



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
7/5

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 Kroger	Telephone Number () Establishment () Owner	Date of Inspection 6/26/23	ID# 922
Establishment address 2200 Independence Dr.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 7/6/23
Owner Greenwood IN		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 _____ 3 <u>X</u> 4 _____ 5 _____	
Responsible person's email			
Certified food handler + Zackery Price			

- 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
410	NC		Lighting is burnt out in the seafood walk-in cooler.	6/28/23
295	NC		Deli case for cheese is soiled.	6/27/23
256	NC		No thermometer noted in the sushi refrigerator.	6/27/23
			Notes several hand sinks drain slowly.	

Received by (name and title printed): Zackery Price Manager	Inspected by (name and title printed): Terry D. Eyles
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Betsy
6/20*

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 Kroger J-735	Telephone Number () Establishment () Owner	Date of Inspection 6-28-23	ID# 2008
Establishment address 5961 N SR 135 Greenwood 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 5-7-8-23
Owner		Summary of Violations: C 1 NC 5 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 Kristin Stone (exp. 9/8/27)			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		Observed 2 light out inside "to-go" walk-in cooler (#1) ↳ thermometer was not observed, outside built in thermometer appeared not accurate	7-12-23
218	NC		the following door gaskets were observed split/worn: ① walk-in freezer (with ice cream) ② walk-in cooler (with milk) ③ "Hillphoenix" walk-in cooler (meat department) ④ reach-in cooler "R.13" (with butter milk DISCOUNT) ⑤ reach-in cooler (32, R.13)	7-28-23
324	NC		Observed a leak @ the 2 bay faucet in meat department	7-12-23
NOTE			Observed 1 ice scoop stored on top of ice maker/machine in meat department (not a clean surface)	
NOTE			All meat, deli, & cheese slicers shall be wash, rinse, and sanitized at least every 4 hours.	

Received by (name and title printed): Shane Davis ASL	Inspected by (name and title printed): Cass Hall
Received by (signature): <i>Shane Davis</i>	Inspected by (signature): <i>Cass Hall</i>
cc:	cc: Telw Elemen



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*Pratt
6/27*
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Establishment name <i>La Patrona Mexican Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/27/23</i>	ID# <i>2639</i>
Establishment address <i>884 N. US 31 Greenwood</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>7/11/23</i>
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection.</i>	
			<i>NOTE: (i) please Deep up with the floors & walls cleaning</i>	
			<i>(ii) ice-machine is starting to get soiled, please clean the ^{inner} upper part</i>	
			<i>(iii) three bag smc sanitizer is okay</i>	
			<i>Thank you!!</i>	

Received by (name and title printed): <i>Aryana Palafox</i>	Inspected by (name and title printed): <i>Paul Betton EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Paul Betton</i>
cc:	cc:



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*Bekam
7/5*

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>Little Caesars Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/14/23</i>	ID# <i>1819</i>
Establishment address <i>670 S. US 31</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>Greenwood, IN</i>		Summary of Violations: <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 3 <u>X</u> 4 5</i>	
Responsible person's email			
Certified food handler <i>Lisa Whitney</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>410</i>				
<i>216</i>	<i>NC</i>		<i>Kitchen lighting is poor.</i>	<i>6/21/23</i>
<i>216</i>	<i>NC</i>		<i>Card board is not cleanable material on the work table shelf.</i>	<i>6/15/23</i>
<i>295</i>	<i>NC</i>		<i>orange shelving is soiled.</i>	<i>6/21/23</i>
			<i>much improvement!</i>	

Received by (name and title printed): <i>Lisa M Whitney</i>	Inspected by (name and title printed): <i>Kerry D Bayless</i>
Received by (signature): <i>Lisa M Whitney</i>	Inspected by (signature): <i>Kerry D Bayless</i>
cc:	cc:



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Polony
6/27/23

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>Long John Silver</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/27/23</i>	ID# <i>2167</i>
Establishment address <i>2191 Independence Dr Greenwood</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>7/11/23</i>
Owner		Summary of Violations: C <u>2</u> NC <u>3</u> R <u>1</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			
Responsible person's email			
Certified food handler <i>Shelly Harris 1/21/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
303	C		Sanitizer bucket needs to be changed	Asap
295	NC		sides & upper inner part of ice-machine is soiled 7/07	
141	C		Some food items inside walk-in cooler are soiled. Discard date for some of the foods are 6/26/2023	Asap
431	NC		floors are soiled by three bay sink & by fryer.	7/07
430	NC		there's a missing tile by 3-bay sink	↓
			NOTE: there's a water leak by 3-bay sink.	

Received by (name and title printed): <i>Kayley Burchett</i>	Inspected by (name and title printed): <i>Paul Betton EHS</i>
Received by (signature): <i>Kayley Burchett</i>	Inspected by (signature): <i>Paul Betton</i>
cc:	cc:



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*Best
6/15*

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Establishment name LONG RIVER	Telephone Number () Establishment () Owner	Date of Inspection 6/13/23	ID# 1110
Establishment address 1063 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 -	Release Date 6/23/23
Owner ZHI HUI		Summary of Violations: C <u>0</u> NC <u>1</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 ZHI HUI			
Responsible person's email			
Certified food handler ZHI HUI			

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Section #	C/NC	R	Narrative	To Be Corrected by
			door gasket worn / split on walk-in cooler door	7/13/23
			NOTE ITEMS STORED IN HANDSINK IN KITCHEN	corrected 6/13/23

Received by (name and title printed): Jiang Zhihui	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belm
6/23*

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 MARTIN & MADISON STREET CAFE	Telephone Number () Establishment () Owner	Date of Inspection 6/22/23	ID# 2208
Establishment address 100 N MAIN 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 7/2/23
Owner RICHARDSON,		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 AMY RICHARDSON		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler XXXXXXXXXX JESSE SHORT			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC	R	BOXES OF SINGLE SERVED ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN BASEMENT STOCK AREA	6/24/23
324	NC	R	LEAK NOTED AT PRODUCE SINK FRUIT 7/1 IN KITCHEN	
218	NC	R	DOOR GASKET WORN / SPLIT ON BEVERAGE REFRIGERATOR IN FRONT AREA	7/22

Received by (name and title printed): Amy J Richardson, Co-owner	Inspected by (name and title printed): Bob Smith ETO
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Before
6/12

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>Main St. Grille</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/8/23</i>	ID# <i>1834</i>
Establishment address <i>200 S Emerson Ave</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>6/18/23</i>
Owner <i>Greenwood, IA</i>		Summary of Violations: C <u>0</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ <u>4</u> _____ 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>430</i>	<i>NC</i>		<i>Floor tiles and cove base tiles are broken or missing in the kitchen</i>	<i>Next inspection</i>
<i>291</i>	<i>NC</i>		<i>Sanitizer test kit is missing [Quats]</i>	<i>6/16/23</i>

Received by (name and title printed): <i>Craig Spencer</i>	Inspected by (name and title printed): <i>Terry D Boyles</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
6/27

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>McAlister's Deli</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/21/23</i>	ID# <i>1924</i>
Establishment address <i>1011 N. S. R. 135 Greenwood IN 46142</i>	Purpose: 1. <u>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>7/1/23</i>
Owner <i>Southern Rock Rest.</i>		Summary of Violations: <i>C 0 NC 6 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>Marcus T.</i>			
Responsible person's email	<i>SenSafe Exp 3/4/26</i>		
Certified food handler <i>Marcus T.</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC		Grout repair needed under (soiled area) bus station, dish area, etc	7/28/23
295	NC		Interior of preparation tables are soiled & blue ice scoop holder soiled at ice maker	7/4/23
431	NC		Floor soiled behind ice maker	7/3/23
324	NC		① Water lines leaking under jet spray rinse basin ② Mop sink faucet vacuum breaker contains a hose to a wall mounted chemical dispenser. Faucet needs a bleeder valve due to unit containing an atmospheric vacuum breaker (AVB)	7/15/23
399	NC		Front of House contains areas of unfinished flooring (i.e. under to go shelving and front counter)	7/28/23
430	NC		Table top counter for drop in ice bin is cracked/damaged on both sides.	7/28/23

Received by (name and title printed): <i>Marcus T. Hilgarn</i>	Inspected by (name and title printed): <i>at front line Andrew Miller EHS</i>
Received by (signature): <i>Marcus T. Hilgarn</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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*Belton
6/30*

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>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/28/23</i>	ID# <i>2326</i>
Establishment address <i>1197 South park</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>2/12/23</i>
Owner	Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <input checked="" type="checkbox"/> 5 <u> </u>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Veronica Hernandez</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>256</i>	<i>NC</i>		<i>thermometer not seen inside cooler unit by ice-machine & cooler unit by slushy machine</i>	
			<i>NOTE: sanitizer is okay</i>	
			<i>(u) please make sure leaf at drink machine is fixed.</i>	

Received by (name and title printed): <i>- Maria Hernandez</i>	Inspected by (name and title printed): <i>Paul Betton</i>
Received by (signature): <i>- Maria Hernandez</i>	Inspected by (signature): <i>Paul Betton</i>
cc:	cc:



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Establishment name Neathery's BP	Telephone Number () Establishment () Owner	Date of Inspection 6-30-23	ID# 293
Establishment address 9614 SR 144 46151	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7-10-23
Owner		Summary of Violations: C 1 NC 2 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 Lynn Neathery (exp. 12/7/26)			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Hand sink in kitchen needs sealed to wall	7/21/23
295	NC		many shelving racks were observed soiled/rusty	8/1/23
324			1 bay sink leaks from faucet.	7/21/23
187	C		The pizza 2 door prep cooler ambient air temperature not adequate, observed the following food items cold holding: ① Peppers @ 50°F ② Shredded Cheese @ 50°F ③ Sausage @ 49°F Single door stand up cooler ambient air temperature not adequate, the following food items cold holding: ① Chicken gizzard @ 47°F move all P.H.F. items to new cooler unit/walk-in cooler.	Owner called repair company @ time of inspection.

Received by (name and title printed): DAVE NEATHERY / owner	Inspected by (name and title printed): Cass Hall / Sidney King
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Establishment name New Wang Cai Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 6-14-23	ID# 2519
Establishment address 209 S SR 135 Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6-24-23
Owner		Summary of Violations: C 0 NC 5 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 Jessica Chong (exp 4/10/28)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	X	Sides of cooking equipment are soiled.	
			Under exhaust hood	
295			can opener is soiled.	
431	NC		Wall behind cooking equipment is soiled	
218	NC	X	Walk-in cooler door gasket is split/worn	
218			Observed 1 damaged filter basket	
431		X	3 bay sink floor drain is soiled	
431		X	prep sink floor drain is soiled	
431	NC	X	Back kitchen exterior door is not tight fitting (not self-closing)	
218		X	Upright residential freezer door (interior) is in disrepair, observed ice build up.	
218		X	Water heater in disrepair. Bottom is rusted out & unit is leaking.	7-1-23
216	NC		Unsealed wood used as shelf located to the left of the chest freezer in back room	6-16-23
430	NOTE		Ceiling tile missing above Walk-in-Cooler	6-14-23

* You may make written comments to this inspection ← mail fax email

Received by (name and title printed): [Signature]	Inspected by (name and title printed): Cassi Hall
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc: Elizabeth Schultz

317-346-4371

Eschultz@co.johnson.in.us



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Beta
1/27

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 O'Charley's #406	Telephone Number () Establishment () Owner	Date of Inspection 8/21/23	ID# 1111
Establishment address 886 S. S.R. 135 Greenwood IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7/1/23
Owner O'Charley's, LLC		Summary of Violations: C <u>1</u> NC <u>7</u> R	
Owner address		Menu Type (See back of page) 1 2 3 4 <input checked="" type="checkbox"/> 5	
Person in charge Cindy Griffiths			
Responsible person's email			
Certified food handler Lindsey Chamberlain (12/14/25) (Exp)			

• 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		Pipes for ice maker leaking near roof access cream water lines for ice scoop broken/damaged	6/28/23
430	NC		① Middle area of mechanical exhaust filters are contain gaps between units	7/7/23
			② One shelving unit is missing a leg inside walk-in-cooler	7/17/23
411	NC		Interior light not working in Randell freezer	7/1/23
431	NC		Floors and cover base soiled in areas	7/4/23
399	NC	✓	Grout repair needed near kettle area, dish area, prep area etc	7/28/23
190	NC		Previously cooked spaghetti measured 50°F and 52°F while covered with a lid inside the walk-in-cooler	Corrected
187	C		Raw steaks measured 46°F to 51°F	In-progress

Received by (name and title printed): Cindy Griffiths	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Cindy Griffiths	Inspected by (signature): Andrew Miller
cc:	cc:

NARRATIVE REPORT Greenwood

Establishment Name O'Charley's #406	Address 886 S.S.R. 135 IN 46143	Inspection Date 6/21/23
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			while inside the undercounter four drawer cooler (under flat top grill)	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100%; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; bottom: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div>
218	NC		① Bar frozen mug freezer contained a build-up of ice	
			② Interior bottom of salad preparation table contained pooled water	
			③ Walk-in-cooler wrapped line was dripping water onto sealed bottles of dressings	
			④ Four drawer raw meat cooler contained a build-up of ice at the interior bottom (at cookline)	
<p>Notes: ① Suggest firm cut a hole in the bottom of the far left liquor cabinet to access the floor drain</p> <p>② Scrape some peeling paint on ceiling in bar area around register vent</p>				

Received By (Name & Title)	Inspected By (Name & Title) Andrew Miller, EHS	Page 2 of 2
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**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

*Better
6/27*

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>Panera Bread</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/27/23</i>	ID# <i>943</i>
Establishment address <i>789 US St Greenwood</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>7/4/23</i>
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Person in charge			
Responsible person's email			
Certified food handler <i>Michael Earnest 12/9/24</i>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection</i>	
			<i>NOTE: ① please keep working on keeping the floors & walls clean.</i>	
			<i>② mechanical dish washer sanitizer is okay</i>	

Received by (name and title printed): <i>Mike Earnest GM</i>	Inspected by (name and title printed): <i>Paul Betts 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

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Beth
6/12

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 PENN STATION	Telephone Number () Establishment () Owner	Date of Inspection 6/8/23	ID# 1242
Establishment address 1143 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (FES)	Release Date 6/18/23
Owner HOOSIER PS		Summary of Violations: C <u>1</u> NC <u>2</u> R	
Owner address		Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 <u>5</u>	
Person in charge JADE MOUNTS			
Responsible person's email			
Certified food handler MICHAEL MAZHAZA (SERUSAPE)			

- 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
256	NC	X	THERMOMETERS NOT SEEN/ NOT CONSPICUOUSLY LOCATED IN 2 2 DOOR REFRIGERATORS	6/14/23
218	NC	✓	door gasket loose - 3 door REFRIGERATOR	6/14
187	C	✓	INTERNAL temperature of POTENTIALLY HAZARDOUS FOODS - IN REFRIGERATOR - PEPPERONI 45°F CHEESE 46°F NOT AT 41°F OR LESS	* STEMS TO BE DISCARDED 6/8

Received by (name and title printed): Jade Mounts	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Jade Mounts</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

*Becky
6/12*

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 PIZZA HUT	Telephone Number () Establishment () Owner	Date of Inspection 6/18/23	ID# 2183
Establishment address 440 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 6/18/23
Owner QUALITY HUTS INDIANAPOLIS LLC		Summary of Violations: C <u>0</u> NC <u>7</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge JACOB ELDRIDGE		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler J. ELDRIDGE (SERUSAFE) EXP 10/30/27			

- 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
399 431	NC NC	<input checked="" type="checkbox"/>	FLOOR WORN, NOT CLEAN IN AREAS OF KITCHEN, FLOOR DRAIN NOT CLEAN	6/14/23 REPAIR 10/23
399 431	NC NC	<input checked="" type="checkbox"/>	WALL WORN, NOT CLEAN IN KITCHEN BY WALK-IN UNITS	6/14 REPAIR 10/23
411	NC	<input checked="" type="checkbox"/>	(1) LIGHT OUT ON EXHAUST HOOD, LIGHT DIM, NOT ADEQUATE - WALK-IN FREEZER	6/14
295	NC	<input checked="" type="checkbox"/>	STELVING NOT CLEAN - IN WALK-IN COOLER	6/20
256	NC	<input checked="" type="checkbox"/>	WALK-IN THERMOMETER NOT CONSPICUOUSLY LOCATED IN PIZZA PREPARATION REFRIGERATOR	corrected 6/18

Received by (name and title printed): Jacob Eldridge (RGM)	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Jacob Eldridge</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

Bekm
6/12

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>Puerto Vallarta</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/5/23</i>	ID# <i>1513</i>
Establishment address <i>893 E. main st. Greenwood</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>6/15/23</i>
Owner <i>IN</i>		Summary of Violations: C <u>0</u> NC <u>4</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 _____ 3 _____ <u>4</u> 5 _____	
Responsible person's email			
Certified food handler <i>x Pablo Bernal</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>411</i>	<i>NC</i>		<i>one set of lights over the dishwasher is burnt out</i>	<i>6/10/23</i>
<i>295</i>	<i>NC</i>		<i>The can opener is soiled</i>	<i>6/5/23</i>
<i>173</i>	<i>NC</i>		<i>Raw chicken and beef are stored on the prep cooler improperly - possible cross contamination</i>	<i>6/5/23</i>
<i>291</i>	<i>NC</i>		<i>sanitizer test strips are <u>not</u> provided. [Dishwasher]</i>	<i>6/6/23</i>

Received by (name and title printed): <i>x Pablo Bernal</i>	Inspected by (name and title printed): <i>Terry Dr. Bayless</i>
Received by (signature): <i>x Pablo Bernal</i>	Inspected by (signature): <i>Terry Dr. Bayless</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
6/15

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. 2647 ✓

Establishment name QUIRZITY INN	Telephone Number () Establishment () Owner	Date of Inspection 6/14/23	ID# 2025
Establishment address LOVERS LN FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/24/23
Owner VIRAJ PATEL		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page)	
Person in charge TRACEY HIGGINS		1 <u>2</u> <u>3</u> 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
218	NC	*	UPRIGHT FREEZER, UPRIGHT REFRIGERATOR	
228	NC		NOT EASILY MAINTAINABLE, DOOR GASKET OF REFRIGERATOR WORN	7/3
411	NC	*	LIGHT INTENSITY IN AREA OF 3 COMPARTMENT SINK NOT ADEQUATE	7/20
399	NC	*	WALL WORN IN AREA OF 3 COMPARTMENT SINK	8/1
119	NC	=	APPLES AT BREAKFAST NOT WRAPPED (NO TONGS AVAILABLE)	6/15
291	NC	=	CHEMICAL PEST STRIPS NOT AVAILABLE	6/24

Received by (name and title printed): Tracey Higgins	Inspected by (name and title printed): Bob Smith BNS
Received by (signature): <i>Tracey Higgins</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc: