



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
7/7

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 Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 7/6/23	ID# 241
Establishment address 801 North US 31 Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 7/16/23
Owner		Summary of Violations: C 0 NC <u>4</u> R 0	
Owner address	Menu Type (See back of page) 1 ___ 2 ___ 3 <u>4</u> 5 ___		
Person in charge Kaylee Smith			
Responsible person's email			
Certified food handler Kaylee Smith Exp: 2025			

• 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		Drain under 3 bay sink soiled	7/14/23
402	NC		Floor under slushie stand soiled	7/16/22
295	NC		ice machine build up on drive thru machine	7/6/23
295	NC		Sweep/clean inside of coolers on bottom and wall in cooler floor	7/7/23
			NOTE: sanitizer is very high - add some water to solution	

Received by (name and title printed): X Kaylee Smith	Inspected by (name and title printed): Jayere Miller
Received by (signature): 	Inspected by (signature):
cc:	cc: 3173464369



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Bekm
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Establishment name Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 7/6/23	ID# 640
Establishment address 153 N State Rd 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 7/16/23
Owner		Summary of Violations: C 0 NC <u>4</u> R 0	
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 Kirandeep Kaur Exp-2027			

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Section #	C/NC	R	Narrative	To Be Corrected by
402	NC		Floors soiled in many areas. - walk in freezer - under equipment - fryer, main line, drain thru	7/16/23
431	NC		wipedown standing freezer + cooler	7/6/23
257	NC		No accessible thermometer found in main line cooler underneath	7/6/23
295	NC		Ice machine dispenser soiled in drain thru - All around it	7/6/23

Received by (name and title printed): X Kirandeep Kaur	Inspected by (name and title printed): Jayce Miller
Received by (signature): X [Signature]	Inspected by (signature): [Signature] BMS
cc:	cc: 3173464369



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Bethu
7/17

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>Tasty Shop II</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>07/14/23</i>	ID# <i>1734</i>
Establishment address <i>810 W Center Cross</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>07/31/23</i>
Owner		Summary of Violations: C <u>1</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			
Responsible person's email			
Certified food handler <i>No certified food handler</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC		materials on the floor inside walk-in cooler	07/28
411	NC		(i) inadequate lightening in back storage	
112	NC		(ii) upright cooler at kitchen not NSF approved.	
			(iii) stove is not NSF approved.	
411	NC		(iv) light is out inside double door cooler by bar area.	
146	NC		some food products are not labelled by kitchen grill	07/18
295	NC		ice scoop is out of a towel at ice machine	
439	C		cleaners on shelves stored above single service items in dry storage	
256	NC		Food thermometer not seen.	07/28
			NOTE: (i) back door is self closing	
			(ii) please get food handler certificate	
			(iii) please make sure bathroom vents work properly	

Received by (name and title printed): <i>Pete Krue</i>	Inspected by (name and title printed): <i>Paul Bethu EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment name Taxman Brewing	Telephone Number () Establishment () Owner	Date of Inspection 7-14-23	ID# 1820
Establishment address 13 S. Baldwin St 46106	Owner	Follow-up —	Release Date 7-24-23
Owner address	Purpose: 1. Routine	Summary of Violations:	
Person in charge	2. Follow-up	C <input checked="" type="checkbox"/> NC 4 R <input type="checkbox"/>	
Responsible person's email	3. Complaint	Menu Type (See back of page)	
Certified food handler Josh Hettinger (exp 8/23/21)	4. Pre-Operational	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Ceiling through out kitchen is soiled. Observed small flies through out establishment.	
415	NC		Upstairs storage room floor appears porous	
216	NC		Observed no paper towels @ bar hand sink	
347	NC			
			Note: Breeding for meat products shall have a time sticker & discarded after 4 hours, or kept 4/05 or less.	
			Note: Both upstairs restroom fans need cleaned	
			Note: Dish machine sanitizer solution shall be 50 ppm to 100 ppm.	

Received by (name and title printed): Connor Gray Com Manager	Inspected by (name and title printed): Cassie Han / Kevin R Paul
Received by (signature): <i>Connor Gray</i>	Inspected by (signature): <i>Cassie Han / Kevin R Paul</i>
cc:	cc:



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Bekm
7/21

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>Fried & Free Alehouse</i>	Telephone Number) Establishment () Owner	Date of Inspection <i>19</i> 7-20-23 <i>4p</i>	ID#
Establishment address <i>2800 S SR135 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>7-29-23</i>
Owner		Summary of Violations: <i>3</i> C <i>0</i> NC <i>3</i> R	
Owner address		Menu Type (See back of page) <i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>5</i>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>Diced boiled eggs @ 51°F @ 4pm located in flip-top deli by back door. Do NOT store potentially hazardous food (PHF) in that flip-top until it can hold food PHF @ 41°F or less.</i>	<i>Corrected</i>
<i>415</i>	<i>C</i>		<i>Numerous House flies in kitchen. Back door propped open w/air curtain on Garage door propped open w/air curtains on Door to patio propped open without air curtain.</i>	<i>7-19-23</i>
<i>441</i>	<i>C</i>		<i>White fly trap not approved for use in food facilities.</i>	<i>7-19-23</i>
<i>402</i>	<i>NC</i>		<i>Grout missing in kitchen. Wait Station floor lip not sealed / Smooth. Inverted Milk Crates used to store bins. Recommend a dunnage rack.</i>	<i>9/19/23</i> <i>9-19-23</i> <i>9-19-23</i>

Received by (name and title printed): <i>Adrienne Foster</i>	Inspected by (name and title printed): <i>Elizabeth Schultz</i>
Received by (signature): <i>Adrienne Foster</i>	Inspected by (signature): <i>Elizabeth Schultz</i>
cc:	cc: <i>317-346-4373</i>

