment () Owner	Date of Inspection 3/30/23	ID# 293
Establishment address 9614 SR 144 46151	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4-9-23
Owner		Summary of Violations: C 0 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email	SenSafe		
Certified food handler Lynn Neathery	EXP: 12/7/26		

• 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		Interior of ice machine is soiled	
295	NC		Among microwave is soiled/musty (interior)	
324	NC		Hand sink by 3 bay sink is loose from wall	
218	NC		Walk-in freezer door gasket is split/worn ↳ observed ice buildup	
218	NC		Pizza prep cooler door gasket is split/worn	
431	NC		Floor under deep fryer is soiled	
310	NC		Ceiling return vents above pizza oven and in dish room are soiled	
			① Notes: Replace residential stove in kitchen with only commercial when unit becomes worn/damaged	
			② Hot foods using Time as a Public Health Control shall be labeled with a time. This procedure shall be maintained in the firm and available for health department review, upon request	

Received by (name and title printed): D. N. [Signature]	Inspected by (name and title printed): Andrew Miller EHS/Cass Hill
Received by (signature):	Inspected by (signature): Andrew Miller / Cass Hill
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

Beta 318

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.

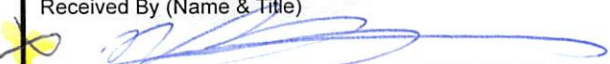

Establishment name <i>New Wong Cal Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/7/23</i>	ID# <i>1519</i>
Establishment address <i>209 S SR 135, 46142</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>3/17/23</i>
Owner		Summary of Violations: <i>C 17 NC 17 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 X 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Leehua Chong (exp 3/19/23)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>Walk-in cooler shelving racks are soiled / rusty</i>	<i>3-21-23</i>
<i>218</i>	<i>NC</i>		<i>Walk-in cooler door gasket is split/worn.</i>	<i>4-7-23</i>
<i>295</i>	<i>NC</i>		<i>Sides of many cooking equipment under exhaust hood are soiled</i>	<i>3-14-23</i>
<i>431</i>	<i>NC</i>		<i>Floor under equipment is soiled in the kitchen area</i>	<i>1</i>
<i>411</i>	<i>NC</i>		<i>Observed a light cut for the exhaust hood</i>	<i>3-10-23</i>
<i>310</i>	<i>NC</i>		<i>Kitchen exhaust hood is soiled.</i>	<i>4-7-23</i>
<i>234</i>	<i>NC</i>		<i>Observed many in-use utensils without the handles above the the food products for bulk food.</i>	<i>5-9-23</i>
<i>216</i>	<i>NC</i>		<i>Observed wooden blocks holding up cooking equipment under exhaust hood → Not easily cleanable</i>	<i>3-21-23</i>
<i>295</i>	<i>NC</i>		<i>Storage shelves across from chest freezer in kitchen are soiled / rusty</i>	<i>3-21-23</i>

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): <i>Cassi Hall / Caleb Fecner</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] / Caleb Fecner</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
New Wang Cai Rest.			209 S. SR135 46142	3-7-23 2:30 P
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		Water heater appears to be in disrepair as the Lower half is rusty and there is water all around base on floor	4-7-23
413	NC		Back door not tight fitting.	3-17-23
295	NC		Observed ^{soiled} Knives stored on 3-strip magnet above 3-bay drain board.	3-7-23
431	NC		3-bay sink is soiled	3-7-23
431	NC		3-bay sink floor drain soiled	3-7-23
324	NC		Right 3-bay sink faucet is leaking	
431	NC		Prep sink floor drain is soiled	3-8-23
218	NC	X	Upright residential freezer door (interior) is in disrepair	4-7-23
			NOTE: Restroom handsink not sealed to wall.	
			NOTE: Continue to Label food items in freezer.	
245	NC		Sanitizer not observed in wiping cloth bucket. Chlorine level shall be 50 parts per million	3-7-23
Received By (Name & Title)			Inspected By (Name & Title)	Page <u>2</u> of <u>2</u>
				



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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.

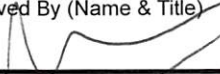

Establishment name Nineveh Mini Mart	Telephone Number () Establishment () Owner	Date of Inspection 2-27-23	ID# 677
Establishment address 8010 S Nineveh Rd.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 3-9-23
Owner		Summary of Violations: C 2 NC 18 R 6	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C	X	Observed rodent droppings in back storage area.	3-5-23
448	C		Observed "raid ant & roach spray" not approved for commercial use.	
139	C		Observed what appeared to be a bloated package of "Doritos Egg Rolls" inside Great America Deli cooler.	
414	NC	X	front exterior door not protected from potential rodents ↳ daylight was observed.	
414	NC		Back exterior door not protected from potential rodents ↳ daylight was observed.	
218	NC		Walk-in cooler door gaskets are split/worn	
349	C		front hand sink was observed blocked by a large cabinet	
245	NC		Observed a wet wiping cloth stored under soda machine	
411	NC	X	Light out inside restroom	

Received by (name and title printed): manu	Inspected by (name and title printed): Cassi Hall / Andrew Miller
Received by (signature): 	Inspected by (signature):
cc:	cc:

NARRATIVE REPORT *Nureveh, W*

Establishment Name			Address	Inspection Date
<i>Nureveh Mini</i>			<i>8010 S. Nureveh Rd 46164</i>	<i>2/27/23</i>
Section#	C/N/C	R	REMARKS	TO BE CORRECTED BY
			<i>Mart</i>	
<i>255</i>	<i>NC</i>		<i>Interior thermometer inside Great American Deli small one door cooler not working</i>	<i>3/1/23</i>
<i>385</i>	<i>NC</i>		<i>Exterior dumpster pad contained bags of trash</i>	<i>2/27/23</i>
<i>426</i>	<i>NC</i>		<i>One large green trough was stored behind the dumpster pad area</i>	<i>3/1/23</i>
<i>297</i>	<i>NC</i>		<i>Soda nozzle dispensing parts and unit were excessively soiled</i>	<i>Remove for cleaning</i>
<i>291</i>	<i>NC</i>		<i>No sanitizer test kit provided for two bay sink</i>	<i>3/1/23</i>
<i>294</i>	<i>C</i>		<i>No chemical sanitizer was provided to sanitize equipment</i>	<i>2/27/23</i>
<i>309</i>	<i>NC</i>		<i>Restroom mechanical ventilation not working</i>	<i>3/8/23</i>
<i>425</i>	<i>NC</i>		<i>Wet mop not hung to air dry</i>	<i>2/27/23</i>
<i>430</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Base boards missing by cooler and soda area</i>	<i>3/8/23</i>
<i>430</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Floor tiles damaged by self-serve soda station</i>	<i>3/8/23</i>
<i>431</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Floor is soiled in various areas</i>	<i>2/28/23</i>
<i>177</i>	<i>NC</i>		<i>Bottom shelf inside walk-in-cooler not six inches off the floor</i>	<i>2/28/23</i>
<i>430</i>	<i>NC</i>		<i>Wood door to back storage/mop area is heavily damaged</i>	<i>3/8/23</i>
<i>295</i>	<i>NC</i>		<i>Shelving for beverages inside walk-in-cooler are soiled</i>	<i>2/27/23</i>
			<i>* Note: Attach LED lights to ceiling in back room.</i>	<i>2/28/23</i>
			<i>* Great American Deli sandwiches/products shall be labeled with a pull date</i>	<i>ASAP</i>
Received By (Name & Title)			Inspected By (Name & Title) <i>AMS</i>	Page <i>2</i> of <i>2</i>
			<i>Andrew Miller</i> 	



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*Betsy
3/14*

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>Olive Garden</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/10/23</i>	ID# <i>227</i>
Establishment address <i>1274 US 31 N. Greenwood IN 46142</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>3/20/23</i>
Owner <i>Garden Group</i>		Summary of Violations: C <u>2</u> NC <u>7</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <input checked="" type="checkbox"/> 5 _____	
Person in charge <i>Steve Perillo</i>			
Responsible person's email			
Certified food handler <i>Jody Repass</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Salad plate cooler contained ice build-up.	3/15/23
399	NC		Grout repair needed in various areas and Cove base needs sealed to the top inside walk-in cooler and freezer	4/10/23
324	NC		Two water leaks seen on plumbing below dish area jet spray	3/20/23
295	NC	✓	① Gaskets on both sides of mechanical dish machine are sealed ② Cooking equipment wheels/casters are sealed ③ Bar soda gun sealed	3/12/23
218	NC	✓	① Fish strainer basket is worn	3/11/23
		✓	② Pasta cooking baskets are damaged and peeling a blue coating on the handles	3/18/23
		✓	③ Left bottom metal drop plate	3/20/23

Received by (name and title printed): <i>Steven Perillo General Mgr</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:

NARRATIVE REPORT

Establishment Name	Address	Inspection Date		
Olive Garden	1274 US 31 N. Greenwood IN 46112	3/10/23		
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			is cracked/damaged on both top edges	
187	C	✓	Lowfat milk measured 43°F and lowfat chocolate milk measured 46°F at 70's server station	Corrected order new unit
343	C		Bar hand sink was storing two dirty pitchers	Corrected
218	NC		Three bar sinks leak from under bar left drain board and back area.	4/10/23
430	NC		Walk-in-cooler bottom door hinge is loose/worn	3/20/23
Received By (Name & Title)		Inspected By (Name & Title)		Page <u>2</u> of <u>2</u>
Steven Perillo General Manager		Andrew Miller, EHS		



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460 N. MORTON ST. STE A
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Back 3/15

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>Red Sun</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/14/23</i>	ID# <i>1809</i>
Establishment address <i>3100 Meridian Park Dr</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>3/24/23</i>
Owner		Summary of Violations: <i>C 1 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>310</i>	<i>NC</i>		<i>Vent hoods need cleaned -scheduled 3/28</i>	<i>3/28/23</i>
<i>295</i>	<i>NC</i>		<i>Build up around ice machine</i>	<i>3/20/23</i>
<i>303</i>	<i>C</i>		<i>bbay sink need wash, rinse, sanitize -sanitizer needs changed frequently</i>	<i>3/14/23</i>
			<i>NOTES: remember! - Hot holding foods @ 135°F or above - Food not being used needs cooled for holding @ 41°F or below</i>	

Received by (name and title printed): <i>X Mike Hwang</i>	Inspected by (name and title printed): <i>Jayne Miller</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>3173464369</i>



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
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 RFD FRANKLIN	Telephone Number () Establishment () Owner	Date of Inspection 3/1/23	ID# 2241
Establishment address 55 W MADISON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 3/11/23
Owner L. McOANIER - TAZLEY		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 <u> *</u>	
Person in charge Ben Wilder			
Responsible person's email			
Certified food handler Ben Wilder			

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Section #	C/NC	R	Narrative	To Be Corrected by
			* MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE 160°F OR MORE ON PLATE/UTENSIL SURFACE	(OK)
218	NC	X	KITCHEN KRAJU UPRIGHT REFRIGERATOR (1) INSIDE ICE BUILT UP	3/7/23
		X		

Received by (name and title printed): Ben Wilder Chef	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Ben Wilder</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



Betty
4/10

Johnson County Health Department
460 N. Morton St., Ste. A, Franklin, IN 46131
Phone: (317) 346-4365, Fax: (317)736-5264
Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) 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 Smokehouse Catering Company	telephone 3178518995	Date of Inspection 3/29/2023 3p
Establishment address 1140 N SR 135, STE I-L, Greenwood, IN 46142	Summary of Violations 1C, 5NC	
Owner Carl Huckaby	Follow-up Yes	Release Date 4/10/2023
Person - in - Charge Carl Huckaby	Certified Food Handler	Purpose: Routine
Establishment Identification # 2503	County Johnson	District D5
		Menu Type 4-Extensive handling

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
187	C		Cooked beef in hot holding cabinet at 129 ° F @ 3pm. (Now Reheated)	3/29/23
187			Sauerkraut @48 ° F & Cooked chicken wings at 51 ° F. Employee states the unit was open all during lunch. The items in the bottom were at or below 41 ° F (Now Quick cooled in WIC)	3/29/23
190	NC		1 pre-made meal at 55 ° F @ 3:40p - 6 meals in total - all with condensate on interior lid. Employee states the food was all cold and then hot gravy was placed on top around 1:30p today. The meals are located in the "Deli Meat" reach in display cooler located by the front door inside plastic clam shell. This cooler was not made to rapidly cool food product and hot food shall not be tightly covered	3/29/23
414	NC		All exterior doors open upon inspection. (closed)	3/29/23
336			Note: Backsiphonage device not provided on utility sink.	4/1/23
399	NC		Landscape stones used to prop up SERVit® hot wells - they are not smooth & easily cleanable.	4/1/23
352	NC		Self-closures not provided on restroom doors.	4/1/23
234	NC		In-use utensils stored in wiping cloth bucket.	corrected

Establishment Representative

Inspected by: Elizabeth Schultz, REHS
 (317) 346-4373 eschultz@co.johnson.in.us



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Betsy
3/24

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Establishment name Steak n Shake	Telephone Number () Establishment () Owner	Date of Inspection 3/13/23	ID# 6031
Establishment address 2088 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
Owner		Summary of Violations: C <u>0</u> NC <u>3</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>X</u> 5 <u> </u>	
Responsible person's email			
Certified food handler <input checked="" type="checkbox"/> No certified worker			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		the floor around the bulk grease tank is soiled	3/13/23
295	NC		The Hamilton Beach mixer is soiled - splash zone	3/13/23
324	NC		No hot water at the men's room hand sink	3/15/23
* Extra notes: Empty the men's room waste basket the store is much improved!				

Received by (name and title printed): L Kae Roberts	Inspected by (name and title printed): Terry D Baless
Received by (signature): <i>L Kae Roberts</i>	Inspected by (signature): <i>Terry D Baless</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy
 460 N. MORTON ST. STE A
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 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 <i>Summy's Chicken</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/02/23</i>	ID# <i>1855</i>
Establishment address <i>1030 US 31 Greenwood</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>3/16/23</i>
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <i>2</i> R <input checked="" type="checkbox"/>	
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 <i>Sherry Harper 7/14/26</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>146</i>	<i>MC</i>		<i>couple of food containers are not labelled</i>	<i>3/09</i>
<i>228</i>	<i>MC</i>		<i>one elongated freezer not easily movable.</i>	<i>!</i>

Received by (name and title printed): <i>Jonathan K... ..</i>	Inspected by (name and title printed): <i>Paul Betten</i>
Received by (signature): <i>Jonathan K... ..</i>	Inspected by (signature): <i>Paul Betten</i>
cc:	cc:



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BMM
4/10

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>Subway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/29/23</i> <i>1:30pm</i>	ID# <i>1339</i>
Establishment address <i>2710 SR 135 46143</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>4/7/23</i>
Owner		Summary of Violations: <i>C <u> </u> NC <u> </u> R <u> </u></i>	
Owner address		Menu Type (See back of page) <i>1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u></i>	
Person in charge <i>KEVIN WEAVER</i>			
Responsible person's email			
Certified food handler <i>KEVIN WEAVER EXP. 2025</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>NOTE - KEEP AN EYE ON WALK-IN COOLER TEMP - OBSERVED @ 41° → SECOND READING 38°</i>	
			<i>NOTE - KEEP EYES ON DRIVE THRU VENT TEMP. - OBSERVED @ 40°</i>	

Received by (name and title printed): <i>Kevin Weaver</i>	Inspected by (name and title printed): <i>KEVIN R PAULIN</i>
Received by (signature): <i>Kevin Weaver</i>	Inspected by (signature): <i>K-R. P.</i>
cc:	cc: <i>Elizabeth Schultz</i>