

460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name	Telephone Number	Date of Inspection ID#
Sassy Donnit	() Establishment	
	() Owner	4/27/23 2637
Establishment address 1279 M. Emerson Ave	Purpose:	Follow-up Release Date
Owner	1. Routine	Tonow-up Acteuse Bate
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
owner address	1	
December 1	4. Pre-Operational	C NC R
Person in charge	5. Temporary	C / NC R
Responsible person's email	6. HACCP	To (Control of page)
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		
JESSRA Barter 9/26/2:	7	12345
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VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED.	IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "R"
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishmer	nt name			Telephone Number	Date of Inspection	ID#		
	CC	Fo	od Panty Second Mt. Pleasont Baptist Church DE, 46131	() Establishment				
Establishmer	nt address	5	Pleasont Brokist Church	n) Owner	4-24-23	1451		
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Owner	10		000 1 10101	1. Routine		5-23		
				2. Follow-up	Summary of Violat			
Owner addre	ess.	-		3. Complaint				
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Person in cha	2.000			4. Pre-Operational	C (7) NO ($C \nearrow NC \nearrow R$		
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Responsible	persons	eman		7. Other (list)	Menu Type (See l	oack of page)		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment Samtation Requirements. The time mint to	reorrection of each violation is specific	
Establishment name Shell food Mont Establishment address 2994 fulmon dr. bang	() Establishment	Date of Inspection ID#
Establishment address	orfulle () Owner	4/11/23 2098
2994 fulmor dr.	Purpose:	Follow-up Release Date
Owner	1. Routine	NO 5/1/28
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	C
The man make the control of the cont	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishm	ent Sanı	tatio	n Requirements. The time limit for cor	rection of each violation is sp		
Establishme	nt name		- Amazon	() Establishme		ID#
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Establishme	nt addres	S	- Amazon ahem rd.	() Owner		
1151	(No	ahem rd	Purpose:	Follow-up Releas	se Date
Owner				1. Routine		
				2. Follow-up	Summary of Violat	tions:
Owner addre	0.00	THE REAL PROPERTY.		annum e		
Owner addit	288			3. Complaint	×38	
				4. Pre-Operation	al o	OX OX
Person in ch	arge		n, nod rohm in the internal	5. Temporary	C NC	R
				6. HACCP	gjale Bangja i i i ili	
Responsible	person's	email	ATTENDED TO THE REAL PROPERTY.	7. Other (list)	Menu Type (See)	back of page)
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Certified foo	nd handle	r				
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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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 name Smyder - American Establishment address 305 Chanley 3d Owner Owner address Person in charge Responsible person's email			The AP Assistant Strong of the Company of the Compa	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 4/10/23 Follow-up Release Summary of Violate C	2488 ie Date ions: R back of page)
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Establishme	nt addres	S	2	() Owner	4/17/23	2627	
Establishment name Smydler - Lions head Establishment address 1222 S Ciraham & d		Purpose:	Follow-up Release	se Date			
Owner				1. Routine			
				2. Follow-up	Summary of Viola	tions:	
Owner addr	ess			3. Complaint			
				4. Pre-Operational	~		
Person in ch	narge			5. Temporary	$C \cap NC \cap R$		
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Responsible	person's	email	to an figure particular or the second of the	7. Other (list)	Menu Type (See	back of page)	
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Certified foo	od handle	r			1 2 3	4 5	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection	ID#991
STARBUCK'S #2659 Establishment address	() Establishment		2100
	() Owner	4/24/23	130
1011 N. SR 135	Purpose:	Follow-up Release	se Date
Owner	1. Routine	- 5/	4/23
	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		4
er.	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_	R ~
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Responsible person's email	7. Other (list)	Menu Type (See	hack of page)
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Certified food handler 155. 11/19/21 BZ: TTAKY THOMPSON Co. 11/19/26 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI		12_×_3	4 5
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Establishmen				renwood	1. 500	() Establishme	4/18/23	1240
1251			, an	gennoo a	114	Purpose:	Follow-up Rele	
Owner						1. Routine	NO 5	102/23
						2. Follow-up	Summary of Viol	ations:
Owner addre	ess					3. Complaint		
						4. Pre-Operation	al	
Person in cha	arge		in the most	la a cup		5. Temporary	CNC_	R
S. Lat						6. HACCP	any to repr	. pul
Responsible	person's	email	intigal cons	inter frene	cara in tall	7. Other (list)	Menu Type (See	e back of page)
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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

Establishment name	Telephone Number	Date of Inspection	ID#
Same 42	() Establishment	A STATE OF	2441
Sub Way Establishment address	() Owner	4/19/23	440
924 N. Moston St. Franklin IN	Purpose:	Follow-up Release	e Date
Owner	1. Routine	Tonow-up Refeas	e Date
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		19.50
Owier address	1		
D : 1	4. Pre-Operational	- 15	1 _
Person in charge	5. Temporary	C_O_NC_	1 R
Description of the state of the	6. HACCP	real or as to de	1 (
Responsible person's email	7. Other (list)	Menu Type (See)	pack of page)
Certified food handler		123	4 5
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR.			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED I		N THE NARRATIVE BELOW	The second secon
Section # C/NC R	Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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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 SWELL THE Incly Establishment address 1251 US 31 Curlenwood. Owner Owner	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up Release Date NO Summary of Violations:	53	
1251 US 31 Circlenwood.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up Release Date	53	
Owner	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	NO		
	2. Follow-up 3. Complaint 4. Pre-Operational			
Owner address	3. Complaint 4. Pre-Operational	Summary of Violations:		
Owner address	4. Pre-Operational			
	5 T	~		
Person in charge	5. Temporary	C NC R		
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Responsible person's email	7. Other (list)	Menu Type (See back of page	?)	
Certified food handler		12345_		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR	PATIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED.		IN THE NARRATIVE BELOW AS "R"		
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Office 317-346-4365 Fax 317-736-5264

Establishme			d at a haden diene companie of	Telephone Number	Date of Inspection	ID#
Sweet Ice Indy			nelv	() Establishment	4-4-2023	2396
Establishme	ent addres	S	J	() Owner	1, 1, 2005	
1251	45	31	N Greenwood 46142	Purpose:	Follow-up Release	e Date
Owner				1. Routing	4-	14-2027
				2. Follow-up	Summary of Violat	ions:
Owner addı	ress			3. Complaint		(-
				4. Pre-Operational	1	Ø
Person in cl	narge	**********	Frank Bernall a mark Sar	5. Temporary	C NC	≫ _R
her				6. HACCP	To be contained to	
Responsible	e person's	emai	no l'imig neand enten de l'ord	7. Other (list)	Menu Type (See)	back of page)
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Certified fo	od handle	r			1_\chi_23	45
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295	NC		Interior cabinet sollect Interior of Ite machine sollect			
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245	NC		Observed wet mixing C!	oth on country 1	ot Stored inside	Corricted
	·		Santtizer backet solution	<i>'</i>		
			NOTE: Observed a fe	- Small Alles	- Ilmani	a diameter la
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Office 317-346-4365 Fax 317-736-5264

Establishment name Vall Ns ta Cwff Conference Establishment address 155 £ morm 8t Owner Owner Owner address Person in charge Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 4 / 27 / 23 248 Follow-up Release Date MO Summary of Violations: C
Certified food handler Micl Roby Son 12/25 25 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		12345
Section # C/NC R No violation during	Narrative g inspellion	To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	ent name	1	6 - Karada negat attender in security to	Telephone Number	Date of Inspection	ID#		
		1.,	5	() Establishment	, ,			
Establishme	ent addres	s		() Owner	4/19/23	625		
	490	N	moston Franktis	Purpose:	Follow-up Rele	ase Date		
Owner	110	110	In	1. Routine		4/29/23		
			21	2. Follow-up	Summary of Viol			
Owner addr	ress			3. Complaint	,			
				4. Pre-Operational				
Person in ch	20100				C O NC	7- B		
r erson in er	large			5. Temporary	CNC_	C_O_NC_Z_R		
Responsible	parcon's	email	7 - 2(1) 311/10 1 - 172 1 - 1 (1)	6. HACCP	Menu Type (See back of page)			
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• VIOLATION	N(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED	D IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOV	W AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

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Establishment name YULS Establishment address 1280 US 31 N Greenwood IN Owner Owner address					Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Release Summary of Violati	Date of Inspection ID# 4/20/23 1335 Follow-up Release Date 4/30/23 Summary of Violations: C_O_NCZ_R_		
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