



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

Before 10/19

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 FAIRFIELD INN & SUITES	Telephone Number () Establishment () Owner	Date of Inspection 10/18/24	ID# 2274
Establishment address 350 PARIS 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 10/28/24
Owner GENERAL HOTELS LLC		Summary of Violations: C <input checked="" type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address		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"/>	
Person in charge KIM CALDWELL			
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
		<input checked="" type="checkbox"/>	NO VIOLATIONS OBSERVED	
		<input checked="" type="checkbox"/>	MECHANICAL DISINFECTANT NOT IN USE AT TIME OF INSPECTION	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

Received by (name and title printed): * Kim Caldwell	Inspected by (name and title printed): Bob Smith EHS	
Received by (signature): * Kim Caldwell	Inspected by (signature): Bob Smith	
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

JOHNSON COUNTY HEALTH DEPARTMENT
95 S DRAKE RD
FRANKLIN, IN 46131

Belm 10/11/24

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

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 MART	Telephone Number () Establishment () Owner	Date of Inspection 10/11/24	ID# 2218
Establishment address 400 E JEFFERSON 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 10/21/24
Owner JAYASH PATEL		Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge S B PATEL		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler CHINTAN BHIMANI CFFM			

- 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
			NO VIOLATIONS OBSERVED	✓

Received by (name and title printed): S. B. Patel	Inspected by (name and title printed): Bob Smith ERS
Received by (signature): <i>S. B. Patel</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Bekah
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 GREEK'S PIZZERIA & TAPP ROOM	Telephone Number () Establishment () Owner	Date of Inspection 10/3/24	ID# 1909
Establishment address 18 E JEFFERSON 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 10/13/24
Owner J TAPP		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge LILAH MYERS			
Responsible person's email			
Certified food handler JASON TAPP - (SERVSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		inside top of ice maker NOT CLEAN	10/6/24
254	NC		METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-270°F NOT ACCURATE	10/5
399	NC		FLOOR WORN IN AREA OF KITCHEN	11/3
211	NC		2 LIGHTS OUT ON EX HAUST HOOD	11/1
218	NC		DOOR GASKET WORN / SPLIT ON UPRIGHT 2 DOOR REFRIGERATOR NEXT TO 3 COMPARTMENT SINK	11/1
256	NC		THERMOMETERS NOT SEEN FOR 2 CHEST FREEZERS IN BASEMENT	10/7

Received by (name and title printed): Lilah Myers, operations manager	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): Lilah Myers	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
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*Bekku
11/14*

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>Marders</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/21/24</i>	ID# <i>1873</i>
Establishment address <i>1001 N. US 31 New Whiteland, 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 2 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <i>X</i> 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>Marise Herrera</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>Piping [gas lines] around the fryers is are soiled. Grease build up</i>	
<i>295</i>	<i>NC</i>		<i>cabinets under the customer under drink dispenser are soiled.</i>	
			<i>Notes - The under front counter shelf is much better! Good repair!</i>	

Received by (name and title printed): <i>Lidia Marti Hitz</i>	Inspected by (name and title printed): <i>Terry D Bayless</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
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Betsy 11/4

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>Kim Mu Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/28/24</i>	ID# <i>15444</i>
Establishment address <i>1280 U.S. 31 N 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 <u>1</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>L Pau Piang</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Hot knob is broken on the kitchen	12-11-24
4.2			hand sink	
295C	NC		Lower work table shelf is soiled and rusted.	11-11-24
310g	NC		Exhaust filters are grease filled	11-11-24
295C	NC		The gas lines and the other hook up piping is grease soiled. Behind all cooking equipment	11-11-24
1873A	C		Ground pork and beef are maintained at 41° or below - Reach-in cooler	10/29/24
112	NC		Small chest freezer does not meet NSF standards	When replaced.
			Further items water is not hot in the men's room The light switch plate is soiled	

Received by (name and title printed): <i>X</i>	Inspected by (name and title printed): <i>Terry Bayless</i>
Received by (signature): <i>X</i> <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. Drake Rd *Bethel*
~~460 N. MORTON ST. STE A~~
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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>Marathon Food Mart</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/8/24</i>	ID# <i>1839</i>
Establishment address <i>9 N. Highway 31 Whiteland, IN 46184</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>10/18/24</i>
Owner <i>Amit Patel</i>		Summary of Violations: <i>C 0 NC 7 R 2</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Sunny</i>			
Responsible person's email			
Certified food handler <i>N/A</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC	✓	Southeast exterior block walls contain separation between the blocks	10/25/24 ↓
227	NC	✓	Two beverage coolers (one door units) are not easily movable	11/8/24 ↓
433	NC		Ulet mop not hung up	10/8/24
430	NC		Ceiling tiles off above tea dispenser	10/12/24
431	NC		Restroom mechanical exhaust covers are soiled	10/10/24 ↓
324	NC		① Hot water knob at mop sink leaks ② Far East walk-in-cooler evaporator drip pan is leaking	11/8/24 ↓ 10/11/24
295	NC		Coca-Cola soda station ice shoot is soiled	10/10/24 ↓

Received by (name and title printed): <i>JAY Patel</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>J. Patel</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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

✓ JOHNSON COUNTY HEALTH DEPARTMENT
95 S DRAKE RD
FRANKLIN, IN 46131

Bekry
10/19

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

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 MATT'S MEATS / MITCHELL'S ICE CREAM	Telephone Number () Establishment () Owner	Date of Inspection 10/14/24	ID# 2711 / 2683
Establishment address 90 W JEFFERSON 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 10/24/24
Owner		Summary of Violations: C 0 NC 1 R	
Owner address			
Person in charge JORYN DOSS		Menu Type (See back of page) 1 2 3 4 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC		THERMOMETER NOT SEEN FOR REACH-IN ICE CREAM FREEZER	10/18/24

Received by (name and title printed): Joryn Doss Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Joryn Doss</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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RETAIL FOOD ESTABLISHMENT
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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*Belam
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>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/9/24</i>	ID# <i>1451</i>
Establishment address <i>706 W. Trafalgar Pointe way IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: C <u>0</u> NC <u>4</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Kushia Ochoa</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>3-bay sink is soiled with grease build-up (splash zone)</i>	<i>10/11/24</i>
<i>431</i>	<i>NC</i>		<i>Floor is soiled around bulk tanks</i>	↓
<i>346</i>	<i>NC</i>		<i>Soap dispensers not working properly at the hand sink [kitchen prep]</i>	
<i>431</i>	<i>NC</i>		<i>Floor under clam shell grills is soiled and greasy</i>	
			<i>Further notes: wear proper hair restraints when directly working with food.</i>	

Received by (name and title printed): <i>Kushia Ochoa Supervisor</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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RETAIL FOOD ESTABLISHMENT
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

*Belkm
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>McDonald's</i>	Telephone Number <i>(317) 738-3224</i> <i>(812) 799-3724</i>	Date of Inspection <i>10-8-24</i>	ID# <i>2187</i>
Establishment address <i>1139 N. Morton St. Franklin, IN 46131</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>10-18-24</i>
Owner <i>Ball Management Group Inc</i>		Summary of Violations: <i>C 1 NC 5 R —</i>	
Owner address <i>3129 25th St. #374</i>	Person in charge <i>Jannah Gordon - shift manager</i>	Menu Type (See back of page)	
Responsible person's email <i>lisa.carter@us.stores.mcd.com</i>		<i>1 ___ 2 ___ 3 <u>0</u> 4 ___ 5 ___</i>	
Certified food handler <i>Jannah Gordon (ServSafe exp) 9/7/28</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>295</i>	<i>NC</i>		<i>top of dish machine soiled</i>	<i>10-10</i>
<i>324</i>	<i>NC</i>		<i>dish machine leaking water from bottom onto the floor</i>	<i>10-15</i>
<i>218</i>	<i>NC</i>		<i>fryer baskets with broken, disconnected wires</i>	<i>discarded</i>
<i>187</i>	<i>C</i>		<i>hamburger patties inside quarter fridge next to grill have internal temperature of 47°F - quarter fridge thermometer observed at 58°F and 50°F</i>	<i>discarded 41°F upon departure</i>
<i>431</i>	<i>NC</i>		<i>floor next to grill soiled with food debris + standing water, + floor next to wall at Bdab area soiled</i>	<i>10-8</i>
<i>216</i>	<i>NC</i>		<i>paper bags lining tray of frozen drink machine removed</i>	
<i>Notes: (1) Flies seen in dish washing area and around drain in Bdab area (curbside, frozen drinks, ice cream, + McCafe prep area)</i>				
<i>(2) hand washing sink next to office - ^{cup} water temperature mixer in wall, cold water handle does not produce water. Travis, Supervisor, stated Andrew Miller approved</i>				

Received by (name and title printed): <i>Jannah Gordon Shift Manager</i>	Inspected by (name and title printed): <i>Mia Papageorge, EHS</i>
Received by (signature): <i>Jannah Gordon</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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460 N. MORTON ST. STE A
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*Belsm
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>Mi Abuelito</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/7/24</i>	ID# <i>2319</i>
Establishment address <i>377 E. Jefferson St. #B Franklin, IN 46131</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>10/17/24</i>
Owner <i>Juan Quezada</i>		Summary of Violations: <i>C 1 NC 8 R —</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 X 5</i>	
Person in charge <i>Erik Diaz Diaz - manager</i>			
Responsible person's email			
Certified food handler <i>Jose Francisco Camarena (ServSafe exp 5/7/26)</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
438	C		<i>spray bottles not labeled under hand washing sink in front wait section</i>	<i>corrected</i>
Note			<i>one dish rack not stored minimum 6" off floor</i>	<i>10/8</i>
425	NC		<i>brooms not hung up outside of walk-in units</i>	<i>1</i>
218	NC		<i>shelf coating worn in (1) walk-in cooler & (2) upright refrigerator near deep fryer</i>	<i>11/7</i>
256	NC		<i>thermometer not seen in chest freezer in front wait section / bar</i>	<i>10/8</i>
216	NC		<i>card board used to line bottom shelf at kitchen entry</i>	<i>10/8</i>
Note			<i>ice scoop cracked</i>	<i>discarded 10/7</i>
431	NC		<i>water on floor in soda box area & by mop sink (small flies seen around mop sink)</i>	<i>10/8</i>
295	NC		<i>exhaust hood filters not clean</i>	<i>10/14</i>
295	NC		<i>bottom filter not clean on upright refrigerator near deep fitter fryer</i>	<i>1</i>
291	NC		<i>chemical test papers not ^{up} available</i>	<i>10/12</i>

Received by (name and title printed): <i>Erik Diaz Diaz</i>	Inspected by (name and title printed): <i>Mia Page / Bob Smith</i>
Received by (signature): <i>Erik Diaz</i>	Inspected by (signature): <i>Mia Page / Bob Smith</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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JOHNSON COUNTY HEALTH DEPARTMENT
95 S DRAKE RD
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Bekry
10/19

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

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 MATT'S MEATS / MILLER'S ICE CREAM	Telephone Number () Establishment () Owner	Date of Inspection 10/14/24	ID# 2711 2683
Establishment address 90 W JEFFERSON ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/24/24
Owner		Summary of Violations: C 0 NC 1 R	
Owner address	Menu Type (See back of page) 1 <u>2</u> 3 4 5	Responsible person's email	
Person in charge JORYN DOSS		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
256	NC	~	THERMOMETER NOT SEEN FOR REACH-IN ICE CREAM FREEZER	10/18/24

Received by (name and title printed): Joryn Doss Manager	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
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*Beckm
10/23*

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

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 THE MINT / NORMA JEANS	Telephone Number () Establishment () Owner	Date of Inspection 10/22/24	ID# 2251 2251 2409
Establishment address 40 N WATER 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 11/2/24
Owner MOORE INVESTMENTS & HOLDINGS LLC		Summary of Violations: C 0 NC 9 R	
Owner address		Menu Type (See back of page)	
Person in charge COLE WOOTON		Menu Type (See back of page)	
Responsible person's email		Menu Type (See back of page)	
Certified food handler HEATHER WENNINGS (SERVSAFE 7/22/24) (EXPIRES 11/2/24)		Menu Type (See back of page)	

• 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
411	NC	R	2 LIGHTS ARE OUT ON EXHAUST HOOD	10/28/24
H31	NC	R	FLOOR NOT CLEAN IN AREAS OF KITCHEN, BAR, BASEMENT	11/11
411	NC	R	LIGHT INTENSITY NOT ADEQUATE IN ONE RESTROOM (LESS THAN 20 FOOTCANDLES)	11/11
295	NC	R	INSIDE TOP OF ICE MAKER NOT CLEAN	11/11
346	1/NC	R	BAR HANDSINK, HAND SOAP, DISPOSABLE TOWELS NOT PROVIDED	10/28
347	NC	R	TOWELS NOT PROVIDED	10/28
399	NC	R	FLOOR WORN AROUND ICE MAKER	12/20
239	NC	R	BOX OF STYROFOAM FOOD CONTAINERS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN BASEMENT	11/25
256	NC	R	CHEST FREEZER IN BASEMENT - NO THERMOMETER SEEN	11/28
NOTE			KITCHEN - SMALL REFRIGERATOR AMBIENT AIR 50°F (POTENTIALLY HAZARDOUS)	Food not stored in unit
NOTE			HOSE ATTACHED TO MOP SINK FAUCET WITH "Y" SHUT OFF VALVES	11/11 (will remove)
NOTE			SERVSAFE PERSON EXPIRED	

Received by (name and title printed): Cole Wootan	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Cole Wootan</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 MORNING POINT	Telephone Number () Establishment () Owner	Date of Inspection 10/17/24	ID# 1211
Establishment address 75 SOUTH MILFORD 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 10/17/24
Owner FRANKLIN Senior Community	Summary of Violations: C 1 NC 4 R	Menu Type (See back of page)	
Owner address		1 2 3 4 5	
Person in charge Jessica Cooper			
Responsible person's email			
Certified food handler Jessica Cooper SERUSARO (EX 10/17/24)			

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Section #	C/NC	R	Narrative	To Be Corrected by
174	nc	Ⓜ	SMALL PLASTIC CONTAINER OF "BROWN SUGAR" NOT LABELED	10/8/24
187	C	Ⓜ	INTERNAL TEMPERATURE OF GAL. OF MILK 45°F NOT AT 41°F OR LESS IN SMALL REFRIGERATOR	10/8
218	nc		(INSIDE OF REFRIGERATOR ACCUMULATION OF ICE BUILT UP)	10/13
295	nc	Ⓜ	INSIDE TOP OF ICE MAKER NOT CLEAN	10/12
239	nc	Ⓜ	BOX OF SINGLE SERVICE CUPS NOT STORED OFF FLOOR A MINIMUM OF 6 INCHES	10/8

Received by (name and title printed): Jessica Cooper FSD	Inspected by (name and title printed): Bob Smith / Mia Papageorge
Received by (signature): <i>Jessica Cooper</i>	Inspected by (signature): <i>Bob Smith / Mia Papageorge</i>
cc:	cc: