



**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

*Bekky
10/26*

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. ✓

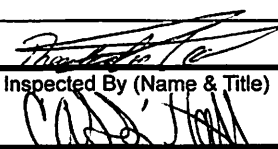
Establishment name 3 Agaves	Telephone Number () Establishment () Owner	Date of Inspection 10-23-23	ID# 2610
Establishment address 11 Declaration Dr. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 11-3-23
Owner		Summary of Violations: C 4 NC 9 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
187	C		Observed internal temperature of milk @ 52°F located inside Coca-Cola cooler cooler.	Discarded @ time of inspection
			Observed internal temperature of Salsa @ 53°F located inside Coca-Cola cooler	
324	C		Observed a leak @ the kitchen hand sink drain connection ↳ sewage was observed over flowing onto floor	Corrected
438	C		Toxic spray bottles not labeled.	10-23-23
190	NC		Observed 3 metal pans of chicken cooling @ room temperature @ 124°F & 130°F ↳ employee stated the chicken was made @ 12:00 pm 10/23/23	Corrected repeated
295	NC		Interior of ice machine is soiled	10-30-23

Received by (name and title printed):	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: Chall@co.johnson.in.us

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
3 Agaves			11 Declaration Dr	10-23-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
297	NC		Bar Soda nozzle is soiled	10-23-23
234	NC		Observed bar 1/2 scoop not stored with handle above product	Corrected
324	NC		Observed a leak @ 3 bay sink faucet	10-30-23
218	NC		Observed the following internal temperatures inside walk-in cooler ① Shredded Chee Jc @ 43°F ② Cut tomatoes @ 43°F ③ Burrito sauce @ 42°F Cooler needs turned down. Shall be 41°F or less	10-24-23
218	NC		Observed a damaged mixing utensil for Salsa	10-23-23
431	NC		Floors throughout kitchen are soiled.	10-24-23
345	X		Observed a soiled utensil stored in bar hand sink	Corrected
218			Walk-in cooler threshold is loose	10-30-23
324	C		Map sink spray nozzle observed below flood line.	
431	NC		Drain by dish machine is soiled.	
<p>Note: Kitchen back exterior door sweeps worn. Store all wet wiping cloths inside sanitizer buckets</p>				
Received By (Name & Title)			Inspected By (Name & Title)	
			 Cassi	
			Page <u>2</u> of <u>2</u>	



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Bekay
10-9-23

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 Alpha Grocery	Telephone Number () Establishment () Owner	Date of Inspection 10-6-23	ID# 2423
Establishment address 3021 Meridian Meadows Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes	Release Date 10-16-23
Owner		Summary of Violations: C 5 NC 8 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"
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Section #	C/NC	R	Narrative	To Be Corrected by
415	C		① Observed small flies ② Observed rodent droppings by water heater	10-20-23
142	C		Observed food products (cherries & chickpeas) in clear ziplock bags located in 2 door cooler employee stated made from home ↳ not an approved source.	10-6-23
142	C		Observed food products located in display freezer appears not from an approved source ↳ no documentation was provided	
187	C		Observed raw shelled eggs located by 3 bay sink @ 75°F	
345	C		Observed bowl stored in handsink by 3 bay sink	
414	NC		Back room exterior door not protected from potential rodents ↳ daylight was observed	11-6-23

Received by (name and title printed): Mary Mawi	Inspected by (name and title printed): Cassie Hill
Received by (signature): Mawi	Inspected by (signature): Colv Fleeman
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Alpha Grocery			3021 Meridian Meadows Rd	10-6-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		Observed a leak inside 2 door display cooler	10-13-23 2
426	NC		Observed UNUSED / NOT APPROVED equipment located in back storage room ↳ needs removed.	10-13-23
431	NC		Back storage room needs cleaned & organized.	
216	NC		Observed wooden pallets being used as storage shelves ↳ not easily cleanable.	
347	NC		Observed no paper towels (single use towels) @ restroom hand sink	
430	NC		restroom hand sink needs sealed to wall	10-13-23 1
416	NC		Observed food products with no label	10-6-23
<p>Note: Wash, rinse, & sanitize all dishes.</p>				
Received By (Name & Title)			Inspected By (Name & Title)	Page 1 of 2
Mawi			Cass J Hall	



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Beth
10/23

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>Apex works</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10-20-23</i>	ID# <i>2645</i>
Establishment address <i>8157 South 250 W 46191</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>10-30-23</i>
Owner		Summary of Violations: <i>C 1 NC 9 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 x 3 4 5</i>	
Responsible person's email			
Certified food handler <i>Kat' Ghent exp. 2-18-2028</i>			

- 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
142	C		Observed many food products not from an approved source (or appears not from an approved source) ↳ home prepared is not allowed	10-30-23
218	NC		"true" stand up 3 door cooler door gaskets are split/worn (left + right door)	11-3-23
392	NC		Dumpster lid observed not closed ↳ observed trash	10-20-23
382	NC		Dumpster observed stored on gravel ↳ shall be stored on a nonabsorbent material	12-1-23
Notes			Wooden blocks are holding up the mop sink Few live flies & small wheel insets observed Three mobiles on property not open at time of inspection	

Received by (name and title printed): <i>Lauren Dunbar, President</i>	Inspected by (name and title printed): <i>AM, ES</i>
Received by (signature): <i>Lauren Dunbar, President</i>	Inspected by (signature):
cc:	cc: <i>Colin Elmer</i>

NARRATIVE REPORT

Establishment Name Apple Works			Address Trafalgar, IN 8157 S 250 W. 46181	Inspection Date 10/20/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
146	NC		Several packaged food products (i.e. apple fritter, apple donuts, Caramel apples) lacked a label with ingredients, quantity of contents, common name of the food, and name and address/place of business	10/31/23
324	NC		Vacuum breaker on mop sink faucet leaks and is missing the top cap/cover	10/31/23
112	NC		Three upright freezers are not NSF/ANSI approved	12/1/23
324	NC		① Three bay sink contains a defect connection ② What appears to be backflow device on three bay sink drain line is leaking around the bottom near the floor (Kitchen)	12/1/23
413	NC		Front store/grocery area overhead door was open at time of inspection	Corrected
352	NC		Upstairs employee restroom door was not self-closing	11/1/23
Received By (Name & Title) Jamie Smith, Resident			Inspected By (Name & Title) Andrew Miller, EHS	
			Page 2 of 2	



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INSPECTION REPORT

460 N. MORTON ST. STE A
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Betsy
10/23

317-535-1881

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 Asian fish & Loaves	Telephone Number () Establishment () Owner	Date of Inspection 10-19-23	ID# 2735
Establishment address 5893 S SR135 Greenwood 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 10-29-23
Owner		Summary of Violations: C <u>0</u> NC <u>7</u> R	
Owner address		Menu Type (See back of page) 1 2 3 4 <u>X</u> 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
199	NC		Observed white shrimp inside the prep-sink thawing @ room temperature, not under continuous water	Corrected
190	NC		Observed previously cooked chicken in individual plastic bags cooling inside the walk-in cooler @ 73°F - 82°F	10-19-23
303	C		Observed employee not washing, rinsing, and sanitizing dishes @ 3 bay sink	
347	NC		Observed no paper towels @ kitchen hand sinks	Corrected
417	NC		Employee jackets/aprons not stored in designated area.	10-20-23
247	NC		Observed a wet wiping cloth not stored in sanitizer bucket	10-19-23
174	NC		Bulk food not labeled	10-20-23
315	NC		Observed single use items stored under hand sink drain line.	Corrected
Notes:			Sanitizer solution shall be 200ppm (quat)	
193	C		Observed no time stamp on fish breeding mix	Corrected

Received by (name and title printed): Miguel anaya	Inspected by (name and title printed): CASSI HALL
Received by (signature): <i>Miguel anaya</i>	Inspected by (signature): <i>CASSI HALL</i>
cc:	cc:



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Betm
10/31

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 Aspen Trace	Telephone Number () Establishment () Owner	Date of Inspection 10-30-23	ID# 1794
Establishment address 3154 S SR 135 Greenwood	Purpose: 1. Routine	Follow-up YES	Release Date 11-6-23
Owner	2. Follow-up	Summary of Violations: C 1 NC 3 R	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge	4. Pre-Operational	1 2 3 4 X 5	
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Observed the following leaks ① 1 bay sink faucet ② 3 bay sink faucet ③ @ the door gasket connection under dish machine ④ appears there is a leak under dish machine.	11-13-23
347	NC		Observed no paper towels @ hand sink by dish machine.	Corrected
218	NC		fridge door gasket is split/worn.	11-13-23
187	C		Observed ambient air temperature of freezer cooler @ 50°F the follow internal temperatures were observed ① milk -48°F ② Shelled egg @ 54°F; liquid egg @ 50°F	Discarded @ 11 P.M.F
			NOTES: ① sanitizer solution shall be 200 ppm. ② thermometers shall be easily seen.	

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



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Betm
10/16

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 Bamboo	Telephone Number () Establishment () Owner	Date of Inspection 10/10/23	ID# 1931
Establishment address 4800 W Smith Valley Rd.	Purpose: 1. Routine	Follow-up -	Release Date 10/20/23
Owner	2. Follow-up	Summary of Violations: 2:51 p.m.	
Owner address	3. Complaint	C <u>0</u> NC <u>4</u> R	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___	
Certified food handler Lynn Li (exp 11/4/25)	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
216	NC	①	Observed cardboard lining many shelving racks ↳ walk-in freezer, dry storage etc	10/17/23
		②	Observed aluminum foil lining the cook line ↳ not easily cleanable	
218	NC		bulk food product labeled "season" plastic lid is damaged/broken	10/12/23
190	NC	①	Observed previously cooked chicken in metal containers with a plastic cover located in walk-in cooler @ 67°F-69°F ↳ employee stated it was made @ 1:30 p.m. 10/10/23	10/10/23
		②	Observed previously cooked noodles in metal containers with a plastic film cover located in walk-in cooler @ 43°F-57°F ↳ employee stated made @ 1:00 pm 10/10	
218	NC		Observed ice build up inside walk-in freezer.	11/10/23

Received by (name and title printed): Fen Zheng	Inspected by (name and title printed): Cass Hall
Received by (signature): <i>Fen Zheng</i>	Inspected by (signature): <i>Cass Hall</i>
cc:	cc:

Note: continue to clean.



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Betsy
10/26

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>BOARD & BZUSA</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10.23.23</i>	ID# <i>2445</i>
Establishment address <i>200 W MAIN ST GREENWOOD 46142</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>LAUREN ASHBY</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1</i> X 2 3 4 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>NOTE: ALL SINGLE SERVICE ITEMS NEED TO BE STORED A MINIMUM OF 6" (INCHES) OFF OF FLOOR.</i>	
			<i>ALL REFRIGERATOR AND FREEZER UNITS NEED A THERMOMETER PLACED IN A CONSPICUOUS POSITION.</i>	

Received by (name and title printed): <i>X LAUREN ASHBY, OWNER</i>	Inspected by (name and title printed): <i>Kevin R. [Signature]</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>[Signature] EAS.</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Bekay
10/19/23

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 BOYSIES	Telephone Number () Establishment () Owner	Date of Inspection 10/5/23	ID# 1365
Establishment address 377 E JEFFERSON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/15/23
Owner		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge JOAN LANHAM			
Responsible person's email			
Certified food handler (AUSTIN GORE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC	<input checked="" type="checkbox"/>	OUTSIDE DUMPSTER - LID NOT CLOSED	10/7/23
218	NC	<input checked="" type="checkbox"/>	KITCHEN UPRIGHT TRUE REFRIGERATOR DOOR GASKET / SEAL WORN / SPLIT, 2 DOOR REFRIGERATOR GASKET / SEAL WORN / SPLIT	11/5
431	NC	<input checked="" type="checkbox"/>	FLOOR NEXT TO WALL, UNDER EQUIPMENT, 10/20 GRILL, BAR NOT CLEAN	
(NOTE)		<input checked="" type="checkbox"/>	APPARENT ROOF LEAK NOTED BY EXHAUST HOOD	(en work order)

Received by (name and title printed): John Lanham	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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*Bekny
10/14/23*

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

Establishment name BURGER KING		Telephone Number () Establishment () Owner	Date of Inspection 10/14/23	ID# 589
Establishment address 1079 N MORTON FRANKLIN, IN		Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up —	Release Date 10/14/23
Owner			Summary of Violations: C 0 NC 1 R	
Owner address				
Person in charge EFRAIN CONTRERAS				
Responsible person's email		Menu Type (See back of page) 1 2 3 (X) 4 5		
Certified food handler EFRAIN CONTRERAS				

• 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 NOT CLEAN AROUND NUCO UNIT	10/8/23

Received by (name and title printed): Efrain Contreras		Inspected by (name and title printed): BOB SMITH EHS	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	



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*Bekam
10-9-23*

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 CASEY'S GENERAL STORE #3499	Telephone Number () Establishment () Owner	Date of Inspection 10/6/23	ID# 2005
Establishment address 3048 N MORTON	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/16/23
Owner		Summary of Violations: 0 7 NC R	
Owner address	Person in charge MATT NICHOLSON	Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Responsible person's email MATTHEW NICHOLSON <i>issued 4/26/23 STATE FOOD SAFETY INSPECTOR</i>		Certified food handler JENNIFER FSM (10/3/23) <i>NOTE HAS EXPIRED!</i>	

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/N/C	R	Narrative	To Be Corrected by
431	NC		FLOOR, FLOOR DRAIN, WALL, CEILING IN KITCHEN NOT CLEAN FLOOR AT SIDES OF DISPLAY COOLERS NOT CLEAN	10/12/23
295	NC		INSIDE OF FRONT PREPARATION AREA REFRIGERATORS NOT CLEAN THERMOMETERS IN THESE UNITS NOT CONSPICUOUSLY LOCATED	10/12
256	NC		INSIDE OF FRONT PREPARATION AREA REFRIGERATORS NOT CLEAN THERMOMETERS IN THESE UNITS NOT CONSPICUOUSLY LOCATED	10/10
245	NC		WIPING CLOTH NOT STORED IN SANITIZING SOLUTION BETWEEN USE	10/8
239	NC		NOTE: (FEW FLIES SEEN IN KITCHEN) BOX OF SINGLE SERVICE ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	10/12
218	NC		BACK WALK-IN FREEZER (BACK WALK-IN FREEZER) DOOR DOES NOT CLOSE SHUT TIGHTLY	10/12
392	NC		OUTSIDE DUMPSTER LIDS NOT CLOSED	10/8

Received by (name and title printed): Matt Nicholson Store Manager	Inspected by (name and title printed): Bob Smith EHS / PRUCEN
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Bitm
10/16*

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>Casey's #3928</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10.12.23</i>	ID# <i>2726</i>
Establishment address <i>2105 E. County Line Rd. 46143</i>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>10.22.23</i>
Owner	Summary of Violations: <i>C 0 NC 1 R —</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Owner address			
Person in charge <i>LA DONNA CALHOUN</i>			
Responsible person's email			
Certified food handler <i>LA DONNA CALHOUN exp. 1.7.26</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>239</i>	<i>DL</i>		<i>— OBSERVED SINGLE USE ITEMS STORED LESS THAN 6" OFF THE FLOOR</i>	<i>10.12.23</i>

Received by (name and title printed): <i>JESSICA ROSE KITCHEN MANAGER</i>	Inspected by (name and title printed): <i>KEVIN R PAULIN CHS</i>
Received by (signature): <i>Jessie DR ose</i>	Inspected by (signature): <i>Kevin R Paulin</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
11/11

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>CIRCLE K 4700004</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10.31.23</i>	ID# <i>294</i>
Establishment address <i>692 SR 135 46142</i>	Purpose: <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>-</i>	Release Date <i>11.10.23</i>
Owner <i>MAC'S CONVENIENCE STORES</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>ROBERT BUNCH</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>NO ITEMS TO REPORT</i>	

Received by (name and title printed): <i>Robert Bunch</i>	Inspected by (name and title printed): <i>KEVIN R PROWERS EHS</i>
Received by (signature): <i>Robert Bunch</i>	Inspected by (signature): <i>KRP</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
10/4/23*

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 Circle K #4702288	Telephone Number () Establishment () Owner	Date of Inspection 10/4/23	ID# 1183
Establishment address 800 US 31 N Greenwood 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10/14/23
Owner		Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Justin Turner (exp. 6/27/27)			

• 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
411	NC		Observed a light out in walk-in cooler ↳ light intensity not adequate.	10-18-23
295	NC		Interior of soda machine 10 chutes all soiled.	10-11-23
177	NC		Observed single use items in back storage room not 6" off floor.	10-5-23
425	NC		① mops not hung up ② brooms not hung up.	
385	NC		Dumpster lid not closed (observed trash) ↳ clean dumpster area	10-4-23
324	NC		Observed a leak @ the front hand sink faucet connection.	10-18-23
414	NC		front door not protected from potential rodents ↳ day light was observed.	11-4-23
431	NC		Floor is soiled under equipment ① under equipment along east wall of back storage room ② under shelving units inside walk-in cooler	10-6-23

Received by (name and title printed): Karen Chocoma	Inspected by (name and title printed): Cassi Hall
Received by (signature): 	Inspected by (signature):
cc:	cc:

Note: manager stated the Raid "Ant & Roach" spray is only use outside of establishment (by trash bins)



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
10/19/23

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>Chicago Pizza with a Twist</i>	Telephone Number () Establishment () Owner	Date of Inspection 10/4/23	ID# 2362
Establishment address <i>d/b/a The Original Chicago's Pizzeria 916 E. Main St. Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 10/14/23
Owner <i>IN 46143 Nachhatar Singh</i>		Summary of Violations: C <u>1</u> NC <u>16</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Nancy Prayapat</i>		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Gauravjeet Singh (6/23/25)</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
438	C		Two plastic spray bottles were not labeled	
324	NC		No cold water provided at kitchen hand sink	10/5/23 10/4/23
431	NC		Kitchen floors and walls soiled; also mop sink	walls
430	NC		Rubber cove base not sealed to floor behind three bay sink	10/12/23
112	NC		Kenmore chest freezer is not NSF/ANSI approved and no thermometer seen	12-1-23 remove by
256	NC			10/5/23
431	NC		Inverted beverage racks are used inside walk-in-cooler (WIC)	10/31/23
216	NC		Cardboard is used as shelving liners on prep table	10/5/23
430	NC		Interior near WIC door, contained a vertical piece of wood	10/31/23
295	NC		Top of utensil magnet is soiled	10/4/23
399	NC		Floor is heavily damaged under large floor mixer rack	10/20/23

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

NARRATIVE REPORT

Establishment Name		Address		Inspection Date
The Original Chicago's		916 E. Main St. Greenwood IN		10/4/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
177	NC		Uncovered food noted inside central reach-in freezer	10/4/23
295	NC		① Compressor soiled on central two door reach-in freezer	10/6/23
			② Shelving (green) inside WIC is soiled	
218	NC		① Interior bottom of large mixer bowl is bent/damaged	10/15/23
			② Door seals (3) torn/split on prep table	replace w/new one
431	NC		Pizza oven exhaust system filters are soiled	10/8/23
295	NC		Large food warmer at front counter is soiled	clean by 10/4/23
178	NC		Three bags of flour (50 lb) and numerous cardboard pizza boxes are stored in guest dining area near public restrooms	Remove to inside kitchen
Received By (Name & Title)		Inspected By (Name & Title)		Page 2 of 2
Nancy		Andrew Miller, EHS		