



**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

*Belsh  
10/14*

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 <i>Central 9</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/30/24</i>	ID# <i>391</i>
Establishment address <i>1999 S US 31 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:  <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 X 3 4 5</i>	
Responsible person's email			
Certified food handler <i>[Signature]</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>295</i>	<i>NC</i>		<i>wire racks in the dry storage room are soiled</i>	
<i>324</i>	<i>NL</i>		<i>kitchen prep sink faucet leaks</i>	
<i>216</i>	<i>NL</i>		<i>work table shelves are not all easily cleanable. (3) lower units</i>	

Received by (name and title printed): <i>Brian Mendenhall</i>	Inspected by (name and title printed): <i>Terry D Beyless</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

Beta  
9.25

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 <b>CREEKSIDE ELEMENTARY</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/24/24</b>	ID# <b>788</b>
Establishment address <b>1140 E ST RD 44 FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>10/3/24</b>
Owner <b>F.C.S.C.</b>		Summary of Violations:  <b>C 0 NC 1 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>DIANA PORTERFIELD</b>			
Responsible person's email			
Certified food handler <b>DIANA PORTERFIELD</b>	<b>SERVE SAFE EXP. 2/29</b>		

• 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
			<del>MECHANICAL DISTRICTIVE FLUOR HEAT SANITIZATION</del>	
<b>228</b>	<b>NC</b>		(NOTE: PROVIDE LARGER GAP BETWEEN NEW PASS THROUGH AND EXISTING WARMER ON SERVING LINE)	<b>10/15/24</b>
			<b>NOTE</b> <del>MECHANICAL DISTRICTIVE FLUOR HEAT SANITIZATION</del> RINSE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 165°F)	<b>OK</b>

Received by (name and title printed): <b>Diana Porterfield Manager</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Diana Porterfield</i>	Inspected by (signature): <i>Bob Smith</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

BUM  
9-25

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 CUSTER BAKER INTERMEDIATE SCHOOL	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 9/24/24	ID# 400
Establishment address 101 W ST RD 44 FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/3/24
Owner F.C.S.C.		Summary of Violations:  C 0 NC 0 R	
Owner address		Menu Type (See back of page) 1 2 <del>3</del> 4 5	
Person in charge			
Responsible person's email			
Certified food handler RANDI SPARKS SERVSAFE EXP. 5/22/29			

- 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 VIOLATIONS OBSERVED	
			MECHANICAL DISHMACHINE HOT WATER SANITIZATION RAMP 160°F FOR MORE ON PLATE / UTENSIL SURFACE WBS 165°F	OK

Received by (name and title printed): Randi Sparks	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): Randi Sparks	Inspected by (signature): Bob Smith
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  
9/30

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 FRANKLIN COMMUNITY HIGH SCHOOL	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 9/26/24	ID# 402
Establishment address 2600 CUMBERLAND BL FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/5/24
Owner F.C.S.C.		Summary of Violations:  C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge RACHEL WHEELER			
Responsible person's email			
Certified food handler RACHEL WHEELER SERVISAFE EXP (4/25/28)			

- 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
179	NC	R	SOME FOOD ITEMS EXPOSED ON SERVES LIMP (ROLLS, LETTUCE, ONIONS, PICKLES)	9/29/24
			MECHANICAL DISHWASHER FINALE SANITIZATION RINSE 164°F (GREATER THAN 160°F MINIMUM)	
			MECHANICAL TRAY WASHING MACHINE FINALE SANITIZATION RINSE 160°F (GREATER THAN 160°F MINIMUM)	

Received by (name and title printed): Rachael Wheeler - Manager	Inspected by (name and title printed): Bob Smith BHS
Received by (signature): Rachael Wheeler	Inspected by (signature): Bob Smith
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  
9-20

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 FRANKLIN COMMUNITY MIDDLE SCHOOL	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 9/26/24	ID# 1385
Establishment address 625 GETZELY CUB DR. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 10/5/24
Owner F.C.S.C.		Summary of Violations:  C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Person in charge MELINDA SCOTT			
Responsible person's email			
Certified food handler MELINDA SCOTT (SERUSA FE EXP. 5/2/29)			

- 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
295	NC		INSIDE TOP OF ICE MAKER NOT CLEAN	10/1/24
			MECHANICAL DISHWASHER HOT WATER SANITIZATION RINS 154°F (greater than 160°F minimum)	OK

Received by (name and title printed): Melinda Scott Cafe Manager	Inspected by (name and title printed): Bob Smith EIT
Received by (signature): <i>Melinda Scott</i>	Inspected by (signature): <i>Bob Smith</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

*Bekm  
10/14*

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 <i>North east Elementary</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/27/24</i>	ID# <i>395</i>
Establishment address <i>99 Crest view Dr. Greenwood</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>Teri Shinn</i>		Summary of Violations:  <i>C 0 NC 0 R</i>	
Owner address	Menu Type (See back of page)  <i>1 2 X 3 4 5</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Teri Shinn</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</i>	

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

*Belmont  
10/14*

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 <i>Our Lady of Greenwood</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/30/24</i>	ID# <i>396</i>
Establishment address <i>399 S Meridian Greenwood</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>IN</i>		Summary of Violations:  <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 <i>X</i> 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>John Jester</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>216</i>	<i>NC</i>		<i>Refrigerator racks are worn. (Beverage - Air)</i>	

Received by (name and title printed): <i>X Christine Crowe</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>X Christine Crowe</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  
 10/14  
 ✓

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 <i>South west Elementary</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/23/24</i>	ID# <i>390</i>
Establishment address <i>619 W. Smith Valley Rd.</i>	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 <i>Greenwood, IN</i>		Summary of Violations:  <i>C 0 NCD 0 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 <del>X</del> 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>X Jennifer Wiegley</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!</i>	

Received by (name and title printed): <i>X Jennifer Wiegley</i>	Inspected by (name and title printed): <i>Jerry D Boyles</i>
Received by (signature): <i>Jennifer Wiegley</i>	Inspected by (signature): <i>Jerry D Boyles</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

*Bob  
9-25*

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 <b>ST ROSE OF LIMA SCHOOL</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/24/24</b>	ID# <b>879</b>
Establishment address <b>114 LANCELOT DR. FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>10/3/24</b>
Owner <b>ST ROSE OF LIMA SCHOOL</b>		Summary of Violations:  C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address		Menu Type (See back of page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in charge <b>JEFFREY HEWITT</b>			
Responsible person's email			
Certified food handler <b>JEFFREY HEWITT SERVSAFE EXP. 11/29/27</b>			

- 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
			<b>- NO VIOLATIONS OBSERVED</b>	<input checked="" type="checkbox"/>

Received by (name and title printed): <b>Jeff Hewitt</b>	Inspected by (name and title printed): <b>Bob Smith ETS</b>
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

*Belinda  
9-26*

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 <b>WEBB ELEMENTARY</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/25/24</b>	ID# <b>405</b>
Establishment address <b>1400 WEBB CT - FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>10/4/24</b>
Owner <b>F.C.S.C.</b>		Summary of Violations:  <b>C <u>0</u> NC <u>0</u> R <u>0</u></b>	
Owner address		Menu Type (See back of page) <b>1 <u>2</u> 3 <u>4</u> 5</b>	
Person in charge <b>BELINDA WILLIAMS</b>			
Responsible person's email			
Certified food handler <b>BELINDA WILLIAMS (SERVSAFE EXP 2/1/29)</b>			

- 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
			<b>NO VIOLATIONS OBSERVED</b>	
			<b>note mechanical DISINTEGRATING NOT IN USE</b>	<b>(WORK ORDER)</b>

Received by (name and title printed): <b>Belinda Williams Manager</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Belinda Williams</i>	Inspected by (signature): <i>Bob Smith</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  
10/14

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 <i>Westwood Elementary</i>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/27/24</i>	ID# <i>712</i>
Establishment address <i>899 Honey Creek 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:  <i>C 0 NC 0 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 x 3 4 5</i>		
Person in charge				
Responsible person's email				
Certified food handler <i>x Deanna Wikle</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</i>	

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