



**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

*BAM
5/15*

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>Circle K</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/1/23</i>	ID# <i>153</i>
Establishment address <i>10 N. Morton Franklin, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>1 WK</i>	Release Date <i>5/11/23</i>
Owner		Summary of Violations:	
Owner address		<i>C 1 NC 0 R</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 2 x 3 4 5</i>	
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>187</i>	<i>C</i>		<i>sandwich cooler is not holding proper temperature - must at 41°F or below All product to be discarded</i>	<i>5/1/23</i>

Received by (name and title printed): <i>D. David Devine</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

Betsy
5/3

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 Circle K #4700085	Telephone Number () Establishment () Owner	Date of Inspection 5-3-23	ID# 609
Establishment address 349 N Morton St Franklin 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5-13-23
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler Jessica McTarsney (exp 3/25/28)			

- 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
177	NC		Observed single use items not stored 6" off floor by walk-in cooler (lids, straws)	
414	NC		Both exterior doors, old car wash storage room, not protected from potential rodents ↳ daylight was observed.	
431	NC		floor in old car wash storage room is soiled	
			Note: Observed ice build up inside walk-in freezer	
			Note: 3 bay sink sanitizer solution should be 200ppm	
			Note: Prairie Farms 2% reduce fat milk sale by date 4-20-23	

Received by (name and title printed): Devyn Followell	Inspected by (name and title printed): Cass Hall Caleb Fleener
Received by (signature): Devyn Followell	Inspected by (signature): Cass Hall Caleb Fleener
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

Defect 5/18

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>Circle K #4700055</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-16-23</i>	ID# <i>1303</i>
Establishment address <i>9400 SR 144</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 <i>5-26-23</i>
Owner		Summary of Violations: <i>C A NC 3 R</i>	
Owner address	Menu Type (See back of page) 1 ___ 2 <i>X</i> 3 ___ 4 ___ 5 ___	Menu Type (See back of page)	
Person in charge		Menu Type (See back of page)	
Responsible person's email		Menu Type (See back of page)	
Certified food handler <i>Terris Neading (exp 11/16/26)</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>425</i>	<i>NC</i>		<i>map not hung up.</i>	
<i>431</i>	<i>NC</i>		<i>floor under shelving units inside walk-in cooler are soiled.</i>	
<i>218</i>	<i>NC</i>		<i>walk-in freezer door gasket is split/worn ↳ observed no build up</i>	
<i>218</i>			<i>soap dispenser appears not functioning by 3 bay sink</i>	

Received by (name and title printed): <i>DAVE SHINN</i>	Inspected by (name and title printed): <i>Cassi Hill</i>
Received by (signature): <i>Dave Shinn</i>	Inspected by (signature): <i>Cassi Hill</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

Belton
5/15
✓

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 <u>Circle K #4702420</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>5/12/23</u>	ID# <u>1927</u>
Establishment address <u>2114 SHEEK RD</u>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date <u>5/22/23</u>
Owner <u>MAC'S CONVENIENCE STORES</u>		Summary of Violations: <u>C φ NC φ R <u>—</u></u>	
Owner address		Menu Type (See back of page)	
Person in charge <u>Mercedes McCormick</u>		1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler <u>MICHAEL LIEBE exp 12/11/23</u>			

- 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
			<u>No items to report</u>	

Received by (name and title printed): <u>Mercedes McCormick</u>	Inspected by (name and title printed): <u>Kevin R. Pauw EHS</u>
Received by (signature): <u>(Signature)</u>	Inspected by (signature): <u>(Signature)</u>
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

Bekem
5/23

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 CHICAGO'S PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 5/22/23	ID# 1131
Establishment address 1047 W JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (YES)	Release Date 6/2/23
Owner		Summary of Violations: C 0 NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge MATTHEW ALLEN			
Responsible person's email			
Certified food handler MATTHEW ALLEN			

• 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		Narrative	To Be Corrected by
413	NC	X	GAP NOTED AT BASE OF BACK EXIT DOOR (BY WALK-IN COOLER)	6/1/23
218	NC	*	DOOR GASKET WORN/SPLIT - UPRIGHT 3 DOOR REFRIGERATOR	6/27/23
431	NC	*	WALL IN AREAS OF KITCHEN NOT CLEAN	5/31
431	NC	*	CEILING VENTS IN KITCHEN DUSTY, CEILING EXHAUST COVERS NOT CLEAN IN RESTROOMS	5/31
399	NC	*	CEILING TILE MISSING ABOVE DISHWASHER	6/5
174	NC	*	BULK CONTAINERS NOT LABELED IN WHICH FLOUR, OREGANO STORED	(corrected) 5/22
431	NC	*	FLOOR NEXT TO WALL UNDER EQUIPMENT	6/11
299	NC	*	SHELVING NOT CLEAN IN KITCHEN, FLOOR TILE WORN UNDER PIZZA PREPARATION REFRIGERATOR	7/11
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	5/25
138	NC	*	HAIR RESTRAINTS (NET, CAP, VISOR NOT WORN BY EMPLOYEES IN KITCHEN)	5/26

Received by (name and title printed): Matthew Allen Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Matthew Allen</i>	Inspected by (signature): <i>Bob Smith</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

5/15
BEM

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 CHILI'S	Telephone Number () Establishment () Owner	Date of Inspection 5/19/23	ID# 2292
Establishment address 2299 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/19/23
Owner		Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page)	
Person in charge DAVID CHAVEZ		1 2 3 4 5	
Responsible person's email			
Certified food handler DAVID CHAVEZ (SERVSAFE EXP 1/9/28)			

- 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
431	NC	*	OUTSIDE STORAGE ROOM - FLOOR NOT CLEAN (NOT ORGANIZED)	5/19/23
399	NC	-	KITCHEN FLOOR WORN NOT CLEAN IN AREAS NEXT TO WALL/UNDER EQUIPMENT	REPAIR 7/1 5/19
431	NC	-	WALK-IN FREEZER door does not close TIGHTLY (ICE BUILT UP)	5/19
295	NC	-	WALK-IN COOLER SHELVING NOT CLEAN	5/19
431	NC	-	KITCHEN, RESTROOM CEILING VENTS NOT CLEAN	5/12
218	NC	-	door gaskets worn/split on some REFRIGERATED UNITS IN KITCHEN - SALAD DRESSING COOLER - ICE BUILT UP INSIDE	6/9
399	NC	-	WALL WORN IN AREAS OF KITCHEN	6/9

Received by (name and title printed): David Chavez	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
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

*Beaton
5/23*

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>Community Health Rehab</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/22/23</i>	ID# <i>2234</i>
Establishment address <i>607 Greenwood Springs</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
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 violations during inspection.</i>	
			<i>thank you!!</i>	
			<i>NOTE: (i) food temperatures are okay (ii) temperature controlled mechanical dish washer is okay</i>	

Received by (name and title printed): <i>Michelle Russell</i>	Inspected by (name and title printed): <i>Paul Beaton LHS</i>
Received by (signature): <i>Michelle Russell</i>	Inspected by (signature): <i>Paul Beaton</i>
cc:	cc:

Beyon
5/25



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

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>Company Ditchen Amazon</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/23/23</i>	ID# <i>2551</i>
Establishment address <i>19 Bob Allden Blvd</i>	Purpose: <u>1. 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: <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			

- 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>Justine Greckmore Workplace Health and Safety Specialist</i>	Inspected by (name and title printed): <i>Paul Beyon EHS</i>
Received by (signature): <i>Justine Greckmore WHSS</i>	Inspected by (signature): <i>Paul Beyon</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

Bekm
w/6

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 COURT STREET CAFE'	Telephone Number () Establishment () Owner	Date of Inspection 5/26/23	ID# 2232
Establishment address 39 E COURT ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/5/23
Owner S Young		Summary of Violations: C <u>0</u> NC <u>6</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>4</u> 5 <u> </u>	
Person in charge S Young			
Responsible person's email			
Certified food handler S Young			

- 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
138	NC	*	HAIR RESTRAINTS (NOT CAP, VISOR) NOT WORN BY EMPLOYEES IN KITCHEN	5/29/23
209	NC	*	SPATULA WORN IN KITCHEN	DISCARD 5/27
431	NC	*	FLOOR NOT CLEAN IN AREAS OF KITCHEN NEXT TO WALL/UNDER EQUIPMENT	6/1
218	NC	*	2 DOOR REFRIGERATOR DOOR GASKET WORN/SPLIT	6/26
228	NC	*	LARGE 2 DOOR REFRIGERATOR AND LARGE 2 DOOR GLASS REFRIGERATOR NOT EASILY MOVABLE	6/26
324	NC	*	RESTROOM TOILET SEAT NOT OPEN FRONT TYPE	6/8
			(NOTE) MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 166°F)	(OK)

Received by (name and title printed): SHERRY YOUNG	Inspected by (name and title printed): Bob SMITH EHS
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Bob Smith</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

Betsy
5/25

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 CRUMBLE COOKIE	Telephone Number () Establishment () Owner	Date of Inspection 5/25/23	ID# 2498
Establishment address 1675 W. SMITH VALLEY RD	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 6/5/23
Owner		Summary of Violations: C NC R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge NATHAN LAKER			
Responsible person's email			
Certified food handler TIFFANY BROWNE Exp. 12/10/25			

- 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
NOTE			- B FLOORS ARE SOLED BY WHAT APPEARS TO BE DAILY USE	-

Received by (name and title printed): X Nathan Laker	Inspected by (name and title printed): K. R. PAUL
Received by (signature): <i>[Signature]</i>	Inspected by (signature): KEVIN R. PAUL, EHS
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

Beken 5/15

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>Culver's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/11/23</i>	ID# <i>2383</i>
Establishment address <i>191 Granville Dr. Franklin, IN 46131</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>5/21/23</i>
Owner <i>Ashley Mitchell</i>		Summary of Violations: C <u>1</u> NC <u>5</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Person in charge <i>Ashley Mitchell</i>			
Responsible person's email			
Certified food handler <i>Ashley Mitchell</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
413	NC		West door not closing (near soda station)	5/15/23
218	NC	✓	① Astro Blender covers (2) are broken ② Two metal fry/food scoops are cracked	5/16/23 5/13/23
		✓	③ Some deep fryer baskets (4) are damaged	↓
431	NC		① Walk-in-cooler floor soiled under mobile shelving ② Floor drains soiled in dish area ③ Return vents soiled in storage room and vent covers soiled in employee restroom	5/12/23
303	C		Mechanical dishmachine not sanitizing immediately after cleaning	5/11/23 Out of Sanit
295	NC	✓	① Rear of walk-in-cooler evaporator is soiled * drain line soiled at soda station ② Inside two drawer cooler storing cole slaw product is soiled ③ Inside top edges of ice maker are soiled	5/13/23 5/11/23 ↓
324	NC		① Drain stoppers for three bay and jet spray sink contain a leak ② Center faucet connection leaks (at right) at three bay	5/21/23 ↓

Received by (name and title printed): <i>Ashley Mitchell</i>	Inspected by (name and title printed): <i>Sink Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

* Note: Ice build-up in clear dome covers inside walk-in-freezer Page 1 of 1



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

*Buyer
5/25*

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 CVS #2843	Telephone Number () Establishment () Owner	Date of Inspection 5-23-2023	ID# 1460
Establishment address 402 Marketplace Dr GND	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 6-2-2023
Owner		Summary of Violations: C 0 NC 6 R 0	
Owner address		Menu Type (See back of page)	
Person in charge		1 7 2 3 4 5	
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
324	NC		Public restroom sink needs resealed to wall	6-9-23
310	NC		Public restroom vent is soiled; needs cleaned	6-2-23
351	NC		Public restroom needs covered receptacle	6-2-23
430	NC		Ceiling tile damaged by front door ↳ Appears to be water damage	6-9-23
393	NC		Drain plug not observed for dumpster	6-9-23
394	NC		Bumper Area and compactor are needs cleaned ↳ observed trash pile up around dumpster	6-9-23
			<i>Defect</i> NOTE: Access to upstairs storage room & Back storage room; mop sink food stored there	

Received by (name and title printed): Shannon Hillard Shift Sup.	Inspected by (name and title printed): Caleb Flare / Cassi Hull
Received by (signature): <i>Shannon Hillard</i>	Inspected by (signature): <i>Caleb Flare / Cassi Hull</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

Bayless
5/15

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>Dairy Queen</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/8/23</i>	ID# <i>1792</i>
Establishment address <i>99? us 31 wheleland, 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
Owner		Summary of Violations: C <u>0</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Responsible person's email			
Certified food handler <i>Jenny Price</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 directly behind the ice maker is soiled</i>	
<i>295</i>	<i>NC</i>		<i>Can opener is soiled</i>	

Received by (name and title printed): <i>Nicholas Gladden</i>	Inspected by (name and title printed): <i>Tara 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

Bekm
5/15

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 DRIES 2	Telephone Number () Establishment 317-313-6090 () Owner	Date of Inspection 5/12/23	ID# 2524
Establishment address 1071W JEFFERSON ST FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (YES)	Release Date 5/22/23
Owner DENNIS BEKMAN		Summary of Violations: C <u>1</u> NC <u>10</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge MARGARET P. ZELL		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u>(X)</u>	
Responsible person's email			
Certified food handler PHILIP LADD			

• 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
431	NC	✓	FLOOR IN WALK-IN COOLER NOT CLEAN	5/16/23
411	NC	✓	CEILING LIGHT OUT IN BACK DISHWASHING AREA	5/17
431	NC	✓	KITCHEN CEILING VENT COVER NOT CLEAN	5/17
291	NC	✓	CHEMICAL TEST PAPERS NOT AVAILABLE	5/20
431	NC	✓	FLOOR NEXT TO WALL UNDER EQUIPMENT NOT CLEAN FLOOR DRAIN IN COOK AREA NOT CLEAN	5/20
324	NC	✓	COLD WATER NOT AVAILABLE AT KITCHEN HANDSINK FAUCET	5/26
256	NC	✓	THERMOMETER NOT SEEN FOR WARMER UNIT IN KITCHEN	5/20
187	C	✓	INTERNAL TEMPERATURE OF CHICKEN TURKEY CHEESE IN REFRIGERATOR IN PREPARATION AREA 47°F NOT AT 41°F OR LESS	5/3
295	NC	✓	METAL CART IN KITCHEN NOT CLEAN	5/16
309	NC	✓	RESTROOM - CEILING EXHAUST NOT SOME NOT FUNCTIONING PROPERLY, COVER NOT CLEAN	5/20

Received by (name and title printed): Margaret Peggy Zell	Inspected by (name and title printed): Bob Smith EIS
Received by (signature): <i>Margaret Peggy Zell</i>	Inspected by (signature): <i>Bob Smith</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

Betsy
5/23

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.

1846

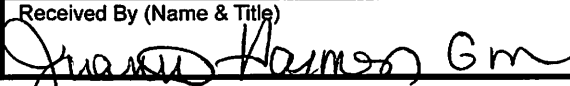

Establishment name Domino's Pizza #2539	Telephone Number () Establishment () Owner	Date of Inspection 5/22/23	ID# Am 2539
Establishment address 8843 S. Hwy 31 Edinburgh IN 46124	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 6/1/23
Owner RPM Pizza		Summary of Violations: C 0 NC 7 R	
Owner address	Menu Type (See back of page) 1 2 3 ✓ 4 5		
Person in charge Juanita Harmon			
Responsible person's email			
Certified food handler Juanita Harmon (State Food Safety) Exp: 8/23/27			

• 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
385	NC		Dumpster lids open	5/22/23
430	NC		South Center horizontal gutter leaks from a hole	6/15/23
218	NC		① Stainless steel top table contains tape on opposite ends covering holes	6/22/23
			② Corn meal container lid is cracked	5/28/23
			③ Left door seal torn on pizza preparation table	6/13/23
430	NC		① Walk-in-cooler ceiling light loose from the clips	6/1/23
			② Employee restroom hand sink is supported underneath by a wood board	
			③ Inverted dough trays (six total) are on the floor to support a bottom shelf on a prep table	
			④ Three condensate drips were noted on corrugated cases storing	

Received by (name and title printed): Juanita Harmon Gm	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>Juanita Harmon</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Domino's Pizza			8843 Hwy 31 Edinburg IN 46824	5/22/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			cheese wheels in the walk-in-coolers. The leaks were from a torn wrapped line for walk-in-cooler evaporator	↓
309	NC		Employee restroom mechanical ventilation was not working	6/1/23 ↓
413	NC		South door contains a bottom exterior opening	6/1/23 ↓
399	NC		Some floor tiles are cracked and missing grout	6/23/23 ↓
			① Notes: Exterior trash dumpster contained heavy accumulation of bird waste.	5/28/23 ↓
			② Three bay sink contains a direct plumbing connection.	When remodel
			③ A few live flies (3) were seen inside facility	
Received By (Name & Title)			Inspected By (Name & Title)	
 Juanita Harmon, Gm			 Andrew Miller, EHS	
			Page 2 of 2	



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

Baton
5/15

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 Don Cuervo	Telephone Number () Establishment () Owner	Date of Inspection 5-9-23	ID# 1989
Establishment address 4800 W Smith Valley Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 5-19-23
Owner		Summary of Violations: 2 C 3 NC 3 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			

• 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
118	C	X	Observed no ServSafe food handler manager certification	
187	X		Observed previously cooked chicken inside walk-in cooler in a metal container with a plastic cover @ 43°F-44°F date marked 5/8/23	Discarded at time of inspection
345	C		Observed a knife stored inside bar hand sink ↳ hand sinks are for hand washing only	5-9-23
346	NC		Observed no soap at bar hand sink	
347	NC		Observed no paper towels at bar hand sink	
324	NC		Observed spray nozzle below floodline for 3 bay sink ↳ needs repaired NOTE: label all spray bottles NOTE: sanitizer solution shall be 50-100 ppm	5-16-23

Received by (name and title printed): [Signature]	Inspected by (name and title printed): Cassi Hall / Caleb Fleener
Received by (signature): [Signature]	Inspected by (signature): Cassi Hall / Caleb Fleener
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 5/15

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 El Beso	Telephone Number () Establishment () Owner	Date of Inspection 5-11-23	ID# 2380
Establishment address 2993 S Green Blvd, 46106	Purpose: 1. Routine	Follow-up —	Release Date 5-21-23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <input checked="" type="checkbox"/> NC 5 R <input type="checkbox"/>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Miguel Rodriguez (exp 7/2025)	6. HACCP		
	7. Other (list)		

• 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		Single door Coca-Cola Cooler was observed @ 4:30P ↳ needs turned down ↳ move all P.H.F to a new cooler or put on ice.	5-12-23
174	NC		Containers of bulk food not labeled.	5-11-23
234	NC		Observed in-use utensils without handles above/next to food product.	
			Note: Observed 2 damaged strainers with a wooden handle	discarded at time of inspection
218			2 door flip top across from fryer door gasbt is split (needs cleaned)	5-25-23
295	NC		2 door Coca-Cola Cooler shelving racks are soiled/rusty (handle is damaged)	
			Walk-in cooler shelving racks are soiled/rusty	
245	NC		Observed wet wiping cloths not stored in sanitizer solution.	5-11-23
			Note: hang up mops + brooms	
			Note: remove all cardboard + cloths from shelving units.	

Received by (name and title printed): Miguel Rodriguez	Inspected by (name and title printed): Cassi Hall
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

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>El Toro</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/9/23</i>	ID# <i>2603</i>
Establishment address <i>Ste A Greenwood 172 Melody Lane IN 46142</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>5/19/23</i>
Owner		Summary of Violations: <i>C 3 NC 15 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Carlos Delgado</i>			
Responsible person's email			
Certified food handler <i>Miguel Delgado</i> <i>(Sen Safe, Exp: 3/24/27)</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
346	NC		<i>no hand soap available at bar hand sink now kitchen (west) hand sink</i>	<i>Corrected I</i>
347	NC		<i>No paper towels provided at bar hand sink</i>	<i>Corrected I</i>
324	NC		<i>West kitchen hand sink draw piping is loose</i>	<i>5/10/23 I</i>
			<i>Prep room faucet leaks in two areas</i>	<i>5/20/23 I</i>
256	NC		<i>Thermometer not seen in bar awantco undercounter freezer (storing ice cream)</i>	<i>5/9/23 I</i>
324	C		<i>Two bay preparation sink lacks an air gap on drain piping</i>	<i>5/19/23 I</i>
218	NC		<i>Free one door freezer interior fan blade not turning due to the unit being iced up.</i>	<i>5/9/23 I</i>

Received by (name and title printed): <i>Carlos Delgado</i>	Inspected by (name and title printed): <i>Andrew Miller, ERS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Greenwood
N 28142

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
El Toro			172 Melody Lane StA	5/9/23
187	C		Queso on warmer table measured 112°F to 122°F	Corrected L
295	NC		Compressor heavily soiled on Quantic two door prep table	5/9/23 L
413	NC		Back alley door open at time of inspection and self-closing device to door was unhooked	Corrected L
430	NC		Self-closing device to door was unhooked	Corrected L
254	NC		Metal stem probe food thermometer read 210°F while at room temperature	Opened new therm. L
295	NC		inside top of ice maker is heavily soiled	5/9/23 L
173	C		Raw shelled eggs were stored directly above ready-to-eat guacamole inside the produce walk-in-cooler	Corrected L
190	NC		Previously cooked refried beans stored in a metal pan with a lid measured 46°F while inside the walk-in-cooler (produce)	Corrected L
430	NC		West dish room wall is peeling a white paint	5/19/23 L
324	NC		Water leak was noted from a flex pipe behind dishwasher (mechanical)	5/19/23 L
399	NC		Dish area ceiling is missing tiles/covers near alley door	5/19/23 L
309	NC		Mechanical exhaust fan is not working in men's public restroom	5/19/23
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
			Andrew Miller, EHS	