



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Belen
8/10

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 1823 BRKENHOUSE	Telephone Number () Establishment () Owner	Date of Inspection 8/9/23	ID# 2140
Establishment address 25E COURT 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 8/19/23
Owner MOORE		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page)	
Person in charge RITA BERRY		1 2 3 4 5	
Responsible person's email			
Certified food handler HEATHER WENNING (SERVSAFE)			

- 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		DOOR GASKETS/SEALS WORN, SPLIT ON KITCHEN 2 DOOR REFRIGERATOR AND DINING ROOM 2 DOOR REFRIGERATOR	9/9/23
256	NC		THERMOMETER NOT SEEN IN KITCHEN CHEST FREEZER AND FRONT AREA SMALL REFRIGERATOR	8/15
246	NC	*	FRONT DISPLAY COOLER - PEANUT BUTTER COOKIES BAR NOT ADEQUATELY LABELED	8/15

Received by (name and title printed): Rita Berry lead Baker	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): Rita Berry	Inspected by (signature): Bob Smith
cc:	cc:



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Betsy 8/24

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>Alle Emporium</i>	Telephone Number <i>(317) 300-1560</i>	Date of Inspection <i>8-16-23</i> <i>3pm</i>	ID# <i>2280</i>
Establishment address <i>997 E County Line Rd B</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>8-26-23</i>
Owner <i>Kwiatkowski & Baen</i> <i>46143</i>	Summary of Violations: <i>C 2 NC 1 R</i>	Menu Type (See back of page)	
Owner address		1 2 3 <i>4</i> 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>187</i>	<i>C</i>		<i>Buttermilk batter & Beer batter @ 67°F @ 2:40pm on a melted ice bath located by the pizza oven. Proper ice bath set up</i>	<i>8/16/23</i>
			<i>Smaller pan largest pan → Ice @ or above Product level</i>	<i>8/16/23</i>
			<i>Ice must have room on all sides of product container, & Ice cannot be melted</i>	
<i>415</i>	<i>C</i>		<i>Excessive flies observed; specifically, ground Soda boxes & large floor mixer, - Small flies.</i>	<i>8-16-23</i>
<i>414</i>			<i>Doors & windows are open, w/out air curtains</i>	
<i>431</i>			<i>Also water & syrup allowed to sit on floor under Soda boxes & Ice makers.</i>	
<i>384</i>	<i>NC</i>		<i>Dumpster lid open & contains garbage</i>	<i>8-16-23</i>
			<i>Bare wood shall be sealed to be easily cleanable.</i>	
			<i>Dish machine sanitizing properly @ time of inspection</i>	
			<i>You may make written comments - fax mail email</i>	

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



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Belton 8/17

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 APPLE BEE'S	Telephone Number () Establishment () Owner	Date of Inspection 8/3/23	ID# 687
Establishment address 700 N MORTON ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/13/23
Owner —		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>4</u> 5 <u>—</u>	
Person in charge DUSTIN LIMON			
Responsible person's email			
Certified food handler DUSTIN LIMON (SENSEATE EXP 10/30/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
138	NC	→	EMPLOYEES IN PREPARATION AREA NOT WEARING BOARDS RESTRAINTS	8/6/23
431	NC	*	FRONT AREA OF KITCHEN UNDER METAL SHELF NEXT TO WALL - FLOOR NOT CLEAN	8/6
256	NC	⊙	(1) REFRIGERATOR IN PREPARATION AREA THERMOMETER NOT PROVIDED	8/6

Received by (name and title printed): Dustin Limon	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Dustin Limon</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Blum
8/8

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Establishment name Aspen Trale	Telephone Number () Establishment () Owner	Date of Inspection 8-7-23	ID# 1794
Establishment address 3154 S SR 135	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 8-11-23
Owner		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___	
Person in charge			
Responsible person's email			
Certified food handler Jackie Carlton (exp 6/13/28)			

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Section #	C/NC	R	Narrative	To Be Corrected by
374	NC		① bay sink leaks from faucet. ② bay sink leaks from faucet	8-14-23 ↓
295	NC		④ door "Trawlsen" door gaskets are soiled ⑤ door "Trawlsen" shelving racks soiled/rusty	8-10-23 ↓
218	NC		① door "Trawlsen" door gasket is split/worn	8-21-23 ↓
			② Hand sink by 2 bay sink needs sealed to wall.	8-10-23 ↓
234	NC		① observed ice scoops stored on top of ice machine ↳ not a clean surface.	8-7-23 ↓
			② Dipper well faucet not functioning ↳ observed on ice cream scoop stored in stagnant water in dipper well	Corrected @ time of inspection ↓
			NOTE: observed a few tiles in kitchen area	

Received by (name and title printed): Jackie Carlton	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): <i>Jackie Carlton</i>	Inspected by (signature): <i>Elizabeth Schultz</i>
cc:	cc: 317-346-4371



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Bekm
8/17

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Establishment name ANTILOGY	Telephone Number () Establishment () Owner	Date of Inspection 8/16/23	ID# 2663
Establishment address 5867 N SR 135 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 8/26/23
Owner WILLIE ROGNER & ROBERT SANDERBAUGH DEXIOS FOOD VENTURES		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 JENNIFER HUMPHREY			
Responsible person's email			
Certified food handler JENNIFER HUMPHREY EXP. 3/10/27			

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Section #	C/NC	R	Narrative	To Be Corrected by
261	NC		- ICE MACHINE OBSERVED AS SOILED	8/17/23
438	NC		- OBSERVED CHEMICAL SPRAY BOTTLES NOT LABELED - IN STORAGE AREA - NEAR DISH MACHINE	8/17/23
234	NC		- STRIP STICKS STORED IN A CUP WITH SOILED WATER IN THE BAR AREA.	8/17/23
			NOTE - SPARE ALL WET WIPING CLOTHES INSIDE SANITIZER SOLUTIONS	

Received by (name and title printed): X Jennifer Humphrey	Inspected by (name and title printed): KENNETH PAUL / Cassi Hall
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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Belton 8/14

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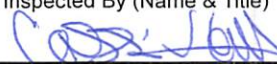
Establishment name <i>Bamboo</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-10-23</i> <i>12:50 PM</i>	ID# <i>1931</i>
Establishment address <i>4800 W Smith Valley Rd.</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>YES</i>	Release Date <i>8-20-23</i>
Owner		Summary of Violations: C <u>0</u> NC <u>8</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>X</u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Liyun Li (11/4/25)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>190</i>	<i>NC</i>		<i>1) Observed 2 pans of cooked noodles cooling @ room temperature @ 105°F 2) Observed pork dumplings inside 2 door cooler with a plastic cover @ 80°F ↳ employee stated they were made @ 11:00 a.m. 8-10-23</i>	<i>8-10-23</i>
<i>295</i>	<i>NC</i>		<i>1) Silver shelving units by dish machine are soiled/rusty 2) Shelving units in walk-in cooler are soiled/rusty. 3) Shelving inside flip top cooler are soiled/rusty. 4) Walk-in cooler door gasket is soiled.</i>	<i>8-24-23</i>
<i>218</i>	<i>NC</i>		<i>Bulk bin of rice lid is broken. green lid to bulk food is broken ↳ containers needed cleaned</i>	<i>8-11-23</i>
<i>234</i>	<i>NC</i>		<i>Observed in-use utensils for dry storage bulk food without handle above product</i>	

Received by (name and title printed): <i>Liyun Li</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name Bambon			Address 4800 W Smith Valley Rd.			Inspection Date 8-10-23	
Section#	C/NC	R	REMARKS			TO BE CORRECTED BY	
216	NC	Q	Observed cardboard lining shelving units.			8-10-23	
			Observed foil lining the pipes behind cookline.				
295			Can opener is soiled.				
174	NC		many bulk food products not labeled.			8-12-23	
431	NS		Establishment needs detailed cleaned				
413	NC		back exterior doors not self-closing.				
			↳ Screen to back door needs repaired.			8-24-23	
187	Q		Observed garlic & oil mix in flip top @ 50°F. Owner stated the mix was made @ 11:00			Corrected.	
			Note: Observed a few flies.				
Received By (Name & Title)			Inspected By (Name & Title)			Page 2 of 2	
							



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*Ben
8/18*

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>Benjamin's coffeehouse</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/17/23</i>	ID# <i>2555</i>
Establishment address <i>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>NO</i>	Release Date <i>8/27/23</i>
Owner		Summary of Violations: <i>C 0 NC 4 R 2</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>Andrea Brewer Exp: 2027</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>402</i>	<i>NC</i>	<i>Y</i>	<i>Floors soiled in some areas - under 3 bay, equipment, back door area</i>	<i>9/27/23</i>
<i>257</i>	<i>NC</i>	<i>Y</i>	<i>thermometer not easily accessible in fridges</i>	<i>8/17/23</i>
<i>295</i>	<i>NC</i>		<i>espresso machine soiled</i>	<i>8/17/23</i>
<i>295</i>	<i>NC</i>		<i>ice dispenser soiled</i>	<i>8/17/23</i>

Received by (name and title printed): <i>Andrea Brewer owner</i>	Inspected by (name and title printed): <i>Jayne Miller</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>3173464369</i>



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Belm
8/29

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>Big Reds Place</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/25/23</i>	ID# <i>2397</i>
Establishment address <i>124 E. Main Cross ^{Edinburgh} IN 46124</i>	Purpose: <u>1. 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>9/4/23</i>
Owner <i>Willard Hadley</i>		Summary of Violations: C <u>1</u> NC <u>3</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <input checked="" type="checkbox"/> 4 5	
Person in charge <i>Willard Hadley</i>			
Responsible person's email			
Certified food handler <i>None - In progress</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		① Raw shelled measured 48°F while inside the server area prep table and cottage cheese, was 48°F ② Milk measured 49°F while inside the server area one door cooler	8/25/23 ↓ measured 49°F
295	NC		① Fan in dish area is soiled ② Compressor units are soiled on some refrigeration units	9-1-23 8-25-23 ↓
112	NC		Some refrigerator/freezer units are not NSF/ANSI	12-1-23 ↓
218	NC		Door seal torn on one door kitchen freezer and on two basement chest freezers ① Notes: some water on the basement floor from water softener ② Please clean shelving in one door server cooler.	12-25-23 ↓

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



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Belton
8/10

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Establishment name BIG WOODS	Telephone Number () Establishment () Owner	Date of Inspection 8/10/23	ID# 2047
Establishment address 1800 E KING ST. FRANKLIN IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 8/20/23
Owner Big Woods		Summary of Violations: C <u>1</u> NC <u>2</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge TERESA HALLORAN			
Responsible person's email			
Certified food handler TERESA HALLORAN			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	<input checked="" type="checkbox"/>	WATER PONDING IN ONE REFRIGERATOR IN KITCHEN	8/20/23
187	C	<input checked="" type="checkbox"/>	FRONT PREPARATION REFRIGERATOR FRUIT MOLDY, POTENTIALLY HAZARDOUS FOOD INTERNAL TEMPERATURE 49°F-50°F (HEAVY CREAM) NOT 41°F OR LESS	ITEMS DISCARDED 8/10/23
218	NC	<input checked="" type="checkbox"/>	REFRIGERATOR UNDER GRILL NOT FUNCTIONING - NOT IN USE NOT PROVIDED WITH GASKETS	9/11

Received by (name and title printed): Teresa Halloran, General Manager	Inspected by (name and title printed): Bob Smith EMS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Bukm
8/30

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Establishment name Broggy Coffee	Telephone Number () Establishment () Owner	Date of Inspection 8-29-23	ID# 1581
Establishment address Greenwood	Purpose: <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9-9-23
Owner Klo Martin Dr		Summary of Violations: C <u>1</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Observed single door cooler ambient air temperature @ 48°F ↳ internal food temperatures was observed @ 47°F - 46°F appears cooler was turned off PHP in cooler longer than 4 hours was discarded	move P.H.F to different cooler.
234	NC		Observed in use utensils stored in a pan of water	Corrected
295	NC		Bottom of single door cooler is soiled.	9-9-23

Received by (name and title printed): Kynzee Littell	Inspected by (name and title printed): Cass Hull
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beky
S/K

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 Bob Evans	Telephone Number () Establishment () Owner	Date of Inspection 8-11-23	ID# 2133
Establishment address 159 Marlin Dr.	Greenwood.	Follow-up	Release Date 8-21-23
Owner	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>1</u> NC <u>6</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Ashley Swartzay (8/10/28)			

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- 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		① floor through out establishment is soiled. ↳ under equipment walk-in freezer, shelving units, soda machine.	
295	NC		② floor ground behind cookline is soiled. Blue shelving racks in walk-in cooler are soiled.	
324	NC		Ice machine appears to be leaking.	Corrected
218	NC		Ice machine ice scoop is damaged.	Corrected
425	NC		Knop not hanging up - appears wet.	
190	NC		Observed 3 pans of green beans cooling @ around 95°F at room temp.	
218	NC		Cold line unit by cookline internal food temperature between 43°F - 45°F ↳ sausage crumble made 8/10 @ 45°F ↳ Discarded @ time of inspection.	move all P.H.F to new unit or put on ice
187	C		2 door flip top cooler internal food temperature observed between 48°F - 50°F ↳ Discard all P.H.F	

Received by (name and title printed): Ashley Glidden	Inspected by (name and title printed): Cassie Hall
Received by (signature): <i>Glidden</i>	Inspected by (signature): <i>Cassie Hall</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

Belem
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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 Bob EVANS RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 8/3/23	ID# 2134
Establishment address 900 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 —	Release Date 8/13/23
Owner Bob EVANS		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge KATE Hoover			
Responsible person's email			
Certified food handler KATE Hoover (SECURSAFE) EXP 6/1/27			

• 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	NC	*	WALL WORN, CHIPPED IN AREAS OF KITCHEN	9/13/23
174	NC	*	BULK PLASTIC CONTAINER OF SUGAR NOT LABELED AS TO CONTENTS	8/13/23 Corrected 8/3/23
411	NC	*	(1) LIGHT OUT ON BACK EXHAUST HOOD	8/15
431	NC	*	FLOOR NOT CLEAN IN AREAS NEXT TO WALL, WACK-IN FREEZER	8/10
295	NC	*	SIDES OF GRILL NOT CLEAN	8/10
218	NC	*	SHELF COATING WORN IN 2 DOOR UPRIGHT REFRIGERATOR NEXT TO deep FRYER	9/3
(NOTE)			ASHMACHINE FINAL SANITIZATION TEMPERATURE 165°F (OK)	
(NOTE)		*	(1) 2 DOOR UPRIGHT REFRIGERATOR NOT IN USE	✓
(NOTE)		*	INTERNAL TEMPERATURE OF CHEESE CUT TOMATO IN LEXAN CONTAINERS ON TOP OF SMALL REFRIGERATOR IN FRONT AREA ~ 43°F NOT AT 41°F or LESS (RECOMMEND METAL PANS)	8/4
(NOTE)			1 SMALL FLY SEEN AROUND FRONT SOFT DRINK STATION	✓

Received by (name and title printed): Kate Hoover	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): <i>Kate Hoover</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Butter 8/28

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>BP Gas Station</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-25-23</i>	ID# <i>2654</i>
Establishment address <i>125 N Morton St. Franklin</i>	Owner	Follow-up <i>NFS.</i>	Release Date <i>9-5-23</i>
Owner address	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 3 R</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 ___ 2 ___ <u>X</u> 3 ___ 4 ___ 5 ___	
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>425</i>	<i>NC</i>		<i>mop not hung up to dry</i>	<i>9-1-23</i>
<i>430</i>	<i>NC</i>		<i>base board is missing in the following areas</i>	<i>9-25-23</i>
			<i>• by front counter</i>	
			<i>• along cabinets in old front counter area</i>	
<i>2131</i>	<i>NC</i>		<i>① 3 bay sink floor drain is soiled.</i>	<i>9-1-23</i>
			<i>② Restroom toilet is soiled</i>	
			<i>NOTE: Clean and organize the storage room where 3 bay sink is located & the walk-in cooler.</i>	

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): <i>Cass Hall / Caleb Fleener</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Cass Hall / Caleb Fleener</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Belem
8/17

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>Buffalo Wild Wings # 3342</i>	Telephone Number () Establishment	Date of Inspection <i>8/2/23</i>	ID# <i>2129</i>
Establishment address <i>1077 N. Emerson Ave. Greenwood IN 46143</i>	() Owner	Follow-up <i>Yes</i>	Release Date <i>8/12/23</i>
Owner	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>9</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 <i>Jon Jarragin</i>			
Responsible person's email			
Certified food handler <i>Amber Seal</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
399	NC	✓	① Kitchen floor tiles are missing	12-1-23
		✓	② Server areas need grout repair	L
218	NC	✓	① Inside of produce cooler door is rusty	10-1-23
		✓	② Inside top ceiling light in freezer is half working	L
431	NC	✓	① Floor soiled under kitchen mechanical dish machine	8/3/23
		✓	② Floor is soiled under server station areas	L
413	NC	✓	South exterior double doors not sealing at center bottom	8/15/23
324	NC		Hose attached to wall water line (in kitchen) not protected from back siphonage	8/12/23
402	NC		Cove base loose damaged near walk-in-freezer	9/5/23
324	NC		Vacuum breaker leaks at kitchen mechanical dish machine	8/8/23
430	NC		Door threshold loose for chicken	8/19/23

Received by (name and title printed):

Inspected by (name and title printed):

Jon Jarragin

Andrew Miller EHS

Received by (signature):

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Becky 8/29

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 Burger King # 844	Telephone Number (317) 881-2209	Date of Inspection 8/22/23	ID# 1658
Establishment address 714 US 31 S. Greenwood IN 46142	() Owner	Follow-up Yes	Release Date 9/1/23
Owner Carols, LLC	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>1</u> NC <u>8</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <input checked="" type="checkbox"/> 4 5	
Person in charge Sabrina Michel - Shift Supervisor			
Responsible person's email	ServSafe Exp: 9/29/25		
Certified food handler Joe Benedict			

• 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
295	NC	<input checked="" type="checkbox"/>	Guest area soda dispensing parts and ice shoot are soiled	Corrected ↓
336	C		A y-valve with shutoffs is installed downstream of the atmospheric vacuum breaker at the mop sink faucet.	9-1-23 ↓
430	NC	①	Northeast corner exterior flashing is loose above the round BK sign	9-8-23 ↓
		②	Self-closure device is loose on the back line	↓
218	NC		Mobile meat freezer top lid is damaged	9-8-23 ↓
295	NC		Walk-in cooler evaporator is soiled	9-1-23
309	NC		Mechanical exhaust fans appears not working in both restrooms	9-1-23 ↓
431	NC	①	Floor drain for guest area soda drain is heavily soiled	8/24/23 ↓
		②	Floors and walls soiled in kitchen	↓

Received by (name and title printed): Sabrina & Michel	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>Sabrina & Michel</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

