



**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
3/22*

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 LOU'S DPN <i>Hillview</i>	Telephone Number () Establishment () Owner	Date of Inspection 3/19/24	ID# 2150
Establishment address 1800 E KING 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 3/29/24
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge RACHEL SANTIAGO			
Responsible person's email			
Certified food handler DANIELLO EMMERT (SERVSAFE)			

- 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
431	NC	<input checked="" type="checkbox"/>	FLOOR IN AREA, NEXT TO WALL, UNDER EQUIPMENT NOT CLEAN IN KITCHEN	3/24/24
		<input checked="" type="checkbox"/>	<i>(note)</i> (1) SPRAY BOTTLE NOT LABELED	corrected 3/19
256	NC	<input checked="" type="checkbox"/>	THERMOMETER NOT SEEN IN UPRIGHT FREEZER	corrected 3/19
		<input checked="" type="checkbox"/>	<i>(note)</i> QUICK CHILL method NOT IN USE FOR FOODS IN WRAPPER UNIT	corrected 3/19/24

Received by (name and title printed): Rachel Santiago	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Rachel Santiago-L</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*BENM
3/11*

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Establishment name <i>Hi Way Lanes</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3-6-24</i>	ID# <i>2635</i>
Establishment address <i>400 N Morton St Franklin 46131</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up <i>No</i>	Release Date <i>3-16-24</i>
Owner	Summary of Violations: <i>C φ NC φ R φ</i>	Menu Type (<i>See back of page</i>) <i>1 2 3 X 4 5</i>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Brent Phillips exp. 2-5-26</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>NOTE: Make sure to hang maps to dry</i>	

Received by (<i>name and title printed</i>): <i>Mark Schoch</i>	Inspected by (<i>name and title printed</i>): <i>Caleb Alexander</i>
Received by (<i>signature</i>):	Inspected by (<i>signature</i>): <i>Caleb Alexander</i>
cc:	cc:



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*Belky
3/22*

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Establishment name HOMETOWN NUTRITION	Telephone Number () Establishment () Owner	Date of Inspection 3/21/24	ID# 2395
Establishment address 33 SOUTH 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 3/31/24
Owner ALYX FLESHMAN		Summary of Violations: C <u>1</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge DEBRA BROWN		1 <u> </u> 2 <u> X </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
336	C	X	Hose with spray nozzle connected to mop sink faucet without adequate anti-siphon device, also at 3 compartment sink	5/1/24

Received by (name and title printed): * Debra Brown - Herbalife Dist./Hometown	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): <i>Debra J. Brown</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Beata
3/11*

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Establishment name <i>Jack's Pizza</i>	Telephone Number <i>(317) 885-1344</i>	Date of Inspection <i>3/7/24</i>	ID# <i>374</i>
Establishment address <i>2801 Fairview Pl. Ste. G Greenwood 46142</i>	Telephone Number <i>(317) 695-2705</i>	Follow-up <i>—</i>	Release Date <i>3/17/24</i>
Owner <i>William Haas</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 5 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>Aaron Debrew manager</i>			
Responsible person's email <i>haas.pizza@comcast.net</i>			
Certified food handler <i>Grace Vance exp 2/2/28</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
334	C		Hose connected to mop sink is laying inside the sink, no air gap	3/8
334	C		3 bays sink has a direct sewer line connection, no air gap	July 2025
425	NC		mop not hung up	3/8
295	NC		shelving in breadstick fridge is soiled	3/12
216	NC		door gaskets in breadstick fridge, left door torn & in dis repair	3/31
295	NC		oven hood vents soiled	3/31
note:			employee restroom hand sink water temperature @ 147°F, needs to be 100-120°	3/14
239	NC		pizza boxes (unused, semi wrapped in plastic) on floor	3/8

Received by (name and title printed): <i>Aaron dewbrew</i>	Inspected by (name and title printed): <i>Mia Papageorge</i>
Received by (signature): <i>awr dewbrew</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:



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*Betsy
3/18*

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.


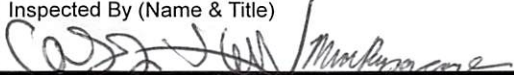
Establishment name <i>Johnson's BBQ</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3-15-24</i>	ID# <i>1896</i>
Establishment address <i>82 S. Baldwin St. 46106</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>3-25-24</i>
Owner		Summary of Violations: <i>C 1 NC 18 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 4 <i>X</i> 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Observed no hot water @ hand sink located in kitchen	<i>3-29-24</i>
347	NC		Observed no paper towels / single-use towels @ hand sink located in kitchen	<i>Corrected</i>
352	NC		Smoker room exterior door is not self closing & tight fitting	<i>3-29-24</i>
414	NC		① Exterior screens located in smoker room are torn	<i>4-15-24</i>
			② Observed a hole in the wall under left window in smoker room ↳ Observed daylight	<i>4-15-24</i>
232	NC		Single door stand up cooler shelving racks & bottom are rusty. ↳ not easily cleanable.	<i>5-10-24</i>
431	NC		Ceiling located above the oven is soiled.	<i>3-29-24</i>
414	NC		Window located in bar area is damaged / broken	<i>I</i>

Received by (name and title printed): <i>Chris Massie</i>	Inspected by (name and title printed): <i>Cassi Hall / Bob Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>[Signature]</i>

NARRATIVE REPORT

Establishment Name		Address		Inspection Date
Johnson's BBQ		82 S Baldwin St		3-15-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		the following equipment are soiled ① shelving unit in smoker room ② can opener ③ interior of microwave ④ soda station area	3-29-24
431			The floor throughout establishment under equipment is soiled	
351	NC		No covered trash can in public restroom	3-19-24
324	NC		public restroom's handwashing sink's water temperature at 133°F, above max of 120°F	
324	NC		faucet leaking at produce sink	
334	C		hose connected to faucet at mop sink extends below flood rim	
177	NC		box of bagged chips stored on ground by register	
346	NC		No soap provided in employee restroom	3-15-24
309	NC		mechanical exhaust not working in employee restroom	5-10-24
392	NC		dumpster lid broken	3-29-24
411	NC		light insufficient in walk-in cooler	
177	NC		Breadcrumbs stored in open container without a lid	3-15-24
			Note: rotten radishes found in walk-in cooler	Discarded
414	NC		broken window on southside of building	
426	NC		premises not maintained * many potential mosquito harborings sites present * many pieces of unused equipment in + outside of facility	
			Note: ice maker not in use at time of inspection	
			mobile units don't have a valid 2024 permit ↳ permit is needed before operating	
Received By (Name & Title)			Inspected By (Name & Title)	
				
			Page 2 of 2	





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Bakm
3/22

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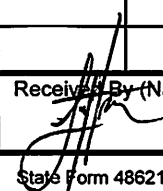
Establishment name K-Town Korean BBQ + Hot Pot	Telephone Number (317) 300-1306 (917) 689-8833	Date of Inspection 3-21-24	ID# 2739
Establishment address 878 US31 Greenwood, IN 46142	Purpose: 1. Routine	Follow-up YES	Release Date 3-31-24
Owner Baoxiang Huang	2. Follow-up	Summary of Violations: C 3 NC 14 R	
Owner address 12982 Minden Dr. Fishers, IN 46037	3. Complaint		
Person in charge Erlangga - manager	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email baoxiang1987@hotmail.com	5. Temporary	1 _____ 2 _____ 3 _____ 4 X 5 _____	
Certified food handler Bao Xiang Huang (ServSafe Exp 1/5/27)	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		the following internal temperatures were taken at the "hot pot bar" at 1:32pm: lobster balls 48°F, pork fishball 53°F, Mini sausage 45°F, sprouts 55°F, tofu 47°F, Udon noodles 47°F. Employee noted food was placed on cooler at 12pm	3/22/24
199	NC		improper thawing methods used: frozen meat left out at room temperature, cut beef in stagnant water	3/22/24
431/295	NC		floor drain & can opener heavily soiled and kitchen hoods filter area soiled	4/1/24
Note: wall damaged near floor behind ice machine				
324	NC		men's restroom hand sink's water temperature @ 129°F, not between 100°F-120°F	
218	NC		beer cooler door gasket broken	
431	NC		floor not clean under handwashing sinks	3/22/24

Received by (name and title printed): Erlangga Thien	Inspected by (name and title printed): Mia Papageorge EHS/Andrew Miller
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i> EHS
cc:	cc: Miller

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
K-Town Korean BBQ +			878 US 31 Greenwood	3/21/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			Hot Hot	N 46142
324	NC		Leaking drain pipe noted at hand sink in beverage area	3/23/24
334	C		Sewer soda station ice bin drain line lacked a minimum one inch air gap	3/23/24
399	NC		Floor tiles are loose, damaged or missing near sewer soda station and in dish area	4/1/24
218	NC		Beverage area ice bin lid rubs the unit due to another piece of equipment (heavy) is stored on the back portion of the ice bin	3/23/24 Remove machine on ice bin
177	NC		Food was stored on the walk-in freezer floor	3/23/24
218	NC		Walk-in cooler bottom shelving and legs were noted rusty	4/23/24
112	NC		Two large white residential or home style chest freezers are not NSF/ANSI approved	12/1/24 Remove by
295	NC		Exterior top of mechanical dish machine was soiled	3/23/24
174	NC		Spices in a mobile bulk bin were not labeled	3/23/24
447	C		Multi-purpose ^{grease} not approved for restaurant equipment. It was stored in the firm. Manager stated this was used on the large slicer.	3/23/24 Remove and use on approved for use DGRAS
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
 Mia Papageorge			Andrew Miller, EHS Mia Papageorge	



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*Belky
3/18*

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Establishment name <i>Katar LLC</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/13/24</i>	ID# <i>2628</i>
Establishment address <i>90 N. State Rd 135</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 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			
Responsible person's email			
Certified food handler <i>NO certified food handler</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>411</i>	<i>nc</i>		<i>Couple of lights are out inside walk-in cooler.</i>	<i>3/27</i>
<i>112</i>	<i>nc</i>		<i>One small chest freezer is not NSF approved.</i>	<i>4/3</i>
<i>256</i>	<i>nc</i>		<i>Thermometer is not visibly seen inside chest freezer.</i>	<i>3/27</i>
<i>177</i>	<i>nc</i>		<i>chest freezer not 6" off the ground. (not easily movable)</i>	<i>3/27</i>

Received by (name and title printed): <i>SUNIL SALYAN</i>	Inspected by (name and title printed): <i>Paul Belky Effs</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beky 3/22

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Establishment name Groger J #979	Telephone Number () Establishment () Owner	Date of Inspection 3-19-24	ID# 2003
Establishment address 970 N Morton St. Franklin	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 3-29-24
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>X</u> 5 <u> </u>	
Person in charge James			
Responsible person's email			
Certified food handler James D Moyars (4/27/28)			

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Section #	C/NC	R	Narrative	To Be Corrected by
347	NC		Observed no paper towels @ following hand sinks: ① hand sink by warmer table ② hand sink located in deli area ③ hand sink by fryer	Corrected.
411	NC		hood above oven unit light is out.	
218	NC		Observed a damaged wire container on clean storage rack (used to fry chicken)	
295	NC		Bottom of 3 door cooler is soiled. ↳ remove paper lining bottom (where rib is stored)	
192			Whipped cream canisters stored past discard date @ Starbucks	

Received by (name and title printed): James Moyars	Inspected by (name and title printed): Cassi Hall
Received by (signature): James Moyars	Inspected by (signature): Cassi Hall
cc:	cc: Mia Papageorge

Elizabeth Senise



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Bekm
3/28

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Establishment name LONG RIVER OF FRANKLIN	Telephone Number () Establishment () Owner	Date of Inspection 3/26/24	ID# 1110
Establishment address 1063 W 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 4/5/24
Owner CHEN		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page)	
Person in charge ZHIHUI JIANG		1 ___ 2 ___ 3 <u>4</u> 5 ___	
Responsible person's email			
Certified food handler ZHIHUI JIANG			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	*	SHOWING BY 3 COMPARTMENT SINK NOT CLEAN	3/29/24
218	NC	*	DOOR GASKETS SPENT/WORN ON 2 DOOR REFRIGERATOR	4/26
399	NC	*	FLOOR WORN / CHIPPED BY BACK DOOR	4/20
411	NC	*	LIGHT INTENSITY NOT ADEQUATE = IN RESTROOM (LESS THAN 20 FOOT CANDLES)	3/30
			(2) note: (1) EMPLOYEE NOT WEARING HAIR RESTRAINT	

Received by (name and title printed): Zhihui Jiang	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Establishment name <i>McAlister's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/14/24</i>	ID# <i>2311</i>
Establishment address <i>2378 N. Morton St. IN 46131</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>3/24/24</i>
Owner <i>Patricia Barnes</i>	Owner address	Summary of Violations: <i>C 1 NC 3 R</i>	
Person in charge <i>Patricia Barnes</i>	Responsible person's email <i>(SenSafe)</i>	Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Certified food handler <i>Patricia Barnes</i>	<i>Exp 2025</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>413</i>	<i>NC</i>	<i>✓</i>	<i>East main double doors are not tight-fitting when both doors are closed. Interior left door contains an exterior gap</i>	<i>3/24/24</i>
<i>402</i>	<i>NC</i>	<i>✓</i>	<i>Cove base missing at far left register area</i>	<i>3/24/24</i>
<i>295</i>	<i>NC</i>	<i>✓</i>	<i>Floor soiled behind large ice maker and inside some preparation coolers</i>	<i>3/14/24</i>
<i>336</i>	<i>C</i>		<i>Trap sink faucet with atmospheric vacuum breaker (AVB) contained a y-value with shut off valves</i>	<i>7-1-25</i>
			<i>* Notes: firm's main backflow preventer is a Double Check Valve and firm is required to have a Reduced Pressure Backflow Preventer (RP/RPZ) on main domestic water line.</i>	<i>* ASAP</i>

Received by (name and title printed): <i>JENESA SPENCER</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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*Benny
3/28*

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 3-27-24	ID# 1187
Establishment address 1139 N Morton St.	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up —	Release Date 4-7-24
Owner —		Summary of Violations: <p style="text-align: center;">C <u>0</u> NC <u>0</u> R <u>—</u></p>	
Owner address —		Menu Type (See back of page) <p style="text-align: center;">1 <u>—</u> 2 <u>—</u> 3 <u>X</u> 4 <u>—</u> 5 <u>—</u></p>	
Person in charge —	Responsible person's email —		
Certified food handler Keshia Ochoa (exp. 3/25/26)			

- 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
187	<input checked="" type="checkbox"/>		<i>Prepared</i> observed grossly made 3-27-24 @ 10:00 am @ 48°F in cooler.	<i>Vol.</i> discard.

Received by (name and title printed): Keshia Ochoa	Inspected by (name and title printed): Cassi Hall
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

Betsy
3/18

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 MORNING POINT / FRANKLIN SENIOR COMMUNITY	Telephone Number () Establishment () Owner	Date of Inspection 3/13/24	ID# 1211
Establishment address 75 S. MELFORD DR. 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 3/23/24
Owner FRANKLIN SENIOR COMMUNITY		Summary of Violations: C 1 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge AMBER MARTINEZ			
Responsible person's email			
Certified food handler AMBER MARTINEZ			

• 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
200	C	*	DISINFECTANT (SODIUM HYPOCHLORITE) NOT DETECTED ON PLATE/UTENSIL SURFACE AFTER FLOOR SANITIZATION RUN	3/14/24
324	NC	*	LEAK DETECTED ON 2 COMPARTMENT SINK FAUCET	2/11
295	NC	*	INSIDE OF MICROWAVE NOT CLEAN	3/15
431	NC	*	FLOOR AND WALL NOT CLEAN UNDER AND BEHIND MECHANICAL DISHWASHER	3/20
295	NC	(B)	TOP OF DISHWASHER NOT CLEAN	3/18
(note)		*	3 compartment dispenser TUBS FROM CLEANING SYSTEM EXTEND BELOW FLOOR RM OF SINKS	3/18

Received by (name and title printed): Amber Martinez FSD	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (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

Beth
3/26

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 Mumbai Grill	Telephone Number () Establishment () Owner	Date of Inspection 3-22-24	ID# 1545
Establishment address 916 E. Main St. Greenwood, IN 46143	Purpose: 1. Routine	Follow-up —	Release Date 4-1-24
Owner Ejaz Abidi	2. Follow-up	Summary of Violations: C 0 NC 6 R 3	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 2 3 4 5	
Certified food handler Luis Pons ServSafe exp. 8/18/26	6. HACCP		
	7. Other (list)		

• 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	✓	No sanitizer test kit provided for quat & bleach	3-22-24
187	C		Green & white yogurt sauces temperature @ 63°F	corrected
Note up @ 3:28pm, recommend keeping in cooler				
430	NC		floor tile at entry into kitchen and hand towel dispenser by 3 bay sink damaged	4-1-24
216	NC	①	blue plastic on equipment outside of walk-in cooler	3-23-24
		②		
417	NC	✓	personal items not stored in designated area	4-1-24
393	NC	✓	no drain plug for dumpster provided	4-15-24
			duct tape on door jamb of walk-in meat cooler	
402	NC		acoustical tiles observed in meat cutting room and restroom	4-1-24
Notes:				
			① hand washing sink used for other purposes	3-22-24
			② cooked rice stored in gray bus tub @ 137°F, recommend holding in temperature control (>135°F for <41°F)	3-22-24
			③ one can of Raid pest-control found near 3 bay sink	3-22-24

Received by (name and title printed): Ejaz Abidi	Inspected by (name and title printed): Clingabeth Senisse
Received by (signature): <i>Ejaz Abidi</i>	Inspected by (signature): <i>Clingabeth Senisse</i>
cc:	cc: Mia Papageorge