



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
10/9/23

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 TACO BELL #35305	Telephone Number () Establishment () Owner	Date of Inspection 10/5/23	ID# 2316
Establishment address 115 GRANVILLE DR. 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 TACO BELL		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge EMILY DOYLE			
Responsible person's email			
Certified food handler EMILY DOYLE			

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

Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	<input checked="" type="checkbox"/>	UPRIGHT freezer door gasket/seal	clean 10/9
399	NC		WORN / SPLIT - NOT CLEAN IN BACK ROOM	repair 11/5
431	NC	<input checked="" type="checkbox"/>	FLOOR NEXT TO WALL / UNDER EQUIPMENT NOT CLEAN	10/10

Received by (name and title printed): Emily Doyle	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Emily Doyle	Inspected by (signature): Bob Smith
cc:	cc:



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Establishment name <i>Turn Peaks</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/5/23</i>	ID# <i>2697</i>
Establishment address <i>600 Greenwood Park Dr. N. Greenwood, 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>No</i>	Release Date <i>10/15/23</i>
Owner <i>Corp.</i>		Summary of Violations: <i>C 1 NC 9 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 ✓ 5</i>	
Person in charge <i>Chris D.</i>	<i>(See Safe Exp)</i>		
Responsible person's email	<i>1/9/24</i>		
Certified food handler <i>Christopher Dinges</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Egg wash liquid product measured @ 52°F while inside fry station	Corrected ↓
295	NC		Inside bottom of deep fryer cabinet is "heavily" soiled	10/5/23 ↓
218	NC		Undercounter one door reach-in freezer is iced over and is missing the thermometer	10/5/23 ↓
256	NC		Long hair was noted inside some glass mug freezers and one contained broken glass (in "Sunday" unit).	Corrected ↓
324	NC		Main drain line for large ice machine is broken/damaged	10/9/23 ↓
218	NC		Interior ice activation unit is cracked near the top of device	10/10/23 ↓
295	NC		① Lexan pans noted clean were found soiled	Corrected ↓
			② Manual can opener was rusty	10/8/23
			③ Dish racks were stored on the dish	10/5/23

Received by (name and title printed): <i>Chris Dinges</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

Establishment Name <i>Twin Peaks</i>			Address <i>600 Greenwood Park</i>		Inspection Date <i>10/5/23</i>
Section#	C/NC	R	REMARKS	<i>Dr. N. Greenwood</i>	TO BE CORRECTED BY
<i>309</i>	<i>NC</i>		<i>area floor low temperature dish machine was noted creating steam that was going outside the mechanical ventilation unit, condensate was noted on the wall, ceiling/ceiling tiles, and what appeared to be condensate inside a 2' x 2' ceiling light.</i>		<i>10/5/23 Monitor/investigate</i>
<i>430</i>	<i>NC</i>		<i>Two roof leaks noted in booth area and front entrance area</i>		<i>In-progress</i>
<p><i>Notes: Dish mechanical exhaust system appears to contain oxidation (on the bottom, inside cover, etc).</i></p>					
Received By (Name & Title)			Inspected By (Name & Title)		Page <i>2</i> of <i>2</i>
<i>[Signature] General Manager</i>			<i>[Signature] Andrew Miller, EHS</i>		



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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 WAFFLE House #67	Telephone Number () Establishment () Owner	Date of Inspection 10/5/23	ID# 1677
Establishment address 98 N LOVERS Ln. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up AFS	Release Date 10/15/23
Owner WAFFLE House		Summary of Violations: C <u>1</u> NC <u>4</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Person in charge Kendra Green			
Responsible person's email			
Certified food handler Kendra Green (SERVSAFE 3/31/25 EXP)			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	A	FLOOR IN WALK-IN COOLER NOT CLEAN	10/10/23
347	NC	-	RESTROOM MECHANICAL DRYER NOT FUNCTIONING IN ONE RESTROOM	10/10
			NOTE → CUT TOMATOES ON TOP SECTION OF PREPARATION REFRIGERATOR 52°F NOT AT 41°F OR LESS	10/5
218	NC	A	(3) 4 door REFRIGERATORS SHELF COATING WORN, door GASKET SPLIT/WORN on ONE UNIT	11/6
309	NC	-	RESTROOM EXHAUST FANS NOT FUNCTIONING	10/25
			NOTE → MECHANICAL DISINFECTING HOT WATER SANITIZATION TEMPERATURE INADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 164°F)	OK
336	C	A	Hose w/ SPRAY NOZZLE ATTACHED TO FAUCET AT MOP SINK - ATMOSPHERIC BREAKER NOT ADEQUATE FOR CONTINUOUS PRESSURE APPLICATIONS	10/25

Received by (name and title printed): * Kendree Green Christ Menecey	Inspected by (name and title printed): Bob Smith ERS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belton
10/30*

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Establishment name <i>Greenwood High School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/24/23</i>	ID# <i>392</i>
Establishment address <i>615 W. Smith Valley Rd.</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>11/4/23</i>
Owner <i>Greenwood, IN</i>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </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 <i>Alesia Ponto</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>wall and affixed piping by the oven is soiled - dust - cont construction debris</i>	

Notes:
Repair milk cooker gasket
new floor drain needs
a strainer grate -

Received by (name and title printed): <i>Alesia Ponto</i>	Inspected by (name and title printed): <i>Lesly Dayless</i>
Received by (signature): <i>Alesia Ponto</i>	Inspected by (signature): <i>Lesly Dayless</i>
cc:	cc:



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*Butan
10/30*

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Establishment name <i>Greenwood Middle School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/25/23</i>	ID# <i>2084</i>
Establishment address <i>1584 Averitt Rd.</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>Greenwood, IN</i>		Summary of Violations: <i>C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler <input checked="" type="checkbox"/>			

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

Received by (name and title printed): <i>Tina Goffiantini</i>	Inspected by (name and title printed): <i>Terry Bayless</i>
Received by (signature): <i>Tina Goffiantini</i>	Inspected by (signature): <i>Terry Bayless</i>
cc:	cc:



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*Bethany
10.9.23*

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Establishment name <i>Westwood Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/5/23</i>	ID# <i>712</i>
Establishment address <i>899 Honey Creek Rd. Greenwood IN</i>	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 <u>0</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>X Deanna Winkle</i> <i>Exp. 2027</i>			

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

Received by (name and title printed): <i>Deanna Winkle</i>	Inspected by (name and title printed): <i>Terry D. Dayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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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>Clark Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/31/23</i>	ID# <i>412</i>
Establishment address <i>5764 E. 700N. Franklin, IN 46131</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>11/10/23</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>1</i> C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Tina Mekkes AFSC</i>			
Responsible person's email <i>serenate@exp</i>			
Certified food handler <i>Tina Mekkes 3/23/28</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

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



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Bets
10/24

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

Establishment name <i>Whiteland Elementary School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/24/23</i>	ID# <i>415</i>
Establishment address <i>120 Center St. Whiteland IN 46184</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>11/3/23</i>
Owner <i>CPCSC</i>		Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Owner address	Responsible person's email <i>ServSafe Exp</i>	Menu Type (See back of page)	
Person in charge <i>Jennifer Flodder</i>		1 <u> </u> 2 <input checked="" type="checkbox"/> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Jennifer Flodder</i>	<i>9/6/28</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

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



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*Bekm
10/26*

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Establishment name <i>Whiteland Community High School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/24/23</i>	ID# <i>416</i>
Establishment address <i>300 Main St. Whiteland IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>11/3/23</i>
Owner <i>CPCSC</i>		Summary of Violations: C <input 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 <i>Donna Magness</i>			
Responsible person's email <i>(See Safe Exp. 5/31/24)</i>			
Certified food handler <i>Donna Magness</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>Donna Magness</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:



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Betson 11/11

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Establishment name Whiteland High School North	Telephone Number () Establishment () Owner	Date of Inspection 10/31/23	ID# 1619
Establishment address Whiteland, 222 Tracy St. IN 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 11/10/23
Owner CPCSC		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 Lauren Jones		1 <u> </u> 2 <u> </u> 3 <input checked="" type="checkbox"/> 4 <u> </u> 5 <u> </u>	
Responsible person's email (SevSafe Exp 3/15/24)			
Certified food handler Linda Lutz			

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			no violations noted per this inspection	

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