



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 LA COCINA MEXICANA RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 5/9/23	ID# 1673
Establishment address 912 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up COSS	Release Date 5/19/23
Owner ALBERTO SIXTO WERT		Summary of Violations: C <u>0</u> NC <u>7</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge CARLOS CABRERA			
Responsible person's email			
Certified food handler ALBERTO SIXTO WERT (1 SETUSAFE)			

- 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
295	NC	@	INSIDE TOP OF ICE MAKER NOT CLEAN	5/12/23
177	NC	@	SOME FOOD CONTAINERS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN COOLER/WALK-IN FREEZER (MORE SHELVING NEEDED)	5/21
257	NC	-	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT PROVIDED	5/11
296	NC	=	CHEMICAL TEST PAPERS NOT PROVIDED	5/13
431	NC	-	FLOOR UNDER WATER HEATER NOT CLEAN	5/13
234	NC	-	HANDLE OF ICE SCOOP NOT STORED OUT OF ICE IN ICE BIN (WAS IN CONTACT WITH ICE)	corrected 5/9/23
431	NC	=	RESTROOM CEILING EXHAUST FAN COVERS NOT CLEAN	5/13

Received by (name and title printed): CARLOS CABRERA	Inspected by (name and title printed): Bob Smith EPH
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 LOU'S DEN / HILLVIEW CC.	Telephone Number () Establishment () Owner	Date of Inspection 5/17/23	ID# 2150
Establishment address 1800 E KATOP 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 5/27/23
Owner HILLVIEW CC,		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page)	
Person in charge SADIE WELCH		1 <u>2</u> 3 4 5	
Responsible person's email			
Certified food handler MTH BASPLEY			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC		UPRIGHT REFRIGERATORS IN KITCHEN (2) THERMOMETERS NOT CONSPICUOUSLY LOCATED	5/20/23
138	NC		HAIR RESTRAINT NOT WORN BY EMPLOYEE IN KITCHEN	5/20
239	NC		STYROFOAM CUPS IN SLOVE NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	5/19

Received by (name and title printed): Sadie Welch	Inspected by (name and title printed): Bob Smith EMS
Received by (signature): Sadie Welch	Inspected by (signature): Bob Smith
cc:	cc:



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5/19

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Establishment name <i>M^cAlister's</i>	Telephone Number <i>(317) 739-8829</i>	Date of Inspection <i>5/17/23</i>	ID# <i>2311</i>
Establishment address <i>2378 N. Morton St. Franklin IN 46131</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>5/27/23</i>
Owner address	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 4 R 3</i>	
Person in charge <i>Patricia Barnes</i>	Responsible person's email <i>GenSafe EXP 2025</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Certified food handler <i>Patricia Barnes</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
413	NC	✓	East main double doors are not tight-fitting when both doors are closed. Interior left door contains an exterior gap along the bottom	5/27/23 ↓
402	NC	✓	Cove base missing at counters in front register area	5/20/23 ↓
295	NC		Interior of some preparation units are soiled	5/17/23 ↓
399	NC	✓	Floor grout repairs needed in dish area, front register area, etc.	5/25/23 ↓

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



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Establishment name McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 5/11/23	ID# 1555
Establishment address 2080E. King St. Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. <u>Other (list)</u> Car Accident and Fire	Follow-up No	Release Date 5/21/23
Owner Andy Ball		Summary of Violations: C 0 NC 0 R 0	
Owner address	Menu Type (See back of page) 1 2 3 4 5		
Person in charge Andy Ball			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			Our office received notification from the Franklin Fire Department of a vehicle accident involving the building and catching fire. At approximately 10:15 am a vehicle ran into the East Exterior wall causing a fire and an exterior hole in the wall. McDonald's Management stated at least one fire extinguisher was used inside the East interior storage room. Firm agrees to discard any open single service items (i.e. bags, etc) and/or food that may have come into contact with smoke and/or contamination.	

Received by (name and title printed): Andy Ball Owner/Operator	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature):	Inspected by (signature): Andrew Miller
cc:	cc:



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Betam
5/18

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Establishment name <i>Meijer #132</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/16/23</i>	ID# <i>636</i>
Establishment address <i>150 S. Merlin Dr. Greenwood IN 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>5/30/23</i>
Owner	Summary of Violations: <i>C 0 NC 1 R 0</i>	Menu Type (See back of page)	
Owner address		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <input checked="" type="checkbox"/> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Anna aka Rebecca Miller</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
	<i>NC</i>		<i>couple of lights are out at frozen veggies, frozen Juice, cooler.</i>	<i>5/22/23</i>
			<i>NOTE: Great work on temperatures Great work on fixing previous citations Sanitizers are good</i>	
			<i>Thank you!!</i>	

Received by (name and title printed): <i>REBECCA Miller STORE Director</i>	Inspected by (name and title printed): <i>Paul Betiku EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Paul Betiku</i>
cc:	cc:

Betsy
5/19



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Establishment name <i>Meljer #295</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/18/23</i>	ID# <i>2048</i>
Establishment address <i>2390 N. Morton St. 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>-</i>	Release Date <i>5/30/23</i>
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 _____ 3 _____ 4 <input checked="" type="checkbox"/> 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <i>Robin Owens Exp. 2027</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>4H</i>	<i>NC</i>		<i>lights out at fryer by deli</i>	

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



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Establishment name MI ABUELITO 3	Telephone Number () Establishment () Owner	Date of Inspection 5/16/23	ID# 2460
Establishment address 2797 N MORTON ST SPA 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 JUAN QUEZADA		Summary of Violations: C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
Owner address	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Person in charge BULMARO GARCIA			
Responsible person's email			
Certified food handler BULMARO GARCIA			

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Section #	C/NC	R	Narrative	To Be Corrected by
			NO VIOLATIONS OBSERVED	✓

Received by (name and title printed): Bulmaro R Garcia C	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Bulmaro R Garcia C</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Betkin
5/18

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Establishment name <i>Mi Jefe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/16/23</i>	ID# <i>1689</i>
Establishment address <i>106 S. S.R 135</i>	Owner <i>Trafalgar, IN 46181</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>
Owner address	Person in charge <i>Jose Giron</i>	Release Date <i>5/20/23</i>	Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>
Responsible person's email	Certified food handler <i>Jose Giron Exp. 2024</i>	Menu Type (See back of page)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>NOA - excessively & upper inner corner of ice-machine is starting to get soiled</i>	<i>5/20</i>
			<i>NOTE: Citations from previous inspection are fixed. ① temperatures are okay ② mechanical dish washer sanitizer is good. thank you!!</i>	

Received by (name and title printed): <i>Jose Giron</i>	Inspected by (name and title printed): <i>Paul Betkin EHS</i>
Received by (signature): <i>Jose Giron</i>	Inspected by (signature): <i>Paul Betkin</i>
cc:	cc:



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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 MORNING POINT OF FRANKLIN	Telephone Number () Establishment () Owner	Date of Inspection 5/9/23	ID# 1211
Establishment address 75 S MILFORD 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 FRANKLIN SR, COMMUNITY		Summary of Violations: 7 C <u>1</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>	
Person in charge JAHRIANNA WILLIAMS			
Responsible person's email			
Certified food handler KIM BARNETT			

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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC	0	BAG OF POTATOES NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN STOCK/OFFICE AREA	5/11/23
324	NC	0	LEAK NOTED ON 2 COMPARTMENT SINK FRONT	5/25
324	NC	0	COLD WATER NOT AVAILABLE AT HANDSINK	5/20
431	NC	0	FLOOR NEXT TO WALL UNDER MECHANICAL DISTURBANCE NOT CLEAN	5/13
256	NC	0	THERMOMETER NOT SEEN ON ONE UPRIGHT FREEZERS	5/12
187	C	0	INTERNAL TEMPERATURE OF MILK IN SMALL REFRIGERATOR SIDE NOT AT 41°F	5/19
218	NC	0	OR LOSS / DOOR GASKET ON THIS UNIT IS WORN	6/9
			CONCENTRATION OF CHLORINE SANITIZER IN MECHANICAL DISTURBANCE ~10ppm NOT AT ~50ppm	CHECK
309	NC	0	MECHANICAL EXHAUST DOES NOT APPEAR TO BE FUNCTIONING IN RESTROOMS	6/9

Received by (name and title printed): Jahrianna Williams Lead Cook	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Jahrianna Williams</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Belkin
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 <i>NANA'S DAYLIGHT DONUTS</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/30/23</i>	ID# <i>2579</i>
Establishment address <i># 2245 SHEEK 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>6/12/23</i>
Owner <i>PAILIN MEN & CHITENG MONG</i>		Summary of Violations: <i>C 1 NC 4 R —</i>	
Owner address <i>402-515-4058</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	Person in charge <i>ENG KIM</i>	
Responsible person's email		Certified food handler	
<ul style="list-style-type: none"> • 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>118</i>	<i>C</i>		<i>- SERV. SAFE CERTIFICATE NOT OBSERVED</i>	<i>6/12/23</i>
<i>177</i>	<i>NC</i>		<i>- FOOD ITEMS STORED LESS THAN 6" OFF OF FLOOR</i>	<i>6/1/23</i>
<i>174</i>	<i>NC</i>		<i>- BULK FOOD ITEMS NOT LABELED</i>	<i>6/1/23</i>
<i>291</i>	<i>NC</i>		<i>- CHEMICAL TEST KIT/STRIPS NOT PROVIDED</i>	<i>6/1/23</i>
<i>422</i>	<i>NC</i>		<i>- PERSONAL FOOD ITEMS STORED WITH RETAIL FOOD ITEMS AND NOT LABELED</i>	<i>6/1/23</i>

Received by (name and title printed): <i>KENG KIM</i>	Inspected by (name and title printed): <i>KEVIN R. PAULD EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Bulky
5/15*

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Establishment name <i>NEW KUMO JAPANESE STEAKHOUSE</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/12/23</i>	ID# <i>1821</i>
Establishment address <i>1051 W JEFFERSON FRANKLIN, IN</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>YI LI</i>		Summary of Violations: <i>C 0 NC 6 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>YI LI</i>		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>YI LI</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC	S	THERMOMETER NOT SEEN IN CHEST FREEZER MEAT WALK-IN COOLER	5/16/23
431	NC	X	FLOOR IN AREAS OF KITCHEN (next to WALL, UNDER EQUIPMENT) NOT CLEAN	5/20
295	NC	X	SOME EXHAUST HOOD FILTERS NOT CLEAN	5/20
411	NC	X	LIGHT OUT ON EXHAUST HOOD	5/20
295	NC	X	SIDES OF DEEP FRYER, GRILL NOT CLEAN	5/20
399	NC	X	WALL WORN IN AREAS OF KITCHEN	7/1

Received by (name and title printed): <i>YI LI</i>	Inspected by (name and title printed): <i>Bob Smith EIT</i>
Received by (signature): <i>YI LI</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Becken
5/19*

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Establishment name <i>Nineveh Mini Mart #2753</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-18-23</i>	ID# <i>677</i>
Establishment address <i>8010 S Nineveh Rd 46104</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>5-28-23</i>
Owner		Summary of Violations: C <u>1</u> NC <u>3</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			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>342</i>	<i>C</i>		<i>Hand Sink is not functioning</i>	
<i>177</i>	<i>NC</i>		<i>Shelving rack by box soda bottom shelf not 6" off floor</i>	
<i>437</i>	<i>NC</i>		<i>Floor around mop sink is soiled</i>	
<i>415</i>	<i>NC</i>		<i>Observed rodent droppings in back storage room</i>	
			<i>↳ Clean shelving units & floor</i>	
			<i>Note: "Raid" spray not approved for commercial use</i>	
			<i>Note: back storage room needs to be cleaned & organized.</i>	
			<i>Note: toilet seat & base</i>	

Received by (name and title printed): <i>Melissa Wood</i>	Inspected by (name and title printed): <i>Cass Hill</i>
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

Beam
515

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>Noble Romans Craft Pizza & Pub</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/10/23</i>	ID# <i>2505</i>
Establishment address <i>1990 Northwood Plaza 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>5/30/23</i>
Owner <i>Noble Romans Inc</i>		Summary of Violations: <i>C 1 NC 8 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Ann Domenico</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Dave Jennings Exp: 9/8/23</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
415	C		Numerous live ants seen inside three dry sink drain	5/10/23
413	NC		Restroom area alley door contains an exterior gap	5/30/23
218	NC		Numerous refrigeration door gaskets are split / torn	6/10/23
295	NC		① Exterior top of large oven is soiled and dough room shelving are soiled	5/15/23
			② Ice maker drop plate is soiled and inside mechanical dish unit contains scale build-up	5/12/23
431	NC		① Inside floor of walk-in-cooler is soiled	5/13/23
			② Dish area floors, walls, and floor drains are soiled	
430	NC		Walk-in-cooler door rubs the door frame	5/15/23
218	NC		Two round cooler baskets are damaged	5/11/23
385	NC		Exterior dumpster lid was open	5/10/23
431	NC		Two mechanical exhaust hood vents/pipes are soiled	5/15/23

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

