

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

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

Establishment name	Telephone Number	Date of Inspection ID#				
New Hope Church Establishment address 46 142	317 888 4673	10-14-24 2732				
	- Owner					
5307 W. Fairview Rd. Green wood, IN		Follow-up Release Date				
	1. Routine	10 - 24-24				
New Hope Church	2. Follow-up	Summary of Violations:				
When address	3. Complaint					
5307 W. Fairview Rd. Green wood	4. IN 4. Pre-Operational	0 0 -				
Person in charge	5. Temporary	CNCR				
Jim Parlen- Jacilities director		Carlotte and Carlotte				
Responsible person's email	7. Other (list)	Menu Type (See back of page)				
Info@ become hope.com Certified food handler						
N/A		12345				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR	RATIVE COLUMNS MARKED "C"					
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED						
Section # C/NC R	Narrative	To Be Corrected by				
No violations observe	q	The second second second second				
Note (DAlley Cat to 100)	LOOK a selex and fair	Int Oto Unainvers				
	Note DAHRY Cat two door cooler contains protaluminum					
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2 Alley Cat whi	, , , , , , , , , , , , , , , , , , , ,	9.01				
hoten hie	1- un covered y un	wrapped,				
myst ke con	s-un covered + un reved inside freezer					
	7 7					
Talka and a second						
		F-12				
Received by (name and title printed): Jim Par Ker Facilities Dive		d by (name and title printed):				
Received by (signature):		by (signature)!				
cc: cc:	cc:					



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Office 317-346-4365 Fax 317-736-526

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Establishment r		1	1			Telephone Num	ber	Date of Inspection	ID# 7251
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Establishment a			P 04		71 7	() Owner		10/30/51	12409
	WH	100	E 57.	Frankl	MIN	Purpose:		Follow-up Release	
Owner			_		10 11 6	Routine		- 111	2/24
moore	2 1	VV	estime	NZ & KO	Wargs LLC	2. Follow-up	1	Summary of Violati	ons:
Owner address						3. Complaint			
						4. Pre-Operation	nal		
Person in charge	ge					5. Temporary		$c = O_{NC}$	9 B
cole Mooton						6. HACCP		CNC	K
Responsible person's email						7. Other (list)	ŀ	Menu Type (See b	ach of page)
						7. Other (list)	J	Menu Type (see of	ack of page)
Certified food h	handler	00	1110	214 718 10	erusarg	1 7	1007		.)
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Section # C		R			1	Narrative			To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

			in requirements. The time mint for correction	on or each violation is specified		of this report.
Establishmer	it name	9	Mandan)	Telephone Number () Establishment	Date of Inspection	ID#
uu	UL.		James	() Establishment	10/2/24	220
Establishmer			RI Greenwood, IN	() Owner	10/5/29	001
1274	+ US	3	SI Circuity occuping	Purpose:	Follow-up Releas	e Date
Owner			46142	1. Routing	. 1	13/24
			10172		Summary of Violat	
				2. Follow-up	Summary of Violat	ions:
Owner addre	SS		mai " rea r"	3. Complaint		
				4. Pre-Operational		
Person in cha	irge -	_		5. Temporary	$_{\rm C}$ $_{\rm NC}$ $_{\rm S}$	3 p
Steve Parillo					CNO	The state of the s
	,00	1	Dullo	6. HACCP		
Responsible	person's o	emai		7. Other (list)	Menu Type (See b	pack of page)
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Certified foo		6	000		1 2 3	4 1 5
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• CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION(S) REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC		Floor is soiled under server			10/3/24
101	The Date		1821 Stations MD	ar love) ar	The second secon	10/0/0
218	NC	Contract Con	D Parta Code na	Property City	tain)	10/1/24
410	100		dona and continue	tankers cu	e covers	10/4/24
		_	advaga seera	cop namae		10/12/24
			(2) did was	cracked on	mobile	10/13/24
				storing wh	ite succe	- +
		(3) calamarí sh	aper waske		Corrected
			was damaged			+
			a Round pasts	cooking by	isket	Corrected
		42	was damaged on	the exte	run tos	1
295	NC		Kitchen (Mechani	cal exhaust	ient	10/6/24
	100		on the clean side	of the du	sh mach	(no)
				mide).	111111111111111111111111111111111111111	
			was seem (ii	s accept		
						
D : 11						
Received by	name and	title j		Inspecto	ed by (name and title printed)	100
		ВЫ	Steven Perillo	G/1 An	arew Mille	VIENX
Received by	(signature)			Inspecto	ed by (signature):	Man
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cc:	2		cc:	cc:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	it name		11/6/11	Telephone Number	Date of Inspection	ID#
Pand	a Es	CPA	ess #1546	() Establishment	15 11 011	1265
manufacture (State				() Owner	10-14-24	(203
331 S.	SR 13	35	Ste A. Greenwood, IN 46142	Purpose:	Follow-up Release	Date
Owner				1. Routine		24-24
Pand	2 8,	/ D/	1011, 5 9116.	2. Follow-up	Summary of Violati	ons:
Owner addre	ess	4	91770	3. Complaint		
1/0831	1000	f	1855 Clnc 91770 Brove Ave Rosemead, CA	4. Pre-Operational		
Person in cha	TOP	W	When Ave Rosemean, CA		c_O_Nc_/	p —
	-80		The sign of the si	5. Temporary	CNC_/	
Responsible	percon's	email		6. HACCP	N T (C1	1-1-C+
Responsible person's email				7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	r	(SOLAICA LO LAND)			2
Joseph			(SewSafe exp)		123_×	<u></u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" ANI	O IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R]	Narrative		To Be Corrected by
294	NC		Sanitizer solution bucket (10-14-24
			hand washing sink c	oncentration no	t adequate	
	My		~ 25ppm, shall be	~150-200ppm		
				10 1	,	
			Notes: O employees sha	ll change glo	ves & wash	
			hands when	switching +	asks	
			2 in-use utensils	shall bely	ashed, Minsia,	
			& Sanitized at	class every 9 p		
		\vdash		U		
Received by	(name and	title f	Trinted)	Inspe M	ected by (name and title printed) aPapageovge, Et	10
Received by	(signature)): -)	Inspe	coted by (signature):	
сс:			cc:	cc:		
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Received by (name and title printed):

cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

BUM

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 Telephone Number Date of Inspection PENN STATION) Establishment 10/8/24 Establishment address) Owner 1143 N MORTON FRANKLIN, AN OWNER HOOSIER PS INC. Purpose: Follow-up Release Date (. Routine (18/24 10 Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational $C \xrightarrow{\bigcirc} NC \xrightarrow{\bigcirc} R$ Person in charge 5. Temporary -114 POING 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler PRIM 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 Narrative To Be Corrected by NC NOT STURED OFF NC NOT LABLES AS TO CONTONTS
BY 3 COMPARMENT STINK)

Inspected by (name and title printed):

cc:



460 N. MORTON ST. STE A \C FRANKLIN, IN 46131 Office 317-346-4365 Fax 317-736-5264

Establishment address Owner Owner Description De										T	
Certified food handler Certified food hand	Establishmer	nt name	1 . 4	2	maste				Date of Inspection ID#		
Purposes Owner Routine Follow-up Release Date // / / / 24	1-06	<	70	MMIII	HEHD		() Establishmen	nt 1	62 22	1278	
Owner address Register Complaint	Establishmen	nt addres	s -	1	Ern WITH						
Owner address Register Complaint	1108	W	α		I KNKUN, IN	J		Fol	low-up Release	Date 211	
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VOICATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMANY OF VOICATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Narrative Received by (name and title printed): LECGAN R Received by (familier): LECGAN R R Received by (familier): LECGAN R R R R R R R R R R R R R							1 (Routine	ن	- 111	1/29	
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARRED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SIMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Narrative To Be Corrected by Received by (name and title printed): Received by (famate and title printed): Received by (famater):	KY	209A	N	roe			2. Follow-up	Sur	nmary of Violatio	ns:	
Person in charge Company Company	Owner addre	ess					3. Complaint				
Person in charge C						Î	555	1			
Responsible person's email Certified food handler - GRITICAL 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 Natrative To Be Corrected by No VIOLATIONS Received by (name and title printed):	Person in ch	arge						C	ONC	R	
Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler Cer	3313	Koo	9A	~ Pae				١	110		
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 No Joly Hillors Received by (name and title printed): Leegan Foe Received by (dignalum): Houganners of the printed of the pri	Responsible							M	enu Type (See ha	ch of page)	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • YOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by NO HOLHILONS No HOLHILONS		F					7. Other (usi)	171	end Type (See out	ck of puges	
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Received by (name and title printed): Keegan Poe Received by (signature): Inspected by (signature):	Section #	C/NC	R				Narrative		7	To Be Corrected by	
Received by (signature): Leegan Poe Bolling				100	VIOLATIZE	MS					
Received by (signature): Leegan Poe Bolling		Park III		-1111 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				· · · · · · · · · · · · · · · · · · ·		
Received by (signature): Leegan Poe Bolling	1917 1018	-1881									
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JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131



Office 317-346-4365 Fax 31/-/30-520+

Establishment Sanitation	n Requirements. The time limit for correction	on of each violation is specif	ned in the narrative portion	of this report.
Establishment name	KITCHEN	Telephone Number	Date of Inspection	ID#
Establishment address	KTI CINCA	() Establishment () Owner	20/16/24	1089
Owner		Purpose:	Follow-up Releas	126 24
BICHAG) G	15	1. Routine	Summary of Violat	,
Owner address	050	2. Follow-up	Sullillary of violat	ions:
Owner address		3. Complaint		
		4. Pre-Operational	c_O_NC_C	1
Person in charge	no Kanl	5. Temporary	CNC_C	2 R
	RRISON	6. HACCP		
Responsible person's email		7. Other (list)	Menu Type (See l	pack of page)
Certified food handler	6 2 150 50 1		- 1	
RICHAR	Goss Serusage /2	4)	13(4 1 5
CRITICAL ITEMS ARE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AN	ND IN THE NARRATIVE BELOW	
Section # C/NC R		Narrative		To Be Corrected by
291 NC 7		APPRIS NOT	AVATLABLE	10/19/25
ags NC 8			on of NSER	75.11
	FAN NOT CLEAT	N		10/24
399 NCK	WALL UNDER WAZ,	2	2 down	1211
317 110	WORK OFFER WAZ	x -In cooler	2 000R	10011
295 NC 4	RATTEHEN SHELVEN	9 RUSTY AND	d NOT -	CLEAN 10/24
0 1 0	CLOAN	010011111	, , , ,	-Reprie 11/1
295 NL \$	INSIDE TOPLET	FRE MAK	ER NOT	10/20
	CLOAN			
4		REHERTED	. //	
60 ×	Some Food NOT	PHOPE TO	1850F	corrected
(2016)	PMOR TO PLACE	y IN WAR		10110
202 10		MATTON ANGA		1.122
295 MC >	FO BUILT UP IN	BEER WA	CK-IN	10/20
	COOLER			
		-		
Received by (name and title)	printed):	Insp	pected by (name and title printed,):
/	nelliger		Bob SmiTH	
Received by (signature):	,	Insp	pected by (signature):	
is bill	H		Bl SNO	0
cc:	cc	cc		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

	III III III III III III III III III II	1		-	The the marranee portion of this report.		
Establishmen	nt name	(=	S Francis & Clare of Assisi	Telephone Number	Date of Inspection ID#		
Sount	1 Jr	av	icis & Claril cath.ch.	() Establishment	10-29-24 1531		
Establishme		S	461112	() Owner	9:10am		
590	10	li	veBranch Rd 43	Purpose:	Follow-up Release Date		
Owner				1. Routine	no 11-10-24		
				2. Follow-up	Summary of Violations:		
Owner addre		-		-	Summary of Violations.		
Owner addre	ess			3. Complaint			
				4. Pre-Operational	0 0 0		
Person in ch	arge	Sec.	00 -11	5. Temporary	C O NC O R		
(nik	Criptal Chaven 7/17/29			6. HACCP	and the state of t		
Responsible		emai		7. Other (list)	Menu Type (See back of page)		
()		Electric Land	== 1	JI VI STATE OF THE		
Certified foo	d handle	r	259 4597 -1		12 \⊗_345		
Cru	stal		Chaven 1/17/29		12_7		
• CRITICAL	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "R"		
Section #	C/NC	R		Narrative	To Be Corrected by		
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	- III 1	115	no volations ol	served (a) th	e time		
	100 - 1	77 (3)	of inspection	1/			
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958. Drake Rd. 460 N. MORTON ST. STEA FRANKLIN, IN 46131

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

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Establishmen	nt name	0.	adia tadka	Telephone Number	1-1-1	Date of Inspection	ID#
Establishmen	nt addres	u I	ndi + Tadka	(317)300alligh3		10-1-24	2829
79U	1 12 1	ĺ	y 31N Greenwood	(66) 92640			O-
Owner	V) I	1W	y JIN Greenwood	Purpose:		Follow-up Release	Date 10-24
	. 1		V 0 1		ł	Summary of Violation	
Owner addre	ind	ev	KaurShokar	2. Follow-up		Summary of Violatio	115.
Owner addre	:88	,		3. Complaint			
106 K	innic	KI	Dr. Greenwood, 1146143	4. Pre-Operation:	al	c_{NC}	
Hari	arge	N	مناام	5. Temporary		CNC	1 R
Responsible				6. HACCP), m (0 1	1 (.)
1 .			**	7. Other (list)		Menu Type (See ba	ck of page)
Certified foo	d handle	r	egmail.com				
NIA	-					123_×	_45
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	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN T	HE NARRATIVE BELOW AS	
Section #	C/NC	R		Narrative			To Be Corrected by
						corrected-	
1,0000	STREET, LE	21940	room temperatur	e on black	she	IVYNG UNIT	ice bath
439	0		cleaning products st	n of kitcher) Dut	ataelon	corrected
759		-	black shelving un	tin Drepar	100 50		Co viececy
			Kitchen	1111 919 00	uch or	0011101	
229	C		Preptable in hallway	near walk-	-in co	oler units	10-10-24
			has a chipped to	vering, not s	smoot	h or easily	
			cleanable	J.			
			10100.00	variale esiles			
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			temperature o	141°Forles	12	i cere ina cu	7,00
			(3) SDAD & Pape	A towels sl		ne at	
			each hand	washing s	tatio	on	
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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

Establishme			n Requirements. The time limit for co	Telephone Number		ID#
13staonsimie		11 4	clich	() Establishme	****	
Establishmer	م د nt addres	s	Club		10/10/24	486
Upl	L	110	dhorst Way Freenwoo	N Purpose:		e Date
Owner	<u></u>	, . ,		1. Routine	Follow-up Release	120/24
				2. Follow-up	Summary of Violat	ions:
Owner addre	ee.				building of Fioles	
Owner addre	.55			3. Complaint	.	
				4. Pre-Operation:		7
Person in ch	arge			5. Temporary	C/_NC	/_ R
				6. HACCP		1.0
Responsible	person's	emai		7. Other (list)	Menu Type (See i	back of page)
Certified foo	1111.		120			
Certified foo	a nandle		AVID PERREY		123	45
	TEMS AT		ENTIFIED IN THE CHECKLIST AND NAR	RATIVE COLUMNS MARKED "C"		1
			FROM PREVIOUS INSPECTIONS ARE DENOTED		S" AND IN THE NARRATIVE BELOW	AS "R"
	C/NC			Narrative		To Be Corrected by
			- Cafe			128
431	Ne	EM.	walk in cooler flow	or is soiled. E	bustiling there	15ted 10/24/24
431	NC			iled:		1
431	NC		Floor sustance by		14 is soiled-	
		-	BURLEN		T-	
431	NC			orshwasher - i	s sosled-	
	E- 1-44, -1	_	meat pref room			
347	NC		No hand towel	s at the har	edsink - Dispunsa	
			is empty.		< //	
	_			meal Solution		10/10/10/1
345	C		The handsink i	s very soiled		10/10/24
295	NC		The seal for +	he 3-bay sink	- 13 101019-	
			- Rotisserie	And the second second	The same of the sa	100
347	NL	-		spenser 15 no	+ groperly user	1.
211	NL		Bara 7000 012	farm v. v.	1 1014 / 0120	
-			-, PAY Strict	attention	10	
				7 7 7	ap towels	Articular V
			Vocality &	and hi	et water!	100
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X	DAVIE	7	PERREY FAM		Terry D Bo	yless
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cc:			cc:		cc:	



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

Owner 2dot E Owner addre	Establishment name Scooter's Coffe Establishment address 1730 N. Morton St. Franklin, IN46131 Owner Ldot Enterprises LCC Owner address Person in charge				Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary	Follow-up F Summary of	Date of Inspection ID# 10 -7 - 24 2764 Follow-up Release Date 10 - 17 - 24 Summary of Violations: C NC R Menu Type (See back of page) 1 2 3 4 5		
Responsible person's email Certified food handler SewSafe exp 7/8/29				Sewsafe.	exp)	6. HACCP 7. Other (list)			
						VE COLUMNS MARKED "C" HE "SUMMARY OF VIOLATION		RELOW AS "	D"
Section #						Narrative	3 And in This residence.		o Be Corrected by
				Olations	S observe				
Received by (Ella G Received by (aBar	al					Inspected by (name and title UMDING LOVOR Inspected by (signature): Makeure	Bd/	B Sm #TH
cc:		7)	cc:			cc:		



460 N. MORTON ST. STE AV

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

Establishment name Secretary of Greenwood Establishment address SSO Pour ST Owner Owner Owner address Person in charge An organ Surfference Responsible person's email	Telephone Number () Establishment () Owner 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 Follow-up Release Date 10/27/24 Summary of Violations:		
Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARI		Menu Type (See 123	45	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED Section # C/NC R		N THE NARRATIVE BELOW	AS "R" To Be Corrected by	
DES AQUE THERMOMENTO - THESE 2 UN TO COMMERCE - CHANGE - REMOE	PENTEUANE SE SILVE FEACH MEA- U/ PI REPRIOLENTE ERS: WITS WITE MUST I EIAL GINANE IF/W EOF OWNERSHIP	ROBE THERMON HOR PRESERVE		
Received by (name and title printed): Andrea Sutherland Received by (signature): Andrea Sutherland cc: cc:	Maria de la Maria de la Ke	ted by (name and title printed by (signature)	WUND EAS	

y FI

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT



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

Owner addre	COUS COUS	31 5 The contract of the cont	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 10/29/24 738 Follow-up Release Date 1/9/24 Summary of Violations: C NC R Menu Type (See back of page)		
Certified foo	d handler			12_×3	_45	
		IDENTIFIED IN THE CHECKLIST AND NARRATIV		N THE NARRATIVE BELOW A	S "R"	
Section #	C/NC I		Narrative	The state of the s	To Be Corrected by	
2/8	NC	THE DOOR GASLET ON ENTIL	RANCE OSOR TO I	Figur With Responding	11/9/24	
256	NL	- DIO NOT OBSIDENC A THER	minuerca is The 1	CE CREAM CO	ER 11/1/24	
297	NC	- DBSERUSP SOLLED NOZZ	ELS DA THE FRAP	RE MACHINE	10/30/24	
431	NC	- THE PLOOR BEHOLD TH	E SHELVING IN D	HE SUDA ROW	12/9/24	
4110	NC	- PROTECTIVE CASE OF CO	SILIL LIGHTS(2)	Sona	11/9/24	
430	ne	- 1 CEILLY PAREC IS MI	1	EDDA ROOM	11/9/24	
415	2	- OBSERVED SEVERAL PL	YING INSECTS IN	HE SODA ROOM	11/9/21	
177	Ne	- DBSERVED SINGLE SERV	WEE ITEMS IN	THE STORAGE	11/2/24	
lmbati	ed at the fit	ROOM BEING STORED O	NOTHE FLOOR NOT	T 6" DR MORE	Connected	
		# WORK ORDER SUBNITTED &		Ho Diver Douveres	JOTH RESILVA	
Received by			Inspect	ccd by (name and title printed)	: /-	
Received by		KODRIGUEZ MANAGORIANA	Inspect	ed By (signatura):	SEHS	
cc:	1000	cc:	cc:	1010		



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

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

Establishment name	Telephone Number	Date of Inspection ID#	
STAZIBLIKS 7990	() Establishment	1 / 1 330	
Establishment address	() Owner	10/17/24 1109	
1035 E. MAIN ST	Purpose:	Follow-up Release Date	
1035 E. MAIN ST Owner STARBULK'S CORPORATION	Routine		
STARBULKS CARDORATION	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge		C NC R	
The Inserting a short on a park to the Market Line	6. HACCP	Land San	
Responsible person's email		Menu Type (See back of page)	
Certified food handler		1 2 × 2 1 5	
Gertalieu 1884 Allander		12345	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARF			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED			
Section # C/NC R	Narrative	To Be Corrected by	
The town of the constraints based the settled a good set of the	- 1144-011 (2000) 1 1 1 1 1 1 1 1 1	Textoosis beganding of saw tweether	
+ OBSERVED SOILED	FLOORS ON SERVI.	y Cost Appones	
TO BE FROM DAILY - EQUIPMENT APPEA	AS FLOORS U	208N/031420	
tou puis Appen	ac Cobar		
- Tomas MONITORES By	Corp.		
- Temps Movirones By - HERMOS PRE	ESEUT		
alo 17Ems B Be	foll		
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alarifa i mana de la collada de c		PROJECT CONTRACT CONTRACTOR	
Colonia de la co	20/10/110	al formaces	
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	harran	EVIN R PAVEN EAS	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Sharp 2/337 Establishment address 337 Western BLVD Owner Owner Owner address Person in charge Palyanka Responsible person's email		Telephone Number () Establishment () Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date 10/27/24 Summary of Violations:	
Certified food handler			123	_45
	THE SOME DISPENSED IP WHENE THE ICE IS	THE "SUMMARY OF VIOLATIONS" AND IT Narrative		To Be Corrected by
346 NC -	- No Idano SOAD 01350 - THE SINK ADJACENT TO HAVE ANY PLUMBING PR DEAID - WATER DIRECT SINK TO THE PROOF			10/17/24
Received by (name and title X - Puy 97 k Received by (signature): Y - Wy 97 cc:	printed): Ct.:	/ke	ed by (name and title printed)	Prizer EUS Original shap



FRANKLIN, IN 46131

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

Establishmer				Telephone Number	Date of Inspection	ID#
Subway Establishment address		() Establishment	10/18/24	191(
			() Owner			
32	I N.	31	New Whiteland IN	Purpose:	Follow-up Release Date	
Owner				1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		No. 1000 - 1 Control	5. Temporary	C _ O _ NC _ O _ R	
1411 99				6. HACCP	all the same in	
Responsible	person's	emai	Sign the whole is a second of the second	7. Other (list)	Menu Type (See	back of page)
Certified foo	od handle	r Ngj	el Marries		123	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRA' ROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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			1	•••		



Establishment name		Telephone Number	Date of Inspection	ID#			
Subway Establishment address		() Establishment	10/18/24	1429			
Establishmen				() Owner			
			E. King Street Franklin	Purpose:	Follow-up Release	Date	
Owner			E. King Street Franklin	1. Routine			
			7	2. Follow-up	Summary of Violatio	ns:	
Owner addre	SS			3. Complaint			
				4. Pre-Operational			
Person in charge				5. Temporary	C 1 NC D R		
40 7 1				6. HACCP	A TOTAL YEAR		
Responsible p	person's	emai	Presidential and the second	7. Other (list)	Menu Type (See ba	(See back of page)	
Certified food	d handle	r					
	Nav	sí	y leaur		123	45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
• VIOLATION(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	"R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
			hreake,	^	80		
336	C		no vacaura 13 i	astallad on t	tre		
			mop since hose	comeefi	on		
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					17.07.01		
Ne-Ja 1							
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Received by ((signature)	:	D Palaz	Inspect	ed by (signature):	101	
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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 V

1	ements. The time mint for correct			
Establishment name	non of some would basarious	Telephone Number	Date of Inspection	ID#
Shuger		() Establishment	11.	
Establishment address /		() Owner	10/8/24	669
373 S SZ	135	Purpose:	Follow-up Releas	e Date
Owner		2. Routine	10	118/24
		2. Follow-up	Summary of Violat	ions:
Owner address	A CONTRACTOR OF THE CONTRACTOR	3. Complaint		
		4. Pre-Operational		/
Person in charge		5. Temporary		
1 cross in charge	L. un Par	6. HACCP	10_4_110_3	
Responsible person's email	AL KENBURG		Menu Type (See l	ageh of page)
Responsible person's email		7. Other (list)	Menu Type (See a	ack of page)
Certified food handler	1		1 2 3 %	-
KEVIN WEAVER	Exp. 2/19/25		123_&	45
	D IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		
	VIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R		Narrative		To Be Corrected by
Alence od 1. Proc.	not bus into a sustantial		Tagai wat ie gmilaso	S ENTERISIVE
10° EOM 110] 310 3111 4642 31	1	a transferrate distriction	T) 5,200A V S1004	and a sens
I I	D ITEMS TO KERE	bet	an _ e) strillinge st betreed	s (gp 1/out 1
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460 N. MORTON ST. STE A 10 IV FRANKLIN, IN 46131

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Page 1 of

Establishment name SUBWAY (WAZ-MART) Establishment address Owner OWNER Owner address Person in charge VICK Y Responsible person's email		Telephone Nun () Establish () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release	te Date O \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Certified food handler OHRUV PATCL SERVS AFE 6/4/26) • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI			123_	5	
	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	US INSPECTIONS ARE DENOTE		ONS" AND IN THE NARRATIVE BELOW	
Section # C/NC		OUR DRAIN I	Narrative		To Be Corrected by
Received by (name and name):		1.02 //		Inspected by (name and title printed) By b Smith Inspected by (signature)	ENS
cc:				cc:	1



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

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

Page 1 of

Listabilisiiiii	one ouni	in in	requirements. The time mint for correction			
Establishmer	nt name	Dra	stion of nor re-rentally basedons foods	Telephone Number () Establishment	Date of Inspection	
Supre Establishmer				() Owner	10-1-24	2744
2200 Owner) Inc	dep	pendence Dr. Greenwood 46143	Purpose: 1. Routine		-10-24
Supreme Service Solutions Inc. Owner address TX 75334 14043 Distribution Way Farmers Branch, Person in charge		 Follow-up Complaint Pre-Operational Temporary HACCP 	C NC	R		
Responsible	person's	emai	lares lesmalgare di Loviane e si discit stob sissor susher i i sisteme e la control	7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r			13	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	AND DESCRIPTION OF THE PERSON NAMED IN		Varrative		To Be Corrected by
187	C	log sara	honeydew melon i	n walk-in coole	(@50°F	ASAP
- Antissi					THE STATE OF THE S	
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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 Sweet Scoops Establishment address 300 Tracy Red; Whiteland Owner Owner address Person in charge Responsible person's email			y Red, Whitelend	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection Jo/3 to/Z 4 Follow-up Release Summary of Violation CO NC Menu Type (See both)	Date ons:
Certified foo			NTIFIED IN THE CHECKI ICT AND MADDATIVE	COLLIMNS MARKED "C"	123	_45
	S) REPEA	red fr	NTIFIED IN THE CHECKLIST AND NARRATIVE OM PREVIOUS INSPECTIONS ARE DENOTED IN THE			S "R" To Be Corrected by
Section #	C/NC	K		Namative		To be Coffeeted by
324	NL	trae :	Drink disgrenses d			LONE CONTRACTOR
411	NC		more lighting is	regniseo.	n xhe	
						4
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