



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

Buttm
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>Valle Vista Golf Conference</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/30/24</i>	ID# <i>2840</i> 2840
Establishment address <i>755 E. main st Greenwood, IN 46143</i>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>6/9/24</i>
Owner	Summary of Violations: <i>No Score</i> C _____ NC _____ R _____	Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Mike Robison 12/25/25</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
			* NOTE: Firm has new order as of 5/24/24	*
			① Demi Glace covered with clear film in a pot approximately 9 inches deep measured 141°F while inside walk-in-cooler.	Corrected
			② Dish area walls and ceiling worn and contained peeling paint	12/1/24
			③ Walk-in-cooler and walk-in-freezer (WIF) floor is worn/damage. AM	12/1/24
			④ Grout repair needed in grout dish area	10/1/24
			⑤ WIF walls and ceiling needs caps; holes sealed and contains	8/1/24
			⑥ Inadequate lighting	8/1/24
			⑦ Dumpster lids missing (exterior)	6/15/24
			⑧ Upstairs (3rd story) ice maker lacks an air gap on drain line and	6/15/24
			⑨ Interior drop plate is cracked	
			⑩ Golf area refrigerator is not NSF/ANSI approved	12/1/24

Received by (name and title printed): <i>Joseph A. Kenn</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Joseph A. Kenn</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: <i>Paul Betticu-EHS</i>

- ⑪ Door gaskets damaged on 3rd story cooler.
- ⑫ Mop sink to be used for kitchen to be in basement (two bay sink)



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*Bykem
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.

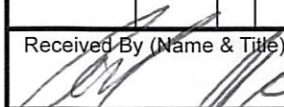
Establishment name Vino Villa	Telephone Number () Establishment () Owner	Date of Inspection 5/29/24	ID# 1608
Establishment address 200 N Madison Ave Greenwood, IN 46142	Purpose: 1. Routine	Follow-up NO	Release Date 6/8/24
Owner Paul J.	2. Follow-up	Summary of Violations: C 5 NC 13 R	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge Paul J.	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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
394	C		The following lacked an air gap: 1) first floor mop sink with hose attached, 2) both first floor 2 and 3 bay sinks, 3) basement 3 bay sink, 4) mechanical fish machine on 2nd floor and third floor	6/20/24 I
187	C		The following internal product temperatures at the main kitchen 2-door prep table are as toll were measured as: pasta product - 48°F, beef chunks - 45°F, mahi-mahi - 42°F, salmon - 45°F (Ambient air temp measured at 44°F at 1:49 PM)	Vol. Discarded Adjusted temp of unit
440	C		Bag-stop labeled as non-commercial. Label lists use as home use only.	5/29/24 Remove
295	C		Mechanical table slicer product-holder was soiled.	5/29/24
191	C		Date marking system inconsistent. Products such as hummus and deli meat were unlabeled.	5/29/24
218	NC		Kitchen 2-door prep cooler contained torn/split 2-door gaskets.	6/3/24

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

NARRATIVE REPORT

Establishment Name Vino Villa		Address 200 N Madison Ave Greenwood Twp 46142		Inspection Date 5/29/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
430	NC		east main kitchen wall peeling paint.	6/8/24
256	NC		No thermometer seen in ap ^(AM) entrance cake + cheese cooler.	5/29/24
245	NC		Interior of cake cooler soiled,	5/29/24
431	NC		Including floor under cooler.	6/1/24
139	NC		Employee preparing food without hair restraint.	5/29/24
245	NC	1	manual can opener blade soiled.	5/29/24
		2	table mixer neck soiled.	↓
431	NC		rodent-like droppings seen on bottom shelf of basement dry storage area.	5/29/24 Monitor
112	NC		Amana and Haier freezers non-commercial.	12-1-24
218	NC		Amana freezer missing interior lid.	12-1-24 New unit by 12/24
431	NC		2nd story drain (on floor) "heavily" soiled.	5/29/24
245	NC		2nd floor interior top of icemaker "heavily" soiled.	5/29/24
347	NC		2nd ^(AM) basement and third story hand sinks need both paper towel holder and hand soap.	6/2/24
<p>NOTE:</p> <p>① Signs of rodent activity in 3rd floor water heater room (gnawing on insulation)</p> <p>② Cake + Cheese Cooler needs to be easily movable (i.e. on wheels/casters) dedicated</p> <p>③ No hand sink provided on second story dish area. This area has one bay sink, mechanical dish unit, ice bin, etc.</p>				
Received By (Name & Title) 			Inspected By (Name & Title) Andrew Muller, EHS	





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Belton
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 WAFFLE HOUSE	Telephone Number () Establishment () Owner	Date of Inspection 5/29/24	ID# 16777
Establishment address 110 UMBARGER LN 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		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page)	
Person in charge LEYTON WORD		1 ___ 2 ___ 3 (4) 5 ___	
Responsible person's email			
Certified food handler LEYTON WORD DEUSARD			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC	<input checked="" type="checkbox"/>	THERMOMETER NOT SEEN IN REFRIGERATOR UNDER WAFFLE IRONS	6/6/24
245	NC	<input checked="" type="checkbox"/>	4 DOOR REFRIGERATOR - (LEFT OF GRILL) DOOR GASKETS WORN/SPLIT - NOT CLEAN	7/11
295	NC	<input checked="" type="checkbox"/>	SHELVING (COATING WORN) BASE INSIDE NOT CLEAN AND 4 DOOR REFRIGERATOR RIGHT OF GRILL (SHELF COATING WORN)	clean 6/11
295	NC	<input checked="" type="checkbox"/>	FLOOR/SHELVING OF WALK-IN COOLER NOT CLEAN	7/11 6/6
177	NC	<input checked="" type="checkbox"/>	BROOD PACKAGES IN STOCK AREA - some NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	6/11
(note)			MECHANICAL DISTURBANCE - HOT WATER SANITIZATION TEMPERATURE 163.1°F (OR ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE)	(OK)

Received by (name and title printed): LEYTON WORD - GM	Inspected by (name and title printed): BOB SMITH ETS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
5/23

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Establishment name <i>Waffle House # 423</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-21-24</i>	ID# <i>1676</i>
Establishment address <i>1069 E Main St. Greenwood</i>	Purpose: <u>4. 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>6-1-24</i>
Owner		Summary of Violations: <i>C 0 NC 2 R 0</i>	
Owner address	Menu Type (See back of page) <i>1 2 3 X 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
<i>425</i>	<i>NC</i>		<i>Hang maps to properly dry</i>	
<i>218</i>	<i>NC</i>		<i>Door gasket split on cooler</i>	

Received by (name and title printed): <i>Kristal McBride</i>	Inspected by (name and title printed): <i>Caleb Fleener</i>
Received by (signature): <i>Kristal McBride</i>	Inspected by (signature): <i>Caleb Fleener</i>
cc:	cc:



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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 Walmart	Telephone Number () Establishment () Owner	Date of Inspection 5-13-24 8:15am	ID# 1866
Establishment address 882 S SF 135 4614	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 5-24-24
Owner		Summary of Violations: C <u>0</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <u>X</u> 5 _____	
Person in charge Kenyana Franklin			
Responsible person's email			
Certified food handler Dakota WADE (FSP 4-19-29)	cert # 22057362		

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Section #	C/NC	R	Narrative	To Be Corrected by
186 191	NC		Sausage Egg & Cheese biscuits @ 122°F @ 8:35am. Employee states heated today in rotisserie oven @ 6am. Employee states biscuits to be discarded today @ 9am, though not marked as such. Held in hot holding device.	5-13-24
187 186	NC		2 packages of deli meat stored on top of package of raw hamburger in Deli cooler "C14". Employee states that those items are to be discarded, though there is no marking as such.	Corrected
<p>Note: Y valve installed on mop sink faucet after atmospheric vacuum breaker</p>				

Received by (name and title printed): Kenyana Franklin	Inspected by (name and title printed): Elizabeth Senisse
Received by (signature): 	Inspected by (signature):
cc:	cc: 317 346-4373



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Buy.
5/28

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

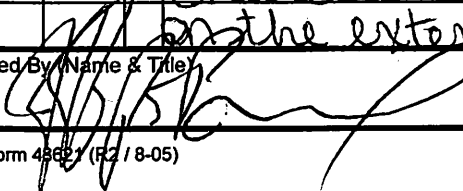
Establishment name Whits Inn Bar + Grill	Telephone Number () Establishment () Owner	Date of Inspection 5/21/24	ID# 2011
Establishment address 1020 N US 31 ^{New} Whiteland IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 5/31/24
Owner Mark Clark 46184		Summary of Violations: C 5 NC 23 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Mark Clark			
Responsible person's email Anthony Miller			
Certified food handler No Certificate Provided			

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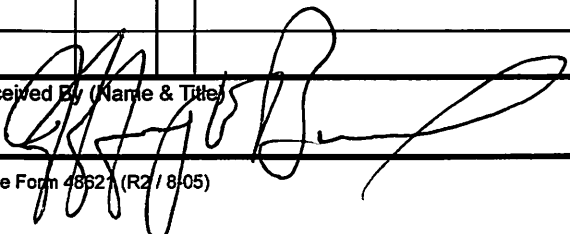
Section #	C/NC	R	Narrative	To Be Corrected by
* 426	NC		Numerous unused items some holding water, are stored on the West exterior of the building	5/21/24
* 399	NC	✓	Floors, walls, ceilings are soiled in areas	5/21/24
* 431	NC	✓		5/21/24
* 295	NC	✓	Walk-in-cooler shelving (green) are soiled and other reach-in-refrigeration units contain soiled door gaskets or soiled inside	5/21/24
* 295	C		Meat tenderizer blades are soiled	5/21/24
218	NC	✓	Refrigeration doors seals are torn on some units	6/21/24
411	NC	✓	Interior bulb missing on two door freezer, in Suite 1	6/10/24
404	NC	✓	No cover base behind preparation (kitchen) table	6/21/24
355	NC	✓	No mop sink provided in firm. Firm removed unit from building	6/21/24
413	NC	✓	Back door interior lowers left	6/21/24

Received by (name and title printed): JOHN B BARNARD	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Whitt Inn Bar + Grill			1020 N. US 31 New Whiteland IN 46184	5/21/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			corner contains an exterior gap	↓
112	NC	✓	Some freezers in Suite 1 are not NSF/ANSI approved	12/1/24 ↓
218	NC		No paper towel holders provided at hand sink in Suite 1	5/23/24 ↓
352	NC	✓	Restroom door in Suite 1, not self-closing and men's restroom door in main bar/kitchen building	5/28/24 ↓
431	NC	✓	Inverted milk crates are used as shelving inside the walk-in-cooler	6/21/24 ↓
* 334	C		Ice maker bin drain line lacks an air gap	5/21/24 ↓
* 430	NC		Kitchen mechanical exhaust filters are worn/damaged	5/21/24 ↓
* 430	NC		Exterior roof exhaust shell (mechanical) one of two, contained what appeared to be leaking "heavily" spent cooking grease down the roof and into the building's West gutter	5/21/24 ↓
190	C		Turkey in a plastic bag was labeled 5-7-24 and ham was labeled 5-4-24 inside the kitchen two door preparation table	5/21/24 ↓
218	NC	✓	Deep fryer baskets are damaged (2/2)	6/21/24 ↓
227	NC		Kitchen cooking equipment are not easily movable	12/1/24 ↓
* 438	C		Plastic spray bottles were not labeled as to the contents	5/21/24 ↓
* 295	NC		Can open blade (manual) is soiled	5/21/24 ↓
1 295	NC		Various floor mats in kitchen and bar area were soiled	Corrected ↓
* 439	C		Charcoal fluid was stored on the exterior top of a freezer in Suite 1	5/21/24 ↓
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 3
			Andrew Miller, EHS	

NARRATIVE REPORT

Establishment Name		Address		Inspection Date
Whit's Inn Bar+Grill		1020 N US 31 W 46184 New Whiteland		5/21/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
* 295	NC		Exterior sides of kitchen cooking equipment are soiled	5/21/24 L
430	NC		Suite 1 East door sticks/rubs the door frame and	6/21/24
41 3	NC		the door is not self-closing	5/28/24 (AM)
324	C		Floor drain, by walk-in-cooler not draining properly as water pools/collects	Corrected during inspection
413	NC		Suite 1 East door is not tight-fitting along the bottom	6/21/24 L
			① Notes: Firm ordered to close by health department at approximately 10:27 am on 5/21/24.	
			② Firm may only reopen after approval from the Health department	
			③ No backflow prevention seen/provided on two separate water lines near kitchen grease trap	
* ④			Some ceiling tiles are missing and/or contain holes/gaps/damage in kitchen and storage room with beverage-in-box (bib)	
⑤			* (asterisk) items on the report must be corrected and verified by the health department before reopening	
⑥			No mechanical exhaust (Kitchen) cleaning sticker was provided on hood system at time of inspection	
Received By (Name & Title)			Inspected By (Name & Title)	
			Andrew Miller, EHS	
State Form 4862 (R2/8/05)			Page 3 of 3	



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*Byem
5/23*

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Establishment name WIN9 STOP #2248	Telephone Number () Establishment () Owner	Date of Inspection 5/21/24	ID# 2630
Establishment address 1141 1141 N MAIN ST. FRANKLIN, IN	Purpose: <u>1. Routine</u>	Follow-up —	Release Date 6/1/24
Owner KAZ PESH PATEL	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>1</u> R <u>1</u>	
Person in charge VIPUL PATEL	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u>—</u> 2 <u>—</u> 3 <u>1</u> 4 <u>—</u> 5 <u>—</u>	
Certified food handler AJAY PATEL (10/19/26 exp SERUSATE)	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			HAIR RESTRAINT NOT WORN BY EMPLOYEES	<input checked="" type="checkbox"/>
138	NC		HAIR RESTRAINT NOT WORN BY EMPLOYEES (CAP/VISOR) HAIR NET	5/23/24

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



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Belm
5/23

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Establishment name WINGS ETC.	Telephone Number () Establishment () Owner	Date of Inspection 5/20/24	ID# 2027 2687
Establishment address 2239 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/> YES	Release Date 5/30/24
Owner		Summary of Violations: C <u>3</u> NC <u>5</u> R	
Owner address		Menu Type (See back of page) 1 <u>2</u> <u>3</u> 5	
Person in charge TRAVIS AHLEFELD			
Responsible person's email			
Certified food handler TRAVIS AHLEFELD			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C	→	INTERNAL TEMPERATURE OF CHEESE, OUT TOMATOES, OPENED CONTAINERS OF COMMERCIAL PROCESSED SAUCES (STATE REFRIGERATE AFTER OPENING) 54°F NOT AT 41°F OR LESS	DISCARD TRANS/20
294	C	→	CONCENTRATION OF CHLORINE AT MECHANICAL DISINFECTING AND BAR GREATER THAN 50 ppm	5/24
336	C	→	SPLITTER VALVE CONNECTED TO MOP SINK FAVOT	was disconnected WATER WIND 6/14
295	NC	→	INSIDE TOP OF ICE MAKER NOT CLEAN	5/25
295	NC	→	WALK-IN COOLER SHELVING NOT CLEAN	5/25
218	NC	→	DOOR GASKET WORN ON UPRIGHT FREEZER	6/20
218	NC	→	DOOR GASKET WORN / SPLIT ON REFRIGERATE ACROSS FROM FREEZER	6/20
431	NC	-	FLOOR IN AREAS OF KITCHEN NOT CLEAN	5/25

Received by (name and title printed): Travis Ahlefeld Manager	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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*Return
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 Central 9	Telephone Number () Establishment () Owner	Date of Inspection 5/3/24	ID# 391
Establishment address 1999 S. U.S. 31 Greenwood, IN	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) <hr/>	Follow-up	Release Date
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Person in charge			
Responsible person's email			
Certified food handler Clint Smith			

- 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
			Note: label purple cleaner in spray bottle - Restock test strips	

Received by (name and title printed): Clint Smith, Chef Instructor	Inspected by (name and title printed): Terry D Bayless
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Office 317-346-4365 Fax 317-736-5264

Bekm 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>Clark Pleasant Middle School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/2/24</i>	ID# <i>1618</i>
Establishment address <i>1354 E. Worthsville Rd Greenwood IN 46143</i>	Purpose: <u>1. 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>5/12/24</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/></i>	
Owner address		Menu Type (See back of page) <i>1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></i>	
Person in charge <i>Carol Sexton</i>			
Responsible person's email <i>(ServSafe)</i>			
Certified food handler <i>Carol Sexton (Exp: 3/2/26)</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 violations noted per this inspection</i>	
			<i>Note: Firm has atmospheric vacuum breaker (AVB) on hose reel with sprayer in dish area. Firm needs spill resistant vacuum breaker (SVB) that is rated for continuous pressure applications</i>	

Received by (name and title printed): <i>Carol Sexton</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Carol Sexton</i>	Inspected by (signature): <i>Andrew Miller</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

Beam 5110

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>Grassy Creek Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/2/24</i>	ID# <i>1100</i>
Establishment address <i>2111 Sheek Rd Greenwood, IN 46143</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>5/12/24</i>
Owner <i>CPCSC</i>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address	Menu Type (See back of page) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___		
Person in charge <i>Kandy Doyle</i>			
Responsible person's email <i>(AFSC Exp: 9/18/27)</i>			
Certified food handler <i>Kandy Doyle</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 violations noted per this inspection</i>	

Received by (name and title printed): <i>Kandy K. Doyle</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Kandy Doyle</i>	Inspected by (signature): <i>Andrew Miller</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**

*Beck
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.

<p>Establishment name <i>Ray Crowe Elementary</i></p> <p>Establishment address <i>1300 Ray Crowe Way Greenwood IN 46143</i></p> <p>Owner <i>CPCSC</i></p> <p>Owner address</p> <p>Person in charge <i>Jim Beck</i></p> <p>Responsible person's email <i>(Sen Safe Exp 6/10/26)</i></p> <p>Certified food handler <i>Jim Beck</i></p>	<p>Telephone Number () Establishment () Owner</p>	<p>Date of Inspection <i>5/2/24</i></p> <p>ID# <i>2496</i></p>	<p>Follow-up <i>No</i></p> <p>Release Date <i>5/12/24</i></p> <p>Summary of Violations: <i>C <u>0</u> NC <u>0</u> R <u>0</u></i></p> <p>Menu Type <i>(See back of page)</i> <i>1 ___ 2 <u>✓</u> 3 ___ 4 ___ 5 ___</i></p>
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• 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 noted per this inspection</i>	

Received by (name and title printed): <i>X James Beck F.S. mgr.</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>X [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

Belmi 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>Southwest Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/29/24</i>	ID# <i>390</i>
Establishment address <i>619 W. Smith Valley Rd</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>GREENWOOD IN</i>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Jennifer Wrigley</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>* Note: ceiling tile missing in the dish machine room</i>	
			<i>Pressure reducing gauge ?</i>	



Received by (name and title printed): <i>Jen. Wrigley</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>Jen. Wrigley</i>	Inspected by (signature): <i>Terry D. Bayless</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Betsy 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>West Wood Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/29/24</i>	ID# <i>712</i>
Establishment address <i>899 Honey Creek Rd 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
Owner	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Deanna Wickle</i> <i>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



Received by (name and title printed): <i>Deanna Wickle</i>	Inspected by (name and title printed): <i>Terry Bayless</i>
Received by (signature): <i>Deanna Wickle</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc: