



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

Belton
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>Central 9</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/20/23</i>	ID# <i>391</i>
Establishment address <i>1999 S US 31, Gwcl 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>4/30/23</i>
Owner	Summary of Violations: <i>C 0 NC 4 R</i>	Menu Type (See back of page)	
Owner address		1 2 <i>K</i> 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler <i>x Heather Curry</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>Kitchen floor drain is soiled.</i>	
<i>310</i>	<i>NC</i>		<i>Exhaust filters are soiled</i>	
<i>430</i>	<i>NC</i>		<i>th paint is peeling on the half wall by the 3-bay sink</i>	
<i>430</i>	<i>NC</i>		<i>cover hasen is missing by the walk-in cooler units</i>	
			<i>Note: throw out badly worn cutting boards</i>	

Received by (name and title printed): <i>K Curry Culinary Instructor</i>	Inspected by (name and title printed): <i>Terry D Bay (owner)</i>
Received by (signature): <i>K Curry</i>	Inspected by (signature): <i>Terry D Bay</i>
cc:	cc:



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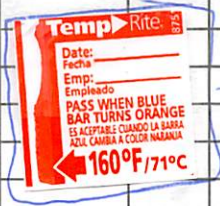
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Indian Creek High / Middle School</i>	Telephone Number Establishment () Owner	Date of Inspection <i>4/18/23 10:00am</i>	ID# <i>426</i>
Establishment address <i>803 W Indian Creek Dr.</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>4/28/23</i>
Owner		Summary of Violations: <i>C 0 NC 0 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>LISA DAVIS (617126)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>*NOTE*</i>			<i>— OBSERVED ICE BUILD UP IN WALK-IN FREEZER - MAINTENANCE IS SCHEDULED FOR JUNE</i>	
<i>*NOTE*</i>			<i>— THE SEAL ON THE MILK COOLER (MIDDLE RIGHT) IS IN DIS REPAIR - MAINTENANCE IS AWARE</i>	
			<i>→ finge dish machine rinse is OK</i>	



Received by (name and title printed): <i>Lisa Davis</i>	Inspected by (name and title printed): <i>Kevin R. Proulx / Cassa</i>
Received by (signature): <i>Lisa Davis</i>	Inspected by (signature): <i>KRP / Cassa</i>
cc:	cc:

