



**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>Waffle House</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/14/23</i>	ID# <i>1676</i>
Establishment address <i>1069 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 <i>12/24/23</i>
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 <i>Krystal McBride</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>295</i>	<i>NC</i>		<i>Pancake mix cooler is soiled</i>	<i>12/14/23</i>
<i>433</i>	<i>NC</i>		<i>Mops and brooms are not hung up</i>	↓
<i>431</i>	<i>NC</i>		<i>Floor and floor drain by the dishwasher are soiled</i>	

Received by (name and title printed): <i>Krystal McBride, Manager</i>	Inspected by (name and title printed): <i>Terry Bayless</i>
Received by (signature): <i>Krystal McBride</i>	Inspected by (signature): <i>Terry Bayless</i>
cc:	cc:



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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 Wendy's	Telephone Number () Establishment () Owner	Date of Inspection 12-29-23	ID# 6025
Establishment address 490 N Morton St. 46131 Franklin	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 1-7-24
Owner		Summary of Violations: C <u>φ</u> NC <u>φ</u> R <u>φ</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 X 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
			Dining Room is amazing	
			the serv safe not perfect but all managers have them.	

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



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Back 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>Wendy's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/8/23</i>	ID# <i>2378</i>
Establishment address <i>1065 South park dr</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: C <u>2</u> NC <u>0</u> R <u>0</u>	
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
			<i>NO violation during inspection</i>	
			<i>NOTE: (1) make sure back flow prevention gets tested by a certified plumber</i>	
			<i>(2) make sure faucet leak at mop sink gets fixed by certified plumber</i>	
			<i>(3) mechanical disher washer sanitizer should be in range of 200-250 ppm.</i>	
			<i>thank you!!</i>	

Received by (name and title printed): <i>Charis McIntosh</i>	Inspected by (name and title printed): <i>Paul Betrou</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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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>WHITE CASSE 23</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12.27.23</i>	ID# <i>0446</i>
Establishment address <i>105 SHEER RD</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>1/07/23</i>
Owner		Summary of Violations: <i>C 0 NC 5 R -</i>	
Owner address	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	Person in charge <i>SARAH JERKEC</i>	
Responsible person's email		Certified food handler <i>TICARA GRUBBS</i>	

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>- FLOORS ARE SOILED - NEAR 3 BAY SINK - NEAR BAUL DOOR EXIT - UNDER ALL EQUIPMENT</i>	<i>12.29.23</i>
<i>324</i>	<i>NC</i>		<i>- FAUCET ON 3 BAY IS LEAKING - LARGE REAK - IN REFRIGERATOR NEXT TO THE ICE MACHINE</i>	<i>1/14/24</i>
<i>218</i>	<i>NC</i>		<i>- POOR GASKET IS IN DIS REPAIR</i>	<i>1/14/24</i>
<i>295</i>	<i>NC</i>		<i>- BOTTOM LEVEL IS SOILED</i>	<i>12.28.23</i>
<i>295</i>	<i>NC</i>		<i>- ICE MAKER IS SOILED ON THE EXTERIOR AND INTERIOR</i>	<i>12.28.23</i>
<i>* NOTE - F/U OF COMPLAINT - CUSTOMER WAS ILL w/ 4 HRS OF SICK. NO OTHER CONCERNS/COMPLAINTS RECEIVED. FOOD TEMPS ARE w/ IN ACCEPTABLE RANGE</i>				

Received by (name and title printed): <i>T. Harsha Grubbs</i>	Inspected by (name and title printed): <i>Kevin R. Pauer EHS</i>
Received by (signature): <i>T. Harsha Grubbs</i>	Inspected by (signature): <i>KRP</i>
cc:	cc:



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Bekm
12/14

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>White's Inn Bar & Grill</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/1/23</i>	ID# <i>2011</i>
Establishment address <i>1020 N US 31 New Whiteland IN</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>12/11/23</i>
Owner <i>Mark Clark 46184</i>		Summary of Violations: <i>C 2 NC 22 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Shawn Clark</i>		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>Unknown No Certificate Provided</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC	✓	Floors not smooth & easily cleanable	1/21/24
431	NC	✓	and sealed in areas	12/2/23
295	NC	✓	Walk-in-cooler shelving is	1/21/24
218	NC		soiled and rusty	+
218	NC		Refrigeration door seals torn on	1/21/24
			some equipment	+
256	NC	✓	Ambient air thermometers not	12/3/23
			seen in some refrigeration units	+
411	NC	✓	Interior light bulbs missing in	12/9/23
			some refrigeration units and hood	+
			system	+
404	NC		No cove base behind prep table	1/24/24
	NC		No mop sink provided in firm.	1/24/24
			Firm removed unit from facility	+
218	NC		Deep fryer baskets are damaged	12/9/23
430	NC		Kitchen ceiling tile is damaged	1/24/24
			(previously wet) and soiled	+
413	NC		Back door interior lower left	1/20/24
			corner is not sealing	+

Received by (name and title printed): <i>SEAN CLARK</i>	Inspected by (name and title printed): <i>Andrew Miller EHS</i>
Received by (signature): <i>Shawn Clark</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name		Address	Inspection Date
Whit's Inn Bar & Grill		1020 N US 31 ^{New} Whitleland	12/1/24
Section#	C/NC	R	REMARKS
			IN 46184
112	NC		Some refrigeration/freezer units in Suite 1 are not NSF/ANSS approved
			10/11/24
324	NC		Toliet seat not open front in restroom in Suite 1
			12/20/23
295	NC		Refrigeration units in Suite 1 are soiled
			12/2/23
218	NC		No paper towel holder provided at hand sink in Suite 1
			12/9/24
352	NC		Restroom door in Suite 1 is not self-closing
			12/25/23
388	NC		No drain plug on one exterior dumpster
			12/25/23
431	NC		Inverted milk crates are used for shelving inside walk-in-cooler
			1/20/24
187	C		Raw meat measured 48°F, 49°F and shredded cheese measured 47°F inside frigidaire
			Corrected Vol. Discarded
324	C		Ice maker drain line, near bar, contained a drain line that lacked an air gap.
			1/20/24 Needs Air Gap!
324	NC		Bar ice maker drain did not drip into the mechanical sump box unit
			Corrected
234	NC		Bar ice maker contained an ice scoop handle that directly touched the ice
			Corrected
430	NC		Kitchen mechanical exhaust filters are worn/damaged
			1/20/24
			* Notes: No backflow preventer seen in firm *
			* No cleaning sticker provided for kitchen mechanical exhaust system *
			* Firm shall submit a written corrective action plan on or before 12/28/23 by 4:30 pm to our office
Received By (Name & Title)		Inspected By (Name & Title)	Page 2 of 2
Ser J. [Signature]		Andrew Miller, EHS	



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Betsu
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>Wing Stop</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/19/23</i>	ID# <i>2781</i>
Establishment address <i>207 S. Madison Ave</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: <i>C</i> <input checked="" type="checkbox"/> <i>NC</i> <input checked="" type="checkbox"/> <i>R</i>	
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>Raghavender Anthem 11/24/28</i>			

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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>Raghavender Anthem</i>	Inspected by (name and title printed): <i>Paul Betsu ETS</i>
Received by (signature): <i>Ry</i>	Inspected by (signature): <i>Paul Betsu</i>
cc:	cc:



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Belen
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>Zaxby's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/26/23</i>	ID# <i>1922</i>
Establishment address <i>1274 N Emerson Ave</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 <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			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>297</i>	<i>NC</i>		<i>soda nozzles is soiled</i>	<i>12/28/23</i>
<i>336</i>	<i>C</i>		<i>NO shut off downstream of atmospheric vacuum breaker.</i>	<i>1/20/24</i>

Received by (name and title printed): <i>Rachel Gaskins</i>	Inspected by (name and title printed): <i>Paul Belieu EHS</i>
Received by (signature): <i>Rachel Gaskins</i>	Inspected by (signature): <i>Paul Belieu</i>
cc:	cc:



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Betsey 12/12

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Establishment name <i>Lakely's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/11/23</i>	ID# <i>2175</i>
Establishment address <i>54 Manlin Dr. Greenwood 46143</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 <i>12/21/23</i>
Owner	Summary of Violations: <i>C 1 NC 0 R 0</i>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Kimberly McKenzie Exp 10/26/28</i>	Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</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>330</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>12/27</i>

Received by (name and title printed): <i>LAURA MELTON</i>	Inspected by (name and title printed): <i>Mia Pappageorge / paul Betts</i>
Received by (signature): <i>Laura Melton</i>	Inspected by (signature): <i>Mia Pappageorge / paul Betts</i>
cc:	cc:



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12/14

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Establishment name <i>Break-O-Day Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/1/23</i>	ID# <i>414</i>
Establishment address <i>900 Sawmill Rd IN 46184</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>12/11/23</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Denise Rice</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Denise Rice</i> <i>Exp: 1/15/21</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

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