



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
9-27

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 CHICAGO'S PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 9/26/23	ID# 1131
Establishment address 1047 W JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine	Follow-up —	Release Date 10/5/23
Owner MORRIS	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>4</u> R <u> </u>	
Person in charge BETH MORRIS	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u> </u> 2 <u> </u> 3 <u>3</u> 4 <u> </u> 5 <u> </u>	
Certified food handler MATT ALLEN (SERVSAFE)	6. HACCP		
	7. Other (list)		

- 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	*	PIZZA PREPARATION REFRIGERATOR DOOR GASKET WORN/SPLIT	10/20/23
256	NC	*	THERMOMETER NOT SEEN IN PIZZA PREPARATION REFRIGERATOR	9/30
228	NC	*	LARGE REFRIGERATOR ACROSS FROM SALAD BAR NOT EASILY MOVABLE	10/30
431	NC	A	RESTROOM CEILING EXHAUST COVERS NOT CLEAN, some CEILING DUSTY IN KITCHEN	9/30

Received by (name and title printed): Beth Morris	Inspected by (name and title printed): Bob Smith EXT
Received by (signature): <i>Beth Morris</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

Belm
9-18

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>Chick-fil-A</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-13-23</i>	ID# <i>179</i>
Establishment address <i>1251 US 31</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>9-23-23</i>
Owner		Summary of Violations: <i>C</i> <input checked="" type="checkbox"/> <i>NO</i> <input checked="" type="checkbox"/> <i>R</i> <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page) <i>1</i> <input type="checkbox"/> <i>2</i> <input type="checkbox"/> <i>3</i> <input checked="" type="checkbox"/> <i>4</i> <input type="checkbox"/> <i>5</i> <input type="checkbox"/>	
Person in charge			
Responsible person's email			
Certified food handler <i>Rick Johnson Exp 8-25-28</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>Note: few observed a few small flies</i>	<i>Belm</i>

Received by (name and title printed): <i>Lindsey Knies</i>	Inspected by (name and title printed): <i>Caleb Plesner</i>
Received by (signature): <i>Lindsey Knies</i>	Inspected by (signature): <i>Belm</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

Health @ Co. Johnson, in. us

Betm
9/13

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>Coffeehouse five Bargersville</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-13-23</i> <i>1 pm</i>	ID# <i>2656</i>
Establishment address <i>10 Plummer Ave 46106</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
Owner <i>Peters</i>		Summary of Violations: <i>C 1 NC 2 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Hannah</i>		<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"
- 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
200	C		Dish machine (Low-temp, Chlorinated Sanitizer) does not appear to be sanitizing. ① OK to wash in dish machine - * then * Sanitize dishes in 3-bay sink ② Check Sanitizer level in machine daily * Keep a Log * Also teach employees how to check sanitizer level.	9-13-23
139	C not etc		Observed health claims on packets of tea - Health Claims shall be reviewed by the FDA Tea shall have address where packaged and the weight.	
191	C em		Sliced cheese not date marked in flip top deli	
430	NC		Vinyl base cone not provided on "Stout five" display shelf wall	
234	Ne		Ice scoop stored on top of ice maker Recommend placing a tray under scoop to easily clean	

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

You may make written comments - mail, fax, email



**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

*Back
9-25*

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 Dave & Busters	Telephone Number () Establishment () Owner	Date of Inspection 9-20-23	ID# 2338
Establishment address 1251 N US31 46142	Purpose: 1. Routine	Follow-up No	Release Date 9-30-23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u>X</u>	
Certified food handler	6. HACCP		
	7. Other (list)		

- 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
190	NC		Observed pre-wrapped / portioned, cooked chicken in walk-in cooler, dated marked today "9-20-23" 1:48pm @ 50°F @ 2:30pm. Cooked chicken shall not be tightly wrapped until completely cooled to 41°F or less.	9-20-23
402	NC		Floor not cleaned, nor easily cleanable due to storage rack less than 6" off the floor (silver ones) in beer cooler note: Hang mops to dry - Do not keep in mop bucket. Dish machines appear to be adequately sanitizing @ the time of inspection.	9-21-23

Received by (name and title printed): Alex Ventura	Inspected by (name and title printed): Elizabeth Schultze
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

*Becky
9/29*

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</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-29-23</i>	ID# <i>1779</i>
Establishment address <i>1190 N S.R. 135 Greenwood 46142</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>10-9-23</i>
Owner		Summary of Violations: <i>C / NC 4 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>X</u> 2 3 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
<i>430</i>	<i>NC</i>		<i>Observed missing/broken floor tiles throughout store</i>	
<i>435</i>	<i>NC</i>		<i>Bottom of Dairy cooler in back storage room is soiled</i>	
<i>414</i>	<i>NC</i>		<i>Back storage room emergency exit door NOT protected from potential rodents ↳ daylight was observed</i>	
<i>218</i>	<i>NC</i>		<i>The following lights were observed at: ① Frozen food freezer ② fresh food cooler (with milk)</i>	
<i>431</i>	<i>NC</i>		<i>Floor under equipment is soiled ↳ under coolers, etc. Note: Make sure thermometers are easily seen</i>	

Received by (name and title printed): <i>Shaunda Goings ASM</i>	Inspected by (name and title printed): <i>Caleb Fleenor</i>
Received by (signature): <i>Shaunda Goings</i>	Inspected by (signature): <i>Caleb Fleenor</i>
cc:	cc: <i>Cass</i>



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

Billy
9-29

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 Domino's Pizza #2544	Telephone Number) Establishment) Owner	Date of Inspection 9-26-23	ID# 1847
Establishment address 1211 N. Madison Ave Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 10-06-23
Owner		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> </u> 5 <u> </u>	
Person in charge Phillip Pugh			
Responsible person's email			
Certified food handler State Food Safety (Chris Rogers 6/14/28)			

- 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
336	C		Map sink faucet with atmospheric vacuum breaker (AVB) contained a y-value with shut off valves and a chemical wall dispenser	12-1-23
413	NC		Some exterior doors are not sealing at the bottom	10-30-23
218	NC		One door seal on pizza prep table (on far right) is split/torn	10-26-23
			Notes: Storage closet needs organized.	

Received by (name and title printed): Phillip Pugh	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>Phillip Pugh</i>	Inspected by (signature): <i>Andrew Miller</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

Belm
9-13

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 1001 EL PUEBLO	Telephone Number () Establishment () Owner	Date of Inspection 9/11/23	ID# 2038
Establishment address 1904 NORTHWOOD DR. 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 9/21/23
Owner VANESSA AGUIRRE		Summary of Violations: 1 C 1 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge GABRIEL MIRELES			
Responsible person's email			
Certified food handler GABRIEL MIRELES			

- 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		WARMER UNIT, NOT ON / NOT FUNCTIONING TEMPERATURE (INTERNAL) OF PRECOOKED RICE 124°F NOT AT 135°F OR MORE TEMP / TEMPERATURE CHART, DISCARD TEMP CHART NOT PROVIDED	corrected 9/11
309	NC	(2)	FRONT RESTROOMS - MECHANICAL EXHAUST NOT FUNCTIONING	9/21
207	NC	(2)	BOTTOM SHELF OF METAL TABLE IN KITCHEN CLOSE TO FLOOR - LESS THAN 6 INCHES	9/21
218	NC	(1)	DOOR GASKET/SEAL WORN, SPLIT ON KITCHEN 3 DOOR REFRIGERATOR ACROSS FROM GRILL	10/11
399	NC	(1)	SOME FLOOR TILE WORN IN KITCHEN	11/11
295	NC	(1)	WATER PONDING INSIDE BASE OF 2 DOOR REFRIGERATOR IN KITCHEN	9/21
239	NC	(1)	BOXES OF STYROFOAM SERVICE ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	9/13
431	NC	(1)	BACK WORMS RESTROOM RESTROOM FAN COVER	9/21
411	NC		NOT CLEAN / LIGHT INTENSITY NOT ADEQUATE	

Received by (name and title printed): Jesus Mirales	Inspected by (name and title printed): Bob SMITH EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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

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

Belsm 9-29

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>El Toro</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-25-23</i>	ID# <i>2603</i>
Establishment address <i>Ste A Greenwood, IN 172 Melody Lane 46142</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>10-5-23</i>
Owner	Summary of Violations: <i>C 5 NC 13 R</i>	Menu Type (See back of page)	
Owner address		<i>1 2 3 4 ✓ 5</i>	
Person in charge <i>Miguel Delgado</i>	Responsible person's email <i>SenSafe Exp</i>	Menu Type (See back of page)	
Certified food handler <i>Miguel Delgado</i>		<i>3/24/27</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
294	C		Bar mechanical dish machine contained approximately 10 ppm of Chlorine	Corrected
415	C		Live what appeared to be cockroaches were seen in the following locations ① Inside bottom cabinet for server soda station ② Near electrical boxes and metal framing for kitchen refrigeration units ③ Inside inverted Molcajete bowls at kitchen dish area	Called Pest Control during inspection
109	C		The firm was ordered to close at approximately 1:10pm due to a gross insanitary occurrence	9-25-23
346	NC		No hand soap was available at the bar and East kitchen	Corrected

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

NARRATIVE REPORT

Ste A Greenwood IN

Establishment Name			Address	Inspection Date
El Toro			172 Melody Lane #6142	9-25-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
347	NC		hand sink including no paper towels at either sink	Corrected Corrected ↓
336	C		Mop sink with an atmospheric vacuum breaker (AVB) contained a hose with spray nozzle under continuous pressure	Remove 9-25-23 ↓
413	NC		Front/main exterior doors are not tight-fitting at center bottom when closed	10/15/23 ↓
430	NC		Walls in prep area, kitchen and dish area are peeling white paint off the FRP.	12-1-23 ↓
399	NC		Film under two bay sink and near East kitchen hand sink are missing	10/15/23 ↓
324	NC	①	Hand sink leaking at West kitchen wall	9/30/23 ↓
		②	Drain pipe leaking under back room three bay sink	↓
430	NC		Womens restroom soap dispenser is off the wall	9-28-23 ↓
310	NC		Film was cooking without kitchen mechanical exhaust filters installed and they are not tight-fitting (i.e. contain gaps)	Corrected ↓
295	NC	①	Dead rat that appeared cockroach was on prep table in preparation room and back of kitchen prep cooler	9-25-23 ↓
		②	Inside top and ice bin drop plate are soiled	↓
385	NC		Dumpster lid open and lacked a drain plug	9-25-23 10-3-23
431	NC		Floors, walls are soiled in various areas	9-25-23 ↓
218	NC		Bar mechanical dish machine temperature gauge was stuck on ~100°F.	9-26-23 ↓
Received By (Name & Title)			Inspected By (Name & Title)	Page <u>2</u> of <u>3</u>
X 			Andrew Miller EHS	

NARRATIVE REPORT Ste A

Establishment Name El Toro			Address 172 Melody Lane NW Greenwood		Inspection Date 9-25-23
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
415	C		Two live flies were seen on a bottle of honey with one fly noted on the opened top. (area/spout of the container)		9-25-23
324	NC		Strong sewer gas smelled noted in mop room.		9-25-23 Dry Trap?
<p>Notes:</p> <ul style="list-style-type: none"> ① Last pest control visit was 9-15-23 ② Pest control to arrive this evening (9-25-23) ③ Hood cleaning company to clean kitchen mechanical exhaust exhaust AM on 9-25-23 * ④ Firm can only re-open after given health department approval 					
Received By (Name & Title)			Inspected By (Name & Title)		Page <u>3</u> of <u>3</u>
<i>[Signature]</i>			Andrew Miller, EHS		



**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

Bibb
10/3

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 GET GO	Telephone Number () Establishment () Owner	Date of Inspection 9/27/23	ID# 2206
Establishment address 2132 US 31 Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 X 3 4 5	
Responsible person's email			
Certified food handler X Melissa Pyles			

- 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		Tops of the drink dispensing equipment are ^{are} dirty	9/30/23
256	NC		No thermometer was noted in the fresh fruit display cooler.	9/30/23 corrected
431	NC		The floor drain directly under the 3-bay sink is soiled.	↓

Received by (name and title printed): Elizabeth Bibb Assistant Storelead	Inspected by (name and title printed): Terry Dayless
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

Bekah
A-13

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>Geri Girl Bakery</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/6/23</i>	ID# <i>2381</i>
Establishment address <i>109 W. Main Cross St. IN Edinburgh</i>	Owner <i>Carrie Davies</i> <i>46124</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>9/16/23</i>
Owner address	Person in charge <i>Carrie Davies</i>	Summary of Violations: C <u>0</u> NC <u>7</u> R	
Responsible person's email <i>SenSafe Exp</i>	Certified food handler <i>Carrie Davies</i> <i>9/25/28</i>	Menu Type (See back of page) 1 2 <input checked="" type="checkbox"/> 3 4 5	

- 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
352	NC		Employee restrooms door not self-closing	12-1-23 L
324	NC		Three bay sink contains no direct drain lines	12-1-23 L
399	NC		Kitchen ceiling is textured and not smooth and easily cleanable	12-1-23 L
355	NC		Firm does not have a mop sink (designated)	12-1-23 L
190	NC		Three previously cooked whole chickens cooling inside containers at room temperature measured 90°F.	Corrected L
112	NC		RCA countertop dishwasher (model ROW 3208-B) is not NSF/ANSI approved. Maximum rinse temperature of this unit is 68°C or 154.4°F per manual.	10-6-23 Must achieve 160°F L
404	NC		Cove base is missing behind restroom sink	10-6-23

Received by (name and title printed): <i>Carrie Davies Owner</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Carrie Davies</i>	Inspected by (signature): <i>Andrew Miller</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

Belm
9-18

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 Gordon Food Service	Telephone Number () Establishment () Owner	Date of Inspection 9-13-23	ID# 648
Establishment address 790 N US 31 Greenwood 46142	Owner	Follow-up -	Release Date 9-23-23
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 2 R	
Person in charge		Menu Type (See back of page) 1 2 X 3 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		The following door gaskets are split/worn. ① Walk-in cooler display door, where meatballs are stored. ② Walk-in cooler display door, where sliced cheese is stored.	
441	NC		Observed a few lights out in walk-in cooler.	

Received by (name and title printed): Shonda Smith - Store Manager	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>Shonda Smith</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

Beth
9-29

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>Green Singer</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-27-23</i>	ID# <i>2123</i>
Establishment address <i>1675 W. Smith Valley Rd Greerwood IN 46142</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>10-7-23</i>
Owner <i>Celina Lin</i>		Summary of Violations: <i>C 2 NC 11 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Celina Lin</i>			
Responsible person's email <i>(SenSafe)</i>			
Certified food handler <i>Celina Lin (Exp: 3/25/27)</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
228	NC		Beer cooler, at register area, is not easily movable and the compressor was heavily soiled	11-27-23
295	NC		Wash gauge on mechanical dish machine I read approximately 100°F	Corrected
283	NC		Dish racks were stored on the floor	10-3-23
234	NC		Spatula for white rice was stored in 76°F water	10-8-23
291	NC		No Quat test strips provided	Corrected
324	NC		Piping leak noted a three bay sink connection (faucet)	10-1-23
216	NC		Aluminum foil and cardboard is used as shelving liners	10-8-23
218	NC		Kitchen has sink is bent down (the basin)	9-28-23
			Refrigeration door gaskets are not torn/split	Remove
245	NC		Wet rags for kitchen were not stored in sanitizer	10-27-23
				Repair
				10-27-23
				Corrected

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):


cc:

cc:

cc:

NARRATIVE REPORT

Greenwood IN

Establishment Name			Address	Inspection Date
Green Ginger			1675 W. Smith Valley Rd ⁴⁶¹⁴²	9-27-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		Four round cooking baskets were worn and contained extra wires (metal)	10-8-23 replace ↓
431	NC		Kitchen mechanical exhaust hood system is soiled	10-3-23 ↓
443	C		Wiping cloth solution in sushi area was approximately 10 ppm	Corrected ↓
187	C		The following internal product temperatures were measured at 1:27 pm inside the walk-in-coolers to ① Tofu 44°F ② Raw beef 47°F ③ Raw shelled eggs 48°F * The ambient air temperature of this unit was 52°F at 1:28 pm Owner stated walk-in-cooler was around 41°F at approximately 16:45 am	Moved products to other coolers Called for emergency repair firm needs to monitor closely
Note: Please wash curtains that are in doorway to kitchen				
Received By (Name & Title)			Inspected By (Name & Title)	
			Andrew Miller, EHS	
			Page 2 of 2	



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
9-27

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 HomeTown NUTRITION	Telephone Number () Establishment () Owner	Date of Inspection 9/25/23	ID# 2395
Establishment address 33 South 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 10/4/23
Owner		Summary of Violations: C <u>1</u> NC <u>2</u> R <u> </u>	
Owner address	Menu Type (See back of page) 1 <u>2</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Person in charge MADISON SNYDER			
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
256	NC	X	THERMOMETER NOT SEEN IN SMALL REFRIGERATOR WHICH IN WHICH EGGS STORED	10/4/23
431	NC	X	RESTROOM CEILING FAN COVER NOT CLEAN	10/4
336	C	X	SPRAY NOZZLE/HOSE ATTACHED TO MOP SINK FAUCET ANTI-DEVICE NOT ADEQUATE FOR CONTINUOUS PRESSURE APPLICATIONS, ALSO AT 3 COMPARTMENT SINK	10/10

Received by (name and title printed): Madison Snyder, employee	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): <i>M. Snyder</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
9-29

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>Independence Village of Greenwood</i>	Telephone Number Establishment () Owner	Date of Inspection <i>9-27-23</i>	ID# <i>2436</i>
Establishment address <i>2339 S.S.R.135 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>10-7-23</i>
Owner		Summary of Violations: <i>C 2 NC 16 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Karen Rumpel</i>			
Responsible person's email			
Certified food handler <i>Jonathan Boyance</i>	<i>SenSafe Exp. 1/28/28</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
309	NC		Excessive steam build-up in dish area and overflowing into the kitchen area	9-30-23 or ASAP I
413	NC	✓	North hallway doors leading to dumpsters are not sealing at the center bottom	9-30-23 I
324	NC		Three bay faucet, on left is loose	10-3-23
227	NC		and the unit needs sealed to the wall	10-3-23
336	C		Mop sink faucet with atmospheric vacuum breaker (AVB) contains a hose to a wall chemical dispenser	11-23-23 I
277	NC		Pressure gauge on mechanical dish unit not between 15-25 PSI.	10-3-23 I
295	NC		Refrigeration door gaskets are soiled	9-27-23
218	NC		One deep fryer basket is damaged	9-28-23
431	NC		Floor soiled inside walk-in-cooler and freezer.	9-28-23 I

Received by (name and title printed): <i>Karen Cornell Rumpel</i>	Inspected by (name and title printed): <i>Andrew Miller, DHS</i>
Received by (signature): <i>Karen Cornell Rumpel</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

NARRATIVE REPORT

Greenwood

Establishment Name			Address	Inspection Date
Independence Village of			2339 S. S.R. 135 NW 46143	9-27-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	C		Table slicer was noted clean but found soiled around the sharpening stone	9-27-23 L
324	NC		Floor drain near two bay sink contains stagnant liquid	9-28-23 L
431	NC		and the floor @ was soiled	9-28-23
218	NC		Back condenser/evaporator is iced over for walk-in freezer	9-28-23 Monitor
410	NC		Light shields broken/missing in dish area	9-28-23 L
352	NC		Restrooms just East of kitchen lack self-closing doors	10-11-23 L
393	NC		Left exterior trash dumpster lacked a drain plug	10-11-23 L
218	NC		Two plastic scoops were damaged at the open end.	Corrected L
295	NC		ⓐ Table mixer was soiled under the mixing neck	9-27-23 L
			ⓑ Bottom neck of juice machine was soiled	

Received By (Name & Title)

Inspected By (Name & Title)

Page 2 of 2



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
9-18*

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>Indyo Frozen Yogurt</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-13-23</i>	ID# <i>2223</i>
Establishment address <i>1251 N US 31 Greenwood</i>	Purpose: <u>1. 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>9-23-23</i>
Owner		Summary of Violations: <i>C <u> </u> NC <u> </u> R <u> </u></i>	
Owner address	Menu Type (See back of page) <i>1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u></i>	Person in charge	
Responsible person's email		Certified food handler <i>Serve safe will be emailed</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>NOTE: observed a few small flies</i>	
			<i>NOTE: Observed at ambient air temp in 3 door stand up cooler where cut produce is stored at 42° needs turned down</i>	

Received by (name and title printed): <i>Alexander Tidwell</i>	Inspected by (name and title printed): <i>Caleb Flepp</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>[Signature]</i>



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

Belton
9-29

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>Inter-Church Food Pantry</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-28-23</i>	ID# <i>1408</i>
Establishment address <i>211 Commerce Dr Franklin 46131</i>	Purpose: <u>1. 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>10-5-23</i>
Owner		Summary of Violations: C <i>Ø</i> NC <i>Ø</i> R <i>Ø</i>	
Owner address	Menu Type (See back of page) 1 <i>/</i> 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
			<i>NO Violations observed</i>	

Received by (name and title printed): <i>KEN DYAR AMBASSADOR / BOARD MEMBER</i>	Inspected by (name and title printed): <i>Caleb Frenier</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: