



**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
10/23

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>Taco Bell</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>18</i> <i>10/24/24</i>	ID# <i>1699</i>
Establishment address <i>1129 E. Main St Greenwood, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner	Summary of Violations: C <u>0</u> NC <u>4</u> R <u> </u>		
Owner address			
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Jake James</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>324</i>	<i>NC</i>		<i>Front area hand sink drains slowly</i>	<i>10/25/24</i>
<i>431</i>	<i>NC</i>		<i>Floor by the drive-thru drink station is very dirty, wall tiles are moldy</i>	
<i>324</i>	<i>NC</i>		<i>Drink dispensers must have an air gap drain</i>	
<i>256</i>	<i>NC</i>		<i>No thermometer noted in the prep cooler. [on the line]</i>	

Received by (name and title printed): <i>J Kimberli Whitney</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**

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

*Belton
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 TACO BELL	Telephone Number () Establishment () Owner	Date of Inspection 10/14/24	ID# 2023
Establishment address 211 N US NEW WHITELAND, 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 TACO BELL OF AMERICA		Summary of Violations: (4) C <u>0</u> NC <u>4</u> R <u>0</u>	
Owner address	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Person in charge Cheyenne COBLE			
Responsible person's email			
Certified food handler RICKY Dodson (6/28/28 SERUSAFE) EXP			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	MC	*	door gasket worn/split on walk-in cooler door	11/1/24
411	MC	*	light intensity not adequate in walk-in freezer	10/30
431	MC		FLOOR NOT CLEAN UNDER DRIP TRAY AREA SOFT DRINK STATION FLOOR IN AREAS NEXT TO WALL, UNDER EQUIPMENT NOT CLEAN	10/20
291	MC	*	CHLORINE TEST PAPERS NOT AVAILABLE	10/18

Received by (name and title printed): *Cheyenne Coble Assistant General Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>*Cheyenne Coble</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

*Butter
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 TACO BELL # 2679	Telephone Number () Establishment () Owner	Date of Inspection 10/4/24	ID# 159
Establishment address 1579 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/14/24
Owner		Summary of Violations: C 1 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge CALEB STEVENS			
Responsible person's email			
Certified food handler CALEB STEVENS	(SERVSAFE EXP 3/24/26)		

- 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
336	C	*	"Y" SPLITTER VALVE INSTALLED ON mop SINK FAUCET	1/1/25
324	NC	*	LEAK NOTED ON (PRODUCE) BACK SINK FAUCET	10/30

Received by (name and title printed): Caleb Stevens	Inspected by (name and title printed): Bob Smith
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

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 <i>Jameka Woods Golf Course</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/14/24</i>	ID# <i>0812</i>
Establishment address <i>4849 S. 450 W. Trafalgar, IN 46181</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/24/24</i>
Owner <i>Jim Hague</i>		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 <i>Jim Hague</i>		1 <u> </u> 2 <input checked="" type="checkbox"/> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>N/A</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
413	NC	<input checked="" type="checkbox"/>	North Pro Shop door contained an exterior hole	10/31/24
404	NC	<input checked="" type="checkbox"/>	Kitchen East and South walls lack cove base	12/1/24
411	NC	<input checked="" type="checkbox"/>	Ceiling light ballast near three bay sink	10/31/24
399	NC	<input checked="" type="checkbox"/>	Men's restroom was missing tiles around the base of the toilet	12/1/24
			(A) Notes: Firm stopped selling breakfast and lunch in October, 2023	
			(B) Firm is only selling hot dogs as of 10/14/24	

Received by (name and title printed): <i>J.A. HAGUE - FH</i>	Inspected by (name and title printed): <i>Andrew Miller, FHS</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

Betsu
10/29

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>Tara Treatment Center</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/28/24</i>	ID# <i>160</i>
Establishment address <i>6231 S US 31 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>No</i>	Release Date <i>11/7/24</i>
Owner <i>TTC</i>		Summary of Violations: <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>James Turner</i>	Responsible person's email <i>(ServSafe EXP 11/29/26)</i>	Menu Type (See back of page)	
Certified food handler <i>Amanda Troha</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>nc</i>		<i>Kitchen mechanical exhaust hood system filters are soiled</i>	<i>11/28/24</i>

Received by (name and title printed): <i>James E. Turner Jr.</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>James E. Turner Jr.</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Prep
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 <i>Jara Treatment Center</i> ^{Nineveh}	Telephone Number () Establishment () Owner	Date of Inspection <i>10/16/24</i>	ID# <i>596</i>
Establishment address <i>7919 S 100 E. Nineveh, IN 46164</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>10/16/24</i>
Owner <i>TTC</i>		Summary of Violations: <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Maiya Ellis</i>			
Responsible person's email <i>(ServSafe Exp 11/29/26)</i>			
Certified food handler <i>Amanda Troha</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>190</i>	<i>NC</i>		<i>Previously cooked turkey burgers measured 49°F to 53°F while inside a sealed plastic bag stored in the Blueair 1 one door cooler</i>	<i>Corrected</i>

Received by (name and title printed): <i>Maiya Ellis</i>	Inspected by (name and title printed): <i>Andrew Miller, ERS</i>
Received by (signature): <i>Maiya Ellis</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

*Beky
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 Jayman	Telephone Number () Establishment () Owner	Date of Inspection 10-4-24 3:30p	ID# 1830
Establishment address 13 S. Baldwin St.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner Jayman Holdings LLC		Summary of Violations: C 0 NC 3 R 1	
Owner address	Menu Type (See back of page) 1 2 3 4 X 5		
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC	*	Store Room floor is porous as it is made out of particle board (unsealed)	11-4-24
187	C		Raw pork @ 53°F in bottom of flip-top cooler - Cooler is not functioning properly - Corrected	10-4-24
234	NC		Ice cream Scoop in Stagnant, Room temperature water	10-4-24
			"Clean Knives, in-use Knives stored inside flip-top cooler lid	
190	NC		Cooked pasta at 51°F in walk-in cooler tightly wrapped in plastic. Made today	10-4-24

Received by (name and title printed): Connor Gray Chef	Inspected by (name and title printed): Elizabeth Senisse
Received by (signature): <i>Connor Gray</i>	Inspected by (signature): <i>Elizabeth Senisse</i>
cc:	cc: 317-346-4373



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

86 WEST COURT STREET
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Belk 10-2

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>Jwin Peaks</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/1/24</i>	ID# <i>2697</i>
Establishment address <i>600 Greenwood Park Dr. Greenwood IN 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/11/24</i>
Owner <i>Corporate</i>		Summary of Violations: C <u>0</u> NC <u>5</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Person in charge <i>Edward Riedel</i>			
Responsible person's email			
Certified food handler <i>Edward Riedel</i> (Sen Safe Exp: <i>5/1/25</i>)			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>218</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Undercounter one door fry freezer contained ice build-up and heavy liquid condensate was on the bottom top of the sandwich cooler</i>	<i>10/3/24</i>
<i>295</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>① South bar soda gun is soiled</i>	<i>Corrected</i>
		<input checked="" type="checkbox"/>	<i>② Inside top of the large ice maker is soiled</i>	<i>10/2/24</i>
		<input checked="" type="checkbox"/>	<i>③ Bar soda ice bin drain is soiled</i>	
<i>295</i>	<i>NC</i>		<i>Large ice maker metal holder interior is soiled</i>	<i>10/1/24</i>
<i>385</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Exterior trash dumpster contained an open lid</i>	<i>10/1/24</i>
<i>430</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Interior basin of the mop sink is cracked</i>	<i>10/25/24</i>

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

JV

Betsy
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 WAL-MART SUPER CENTER	Telephone Number () Establishment () Owner	Date of Inspection 10/17/24	ID# 691
Establishment address 2125 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/27/24
Owner WAL-MART		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>—</u>	
Owner address	Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>4</u> 5 <u>—</u>		
Person in charge PAOLA SANTIAGO			
Responsible person's email			
Certified food handler PAOLA SANTIAGO (SERVSAFE EXP. 5/29)			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC	Ⓟ	DELTA DEPARTMENT - LIGHT OUT ON EXHAUST HOOD	10/21/24
(NOTE)		Ⓟ	SMALL FZTOS OBSERVED IN BACK PRODUCE AREA HANDSINK	CONTROL 10/25
218	NC	Ⓟ	DOOR GASKET WORN/SPLIT A-35	REPLACE 11/20
255	NC	Ⓟ	THERMOMETER NOT ACCURATE SMALL RETAIL FROZEN FISH FREEZER UNIT	10/28
(NOTE)		Ⓟ	LOAD LEVEL ON FROZEN AND REFRIGERATOR DISPLAY CASES - FOOD PACKAGES PLACED ABOVE LOAD LEVEL SIGN	10/18
(NOTE)		Ⓟ	FRONT TRUE REFRIGERATORS (SMALL DISPLAY) BY CHECK OUT NOT EASILY MOVABLE	12/1

Received by (name and title printed): Paola Santiago 101 Coach	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
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Betsy
10/23

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 <u>Walmart</u>		Telephone Number () Establishment () Owner	Date of Inspection <u>10/14/24</u>	ID# <u>1123</u>
Establishment address <u>1133 N. Emerson Ave Greenwood, IN</u>		Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up	Release Date <u>10/24/24</u>
Owner <u>46143</u>		Summary of Violations:		
Owner address		<u>C 0 NC 2 R</u>		
Person in charge		Menu Type (See back of page)		
Responsible person's email		<u>1 2 3 X 4 5</u>		
Certified food handler <u>Josini M. Cajigas</u>				

- 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
216	NC		Produce shelving in the walk-in cooler is badly rusted.	next inspection
216	NC		Food cart in the meat storage area is badly rusted.	" "

Received by (name and title printed): <u>X Josini M. Cajigas</u>		Inspected by (name and title printed): <u>Terry D. Bayless</u>	
Received by (signature): <u>X Josini M. Cajigas</u>		Inspected by (signature): <u>Terry D. Bayless</u>	
cc:	cc:	cc:	



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

95 S. Drake Rd
460 N. MORTON ST. STE A *Buttm*
FRANKLIN, IN 46131 *10/14*
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>Whom Cheese Met Cake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/9/24</i>	ID# <i>2671</i>
Establishment address <i>2005. Emerson Ave 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>10/19/24</i>
Owner <i>Danielle STEB</i> <i>(AM) Danielle Bryan</i>	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	Menu Type (See back of page) 1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Owner address <i>Danielle</i>			
Person in charge <i>Danielle Bryan</i>			
Responsible person's email <i>(AM)</i>			
Certified food handler <i>Danielle Bryan</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>Danielle Bryan</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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460 N. MORTON ST. STE A
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*Bekal
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>White Castle # 56</i>	Telephone Number <i>(317) 738-2839</i>	Date of Inspection <i>10-7-24</i>	ID# <i>1366</i>
Establishment address <i>1129 N. Morton St. Franklin, IN 46131</i>	<i>(502) 301-2317</i>	Follow-up <i>—</i>	Release Date <i>10-17-24</i>
Owner <i>White Castle c/o Marcia Coy</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 3 R 1</i>	
Owner address <i>4420 Kiln Ct. Louisville, KY 40218</i>		Menu Type (See back of page) <i>1 2 3 <u>4</u> 5</i>	
Person in charge <i>Sharon Gipson - GM</i>			
Responsible person's email <i>coym@whitecastle.com</i>			
Certified food handler <i>Sharon Gipson (ServSafe exp) 2/24/29</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>411</i>	<i>NC</i>		<i>lights out in walk-in freezer, men's restroom, & appliance bulb out in upright Continental Freezer®</i>	<i>10-17-24</i>
<i>431</i>	<i>NC</i>		<i>floor under white cabinet next to fryers soiled floor next to wall throughout facility soiled</i>	<i>—</i>
<i>187</i>	<i>C</i>	<i>R</i>	<i>rot onions in metal containers in walk-in cooler have an internal temperature of 44°F -ice cream mix in Taylor machine has an internal temperature of 44°F, not 41°F or less</i>	<i>10-8-24</i>
<i>295</i>	<i>NC</i>		<i>Climate Keeper® fan near payment drive thru window dusty, fan at registers dusty</i>	<i>—</i>
			<i>Note: women's restroom paper towel dispenser not functioning</i>	

Received by (name and title printed): <i>Sharon Gipson</i>	Inspected by (name and title printed): <i>Mia Papageorge / Bob Smith</i>
Received by (signature): <i>Sharon Coy</i>	Inspected by (signature): <i>Mia Papageorge / Bob Smith</i>
cc:	cc:



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

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

Becky 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 WILLARD	Telephone Number () Establishment () Owner	Date of Inspection 10/16/24	ID# 1868
Establishment address 99 N MAIN FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/26/24
Owner TOMY PCTOLA		Summary of Violations: 10 C <u>0</u> NC <u>10</u> R <u>0</u>	
Owner address	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Person in charge TERRY FLYNN			
Responsible person's email			
Certified food handler BETH BENBOW (SERVSAFE EXP) 1/14/25			

- 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
399	NC	←	FLOOR, WALL, CEILING IN AREAS	1/25
431	NC		WORN AND NOT CLEAN (RESTROOM CEILING MECHANICAL VENT COVERS, FLOOR REGISTERS)	clean 11/1
239	NC	←	BASEMENT - STYROFOAM TRAYS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	10/20
295	NC	→	SOFT DRINK HOLDERS NOT CLEAN	10/20
295	NC	*	STOCK ROOM SHELVES NOT CLEAN	10/25
218	NC	→	TOP INSIDE OF BACK EAST ROOM CHEST - FREEZER WORN	replace 1/25
256	NC	+	SOME THERMOMETERS NOT CONSPICUOUSLY LOCATED IN CHEST FREEZERS	10/25
228	NC	*	CHEST FREEZERS, BEER COOLERS NOT EASILY MOVABLE	11/15/25
218	NC	→	DOOR GASKETS WORN/SPLIT ON PIZZA PREPARATION REFRIGERATOR	1/25
295	NC	→	EXHAUST HOOD FILTERS - SOME NOT CLEAN	10/25
			(TRASH BUILT UP)	

Received by (name and title printed): <i>Terry Flynn</i>	Inspected by (name and title printed): Bob Smith BHS
Received by (signature): <i>Terry Flynn</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 CANARY CREEK HEAD START	Telephone Number () Establishment () Owner	Date of Inspection 10/3/24	ID# 1095
Establishment address 486 N MORTON ST. FRANKLIN, IN	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/13/24
Owner HSI - HEAD START		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 CHASTITY SUGGETT		1 <u>2</u> 3 4 5	
Responsible person's email			
Certified food handler CHASTITY SUGGETT (SERUSAFE EXP. 8/8/29)			

- 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	
			MULTIMACHINE DISHWASHER HOT WATER SANITIZATION TEMPERATURE ADEQUATE (160°F or more on PLATE/UTENSIL SURFACE) (WAS 172°F)	(OK)

Received by (name and title printed): Christy Suggett Cook	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Christy Suggett</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

Bayless
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>Greenwood Middle School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/3/24</i>	ID# <i>2084</i>
Establishment address <i>1584 Averitt 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 ✓ 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Tina Gonfiantini</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>Tina Gonfiantini</i>	Inspected by (name and title printed): <i>Terry Bayless</i>
Received by (signature): <i>Tina Gonfiantini</i>	Inspected by (signature): <i>Terry 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
10-2

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 NORTHWOOD ELEMENTARY SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 10/1/24	ID# 403
Establishment address 965 GRIZZLY 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 10/1/24
Owner F.C.S.C.		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 MELINDA PATTON		1 <u>2</u> 3 4 5	
Responsible person's email			
Certified food handler MELINDA PATTON	SERUSARE EXP 5/16/27		

• 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	✓
(none)			MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE (2150°F) (WAS 165°F)	OK

Received by (name and title printed): Melinda Patton	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Melinda Patton	Inspected by (signature): Bob Smith
cc:	cc:



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

86 WEST COURT STREET
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>Pleasant Crossing Elementary</i>	Telephone Number) Establishment) Owner	Date of Inspection <i>10/4/24</i>	ID# <i>1318</i>
Establishment address <i>3030 N 125 W Whiteland IN 46184</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/14/24</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Cecilia Combs</i>		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler <i>Cecilia Combs</i> (<i>SenSafe Exp 10/1/26</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>	

Received by (name and title printed): <i>Cecilia Combs Food Service Manager</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Cecilia Combs</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

Best 10/14



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

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>Ray Crowe Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/3/24</i>	ID# <i>9</i> <i>2496</i>
Establishment address <i>1300 Ray Crowe Way Greenwood, IN 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/13/24</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address	Responsible person's email <i>(SenSafe Exp: 6/10/26)</i>	Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Mandip Sahota</i>		Certified food handler <i>Jim Becke 6/10/26</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>	

Received by (name and title printed): <i>MANDIP K SAHOTA</i>	Inspected by (name and title printed): <i>Andrew Miller, EHG</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

Bekal
10-2

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 UNION ELEMENTARY SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 10/1/24	ID# 404
Establishment address 3990 W DIVISION BL. BARGERSVILLE, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/1/24
Owner F.C.S.C.		Summary of Violations: C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address		Menu Type (See back of page)	
Person in charge PEGGY RIGGLES		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible person's email			
Certified food handler Peggy Riggles (SERVSAFE EXP 10/6/26)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
		<input checked="" type="checkbox"/>	NO VIOLATIONS OBSERVED	
		<input checked="" type="checkbox"/>	MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE (>160°F) WAS 175°F	(OK)

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

