



**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

Belknap
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 <i>MATT & MADISON CAFE'</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/27/23</i>	ID# <i>2208</i>
Establishment address <i>700 N MAIN ST. FRANKLIN, IN</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>1/6/24</i>
Owner <i>[Signature]</i>		Summary of Violations: <i>C 0 NC 0 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge			
Responsible person's email <i>JORDYN GILLASPIE</i>			
Certified food handler <i>JESSIE SHORT -</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>NO VIOLATIONS OBSERVED</i>	<i>[Checkmark]</i>

Received by (name and title printed): <i>Jessie Short</i> Assistant General Manager	Inspected by (name and title printed): <i>Bob Smith</i> EHS
Received by (signature): <i>Jessie Short</i>	Inspected by (signature): <i>Bob Smith</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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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>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/19/23</i>	ID# <i>1058</i>
Establishment address <i>2556 S. S.R. 135 IN 46143 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>Yes</i>	Release Date <i>12/29/23</i>
Owner <i>Paul W.</i>		Summary of Violations: C <u>1</u> NC <u>3</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>✓</u> 4 _____ 5 _____	
Person in charge <i>Aaron Sandoval</i>			
Responsible person's email			
Certified food handler <i>Aaron Sandoval (SenSafe Exp 12/7/25)</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
336	C		Mop sink faucet with atmospheric vacuum breaker (AVB) contains a y-valve with shut-off valve and a hose extending to a chemical wall dispenser	1/30/24 need SVB backflow preventer
295	NC		Inside top of ice maker (large) is soiled	12/21/23
431	NC		① Floor under ice maker (large) is soiled	
			② Public restroom walls are soiled	12/19/23
324	NC		Drain hose for drive thru number 2 ice bin not extending to a floor drain	12/22/23
			* Notes: Firm has two Reduced Principle (RP/RPT) Backflow devices. One on the bottom leaks from the vent. Both units lack inspection/testing (no tag), lack air gaps (vents) and are blocked by a large blue (appears) (to be) water pressure tank.	

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



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Belton 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>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/26/23</i>	ID# <i>1451</i>
Establishment address <i>706 W. Trafalgar Pointe Way</i>	Owner <i>Trans Winger</i>	Follow-up <i>30 days</i>	Release Date <i>1/6/24</i>
Owner	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>1</u> NC <u>6</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>X</u> 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <i>Trans Winger</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
138	NC		Employee's are not wearing proper hair restraints	12/26/23
297	NC		Food bins on the prep line are soiled	12/26/23
431	NC		mold noted on the wall by the 3-bay sink	12/30/23
431	NC		- Storage area floors are soiled - bag n box, cooking oil tanks	12/28/23
431	NC		The floor sink under the 3-bay sink is soiled.	12/28/23
345	NC		- The hand sink at the 1st drive-up window is soiled	12/26/23
344	C		The hand sink at the pick-up window is inaccessible for use.	12/26/23
			Note: Remove old boxes in the storage area	

Received by (name and title printed): <i>Trans Winger, Supervisor</i>	Inspected by (name and title printed): <i>Tony D Bayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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 McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 12/8/23	ID# 2326
Establishment address 1199 South Port Currenwood	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> </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 Veronica Hernandez	Serv safe 11/22/22		

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Section #	C/NC	R	Narrative	To Be Corrected by
336	C		Mop sink faucet with atmospheric vacuum breaker with hose extending to wall mounted chemical dispenser is unsatisfactory	12/22
			NOTE: food temperatures are okay	
			thank you!!	

Received by (name and title printed): Jacqueline Castro	Inspected by (name and title printed): Paul Betton EHS
Received by (signature): <i>Jacqueline Castro</i>	Inspected by (signature): <i>Paul Betton</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>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/17/23</i>	ID# <i>2612</i>
Establishment address <i>2962 E 500 N Whiteland IN 46184</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 <i>12/21/23</i>
Owner		Summary of Violations: C <u>1</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <input checked="" type="checkbox"/> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>1</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>836</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>12/22</i>
<i>297</i>	<i>NC</i>		<i>soda nozzles are soiled.</i>	<i>12/9</i>
			<i>NOTE: Temperatures at cooler & freezers are okay</i>	
			<i>(u) please work more on the floor cleaning at fryer area</i>	

Received by (name and title printed): <i>T. W. -</i>	Inspected by (name and title printed): <i>Paul Betrou EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Paul Betrou</i>
cc:	cc:



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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 Merger #132	Telephone Number () Establishment () Owner	Date of Inspection 12/5/23	ID# 636
Establishment address 150 S. Martin dr Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 12/19/23
Owner		Summary of Violations: C 1 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 V 5	
Person in charge			
Responsible person's email			
Certified food handler Rebecca Miller			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Wall tile by one walk-in cooler by deli is broken	12/11
431	NC		Crill vent at deli is soiled at cleaning station & bakery	1
336	C		Map sink faucet with atmospheric vacuum breaker with hose extended to a wall mounted chemical dispenser. ↳ make sure the chemical hose is separated from the map sink faucet	12/15
411	NC		couple of lights are out at frozen veggies, frozen pizza & frozen juice freezer units	12/11
431	NC		Produce cooler fans are dusty	1
430	NC		there's a leak at produce cooler fan.	
431	NC		floor at dairy cooler is soiled	

Received by (name and title printed):
Jeremy Jones Assistant Store Manager

Inspected by (name and title printed):
Paul Belice / Mia Pappageorge

Received by (signature):
[Signature]

Inspected by (signature):
[Signature]

cc:

cc:



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INSPECTION REPORT

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Beky
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 <i>Meijer #295</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/27/23</i>	ID# <i>2048</i>
Establishment address <i>2370 N. Morton St. Franklin IN 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>01/06/24</i>
Owner		Summary of Violations: <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
Responsible person's email			
Certified food handler <i>Robin Owens Exp. 2027</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>218</i>	<i>NC</i>		<i>Door gasket by cooler at frozen pizza / pre is worn</i>	<i>01/15</i>
<p><i>NOTE: (i) Handlome by deli area does not have paper towel</i> <i>(ii) please make sure soiled area by frozen foods is clean up.</i> <i>(iii) please fix that light inside freezer at ice-cream/frozen foods.</i></p>				

Received by (name and title printed): <i>COLIN HAMMOND STORE DIRECTOR</i>	Inspected by (name and title printed): <i>paul Bettelmeier / Mia Papageorge</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>paul Bettelmeier / Mia Papageorge</i>
cc:	cc:



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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 <i>Mi Jefe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/6/23</i>	ID# <i>1639</i>
Establishment address <i>106 S. SR 135 Trafalgar, IN 46187</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 _____ NC <u>1</u> R _____</i>	Menu Type (See back of page) <i>1 _____ 2 _____ 3 _____ 4 <u>✓</u> 5 _____</i>	
Owner address			
Person in charge <i>Jose Giron</i>			
Responsible person's email			
Certified food handler <i>Jose Giron Exp. 2024</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>Inner top of the machine is starting to get soiled</i>	
			<i>NOTE: (i) Temperatures are okay</i>	
			<i>(ii) mechanical dishwasher sanitizer should be at 250ppm</i>	
			<i>(iii) make sure all food items inside walk-in cooler are covered.</i>	
			<i>(iv) make sure all bulky food items are marked/labelled.</i>	

Received by (name and title printed): <i>Jose Giron</i>	Inspected by (name and title printed): <i>Paul Belieu Atts.</i>
Received by (signature): <i>Jose Giron</i>	Inspected by (signature): <i>Paul Belieu</i>
cc:	cc:



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Bestm
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 <i>Newks Eatery</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/26/23</i>	ID# <i>2105</i> 2075
Establishment address <i>1279 N. Emerson Ave</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: C <u>2</u> NC <u>4</u> R	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 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
431	NC		Floors & walls are soiled by oven @ floors are soiled by grill area. @ floor drain is soiled at three boy sink & salad station area.	01/10/24
297	NC		Soda nozzle is soiled	12/29 12/29
324	NC		there's no hot water at one hand sink by oven.	01/5/24
191	C		there are no date markings on some food merche	
1			water in cooler.	
399	NC		Small wing flies are observed in kitchen/mop area	
336	C		No shut offs downstream of Atmosphere vacuum breaker	1/24/24
			NOTE: (i) please make sure grill is fixed or changed because it's damaged. (ii) Dish washer does not produce sanitizer - ECO Lab will be in facility to duct it. (iii) please make sure floors & walls & drains are cleaned.	

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

Marynewks@gmail.com



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Belbin
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>Pho Loi</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/19/23</i>	ID# <i>2022</i>
Establishment address <i>1000 N Madison Ave Greenwood IN 46142</i>	Purpose: 1. Routine <u> </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>2</u> R</i>	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			
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>347</i>	<i>NC</i>		<i>NO violation paper towels seen by hand sink</i>	
<i>430</i>	<i>NC</i>		<i>Restroom floors are soiled - ↳ Restroom needs cleaning & please restroom vents</i>	
			<i>NOTE: (i) please clean kitchen floors everyday. (ii) chemical sanitizer is good but make sure to change (iii) New cooling equipment are used in the kitchen (iv) make sure date markings are on unfinished food items after daily use.</i>	

Received by (name and title printed): <i>Kyau M Aung</i>	Inspected by (name and title printed): <i>Paul Belbin EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Bethany
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 P FL (Pizza + Libations)	Telephone Number () Establishment () Owner	Date of Inspection 12/1/23	ID# 2631
Establishment address 75 N. Baldwin St. Bargersville IN 46106	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 12/11/23
Owner		Summary of Violations: C 2 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 ✓ 5	
Person in charge Ed Sawyer			
Responsible person's email			
Certified food handler Jessica George			

• 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
346	NC		No hand soap available at one bar hand sink and hand sink in kitchen dish area	12/2/23
431	NC		Floor drains soiled in dish server area, area and bar area and some drains are not easily removable	12/3/23
430	NC		Mop sink faucet with atmospheric vacuum breaker (AVB) contained a y-value with shut-off valves and ^{AVB}	12/20/23
336	C			12/20/23
256	NC		No thermometer seen in Galaxy mobile freezer in kitchen	12/2/23
297	NC		Inside top of ice maker spoiled	12/1/23
324	NC		Server area soda drain line not protected with an air gap	12/5/23
295	NC		Bar soda guns are soiled	Corrected
324	NC	^{AVB}	Pitcher dispenser leaks in bar cup	12/9/23

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



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Betm
11/2/24

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Establishment name <i>Pizza Twist</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/26/23</i>	ID# <i>2738</i>
Establishment address <i>997 E County Blvd 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>Yes</i>	Release Date
Owner		Summary of Violations: C <u>2</u> NC <u>3</u> R	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Person in charge			
Responsible person's email			
Certified food handler <i>Champreet Saran 8/2/23</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
345	C		Hand sink is not only used for hand washing	1/5/24
112	NC		small chest freezer by oven is not NSF approved.	1/29/24
146	NC		food items by oven is not labelled.	1/5/24
129	C		Employees should wash hands after restroom use or when moving to do any other task.	
399	NC		floor & walls are soiled by three-bay sink	
			NOTE: (i) Make sure employees use hair restraint. (ii) please make sure employees are trained on when to wash hands & trained on proper hand washing techniques. (iii) Make sure there are date markers on food materials inside upright cooler.	

Received by (name and title printed): <i>GURJANT SINGH</i>	Inspected by (name and title printed): <i>Paul Beticu EHS</i>
Received by (signature): <i>Gurjant Singh</i>	Inspected by (signature): <i>Paul Beticu</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
12/12

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 Qdoba	Telephone Number () Establishment () Owner	Date of Inspection 12/11/23	ID# 2693
Establishment address 704 S SR 135 Greenwood 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 12/21/23
Owner		Summary of Violations: C 1 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 ✓ 4 5	
Person in charge			
Responsible person's email			
Certified food handler Brock Brown Exp 8/12/27			

- 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
297	NC		Couple of soda nozzles are soiled	12/14
431	NC		Serving area is soiled Prep area by ice machine is soiled	↓
336	C		Mop sink faucet with atmospheric vacuum breaker with a hose extending to a wall mounted chemical dispenser is not satisfactory	12/27
			Notes: ① recommend to clean walls + floors as you go throughout the day ② recommend to please have a designated ice scoop for ice machine ③ please work on taking trash out by back door exit ④ get a new cutting board soon ⑤ cover cilantro that is being prepped before moving onto the next task ⑥ please ensure dry bulk food is not near accessible water	

Received by (name and title printed): Caitlin Haas	Inspected by (name and title printed): Mia Papageorge / Paul Beticou EPH
Received by (signature): <i>Caitlin Haas</i>	Inspected by (signature): <i>Mia Papageorge / Paul Beticou</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

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 QUALITY INN	Telephone Number () Establishment () Owner	Date of Inspection 12/21/23	ID# 2647
Establishment address 150 LOWERS LN FRANKLIN IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 12/31/23	Release Date 12/31/23
Owner PATEL		Summary of Violations: C <u>0</u> NC <u>5</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge TRACEY HIGGINS			
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
291	NC	*	CHLORINE TEST PAPERS NOT AVAILABLE	12/28/23
228	NC	*	UPRIGHT FREEZER, UPRIGHT REFRIGERATOR NOT EASILY MOVEABLE	12/31
411	NC	*	SOME LIGHTS ARE OUT IN DISHWASHING AREA	12/31
346	NC	*	DISPOSABLE HANDTOWELS SOAP NOT PROVIDED AT DESIGNATED HANDSINK IN AREA OF 3 COMPARTMENT SINK	12/28
347	NC	*		

Received by (name and title printed): Tracey Higgins GM	Inspected by (name and title printed): Bob Smith
Received by (signature): 	Inspected by (signature):
cc:	cc: