



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

*Becky
3/8*

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>Taco Bell #40441</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>03/7/23</i>	ID# <i>2638</i>
Establishment address <i>10 Trafalgar Square</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
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> 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>Brayten Macklin 6/6/24</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>No violations during inspection</i>	

Received by (name and title printed): <i>Hope Clore</i>	Inspected by (name and title printed): <i>Paul Betiku ETTs</i>
Received by (signature): <i>Hope M Clore</i>	Inspected by (signature): <i>Paul Betiku</i>
cc:	cc:



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Betsy
3/20

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>Sara Treatment Center</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/15/23</i>	ID# <i>596</i>
Establishment address <i>7919 S. 100E. Nineveh, IN 46164</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>3/25/23</i>
Owner		Summary of Violations: <i>C 0 NC 3 R</i>	
Owner address	Menu Type (See back of page) 1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____		
Person in charge <i>Miaya Ellis (ServSafe EXP: 1/14/24)</i>			
Responsible person's email			
Certified food handler <i>Miaya Ellis</i>			

• 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
218	NC		Frigidaire one door freezer contained a loose handle and	4/1/23
228	NC		the unit is not easily movable	4/1/23
190	NC		Previously cooked ribs measured 55°F and sweet potatoes measured 56°F while covered with a lid inside the Bluebird one door cooler	Corrected Retrained Employee

Received by (name and title printed): <i>X Miaya Ellis</i>	Inspected by (name and title printed): <i>Andrew Miller EHS</i>
Received by (signature): <i>X Miaya Ellis</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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*Bulky
3/13*

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 Taste of China	Telephone Number () Establishment () Owner	Date of Inspection 3/8/23	ID# 2302
Establishment address 460 N. Morton Franklin	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 3/18/23
Owner Whiteland IN		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 <u>4</u> 5	
Person in charge			
Responsible person's email			
Certified food handler L Qu Zhong			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		The can opener is soiled	3/8/23
430	NC		Numerous floor tiles are chipped and cracked. The floor is not easily cleanable	-
112	NC		(3) Home style freezers are not approved equipment	when replaced
324	NC		Hot faucet handle is broken on the kitchen hand sink	

Received by (name and title printed): L Qu Zhong	Inspected by (name and title printed): Terry D Bayless
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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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 Taxman Brewing	Telephone Number () Establishment () Owner	Date of Inspection 2/24/23	ID# 1830
Establishment address 13 S Baldwin St Bargserville IN 46106	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 3/6/23
Owner		Summary of Violations: C 3 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Nathan Ungers			
Responsible person's email SewSafe Exp			
Certified food handler Josh Hettinger 8/23/27			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		① Made in-house Butter Milk Ranch and Mild Fancy dressings measured 45°F to 46°F while inside table top cooler. ② Breeding for tenderloins stored at room temperature measured 59°F	Corrected
415	C	✓	Approximately 33 dead what appeared to be small winged insects were seen inside the Criterion one door freezer storing food.	Corrected
218	NC		On numerous refrigeration units contain torn/split door gaskets	3/24/23
411	NC		Interior bulb missing for True two door cooler	3/8/23
431	NC		Walk-in-cooler contained inverted milk crates used as shelving	3/18/23
324	C		Ice maker in brewery overflows from the drain funnel and	3/1/23

Received by (name and title printed): Connor Gray Head Chef	Inspected by (name and title printed): Andrew Miller, EHS/Caleb Peener
Received by (signature): <i>Connor Gray</i>	Inspected by (signature): <i>Andrew Miller/Caleb Peener</i>
cc:	cc:

NARRATIVE REPORT *Burgersville*

Establishment Name <i>Taxman Brewing</i>			Address <i>135. Baldwin St. IN 46106</i>	Inspection Date <i>2/24/23</i>
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			<i>onto the brewery floor</i>	<i>↓</i>
<i>295</i>	<i>NC</i>		<i>underside of sewing area of kitchen is soiled + second story soda gun</i>	<i>2/24/23</i>
<i>218</i>	<i>NC</i>		<i>Cutting board is damaged for Fry/Salad station</i>	<i>3/8/23</i>
<i>295</i>	<i>NC</i>		<i>Wheels/casters for deep fryer are soiled and the</i>	<i>3/8/23</i>
<i>431</i>	<i>NC</i>		<i>floor is soiled and vent mechanical in upstairs restroom is soiled</i>	<i>3/1/23</i>
<i>399</i>	<i>NC</i>	<i>✓</i>	<i>second story storage area flooring contains OSB plywood and needs flooring</i>	<i>3/24/23</i>

Received By (Name & Title) <i>Andrew Miller, EHS</i> <i>Oliver Fleener</i>	Inspected By (Name & Title) <i>Andrew Miller, EHS</i> <i>Oliver Fleener</i>	Page <u><i>2</i></u> of <u><i>2</i></u>
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*Betsy
3/24*

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Establishment name <i>Tomo Japanese Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/16/23</i>	ID# <i>2107</i>
Establishment address <i>1074 Northwood Plaza Franklin, IN</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>3/26/23</i>
Owner		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 5		
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>402</i>	<i>NC</i>		<i>Floor soiled in some areas - under equipment - needs pulled out and cleaned</i>	<i>3/25/23</i>
			<i>NOTE: Keep cooling unit closed when not in use to keep the temperature!</i>	

Received by (name and title printed): <i>X Xinglin</i>	Inspected by (name and title printed): <i>Jayne Miller</i>
Received by (signature): <i>X Xinglin</i>	Inspected by (signature): <i>Jayne Miller</i>
cc:	cc:



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*Peterson
3/20*

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Establishment name TOP Tier Cakes	Telephone Number () Establishment () Owner	Date of Inspection 3-15-23	ID# 2636
Establishment address 225 N US 31, 46184 <i>New Whiteland</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NC	Release Date 3-25-23
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge			
Responsible person's email			
Certified food handler Jenna Rigsby (ETQ) 3113127			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Note: Label all bulk food products.</i>	

Received by (name and title printed): Jenna Rigsby	Inspected by (name and title printed): CASSI HALL
Received by (signature): <i>Jenna Rigsby</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



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Best 3/24

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>Village Pantry</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/13/23</i>	ID# <i>250</i>
Establishment address <i>99 S. Madison Ave</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>3/23/23</i>
Owner <i>Greenwood</i>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
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
<i>431</i>	<i>NC</i>		<i>Floor area by the 3-bay sink, water heater and bag n box is soiled</i>	

Received by (name and title printed): <i>L JESSICA SIZEMORE</i>	Inspected by (name and title printed): <i>TERRY D BAYLESS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beston 3/24

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>Village Pentry</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/13/23</i>	ID# <i>251</i>
Establishment address <i>520 Meridian 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	Release Date <i>3/23/23</i>
Owner		Summary of Violations: <i>C 0 NC 2 R</i>	
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			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>Floor by the water heater is soiled.</i>	<i>3/15/23</i>
<i>347</i>	<i>NC</i>		<i>No hand towels by the hand sink</i>	<i>3/13/23</i>

Received by (name and title printed): <i>* Cheryl A Sloan Cashier</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>* Cheryl A Sloan</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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BETA
3/24

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>Wendy's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/20/23</i>	ID# <i>749</i>
Establishment address <i>747 S. S.R. 135 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>3/30/23</i>
Owner <i>QFRM</i>		Summary of Violations: <i>C 0 NC 6 R 2</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>Dianna Morgan</i>			
Responsible person's email <i>(ServSafe)</i>			
Certified food handler <i>Dianna Morgan (Exp: 1/9/25)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	<input checked="" type="checkbox"/>	Floors, walls soiled in various areas	3/30/23
399	NC	<input checked="" type="checkbox"/>	Grout repair needed in front of deep fryers and other areas	4/20/23
402	NC	<input checked="" type="checkbox"/>	Tile cove base loose off walls at drive-up window and behind deep fryers	4/20/23
385	NC		Dumpster lids open	3/20/23
295	NC		Cup holder units soiled at drive-up window (#2)	3/20/23
218	NC	<input checked="" type="checkbox"/>	① Front line cooler interior door contained holes/damage	4/20/23 new door
		<input checked="" type="checkbox"/>	② Freezer under fry warmer contained accumulated ice at interior bottom	3/21/23

Received by (name and title printed): <i>Dianna Morgan</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:



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Beason
3/8

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Establishment name The Willard	Telephone Number () Establishment () Owner	Date of Inspection 3/17/23	ID# 1868
Establishment address 99 N Main St Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3/17/23
Owner		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>0</u>	
Owner address	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <u>0</u> 5 ___		
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			XXXXXX	
254	NC		Ice scooper stored improper - handle must be sticking out	3/17/23
310	NC		vent above fryers in the back soiled	3/20/23
310	NC		vent above fryers & grill soiled - place hood vent back up	3/20/23
430	NC		Door on cooling unit in kitchen broken	3/20/23
295	NC		Mats needed in bar cooler where bottles are	3/20/23

Received by (name and title printed): Terry Flynn	Inspected by (name and title printed): Jayne Miller
Received by (signature): <i>Terry Flynn</i>	Inspected by (signature): <i>Jayne Miller</i>
cc:	cc: