



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

Beta 4/13

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>McAlister's Deli</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4-1-24</i>	ID# <i>1924</i>
Establishment address <i>1011 N SR 135 Greenwood IN 46142</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>4-11-24</i>
Owner <i>Southern Rock Rest</i>		Summary of Violations: <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Marcus T.</i>			
Responsible person's email <i>(ServSafe Exp: 3/9/26)</i>			
Certified food handler <i>Marcus Tillapaugh</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>399</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Shout repair needed in areas of the facility</i>	<i>5-1-24</i>
<i>324</i>	<i>NC</i>		<i>Apparent water leak under right basin of the three bay sink</i>	<i>4-18-24</i>
<i>399</i>	<i>NC</i>		<i>Tile not finished (with new tile) at front line under guest self-serve soda station</i>	<i>5-11-24</i>

Received by (name and title printed): <i>Marcus D. Tillapaugh</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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*Beta
4/11*

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>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/9/24</i>	ID# <i>2326</i>
Establishment address <i>1197 South park 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
Owner		Summary of Violations: C _____ NC _____ 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>Veronica Hernandez</i> <i>Serv. safe</i> <i>11/22/27</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>Veronica Hernandez</i>	Inspected by (name and title printed): <i>Paul Betiku EHS</i>
Received by (signature): <i>Veronica Hernandez</i>	Inspected by (signature): <i>Paul Betiku</i>
cc:	cc:



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Beta
4/14

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 Mi Abuelito	Telephone Number () Establishment () Owner	Date of Inspection 4/5/24	ID# 2319
Establishment address 377 E. Jefferson St. Franklin, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u> </u>	Release Date 4/15/24
Owner		Summary of Violations: C 3 NC 11 R 1	
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 Erik Diaz - manager			
Responsible person's email			
Certified food handler Jose Francisco Camerena (Serv Safe 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	6/1/24
438	C		cleaning solution spray bottles not labeled	corrected 4/5
295	NC		shelving on which canned goods are stored is soiled - dusty	4/10
295	NC		filter of Coca cola cooler heavily soiled	4/10
410	NC		light cover above large pots broken	5/1
177	NC		raw chicken in container not stored 6" off floor in walk in cooler	corrected 4/5
192	C		food dates markings past 7 days in walk in cooler	discarded 4/5
190	NC		quick chill methods not being utilized for precooked foods stored on metal table @ 98°F	corrected 4/5
399	NC		wall covering above electrical panel missing	5/1
218	NC		door gaskets of prep cooler split	5/5
399	NC		floor tile under grill worn	5/5
171	C		ice scoop not used	corrected 4/5
Note			food sanitizer not detected in wiping cloth solution	corrected 4/5
430	NC		mechanical ventilation in restrooms not functioning	4/12
216	NC		cardboard used to line shelves - not durable	4/8

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



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*Beth
4/19*

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>Mi Jefe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/15/24</i>	ID# <i>1639</i>
Establishment address <i>106 S. S.R 135 Trafalgar, Ind 46181</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>4/15/24</i>
Owner		Summary of Violations: <i>C 1 NC 2 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 <input checked="" type="checkbox"/> 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Jose Liron exp. 2024</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>33f</i>	<i>C</i>		<i>There's no air gap at mop sink with extended hose.</i>	<i>4/16/24</i>
<i>177</i>	<i>NC</i>		<i>some food items inside the walk-in cooler is not 6" off the ground.</i>	<i>4/19/24</i>
<i>226</i>	<i>NC</i>		<i>there's a ball inside one cooler unit (fish, green salsa etc. cooler).</i>	<i>4/16/24</i>

Received by (name and title printed): <i>* Norberto Zaragoza</i>	Inspected by (name and title printed): <i>Paul Betiku Lts</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belem
4/3*

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 Olive Garden	Telephone Number () Establishment () Owner	Date of Inspection 4-1-24	ID# 227
Establishment address 1274 US 31 Greenwood, IN 46142	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 4-11-24
Owner Steve Perillo		Summary of Violations: C <u>1</u> NC <u>3</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <input checked="" type="checkbox"/> 5 _____	
Person in charge Steve Perillo			
Responsible person's email			
Certified food handler Steve Perillo			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		atmospheric vacuum breaker leaks at kitchen mechanical dish machine	4-8-24 ↓
218	NC		① Crescor warmer box at pasta cooking station, interior bottom near door is damaged ② Pasta cooking baskets contain damaged handle covers ③ Meat masher unit is damaged on the flat portion of the unit	Order new unit 4-3-24 ↓ Corrected ↓
187	C		The following internal product temperatures were measured in the Assembler 1 low bay refrigerator ① Mac n' Cheese 52°F ② Cheese Ravioli 46°F ③ Feather Cheese 56°F	Corrected Remove food from cooler ↓
399	NC	✓	Floor tiles need grout repair in areas of the facility	5-1-24 ↓

Received by (name and title printed): Steven Perillo General Manager	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:

NARRATIVE REPORT

Establishment Name <i>Olive Garden</i>	Address <i>1274 US 31 Greenwood IN 46142</i>	Inspection Date <i>4-1-24</i>
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Section#	C/N/C	R	REMARKS	TO BE CORRECTED BY
①			Notes: Map sink faucet with atmospheric vacuum breaker (AVB) contains a hose extending to a wall chemical dispenser.	7-1-25 Fix on or before above date
②			Did not observe a reduced pressure backflow preventer (RP) in building.	
③			Observed a water leak inside the exterior water meter pit.	

Received By (Name & Title) <i>X Steven Perillo</i>	Inspected By (Name & Title) <i>Andrew Miller, EHS</i>	Page <i>2</i> of <i>2</i>
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Beaton
4/24

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 PARK HURST DINING / FRANKLIN COLLEGE	Telephone Number () Owner	Date of Inspection 4/22/24	ID# 2273
Establishment address 101 BRANIGAN BLVD FRANKLIN, IN	Purpose: 1. Routine	Follow-up	Release Date 5/2/24
Owner PARK HURST DINING	2. Follow-up	Summary of Violations: C 1 NC 3 R	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge Deva Duncan	4. Pre-Operational	1 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
336	C	*	Hose with spray nozzle and splitter valve connected to mop sink faucet, cleaning system installed	7/1/25
431	NC	(S)	FLOOR DRAIN NOT CLEAN under soft drink station, floor not clean next to wall in areas in kitchen	5/1/24
295	NC	*	INSIDE OF PASS THRU (WARMER UNIT) NOT CLEAN	4/28
190	NC	(S)	PROCOOKED SHREDDED CHICKEN IN COVERED PLASTIC CONTAINER ON SHELF IN WALK-IN COOLER 6" further back 122°F - QUICK CHILL METHODS NOT DONE	corrected 4/22
NOTE			MECHANICAL DISMANTLING HOT WATER TEMPERATURE 161.9°F	(OK)

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



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Beta
4/24

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 Penn Station	Telephone Number () Establishment () Owner	Date of Inspection 4-23-24	ID# 802
Establishment address 255 S SR 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up VS	Release Date 5-3-24
Owner		Summary of Violations: C 1 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler Malcolm Kalugyer (Exp 3/1/29)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		many shelving units/racks are soiled/rusty (coolers, storage etc.)	4/30
425	NC		mops not hung up. happened wet.	4/24
295	NC		Baking sheets/pans where bulk onions are stored located in back storage room are very soiled.	4/24
431	NC		floor under equipment is soiled ↳ under fryer, cooler etc.	4/30
295	NC		interior of cooler units are soiled.	L
324	NC		faucet connection at 3 bay sink leaks	4/30
295	C		deli meat/cheese slicer observed soiled ↳ unit shall be clean washed, rinsed, sanitized at least every 4 hours ↳ employee stated it was last cleaned yesterday (4/22) morning	4/23
216	NC		cooler shelving not easily cleanable due to cloth under raw chicken	4/30
			Notes: ○ label all bulk food containers.	

Received by (name and title printed): Malcolm Kalugyer <i>cm</i>	Inspected by (name and title printed): Cass Hall / Mia Papageorge
Received by (signature): <i>Malcolm Kalugyer</i>	Inspected by (signature): <i>Cass Hall / Mia Papageorge</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name <i>Penn Station</i>	Address <i>285 SSR 135 Greenwood</i>	Inspection Date <i>4-23-24</i>
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Section#	C/NC R	REMARKS	TO BE CORRECTED BY
<i>Notes:</i>		<p><i>② Red Sanitizer Solution observed @ 0ppm ↳ should be 50-100 ppm.</i></p> <p><i>③ food products & single use hams should not be stored under drain lines (hand sink)</i></p> <p><i>④ Restroom hot water observed 140°F - 142°F ↳ should be 100°F - 120°F</i></p>	
<i>257 NC</i>		<i>Observed no food thermometer ↳ 0°F - 220°F</i>	<i>4/24/24</i>
<i>Note</i>		<i>employee observed without beard restraint</i>	

Received By (Name & Title) <i>Malcolm Kalgger</i>	Inspected By (Name & Title) <i>Mia Rango EHS, Cassie Hall</i> <i>Mia Rango</i>	Page <i>2</i> of <i>2</i>
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460 N. MORTON ST. STE A
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*Belem
4/22*

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 <i>Ranjana Market</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4-18-24</i>	ID# <i>2762</i>
Establishment address <i>2245 Sheek Rd. 46142</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>4-28-24</i>
Owner		Summary of Violations: <i>C 2 NC 3 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u>X</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>110</i>	<i>NC</i>		<i>Observed a display cooler with open food product located @ front counter ↳ Establishment did not submit plans for approval</i>	<i>4-18-24</i>
<i>269</i>	<i>C</i>		<i>Observed no 3 bay sink</i>	<i> </i>
<i>343</i>	<i>C</i>		<i>Observed no hand sink</i>	
<i>Note 3</i>			<i>Observed a "fresh food" cooler not in use</i>	
<i>342</i>	<i>NC</i>		<i>Restroom hand sink was observed @ 65°F ↳ shall be 100°F - 120°F</i>	<i>4-22-24</i>
<i>414</i>	<i>NC</i>		<i>Both back exterior doors not protected from potential rodent ↳ daylight observed.</i>	<i>4-25-24</i>
			<i>Note: ① Clean & organize back room - ② remove stool in back room.</i>	

Received by (name and title printed): <i>Shamsher Singh</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>Shamsher Singh</i>	Inspected by (signature): <i>Cassi Hall</i>
cc: <i> </i>	cc: <i>Bob Smith</i>



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Betina 4/16

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>Amazon Snyder food services</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/16/24</i>	ID# <i>2295</i>
Establishment address <i>1151 Graham 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
Owner	Summary of Violations:	C <i>⊗</i> NC <i>⊗</i> R <i>—</i>	
Owner address	Menu Type (See back of page)		
Person in charge	1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>		
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>also violation during inspection.</i>	

Received by (name and title printed): <i>Troy Kester</i>	Inspected by (name and title printed): <i>Paul Betrou / Mia Pageorge</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy 4/16
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Establishment name <i>Amazon - Snyder food service</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/16/24</i>	ID# <i>2488</i>
Establishment address <i>305 Chaney Av</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 Owner address Person in charge Responsible person's email Certified food handler	Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R _____		Menu Type (See back of page) 1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations during inspection.</i>	

Received by (name and title printed): <i>Troy Kistler</i>	Inspected by (name and title printed): <i>Paul Betsy / Mia Papageorge</i>
Received by (signature): <i>Troy Kistler</i>	Inspected by (signature): <i>Paul Betsy / Mia Papageorge</i>
cc:	cc:



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Belkin
1/13

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>GMI - Snyder (Snyder-GMI)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/2/24</i>	ID# <i>2502</i>
Establishment address <i>700 International dr. Franklin 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>-</i>	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)	
Person in charge		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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
			<i>No violation during inspection</i>	

Received by (name and title printed): <i>Troy Kistler</i>	Inspected by (name and title printed): <i>Paul Belkin Ets</i>
Received by (signature): <i>Troy Kistler</i>	Inspected by (signature): <i>Paul Belkin</i>
cc:	cc:



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Best 4/16

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>Lionshead - Snyder Food</i>		Telephone Number Establishment	Date of Inspection <i>4/16/24</i>	ID# <i>2627</i>
Establishment address <i>1222 S. Cravham rd</i>		Owner	Follow-up <i>-</i>	Release Date
Owner		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C</i> <input checked="" type="checkbox"/> <i>NC</i> <input checked="" type="checkbox"/> <i>R</i> <input type="checkbox"/>	
Owner address			Menu Type (See back of page)	
Person in charge			<i>1</i> <input type="checkbox"/> <i>2</i> <input checked="" type="checkbox"/> <i>3</i> <input type="checkbox"/> <i>4</i> <input type="checkbox"/> <i>5</i> <input type="checkbox"/>	
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
			<i>No violations during inspection</i>	

Received by (name and title printed): <i>Troy Kistler</i>	Inspected by (name and title printed): <i>Paul Beticu / Mia Papageorge</i>
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

*Bethan
4/26*

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 <i>Steak n Shake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4-26-24</i>	ID# <i>1081</i>
Establishment address <i>2088 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 (list)	Follow-up <i>N^o</i>	Release Date <i>5-6-24</i>
Owner		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Bethanie Fouty servsafe exp 5-12-27</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>431</i>	<i>NC</i>		<i>Floor around fce medline is soiled</i>	<i>5-6-24</i>

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




Betty
4/30

Johnson County Health Department
460 N. Morton St., Ste. A, Franklin, IN 46131
Phone: (317) 346-4365, Fax: (317)736-5264
Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) 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 Stone Creek Dining		telephone 317-889-1200	Date of Inspection 4/29/2024
Establishment address 911 St Rd 135 North, Greenwood, IN 46142		Summary of Violations 0 C 0 NC 0 R	
Owner CGR Holdings, LLC StoneCreekGreenwood@crgdining.com		Follow-up No	Release Date 5/8/2024
Person - in - Charge Vince & Chef Mike	Certified Food Handler Michael Taylor 1/18/28	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 1057	County Johnson	District D5	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
204	Note		#10 can of <i>Cipollini Onions in Balsamic Vinegar of Modena</i> has an excessive seam dent.	corrected
	Note		Whipped butter and Bacon jam at 41 °F but not in temperature control. Recommend keeping these products under temperature control.	
	Note		 Atmospheric Vacuum Breakers (AVB) are approved for use under atmospheric pressure conditions only. By attaching a splitter valve and or a spray nozzle, a "continuous pressure" condition is created which an AVB is not approved for. You have 2 options; 1) remove splitter valve/spray nozzle, or 2) install a vacuum breaker approved for use under "continuous pressure".	

Vincent Jansen
Elizabeth Senisse



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

*Best
4111*

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 Supreme Produce	Telephone Number () Establishment () Owner	Date of Inspection 4-9-24	ID# 2741
Establishment address 970 N Morton St. Franklin	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 4-19-24
Owner		Summary of Violations: C <u>0</u> NC <u>0</u> R _____	
Owner address	Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <u>X</u> 5 _____		
Person in charge	Responsible person's email		
Certified food handler Thia Cung (exp. 7/18/26)			

- 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
			no items noted @ time of inspection	

Received by (name and title printed): Tc	Inspected by (name and title printed): Cassie Hall
Received by (signature): Tc	Inspected by (signature): <i>[Signature]</i>
cc:	cc: Mia Pappay



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

Belton
4/19
✓

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>Laco Bell #40441</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>04/05/24</i>	ID# <i>2638</i>
Establishment address <i>10 Trafalgar Square</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>04/15/24</i>
Owner		Summary of Violations: <i>C 0 NC 2 R 0</i>	
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>Brycen Maclin 6/6/24</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
297	NC		Soda machine nozzles by service window is soiled.	4/6/24
431	NC		Drain at by soda machine is soiled.	
			Hand washing sink at men's restroom is soiled.	
			NOTE: (i) No shutoffs at AVB facilities have until 6/24 to correct this issue	

Received by (name and title printed): <i>Courtney McMullen</i>	Inspected by (name and title printed): <i>Paul Belton EHS</i>
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

Becky
4/16

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 Target Store T-1364 & Starbucks	Telephone Number () Establishment () Owner	Date of Inspection 4-15-24	ID# 942
Establishment address 895 S State Rd 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4-25-24
Owner Owner address Person in charge Food + Beverage Executive Aaron Martinez Team Leader		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>—</u>	
Responsible person's email aaron.martinez@target.com	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>		
Certified food handler State food safety Aaron Martinez exp 3/28/28			

- 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
431	NC		dry grocery floor littered with debris under shelving & stairs	4/25
234	NC		@ Starbucks, ice scoop not stored in a clean, protected location	4/17

Received by (name and title printed): ETL F&B A.J. Martinez	Inspected by (name and title printed): Mia Papageorge
Received by (signature): 	Inspected by (signature):
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Betsu
4/22

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 Valle Vista Golf Conference	Telephone Number () Establishment () Owner	Date of Inspection 04/18/24	ID# 248
Establishment address 755 E. Main St Greenwood IN 4614	Purpose: 1. Routine	Follow-up Yes	Release Date 4/28/24
Owner	2. Follow-up	Summary of Violations: C 5 NC 14 R	
Owner address	3. Complaint	Menu Type (See back of page) 1 2 3 4 5	
Person in charge	4. Pre-Operational		
Responsible person's email	5. Temporary		
Certified food handler Mike Robison 12/25/05	6. HACCP		
	7. Other (list)		

- 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
334	C		there's no air gap in drain at ice-machine at golf shop, and at upstairs ice maker.	4/28/24 ↓
438	C		Couple of spray bottles are not labelled at golf shop; containing chemicals	Corrected ↓
	*		one spray bottle not labelled in kitchen, containing chemicals	↓
257	NC		Food thermometer not seen at golf shop	4/18/24
112	NC		One upright cooler with freezer is not NSF approved	12/1/24
187	C		polish sausage temperature is at 78°F	Corrected ↓
			upright cooler/freezer (Kenmore) ambient air 43-47°F	↓
218	NC		there's no paper towel holder at golf shop	4/21/24
411	NC	*	Mechanical exhaust hood bulbs (some) not working, bulb out inside walk-in-cooler, and bulb out inside Grista two ^{door} cooler.	4/21/24 ↓
295	C	*	Product holder soiled on table top mechanical slicer	Corrected ↓

Received by (name and title printed): MIKE ROBISON	Inspected by (name and title printed): Paul Betsu EHS
Received by (signature): <i>Mike Robison</i>	Inspected by (signature): <i>Paul Betsu / Andrew Miller</i>
cc:	cc: Andrew Miller, EHS

NARRATIVE REPORT Greenwood

Establishment Name			Address	Inspection Date
Valle Vista Golf			755 E Main St ^{IN} 461	
Section#	C/N/C	R	Conference REMARKS	TO BE CORRECTED BY
324	NC		Pipe leaking at elbow above mechanical dish machine.	4/28/24
286	NC		Pressure gauge for mechanical dish machine head between 90-100 psi.	4/28/24
334	C		Sprayer attached to a hose in dish area was hanging below the flood rim of a dish table.	4/18/24 Remove
295	NC		Dish area wall racking is rusty and the walls were peeling paint.	5/18/24
430	NC		Interior walk-in-cooler door handle contains tape.	4/28/24
191	C		Beef tips in walk-in-cooler lacked a date mark.	Corrected Vol Discarded
430	NC		Interior floor worn inside walk-in-cooler and walk-in-freezer.	12/1/24
413	NC		East kitchen door ramp, to exterior, not tight-fitting along bottom corners.	5/1/24
256	NC		Ambient air thermometers not seen in walk-in-freezer & Federal three door cooler, and in Kenmore unit at Golf Shop.	4/19/24
385	NC		Top dumpster lids not provided on large exterior dumpster.	4/28/24
218	NC		Upstairs ice machine interior lid cracked and ice bin drop plate cracked and contained wood.	5/1/24
			① Note: Owner will contact health department about a mop sink for kitchen.	
			② No RP seen on soda unit in Golf Shop (RP= Reduced Pressure Principle Backflow Preventer) w/CO ₂ tanks.	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
Michael [Signature]			Andrew Miller, EHS	



**JOHNSON COUNTY HEALTH DEPARTMENT
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*Retain
4/26*

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 <i>Wendy's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4-22-24</i>	ID# <i>625</i>
Establishment address <i>490 N Morton St. Franklin</i>	Purpose: 1. <u>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>4-30-24</i>
Owner		Summary of Violations: <i>C <u> </u> NC <u> </u> R <u> </u></i>	
Owner address	Menu Type (See back of page) <i>1 2 3 <u> </u> 4 5</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Lynn Jones servsafe exp. 2-7-2027</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>Nothing to note at time of inspection</i>	

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



**JOHNSON COUNTY HEALTH DEPARTMENT
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*Betina
4/11*

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>Wendy's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/09/24</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 <i>-</i>	Release Date
Owner		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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
			<i>NO violations during inspection</i>	
			<i>NOTE: (1) mechanical dish washer sanitizer is okay</i>	
			<i>(2) Back flow prevention should be inspected by a certified plumber exp. 2021.</i>	

Received by (name and title printed): <i>Charity McIntosh</i>	Inspected by (name and title printed): <i>Paul Betina EHS</i>
Received by (signature): <i>Charity McIntosh</i>	Inspected by (signature): <i>Paul Betina</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
 RETAIL FOOD ESTABLISHMENT
 INSPECTION REPORT

460 N. MORTON ST. STE A
 FRANKLIN, IN 46131
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*Return
4/30*

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>Whiteland Mart</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/19/24</i>	ID# <i>2818</i>
Establishment address <i>340 US 31 N Whiteland, IN</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: <i>C 1 NC 2 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 <input checked="" type="checkbox"/> 3 4 5	
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
<i>295</i>	<i>NC</i>		<i>Storage cabinets under the drink dispensers are soiled</i>	<i>4/26/24</i>
<i>426</i>	<i>NC</i>		<i>Miscellaneous ^{items} out back - cooler etc - need removed</i>	<i>5/26/24</i>
<i>334</i>	<i>C</i>		<i>Drink dispensers and ice maker don't have air gap drains. Only air breaks</i>	<i>5/6/24</i>

Received by (name and title printed): <i>L. Ayush Sandhu</i>	Inspected by (name and title printed): <i>Terry Bayless</i>
Received by (signature): <i>Ayush</i>	Inspected by (signature): <i>Terry Bayless</i>
cc:	cc: