



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
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 <i>New Hope Church</i>	Telephone Number <i>(317) 888-4673</i>	Date of Inspection <i>5-30-24</i>	ID# <i>2732</i>
Establishment address <i>5307 W. Fairview Rd. Greenwood 46142</i>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>6-9-24</i>	Release Date
Owner <i>New Hope Church</i>		Summary of Violations: <i>No Score</i>	
Owner address <i>5307 W. Fairview Rd. Greenwood 46142</i>		C <u>X</u> NC <u>X</u> R <u>X</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email <i>info@becomehope.com</i>		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
			- 3 bay sink lacks air gap/break	
			- RO system lacks air gap/break	
			- grease trap on concrete, not smooth or easily cleanable	
			- ceiling tiles in hallway where utensils are stored are not smooth/easily cleanable	
			- Exit doors in hallway lack doorsweep where food is stored	
			- foods and utensils in hallway not secure from unauthorized people	
			- ice machine air gap not sturdy	
			- drain tubes on top of concrete blocks is not sufficient	
			- mop sink red hose hangs below flood rim of sink, too long	
			- chemical dispenser @ mop sink not 12 inches below backflow prevention	
			- RO system attached to wall via exposed wood	

Received by (name and title printed): <i>Harry V. Wagner</i>	Inspected by (name and title printed): <i>Mia Papageorge, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Becky
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 <i>New Wong Cai</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-29-24</i>	ID# <i>2519</i>
Establishment address <i>209 S SR 135 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 <i>6-8-24</i>
Owner		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 X 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Jessica Chong (4/10/28)</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>173</i>	<i>X</i>		<i>Observed raw shrimp stored about ready-to-eat soy sauce</i>	<i>5-29-24</i>
<i>295</i>	<i>NC</i>		<i>Sides of cooking equipment are soiled.</i>	<i>6-5-24</i>
<i>218</i>	<i>NC</i>		<i>Interior of single door stand-up freezer plastic is damaged & observed open food product</i>	<i>1-1-25</i>
			Notes: <i>① Observed baby behind counter ② New water heater is ordered. ③ Wash, rinse, sanitize all dishes in 3 bay sink.</i>	

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



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Bckm
6/13

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 NY Slice	Telephone Number (317) 887-1009	Date of Inspection 5-31-24	ID# 2333
Establishment address 1201 Greenwood Park E Drive	() Owner	Follow-up —	Release Date 6-9-24
Owner Daniel Frost	Purpose: 1. Routine	Summary of Violations: C 0 NC 0 R	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge Daniel Frost	3. Complaint	1 2 <input checked="" type="checkbox"/> 3 4 5	
Responsible person's email the nyslice@gmail.com	4. Pre-Operational		
Certified food handler Daniel Frost ServSafe exp 1/26/27	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			No violations observed	
			Note Ⓚ door & window open due to broken air conditioning, small flies & ants observed restaurant grade pest control in use ② meat slicer cleaned & covered after use	

Received by (name and title printed): DANIEL FROST	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Belm 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 <i>NEW KUMO JAPANESE</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/21/24</i>	ID# <i>1821</i>
Establishment address <i>1051 W JEFFERSON ST. FRANKLIN, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>6/1/24</i>
Owner <i>YJ LI</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>YJ LI</i>			
Responsible person's email			
Certified food handler <i>YJ LI</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>	<i>Ⓟ</i>	<i>EXHAUST HOOD FILTERS NOT CLEAN</i>	<i>5/28/24</i>
<i>431</i>	<i>NC</i>	<i>Ⓟ</i>	<i>FLOOR IN AREAS OF KITCHEN NOT CLEAN</i>	<i>5/28</i>
<i>228</i>	<i>NC</i>	<i>Ⓟ</i>	<i>LARGE CHEST FREEZER IN FRONT AREA NOT EASILY MOVED</i>	<i>6/5</i>

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



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Bekah
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>Noble Romans Craft Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/13/24</i>	ID# <i>2384</i>
Establishment address <i>2826 S. SR 135 Greenwood Pub IN 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>5/23/24</i>
Owner <i>Noble Romans</i>		Summary of Violations: <i>C 1 NC 6 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Caleb Burton</i>			
Responsible person's email			
Certified food handler <i>Caleb Burton</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floors walls floor drains soiled in various areas	5/20/24 ↓
227	NC		Two bar coolers are not easily movable	6/13/24 ↓
430	NC		Floor drain for self-serve soda station not accessible	5/20/24 ↓
218	NC		① Mobile ingredient bin in dough room missing cover (plastic)	5/20/24 ↓
			② Some reach-in-coolers contain torn/split door gaskets	6/13/24 ↓
295	NC		Manual can opener holder and unit are soiled	Corrected ↓
399	NC		Floor tile damaged under large pizza preparation table	6/13/24 ↓
336	C		Mop sink faucet with atmospheric vacuum breaker (AVB) contains y-valve with shut offs	7-1-25 ↓
			* Notes: Bar ice bin needs air gap on drain line & jet spray at three bay sink	6/1/24 ↓

Received by (name and title printed): <i>Caleb Burton Keyholder</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Caleb Burton</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

* No main backflow preventer (RP) seen in form. Page 1 of 1



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Boyer 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>Pamera Bread</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/13/24</i>	ID# <i>943</i>
Establishment address <i>789 US 31 Greenwood.</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 <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
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 <i>Michael Earnest 12/9/24</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>Mike Earnest</i>	Inspected by (name and title printed): <i>Paul Betiku ETS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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*Belkm
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 POPEYE'S	Telephone Number () Establishment () Owner	Date of Inspection 5/29/24	ID# 2339 6505
Establishment address 270 N SR 135 46142	Purpose: 1. Routine	Follow-up -	Release Date 6/9/24
Owner GILLIGAN CO LLC	2. Follow-up	Summary of Violations: C 1 NC 11 R -	
Owner address 3805 EDWARDS RD STE 680 CINCINNATI 45209	3. Complaint		
Person in charge LINDA GARRETTE	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 2 3 4 x 5	
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		- FAUCET @ 3-BAY SINK IS LEAKING FROM THE HOT WATER SIDE	8/9/24
443	C		- SWITER SOLUTION OBSERVED @ 150 ppm BY KRP'S TEST STRIPS & POPEYE'S TEST STRIPS	CORRECTED
433	NC		- MOPS NEAR THE MOP SINK ARE UNORGANIZED - NOT HUNG.	6/9/24
399	NC		- COPING ON THE CEILING ABOVE THE PREP TABLE IS IN DIS REPAIR.	IN PROCESS
218	NC		- THE BOTTOM OF THE RINCH IN FREEZER IS SOILED	5/30/24
431	NC		- THE FLOORING & DRAIN BEHIND THE KEMNER IS SOILED	5/30/24
431	NC		- THE VENT & CEILING ABOVE THE SCROLL LINE ARE SOILED	5/30/24
431	NC		- THE CEILING ABOVE THE FRIAR IS SOILED	5/30/24
399	NC		- OBSERVED BROKEN TILES: - NEXT TO MOP SINK - UNDER HAND SINK ADJACENT TO 3-BAY SINK - UNDER THE PREP SINK/TABLE - UNDER THE ELECTRICAL PANEL OPPOSITE OF FRIARS	IN PROCESS
297	NC		- METAL SURROUNDING SOA & NOZZLE (PILING ROOM) IS CORRODED	5/30/24
431	NC		- FLOOR DRAIN NEAR THE SOA STATION (INSIDE OF CABINET) IS SOILED	5/30/24

Received by (name and title printed): Linda Garrette	Inspected by (name and title printed): KEVIN R PAULIN EHS
Received by (signature): <i>Linda Garrette</i>	Inspected by (signature): <i>K R P</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Pop-eye's			276 N SR 135	5/29/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
431	NC		FLOOR & WALL BEHIND THE SODA MACHINE IN THE DINING AREA ARE SOILED	5/30/24
X	NOTE		- OBSERVED AN ODOR OF WHAT APPEARS TO BE NATURAL GAS NEAR THE PREP SINK	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2



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Bernal
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 <i>Puente Vallarta</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/21/24</i>	ID# <i>1513</i>
Establishment address <i>895 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	Release Date <i>5/31/24</i>
Owner		Summary of Violations: C <u>2</u> NC <u>3</u> 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>+ Pablo Bernal Garcia</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>238</i>	<i>C</i>		<i>Blue</i> <i>cleaner in spray bottles is not labeled</i>	<i>corrected</i>
<i>245</i>	<i>NC</i>		<i>wet wiping cloths on work tables are</i> <i>not labeled stored in sanitizer solution</i>	<i>5/21/24</i>
<i>295</i>	<i>NC</i>		<i>- the can opener blade is soiled</i>	<i>5/21/24</i>
<i>174</i>	<i>NC</i>		<i>- bulk food items are not labeled</i>	<i>5/22/24</i>
<i>334</i>	<i>C</i>		<i>- The hot ice bin does not have</i> <i>an air gap drain</i>	<i>5/28/24</i>

Received by (name and title printed): <i>+ Ana Bernal</i>	Inspected by (name and title printed): <i>Angie D Taylor</i>
Received by (signature): <i>+ Ana Bernal</i>	Inspected by (signature): <i>Angie D Taylor</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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Betika
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 Qdoba	Telephone Number () Establishment () Owner	Date of Inspection 5/16/24	ID# 2693
Establishment address 704 S. S.R 135 Greenwood ind 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u> </u>	Release Date
Owner	Summary of Violations: C <u>0</u> NC <u>4</u> R <u>1</u>	Menu Type (See back of page)	
Owner address		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Brock Brown Exp 8/12/27			

- 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
347	NC		paper towel not seen in men's restroom.	5/17/24
	NC		Walk-in cooler door is rusty/soiled	5/22
399	NC		couple of drains by 3-bay sink & ice-machine is soiled.	↓
431	NC		floor around 3-bay sink, prep area & hood is soiled.	
297	NC		couple of soda nozzles are soiled.	
Note: (i) I recommend cleaning soda nozzles at least twice in a week. (ii) please make sure dried food are stored away from hand sinks.				

Received by (name and title printed): Caitlin Haas	Inspected by (name and title printed): Paul Betika EHS
Received by (signature): <i>Caitlin Haas</i>	Inspected by (signature): <i>Paul Betika</i>
cc:	cc:

Belm
5/23



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 Red Sun		telephone	Date of Inspection 5/21/2024
Establishment address 3100 Meridian Park Dr. STE. Q, Greenwood, IN 46142		Summary of Violations 0 C, 5 NC, 0 R	
Owner Mike		Follow-up Yes	Release Date 5/31/2024
Person - in - Charge Mike	Certified Food Handler Yonghui Huang 3/28/2029 25411994	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 1809	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:
415	C		NOTE: Small flies observed especially near the mop sink. Owner states he has a company scheduled to come out Thursday 5/23/24	5/21/24
414	NC		Back door open	5/21/24
190	NC		Cooked Noodles at 73° F stored in a tightly covered plastic tub at 2:45pm located in the walk-in-cooler. Noodles cooked at 1pm.	5/21/24
			Cooked chicken at 46° F at 2:50pm in a metal-pan covered plastic tub. Chicken cooked at 11:30am today. In walk-in-cooler.	5/21/24
431	NC		Establishment has excessive soil in areas, especially the floor and baseboards.	5/21/24
234	NC		In-use utensil stored in pan of stagnant water located by 2 rice cookers	corrected
216	NC		Observed cardboard lining shelves.	5/22/24
			Cold food shall be held at or below 41° F. Recommend monitoring your <i>food</i> in your walk-in-cooler and in your double-door upright, Coca-Cola® reach-in-cooler.	
			Cooked, potentially-hazardous foods are required to be date marked. i.e. lo Mein, & cooked chicken in your walk-in-cooler.	

Establishment Representative

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



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Bekm
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 RICHARD'S KITCHEN	Telephone Number () Establishment () Owner	Date of Inspection 5/29/24	ID# 1089
Establishment address 229 S. MAIN FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 6/8/24
Owner RICHARD Goss / my Jones		Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page)	
Person in charge Meg Jones		1 2 3 4 5	
Responsible person's email			
Certified food handler RICHARD Goss (SOPUSARA EXP 9/5/26)			

- 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
218	NC	<input checked="" type="checkbox"/>	WALK-IN FREEZER DOOR DOES NOT CLOSE TIGHTLY	7/1/24
218	NC	<input checked="" type="checkbox"/>	WALK-IN COOLER DOOR GASKET WORN/SPLIT	7/1
324	NC	<input checked="" type="checkbox"/>	KITCHEN HANDSINK HOT WATER FAUCET LEAKS	6/10
291	NC	<input checked="" type="checkbox"/>	CHLORINE TEST STRIPS NOT SEEN	6/3
229	NC	<input checked="" type="checkbox"/>	PAINT PAINT BEING USED -	
295	NC	<input checked="" type="checkbox"/>	KITCHEN METAL SHELLING NOT CLEAN	6/3
431	NC	<input checked="" type="checkbox"/>	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	6/3
392	NC	<input checked="" type="checkbox"/>	OUTSIDE DUMPSTER LID NOT CLOSED	5/31
WAD		<input checked="" type="checkbox"/>	PIZZA PREP REFRIGERATOR ~42-43°F	

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