



**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

*Belm
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>Casey's General Store</i>	# 2582	Telephone Number () Establishment () Owner	Date of Inspection <i>12/11/23</i>	ID# <i>1114</i>
Establishment address <i>210 W. Center Cross IN</i>	<i>Edinburgh</i>		Follow-up <i>Yes</i>	Release Date <i>12/21/23</i>
Owner <i>46124</i>		Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>3</u> NC <u>0</u> R	
Owner address			Menu Type (See back of page) 1 2 <u>3</u> 4 5	
Person in charge <i>Tina Blacker</i>				
Responsible person's email				
Certified food handler <i>Tina Blacker - Expired</i>				

• 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
324	C		No air gap provided for hot water heater temperature relief valves and drain lines for soda stations	1/30/23
336	C		Mop sink faucet with atmospheric vacuum breaker (AVB) contains a hose extending to a wall mounted chemical dispenser	1/30/23
118	C		No Certified Food Manager at this location Notes: No backflow preventer seen inside the firm	1/25/23

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



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Belsm
12/21

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Establishment name <i>Casey's General Store #4022</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/11/23</i>	ID# <i>2523</i>
Establishment address <i>214 SR 135 Trafalgar, 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>No</i>	Release Date <i>12/21/23</i>
Owner <i>Casey's Corp 46181</i>		Summary of Violations: <i>C 1 NC 5 R</i>	
Owner address	Responsible person's email <i>(SenSafe Exp:)</i>	Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge			
Certified food handler <i>Korey Garrison 3/18/25</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
382	NC		Exterior trash dumpster stored in the grass	1-25-24
295	NC		soda drain lines sealed and air gap funnel, in water softener area	12-15-23
218	NC		Walk-in freezer left fan (1 of 3) is stuck in ice build-up (located in evaporator)	12-12-23
138	NC		Kitchen employee lacked a beard, restraint	12-12-23
218	NC		Guest area freezer storing ice cream and pizza contains inverted beverage racks used as shelving	1-1-24
336	C		Mop sink faucet with atmospheric vacuum breaker (AVB) contains a shut off valve and a hose to a wall chemical dispenser	1-20-24
* Notes: Firm has RP backflow device inside				

Received by (name and title printed): <i>X. Andrea Brown</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>X. Andrea Brown</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: <i>317-346-4380</i>



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Beckm
12/21

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Establishment name Chicago's	Telephone Number () Establishment () Owner	Date of Inspection 12-19-23 11:30am	ID# 1584
Establishment address 1280 US 31 N Ste A	Purpose: 1. Routine	Follow-up No	Release Date 12-29-23
Owner Ron Epple 46142	2. Follow-up	Summary of Violations:	
Owner address P	3. Complaint	C <u>0</u> NC <u>4</u> R	
Person in charge	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	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			Observed employee drinking coffee (w/out a straw) in kitchen/buffet area	
			Observed a cold cup w/ a straw & a lid (good) stored on top of ice bin (not good) Please store employee drinks below food & food contact surfaces	
431	NC		Floor soiled under equipment - Dish machine, 1 bag, ice maker, & metal cover over grease trap	
431	NC		Observed fly strips not approved for use in food facilities under dish area hand sink	
			Soiled vent/filters - Ice bin & double door "Cold drinks" cooler	
218	NC		Door gaskets soiled on ^{Person} make station cooler	
402	NC		Floor & grease trap cover has stagnant water around it indicating the floor is not longer easily cleanable	

Received by (name and title printed): Bekah Sohar manager	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): 	Inspected by (signature):
cc:	cc: 317-346-4373



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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 <i>Chicago's Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/8/23</i>	ID# <i>2355</i>
Establishment address <i>2245 Sheet Rd Greenwood IN 46143</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 0 NC 2 R</i>	
Owner address	Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	Responsible person's email	
Person in charge		Certified food handler <i>* Noah Epple</i>	

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>floors by dish washer & oven area is soiled</i>	<i>12/13/23</i>
			<i>(some cooler units are soiled)</i>	<i>↓</i>
<i>256</i>	<i>NC</i>		<i>Thermometer not seen in some cooler unit by oven</i>	<i>↓</i>
			<i>NOTE: (1) some areas by oven needs cleaning</i>	
			<i>(2) Food temperature is okay</i>	

Received by (name and title printed): <i>Nathan Shelts</i>	Inspected by (name and title printed): <i>Paul Belton EHS</i>
Received by (signature): <i>Nathan Shelts</i>	Inspected by (signature): <i>Paul Belton</i>
cc:	cc:



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Belton
12/21

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Establishment name <i>Chili's Grill & Bar</i>	Telephone Number (317) Est. 881- () Own 6991	Date of Inspection 12-19-23 3:30	ID# 2291
Establishment address 1281 US 31 S 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 12-29-23
Owner	Summary of Violations: C <u>0</u> NC <u>2</u> R	Menu Type (See back of page)	
Owner address		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Christy</i>			
Responsible person's email			
Certified food handler <i>Christy</i> 4/28-			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Floor tile broken - Bottom of eastern-most grill wall	1-15-24
190	NC		"Ribs Cooked" @ 55°F @ 4:08p - prepped @ 2:24p	12-19-23
187			Milk @ 51°F @ 4pm located in dressing reach in cooler	12-19-23
4.30			Floor grout missing in areas	Correcting
4.39			"Peroxide Multi Purpose Surface Cleaner & Disinfectant" Spray bottle stored on counter (wait station by restrooms) next to pitchers - Water	
			* Recommend not storing toxic items next to food items	
			* Recommend NOT tightly covering cooling food product until product is 41°F or less.	
336			Mop sink has 2 way splitter valve & spray nozzle w/ atmospheric vacuum breaker	12-19-23

Received by (name and title printed): <i>Christy Johnson</i>	Inspected by (name and title printed): <i>Elizabeth Schultz</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: 317-919-7557

ESchultz@co.johnson.in.us

You may make written comments - fax, mail, email



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Beth
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 CIRCLE K 121	Telephone Number () Establishment () Owner	Date of Inspection 12/19/23	ID# 686
Establishment address 2105 E KING ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12/29/23
Owner		Summary of Violations: C 0 NC 5 R	
Owner address	Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 5	Responsible person's email	
Person in charge MICHELLE SMITH		Certified food handler	
Responsible person's email		Certified food handler	

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	*	FLOOR AND WALL BEHIND SOFT DRINK BOXES IN STOCK AREA NOT CLEAN	12/26/23
431	NC	<	FLOOR UNDER SOFT DRINK STATION IN CABINET NOT CLEAN	12/26
295	NC	<	CABINET SHELF UNDER SINK NOT CLEAN	12/26
218	NC	<	SMALL CHEST FREEZER IN STOCK ROOM - TOP LID GASKET WORN, THERMOMETER NOT PROVIDED	1/14/24
256	NC			12/26
			<u>NOTE</u> HOSE AT MOP SINK FAUCET EXTENDS BELOW FLOOD RIM OF MOP BASIN	12/28

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



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Belsm
 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>Community Health Network Rehabilitation Establishment</i>		Telephone Number	Date of Inspection <i>12/26/23</i>	ID# <i>2234</i>
Establishment address <i>607 Greenwood Springs Dr</i>		() Owner	Follow-up	Release Date
Owner		Purpose: 1. Routine	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u> Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <input checked="" type="checkbox"/> 5 <u> </u>	
Owner address		2. Follow-up		
Person in charge		3. Complaint		
Responsible person's email		4. Pre-Operational		
Certified food handler		5. Temporary		
		6. HACCP		
		7. Other (list)		

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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>Jacob</i>	Inspected by (name and title printed): <i>Paul Belsm EHS</i>
Received by (signature): <i>Jacob</i>	Inspected by (signature): <i>Paul Belsm</i>
cc:	cc:



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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>Company kitchen - Amazon</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/7/23</i>	ID# <i>2551</i>
Establishment address <i>19 Bob Cuddes Blvd Whiteland Ind</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
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)	
Person in charge		<i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Responsible person's email			
Certified food handler			

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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>James Turner</i>	Received by (name and title printed): <i>Paul Betiku EIT</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Buttm
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>Country Charm</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/11/23</i>	ID# <i>M67</i>
Establishment address <i>3177 Meridian park dr.</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>12/21/23</i>
Owner <i>Greenwood, IN 46142</i>		Summary of Violations: <i>C 1 NC 6 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <input checked="" type="checkbox"/> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Joanna Westling Ex Y29/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		3 bay sink & hand sink by ice machine are leaking	12/19
336	C		Mop sink faucet with atmospheric vacuum breaker with a hose extending to a wall-mounted chemical dispenser is not satisfactory	12/27
28	NC		Chest freezer is not easily movable	12/19
411	NC		Right-most light above ovens is out	
295	NC		Middle vents above fryer are soiled	
431	NC		Cabinets in serving area are soiled	
297	NC		Juice machine in serving area is soiled	
Note:			light in upright cooler E is out	

Received by (name and title printed): <i>JOANNA Westling</i>	Inspected by (name and title printed): <i>Paul Bettou etts / Mia Papageorge</i>
Received by (signature): <i>Joanna Westling</i>	Inspected by (signature): <i>Paul Bettou / Mia Papageorge</i>
cc:	cc:



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Bekal
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>Country Mart</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/15/23</i>	ID# <i>2321</i>
Establishment address <i>120 S. SR 135 Bangersville IN 46106</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date
Owner		Summary of Violations: <i>C 2 NC 5 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 <input checked="" type="checkbox"/> 3 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>Soda nozzles are sorted.</i>	<i>ASAP</i>
<i>411</i>	<i>NC</i>		<i>Lights are out inside walk-in cooler.</i>	<i>12/20</i>
<i>177</i>	<i>NC</i>		<i>There are materials on the floor inside walk-in cooler.</i>	<i>1</i>
<i>336</i>	<i>C</i>		<i>Mop sink faucet with atmospheric vacuum breaker with hose extending to a wall mounted chemical dispenser is not satisfactory</i>	<i>1/7/23</i>
<i>431</i>	<i>NC</i>		<i>Walk-in cooler fan vents are sorted</i>	<i>ASAP</i>
<i>345</i>	<i>C</i>		<i>Hand sink in kitchen area does not have hot water.</i>	<i>12/20</i>
<i>431</i>	<i>NC</i>		<i>Floor & wall in kitchen area is sorted Floor inside walk-in cooler is sorted.</i>	<i>1</i>
			<i>NOTE: (1) please clean walls & floors in kitchen & walk-in cooler</i>	
			<i>(2) please make sure backflow prevention gets tested by certified plumber</i>	

Received by (name and title printed): <i>Tawson Fish</i>	Inspected by (name and title printed): <i>Paul Bekal LHS</i>
Received by (signature): <i>Tawson Fish</i>	Inspected by (signature): <i>Paul Bekal</i>
cc:	cc: <i>317-346-4370</i>



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*Betsu
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>Cellver's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/11/23</i>	ID# <i>1971</i>
Establishment address <i>320 SR 135 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>←</i>	Release Date <i>12/21/23</i>
Owner		Summary of Violations: C _____ NC <i>4</i> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <i>✓</i> 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>310</i>	<i>NC</i>		<i>Employee restroom vent is dusty</i>	<i>12/19</i>
<i>309</i>	<i>NC</i>		<i>mechanical ventilation does not work</i>	
<i>218</i>	<i>NC</i>		<i>Walk-in cooler does not close properly</i>	
<i>324</i>	<i>NC</i>		<i>Chlorine ^{mechanical} dishwasher leaking by atmospheric vacuum breaker</i>	
<p><i>Note: ① need light for freezer by fryer ② pipe of atmospheric vacuum breaker by dishwasher needs to be repaired by a certified plumber</i></p>				

Received by (name and title printed): <i>Brooks Johnson</i>	Inspected by (name and title printed): <i>Paul Betsu RTH / Mia Papageorge</i>
Received by (signature): <i>Brooks Johnson</i>	Inspected by (signature): <i>Paul Betsu / Mia Papageorge</i>
cc:	cc:



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*Becky
12/21*

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Establishment name <i>Dairy Queen</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/19/23</i>	ID# <i>2760</i>
Establishment address <i>99 US 31 S Whiteland, 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>0</u> NC <u>6</u> R <u> </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			
Responsible person's email			
Certified food handler <i>Samir Patel</i>			

- 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>430</i>	<i>NC</i>		<i>- wall construction is not finished by the water heater. Bars wood</i>	
<i>216</i>	<i>NC</i>		<i>- walk-in cooler racks are rusted</i>	
<i>216</i>	<i>NC</i>		<i>- seal around pipes in the walk-in cooler</i>	<i>Provide caps</i>
<i>324</i>	<i>NC</i>		<i>- 3-bay sink drain needs a floor sink [indirect connection]</i>	
<i>324</i>	<i>NC</i>		<i>- Provide an air gap for Pepsi/ice machine drain -</i>	
<i>430</i>	<i>NC</i>		<i>- Repair damage behind the Pepsi dispenser.</i>	

Received by (name and title printed): <i>Sharon Ramirez Store Manager</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Sharon Ramirez</i>	Inspected by (signature): <i>Terry D Bayless</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

Berry
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 Denny's	Telephone Number () Establishment () Owner	Date of Inspection 12/7/23	ID# 836
Establishment address 1253 South Park Ave Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/17/23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</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 Craig Fredmore			

- 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
430	NC		Paint is chipping off the walk-in cooler walls	12/7/24
Note: Salad cooler is running slightly warm				

Received by (name and title printed): Craig Fredmore	Inspected by (name and title printed): Mindy [unclear]
Received by (signature): [Signature]	Inspected by (signature): [Signature]
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

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 Egg Roll	Telephone Number () Establishment () Owner	Date of Inspection 12/17/23	ID# 2464
Establishment address 640 US 31 SEED Greenwood Ind 46142	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>2</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			
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
431	NC		3-bay sink main drain is sorted.	12/20
430	NC		ice-machine door is broken off ↳ this needs to be replaced.	↓
<p>NOTE: (i) please make sure back flow prevention gets tested. this should be tested annually</p> <p>(ii) make sure bulky items are covered before & after use</p> <p>(iii) make sure food items inside walk-in cooler & freezer are covered up</p>				

Received by (name and title printed): JOHN T. KWAW	Inspected by (name and title printed): Paul Beticu EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Beth
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 El Abuelo	Telephone Number () Establishment () Owner	Date of Inspection 12/19/23	ID# 1833
Establishment address 989 W US31 Whiteland, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/29/23
Owner		Summary of Violations: C 1 NC 6 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 4 5	
Responsible person's email			
Certified food handler + Alan Zaragoza			

- 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
239	NC		= Knives improperly stored between dish washer tables	12/19/23
430	NC		- wall board by the dishwasher is coming apart [FRP]	next inspection
257	NC		- low boy cooler thermometer is not accurate by the grill	
216	NC		- Dirty card board on cleaner shelf	12/20/23
430	NC		- Cove base by the mop sink is missing	Next inspection
430	NC		- Cove base in the dish room is in dis repair	↓
433	C		Insecticide pest strips may not be use in the restaurant	12/19/23
			* Note: The walk in cooler is running slightly high - 42-43°F Keep at 38-40°F	

Received by (name and title printed): + Hector	Inspected by (name and title printed): Terry D Bayless
Received by (signature): + Hector	Inspected by (signature): Terry D Bayless
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

Bekm
12/22

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 EL PUEBLO	Telephone Number () Establishment () Owner	Date of Inspection 12/13/23	ID# 2038
Establishment address 1904 NORTHWOOD 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 12/23/23
Owner VANESSA A GUIRRO		Summary of Violations: C 0 NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 4X 5	
Person in charge GABRILO REYES			
Responsible person's email			
Certified food handler GABRILO MIRRELES			

• 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	*	Narrative	To Be Corrected by
256	NC	X	SMALL CHEST FREEZER - NO THERMOMETER SEEN	12/22/23
431	NC	X	FLOOR UNDER PEPSI MACHINE NOT CLEAN	corrected 12/13
431	NC	X	RESTROOMS - MECHANICAL EXHAUST COVERS	12/20
309	NC	X	NOT CLEAN - MECHANICAL EXHAUST NOT FUNCTIONING PROPERLY	
413	NC	X	BACK DOOR, SIDE DOOR DOES NOT CLOSE TIGHTLY	12/23
392	NC	X	OUTSIDE DUMPSTER LIDS NOT CLOSED	12/15
218	NC	X	DOOR GASKETS ON KITCHEN 3 DOOR REFRIGERATOR WORN/SPLIT	1/15/24
295	NC	X	BACK BAR - BEER COOLER - CONDENSER COILS NOT CLEAN	corrected 12/13
256	NC	X	BACK BAR in water ALMOND MILK STORED STORED IN BEER COOLER, THERMOMETER NOT SEEN	12/20
304	NC	X	FLOOR CLEAN ON BAR NOT CLEAN	12/20

Received by (name and title printed): *Gilberto Reyes	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Gilberto Reyes	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
Office 317-346-4365 Fax 317-736-5264

*Bethan
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>DHL Five star food service</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/13/23</i>	ID# <i>2476</i>
Establishment address <i>188 Bantam Hwy Franklin</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 <u>0</u> NC <u>0</u> R</i>	
Owner address	Menu Type (See back of page) <i>1 2 <u>✓</u> 3 4 5</i>	Responsible person's email	
Person in charge		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>Keith M. Woods</i>	Inspected by (name and title printed): <i>Paul Bethan</i>
Received by (signature): <i>Keith M. Woods</i>	Inspected by (signature): <i>Paul Bethan</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

*Belton
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>Five Star - Endress Hauser</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/19/23</i>	ID# <i>2480</i>
Establishment address <i>2340 Endress Hauser place</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations: C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	
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>Mike Moore</i>	Inspected by (name and title printed): <i>Paul Belton Rtt</i>
Received by (signature): <i>Mike Moore</i>	Inspected by (signature): <i>Paul Belton</i>
cc: <i>Mike.moore@endress.com</i>	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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*Beltram
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>Energizer - Five Star</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/13/23</i>	ID# <i>2475</i>
Establishment address <i>188 Barttram Pkwy</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
Owner		Summary of Violations: <i>C <u>0</u> NC <u>0</u> R</i>	
Owner address	Menu Type (See back of page) <i>1 2 <u>3</u> 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

NOTE: Couple of food items are expired 12/12/23 & 1
- the Ham & Cheese 12/12/23
- Bacon cheese burger 12/08/23

Received by (name and title printed): <i>Gina Thornburgh</i>	Inspected by (name and title printed): <i>Paul Beltram EHS</i>
Received by (signature): <i>Gina Thornburgh</i>	Inspected by (signature): <i>Paul Beltram</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Beltm
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>Interstate warehouse - Five star</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/13/23</i>	ID# <i>2482</i>
Establishment address <i>200 Barton Pkwy</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
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			
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>Kyle Bailey office manager</i>	Inspected by (name and title printed): <i>Paul Beltm #11</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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

*Bekm
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>Interstate warehouse - fire station</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/13/23</i>	ID# <i>2513</i>
Establishment address <i>700 Bantam Pkwy</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 <u>0</u> NC <u>0</u> R _____</i>	
Owner address		Menu Type (See back of page) <i>1 _____ 2 <u>✓</u> 3 _____ 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>No violation during inspection</i>	

Received by (name and title printed): <i>Jan Killian</i>	Inspected by (name and title printed): <i>Paul Belovek AHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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FRANKLIN, IN 46131
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Betsy
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>Milwaukee tool - Five star food services</i>	Telephone Number Establishment	Date of Inspection <i>12/20/23</i>	ID# <i>2473</i>
Establishment address <i>2198 South Tech Dr Ind, 46143</i>	() Owner	Follow-up —	Release Date
Owner	Purpose: 1. Routine	Summary of Violations: <i>C</i> <input checked="" type="checkbox"/> <i>NC</i> <input checked="" type="checkbox"/> <i>R</i> <input type="checkbox"/>	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge	3. Complaint	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email	4. Pre-Operational		
Certified food handler	5. Temporary		
	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
			<i>Ambient food temperature in cooler is at 47°F Cooler was out of frost</i>	
			<i>No violation, thank you.</i>	

Received by (name and title printed): <i>Bret Smith</i>	Inspected by (name and title printed): <i>Paul Belieu EHS</i>
Received by (signature): <i>Bret Smith</i> <i>Bret.Smith@milwaukeefood.com</i>	Inspected by (signature): <i>Paul Belieu</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

*Betsy
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>Mitsubishi - Five star</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/13/23</i>	ID# <i>2467</i>
Establishment address <i>1200N Mitsubishi Rwy</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: <i>C NC R</i>	
Owner address	Menu Type (See back of page) <i>1 2 <u>3</u> 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>No notation during inspection</i>	

Received by (name and title printed): <i>Vanessa Burton</i>	Inspected by (name and title printed): <i>Paul Beticu EHS</i>
Received by (signature): <i>Vanessa Burton</i>	Inspected by (signature): <i>Paul Beticu</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

Beltz 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>Mitsubishi - Five Star</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/12/23</i>	ID# <i>2512</i>
Establishment address <i>1200 N Mitsubishi Pkwy</i>	Purpose: 1. <u>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: <i>C</i> <u>0</u> <i>NC</i> <u>0</u> <i>R</i> _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 ✓ 3 _____ 4 _____ 5 _____	
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>Vanessa Burton</i>	Inspected by (name and title printed): <i>Paul Beltz</i>
Received by (signature): <i>Vanessa Burton</i>	Inspected by (signature): <i>Paul Beltz</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Becky
11/21/24

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 FRANKLIN SKATE CLUB	Telephone Number () Establishment () Owner	Date of Inspection 12/27/23	ID# 119
Establishment address 2680 N MORTON 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 CAROLYN WILLIAMS		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge VICKY CLAY		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>✖</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler VICKY CLAY			

- 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
218	NC		XXXXXXXXXX LID WORK ON CHEST FREEZER	① new freezer to be installed 1/10/24

Received by (name and title printed): VICKI S. CLAY	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Vicki S. Clay</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Belay
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 Fuji Sushi	Telephone Number () Establishment () Owner	Date of Inspection 12-11-23	ID# 2642
Establishment address 1251 US 31 Greenwood 46142	Owner	Follow-up	Release Date 12-21-23
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>5</u> R _____	
Person in charge		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>X</u> 4 _____ 5 _____	
Responsible person's email			
Certified food handler Sul Ling (exp 8/11/28)			

- 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
347	NC		Observed no hand soap @ front hand sink	12-11-23
346	NC		Observed no paper towels @ hand sink located by 3 bay sink	
245	NC		Observed wet cloths cloths not stored in sanitizer solution	
174	NC		Bulk food containers not labeled.	
234	NC		Observed in-use utensils stored without the handle above food product.	
Notes: ① Hand sinks are for hand washing only				

Received by (name and title printed):	Inspected by (name and title printed): Cessi Hall
Received by (signature): Macey	Inspected by (signature): Cessi Hall
cc:	cc: Elizabeth Schultz

Eschultz@co.johnson.in.us Page 1 of 1

You may make written comments - fax, email, mail