



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
1/2/24

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>NSK - NSK Star Food Service</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/28/23</i>	ID# <i>2722</i>
Establishment address <i>3450 Bearing dr Franklin</i>	Purpose: <input checked="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 <i>—</i>	Release Date
Owner		Summary of Violations: <i>C <input checked="checked" type="checkbox"/> NC <input checked="checked" type="checkbox"/> R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 ___ 2 <input checked="checked" type="checkbox"/> 3 ___ 4 ___ 5 ___</i>	
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
			<i>No violation during inspection</i>	

Received by (name and title printed): <i>Maki Lingenfelter</i>	Inspected by (name and title printed): <i>Paul Berka Ets.</i>
Received by (signature): <i>Maki Lingenfelter</i>	Inspected by (signature): <i>Paul Berka</i>
cc:	cc:



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*Ben
10/12*

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>Aldi Inc #22</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-11-23</i>	ID# <i>466</i>
Establishment address <i>1595 US 31 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>12-21-23</i>
Owner	Summary of Violations: <i>C</i> <i>NC</i> <i>R</i>	Menu Type (See back of page) 1 ___ 2 <i>X</i> 3 ___ 4 ___ 5 ___	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

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

Received by (name and title printed): <i>Caleb Hester</i>	Inspected by (name and title printed): <i>Caleb Fleener</i>
Received by (signature): <i>Caleb Hester</i>	Inspected by (signature): <i>Caleb Fleener</i>
cc:	cc:



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Beth
1/2/24

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 AMERICAN LEGION POST 205	Telephone Number () Establishment () Owner	Date of Inspection 12/27/23	ID# 103
Establishment address 1200 PARK AVE. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/6/24
Owner AMERICAN LEGION		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 LAURA COOK		1 <u>2</u> 3 <u>4</u> 5 <u>—</u>	
Responsible person's email			
Certified food handler Jodie Bersley (EXP 8/28/23)			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC	*	(1) LIGHT OUT ON EXHAUST HOOD	12/31/23
347	NC	>	ATTENDING ROOM WOMENS RESTROOM - DISPOSABLE TOWELS NOT AVAILABLE	(CORRECTED) 12/27/23
295	NC	>	BOTTOM INSIDE OF BEER CHEST COOLER NOT CLEAN / WET	12/31
295	NC	*R	TOP INSIDE OF ICE MAKER NOT CLEAN	12/31
291	NC	>	"QUAT" CHEMICAL TEST STRIPS	1/4
34	NC	*	ICE SCOOP STORED ON CLOTH TOWEL	12/31

Received by (name and title printed): Laura Cook	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Laura Cook</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Belson
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 Applebee's Gr. II & Bar	Telephone Number () Establishment () Owner	Date of Inspection 12-19-23	ID# 563
Establishment address 1251 N US 31 Greenwood 460142	Purpose: 1. Routine	Follow-up —	Release Date 12-29-23
Owner	2. Follow-up	Summary of Violations: C 0 NC 5 R	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge Zack	4. Pre-Operational	1 2 3 X 4 5	
Responsible person's email	5. Temporary		
Certified food handler Zack Fleeman (exp 9/22/28)	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
336	C		Observed a spray nozzle affixed to a hose that is connected to the mop sink without a back siphonage approved for continuous pressure.	12-19-23
234	NC		Observed in use utensils stored in stagnant water in dipper well located on cooking line.	12-19-23
324	NC		2 bay sink leaks @ faucet connection.	1-19-24
218	NC	①	Interior of walk-in cooler door is damaged.	
		②	Observed gaps between left side of hood filters.	
415	C		Small flies observed in bar - establishment working to stop them - Recommend not allowing water to stand.	12-29-23
430	NC		Base Cove - Tile is broken & water is stagnant	12-19-23
171	NC		Ice scoop handle touching ice in ice bin	12-19-23
			Note: Women's left hand sink hot	
431	NC		Water pressure is very low.	
			Floor soiled under ice maker @ Bar	12-19-23

Received by (name and title printed): ZACK FLEEMAN	Inspected by (name and title printed): CASSI HALL
Received by (signature): <i>Zack Fleeman</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc: Colinbeth Schultz

You may make written comments -



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Betsy
12/8

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 Arby's	Telephone Number () Establishment () Owner	Date of Inspection 12/6/23	ID# 642
Establishment address 1400 N. Morton St Franklin Ind 46131	Purpose: 1. Routine	Follow-up —	Release Date
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler John McAndrews	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			NOTE: more order has been placed for couple of tires missing in walk-in cooler	
			(R) Leak at hand sink is fixed.	
			(W) mop sink faucet with atmospheric vacuum breaker has no shut off. work order is placed to correct the issue	
			(W) please work more on floor & walls cleaning	

Received by (name and title printed): Josh Johnson	Inspected by (name and title printed): Paul Betiku ETS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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*Betka
12/21*

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Establishment name <i>Arby's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/19/23</i>	ID# <i>950</i>
Establishment address <i>2140 US 31 Greenwood</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
Owner		Summary of Violations: <i>C 0 NC 3 R</i>	
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			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>297</i>	<i>NC</i>		<i>couple of soda nozzles are soiled</i>	<i>12/28</i>
<i>430</i>	<i>NC</i>		<i>couple of tiles & grout missing at three-bay sink</i>	↓
<i>431</i>	<i>NC</i>		<i>floor inside walk-in cooler is soiled floor by 3-bay sink is soiled</i>	
<p><i>NOTE:</i></p> <ul style="list-style-type: none"> <i>(i) prep sink faucet connected to chemical sanitizer station is not satisfactory. chemical dispenser needs to be disconnected from prep sink faucet.</i> <i>(ii) pool of water seen at customer self serve soda machine - this needs to be drained out.</i> <i>(iii) Make sure hand sinks are only used for hand washing.</i> 				

Received by (name and title printed): <i>Kathlin Curbeaux</i>	Inspected by (name and title printed): <i>Paul Betika EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Bckm
12/18

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>Arby's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/5/23</i>	ID# <i>769</i>
Establishment address <i>111 N. S.R 135 Greenwood, Ind 46142</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>12/19/23</i>
Owner		Summary of Violations: <i>1</i> C <u> </u> NC <u> </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 <input checked="" type="checkbox"/> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Amy Bennett</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>336</i>	<i>C</i>		<i>Mop sink faucet with atmospheric pressure vacuum breaker with hose extended to a wall mounted chemical dispenser.</i>	<i>12/18</i>
<i>345</i>	<i>C</i>		<i>Hand sink by serving area is used for storage hand com</i>	
<p><i>NOTE: (1) please make sure floor tiles by the hand sink is fixed.</i></p> <p><i>(2) MAKE SURE HAND SINKS ARE ONLY USED FOR WASHING HANDS.</i></p>				

Received by (name and title printed): <i>Amy Bennett</i>	Inspected by (name and title printed): <i>Paul Betiku / MIA Pango</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
12/21

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Establishment name <i>Arby's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/20/28</i>	ID# <i>2507</i>
Establishment address <i>954 E Main St Greenwood IN</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
Owner		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Owner address	Menu Type (See back of page) 1 ___ 2 ___ 3 <u>✓</u> 4 ___ 5 ___		
Person in charge			
Responsible person's email			
Certified food handler <i>Joelle Rosales</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>336</i>	<i>C</i>		<i>MOP sink has no shut offs down stream of atmospheric vacuum breaker.</i>	<i>1/9/29</i>
<i>NOTE: Soda nozzles are better (u) Great work on keeping up with the floors.</i>				

Received by (name and title printed): <i>Jodie Rosales</i>	Inspected by (name and title printed): <i>Paula Betiku LHS</i>
Received by (signature): <i>Jodie Rosales</i>	Inspected by (signature): <i>Paula Betiku</i>
cc:	cc:



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Betsm
 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>Astral of Franklin</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/6/23</i>	ID# <i>2569</i>
Establishment address <i>1375 Nicole Dr. Franklin, IN 46131</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>12/16/23</i>
Owner		Summary of Violations: <i>C 1 NC 2 R 1</i>	
Owner address	Menu Type (See back of page) <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>		
Person in charge <i>Angela Sullivan</i>			
Responsible person's email			
Certified food handler <i>Cynthia Williams</i> <i>Exp 1/28/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Mobile ingredient bin, storing sugar, was broken at the top outer edge.	12/8/23 ↓
413	NC	✓	West hallway doors to dumpster area contains an outer opening at the center bottom of both doors.	12/25/23 ↓
336	C		Mop sink faucet with atmospheric vacuum breaker (AVB), in utility room, is connected to a wall mounted dispenser via a hose.	Remove unit 12/25/23 ↓

Received by (name and title printed): <i>X Angela D. Sullivan</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>X Angela D. Sullivan</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Betsy
11/9/24

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>Athen's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/27/23</i>	ID# <i>105</i>
Establishment address <i>1800 Northwood Plaza</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>1/06/24</i>
Owner <i>Tom Filis Franklin, IN 46131</i>		Summary of Violations: <i>C 3 NC 13 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 <input checked="" type="checkbox"/> 5</i>	
Person in charge <i>Tom Filis</i>			
Responsible person's email <i>(See Safe Exp 3/1/20)</i>			
Certified food handler <i>Tom Filis</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		① Strong sewer gas like smell noted in men's restroom ② Men's restroom hand sink drain piping leaking at the wall	1/1/24
295	NC		① Various refrigeration unit door gaskets are soiled and some interior shelving units are soiled ✓ ② Exterior sides of cooking equipment are soiled ✓ ③ Interior of two microwaves are soiled and manual can opener ✓ ④ Inside top of ice maker is soiled ⑤ Metal table top soiled under mechanical slicers and microwaves	12/29/23
402	NC	✓	Cove base loose from wall (North) at cookline	1/1/24
431	NC	✓	Floors, walls, ceilings in areas are	1/1/24

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

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Athen's			1800 Northwood Plaza Franklin, NJ 46131	12/27/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			soiled	I
433	NC		Wet mop not hung up to air dry	1/1/24
291	NC		No Chlorine test strips provided	12/29/23
295	C	✓	Table top slicer is soiled (mechanical)	12/27/23
431	NC	✓	Men's restroom toilet and seat was soiled	Corrected
295	NC		Interior of the two new salad bars bottom areas, was soiled	1/1/24
336	C		Water softener drain line is direct connected to the sanitary sewer	1/3/24
218	NC	✓	Interior of one microwave is rusty/peeling paint	1/1/24
430	NC	✓	Alley back door is rubbing the door frame and the door frame unit is loose	Replace 1/10/24
190	NC		Previously cooked spaghetti measured 50°F while in a container 15" deep, inside two door cookline refrigerator	12/27/23 Shallow pans
388	NC		Exterior (West) parking lot contained what appeared to be spilled spent grease	1/1/24
324	C		Ice maker (drain line) lacked an air gap	1/5/24
324	NC		Spray nozzle and hose attached to a water line lacked a backflow device	1/9/24
		①	Notes: ✓ is a repeat violation from last inspection on 5/19/23.	
		②	East door (exterior) rubs the bottom threshold plate	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
Lisa Coffey			Andrew Miller, EHS	

③ No dedicated mop seen in facility.



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Betsey
1214

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 Bay Horse Inn	Telephone Number () Establishment () Owner	Date of Inspection 12-1-23	ID# 1999
Establishment address 14608 W Stones Crossing	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 12-10-23
Owner		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 X 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted @ time of inspection	
			Bar dish machine final rinse is OK @ time of inspection.	
			Notes: ① interior of 16 machine needs clean ② observed internal food temperatures between 41°F - 44°F ambient air temperature was observed @ 47°F ↳ turn cooler down.	



Received by (name and title printed): Shayna Flays	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beth
12/21

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Establishment name BAYMONT INN	Telephone Number () Establishment () Owner	Date of Inspection 12/21/23	ID# 1700 2640
Establishment address 2122 HOLIDAY LN FRANKLIN, IN	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 12/31/23
Owner JOBNA PATEL		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page)	
Person in charge ROBIN ALBERTS		1 <u>2</u> 3 4 5	
Responsible person's email			
Certified food handler			

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• 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
255	NC	X	THERMOMETERS NOT ACCURATE IN BREAKFAST BAR AREA - 2 DOOR REFRIGERATOR AND UPRIGHT REFRIGERATOR	REPLACE - 12/28/23
197	NC	X	UPRIGHT FREEZER TEMPERATURE 20°F NOT AT 0°F OR LESS	12/23
187	C	X	2 DOOR REFRIGERATOR ^(MILK) 46°F NOT AT 41°F OR LESS (KEEP INTERNAL TEMPERATURE AT 41°F OR LESS)	12/21
291	NC	X	CHLORINE TEST PAPERS NOT AVAILABLE	12/28
228	NC	X	BACK ROOM - UPRIGHT FREEZER, CHEST	12/31
256	NC		FREEZER NOT EASILY MOVABLE THERMOMETERS NOT PROVIDED FOR THESE UNITS / CHEST FREEZER - SEE BUILT UP	12/28 12/28

Received by (name and title printed): Naben Alberts, Breakfast	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): <i>Naben Alberts</i>	Inspected by (signature): <i>Bob Smith</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

*Betson
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>Best Western</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/20/23</i>	ID# <i>1561</i>
Establishment address <i>1281 S. park dr. Greenwood IN 46143</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
Owner		Summary of Violations: <i>C 1 NC 2 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 <input checked="" type="checkbox"/> 3 4 5</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>228</i>	<i>NC</i>		<i>Downstairs & upstairs cooler & freezer are not easily movable</i>	<i>12/29</i>
<i>256</i>	<i>NC</i>		<i>couple of freezer unit thermometers are not seen</i>	<i>12/27</i>
<i>191</i>	<i>C</i>		<i>there are no date marking on food items inside cooler unit downstairs</i>	<i>12/22</i>

Received by (name and title printed): <i>Emily Heack</i>	Inspected by (name and title printed): <i>Paul Betson EHS</i>
Received by (signature): <i>Emily Heack</i>	Inspected by (signature): <i>Paul Betson</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Betsy
12/12

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>Bretford Assisted Living</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/2/23</i>	ID# <i>1759</i>
Establishment address <i>3021 stella dr. Greenwood</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: <i>C 1 NC 1 R</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>481</i>	<i>NC</i>		<i>Some areas on the floor by 2-bay sink w sorted.</i>	<i>12/19</i>
<i>386</i>	<i>C</i>		<i>MOP sink faucet with atmospheric vacuum breaker with a hose extending to a wall mounted chemical dispenser is not satisfactory.</i>	<i>12/28</i>
			<i>NOTE: Mechanical dish washer temp. is okay</i>	
			<i>(u) Food temperature is okay</i>	
			<i>(u) One enamel sink faucet is leaking</i>	
			<i>↳ please put a work order in.</i>	

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): <i>Paul Beliku EHS Mia Poppage</i>
Received by (signature):	Inspected by (signature): <i>Paul Beliku Mia Poppage</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Bekm
1/2/24

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 BTG woods	Telephone Number () Establishment () Owner	Date of Inspection 12/28/23	ID# 2047
Establishment address 1800 E KING ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/7/24
Owner		Summary of Violations: C <u>0</u> NC <u>8</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>4</u> 5 <u> </u>	
Person in charge TERESA HALLORAN			
Responsible person's email			
Certified food handler TERESA HALLORAN			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC	*	MECHANICAL DISMANTLING DRAINING ONTO FLOOR / NOT INTO DRAIN OUTLET IN FLOOR	1/5/24
138	NC	*	FACIAL BOARD RESTRAINT NOT WORN BY EMPLOYEE	12/29
395	NC	*	SHELVING IN REFRIGERATOR NOT CLEAN GRILL LINE	12/31
431	NC	*	FLOOR NOT CLEAN IN AREAS OF KITCHEN AND BAR NEXT TO WALL / UNDER EQUIPMENT - BAR DRAINS NOT INSTALLED OFF FLOOR SURFACE	1/3/24
324	NC	*	FLOOR UNDER ICE MAKER, SOFT DRINK STATION NOT CLEAN	
(NOTE)		*	UNUSED BOX OF SINGLE SERVICE ITEMS STORED ON FLOOR IN BASEMENT STOCK ROOM	Remove 1/10/24
399	NC	*	SOME WALL COVERING WORN IN KITCHEN	1/20/24
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	1/3/24
218	NC	*	SHELF COATING WORN IN SALAD COOLER	2/1/24

Received by (name and title printed): Teresa Halloran, General Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Teresa Halloran</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Belson
11/2/24

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 BLUE CACTUS	Telephone Number () Establishment () Owner	Date of Inspection 12/27/23	ID# 2349
Establishment address 188 W JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/6/24
Owner		Summary of Violations: C <u>0</u> NC <u>2</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge Jose M URTELO			
Responsible person's email			
Certified food handler Jose MURTELLO			

- 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
399	NC	*	WALL WORK BEHIND mop sink BASE	1/10/24
411	NC	*	SOME CEILING LIGHTS ARE OUT IN DISHWASHING AREA	1/8/24
		*	NOTE: VAPOR POST STRIPS SEEN IN BAR AREA - <u>NOT TO BE USED</u>	Remove 12/28
		*	NOTE: AUTO-CHLOR SYSTEM NOT PLUMBED CONNECTED AT 3 COMPARTMENT SINK	1/5/24

Received by (name and title printed): Jose Murillo	Inspected by (name and title printed): Bob Smith #715
Received by (signature): Jose Murillo	Inspected by (signature): Bob Smith
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Betsy
11/2/24

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 BPO ELKS #1818		Telephone Number () Establishment () Owner	Date of Inspection 12/29/23	ID# 106
Establishment address 56 E JEFFERSON ST. FRANKLIN, IN		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/8/24
Owner (BPO ELKS #1818)			Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address				
Person in charge CHRISTY RANEY - Locke			Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Certified food handler CHRISTY RANEY (6/24/27 ^{SRUBAFO} EXP.)				

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC	*	BAR - CLEAN UTENSILS STORED ON TOWEL	12/31/23
(NOTE)			AIR GBD NOT SEEN ON WATER SOFTENER RECHARGE PIP IN DRAIN	
(NOTE) (I)			SOME GALLONS OF MILK (12/24, 12/25 DATE)	

Received by (name and title printed): Christy Draney - Locke	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Christy Draney - Locke	Inspected by (signature): Bob Smith
cc:	cc:



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Belton 12/12

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 Buca di Beppo	Telephone Number () Establishment () Owner	Date of Inspection 12/11/23	ID# 897
Establishment address 659 N. US 31 Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/21/23
Owner		Summary of Violations: C 0 NC 6 R 1	
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 X Ryan Cain			

- 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
413	NC		✓ - Back door threshold is not tight fitting	30 days
430	NC		- maintenance room has ceiling and wall damage - Pass thru pipes and vents must be sealed	30 days
295	NC		- The top of the dishwasher is soiled	12/13/23
295	NC		- Dish room table seals are soiled and moldy.	12/13/23
430	NC		- floor drain in the prep area is damaged - [oven location]	30 days
431	NC		- The waitress station drain is soiled	12/13/23

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



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Betku 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>Burger King</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/20/23</i>	ID# <i>2606</i>
Establishment address <i>1889 E. main st Greenwood, IN</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date
Owner		Summary of Violations: <i>C 2 NC 0 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
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
<i>294</i>	<i>C</i>		<i>mechanical dish washer sanitizer is less than 150 ppm</i>	
<i>326</i>	<i>C</i>		<i>mop sink has no shut off down stream of atmospheric vacuum breaker.</i>	
<i>NOTE: food temperature is okay thank you!</i>				

Received by (name and title printed): <i>Jaeda McNew</i>	Inspected by (name and title printed): <i>Paul Betku EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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Office 317-346-4365 Fax 317-736-5264

Betsy
12/18

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>Butter Sugar flour Coffee</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/16/23</i>	ID# <i>2641</i>
Establishment address <i>105 N. state rd B5</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date
Owner		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/></i>	
Owner address	Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Kristyna Veris 12/27</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
			<i>No violation during inspection</i>	

Received by (name and title printed): <i>Kristyna Veris</i>	Inspected by (name and title printed): <i>Paul Betipou Ets</i>
Received by (signature): <i>Kristyna Veris</i>	Inspected by (signature): <i>Paul Betipou</i>
cc:	cc: