

460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishme	nt name		Tall.	Tag Car			Telephone Number	er	Date of Inst	pection	ID#
TAZ			100011111111111111111111111111111111111	#35	305		() Establishme				
Establishme	nt addre	SS	-41.00				() Owner		10/5	123	25/6
115	GIA	-N/1/	(7)0 D	r. Fr	ANKLI	N. IN	Purpose:		Follow-up	Release	Date
Owner	0111	10 0.					1. Routine		ronow-up	Release	15/23
-							2. Follow-up		Summary (A	
Owner addr	CO B	ill							Summary	or violatic	113.
Owner addi	C88						3. Complaint				
-							4. Pre-Operation:	al	(3)		3
Person in charge EMILY OCYLE					5. Temporary C O NC 3				abura a		
Responsible	person's	email		2: 11	31 gr	dans mak	7. Other (list)		Menu Ty	pe (See ba	ck of page)
Certified for	od handl		DOY	æ					12	3	55
-			ENTIFIED IN	THE CHE	CKLIST AND	NARRATIVI	E COLUMNS MARKED "C"				*
• VIOLATION	(S) REPE	ATED FI	ROM PREVIOU	US INSPECTIO	ONS ARE DEN	OTED IN THI	E "SUMMARY OF VIOLATION	S" AND IN	THE NARRATIV	E BELOW AS	"R"
Section #	C/NO	R					Narrative		3		To Be Corrected by
295	mc 0	9	UPR	19HT	fre	RISTER	200R 995	KET/S	eAZ		CIOAN 10/9
399	NC	1	Wo	en /	SPLIT	_	JOOR 995,	AN	DN	ELLICHEO S	reportal,
	1000000		8112	K Ro	m m		TANKET I		101 10931 1	1 1 1	311/3
431	nc	1	E	LOOR	NexT	TO	WALL for	dee	FALLI	Propri	
101	100	-		CCC		10	will for	oin	2401	, , , ,	10/10
	 		100		-71						, , , , ,
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C. Joseph	L Result in	eri F	J. J	z altensii.	1.1700			F1 11	la senteca A	Librari e	
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

INSPECTION REPORT

460 N. MORTON ST. STE 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	on of each violation is specified i	n the narrative portion	of this report.
Establishment name O short suchassed alliants may be used	Telephone Number	Date of Inspection	ID#
JWIN PEARS	() Establishment	10/5/22	1197
Establishment address	() Owner	10/2/03	26//
600 Greenwood Park Dr. N.	Purpose:	Follow-up Release	Date /
Owner Grænwood, IN	1. Routine	1/10/	15/23
(MD. 46142	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		^
Person in charge	5. Temporary	CNC	\mathcal{I}_{R}
(hhis) Servate CXP	6. HACCP	1,0	Section Sectio
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
1/9/24	1. Other (tist)	Wiena Type (see 5	ucit of puge)
Cerminal food handler		1 2 3	4 1 5
Christopher Vinges		1	
CRITICAL ITEMS ARE IDENTIFIED IN THE HECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		THE NARRATIVE BELOW A	
, , , , ,	Narrative		To Be Corrected by
187 C Egg wash lique	- product m	reasured	Corrected
1052°F While u	nsial fry s	tation	10/-/-2
295 NC Shaide botton	"heavely"		10/5/23
218 NC DATINGOLOUNTO		000	10/5/23
218 NC DO Undercounte		er and	10/5/05
256 NC is missing in	e thermomet		Corrected
295 NC Long halr w	is noted	inside,	Corrected
some glass mu	a Inecsers	and	
one contained	woken gla	M	
(in "Sunday" unit).		an or the second server	11/2
324 NC Main drain	line for lar	ae ,	10/9/23
ice machine is	broken/ds	maged	10/10/03
218 NC Interior ICL act	twation uni	t dis	10/10/23
		200)	Corrected
295 NC DEGRAN PARS NO	an range reco		L
17 000 VW / 000 VW	opener was	rustin	10/8/23
(3) Dish racks wer	e stoned on t	the dish	10/5/23)
Received by (name and title printed):	Inspecte	d by (name and title printed)	" MIC/
Chris Hingos	I An	arew Mille	r, thx
Received by sometime:	hspecte	diby (signature):	20
9	UV	Drew YYlell	W \
cc: cc:	cc:		
			7 1 1 1

NARRATIVE REPORT

Establish	nent N	amy P	eaks 600 Greenwood Park	Inspection Date
Section#	C/NC		REMARKS Dr. N.	TO BE
			area sloon Greenwood	+
309	NC		you Otemperature dish machine	10/5/2
			was noted creating steam	Monitor
		_	that was going outside	investigat
		Н	the mechanical vertilition	Ρ
		-	unit, condensate was noted	
		\dashv	On the wall, cliling felling tells,	
		Н	company ato in litera 20 200 100 100	
		Н	Vinht.	
4.30	NC		1 JUND HOOT leaker moters	In-progr
100	/ / _		in brooth ones and bront	in progr
			entrance area	
			Notes & Hish mechanical exhaust	
			system appears to contain.	
			Coxidation (on the bottom, insid	l
			Cover, etc).	
		Н		
		Н		
				
		<u> </u>		
		_		
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		-		
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9 4			March March Man FULL	Page of of



460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name	Telephone Number	Date of Inspection	ID#
WAFFLE House #67	() Establishment	10/5/23	1677
Establishment address	() Owner	10/5/05	10 / /
98 N LOVERS LN. FRANKEN, IN	Purpose:	Follow-up Release	1
Owner	1. Routine	(PPS) 10	115 /23
WATFLE HOUSE	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		2
	4. Pre-Operational		
Person in charge	5. Temporary	C NC	R
Kendra Græn	6. HACCP	de la fina de la la	nobe and a
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
Certified food handler			2)
Certified food handler Kewa (A Green Serusate 3/31/28 E	XP)	123_X	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		D IN THE NARRATIVE BELOW	
Scotts in Spring 21	Narrative		To Be Corrected by
431 NC & FLOOR IN WAZK-I	N COCER NO	or cleren	10/10/23
347 NC - ROSTROOM MECHAN	HORE PRETEREN	NO ((0)10
(NOTO) OUT TOMATORS ON	DIR SO- DIO	OF PROPACH	TONI CONPERED
(NOTE) > CUT TOMATORS ON REFLIGORATOR 50	OF NOT AT 4	110FORLESS	10/5
218 NC A (2) 4 door PLFRISA	CHTORS SHELF	COATING	11/6
218 WC A (2) 4 door PLFRTSA.	SKET SPETT/W	orn an	
DING UNIT			
A Part Prom 1 / A / C	- CARLO IND FU	INIC TONI HOLD	108
309 AC - RESTROOM EXHAUST	THINS NOT TO	102 41010 2009	10 85
me CHANTER DISH.	machtello HOS	TINATOR	(1)
(NOTE) SPAVITIZATION TEN	POSATURE MO	LEGUATE	100
160°F OR MORE OF	~ PEATE/UTER		
(WRS 1640F))	
	102216 ATTACH		10/25
	SPHERIZ BRAK		QUROC'
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* hen we love Und I	Neineuser	Bob Smith	67/5
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		Bill Sol	
cc: // /	ce		
			Page 1 of



460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishmer G Establishmer G Owner Owner Owner addre	arge	- 11	od High School smith Valley Rd. Greenwood	Telephone Number () Establishment () Owner Purpose; 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 10/24/23 39Z Follow-up Release Date 11/9/23 Summary of Violations: C _ O _ NC _ 1 _ R _ Menu Type (See back of page)		
	LINSA	rt	MTO ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	12_X3	45	
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
295	N			milt cooker			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

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Establishme	nt name		Sheet a sample mark mark mark	Telephone Number	Date of Inspection		
G	ree(In	1000 Midole	() Establishment	10/23/23	208×	
Greenwood Midolle Establishment address 1584 Avarit Rdi Owner Greenwood THI.		() Owner	10/23/23				
1584 Averit izdi		Purpose:	Follow-up Releas	se Date			
Owner Greenwood THC		Greenwood IN	1. Routine		+		
				2. Follow-up	Summary of Viola	tions:	
Owner address				3. Complaint			
				4. Pre-Operational			
Person in charge				5. Temporary	C _ O _ NC _ O _ R		
				6. HACCP	no afa lavel		
Responsible person's email				7. Other (list)	back of page)		
				17 34	a male is a stripping	The age of the	
Certified foo	od handle	r			12	4 5	
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			ENTIFIED IN THE CHECKLIST AND NARRATIV				
_	NAME AND ADDRESS OF THE OWNER, WHEN	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
her and the	VILEUR	See C	Programme of the control of the cont	THE SECTION AND ASSESSMENT OF THE DESIGNATION OF THE PERSON NAMED	VI T. W. T. HADE		
	SELENSON	71111	A THE STREET, WHITE SALES AND A STREET	1 1 1 - 2 5 -	THAT IS NOT WAT	S material Control	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		n Requirements. The time limit for corr			
Establishment name		1 -12	Telephone Number	Date of Inspection	ID#
Westw	400	Elementary	() Establishment	10/5/23	7/2
Establishment addre	ess	, Greenwe	Owner () Owner	10/5/23	
899 H	011	l Elementary Greenwa ey Creek Rd. IN	Purpose:	Follow-up Releas	se Date
Owner	THE PERSON NAMED IN		1. Routine		
			2. Follow-up	Summary of Violat	ions:
Owner address			3. Complaint		
			•		
			4. Pre-Operational		
Person in charge			5. Temporary	C_O_NC_Z) R
		n mandengjadi a mada	6. HACCP	27 J. 195 Dec 1823	to shall be to the
Responsible person's	s email	Lies from sintage of the state of the or	7. Other (list)	Menu Type (See l	back of page)
Certified food handl	0#	2.0			
Ceruned food handl	dn	na Winkle 20%	7	123	45
		ENTIFIED IN THE CHECKLIST AND NARRA			
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	AS "R"
Section # C/NO			Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishmer	nt name		2 4	Smert attainer marketing	Telephone Number	Date of Inspection	ID#
Cla	rk)	Elen	rentary	() Establishment	1	1/0
Establishmer	1	S		Franklin, IN 46131	() Owner	10/31/23	3 4/2
5764	IE.	70	00N.	46131	Purpose:	Follow-up Relea	se Date /
Owner					1. Routine	NO 11	110/23
6	PC	5			2. Follow-up	Summary of Viola	tions:
Owner addre	ess				3. Complaint		
					4. Pre-Operational		0 1
Person in ch	arge	-	70	100	5. Temporary	CNC_	R
de	na		Mek	bes AFSC	6. HACCP	and the second to	efficebal
Responsible	person's			Serv Sate (m)	7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle		11	es 3/23/28	1	- 1 2 1/3	4 5
Jin	al	//	ekk	es 3/23/26	V		
				THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	- 1 - 7 -	
	-	· ·	ROM PREVIOU	S INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS". Narrative	AND IN THE NARRATIVE BELOW	To Be Corrected by
Section #	C/NC	K			Ivaliative		To be confected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name Linteland Elementary Scho Establishment address 120 Center St. Whiteland Owner CPCSC Owner address Person in charge Person in charge Certified food handler Linteland Sewsate Certified food handler Linteland Narrative Certified food handler Linteland Narrative Sewsate Certified food handler Linteland Narrative Narrative Certified food handler Linteland Narrative Narrative Narrative Narrative Narrative Nar			ons: R ack of page) 45
Owner CPCSC Owner address Person in charge LNULLY Floddly Responsible person's email Certified food handler LNULLY Floddly 9/6/28 • EXITICAL ITEMS ARE IDENTIFIED IN THE CHECKEST AND NARRATIV	1. Routing 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violation CNC Menu Type (See both 123 IN THE NARRATIVE BELOW AS	ons: R R ack of page) 4 5 """
Person in charge Certified food handler C	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) VE COLUMNS MARKED "C" HE "SUMMARY OF VIOLATIONS" AND	Menu Type (See ba	_45
• CHITICAL ITEMS ARE IDENTIFIED IN THE CHECKEST AND NARRATIV	HE "SUMMARY OF VIOLATIONS" AND		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TR
			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TR
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	ivairauve		To be corrected by
Section # C/NC R			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment Sanitation I	Requirements. The time limit for corre	ection of each violation is specifie		•
Establishment name	1 Community H	Telephone Number Establishment	Date of Inspection	ID#
Establishment address	School	() Owner	10/24/2	3 416
300 Main St	- Whiteland IN	Purpose:	Follow-up Relea	
Owner PCSC	44187	1. Routine	NO II	13/23
Owner address		2. Follow-up	Summary of Viola	tions:
Owner address		3. Complaint 4. Pre-Operational		~
Person in charge '1/	11 . 12	5. Temporary	c_O_NC_	O _R
	nagness	6. HACCP	or my distance	W - 1
Responsible person's email	(Sen Sat	7. Other (list)	Menu Type (See	back of page)
Certified food handler	Nagneys 5/31/2	4	123	45
• CRITICAL ITEMS ARE IDEN	TIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
	M PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	
Section # C/NC R		Narrative		To Be Corrected by
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ा पा मासूच्यत् छात्राच	this inso	ection)	1 1000 10000	-28 JEST - FEVOLUTI
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460 N. MORTON ST. STE A 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 cor-	rection of each violation is specified	in the narrative portion	n of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Whiteland High School Nor Establishment address Whiteland	Th () Establishment	10/31/23	3/16/9
Establishment address Uniteland	Owner	10/31/23	7 1 1 1
1777 Tracusto IN 46184	Purpose:	Follow-up Release	se Date
Owner _	1. Routine	No II	
CPCSC	2. Follow-up	Summary of Viola	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I
Owner address		Cumming of violation	
Owner address	3. Complaint		
	4. Pre-Operational	_	^ ^
Person in charge	5. Temporary	C_ONC_	\bigcirc R \bigcirc
Lawren Jones	6. HACCP	rigari Insi - He	alarahijusa od
Responsible person's email Sew Sate	7. Other (list)	Menu Type (See i	back of page)
C 5, x0	The bound of the second	it dole guinnight	
Certified food handler 3/15/24		1 2 3	45
arran oury (7,575)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT		N THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
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