



**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

*Belm
4/24*

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 3 Agaves Mexican Grill Bar	Telephone Number () Establishment () Owner	Date of Inspection 4-20-23	ID# 2610
Establishment address 11 Declaration Dr Ste A Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 5-1-23
Owner	Summary of Violations: C <u>1</u> NC <u>6</u> R	Menu Type (See back of page)	
Owner address		1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___	
Person in charge			
Responsible person's email			
Certified food handler Francisco Garcia Lopez (exp 4-8-26)			

- 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
218	NC		Observed walk-in cooler ambient air temperature @ 43°F ↳ threshold is damaged. ↳ move all potentially hazardous food products	4-25-23
			2 door stand up freezer bottom door gasket starting to get worn	
324	NC		Observed a leak at bar 3 bay sink drain correction Observed bar hand sink draining slowly.	5-4-23
345	C		Observed a bottle of "strawberry puree" and Piña Colada stored inside the bar designated hand sink ↳ for hand washing only	4-20-23
234	NC		Observed bar ice scoop not stored with the handle above product	
431	NC		Floor in bar area is soiled (under equipment)	4-25-23
392	NC		Dumpster lid not closed (2nd lid is missing)	4-20-23

Received by (name and title printed): * Carlos Velarde	Inspected by (name and title printed): CASSI HALL
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Baker
4/11

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 Alpha	Telephone Number () Establishment	Date of Inspection 4-10-23	ID# 2423
Establishment address 3021 Meridian Meadows Rd	() Owner	Follow-up yes	Release Date 4-20-23
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 2 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 Elizabeth Zingman Tial (exp 5/11/26)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	C		Meat slicer in back storage room is soiled - was observed covered (not in use)	
174	NC		Many bags of red peppers inside display freezer have no labels	
216	NC		Observed card board lining shelves ↳ not easily cleanable ↳ wooden shelves need to be water proof.	
			Note: observed many cans of "Granatma Skyr" lost 2-21-23 ↳ discard	
			Note: pull dates need to be on products inside cooler & freezer (bamboo)	

Received by (name and title printed): X VH	Inspected by (name and title printed): Cassi Hall
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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Betsy
5/8

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 Bonfish	Telephone Number () Establishment () Owner	Date of Inspection 4-28-23 3:40	ID# 1014
Establishment address 1001 SR 135 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 5-10-23
Owner Bonfish LLC	Summary of Violations: C 0 NC 4 R 0	Menu Type (See back of page) 1 2 3 4 5	
Owner address			
Person in charge Brian			
Responsible person's email			
Certified food handler Sa Kiszew			

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Section #	C/NC	R	Narrative	To Be Corrected by
	NC		Floor grout missing in kitchen	
	NC		Ice cream freezer used to store chicken thighs fry deep fryer has a top cover in disrepair.	
	NC		Bar floor drain cover is missing	
	NC		Mold-like substance observed on cardboard box & many surfaces in kitchen need cleaned - floors, walls, ceiling	
			Dish machine appears to be sanitizing @ time of inspection	
			The Health Department needs to see your remodel plans	



Received by (name and title printed): Brian Newlin Managing Partner	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): <i>Brian Newlin</i>	Inspected by (signature): <i>Elizabeth Schultz</i>
cc:	cc: 317-346-4373



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BETH
4/24

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>Camila's 2 Mexican Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/19/23</i>	ID# <i>2497</i>
Establishment address <i>2245 Sheek Rd 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>4/29/23</i>
Owner <i>STE J Jerry Estrada</i>		Summary of Violations: <i>C 1 NC 17 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 <u>5</u></i>	
Person in charge <i>Jacqueline Hall</i>			
Responsible person's email			
Certified food handler <i>Jerry Estrada (No Certificate Bonded)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
190	NC		Three containers (22 qt) of previously cooked queso measured 96°F to 99°F and one metal pan of previously cooked chicken measured 88°F while covered with film were stored inside the walk-in-cooler	corrected retrain employees
228	NC	✓	Table (large) storing flat top grill not easily movable	5/1/23
324	NC	✓	① Spray nozzle under continuous pressure while attached to a water line under three bay sink ② Three bay sink center drain pipe leaks	Corrected 5/1/23
291	NC		No Chlorine test strips provided	4/20/23 (AM)
431	NC		Floor soiled inside walk-in cooler and under dish machine	4/21/23
295	NC	✓	① Clean equipment/utensils were found soiled in a bus tub ② Caulk above three bay sink moldy	4/19/23 4/21/23

Received by (name and title printed): <i>X Jacqueline Hall</i>	Inspected by (name and title printed): <i>Andrew Miller DHS</i>
Received by (signature): <i>X Jacquiline Hall</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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*Bethm
4/19*

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>Chicago Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/17/23</i>	ID# <i>2355</i>
Establishment address <i>2245 sheek rd 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>5/1/23</i>
Owner		Summary of Violations: <i>C 1 NC <u>2</u> R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <u>4</u> 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>NO 1 seen</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>174</i>	<i>NC</i>		<i>there are couple of un-marked food containers</i>	<i>4/19/23</i>
<i>191</i>	<i>C</i>		<i>there are no date markings on some food products inside walk-in cooler.</i>	<i>nothing corrected</i>
<i>297</i>	<i>NC</i>		<i>soda machine is soiled.</i>	<i>Asap</i>
			<i>NOTE: Mechanical dish washer & three bay sink sanitizer is okay</i>	
			<i>(u) Food temperature is okay</i>	
			<i>(e) send certified food handler certificate to email</i>	

Received by (name and title printed): <i>Nathan Sheets</i>	Inspected by (name and title printed): <i>Paul Betton ETS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belmont
4/17*

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Establishment name <i>Dollar General #4364</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4-13-23</i>	ID# <i>1075</i>
Establishment address <i>3585 Madison Ave Greenwood</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>4-23-23</i>
Owner		Summary of Violations: C <u>1</u> NC <u>5</u> R	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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		Observed rodent droppings in back storage area.	<i>5-13-23</i>
324	NC		2 sinks sink is not functioning ↳ faucet & handles are missing.	<i>4-20-23</i>
342	NC		Employee hand sink was observed @ 69°F ↳ shall be 100°F - 120°F	
352	NC		Employee restroom door not self-closing	
218	NC		"fresh cooler" in storage room door gasket is split/loose	<i>5-13-23</i>
218	NC		"fresh cooler" with milk door gasket is split/loose.	
			NOTE: flour needs cleaned	
			NOTE: many damaged floor tiles	

Received by (name and title printed): <i>Karyl Schultz</i>	Inspected by (name and title printed): <i>Cass Hill</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: