



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

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 Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 11-16-23	ID# 1828
Establishment address 3042 W Stoner crossing rd Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 11-26-23
Owner		Summary of Violations:	
Owner address		C <u> </u> NC <u> </u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler Khrysteen Edwards servsafe exp. 7-19-27			

• 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
			Note: Hand sink fully functional	

Received by (name and title printed): Khrys Edwards	Inspected by (name and title printed): Calb Fleener
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Bekay
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>Taste of China</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/28/23</i>	ID# <i>2302</i>
Establishment address <i>989 N US 31</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>12/6/23</i>
Owner <i>White land IN</i>		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 <i>X</i> 4 5	
Responsible person's email			
Certified food handler <i>Qu Zhang</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>112</i>	<i>NC</i>		<i>- chest freezer(s) aren't approved equipment</i>	<i>when replaced.</i>
<i>430</i>	<i>NC</i>		<i>- kitchen floor tiles are cracked and chipped. The floor is difficult to clean.</i>	
			<i>much improvement</i>	

Received by (name and title printed): <i>Qu Zhang</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Becky
10/20*

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Establishment name <i>Victory Christian Church</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-20-23</i>	ID# <i>2249</i>
Establishment address <i>1720 Graham Rd Franklin 46131</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date <i>11-30-23</i>
Owner		Summary of Violations: <i>C 0 NC 0 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	
<ul style="list-style-type: none"> • 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.</i>	
			<i>Note: Observed rodent droppings in kitchen storage room, behind the pot & pan shelf. ↳ Clean area & wash, rinse, & sanitize any equipment that could've been soiled. Contact pest control company.</i>	

Received by (name and title printed): <i>Linda Peek</i>	Inspected by (name and title printed): <i>Cassi Hall / Kaleb Peener</i>
Received by (signature): <i>Linda S. Peek</i>	Inspected by (signature): <i>Cassi Hall / Kaleb Peener</i>
cc:	cc:



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Betsy 10/20

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 Village Pantry	Telephone Number () Establishment () Owner	Date of Inspection 11/16/23	ID# 505
Establishment address 899 E. Main St. Greenwood Ind, 46143	Purpose: 1. Routine	Follow-up -	Release Date
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C 1 NC 2 R	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 2 <input checked="" type="checkbox"/> 3 4 5	
Certified food handler Michael Cor Mariah Brown 2/7/23	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
297	NC		soda nozzles are soiled.	11/27
336	C		mop sink faucet with atmospheric vacuum breaker connected with hose extension to wall mounted chemical dispenser.	11/27
431	NC		floor inside walk-in cooler is soiled - floor inside walk-in cooler needs cleaning.	11/27

Received by (name and title printed): Eric Whitaker	Inspected by (name and title printed): Paul Beticu Ets
Received by (signature): 	Inspected by (signature):
cc:	cc:



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*Betsy
11/3*

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Establishment name <i>Walgreens #04592</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-1-23</i>	ID# <i>914</i>
Establishment address <i>700 U.S. 31 S. 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>NO</i>	Release Date <i>11-13-23</i>
Owner		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			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Nothing to note.</i>	

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



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Betam
11/13

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Establishment name <i>Walgreens #05853</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-6-23</i>	ID# <i>921</i>
Establishment address <i>720 S. State rd 135 Greenwood</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>11-16-23</i>
Owner		Summary of Violations: <i>C <u> </u> NC <u> </u> R <u> </u></i>	
Owner address	Menu Type (See back of page) <i>1 <u>X</u> 2 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
			<i>Nothing to Note</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Harisa Pauling</i>	Inspected by (name and title printed): <i>Caleb Peener</i>	
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:



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Beta 12/21

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>Walmart</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/29/23</i>	ID# <i>1123</i>
Establishment address <i>1133 N. Emerson Ave</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>12/8/23</i>
Owner <i>Greenwood, IN</i>		Summary of Violations: C <input type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
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>2 Kayleen Clancy Barnett</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>- Produce area -</i>	
<i>431</i>	<i>NC</i>		<i>- the floor drains are soiled.</i>	<i>12/1/23</i>
<i>216</i>	<i>NC</i>		<i>- The produce [some] walk-in cooler rack frames are rusting -</i>	<i>6 mos.</i>

Received by (name and title printed): <i>Kayleen Clancy-Barnett</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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11/20

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Establishment name WAZ - MART	Telephone Number () Establishment () Owner	Date of Inspection 11/15/23	ID# 691
Establishment address 2125 N MORTON FRANKLIN, IN	Purpose: 1. Routine	Follow-up —	Release Date 11/25/23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>7</u> R <u>—</u>	
Person in charge CHASE WALLS	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>X</u> 5 <u>—</u>	
Certified food handler CHASE WALLS (F.S.M.)	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
505	NC		(1) FAN NOT FUNCTIONING - DABBY WAZH-IN COOLER	11/25/23
431	NC		BACK AREA - FLOOR DRAINS NOT CLEAN	11/25
295	NC		DELTA DEPARTMENT - EXHAUST HOOD FILTERS NOT CLEAN	11/20
425	NC		MOPS NOT HUNG UP OFF	11/25
324	NC		FLOOR BY MOP SINK, ATMOSPHERIC BREAKER MISSING TOP PART	
(NOTE)			(1) CEILING LIGHT OUT IN MEAT/HAM PREPARATION COOLER ROOM	11/20
324	NC		WATER LEAK DETECTED BY WATER HEATER	11/25
309	NC		MENS EMPLOYEE RESTROOM MECHANICAL EXHAUST FAN NOT FUNCTIONING	11/25
218	NC		DOOR GASKETS WORN / SPLIT ON DISPLAY REFRIGERATORS / FREEZERS A 3413, A 317	12/15
(NOTE)			PLUMBING INSTALLATION ECOLAB SYSTEM NOT INSTALLED CORRECTLY	✓

Received by (name and title printed): Chase Walls Coach	Inspected by (name and title printed): Bob Smith / Mia Papageorge
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i> / <i>[Signature]</i>
cc:	cc:



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BUTSU
11/13

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 WINGS ETC.	Telephone Number () Establishment () Owner	Date of Inspection 11/8/23	ID# 2029
Establishment address 2239 N MORTON 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 11/18/23
Owner		Summary of Violations: C 2 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge EMMA JONES			
Responsible person's email			
Certified food handler TJ AHLEFELD (SERUSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C	✓	NUMEROUS SMALL FLIPS SEEN AROUND MECHANICAL DISHMACHINE DRAIN	CONTROL 11/15/23
413	NC	✓	FRONT DOOR DOES NOT CLOSE TIGHTLY WITH SOFT CLOSURE	11/22
336	NC	✓	HOSE CONNECTED TO HOSE WITH SPRAY NOZZLE CONNECTED TO MOP SINK FAUCET SHUT OFFS WITHOUT ADEQUATE ANTI-SIPHON DEVICES	12/1
239	NC	✓	MECHANICAL DISHMACHINE DISHWASHERS NOT SPUN OFF FLOOR MINIMUM OF 6 INCHES	11/13
346	NC	✓	GRILL AREA - HANDSINK - SOAP NOT AVAILABLE (CORRECTED 11/13)	
218	NC	✓	DOOR GASKETS WORN / SPLIT ON GRILL AREA UPRIGHT FREEZER, UPRIGHT REFRIGERATOR	12/8
295	NC	✓	BOTTOM OF UPRIGHT FREEZER, UNDER SIDE OF GRILL, SIDE OF GRILLS NOT CLEAN	11/20
431	NC	✓	FLOOR NEXT TO WALL, UNDER EQUIPMENT IN KITCHEN NOT CLEAN.	11/20

Received by (name and title printed): Emma Jones Shift Manager	Inspected by (name and title printed): Bob Smith BRS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: