



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
11/20

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 Sam's Club	Telephone Number () Establishment () Owner	Date of Inspection 11/8/23	ID# 486
Establishment address 1101 Windhurst Way Greenwood INDIANA 46143	Purpose: 1. Routine	Follow-up	Release Date 11/18/23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <input checked="" type="checkbox"/> NC 3 R	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 2 3 4 5	
Certified food handler Tami Daniels	6. HACCP		
	7. Other (list)		

- 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
			Cafe area	
431	NC		Floor around the bag n box is soiled. [Leaks]	
295	NC		The mop sink basin is soiled- one hand sink is being repaired	
346	NC		Hand sink soap dispenser is in disrepair- Rattissier	
			Note: "Y" connections on the store's mop sinks is not allowed- This will negate the atmospheric vacuum breaker-	

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



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Batem
11/3

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 SPEEDWAY #1319	Telephone Number () Establishment () Owner	Date of Inspection 11/1/23	ID# 158
Establishment address 701 W Adams Franklin, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 11/11/23
Owner SPEEDWAY, LLC.		Summary of Violations: C 0 NC 10 R	
Owner address		Menu Type (See back of page)	
Person in charge R. BOND		1 2 3 4 5	
Responsible person's email			
Certified food handler KATHY McKee			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	X	FLOOR NOT CLEAN IN BACK STOCK AREA, 3 compartment sink area, work-in cooler by restroom	11/10/23
239	NC		some single service cups not stored off floor minimum of 6 inches	11/14
295	NC		CABINETS UNDER CUSTOMER SERVICE SINK WORN, NOT CLEAN IN WHICH WASTE CONTAINER STORED NOT CLEAN	11/10
399	NC		WALL IN AREAS WORN	12/30
295	NC		WOMENS RESTROOM LID NOT PROVIDED FOR	
351	NC		WASTE CONTAINER, LAVATORY NOT CLEAN,	11/10
309	NC		MECHANICAL EXHAUST NOT FUNCTIONING PLUMBING INSTALLED FOR CLEANING AT	
			3 compartment sink, mop sink needs checked to ensure compliance against	* check correct as needed 12/1
431	NC		BACKFLOW / BACKSPILLAGE	
324	NC		MENS RESTROOM - no hot water, ceiling not clean	11/10
309	NC		FLOOR NOT CLEAN, mech. EXHAUST NOT FUNCTIONING	

Received by (name and title printed): Kathy McKee - SL	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): Kathy McKee	Inspected by (signature): Bob Smith
cc:	cc:



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Beta
11/29

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Establishment name Speedway	Telephone Number () Establishment () Owner	Date of Inspection 11-20-23	ID# 1648
Establishment address 5061 W Smith Valley Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11-27-23
Owner		Summary of Violations: C 0 NC 2 R 0	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 X 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler Scott Burdine <i>server</i> <i>exp. 7-27-6</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Wall behind mop sink heavily damaged/missing	1-1-2024
425	NC		Hang mops to properly dry	11-21-23
			NOTE: Monitor Del/cheese cooler temps	

Received by (name and title printed): S Burdine	Inspected by (name and title printed): Caleb Fleener
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsu
11/20

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>Starbucks</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-16-23</i>	ID# <i>1122</i>
Establishment address <i>2279 N Morton St. Franklin 46131</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date <i>11-28-23</i>
Owner		Summary of Violations: <i>C 0 NC 5 R</i>	
Owner address	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC		Observed food products not stored 6" off walk-in freezer floor.	
256	NC		many thermometers not seen/easily seen in single door reach-in coolers	
384	NC		Dumpster lid not closed ↳ Observed trash	
324	NC		appears there is a leak @ the 3 bay sink faucet connection.	
431	NC		the machine floor drain is sealed.	
<p>Notes: ① Single door reach in cooler door gasket is split/worn. ② Continue to clean under all equipment/cabinets. ③ Dish machine final rinse was observed OK.</p>				

Received by (name and title printed): <i>Katherine Cottonjim store manager</i>	Inspected by (name and title printed): <i>Caleb Fleener / Cassi Hall</i>
Received by (signature): <i>Kath</i>	Inspected by (signature): <i>Caleb Fleener / Cassi Hall</i>
cc:	cc:



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*Bekm
11/20*

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Establishment name <i>Steak n Shake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/6/23</i>	ID# <i>1081</i>
Establishment address <i>2088 N. Morton Franklin, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>11/16/23</i>
Owner		Summary of Violations: C <u>0</u> NC <u>5</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 <i>L NONE 3 mos. to be certified</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		The floor behind the ice bin is soiled	<i>11/8/23</i>
295	NC		The micro-oven shelf is very soiled	↓
245	NC		Wet kitchen wiping cloth is not stored in sanitizer solution	
295	NC		The walk-freezer door is soiled around the handle.	
295	NC		The dish room drain boards are soiled.	
			<i>Note: No. y down stream connections are allowed on the mop sink faucet</i>	

Received by (name and title printed): <i>L Kacie Roberts</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>L Kacie Roberts</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:

NARRATIVE REPORT

10/2/23 ✓

Establishment Name <i>Stone Creek</i>		Address <i>911 SR 135 46142</i>		Inspection Date <i>1057</i>
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Section#	C/NC	R	CRG Holdings	REMARKS	<i>Sam Smith</i>	TO BE CORRECTED BY
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<i>421</i>	<i>NC</i>			<i>Wet wiping cloths not in solutions but rather sitting on table @ room temperature</i>		<i>11-2-23</i>
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<i>190</i>	<i>AC</i>			<i>Food product @ 58°F @ 4:15 pm with lid on in double door reach-in-cooler just inside back door. Made today @ 3p. Proper cooling entails leaving lid off so heat can escape while cooling. If the lid is on it's in the cooler I think you think its already @ 41°F or less</i>		<i>11-2-23</i>
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<i>4336</i>	<i>Note:</i>			<i>Splitter valve hooked up to mop sink faucet equipt w/ an atmospheric vacuum breaker which is not "approved for use under continuous pressure". The splitter valve causes continuous pressure.</i>		<i>11-2-23</i>
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All 3 dish machines checked were sanitizing properly @ the time of inspection



Received By (Name & Title) <i>Sam Smith</i>	Inspected By (Name & Title) <i>Elizabeth Schultz</i>	Page <i>1</i> of <i>1</i>
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Belton
12/14

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>Strange Brew</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/22/23</i>	ID# <i>1165</i>
Establishment address <i>4800 W. Smith Valley Rd 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>No</i>	Release Date <i>12/2/23</i>
Owner <i>Daniel + Joni Carr</i>		Summary of Violations: <i>C 1 NC 5 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Crystal Ward</i>			
Responsible person's email <i>(SenSafe Exp)</i>			
Certified food handler <i>Joni Carr 1/24/24</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
112	NC	✓	Some refrigeration units are not NSF/ANSI approved	12/31/24
218	NC		Prep table door seals torn/split	1/22/24
430	NC		Alley exterior door rubs the door frame	1/22/24
324	C		No air gap provided on ice maker drain line	12/24/23
324	NC		No cold or hot water provided (nor faucet) at mop sink	12/24/23
411	NC		Storage room light intensity low (in old office area)	12/8/23
			Notes: No backflow preventer seen in firm	

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



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11/29

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Establishment name Supreme Produce	Telephone Number () Establishment () Owner	Date of Inspection 10:25 a.m. 11-28-23	ID# 1742
Establishment address 5961 N SR 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12-8-23
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 4 X 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Observed a leak @ the 3 bay sink drain connection (sanitizer bay)	
218	NC		Observed the following internal food temperatures inside produce walk-in cooler ① Cut cantaloupe date marked 11/27 @ 10:50 am @ 43°F ② Cut watermelon date marked 11/28 @ 8:26 am with cover lid (plastic) @ 51°F (lid was removed) Shall be 41°F or less	

Received by (name and title printed):	Inspected by (name and title printed): CASSI HALL
Received by (signature):	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc: <i>Mia Reppe / Calvin Elmer</i>

