



**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
8/8*

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>Candlewood Suites</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/7/23</i>	ID# <i>1376</i>
Establishment address <i>1190 N. Graham Rd.</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up
Owner <i>GREENWOOD, IN</i>			Release Date
Owner address	Summary of Violations: C <u>0</u> NC <u>0</u> R _____		Menu Type (See back of page) 1 <u>X</u> 2 _____ 3 _____ 4 _____ 5 _____
Person in charge			
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

Received by (name and title printed): <i>+ Armani Amstead</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:



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Betsy
8/22

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 Chicago's Pizzeria	Telephone Number () Establishment () Owner	Date of Inspection 8-21-23	ID# 367
Establishment address 2 N SR 135	Owner	Follow-up -	Release Date 9-11-23
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 3 R	
Person in charge	Responsible person's email	Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Certified food handler Rhonda Perkins (9/2/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		① Flip top cooler door gaskets are soiled. ② Interior of ice machine is soiled.	
218	NC		Walk-in cooler door gasket is split/worn.	
295			Shelving racks by dish machine are soiled.	
431	NC		① Ceiling is soiled/dusty in dish area / prep area. ② Hood is soiled above oven.	

Received by (name and title printed): Makenzie Delph	Inspected by (name and title printed): CASSI ANN KEVIN R PAUL
Received by (signature): <i>Makenzie Delph</i>	Inspected by (signature): <i>Cassi Ann Paul</i>
cc:	cc:



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Bekm
8/7

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Establishment name (STAE) ORIGINAL CHICAGO PIZZA & CURRY	Telephone Number () Establishment () Owner	Date of Inspection 8/3/23	ID# 2495
Establishment address 153 HOLIDAY PLACE FRANKLIN, IN	Owner SINGH	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —
Owner address	Person in charge M KAUR	Release Date 8/13/23	Summary of Violations: C 1 NC 4 R
Responsible person's email	Certified food handler SINGH (SERVSAFE)	Menu Type (See back of page)	1 2 3 4 5

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Section #	C/NC	R	Narrative	To Be Corrected by
438	C	*	(2) SPRAY BOTTLES OF CLEANERS NOT LABELED	8/4/23
392	NC	*	OUTSIDE DUMPSTER LIDS NOT CLOSED	8/5
174	NC	*	SOME BULK FOODS CONTAINERS NOT LABELED AS TO CONTENTS	8/5
295	NC	*	INSIDE OF MICROWAVE NOT CLEAN	8/4
254	NC	*	DIGITAL TYPE (FOOD) THERMOMETER NOT ACCURATE (LOW BATTERY) / 0-220°F PROBE TYPE THERMOMETER NOT PROVIDED	8/5

Received by (name and title printed): Maninderjeet Kaur	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Maninderjeet K.	Inspected by (signature): Bob Smith
cc:	cc:



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*Belton
817*

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 CHILI'S	Telephone Number () Establishment () Owner	Date of Inspection 8/4/23	ID# 2292
Establishment address 2299 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 8/14/23
Owner Tony Sundheimer		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Tony Sundheimer			
Responsible person's email			
Certified food handler Tony Sundheimer ServSafe (exp. 3/23/25)			

• 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
325 324	NC	*	Hand Sink (1) HANDSINK FAUCET WORKS	8/21/23
322 218	NC	*	DOOR HINGE BROKEN LIQUOR COOLER IN BAR AREA	9/1
392	NC	*	LID NOT CLOSED ON OUTSIDE DUMPSTER	8/6
399	NC	*	KITCHEN - SOME AREAS - FLOOR TILE WORN, GROUTING LOOSE	11/1

Received by (name and title printed): Tony Sundheimer, Manager	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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Betsy
8/17

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Establishment name <i>Cherry Garden</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/16/23</i>	ID# <i>1289</i>
Establishment address <i>2710 South SR 135 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>8/26/23</i>
Owner <i>Jason Zhen Zhi Guo</i>		Summary of Violations: <i>C 1 NC 5 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 X 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Jason ✓</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
422	NC	-	PERSONAL ITEM (CELL PHONE) STORED IN PAN W/ FOOD ITEMS	CORRECTED
177	NC	-	FOOD ITEMS OBSERVED STORED ON THE FLOOR IN WALK IN FREEZER AND REFRIGERATOR NOT 6" OR MORE ABOVE THE FLOOR.	CORRECTED
430	NC	-	OBSERVED A LIGHT IN THE HOOD WAS NOT FUNCTIONING	8/19/23
236	NC	-	OBSERVED UTENSIL (KNIFE) BEING STORED IN AN UNPROTECTED AREA (SHEET PAN)	"CORRECTED"
324	C		OBSERVED SEWAGE BACKING UP ONTO THE FLOOR FROM THE HAND SINK DRAIN CONNECTION	
347	NC		OBSERVED NO PAPER TOWELS @ HAND SINK	CORRECTED
NOTE:			OBSERVED A LID STORED IN/ON HAND SINK ↳ HAND SINK IS FOR HAND WASHING ONLY.	

Received by (name and title printed): <i>Zhen Zhi Guo</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: <i>[Signature]</i>



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*Bekm
8/29*

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Establishment name <i>Circle K #4700066</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-28-23</i>	ID# <i>267</i>
Establishment address <i>200 W Main Cross St. Edinburgh</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date <i>9-8-23</i>
Owner		Summary of Violations: <i>C 0 NC 3 R</i>	
Owner address	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Mary Ann Howard (816/128)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>430</i>	<i>NC</i>		<i>DB Day Sink needs sealed to wall Walk-in cooler threshold is loose (door by hand sink)</i>	
<i>295</i>	<i>NC</i>		<i>Walk-in cooler shelving racks are soiled/rusty</i>	
<i>218</i>	<i>NC</i>		<i>Walk-in cooler ambient air temperature observed @ 43°F ↳ shall be 41°F or less</i>	
			<i>Notes: ① Observed a few flies ② Sanitizer solution for 3 Day sink should be 100 ppm - 200 ppm</i>	

Received by (name and title printed): <i>Stacey Ayers manager</i>	Inspected by (name and title printed): <i>Cassi Hall / Caleb Pleace</i>
Received by (signature): <i>Stacy Ayers</i>	Inspected by (signature): <i>Cassi Hall / Caleb Pleace</i>
cc:	cc:



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Betsy
8/3

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Establishment name COFFEEHOUSE 5	Telephone Number () Establishment () Owner	Date of Inspection 8/1/23	ID# 1813 2335
Establishment address 41 W MAURICE ST 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 8/11/23
Owner BRIAN PETERS		Summary of Violations: C <u>φ</u> NC <u>φ</u> R <u>-</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			
Responsible person's email			
Certified food handler LARA ARUNABALO exp?			

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Section #	C/NC	R	Narrative	To Be Corrected by
			No items to report	

Received by (name and title printed): Patricia Hughes	Inspected by (name and title printed): Kevin Poulos EHS / (B Sm) TH
Received by (signature): <i>Patricia Hughes</i>	Inspected by (signature): <i>Kevin Poulos</i> Bob Smith
cc:	cc:



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Belen 8/17

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Establishment name <i>COFFEE HOUSE FIVE</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/13/23</i>	ID# <i>1813 1813</i>
Establishment address <i>323 MARKET PLACE 46142</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <i>8/13/23</i>
Owner <i>BRIAN & MICHELLE PETERS</i>		Summary of Violations: <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 x 3 4 5</i>	
Person in charge <i>HEIDI JENSEN</i>			
Responsible person's email			
Certified food handler <i>HEIDI JENSEN exp. 7/5/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>291</i>	<i>NC</i>		<i>- DID NOT OBSERVE CHEMICAL TEST STRIPS FOR TESTING SANITATION SOLUTION IN 3-BAY AND/OR DISH MACHINES</i>	<i>8/13/23</i>

Received by (name and title printed): <i>K HEIDI JENSEN</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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Billy
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 COURT STREET CAFE'	Telephone Number () Establishment () Owner	Date of Inspection 8/9/23	ID# 2232
Establishment address 39 E 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 S YOUNG		Summary of Violations: C 0 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Sherry Young			
Responsible person's email			
Certified food handler Sherry Young (SOLUSATE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC	→	TOILET SEAT NOT OPEN FRONT TYPE	8/20/23
256	NC	→	THERMOMETER NOT SEEN IN CHEST FREEZER	8/14
228	NC	→	LARGE UPRIGHT REFRIGERATOR UNITS NOT EASILY MOVEABLE	9/9
218	NC	→	(1) LARGE UPRIGHT REFRIGERATOR - DOOR GASKET/SEAL WORN, SPLIT	9/9
410	NC	→	KITCHEN CEILING LIGHTS - (1) IS OUT	9/11
411	NC	→	SOME LIGHTS - PROTECTIVE END CAPS NOT INSTALLED	
138	NC	→	EMPLOYEES IN KITCHEN - HAIR RESTRAINTS (NET, CAPS, VISORS) NOT WORN	8/14
		→	MECHANIC DISAMBIING HOT WATER SANITIZATION TEMPERATURE ADEQUATE - 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 168°F)	OK

Received by (name and title printed): Sherry Young OWNER	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Best
8/14*

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>Culver's Greenwood</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/9/23</i>	ID# <i>2171</i>
Establishment address <i>1142 N Emerson Ave Greenwood IN 46143</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>8/19/23</i>
Owner <i>Mike Flosi</i>		Summary of Violations: <i>C 1 NC 5 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>John Swocke</i>	<i>(See Safe Exp: 2024)</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		<i>a y-value with shut offs is installed downstream of the atmospheric vacuum breaker (AVB)</i>	<i>10/9/23</i>
295	NC		<i>(1) Interior drop plate soiled on large ice maker (2) Drain line for guest area soda station is soiled</i>	<i>8/10/23 Corrected</i>
431	NC		<i>Floor soiled under drive thru soda bin ice bin</i>	<i>8/10/23</i>
430	NC		<i>One ceiling light bulb dome cover contains ice/water inside walk-in-freezer</i>	<i>8/22/23</i>
187	C		<i>Chocolate Milk and 1% 2ofat Milk in one pint containers contained an internal temperature of 47°F to 48°F while inside the "get counter" cooler at front serving line</i>	<i>Corrected Vol. Discarded</i>
309	NC		<i>Mechanical exhaust in public restrooms were not</i>	<i>8/10/23</i>

Received by (name and title printed): <i>John Schocke General Manager</i>	Inspected by (name and title printed): <i>working Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Belman
8/8

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Establishment name PIZZES 2	Telephone Number () Establishment () Owner	Date of Inspection 8/7/23	ID# 2524
Establishment address 1071 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 8/17/23
Owner DENNIS BELMAN		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page)	
Person in charge PHILIP LADD		1 2 3 4 5	
Responsible person's email			
Certified food handler PHILIP LADD			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	✓	WATER DRIPPING INTO PAN FROM BOTTOM OF 2 DOOR REFRIGERATOR IN KITCHEN	8/14/23
218	NC	✓	DOOR GASKET WORN/SPLIT ON 2 DOOR REFRIGERATOR IN KITCHEN	9/7
229	NC	✓	SOME PLASTIC SPATULAS WORN	discarded 8/7
256	NC	✓	THERMOMETER NOT SEEN IN REFRIGERATOR NEXT TO FREEZER IN KITCHEN	8/15
399	NC	✓	CEILING PANEL MISSING IN STOCK AREA	8/15
431	NC	✓	EMPLOYEE RESTROOM → EXHAUST FAN COVER NOT CLEAN	8/14
			NOTE: WALK IN REFRIGERATOR DOES NOT SHUT COMPLETELY	

Received by (name and title printed): Philip Ladd	Inspected by (name and title printed): Bob Smith BBS
Received by (signature): <i>Philip Ladd</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Beim
8/8

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Establishment name Demaree Crossing	Telephone Number () Establishment () Owner	Date of Inspection 8/7/23	ID# 2142
Establishment address 1255 Demaree Rd Greenwood IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 8/17/23
Owner Experience Senior Living		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Erin Beiriger	(SenSafe Exp)		
Responsible person's email			
Certified food handler Roger Disher 8/2/23			

• 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
431	NC		Floor soiled under mechanical dish machine near cove base	8/7/23 ↓
324	NC		A y-value with shutoffs is installed downstream of the atmospheric vacuum breaker at the mop sink faucet. No shutoffs are allowed downstream of AVB.	- 8/17/23 Use pump units/ remove y valve
430	NC		Janitor closet door, on exterior side, is peeling paint	8/19/23 ↓
295	C		Globe table slider, noted clean, was soiled	8/7/23 ↓
411	NC		One ceiling light unit was not working inside the walk-in freezer	9/7/23 ↓
430	NC		D walk-in freezer interior door frame/seal contains ice build-up.	10/7/23 ↓

Received by (name and title printed):
Erin Beiriger, Executive Director

Inspected by (name and title printed):
Andrew Miller, EHS

Received by (signature):
Erin M. Beiriger

Inspected by (signature):
Andrew Miller

cc:

cc:

cc:



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Baker
8/30

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 Denny's	Telephone Number () Establishment () Owner	Date of Inspection 8/15/23	ID# 836
Establishment address 1253 S. Park Blvd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 8/25/23
Owner Greenwood, IN		Summary of Violations: C <u>0</u> NC <u>2</u> R	
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 Craig Predmore			

- 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
239	Hc		Food scoops [ice cream] not stored properly - Water temperature is not 155°F	8/15/23
216	Nc		proper racks are not used for storing boxes of single-service items. [Don't use bread racks!]	8/25/23
			- Kitchen is very clean -	

Received by (name and title printed): x Alexis Baker	Inspected by (name and title printed): Kerry D Bayless
Received by (signature): x [Signature]	Inspected by (signature): [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

BKM
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 Desperation Depot	Telephone Number () Establishment () Owner	Date of Inspection 8-24-23	ID# 2028
Establishment address 3522 S US 31 Franklin 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9-4-23
Owner Tammy Swallows		Summary of Violations: C 3 NC 14 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge Samantha Garrett			
Responsible person's email			
Certified food handler None (Tammy Swallows Expired)			

• 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
187	C		Breading for tenderloins stored at room temperature measured 80°F.	Corrected
187	C		The following internal product temperatures were measured inside the walk-in-cooler ① Taco meat 44°F ② White Castle Meat 44°F ③ Raw Shelled Eggs 45°F to 47°F ④ Ground 2% Milk 48°F ⑤ Sour Cream 45°F ⑥ Sliced Cheese 45°F to 46°F	Adjusted unit temp. Vol. Discarded food items
112	NC	✓	Various kitchen and refrigeration units/freezer units are not NSF/ANSI approved	12/1/23
295	NC	✓	Bar soda gun soiled + exterior of deep fryers	Corrected
431	NC	✓	Kitchen walls/floors soiled	9-1-23
255	NC	✓	Ambient air thermometer center	8-24-23

Received by (name and title printed): Samantha Garrett	Inspected by (name and title printed): Andrew Miller, ERS
Received by (signature): <i>Samantha Garrett</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: <i>Cassandra</i>

NARRATIVE REPORT Franklin

Establishment Name			Address	Inspection Date
Desperation Depot			3522 SUS 31 ^{IN} 46131	8-24-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			temperature indicator was missing	↓
385	NC	✓	Dumpster lid open/up	8/24/23
413	NC	✓	East exterior doors not tight-fitting	9-1-23
218	NC		Chest freezer interior lid cracked in basem	
411	NC		Basement	
324	NC	✓	Hot water temperature in men's restroom was 133°F	8-25-23 ↓
431	NC		Mechanical exhaust hood system and filters were soiled. Last date of cleaning of hood was "11/22"	9-1-23 or ASAP
310	NC		West exterior mechanical exhaust bell is heavily soiled and spent grease was noted on the ground on grass.	9-1-23 or ASAP ↓
228	NC		Metal table with flat top grill not easily movable (i.e. wheels/casters).	12-1-23 ↓
441	C	①	Observed 2 cans of "Raid ant and roach" spray in kitchen ↳ label on bottle stated for indoor household use	Corrected Vol. Discarded
		②	Observed 1 can of "Raid flying insect" spray ↳ label stated for residential use	↓
177	NC		Walk in cooler bottom shelving racks, not 6" off floor	9-1-23 ↓
218	NC		Walk-in cooler door (that opens to outside) not tight fitting ↳ observed day light	8-26-23 ↓
411	NC		Observed a few light bulb in downstairs storage area (where chest freezer is located)	9-1-23 ↓
218	NC		Interior of chest freezer lid (1st one located in downstairs storage room) in disrepair. (thermometer is needed) Notes: ① Two plastic spray bottles not labeled	12-1-23 replace Corrected
		②	K Style Fire Exterior tag read "June 21"	

Received By (Name & Title)

Lamartha Smith

Inspected By (Name & Title)

Andrew Miller

Page 2 of 2

Callie



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

*beta
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 DMG PETROLEUM	Telephone Number () Establishment () Owner	Date of Inspection 8/10/23	ID# 2402
Establishment address 237 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 8/20/23
Owner I SINGH, K DEOL		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2* 3 4 5	
Person in charge SANJIV KUMAR			
Responsible person's email			
Certified food handler N/A			

• 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
291	NC	✓	CHEMICAL TEST PAPERS FOR CHLORINE NOT PROVIDED (BLEACH)	8/20/23
324	NC	✗	3 COMPARTMENT SINK FAUCET - LEAK NOTED	8/20
324	NC	✗	RESTROOM - TOILET SEAT NOT OPEN FRONT TYPE	8/20
411	NC	✗	WALK-IN COOLER PASS THRU - FLUORESCENT LIGHTS are some are out	8/30
WOC		✗	ICE CREAM FREEZER (ICE BUILT UP INSIDE)	

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

*Bekki
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>Dollar General #4364</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-28-23</i>	ID# <i>1075</i>
Establishment address <i>8835 US Highway 31</i>	Owner <i>Edinburgh</i>	Follow-up <i>-</i>	Release Date <i>9-8-23</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (<i>See back of page</i>)	
Person in charge		<i>1 2 X 3 4 5</i>	
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>430</i>	<i>NC</i>		<i>many ceiling tiles are damaged ↳ appears to have water damaged.</i>	
<i>414</i>	<i>NC</i>		<i>South emergency exit door not protected from potential rodents ↳ daylight was observed. Front doors not protected from potential rodents rodents ↳ daylight observed.</i>	

Received by (name and title printed): <i>Kari Lee MC</i>	Inspected by (name and title printed): <i>Cassi Hall / Caleb Fleener</i>
Received by (signature): <i>Kari Lee MC</i>	Inspected by (signature): <i>Cassi Hall / Caleb Fleener</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
817

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 Dollar General #1572	Telephone Number () Establishment () Owner	Date of Inspection 8-7-23	ID# 1077
Establishment address 1872 Northwood Plaza Franklin 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8-17-23
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 X 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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
430	NC		<p>① Floor is damaged in back storage room by emergency exit door.</p> <p>② Ceiling is damaged in employee restroom</p> <p>③ Ceiling tile is missing @ the end of aisle 19 and 21</p> <p>↳ ceiling tiles near this area appears to have water damage (aisle 19)</p>	
295	NC		<p>Bottom of 2 door "Dairy" cooler in back storage room is soiled.</p> <p>Note: observed 1/2 build up in 2 door true freezer</p>	

Received by (name and title printed): Joyce Jones	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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
8/14

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 Dollar General #11257	Telephone Number () Establishment () Owner	Date of Inspection 8-11-23	ID# 1367
Establishment address 783 Nathan Dr. Trafalgar 46181	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 8-21-23
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC 4 R	
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			

- 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		① "Frozen" reach in cooler (with pizza) door gasket is split/worn ② Dairy cooler in back storage room door gasket is split/worn.	8-25-23
414	NC		Back exterior emergency exit door, not protected from potential rodents ↳ day light was observed.	9-11-23
430	NC		① Ceiling tile (aisle 13) is missing. ② Ceiling tile next to missing tile appears to have water damaged.	8-25-23
413	NC		front exterior door appears not self closing. ↳ left door bottom glass window is very damaged. Doors not tight fitting	
			Note: front doors left open.	

Received by (name and title printed): Patricia A Wells	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>Patricia A Wells</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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*Belmont
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>Dollar General #18340</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-28-23</i>	ID# <i>2119</i>
Establishment address	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>9-8-23</i>
Owner		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
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>414</i>	<i>NC</i>		<i>Back storage room emergency exit door not protected from potential rodents ↳ day light was observed ↳ appears not tight fitting</i>	
<i>351</i>	<i>NC</i>		<i>Observed no covered waste receptacle in women's restroom</i>	
			<i>Note: restroom vents are dusty/soiled.</i>	

Received by (name and title printed): <i>SUSAN EARLY</i>	Inspected by (name and title printed): <i>CASSI HALL / Caleb Fleener</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

*Belem
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 DOLLAR GENERAL	Telephone Number () Establishment () Owner	Date of Inspection 8/10/23	ID# 2332
Establishment address 155 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 8/20/23
Owner KIM HOWSE		Summary of Violations: C <u>0</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> </u> 5 <u> </u>	
Person in charge KIM HOWSE			
Responsible person's email			
Certified food handler N/A			

• 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	MC	<input checked="" type="checkbox"/>	THERMOMETERS NOT SEEN FOR (ICE CREAM) FREEZER (FREEZER), (CHEESE/STAVSA) REFRIGERATION UNIT IN FRONT, AND FREEZER UNIT IN STOCK ROOM	8/14/23
431	MC	<input checked="" type="checkbox"/>	(1) RESTROOM - CEILING MECHANICAL EXHAUST COVER NOT CLEAN	8/14

Received by (name and title printed): * Kim Howse S. Mgr	Inspected by (name and title printed): Bob SMITH EHS
Received by (signature): <i>* Kim Howse</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

Perkins 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>Dollar Tree</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-4-23</i>	ID# <i>1786</i>
Establishment address <i>2239 N Morton St Franklin 46131</i>	Owner	Follow-up <i>-</i>	Release Date <i>8-14-23</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 2 R</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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>324</i>	<i>NC</i>		<i>Observed a leak @ mop sink faucet</i>	
<i>177</i>	<i>NC</i>		<i>Observed food products stored on inverted Coca-Cola crates. appears not 6" off floor.</i>	
			<i>Note: dumpster lid needs closed.</i>	

Received by (name and title printed): <i>Sherry Farris</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>Sherry Farris</i>	Inspected by (signature): <i>Cassi 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

Refer 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 Domingos Pizza #2541	Telephone Number () Establishment () Owner	Date of Inspection 8-22-23	ID# 1845
Establishment address 1713 N Morton St Franklin IN 46131	Owner	Follow-up -	Release Date 8-2-23
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler Sarah Lavelly (1/14/28) exp.			

- 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
430	NC		employee restroom exhaust fan appears not functioning	
			Note: few small flies observed.	

Received by (name and title printed): * Sarah Lavelly	Inspected by (name and title printed): Cassie Hall
Received by (signature): * Sarah Lavelly	Inspected by (signature): Cassie Hall
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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berry 8/22

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 Dye's Walk	Telephone Number () Establishment () Owner	Date of Inspection 8-21-23	ID# 1628
Establishment address 2080 S SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9-1-23
Owner		Summary of Violations: C 4 NC 7 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 Email by 8-22-23 by 4:30 p.m.			

• 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
187	C		Observed the following internal food temperatures inside "salad" flip top cooler (1) ham @ 48°F (2) fruit @ 48°F (3) sliced cheese @ 48°F (4) eggs @ 85°F (5) gravy @ 44/46°F (6) pork slow @ 43°F Observed ambient ambient air temperature @ 47°F	Discard all p. HF
187	C		Observed the following internal food temperatures inside walk-in cooler (1) meat loaf @ 45 made 8/20/23 (2) milk @ 45°F (3) rice @ 47 date marked 8/16/23 (4) gravy @ 47°F (5) raw shelled egg @ 47°F Observed ambient air temperature @ 42°F	

Received by (name and title printed): Joel Saxton	Inspected by (name and title printed): Kevin R. Fuller / Cassi Hall
Received by (signature): <i>Joel Saxton</i>	Inspected by (signature): <i>Kevin R. Fuller / Cassi Hall</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name		Address		Inspection Date
Die's Walk		2090 S SR 135 ^{Greenwood} 46143		8-21-23
Section#	C/NC R	REMARKS	TO BE CORRECTED BY	
336	C	mop sink appears to not have an approved back siphonage	9/5/23	
191	C	Observed no date marks on ready to eat P.H.F products	8-21-23	
295	NC	Wald slicer is soiled. Many shelving units are soiled rusty	9/11/23	
218	NC	<ul style="list-style-type: none"> ① Observed 3 damaged fryer baskets ② 2-door flip top cooler "salad" right door gasket is split/worn. ③ Observed walk-in freezer ambient air temperature @ 18° not 0° or less → observed ice build up ④ "true" stand up cooler door gasket is split/worn. ⑤ Stove is missing 2 knobs ⑥ Flat top grill is missing all knobs. 	Corrected	
431	NC	Walk-in freezer floor is soiled		
430	NC	Walk-in cooler door not tight fitting		
198	NC	Observed meat thawing in one day sink without continuous water		
346	NC	Observed no hand soap @ employee restroom hand sink		
347	NC	Observed no paper towels @ employee hand sink & hand sink by fryer		
Received By (Name & Title)		Inspected By (Name & Title)		Page 1 of 2
				