



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

*Baker 511*

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>Sassy Donut</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/27/23</i>	ID# <i>2637</i>
Establishment address <i>1279 N. Emerson Ave</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
Owner		Summary of Violations:  <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>Jessica Baker 9/26/27</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 violation during inspection.</i>	

Received by (name and title printed): <i>Jeannie Parks</i>	Inspected by (name and title printed): <i>Paul B. Brien EHS</i>
Received by (signature): <i>Jeannie Parks</i>	Inspected by (signature): <i>Paul Brien</i>
cc:	cc:



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*Belton*  
*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>I Care Food Pantry (Second Mt. Pleasant Baptist Church)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4-24-23</i>	ID# <i>2451</i>
Establishment address <i>1540 N 800 E, 46131</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other ( <i>list</i> )	Follow-up <i>—</i>	Release Date <i>5-5-23</i>
Owner	Summary of Violations:  <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R</i>	Menu Type ( <i>See back of page</i> )  <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>NO ITEMS NOTED AT TIME OF INSPECTION.</i>	

Received by ( <i>name and title printed</i> ): <i>Janice L Conway, Co-Director</i>	Inspected by ( <i>name and title printed</i> ): <i>Cassi Hall</i>
Received by ( <i>signature</i> ): <i>Janice L. Conway</i>	Inspected by ( <i>signature</i> ): <i>Cassi Hall</i>
cc:	cc:



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Betsey  
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>Shell food mart</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/17/23</i>	ID# <i>2098</i>
Establishment address <i>2994 Fulmar dr. Bangersville</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 0 NC 0 R 0</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 <i>Abhishek Patel Chintan Bhimani 12/28/24.</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection.</i>	
			<i>NOTE: (i) Great job cleaning floors &amp; walls in the kitchen area (ii) Food temperature is okay (iii) please make sure you get a new quat testing strip</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Sam Peter</i>	Inspected by (name and title printed): <i>Paul Betsey EHS</i>
Received by (signature): <i>S. Peter</i>	Inspected by (signature): <i>Paul Betsey</i>
cc:	cc:



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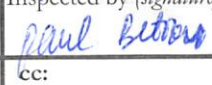
*Beky  
4/14*

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>Snyder - Amazon</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/17/23</i>	ID# <i>2295</i>
Establishment address <i>USI Coakem rd.</i>	<b>Purpose:</b> <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>✓</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)  1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 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
			<i>No violation during inspection</i>	

Received by (name and title printed): <i>Troy Kistler Regional Mgr</i>	Inspected by (name and title printed): <i>Paul Bethune Ets</i>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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*Bethel*  
*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>Snyder - Smarzen</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/17/23</i>	ID# <i>2488</i>
Establishment address <i>305 Chaney rd</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date
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)	
Person in charge		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection</i>	

Received by (name and title printed): <i>Troy Kistler Regional mgr</i>	Inspected by (name and title printed): <i>Paul Bethel EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Busby  
4/11/23*

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>Snyder - Lionshead</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/17/23</i>	ID# <i>2627</i>
Establishment address <i>1222 S Craham rd</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>✓</i>	Release Date
Owner		Summary of Violations:  C <i>0</i> NC <i>0</i> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 <i>✓</i> 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler			

- 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
			<i>No violation during inspection</i>	

Received by (name and title printed): <i>Troy Kuttler Regional Manager</i>	Inspected by (name and title printed): <i>Paul Beticu EHS</i>
Received by (signature): <i>Troy Kuttler</i>	Inspected by (signature): <i>Paul Beticu</i>
cc:	cc:



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*B. K. M.*  
*4/26*

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>STARBUCK'S # 2659</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10:30am</i> <i>4/24/23</i>	ID# <i>991</i> <del><i>1659</i></del>
Establishment address <i>1011 N. SR 135</i>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up <i>-</i>
Owner  	Release Date <i>5/4/23</i>		Summary of Violations:  
Owner address  	Menu Type (See back of page) 1. <u>  </u> 2. <i>X</i> 3. <u>  </u> 4. <u>  </u> 5. <u>  </u>		C <u>  </u> NC <u>  </u> R <u>  </u>
Person in charge <i>BELLA KAUR</i>	Certified food handler <i>BRITTANY THOMPSON ec. 11/19/26</i>		
Responsible person's email  			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>430</i>	<i>NC</i>	<i>-</i>	<i>- Mop sink DRAIN IS CLOGGED</i>	<i>4/26/23</i>

Received by (name and title printed): <i>Balwinder Kaur</i>	Inspected by (name and title printed): <i>KEVIN R PAULIN EHS</i>
Received by (signature): <i>Balwinder Kaur</i>	Inspected by (signature): <i>K.R. Paulin</i>
cc:	cc:



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*Betsy  
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>Subway #29448</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/18/23</i>	ID# <i>1240</i>
Establishment address <i>1251 US 31 Greenwood, 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>5/02/23</i>
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 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____		
Person in charge			
Responsible person's email			
Certified food handler <i>Antwan Campbell Kortal Free Food manager certificate</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection</i>	
			<i>Great job on cleaning</i>	
			<i>thank you!!</i>	

Received by (name and title printed): <i>Sandit</i>	Inspected by (name and title printed): <i>Paul Beticu FHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





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Beth 5/11

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 <b>Subway</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/19/23</b>	ID# <b>244</b> <del>450</del>
Establishment address <b>924 N. Morton St. 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	Release Date
Owner		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>   </u> 4 <u>   </u> 5 <u>   </u>	
Responsible person's email			
Certified food handler <b>Nikita Brahmhatt</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		light burnt out in the walk-in cooler	

Received by (name and title printed): <b>Darinder Darr</b>	Inspected by (name and title printed): <b>Jerry D. Bayless</b>
Received by (signature): <b>Darinder</b>	Inspected by (signature): <b>Jerry D Bayless</b>
cc:	cc:



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*Belton 4/19/23*

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>Sweet Ole Indy</i>	Telephone Number <i>(317) 476 7565</i> <small>Establishment Owner</small>	Date of Inspection <i>4/19/23</i>	ID# <i>1853</i>
Establishment address <i>1251 US 31 Greenwood.</i>	Purpose: <u>1. Routine</u> 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:  <i>C <u>0</u> NC <u>0</u> R</i>	
Owner address	Menu Type (See back of page)  <i>1 2 <u>✓</u> 3 4 5</i>		
Person in charge			
Responsible person's email			
Certified food handler			

- 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 violation during inspection.</i>	

Received by (name and title printed): <i>ARTURIE DICEK</i>	Inspected by (name and title printed): <i>Paul Belton FHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature):
cc:	cc:



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*Bestm  
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>Sweet Ice Indy</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4-4-2023</i>	ID# <i>2396</i>
Establishment address <i>1251 US 31 N Greenwood 46142</i>	Purpose: <u>1. Routine</u>	Follow-up	Release Date <i>4-14-2023</i>
Owner	2. Follow-up	Summary of Violations:  <i>C</i> <del><i>R</i></del> <i>NC</i> <del><i>R</i></del> <i>6</i>	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge	4. Pre-Operational	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP		
	7. Other (list)		

• 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
433	NC		Mop not hung up	4-4-2023
431	NC		Floor <del>soiled</del> throughout establishment <i>soiled</i> <i>under equipment</i>	
			Interior cabinet <del>soiled</del> <i>soiled</i>	
295	NC		Interior of Ice machine soiled	
2234	NC		Observed Ice <del>scoop</del> scoop stored inside Ice maker without handle above food product	Corrected
245	NC		Observed wet wiping cloth on counter, not stored inside sanitizer bucket solution	Corrected
			NOTE: Observed a few small flies	
347	NC		Observed no paper towels at hand sink	Corrected
345	C		Observed a plastic container stored inside hand sink <i>4 hand sink is for handwashing only</i>	Corrected

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

*Cassidy*



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Beta 5/11

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Establishment name <i>Valle Vista Golf Conference</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/27/23</i>	ID# <i>248</i>
Establishment address <i>755 E main st</i>	Purpose: <u>1. Routine</u> 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:  <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/></i>	
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>Mike Robison 10/25/25</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
			<i>NO violation during inspection</i>	

Received by (name and title printed): <i>MIKE ROBISON</i>	Inspected by (name and title printed): <i>Paul Betton EHS</i>
Received by (signature): <i>Mike Robison</i>	Inspected by (signature): <i>Paul Betton</i>
cc:	cc:



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*Beyon 511*

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>4/19/23</i>	ID# <i>625</i>
Establishment address <i>490 N. Morton Franklin</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>4/29/23</i>
Owner <i>IN</i>		Summary of Violations:  <i>C 0 NC 2 R</i>	
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>Chris W. Meekins</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>218</i>	<i>NC</i>		<i>Exhaust filters don't fit properly</i>	
<i>324</i>			<i>Hot water not available at the women's restroom hand sink-</i>	

Received by (name and title printed): <i>Christopher Weddle - Meekins</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Chris W. Meekins</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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Belm  
5/11

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 <i>wendy's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/27/23</i>	ID# <i>2378</i>
Establishment address <i>1065 South 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
Owner		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address	Menu Type (See back of page)  1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	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			

- 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 violation during inspection.</i>	
			<i>NOTE: (i) Mechanical dish washer sanitizer should be increased to at least 200-250 ppm. (ii) Make sure water leak in hand sink pipe by kitchen area gets fixed. (iii) Food temperatures are okay</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Michael Houston Asst. Manager</i>	Inspected by (name and title printed): <i>Paul Betice Asst.</i>
Received by (signature): <i>Michael Houston</i>	Inspected by (signature): <i>Paul Betice</i>
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

*Belm 5/1*

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>White Castle</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/21/23</i>	ID# <i>1366</i>
Establishment address <i>1129 N Morton St Franklin, IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>1 week</i>	Release Date <i>5/1/23</i>
Owner	Summary of Violations:  <i>C 0 NC 3 R</i>		
Owner address	Menu Type (See back of page)  <i>1 2 X 3 4 5</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Sharon Gipson</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>431</i>	<i>NC</i>		<i>The floor behind the ice maker is soiled</i>	<i>4/23/23</i>
<i>256</i>	<i>NC</i>		<i>Not all refrigerator units have thermometers</i>	<i>4/23/23</i>
<i>431</i>	<i>NC</i>		<i>The floor drain by the drink dispenser is soiled</i>	<i>4/23/23</i>

*Note: Reach-in coolers should be maintaining 38°F - 40°F*

Received by (name and title printed): <i>L Sharon Gipson</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:



**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

*Belen  
5/11*

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 <i>Yaki</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/20/23</i>	ID# <i>1333</i>
Establishment address <i>1280 US 31 N 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>7/30/23</i>
Owner		Summary of Violations:  C <u>0</u> NC <u>2</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 <i>X Ryan Waldron</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>431</i>	<i>NC</i>		<i>Floor behind the ice maker is soiled</i>	<i>4/21/23</i>
<i>295</i>	<i>NC</i>		<i>wipe down the refrigerator doors</i>	<i>↓</i>

Received by (name and title printed): <i>X Ryan Waldron</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: