



**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

*Betrou
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 <i>Five star pool service Ancor</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/23/23</i>	ID# <i>2481</i>
Establishment address <i>3202 bearing str.</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 <input checked="" type="checkbox"/></i>	
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			

- 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>Jeri Hawkins / Human Resources</i>	Inspected by (name and title printed): <i>Paul Betrou EHS</i>
Received by (signature): <i>Jeri Hawkins</i>	Inspected by (signature): <i>Paul Betrou</i>
cc:	cc:



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Becky 5/15

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Establishment name <i>FLYING CUPCAKE</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/12/23</i>	ID# <i>1802</i>
Establishment address <i>789 US 31 46142</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>5/22/23</i>
Owner <i>KATE DRUZY</i>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
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 <i>LEXI SCHOPPENHORST</i>			
Responsible person's email <i>✉</i>			
Certified food handler <i>CAROL EAKIN EXP 6/23/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
4218	NC		- BACK HAND SINK IS LEAKING FROM THE FIXTURE	5/30/23
410	C		NO SERV SAFE CERTIFICATE OBSERVED (CERTIFIED FOOD HANDLER)	5/17/23
			SERV SAFE: CAROL EAKIN EXP. 6/23/27	

Received by (name and title printed): <i>Alexis Schoppenhorst</i>	Inspected by (name and title printed): <i>KEVIN R PAULIN EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
5/18

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Establishment name FRANKLIN MART	Telephone Number () Establishment () Owner	Date of Inspection 5/15/25	ID# 2218
Establishment address 400 E. FRESON ST, FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/25/23
Owner JAYESH PATEL		Summary of Violations: C <u>0</u> NC / R	
Owner address		Menu Type (See back of page)	
Person in charge S.B. PATEL		1 <u>2</u> <u>3</u> 4 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC		32 OZ, 44 OZ, STYROFORM DISPENSER CUPS NOT STORED IN DISPENSER	5/25/23

Received by (name and title printed): S.B. Patel	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>S.B. Patel</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Becky
6/6*

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 Franklin Family Aquatic	Telephone Number () Establishment () Owner	Date of Inspection 5/30/23	ID# 2595
Establishment address 396 Branigin Blvd Franklin	Owner City of Franklin	Follow-up No	Release Date 6/9/23
Owner address IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: No Score	
Person in charge Holly Johnston		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Responsible person's email		Menu Type (See back of page)	
Certified food handler		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

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Section #	C/NC	R	Narrative	To Be Corrected by
			① No Chlorine test kit	ASAP
			② Three bay sink back splash is worn	
			③ No thermometer (ambient) seen in Dippin' Dots freezer (in storage room) and the interior lid is cracked	
			④ Ice scoop handle is touching ice at soda station	
			⑤ Appears double check valve is leaking inside concession stand	
			⑥ Waring double drawer oven (table unit) is peeling an unknown interior coating inside both areas	ASAP

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



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Back
6/16

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>Freedom Springs Concession</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-31-2022</i>	ID# <i>1879</i>
Establishment address <i>850 W. Stop 18 Rd. Greenwood 46143</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 <i>6-9-2022</i>
Owner		Summary of Violations: <i>C 4 NC 1 R 1</i>	
Owner address	Menu Type (See back of page) <i>1 <input checked="" type="checkbox"/> 2 3 4 5</i>	Responsible person's email	
Person in charge		Certified food handler	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>438</i>	<i>NC</i>		<i>Label spray bottle</i>	

Received by (name and title printed): <i>Brooke Gilles</i>	Inspected by (name and title printed): <i>Caleb Acaru</i>
Received by (signature): <i>Brooke Gilles</i>	Inspected by (signature): <i>Alan Elemen</i>
cc:	cc:



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Belem 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 FRIENDS DINNER	Telephone Number () Establishment () Owner	Date of Inspection 5/16/23	ID# 2202
Establishment address 989 N US31 FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/26/23
Owner PEREZ		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge RACHEL PEREZ			
Responsible person's email			
Certified food handler RACHEL PEREZ			

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Section #	C/NC	R	Narrative	To Be Corrected by
NOTE	*		Few small flies seen around front hand sink drain	6/1
138	NC	-	some employees in kitchen not wearing hair restraints	5/20/23
NOTE			RECOMMEND RELOCATING HANDSINK OR MAKE MORE ACCESSIBLE	6/5

Received by (name and title printed): Rachel Perez	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Rachel Perez</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Beck
5/15*

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Establishment name <i>Getgo</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/16/23</i>	ID# <i>2320</i>
Establishment address <i>2132 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	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>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>K Melissa Pyles</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>microwave oven is soiled. clean it on a regular basis</i>	<i>5/16/23</i>
			<i>Very good!</i>	

Received by (name and title printed): <i>+ Melissa Pyles store Leader</i>	Inspected by (name and title printed): <i>Terry Bayles</i>
Received by (signature): <i>Melissa Pyles</i>	Inspected by (signature): <i>Terry Bayles</i>
cc:	cc:



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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 GREEK'S PIZZERIA & TAPP ROOM	Telephone Number () Establishment () Owner	Date of Inspection 5/25/23	ID# 1909
Establishment address 18 E JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/4/23
Owner J TAPP		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page)	
Person in charge PATTI DOAN		1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
Responsible person's email			
Certified food handler J TAPP			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	→	door gaskets worn/split on 3 door upright, 2 door upright cooler, PIZZA REFRIGERATOR, SMALL KITCHEN FREEZER, COKE COOLER	6/25/23
256	NC	→	SMALL KITCHEN FREEZER, THERMOMETER NOT SEEN	5/29
(marked)		→	SMALL FREEZER, ICE BUILT UP	5/29
291	NC	→	QUAT" TEST STRIPS NOT PROVIDED FOR BAR SINK	5/31
309	NC	→	RESTROOM MECHANICAL EXHAUST NOT FUNCTIONING PROPERLY - COVERS NOT CLEAN (DUSTY)	5/30

Received by (name and title printed): Patti Doan	Inspected by (name and title printed): Bob Smith
Received by (signature): Patti Doan	Inspected by (signature): Bob Smith
cc:	cc:



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Becky 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>Creek's Pizzeria</i>	Telephone Number () Establishment <i>(317) 627-8993</i>	Date of Inspection <i>5/16/23</i>	ID# <i>2146</i>
Establishment address <i>1642 Olive branch Greenwood Ind 46143</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>5/30/23</i>
Owner		Summary of Violations: <i>C 0 NC 2 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>Jason Tapp</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>256</i>	<i>NC</i>		<i>Thermometer not provided in small cooler unit by oven.</i>	<i>corrected</i>
<i>295</i>	<i>NC</i>		<i>ice-machine is starting to get sorted at upper inner upper corner.</i>	<i>5/20/23</i>
			<i>NOTE: make sure mechanical dish washer sanitizer is at 200-300 ppm.</i>	

Received by (name and title printed): <i>Heather Klein</i>	Inspected by (name and title printed): <i>Paul Betiku EMTs</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beltin
5/19

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>Hisho Sushi</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/18/23</i>	ID# <i>2158</i>
Establishment address <i>2390 N. Morton St. Franklin IN 46131</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>5/30/23</i>
Owner	Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/></i>		
Owner address	Menu Type (See back of page) <i>1 2 <input checked="" type="checkbox"/> 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"

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

Received by (name and title printed):

Pa Rui

Inspected by (name and title printed):

Paul Beltin EHS

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Blm
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>Hot box pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/22/23</i>	ID# <i>1206</i>
Establishment address <i>3147 W. Smith valley rd</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>5/30/23</i>
Owner <i>Greenwood, IN 46143</i>		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <u>6</u> R <input checked="" type="checkbox"/></i>	
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 <i>Clay Longardner (Exp. 3/22/26)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>177</i>	<i>NC</i>		<i>there are materials on the floor below 6th merch walk-in freezer.</i>	
<i>347</i>	<i>NC</i>		<i>there are no paper towel provided at both hand sink stations.</i>	
<i>297</i>	<i>NC</i>		<i>upper part of soda nozzles are soiled</i>	
<i>174</i>	<i>NC</i>		<i>there are couple of un-marked food containers</i>	
<i>295</i>	<i>NC</i>		<i>ice-scoop is not being used, cup is being used & placed merch on top of ice.</i>	
<i>431</i>	<i>NC</i>		<i>floor's by oven is soiled, oven needs cleaning</i>	

Received by (name and title printed): <i>Steven Moreland GM</i>	Inspected by (name and title printed): <i>Paul Beltin EPH</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Paul
5/18*

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Establishment name <i>House of Tokyo</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/16/23</i>	ID# <i>515</i>
Establishment address <i>172 Melody Lane</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 <i>5/30/23</i>
Owner		Summary of Violations: <i>C 0 NC 2 R 0</i>	
Owner address	Menu Type (See back of page) <i>1 2 3 4 <input checked="" type="checkbox"/> 5</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Not presented</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>297</i>	<i>NC</i>		<i>Soda nozzle gum is soiled</i>	<i>corrected.</i>
<i>431</i>	<i>NC</i>		<i>floors at bar area is soiled (please clean)</i>	<i>corrected.</i>
			<i>NOTE: please get rid of small wing flies in kitchen area</i>	
			<i>I will need to see a copy of certified food handler during next visit.</i>	

Received by (name and title printed): <i>Hai Duong</i>	Inspected by (name and title printed): <i>Paul Betiku ETS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Dhaiduong37@gmail.com



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Betsy
5/25

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Establishment name JACK'S DOUPTS GREENWOOD	Telephone Number () Establishment () Owner	Date of Inspection 5/25/23	ID# 2027
Establishment address 3100 MERIDIAN PARK DR 46142	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 6/05/23
Owner LONNIE & RALPH THOMPSON		Summary of Violations: C φ NC 1 R -	
Owner address	Menu Type (See back of page) 1 2 X 3 4 5		
Person in charge LORRIE THOMPSON			
Responsible person's email			
Certified food handler JOSATHAN GOODE BARB MUSTE 4/27/6			

- 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
257	NC		- NO THERMOMETER OBSERVED IN MAIN FREEZER	5/27/23
			* NOTE * - ICE BUILD UP OBSERVED IN REACH-12 COOLER.	-

Received by (name and title printed): x Loni Thompson	Inspected by (name and title printed): KEVIN R PAULD EHS
Received by (signature): x Loni Thompson	Inspected by (signature): K-R-P
cc:	cc:



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Butch
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 JACK'S DONUTS	Telephone Number () Establishment () Owner	Date of Inspection 5/8/23	ID# 2306
Establishment address 219 W JEFFERSON ST. FRANKLIN, IN	Purpose: <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 None	Release Date 5/18/23
Owner GARDE		Summary of Violations: C 0 NC 9 R	
Owner address		Menu Type (See back of page)	
Person in charge ANDREW FORTENBERRY		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
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
431	NC	<input checked="" type="checkbox"/>	FLOOR SURFACE NOT CLEAN IN FRONT AND BACK ROOMS	5/16/23
255	NC	<input checked="" type="checkbox"/>	THERMOMETER NOT ACCURATE, BACK ROOM UPRIGHT FREEZER	5/12
324	NC	<input checked="" type="checkbox"/>	HOT WATER NOT AVAILABLE AT HOT WATER REAR HANDS - BACK HANDSINK BY 3 COMPARTMENT SINK	5/16
295	NC	<input checked="" type="checkbox"/>	UNDERSIDE TOP OF LARGE MIXERS IN BACK ROOM NOT CLEAN	5/12
295	NC	<input checked="" type="checkbox"/>	METAL SHELF NOT CLEAN IN BACK ROOM	5/12
347	NC	<input checked="" type="checkbox"/>	DISPOSABLE HAND TOWELS NOT AVAILABLE BACK EMPLOYER RESTROOM	5/10
234	NC	<input checked="" type="checkbox"/>	DIPPERS STORED IN DIPPER WELL - WATER NOT RUNNING	5/12
239	NC	<input checked="" type="checkbox"/>	CLEAN UTENSILS - DISHWARD STORED ON TOWEL IN FRONT AREA	5/10
291	NC	<input checked="" type="checkbox"/>	CHEMICAL TEST PAPERS NOT AVAILABLE TO CHECK CHEMICAL CONCENTRATION	5/16

Received by (name and title printed): Andrew Fortenberry	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Andrew Fortenberry</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

*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 <i>K&S Gas station</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/10/23</i>	ID# <i>1837</i>
Establishment address <i>50 S 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	Release Date
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R _____	
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			

- 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>392</i>	<i>NC</i>		<i>Trash dumpster door is left open</i>	<i>5/12/23</i>
<i>384</i>	<i>NC</i>		<i>Trash dumpster enclosure is littered with trash, staining and crates</i>	
<i>431</i>	<i>NC</i>		<i>Storage room floor is soiled - Bag n Bot area</i>	

Received by (name and title printed): <i>X [Signature]</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
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Office 317-346-4365 Fax 317-736-5264

*Beky
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>Kacey's Pizza Spot</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/15/23</i>	ID# <i>2644</i>
Establishment address <i>89 N. US 31 Whiteland, 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>1</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 <i>New Owner</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>295</i>	<i>NC</i>		<i>the ice machine shield is soiled.</i>	<i>5/15/23</i>
<i>187</i>	<i>C</i>		<i>sliced turkey in the prep cooler top is not being maintained at 41°F or below - [only 48°F]</i>	<i>5/15/23</i>

Received by (name and title printed): <i>T Jacyn Lee-Jenkins</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>T Jacyn Lee-Jenkins</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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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>KATAR LLC</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/16/23</i>	ID# <i>2628</i>
Establishment address <i>90 N state rd 135</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>5/30/23</i>
Owner		Summary of Violations: <i>C 0 NC 2 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <input checked="" type="checkbox"/> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Enna Singh</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>177</i>	<i>NC</i>		<i>there are some materials on the floor inside walk-in cooler. items are below 2" off the floor.</i>	<i>5/16/23</i>
<i>256</i>	<i>NC</i>		<i>Thermometer by ice machine thermometer not seen inside freezer by ice-machine</i>	<i>5/20/23</i>
			<i>NOTE: please provide ^{chemical} test strip & make sure it's placed where it's visible.</i>	
			<i>Thank you!!</i>	
			<i>NOTE: please make sure materials are cleared from walk-in cooler after delivery.</i>	

Received by (name and title printed): <i>Harpreet Singh</i>	Inspected by (name and title printed): <i>Paul Betiku EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Beltran
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 KENTUCKY FRIED CHICKEN	Telephone Number () Establishment () Owner	Date of Inspection 5/22/23	ID# 2244
Establishment address 2401 N MORTON 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 <i>[Signature]</i>		Summary of Violations: C <u>0</u> NC 13 R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 X 4 <u> </u> 5 <u> </u>	
Person in charge BRITTANY DITCHLEY			
Responsible person's email			
Certified food handler ANGIE BERTRAM			

- 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
411	NC	X	LIGHT INTENSITY NOT ADEQUATE IN AREA OF DISHWASHING NOT 70 FOOT CANDLES OR MORE	6/22/23
431	NC	X	FLOOR NOT CLEAN NEXT TO WALL, SOME DIRTY AREA FLOOR GRUNT BETWEEN TILES WORN/NOT CLEAN	6/11 6/30
392	NC	X	OUTSIDE DUMPSTER LID NOT CLOSED	
197	NC	X	WALK-IN FREEZER 48°F NOT AT 0°F OR LESS	5/25
256	NC		THERMOMETER NOT SEEN	
295	NC	X	WALK-IN COOLER SHELVING NOT CLEAN	5/27
255	NC	X	CHICKEN WALK-IN COOLER - THERMOMETER NOT ACCURATE, TRAY CARTS, GROOVES NOT CLEAN	5/27
218	NC	X	INSIDE DOOR PANEL CHIPPED/WORN	6/27
347	NC	X	DISPOSABLE TOWELS NOT PROVIDED AT HANDSINKS	5/23
411	NC	X	2 LIGHTS OUT ON EXHAUST HOOD	6/22
431	NC	X	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	5/26
431	NC	X	SHELVING IN KITCHEN NOT CLEAN, WALL SHELVING ON WHICH SINGLE SERVED ITEMS STORED NOT CLEAN, UNDER FRONT SERVICE STATION	5/27
138	NC	X	HAIR RESTRAINT NOT WORN BY EMPLOYEE IN KITCHEN	5/23

Received by (name and title printed): Brittany Ditchley	Inspected by (name and title printed): Bob Smith 2745
Received by (signature): <i>Brittany Ditchley</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131

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

Betsy
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 Kimu Asian Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 5/1/23	ID# 1544
Establishment address 1280 N. US 31 Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Appt 2 wks	Release Date 5/11/23
Owner		Summary of Violations: C <u>2</u> NC <u>8</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>X</u> 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler X Pau Puanz			

- 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
112	NC		The small white chest freezer is not commercial equipment	when replaced
310	NC		The exhaust filters are very dirty	5/15/23
295	NC		Lower work table shelf is very soiled.	5/15/23
239	NC		Food utensils stored in a pan of standing water	5/1/23
245	NC		Numerous wet towels in the prep are not stored in sanitizer solution	5/1/23
171	C		Ready to eat salad utensils items were handled with bare hands.	5/1/23
218	NC		Condensation is g improperly draining into a pan under the at Refrigerator unit	5/15/23
216	NC		Card board is improperly used on the storage shelves.	5/15/23
324	NC		No hot water at the men's room hand sink	5/15/23
187	C		(3) Pans of Beef Simmered in the walk-in cooler are not maintained at 41°F or below	Discard Product

Received by (name and title printed): X [Signature]	Inspected by (name and title printed): Terry Bayless
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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Return
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 King Buffet	Telephone Number () Establishment () Owner	Date of Inspection 5/10/23	ID# 2041
Establishment address 2239 N MORTON SUITE G FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/20/23
Owner EN CHEN		Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge EN CHEN			
Responsible person's email			
Certified food handler EN CHEN			

- 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
425	NC	→	MOPS NOT HUNG UP OFF FLOOR	5/13/23
324	NC		BACK MOP SINK DRAIN CLOGGED (NOT DRAINING)	5/13
218	NC	→	WAZK IN COOLER DOOR GASKET WORN/SPLIT	6/10
254	NC	→	DIGITAL FOOD THERMOMETER NOT ACCURATE	5/14
218	NC	→	INSIDE TOP OF ICE MAKER CORRODED	5/20
295	NC	→	NOT CLEAN	
324	NC	→	HOT WATER TEMPERATURE AT RESTROOM HANDSINK 152°F NOT AT 100°F - 120°F	5/12
431	NC	→	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	5/13

Received by (name and title printed): EN CHEN	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): En Chen	Inspected by (signature): Bob Smith
cc:	cc: