



**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
9-18*

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>Jenkin's Farm Market</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-13-23</i>	ID# <i>2374</i>
Establishment address	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>9-23-23</i>
Owner		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u>X</u> 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
			<i>No items noted @ time of inspection</i>	

Received by (name and title printed): <i>+ Craigie Lowe</i>	Inspected by (name and title printed): <i>CASSI HAY</i>
Received by (signature): <i>+ Craigie Lowe</i>	Inspected by (signature): <i>Cassi Hay</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Betsy
9-21

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Jackamo Upper Crust Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/15/23</i>	ID# <i>1540</i>
Establishment address <i>401 Market Plaza Greenwood IN 46142</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>9/25/23</i>
Owner <i>Mick McGrath</i>		Summary of Violations: <i>C 5 NC 17 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Mick McGrath</i>			
Responsible person's email			
Certified food handler <i>Jack Clark</i>	<i>SenSafe Exp 10/25</i>		

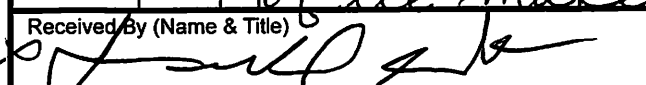
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
303	C		Mechanical dish machine not sanitizing immediately after cleaning	Corrected I
416	NC		One decaying mouse was in the inside bottom cabinet for server soda station	Remove I
415	C		① One rodent-like pellet (RLP) was noted touching a pizza dough ball on a metal tray inside the walk-in-cooler	Corrected Vol. Discarded product
			② Rodent-like pellets were seen on clear film wrap covering pizza dough balls inside the walk-in-cooler	I
			③ Rodent-like pellets were seen on top of uncovered corrugated pizza boxes (stored flat) in the kitchen	Corrected Vol. Discarded I


Received by (name and title printed): <i>JACK CLARK GM</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Greenwood
IN 46142

Establishment Name			Address	Inspection Date
Jockamo Upper Court			401 Market Plaza	9/25/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			Pizza	
			(1) Rodent like pellets were seen inside the walk-in-cooler (storing beer kegs), on floor/wall juncture behind totes storing soiled rags, and inside small storage room floor/wall juncture	Corrected Cleaned unit
336	c		Mop sink faucet with atmospheric vacuum contains a y-value with shutoffs and a wall chemical dispenser	10/1/23
415	c		Numerous live small winged insects were seen in bar area and under kitchen three bay sink	9/16/23
309	NC		The mechanical dish area contained an excessive amount of steam when the mechanical dish unit and mechanical exhaust hood were in operation	9/25/23 Clean unit (ventilation)
431	NC		(1) Mechanical exhaust hood stack for mechanical dish unit was "heavily" soiled	9/25/23
			(2) Floors and walls throughout the firm were soiled; some "heavily"	In-progress 9/15/23
430	NC		Bar area cabinet, under soda ice bin, is severely deteriorated and needs replaced	12/1/23
295	NC		(1) Various shelving in the kitchen were soiled; including interior of refrigeration equipment and shelving.	In-progress
			(2) Exterior drop and interior top of ice maker are soiled	9/20/23
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 3
			Andrew Miller, EHS	

NARRATIVE REPORT

Establishment Name			Address		Inspection Date
Jockamo Upper Crust			401 Market Plaza, Greenwood, IN 46142		9/15/23
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
430	NC		Wall is separated behind mop sink		9/25/23
228	NC	✓	Two bar coolers are not easily movable		9/25/23
413	NC		South or main double exterior doors are not light-fitting at the center bottom when closed		9/20/23
291	NC		No Chlorine test kit available		9/16/23
138	NC		Kitchen employee lacked a beard restraint		9/15/23
399	NC		Kitchen and dish area floors need tile and/or grout repair		12/1/23
112	NC		Thompson model TFR 690 appears not to be NSF/ANSI approved		12/1/23 remove
205	C		Cheese cutting wheel for Hobart floor slicer is cracked/damaged		9/18/23
430	NC		Men's restroom door rubs the door frame		9/25/23
324	NC		Men's and women's restrooms contain non open front toilet seats (one each)		10/1/23
218	NC	✓	Some refrigeration door gaskets are torn / split		10/1/23
227	NC		Kitchen hand sink loose from the wall (needs sealed)		9/25/23
385	NC		Exterior dumpster contained open lids		
<p>Notes: Pest Control Company visited firm and service technician repaired the mechanical dish-machine on 9-15-23.</p>					
Received By (Name & Title)			Inspected By (Name & Title)		Page 3 of 3
			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

Revised
9-6

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Kroger J-735	Telephone Number () Establishment () Owner	Date of Inspection 9-6-23	ID# 2008
Establishment address 5961 N SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 9-16-23
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler			

- 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) Dairy cooler (east door) walk-in. (2) Grocery walk-in freezer (3) Meat walk-in cooler (by 3 bay sink)	
425	NC		mop not hung up (appeared wet)	
			Note: Wash, Rinse, & Sanitize all dishes/utensils. Note: No paper towel @ produce hand sink ↳ appears to be leaking.	

Received by (name and title printed): Lane Napier SCLDP	Inspected by (name and title printed): Cassi Hall / Caleb Fleener
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

Butterfly
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>Humo</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-22-23</i>	ID# <i>1930</i>
Establishment address <i>1251 N US 31 Greenwood, IN 46142</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>10-2-23</i>
Owner		Summary of Violations: <i>C 4 NC 12 R 0</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>Jin X Lin (exp 3/28/27)</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"

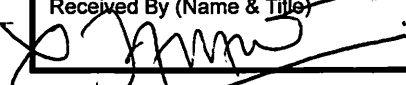
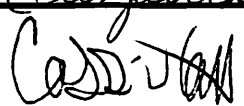
Section #	C/NC	R	Narrative	To Be Corrected by
438	C		Observed toxic spray bottles not labeled.	9-22-23
193	C		employee stated the establishment uses time as a public health control for the raw shelled eggs, no time stamp was observed or log.	
439	C		Observed window cleaner stored on top of the ice machine bin	
136	C		Observed many employee drinks stored on or above food prep areas without a lid & straw.	
297	NC		Bar soda gun nozzles soiled.	
411	NC		Observed a light curtain hood system	9-29-23
234	NC		Observed many in-use utensils not stored properly, shall have handle above product or on a clean surface.	9-13-23
295	NC		knife holders on push carts very soiled.	9-22-23
144	NC		Label all bulk food containers.	9-29-23

Received by (name and title printed): <i>Jilly Smedley</i>	Inspected by (name and title printed): <i>Cass Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>Elizabeth Schultz</i>

NARRATIVE REPORT

Establishment Name KUMO	Address Greenwood Park mall 1251 N US 31 46142	Inspection Date 9-22-23
-----------------------------------	--	-----------------------------------

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
187 218	NC		Double Door Avantco Upright Cooler Salad dressings @ 44°F Built-thermo reads 44.5°F Unit shall hold product @ 41°F or Less	9-22-23
218	NC		Observed damaged metal Strainer w/ handle located on wall across from Fryers	discarded
218			Plastic Bulk rice Container - side of it is broken/damaged	
218			Flip-top cooler door gaskets are split - located across from dryer	
187 218			Avantco 3 door reach-in-cooler - Cooked, pre-portioned noodles @ 43°F	
346	NC		Soap not provided in employee restroom	9-22-23
347	NC		Disposable towels not provided @ all hand sinks	9-22-23
342	NC		Hand sinks not provided w/ 100°F water	9-22-23
352	NC		Self-closing device not provided on employee restroom	9-25-23
234 216	NC		Wheeled ^{metal} cart holds spatulas w/ wooded makeshift part affixed to cart w/ plastic wrap	9-23-23
431	NC		Walk-in Cooler fan grate is soiled	9-22-23
431			Floor under equipment soiled & grout is missing in dish area	9-25-23
Note: Sushi rice @ 5.7 pH - Shall be @ 4.6 pH or Lower Sushi rice acidification records not recorded - Keep Log				

Received By (Name & Title) 	Inspected By (Name & Title) Elizabeth Schultz 	Page <u>2</u> of <u>2</u>
--	--	---------------------------



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 LONG RIVER	Telephone Number () Establishment () Owner	Date of Inspection 9/26/23 9/26/23	ID# 1110
Establishment address 1063 W JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 10/5/23
Owner		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ZHI HUI JIANG			
Responsible person's email			
Certified food handler ZHI HUI JIANG			

• 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		PRECOOKED CHICKEN, RICE STORED IN 6" DEPTH BOWL, PAN (WARM) NOT QUICK CHILL METHOD IN SHALLOW 2" DEPTH OR LESS	9/27/23
347	NC		DISPOSABLE TOWELS NOT PROVIDED AT HANDSINK	corrected 9/26
216	NC		CARDBOARD USED TO LINO SHELF UNDER MICROWAVE NOT EASILY CLEANABLE	9/30
392	NC		DUMPSTER LID NOT CLOSED	9/28
177	NC		BAGGED ONIONS NOT STORED OFF FLOOR minimum of 6 INCHES	9/27
431	NC		RESTROOM CEILING EXHAUST COVER CLEAN	9/30

Received by (name and title printed): Zhihui Jiang	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

*BKSM
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 LITTLE CAESARS PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 9/26/23	ID# 2685 1820
Establishment address 906 N MORTON FRANKLIN, IN	Purpose: 1. Routine	Follow-up —	Release Date 10/15/23
Owner		Summary of Violations: C 0 NC 7 R	
Owner address	2. Follow-up	Menu Type (See back of page) 1 2 3A 4 5	
Person in charge VIPIN KUMAR	3. Complaint		
Responsible person's email	4. Pre-Operational		
Certified food handler PATRICK HINES (EXPIRES 10/27) SERVISAFE	5. Temporary		
	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	B	Narrative	To Be Corrected by
431	NC	→	FLOOR IN AREAS OF KITCHEN/WALK-IN COOLER NOT CLEAN	10/15/23
218	NC	→	DOOR GASKET WORN/SPLIT ON WALK-IN COOLER DOOR	10/25
218	NC	→	WHEEL WORN ON UPRIGHT FREEZER	10/15
399	NC	←	CEILING BASE LOOSE FROM WALL IN AREA OF KITCHEN	10/15
411	NC	→	LIGHT OUT ON EXHAUST HOOD	10/15
431	NC	←	SOME CEILING PANELS NOT CLEAN IN KITCHEN	10/10
411	NC	→	SOME CEILING LIGHTS OUT IN KITCHEN	10/10

Received by (name and title printed): VIPIN KUMAR	Inspected by (name and title printed): Bob Smith ENS
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

*Bellem
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 MAIN & MADISON CAFE		Telephone Number () Establishment () Owner	Date of Inspection 9/27/23	ID# 2208
Establishment address 100 N MAIN FRANKLIN, IN		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 10/6/23
Owner BRANDON RICHARDSON			Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5		
Person in charge BRANDON RICHARDSON				
Responsible person's email				
Certified food handler JORDAN GILLASPIE (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
H31	NC	*	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	10/1/23

Received by (name and title printed): Brandon Richardson Shift Manager	Inspected by (name and title printed): Bob Smith EHS
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

Bob
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 MAIN AND MADISON MICRO	Telephone Number () Establishment () Owner	Date of Inspection 9/14/23	ID# 2708
Establishment address 1125 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 9/24/23
Owner RICHARDSON, NORTHERN, SCHULZ		Summary of Violations: C <input checked="" type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Person in charge BRANDON RICHARDSON			
Responsible person's email			
Certified food handler JORDAN GILLASPIE			

- 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
		<input checked="" type="checkbox"/>	NO VIOLATIONS NOTED.	
		<input checked="" type="checkbox"/>	(1) MILK (DATE) SOLD BY AUG 29 IN REFRIGERATOR	(discarded)

Received by (name and title printed): Brandon Richardson Shift Manager	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

BEM
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 McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 9-26-23	ID# 464
Establishment address 121 Marlin Dr. Greenwood, IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 10-6-23
Owner Paul W		Summary of Violations: C 2 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 <input checked="" type="checkbox"/> 4 5	
Person in charge Andy Cole			
Responsible person's email SenSafe Exp			
Certified food handler Kayla Xolo 2/20/05			

- 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		① Exterior bottom of hinged flaps for (frozen) fry freezer are soiled. ② Driveup window #2 ice shoot is soiled	9-26-23
336	C		① Faucet on wall above the three bay sink contained an atmospheric vacuum breaker (AVB) that was connected to a wall chemical dispenser ② Dining room mop sink faucet contained an atmospheric vacuum breaker (AVB) that contained a y-value with one shut off valve and a hose to a wall chemical dispenser	10-31-23
187	C		Cut lettuce in a two door undercounter cooler measured 51°F.	Corrected Vol.
218	NC		Undercounter cooler storing cut lettuce measured 49°F ambient air temperature	Discarded 9-28-23

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

Before
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 McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 9/21/23	ID# 1451
Establishment address 706 W. Trafalgar Pointe Way	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 10/1/23
Owner Trafalgar, IN		Summary of Violations: C <u>0</u> NC <u>4</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible person's email			
Certified food handler X Justy Hutt			

- 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		Black mold noted by the 3-bay sink splash area-	9/23/23
239	NC		Utensil rolling rack is soiled-	9/21/23
431	NC		The walk-in freezer floor is heavily soiled-	9/30/23
342	NC		Electric eye hand sink in the men's room does not get hot-	30 days
Note: Water pressure to the kitchen hand sinks is low-				

Received by (name and title printed): K Justy Hutt GM	Inspected by (name and title printed): Kerry D Bayless
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

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 THE MINT / ROCK BAR	Telephone Number () Establishment () Owner	Date of Inspection 9/28/23	ID# 2251
Establishment address 40 N WATER 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 10/8/23
Owner THOMAS MOORE		Summary of Violations: C <u>0</u> NC <u>8</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge (GRANT YOUNG)		1 <u> </u> 2 <u> </u> 3 <u>(X)</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler THOMAS MOORE			

• 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
211	NC	(X)	LIGHTS OUT / NOT ADEQUATE IN KITCHEN, EXHAUST HOOD (1) LIGHT OUT	10/16/23
324	NC	(X)	HOT WATER NOT AVAILABLE AT KITCHEN HAND SINK, BAR HANDSINK NO COLD WATER	10/10
295	NC	(X)	EXHAUST HOOD FILTERS NOT CLEAN	10/10
431	NC	(X)	FLOOR NEXT TO WHEEL / UNDER EQUIPMENT NOT CLEAN IN KITCHEN	10/10
229	NC	(+)	MICROWAVE INSIDE PLATE CRACKED / CHIPPED	10/10 ^{replaced}
295	NC	(=)	INSIDE TOP OF ICE MAKER NOT CLEAN	10/8
399	NC	(X)	CEILING WORK IN AREAS OF BASEMENT	12/1
(NOTE)	(X)		SOME UNUSED EQUIPMENT STORED IN BASEMENT	✓
324	NC	(X)	HOT WATER IN RESTROOMS - MORE THAN 120°F (WAS 125°F)	10/11
(NOTE)	(X)		POWER OUTAGE OCCURRED DURING INSPECTION	→ ✓

Received by (name and title printed): Grant Young	Inspected by (name and title printed): Bob Smith EHS
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

*BAEM
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 Olive Garden	Telephone Number () Establishment () Owner	Date of Inspection 9-7-23	ID# 227
Establishment address 1274 US 31 Greenwood 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 9-17-23
Owner		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Bar 3 bay sink floor drain is soiled. 5 floor under 3 bay is soiled.	9/8/23
295	NC		Interior of soup bowl warmer unit is soiled. (bottom)	9/7/23
310	NC		Mechanical dish machine drain is	9/10/23
336	C		trap sink faucet with atmospheric vacuum breaker contained a u-valve with shut offs and a hose extending into a wall mounted chemical dispenser	9/8/23
295	NC		Mechanical dish washer clean and dirty side ventilation ducts are soiled	9/12/23
324	NC		Clear hose (drain) in bar area appears to drain on the floor	9/7/23
399	NC		Floor tiles need grout repair in server areas	9/7/23

Received by (name and title printed): Jody Pass Culinary Manager	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: Cass Hall



**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

*Baker
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>On the Border</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/31/23</i>	ID# <i>1522</i>
Establishment address <i>867 N. US 31 Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>JN</i>		Summary of Violations: <i>C <input type="radio"/> NC <input checked="" type="radio"/> R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>Misty Manson</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
			<i>'No violations'</i>	
			<i>Excellent!</i>	

Received by (name and title printed): <i>Misty Manson</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>Misty Manson</i>	Inspected by (signature): <i>Terry D. Bayless</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

*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 <i>Noble Romans Craft Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-5-23</i>	ID# <i>2384</i>
Establishment address <i>2826 S. S.R. 135 Greenwood</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>9-15-23</i>
Owner <i>IN 46143</i>		Summary of Violations: <i>C 3 NC 5 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Coy Grimme</i>			
Responsible person's email			
Certified food handler <i>Coy Grimme</i> (<i>No Certificate Provided</i>)			

• CRITICAL ITEMS ARE IDENTIFIED IN THIS 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>336</i>	<i>C</i>		<i>① Mop sink faucet with atmospheric vacuum breaker contained a y-valve with shut-off valves extending to a wall mounted chemical dispenser</i>	<i>9-15-23 Remove y-valve add pumps to chemicals</i>
			<i>② Jet spray nozzle at the three bay sink was hanging below the flood rim</i>	<i>Raise unit 9-6-23</i>
<i>345</i>	<i>C</i>		<i>Dough room hand sink was storing two plastic bins</i>	<i>Corrected ↓</i>
<i>218</i>	<i>NC</i>		<i>Numerous refrigerated door gaskets are torn split</i>	<i>10-5-23 order new</i>
<i>205</i>	<i>C</i>		<i>Dough room mobile ingredient bin lid was severely damaged cracked</i>	<i>9-6-23 order</i>
<i>218</i>	<i>NC</i>		<i>Interior right off dough cooler door was missing the cover</i>	<i>9-18-23 ↓</i>
<i>431</i>	<i>NC</i>		<i>Floors, walls, ceiling soiled in various areas</i>	<i>9-5-23 ASAP</i>

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

*Beta
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 Panera Bread	Telephone Number () Establishment () Owner	Date of Inspection 9-28-23	ID# 943
Establishment address 2156 N. Morton St. Franklin IN 46131	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 10-8-23
Owner		Summary of Violations: C <u>0</u> NC <u>7</u> R <u> </u>	
Owner address	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u>		
Person in charge Andrew Zook			
Responsible person's email (SenSafe Exp: 8/24/27)			
Certified food handler Lindsey Benson (8/24/27)			

• 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
218	NC		Faucet is loose on rethermalizer	10-8-23 ↓
431	NC		Floors are soiled under mobile equipment and floor cover base in bakery area	9-28-23 ↓
295	NC		① Compressor soiled on sandwich cooler ② Interior bottom of salad cooler is soiled	9-28-23 ↓
425	NC		Dust pans with handles and brooms not hung up.	10-3-23 ↓
413	NC		Northeast exterior double doors are not tight-fitting at the bottom	10-13-23 ↓
352	NC		Women's restroom door is not self-closing due to device (self-closure) is disconnected above the door	10-4-23 ↓
430	NC		Bottom overhang at hot soup well is missing the cover	10-28-23 ↓

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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Bekm
6-27

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 POPZ PIZZA OF FRANKLIN	Telephone Number () Establishment () Owner	Date of Inspection 9/25/23	ID# 1601
Establishment address 21 S. 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 10/4/23
Owner maddox		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page)	
Person in charge SHAWN DUGGER		1 2 3 4 5	
Responsible person's email			
Certified food handler maddox			

• 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	*	THERMOMETER NOT SEEN IN SMALL CHEST FREEZER	10/4/23
228	NC	*	2 DOOR REFRIGERATOR AND UPRIGHT FREEZER NOT EASILY MOVABLE	10/10
218	NC	*	DOOR GASKET/SEAL WORN / SPLIT ON PIZZA PREPARATION REFRIGERATOR	10/20
291	NC	*	CHEMICAL TEST PAPERS NOT SEEN	10/10
309	NC	*	RESTROOM - MECHANICAL EXHAUST NOT FUNCTIONING, COVER NOT PROVIDED	10/10
399	NC			
(note)			(1) REFRIGERATOR UNIT NOT IN USE	✓

Received by (name and title printed): Shawn Dugger	Inspected by (name and title printed): Bob Smith EPH
Received by (signature): Shawn Dugger	Inspected by (signature): Bob Smith
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Puerta Vallarta</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/7/23</i>	ID# <i>1573</i>
Establishment address <i>893 E. Main St.</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>9/8/23</i>	Release Date <i>9/17/23</i>
Owner <i>Greenwood IN</i>		Summary of Violations: C <u>2</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>certificcate is not on the premises</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
187	C		chicken and vegetables not maintained at 135°F on the kitchen steam table	corrected
187	C		raw chicken for used for fajitas is not maintained 41° or below.	corrected 9/7/23
191	NC		Not all foods in the walk-in cooler are properly date marked	9/7/23
187	C		panst of cheese dip [queso] is not maintained at 41°F or below	9/7/23
			Walk-in is not maintaining proper temperature 38°F, 40°F	

Received by (name and title printed): <i>Pablo Bernal</i>	Inspected by (name and title printed): <i>Kerry D Bayless</i>
Received by (signature): <i>Pablo Bernal</i>	Inspected by (signature): <i>Kerry D Bayless</i>
cc:	cc: