



**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

11:13am Beth
4/9

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 Jennie's	Telephone Number () Establishment () Owner	Date of Inspection 4-7-24	ID# S2529
Establishment address JC Park	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 4-17-24
Owner		Summary of Violations: NO Score	
Owner address		C <u> </u> NC <u> </u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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
			Remove foil. Not easily cleanable.	

Received by (name and title printed): Jenny Stark	Inspected by (name and title printed): Cassie Hall
Received by (signature): <i>Jenny Stark</i>	Inspected by (signature): <i>Cassie Hall</i>
cc:	cc:



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RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Betsy
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 Lemon Shake Ups	Telephone Number () Establishment () Owner	Date of Inspection 4-7-24	ID# TEMP
Establishment address DC Park	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 4-17-24
Owner		Summary of Violations: NO SCORE C <u> </u> NC <u> </u> R <u> </u>	
Owner address	Menu Type (See back of page) 1 X 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			Label bulk items	
			Use produce wash to clean lemons.	

Received by (name and title printed): Kimberly Baker	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>Kimberly Baker</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid 4/2/2024
Receipt # 1996
Staff Initials Att

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 4-2-24 State Retail Merchant ID# _____ (provide copy)
Name of Applicant Kimberly Baker
Establishment or organization Lemon Shake-UPS
Establishment or organization address 8995 W Del Char N Dr.
City, State and Zip Edinburgh In 46124 Phone 812-581-0861
Mobile Phone _____ Email Kimberly41COX@Gmail.com
Name of Certified Food Manager (provide copy of certificate) _____

Event Information

Name of Event Eclipse Date of Event 4-8-2024
Number of days of operation and times that food will be served 1
Address of Event Down Town Edinburgh
Event Coordinator Name and Phone Number SARabeth Dry bread 812-343-3588

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building
Type of Power Source: Will plug into source Generator None needed
Type of Handwashing: Sink Thermos with spigot Urn Other _____
Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____
Water Supply Source Filtered water
Wastewater Disposal Site _____

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Lemonade
List of items that will be prepared at other locations and brought to the event (items must be transported safely) NONE
Location where those items will be prepared and brought to the event _____

Applicant Signature Kimberly Baker Date 4-2-2024



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*Belm
419*

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>Lichity Slick</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4-7-24</i>	ID# <i>M2043</i>
Establishment address <i>DC Park</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up <i>-</i>	Release Date <i>4-17-24</i>
Owner		Summary of Violations: <i>NO SCORE</i> C <i>-</i> NC <i>-</i> R <i>-</i>	
Owner address	Menu Type (<i>See back of page</i>) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Person in charge			
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>Remove ice cream scoop from cup of water</i>	

Received by (name and title printed): <i>Rhys Swanberg</i>	Inspected by (name and title printed): <i>Cass: Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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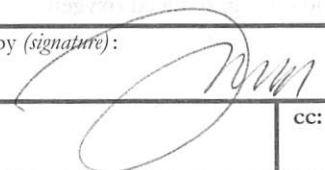
*Belm
4/19*

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>The Oriental Cookery</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4-7-2024</i>	ID#
Establishment address <i>Johnson County Parks</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>4-17-24</i>
Owner		Summary of Violations: <i>NO SCORE</i> C <i>/</i> NC <i>/</i> R <i>/</i>	
Owner address	Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Person in charge			
Responsible person's email			
Certified food handler <i>Jenny Crowley servsafe exp. 4-10-2028</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>nothing to note</i>	
			<i>Thank you</i>	

Received by (name and title printed):	Inspected by (name and title printed): <i>Celeb Frenor</i>
Received by (signature): 	Inspected by (signature): <i>aler Frenor</i>
cc:	cc:



Johnson County Health Department
 460 N Morton St. Suite A
 Franklin, IN 46131
 Phone 317-346-4365 Fax 317-736-5264

Date Paid 3/18/2024
 Receipt # 1848
 Staff Initials AH

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 03-12-2024 State Retail Merchant ID# 0160893151-001 (provide copy)

Name of Applicant JENNY CRAWLEY / DAVID CRAWLEY

Establishment or organization THE ORIENTAL COOKERY

Establishment or organization address 22306 OVERDORE RD.

City, State and Zip NOBLESVILLE, IN, 46062 Phone _____

Mobile Phone (317) 91002973 Email jencraw@frontier.com

Name of Certified Food Manager (provide copy of certificate) JENNY CRAWLEY /

DAVID CRAWLEY

Event Information 2024 TOTAL ECLIPSE
 Name of Event IN THE PARK Date of Event APRIL 6, 7, 8; 2024

Number of days of operation and times that food will be served 3

Address of Event JOHNSON COUNTY PARKS AND RECREATION

Event Coordinator Name and Phone Number CHRISTY HOWE
812-520-6809 EXT. 104

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building

Type of Power Source: Will plug into source Generator None needed

Type of Handwashing: Sink Thermos with spigot Urn Other _____

Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____

Water Supply Source PUBLIC UTILITY

Wastewater Disposal Site HOLDING TANK

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served PLEASE SEE ATTACHMENTS

List of items that will be prepared at other locations and brought to the event (items must be transported safely) NONE

Location where those items will be prepared and brought to the event N/A

Applicant Signature Jenny Date 03-12-2024
JENNY CRAWLEY

ServSafe® CERTIFICATION

JENNY CRAWLEY

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

23832799

CERTIFICATE NUMBER

5580

EXAM FORM NUMBER

4/10/2023

DATE OF EXAMINATION

4/10/2028

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

Sherman Brown
Executive Vice President, National Restaurant Association Solutions





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Bekm
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>Woppos, LLC</i>	Telephone Number <i>(317) 667-9081</i>	Date of Inspection <i>4-7-24</i>	ID# <i>M2700</i>
Establishment address <i>Johnson County Park</i>	() Owner	Follow-up <i>No</i>	Release Date <i>4-17-24</i>
Owner <i>Curtis Canova</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Summary of Violations: <i>No Score</i>	
Owner address		C <u> </u> / NC <u> </u> / R <u> </u>	
Person in charge <i>Curtis Canova</i>		Menu Type (See back of page)	
Responsible person's email <i>(Exp: 4/2/28)</i>		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>AAA Food Safety Curtis Canova</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Rice in warmer measured 86°F and Queso measured 124°F.</i>	<i>In-process</i>
			<i>Please re-heat to 165°F then place in the warmer table/unit</i>	
			<i>Firm has two burner gas stove.</i>	
			<i>Firm typically reheats food at commissary then I places food in warmer table/unit</i>	

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



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*Belm
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>The yellow Rose</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4-7-24</i>	ID# <i>M2652</i>
Establishment address <i>Johnson County Park</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>4-17-24</i>
Owner		Summary of Violations: <i>NO SCORE</i>	
Owner address		C <u> </u> / NC <u> </u> / R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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>Make sure to label spray bottles</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>Caleb Fleener</i>
cc:	cc: