



**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

*Belsu
1/19*

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>Johnson County Shrine</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/16/24</i>	ID# <i>132</i>
Establishment address <i>751 W. King St. Club 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>No</i>	Release Date <i>1/26/24</i>
Owner <i>Members</i>		Summary of Violations: C <u>0</u> NC <u>5</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	
Person in charge <i>Atm Ft Greg Cantwell</i>			
Responsible person's email			
Certified food handler <i>Mike Park</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
295	NC	<input checked="" type="checkbox"/>	Inside of ice maker and drop plate soiled	1/18/24 I
112	NC	<input checked="" type="checkbox"/>	Upright and chest refrigeration units are not NSF approved	Replace when worn
413	NC	<input checked="" type="checkbox"/>	Several exterior doors have outer openings	1/25/24 I
218	NC	<input checked="" type="checkbox"/>	Three deep fryers baskets are damaged	2/12/24 I
324	NC		Water leaks noted under mop sink basin	1/22/24

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



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Bekm
1/29

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 hfc	Telephone Number () Establishment () Owner	Date of Inspection 1-22-24 3:30	ID# 2245
Establishment address 1293 N SR 135 Greenwood 46042	Purpose: 1. Routine	Follow-up	Release Date 2-1-24
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C _____ NC _____ R _____	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 _____ 2 _____ 3 _____ 4 X 5 _____	
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
402	NC		Observed many broken/damaged floor tiles throughout kitchen	1-31-24
430	NC		drout repair is needed throughout kitchen	1-31-24
347	NC		Observed no paper towel @ hand sink by drive through USA sign stating "Please use other hand sink" - hand sinks shall not be taken out of order	1-22-24
431	NC		① Observed stagnant grease on the floor located in the corner by chicken fryer ↳ floor is not easily cleanable ② floor, walls, ceiling, & equipment needs detailed cleaned	1-24-24
187	C		Green beans @ 132°F @ 4pm on Steam table	1-22-24
#3/193	C		Breading Station - No time marked - food / raw chicken debris in flour bin & basket - Many TCS	1-22-24

Received by (name and title printed): Elena Gaynor RGM	Inspected by (name and title printed): Chibell Denise
Received by (signature): <i>Elena Gaynor</i>	Inspected by (signature): <i>Chibell Denise</i>
cc:	cc:



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Bekon
1/29

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 Wroger	Telephone Number () Establishment () Owner	Date of Inspection 1-29-24	ID# 0434
Establishment address 3100 Meridian Park Dr.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 2-9-24
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 X 5 <u> </u>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
213	NC		DEI Walk-in cooler door gasket is SP1H/WORN.	
402	NC		floor under fryer / cooking equipment is not smooth & easily cleanable. ↳ floor soiled.	
<p>NOTES: ① Dish machine is not in use ② Chicken batter mix / breading shall be 41° or less; or discarded after 4 hours. ③</p>				

Received by (name and title printed): Ms. Tracy	Inspected by (name and title printed): Cass Hall / Caleb Fleener
Received by (signature):	Inspected by (signature): Cass Hall / Caleb Fleener
cc:	cc:



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Betsy
1/24

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 Kroger	Telephone Number () Establishment () Owner	Date of Inspection 1-26-24	ID# 2008
Establishment address 5961 N SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2-6-24
Owner	Summary of Violations: C 0 NC 2 R	Menu Type (See back of page)	
Owner address		1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Stacy A. Ingram (exp 3/12/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	①	The following door gaskets are split/worn ① Walk-in cooler door # 2 gasket located in customer pick up area ② Walk-in freezer door gasket ③ Dairy walk-in cooler side door gasket. 5" x 6" build up observed in back right corner of freezer on floor. ④ Starbucks milk cooler door gasket. ⑤ Meat walk-in cooler door gasket	2-
431	NC	①	② Flip top cooler (pizza) handle is problem/damaged.	
		②	② Dairy walk-in cooler fans/ceiling soiled/dusty.	
336			Observed a y-value connected to mop sink without an approved backsiphonage	

Received by (name and title printed): Stacy A Ingram	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>Stacy A Ingram</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:

~~NOI 20240124~~



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Bekm
2/11

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 Le Peep	Telephone Number (317) 300-1134 (317) 502-5215	Date of Inspection 1-29-24	ID# 2673
Establishment address 210 S. Emerson Ave. Greenwood, IN 46143	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 2-8-24
Owner Ali Hesaraki		Summary of Violations: C 2 NC 89 R	
Owner address		Menu Type (See back of page)	
Person in charge Benita Elliott manager		1 2 3 X 4 5	
Responsible person's email accounting@lepeepindy.com			
Certified food handler Benita Elliott exp. 3/30/28			

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Section #	C/NC	R	Narrative	To Be Corrected by
190	NC		- quick chill methods not being utilized. Gravy stored in large plastic containers deeper than 10in.	2/5/24
295	NC		- exterior of lip of ice machine + inside top of ice machine soiled	
344	Note		- utensils stored in handwashing sink	corrected 1/29
334	C		- chemical dispenser tubes not installed correctly - • tubes extend below flood rim at mop sink + 3 bay sink	7/31/25 2/5/24
394	NC		- chemical dispenser attached to mop sink faucet	
192	C		- dumpster area not maintained, dirty	
191			- pre-cooked, cooled chili stored in walk-in cooler and pre-cooked, cooled roast pork stored under egg prep cooler were past their use-by dates by more than 10 days	discarded 1/29
411	NC		- one light out above stove by exhaust vent hood	2/15/24
324	NC		- hot water measured at 90°F, not 100°F minimum	2/29/24
431	NC		- under handsink by bread counter dirty (FLOOR)	2/5/24
291	NC		- no bleach test strips (for dish machine) not provided	
Notes			- mechanical dish machine sanitizing at 10 ppm, recommended is 50 ppm	
239	NC		- dish racks stored on ground / NOT minimum of 6 inches off floor	
281	NC		- dish machine did not have audio/visual sanitizer indicator	

Received by (Name and title printed): Benita Elliott	Inspected by (name and title printed): Bob Smith / Mia Papageorge
Received by (signature): <i>Benita Elliott</i>	Inspected by (signature): <i>Bob Smith / Mia Papageorge</i>
cc:	cc:



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Betsu
1/24

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>Main Street Grille</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/24/24</i>	ID# <i>1834</i>
Establishment address <i>200 S. Emerson Ave Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>2/3/24</i>
Owner <i>JN</i>		Summary of Violations: <i>C 0 NC 5 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>K. CRAIG SPENCER</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Cove base around the dish washer is soiled	2/1/24
431	NC		The floor by the back door - mop sink is soiled	2/1/24
431	NC		Floor in the kitchen prep area is soiled.	2/1/24
324	NC		- an air gap drain is needed on the soda dispenser.	-
430	NC		- cove base tiles are coming loose from the wall by the drink dispenser	-

Received by (name and title printed): <i>K. CRAIG SPENCER owner</i>	Inspected by (name and title printed): <i>Terry D. Beyless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beth
1/29

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 1/25/24	ID# 1451
Establishment address 706 W. Trafalgar Pointe Way	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner Trafalgar, IN		Summary of Violations: C <u>0</u> NC <u>7</u> R <u> </u>	
Owner address	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>		
Person in charge			
Responsible person's email			
Certified food handler <i>[Signature]</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Food bins on the prep line are soiled.	1/25/24
431	NC		chemical storage room is soiled.	1/25/24
431	NC		Floor areas around the 3-bay sink and washer + dryer are soiled.	1/27/24
431	NC		Black mold noted on the wall by the 3-bay sink	1/27/24
295	NC		Shelving under the microwave units is soiled.	1/25/24
431	NC		The grill area floor has heavy build-ups of grease	1/27/24
324	NC		The hand sinks - [Kitchen + Restroom] have low water pressure and lack hot water.	3-4 mos. next inspection

Received by (name and title printed): J Justin Hutt General Manager	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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*Beth
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>Menards</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-8-24</i>	ID# <i>1245</i>
Establishment address <i>300 Marlin Dr. 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>—</i>	Release Date <i>1-18-24</i>
Owner		Summary of Violations: <i>C 0 NC 0 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No items noted @ time of inspection</i>	
			<i>Note: ① 1 can of "Del Monte traditional pasta sauce" is dented @ top seal</i>	

Received by (name and title printed): <i>Noah Crider 1st Assistant FEM</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belky
1/8/24*

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 MI ABUELITO	Telephone Number () Establishment () Owner	Date of Inspection 1/5/24	ID# 2319
Establishment address 377 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 1/15/24
Owner JUAN QUERZADA		Summary of Violations: C 0 NC 4 R	
Owner address	Menu Type (See back of page) 1 2 3 4 5		
Person in charge ERIK DIAZ			
Responsible person's email			
Certified food handler JOSE FRANCISCO CAMERONA	SEROSAFID EXP 5/7/26		

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	✓	WALK-IN FREEZER DOOR DOES NOT CLOSE TIGHTLY - DOOR GASKET WORN	ON ORDER 1/20/24
			NOTE DICHLOROS POST STRIP SEEN IN KITCHEN - NOT TO BE USED IN RESTAURANT	REMOVE 1/6
425	NC	✓	BROOMS NOT HUNG UP OFF FLOOR	1/20
295	NC	✓	SIDE OF GRILL, STOVE, DEEP FRYER NOT CLEAN	1/11
392	NC	✓	OUTSIDE DUMPSTER LID NOT CLOSED	1/6

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



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Bekam
2/11

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Establishment name THE MINT	Telephone Number () Establishment () Owner	Date of Inspection 1/31/24	ID# 2251
Establishment address 40 N WINDY ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 2/9/24
Owner THOMAS MOORE		Summary of Violations: C <u>3</u> NC <u>8</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge COLE WATTON			
Responsible person's email			
Certified food handler THOMAS MOORE (2) HEATHER WENNING 7/10/24			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	(3)	FLOORS NOT CLEAN IN AREAS OF KITCHEN, BTR, BASEMENT, BASEMENT STAIRWELL, NEXT TO ICE MAKER.	2/8/24
399	NC	*	FLOOR WORN IN AREAS OF KITCHEN, ICE MAKER AREA/MOP SINK	4/11
295	NC	*	INSIDE OF MICROWAVE WORN, NOT CLEAN	DISCARD/ 2/7
295	NC	-	SIDES OF EQUIPMENT NOT CLEAN IN KITCHEN - SOME KITCHEN PANS NOT CLEAN	2/8
291	NC	*	CHEMICAL TEST STRIPS NOT AVAILABLE FOR DISINFECTANTS/SANITIZERS	2/7
411	NC	(3)	CEILING LIGHTS OUT IN KITCHEN (IN KITCHEN (LESS THAN 20 FOOT CANDLES) NOT ADEQUATE FOR ONE RESTROOM - (LESS THAN 20 FOOT CANDLES))	2/20
295	NC	(2)	(1) DEEP FRYER NOT IN USE / NOT CLEAN	remove 2/20

Received by (name and title printed): COLE WATTON	Inspected by (name and title printed): Bob Smith EXT
Received by (signature): <i>all Watton</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Belay
2/5

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Establishment name Moose Lodge # 2079	Telephone Number () Establishment () Owner	Date of Inspection 1-29-24	ID# 389
Establishment address 813 W Smith Valley Rd	Purpose: 1. Routine	Follow-up No	Release Date 2-10-24
Owner JK	2. Follow-up	Summary of Violations: C 0 NC 0 R 0	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge JK	4. Pre-Operational	1 X 2 3 4 5	
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			No violations observed @ the time of inspection.	
			Reminder: If you handle Ready-to-Eat food you shall wear gloves or use appropriate utensils such as tongs.	
			How to determine Ready-to-Eat Foods - Ask yourself - Can I eat this without further cooking - If the answer is yes it is Ready to eat ie Potato chips, pickles, buns, cooked hot dogs / hamburgers	

Received by (name and title printed): John Kurbs Administrator	Inspected by (name and title printed): Elizabeth Senisse
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: 317 346 4373

Esenisse@co.johnson.in.us