



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
5/17

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 3 Agaves Mexican Grill & Bar	Telephone Number (317) 205-4729	Date of Inspection 5-16-24	ID# 2610
Establishment address 11 Declaration Dr. Greenwood 46143	() Owner	Follow-up YES	Release Date 5-26-24
Owner Francisco Garcia Lopez	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 2 NC 1 R —	
Owner address		Menu Type (See back of page)	
Person in charge Carlos - manager and Israel		1 2 3 4 <u>X</u> 5	
Responsible person's email franciscodelmeson@hotmail.com			
Certified food handler Francisco Garcia Lopez			

- 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
188	C		Observed a metal pan of queso stored on top of warmer unit located on server line ↳ employee stated the pan of queso was made 5/15/24 and was pulled out of the cooler @ 10:30 am 5/16/24 to reheat.	5/16
173	C		① raw marinated chicken stored above raw ground beef in walk-in cooler ② raw marinated chicken stored above raw marinated beef (carne) in two door cooler ③ raw chicken & raw ground beef stored above sour cream in walk-in cooler ④ raw shrimp stored above ready to eat chopped lettuce in walk-in cooler	
239	NC		Knives stored incorrectly in the following places: ① stored between the wall & prescape sink ② stored between the wall & 3 bays sink behind the bar	
Note: leak @ 3 bays sink drain line & wall needs to be cleaned behind drain line				

Received by (name and title printed): Carlos Velazquez	Inspected by (name and title printed): Mia Page George
Received by (signature): 	Inspected by (signature):
cc:	cc: Cassandra Hall



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*Bellevue
5/17*

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 AFC Sushi	Telephone Number () Establishment () Owner	Date of Inspection 5-15-24	ID# 11075
Establishment address 3100 Meridian Park Dr.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 5-25-24
Owner		Summary of Violations: C 2 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 ___ 4 X 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
NOTE	3		Observed no PH log for sushi rice for 5/15/24, observed employees using sushi rice to prepare food products.	
163	NC		Observed no documentation for parasite destruction.	
129	C		Observed employee not removing gloves & washing hands after doing paperwork.	
199	NC		Observed 3 packages of 2 lbs Club meat thawing @ room temperature located in prep sink.	
187	C		2 door prep cooler storing P.H.F. abutment air temp observed 44°F Observed the following internal temps: ① Crab ② 44°F ③ recomm to discard all p.H.F.	

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



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Byron 5/23

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 ANN'S	Telephone Number () Establishment () Owner	Date of Inspection 5/21/24	ID# 104
Establishment address 77 W MONROE 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 6/1/24
Owner		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge MERIKA CRAWLEY			
Responsible person's email			
Certified food handler MERIKA CRAWLEY SERUSAP 10/18/27			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	<input checked="" type="checkbox"/>	INSIDE TOP OF SQUEEZER MAKER NOT CLEAN	5/24/24
218	NC	<input checked="" type="checkbox"/>	SMALL REACH - IN REFRIGERATOR IN PREPARATION AREA - DOOR GASKET SPLIT/WORN, THERMOMETER NOT SEEN (NOT CONSPICUOUSLY LOCATED)	6/21
256	NC			→ 5/25
NOTE		<input checked="" type="checkbox"/>	BACK UPRIGHT FREEZER NOT COMMERCIAL GRADE (FREEZER TEMPERATURE 90°F)	7/1

Received by (name and title printed): [Signature]	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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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>Applebee's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/3/24</i>	ID# <i>0563</i>
Establishment address <i>L-5 Greenwood 1251 US 31N IN 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>5/13/24</i>
Owner <i>Corporate</i>		Summary of Violations: <i>C 1 NC 8 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Ryan Clark</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		① Floors soiled in various areas of the floor	5/12/24 ↓
399	NC		② Grough drain soiled near kitchen ice maker	5/5/24 ↓
			→ Thout repair needed to tile under bar equipment, drink station in kitchen	5/20/24 ↓
218	NC		Wheel missing for walk-in-cooler shelving and wheels damaged on broiler low boy cooler.	5/27/24 ↓
190	NC		White and Mexi rice was covered with a paper like cover while cooling inside the walk-in-cooler	Corrected ↓
430	NC		Frame (metal) for doorway loose for utility room	6/1/24 ↓
413	NC		① Overhead door in trash room contains outer openings at both corners.	5/13/24 ↓

Received by (name and title printed): <i>Ryan Clark</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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*Betsy
5/26*

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>Ar. i's Pancake House</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-22-24</i> <i>3:45 p.m.</i>	ID# <i>1303</i>
Establishment address <i>2150 Independence Dr. 46143</i> <i>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>YES</i>	Release Date <i>6-1-24</i>
Owner <i>Margar To Cuenca</i>		Summary of Violations: <i>C 4 NC 9 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in charge <i>Margarto Cuenca</i>			
Responsible person's email			
Certified food handler <i>Margar To Cuenca (ETD 11/21/23)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
173	C		Observed raw chicken stored above previously cooked potatoes + raw shell eggs.	5-22-24
187	C		Observed the following internal food temperatures: ① Chocolate milk @ 45°F, shredded hashbrowns 44°F, cube potatoes @ 48°F located in flip top cooler by soda machine. ② Shredded hashbrowns @ 48°F, shredded chesse @ 47°F, raw cracked eggs @ 45°F located in flip-top cooler by cook line.	recommended discarding all R.H.F.
254	NC		Probe thermometer not accurate (Read 39°F in ice water)	5-22-24
218	NC		Flip top cooler door gaskets are worn, located by cookline	5-29-24
234	NC		M-use utensils stored in 109°F water in warmer unit. (Needs to be 135°F)	5-22-24
218	NC		Flip top handles are missing + bolt is loose by cookline	5-29-24

Received by (name and title printed): <i>Margarto Cuenca</i>	Inspected by (name and title printed): <i>Cass Hall, Andrew Miller, ERS</i>
Received by (signature):	Inspected by (signature): <i>Cass Hall, Andrew Miller</i>
cc:	cc:



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BETH
5/31

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 AZUL TEQUILA BAR	Telephone Number () Establishment () Owner	Date of Inspection 5/29/24	ID# 2662
Establishment address 1001 N SR 135 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 6/9/24
Owner ISRAEL GARZIA	Summary of Violations: C 5 NC 1 R -		
Owner address	Menu Type (See back of page)		
Person in charge	1 ___ 2 ___ 3 ___ 4 X 5 ___		
Responsible person's email			
Certified food handler ISRAEL 5/18/28			

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Section #	C/NC	R	Narrative	To Be Corrected by
310	NC		- EXHAUST FANS IN WOMEN'S & MEN'S RESTROOM ARE SOILED	6/4/24
219	NC		- DOOR GASKET ON REACH-IN REFRIGERATOR IN BAR AREA IS IN DISREPAIR	- IN PROCESS
218	NC		- ICE BUILD UP ON RIGHT SIDE DOOR OF TRUE REACH-IN FREEZER IS PREVENTING IT FROM CLOSING PROPERLY. TEMPS ARE BELOW MIN.	5/29/24
433	NC		- MOP AREA IS DISORGANIZED: - HANG MOPS TO PROPERLY DRY	5/29/24
294	C		- DISH MACHINE - WATER TEMP OBSERVED AT 104°F.	6/9/24
174	NC		- 2 BULK FOOD CONTAINERS NOT LABELED	5/29/24

Received by (name and title printed): X Israel Garcia	Inspected by (name and title printed): KEVIN R. PALAN EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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

*Becky
6/3*

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-21, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment BAY HORSE INN	telephone 317.760.8778	Date of Inspection 5/30/2024
Establishment address 1468 W STONES CROSSING RD., GREENWOOD, IN 46143	Summary of Violations 0 C, 0 NC, 0 R	
Owner AMANDA JOHNSON	Follow-up No	Release Date 6/10/2024
Person - in - Charge SHAYNA	Certified Food Handler NONE REQUIRED	Purpose: Routine
Establishment Identification # 1999	County Johnson	District D5
		Menu Type 1- Limited menu

- 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:
			NO VIOLATIONS OBSERVED AT THE TIME OF INSPECTION	

Shayna

Elizabeth Senisse

Establishment Representative

Inspected by: Elizabeth Senisse, REHS
 (317) 346-4373 esenisse@co.johnson.in.us



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Betsy
5/10

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 Bamboo	Telephone Number () Establishment () Owner	Date of Inspection 5-2-24	ID# 1931
Establishment address 4800 W Smith Valley Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes	Release Date 5-12-24
Owner Liyun Li		Summary of Violations: C 1 NC 3 R	
Owner address Liyun Li		Menu Type (See back of page)	
Person in charge Liyun Li		1 2 3 4 X 5	
Responsible person's email			
Certified food handler Liyun Li (11/4/25) exp.			

- 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
190	NC		Observed previously cooked noodles in a metal pans greater than 4" with a plastic cover located inside walk-in cooler ↳ internal temperature observed 73°F - 75°F	
190	NC		Observed previously cooked pork dumplings in a metal pans greater than 4" with a plastic cover located in 2 door reach-in cooler. ↳ internal temperature observed 72°F	
303	C		Observed employee NOT sanitizing dishes @ 3 bay sink after washing & rinsing them.	
216	NC		① Observed foil lining cook line ② Observed cardboard lining shelving units.	

Received by (name and title printed): Liyun Li	Inspected by (name and title printed): Cassie Hall
Received by (signature): 	Inspected by (signature):
cc:	cc:



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*Beaten
5/10*

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>bickford Assisted living</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/08/24</i>	ID# <i>1759</i>
Establishment address <i>3021 stella dr. Greenwood, Ind</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 0 NC 4 R 2</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	<i>floor & main drain by three-bay sink is soiled.</i>	<i>5/20</i>
324	NC		<i>One hand sink faucet is leaking</i>	
411	NC		<i>One light is out at dry storage room.</i>	
295	NC		<i>(i) Surface of spices holder is soiled. (ii) plate holder is soiled.</i>	
<p><i>NOTE:</i></p> <ul style="list-style-type: none"> <i>(i) please schedule exhaust hood cleaning</i> <i>(ii) make sure spices lids are covered after each use</i> <i>(iii) NO AVB (atmospheric vacuum breaker) shut off.</i> <i>(iv) please clean water/waste strainer in juice machine</i> 				

Received by (name and title printed): <i>RODNEY FORWARD</i>	Inspected by (name and title printed): <i>Paul Betiku EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belton
5/1/17*

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 Bob Evans	Telephone Number () Establishment () Owner	Date of Inspection 5-13-24	ID# 2133
Establishment address 159 S. Marlin Dr.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 5-23-24
Owner		Summary of Violations: 2 C B NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Ashley Swazay (exp 8-10-28)			

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C		Observed many small files through- out kitchen	5-15-24
414	NC		Observed back exterior door propped open with orange cone. ↳ Did not observe a delivery truck in back parking lot.	5-13-24
187	C		Observed mash potatoes @ 125° or hot holding in 2 door warmer unit.	
336	C		Observed a green hose connected to the top mop sink with a spray nozzle afixed to the hose without a backflow prevention device for "CONTINUOUS PRESSURE"	
431	NC		Floor & Grout is soiled throughout establishment ↳ under equipment, shelving units, walk-in cooler, etc)	5-15-24
324	NC		Ice machine drain line is leaking onto floor - drain line appears not connected to machine	

Received by (name and title printed): Angie McElroy	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>Angie McElroy</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc: Elizabeth Senisse

NARRATIVE REPORT

Establishment Name Bob Evans		Address 159 S. Marlin Dr.		Inspection Date 5-13-24
Section#	C/NC R	REMARKS	TO BE CORRECTED BY	
431	NC	Observed stagnant water on the floor of mechanical room where towels are stored.	5-13-24	
295	NC	Observed yellow + blue tongs & 2 yellow pans (soiled) stored on clean dish racks.		
295	NC	top of dish machine is soiled		
<p>No may make written comments - Fax, mail, email</p>				
Received By (Name & Title) MARK McELROY		Inspected By (Name & Title) Elizabeth Senisse		Page <u>2</u> of <u>2</u>

Elizabeth Senisse
 ESenisse@Co.johnson.in.us



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Bekm
5/23

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 Bob EVANS	Telephone Number () Establishment () Owner	Date of Inspection 5/20/24	ID# 2134
Establishment address 900 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 5/30/24
Owner		Summary of Violations: C <u>1</u> NC <u>8</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 BRENDA EDWARDS			
Responsible person's email			
Certified food handler BRENDA EDWARDS SERUSAFY 2026 EXP			

- 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
187	C	Ⓢ	INTERNAL TEMPERATURE OF CHEESE, CUT TOMATOES FRONT REFRIGERATOR 44°F NOT AT 41°F OR LESS, TO BUILT UP INSIDE REFRIGERATOR	ITEMS TO DISCARD 5/20/24
431	NC	X	FLOOR, WALL NOT CLEAN IN AREAS OF KITCHEN	6/4
295	NC	X	FLOOR, SHELVING NOT CLEAN - WALK-IN COOLER	6/4
295	NC	X	DEEP FRYER NOT CLEAN	6/4
295	NC	X	BASE INSIDE ICE CREAM FREEZER NOT CLEAN	5/28
324	NC	X	LEAK NOTED UNDERNEATH OF MECHANICAL DISHMACHINE	6/4
239	NC	X	DISHRACKS NOT STORED OFF FLOOR SURFACE	5/25
256	NC	X	THERMOMETERS NOT CONSPICUOUSLY LOCATED INSIDE REFRIGERATORS	5/28
295	NC	Ⓢ	STANDUP/UPRIGHT REFRIGERATOR/FREEZER INSIDE SHELVING/ISLE NOT CLEAN	6/4
			MECHANICAL DISHMAKING TEMPERATURE HOT WATER SANITIZATION (159.8°F)	✓

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



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Beckm
5/31

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 BOJAKS BAR & GRILL	Telephone Number () Establishment () Owner	Date of Inspection 5/29/24	ID# 1365
Establishment address 377 E JEFFERSON 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 6/8/24
Owner AUSEN GARD		Summary of Violations: C <u>0</u> NC <u>10</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge JOHN LANHAM			
Responsible person's email			
Certified food handler JOHN LANHAM			

• 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	Repeated	Narrative	To Be Corrected by
138	NC	(C)	FABRIC HAIR RESTRAINT NOT WORN BY EMPLOYEE IN KITCHEN	6/4/24
(Wipe)	*		WIPING CLOTHS NOT STORED IN SANITIZING SOLUTION BETWEEN USE	5/30
(Wipe)	*		CELL PHONE STORED ON FOOD PREPARATION SURFACE	corrected 5/29
218	NC	*	DOOR GASKETS WORN / SPLIT ON REFRIGERATOR ACROSS FROM GRILL	6/11
295	NC	*	EXHAUST HOOD FILTERS NOT CLEAN	6/3
425	NC	*	BROOMS NOT HUNG UP OFF FLOOR	6/4
431	NC	*	FLOOR UNDER GRILL, UNDER ICE MAKER (6/8)	
(Small Flies)	*		ICE MAKER DRAIN NOT CLEAN, BEER COOLER WATER IN	
431	NC	*	CORING IN KITCHEN NOT CLEAN	6/8
431	NC	*	RESTROOM CORING EXHAUST COVERS NOT CLEAN	6/8
399	NC	*	WHEEL WET/WORN UNDER ICE SOFT DRINK STATION BY KITCHEN	7/1
399	NC	*	WALL COVING LOOSE IN AREA OF KITCHEN	8/20
234	NC	*	ICE SOFT DRINK STATION - ICE SCOOP HANDLE IN CONTACT WITH ICE	corrected 5/29

Received by (name and title printed): John Lanham	Inspected by (name and title printed): Bob Smith EHS
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

Betty 5/17

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>Burger King</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/13/24</i>	ID# <i>2606</i>
Establishment address <i>1839 E Main St Greenwood 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
Owner		Summary of Violations: C <i>0</i> NC <i>0</i> R <i>0</i>	
Owner address		Menu Type (See back of page) 1 <i>0</i> 2 <i>0</i> 3 <i>✓</i> 4 <i>0</i> 5 <i>0</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>John Reyes</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 violation during inspection.</i>	
			<i>NOTE: (i) please clean siding (left side) of fryer</i>	
			<i>(u) NO A/B shut offs at mop sink</i>	
			<i>(ii) please have a work order for sprinkling leak at three-bay sink</i>	
			<i>(iv) please have a air-gap at drain by soda machines.</i>	

Received by (name and title printed): <i>Johnny Reyes</i>	Inspected by (name and title printed): <i>Paul Betton ETS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: