



JOHNSON COUNTY HEALTH DEPARTMENT  
 RETAIL FOOD ESTABLISHMENT  
 INSPECTION REPORT

460 N. MORTON ST. STE A  
 FRANKLIN, IN 46131  
 Office 317-346-4365 Fax 317-736-5264

Betsy  
 1/18/24

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 TACO BELL # 2679	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 1/14/24	ID# 159
Establishment address 1579 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/14/24
Owner TACO BELL OF AMERICA		Summary of Violations:  C 0 NC 1 R	
Owner address		Menu Type (See back of page)	
Person in charge CALEB STEVENS		1 2 3 4 5	
Responsible person's email			
Certified food handler CALEB STEVENS (SERVSAFE 3/29/26 EXP)			

• 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
324	<input checked="" type="checkbox"/>	CLEANING SYSTEM AT mop SINK NOT PLUMBED / INSTALLED CORRECTLY	2/1/24

Received by (name and title printed): Caleb Stevens	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Caleb Stevens</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Betsy  
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 Taco Bell	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 1/4/24	ID# 2023
Establishment address 211 N US 31 New Whiteland, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 1/14/24
Owner /		Summary of Violations:  C 0 NC 3 R	
Owner address		Menu Type (See back of page)	
Person in charge Ricky Dodson		1 2 3 X 4 5	
Responsible person's email			
Certified food handler Ricky Dodson (SERVSAFE EXP 2028)			

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Section #	C/NC	<del>R</del>	Narrative	To Be Corrected by
218	NC	S	UPRIGHT FREEZER - door gasket	clean 1/8/24
295	NC	2	WORN/SPLIT - NOT CLEAN	replace 2/2
431	NC	*	SOFT DRINK STATION AREA AT DRIVE THRU, OTHER AREA - FLOOR NEXT TO WHEEL UNDER EQUIPMENT NOT CLEAN / TRAY STORED ON TOP OF DRAZON COVER UNABLE TO REMOVE FOR CLEANING	1/10
			<del>POPEYE</del> MOP SINK / 3 COMPARTMENT SINK CLEANING SYSTEM INSTALLATION NOT PLUMBED CORRECTLY	✓

Received by (name and title printed): Ricky Dodson	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): /s/ Ricky Dodson	Inspected by (signature): Bob Smith
cc:	cc:





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*Betsy*  
*1/9/24*

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>Jura Treatment Center</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/9/24</i>	ID# <i>160</i>
Establishment address <i>6231 US 31 S. Franklin, IN 46131</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>1/19/24</i>
Owner		Summary of Violations:  <i>C 0 NC 4 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Person in charge <i>James Turney Jr.</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Amanda Troha</i> <i>Exp: 11/29/26</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floor is soiled around deep fryer	1/9/24
295	NC	①	Compressor soiled on Blueair one door cooler	1/11/24
		②	Can opener blade is soiled	1/9/24
430	NC	①	Heavy ice build-up on North exterior top of walk-in freezer	1/25/24
		②	Pooled water was noted on Northwest interior floor of the walk-in cooler (possibly from the exterior)	Corrected Please Monitor
218	NC		Quat test strips appeared to have gotten wet due to discoloration and contain an expiration date of 3/30/23. Notes: No backflow preventer seen onsite.	1/10/24

Received by (name and title printed): <i>James E. Turney Jr.</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>James E. Turney Jr.</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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*Bekem  
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 <i>Tequila House</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1-8-24</i> <i>4pm</i>	ID# <i>2709</i>
Establishment address <i>50 US 31 S 46184</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>1-18-24</i>
Owner <i>Francisco Lopez</i>	Summary of Violations:  C <u>1</u> NC <u>7</u> R <u>0</u>	Menu Type (See back of page)  1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>X</u>	
Owner address <i>Hernandez Jose 51985@gmail.com</i>			
Person in charge <i>Jose</i>			
Responsible person's email			
Certified food handler <i>Natividad Salazar 4/12/26</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		- meat fajitas + vegetables found at 74°F @ 4:05pm - beef observed at 71°F in a 5gal white plastic bucket for menudo soup at 4pm - "for personal use" from Jose	1-8-24
190 189	NC		- improper cooling of queso @ 80°F, observed at 4pm, made at 2pm • recommend a temperature log	1-8-24
344	NC		- hand washing sink not easily accessible in the kitchen	1-8-24
423	NC		- bed frame and air mattress found in basement	1-8-24
177	NC		- large bag of pinto beans found on floor in basement	1-8-24
245	NC		- wet cloth found under cutting board	1-8-24
297	NC		- soda nozzles by bar soiled - Cobra Head	1-8-24
257	NC		- no thermometer available	1-8-24
191	NOTE		- some foods found without date markers	1-8-24
Note			gap found in oven vents	

Received by (name and title printed): <i>Jose Hernandez</i>	Inspected by (name and title printed): <i>Elizabeth Schultz</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Mia Papayevge</i>
cc:	cc: <i>317-346-4373</i>

*eschultz@co.johnson.in.us*





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Betsu  
211

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 <b>Texas Hood House</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1-12-24</b>	ID# <b>1281</b>
Establishment address <b>270 S Marlin Dr. Greenwood 46142</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>1-22-24</b>
Owner		Summary of Violations: <b>5</b> C <u>1</u> NC <u>6</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 <u>X</u> 5 <u>    </u>	
Responsible person's email			
Certified food handler <b>Molly Stout (exp. 7/25/28)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
303	C		Observed bar dish machine sanitizer solution not adequate ↳ Observed dishes inside machine	Called E. Coplab
417	NC		aprons & personal items not stored in designated area.	1-16-24
324	NC		atmospheric breaker located @ dish machine is leaking ↳ manager stated mop sink atmospheric breaker is getting repaired - in progress 1/12/24	1-26-24
216	NC		Observed cardboard lining walk-in cooler floor ↳ not easily cleanable.	1-14-24
			Notes: (1) Observed a few small flies. (2) Observed a yellow fly strip in a case located in bar - not approved for commercial use (3) Observed shredded chesse @ 430r in walk-in cooler	

Received by (name and title printed): <b>A. Hill</b>	Inspected by (name and title printed): <b>Cassi Hall</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <b>Elizbeth Schultz</b>

## NARRATIVE REPORT

Establishment Name		Address		Inspection Date
Texas Roadhouse		270 S. Marlin Dr.		1-12-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
431	NC		Floor soiled under both soda machines wait/expo line	1-13-24
430	NC		Floor grout & tiles missing in areas <sup>allowing</sup> the floor to hold water which has potential to harbor insects	2-14-24
430			Cove base missing in bar along dish machine wall (North wall)	2-14-24
218	NC		Quarter pan (inverted) used as a table leg in wait/expo line.	2-14-24
218			1 light is out in Walk-in-Cooler	2-1-24
218			Left Walk-in-Cooler door (South) has a worn / split gasket.	2-14-24
			Roof leaks in crawl-catch-all pitcher stored on bar	
<p style="font-size: 2em; margin-left: 20px;">Kitchen</p> <p style="margin-left: 20px;">Dish machine appears to be sanitizing appropriately.</p>				
Received By (Name & Title)			Inspected By (Name & Title)	







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Bulm  
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 <b>TGI Fridays</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/31/24</b>	ID# <b>1904</b>
Establishment address <b>1251 US 31 N Greenwood IN 46142</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>2/10/24</b>
Owner		Summary of Violations:  <b>C 5 NC 5 R</b>	
Owner address	Menu Type (See back of page)  <b>1 2 3 4 5</b>		
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
426	NC		Large ice maker not used	2/26/24
431	NC		Floor soiled in beverage-in-box area	1/31/24
399	NC		Shout repairs needed in kitchen bar area, near mechanical dish area	2/8/24
334	C		No air gap provided on sewer soda station in kitchen	2/8/24
430	NC		Metal cover loose for ceiling vent for mechanical dish machine	2/8/24
187	C		Meat balls measured 45°F to 53°F while on top cold well	Corrected Vol. Discarded
441	C		Hot Shot pest Strips not approved for use inside retail establishment	2/1/24
336	C		Mop sink faucet contains a hose to a wall chemical dispenser	2/20/24
324	C		mop sink faucet atmospheric vacuum breaker leaks	2/20/24
430	NC		Interior of walk-in-cooler walls are & rusty	5/1/24

Received by (name and title printed): <b>Erin E Davis Manager</b>	Inspected by (name and title printed): <b>Andrew Miller, ERS</b>
Received by (signature): <i>Erin E Davis</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: <b>317-346-4380</b>



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*Becky  
1/15/24*

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>Top Tier Cakes</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/15/24</i>	ID# <i>2636</i>
Establishment address <i>225 N. US HWY 31 New Whiteland</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 <i>1/15/24</i>
Owner		Summary of Violations:  <i>C 0 NC 0 R -</i>	
Owner address		Menu Type (See back of page)  <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Jenna Rigby Ex 8/13/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Note: expired food dye - discarded</i>	
			<i>No items noted</i>	

Received by (name and title printed): <i>Jenna Elkins</i>	Inspected by (name and title printed): <i>Mia Papageorge</i>
Received by (signature): <i>Jenna Elkins</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:





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Bekam  
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>Village Pantry</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/15/24</i>	ID# <i>250</i>
Establishment address <i>99 S. Madison Ave 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>1/25/24</i>
Owner		Summary of Violations:  <i>C 0 NC 3 R</i>	
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>347</i>	<i>HC</i>		<i>No hand towels at the hand sinks</i>	<i>1/15/24</i>
<i>324</i>	<i>NC</i>		<i># cover - grate is missing over the floor drain in the walk-in cooler</i>	<i>1/30/24</i>
<i>431</i>	<i>NC</i>		<i>the floor is soiled around the water heater</i>	<i>1/17/24</i>
			<i>* keep dumpster lid closed</i>	

Received by (name and title printed): <i>Casey Damon</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Casey Damon</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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*Betsy  
11/9/24*

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Establishment name <i>Village Pstry</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/8/24</i>	ID# <i>251</i>
Establishment address <i>520 N. meidian st</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>Frank Greenwood</i>		Summary of Violations:  <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 X 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>231</i>	<i>NC</i>		<i>Back wall in the wall in the walk in cooler is soiled.</i>	
<i>347</i>	<i>NC</i>		<i>No towels at the hand sink</i>	
<i>295</i>	<i>NC</i>		<i>3-bay sink is dirty</i>	

Received by (name and title printed): <i>Stephanie Wallace</i>	Inspected by (name and title printed): <i>Betsy Bayless</i>
Received by (signature): <i>Stephanie Wallace</i>	Inspected by (signature): <i>Betsy Bayless</i>
cc:	cc:





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*Betsy 2/8*

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Establishment name <i>Yats</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/29/24</i>	ID# <i>1335</i>
Establishment address <i>1280 US31 N. 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>2/9/24</i>
Owner	Summary of Violations:  C <u>0</u> NC <u>5</u> R <u>    </u>	Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u>X</u> 4 <u>    </u> 5 <u>    </u>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Ryan Waldron ANSI</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		cover base material is coming loose from the wall in the kitchen.	3-mos
430	NC		Plumbing pipes running along the floor.	—
431	NC		The floor drain is very soiled - grate cover	2-5-24
324	NC		The ice maker drain doesn't have a 1" air gap -	3-mos
430	NC		The kitchen floor is cracked and pitted.	—
			Note: cleaner dispenser unit must not be connected the mop sink faucet	

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



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Best  
2/11

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Establishment name <b>CREEKSIDE ELEMENTARY</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/31/24</b>	ID# <b>788</b>
Establishment address <b>1140 E ST RD 44 FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/9/24</b>
Owner <b>F.C.S.C.</b>		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>   </u>	
Owner address		Menu Type (See back of page) 1 <u>   </u> 2 <u>X</u> 3 <u>   </u> 4 <u>   </u> 5 <u>   </u>	
Person in charge <b>DIANA PORTERFIELD</b>			
Responsible person's email			
Certified food handler <b>DIANA PORTERFIELD (SERVSAFE EXP. 3/24)</b>			

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
			<b>NO VIOLATIONS OBSERVED</b>	
			<b>MECHANICAL DISTAMBER HOT WATER SANITIZATION ADEQUATE (160°F OR MORE ON PLATE/UTENSIL SURFACE.) (WAS 170.6°F)</b>	<b>✓</b>

Received by (name and title printed): <b>Diana Porterfield Manager</b>	Inspected by (name and title printed): <b>Bob Smith B715</b>
Received by (signature): <i>Diana Porterfield</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:





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RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

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 <i>CUSTER BAKER DISTRICT SCHOOL</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/31/24</i>	ID# <i>400</i>
Establishment address <i>101 W ST RD 44 FRANKLIN, IN</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>2/9/24</i>
Owner <i>FCSC</i>		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page)  1 <u>  </u> 2 <u>X</u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge <i>MOGAN FORD</i>			
Responsible person's email			
Certified food handler <i>MEGAN FORD (SERVISAFE) (EXP. 4/26/27)</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>MECHANICAL DISTURBANCE HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 160.5°F)</i>	OK

Received by (name and title printed): <i>Megan Ford Manager</i>	Inspected by (name and title printed): <i>Bob Smith 875</i>
Received by (signature): <i>Megan Ford</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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Office 317-346-4365 Fax 317-736-5264

Beth  
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 FRANKLIN Comm. Middle School	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 1/31/24	ID# 1385
Establishment address 625 GRIZZLY CUB 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 2/9/24
Owner F.C.S.C.		Summary of Violations:  C <u>0</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Person in charge MELINDA SCOTT			
Responsible person's email			
Certified food handler MELINDA SCOTT SERV/SAPP (5/13/24 EXP)			

- 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
218	NC	X	WRACK - IN COOLER DOOR GASKET WORN/SPLIT IN AREA	3/1/24
256	NC	X	(G) MILK COOLER ON SERVING LINE, THERMOMETER NOT SEEN	2/5 CORRECTED 1/31
			<u>note</u> - hose on mop sink EXTENDS BELOW FLOOD RIM OF mop sink BASIN	
			<u>note</u> - MECHANICAL DISTURBANCE HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WKS 165.2°F)	OK

Received by (name and title printed): Melinda Scott Cafeteria Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Melinda Scott	Inspected by (signature): Bob Smith
cc:	cc: