

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

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

Establishmer	nt name		Izana wana a sha a sha sha sha sha sha sha sha sh	Telephone Number	Date of Inspection	ID#		
-	Tuca	2	Be 11	() Establishment	18/24/24	1699		
Establishmer	nt address	;	Greenwood, IN	() Owner	10 (29/29			
17	29	1	Main SI	Purpose:	Follow-up Release	Date		
Owner			(1. Routine				
				2. Follow-up	Summary of Violati	ons:		
Owner addre	ess		AND THE RESERVE OF THE PROPERTY OF THE PROPERT	3. Complaint	***			
				4. Pre-Operational				
Person in cha	arge			5. Temporary	C _ O _ NC _ 4 _ R			
	0			6. HACCP	0			
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)			
				other (may	Later Charles and Charles			
Certified foo	d handler			In the second se	123_X	4 5		
	JUK	e	Jumes					
• CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW AS			
Section #	C/NC	R		Narrative	, ,	To Be Corrected by		
324	NC	7507	Flont area hand sin	10 drains 51. 12-thru drank wall tiles	660 (7)	10/25/24		
431	NK		Floor by the driv	2- Thou divike	Station			
			moldy disty	Well /1 12	Cera	7625.13		
			To rely					
324	He		Desnie dispensor Must	have an air	OAP-drain			
256	Ne		No thermometri Cooler, for	noted in Th	he pref			
			cooler, for	The hora?	,			
			L			V		
	of the							
Lab La			en in the second	til utland	- 50 (000)			
-	5-							
			probability and the second sec					
Received by	r /	- 3		Inspec	ted by (name and title printed)	1		
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Received by	(signature)	;	11/1	Inspec	ted by (signature):	/ The state of		
cc:	-11	_	cc:	cc:	Iny A Day L	w		
50.			1 22	***				



FRANKLIN, IN 46131

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

Establishin	em sam	itatio	ii Requirements. The time innit for confection	on of each violation is specif	ned in the narrative portio	n or tins report.
Establishme	nt name		Bell	Telephone Number () Establishment	Date of Inspection	ID#
Establishme	nt addres			() Owner	10/14/2	4 2023
2112	VS	r	SEW WHITELAN IN	Purpose:	Follow-up Relea	se Date
Owner		00	2 - DODGE	1. Routine		124124
		286	2 OF AMERICA	2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint	(}	()
D : 1			and the state of t	4. Pre-Operational	0	2
Person in ch	- 1	1/1/	e Coble	5. Temporary	CNC_	<u> </u>
Responsible				6. HACCP	Menu Type (See	hack of base)
responsible	persons	Ciliai		7. Other (list)	Menu Type (See	mack of page)
Certified foo		er C	bodson (6/3/28 St	RUSARO")	123	55
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	THE RESIDENCE OF THE PARTY OF T	ND IN THE NARRATIVE BELOW	
Section #	C/NC	_		Narrative	,	To Be Corrected by
218	MC	(3)	JOOR GASKET WOR		A THE SECOND	111/109
e - ma gern			WHU I COULE	. 000/2	II ABATT THE	
411	ne	秋	LIGHT INTENSETT	NOT ADOQU	ATO	10/20
			IN WACK-IN FROD	LER		
431	WC		FLOOR NOT CLEAR !	under det	4 THRU	10/20
			AMEA SOFT OCHNK	STATION FL	OOR ON	75.0
				ALL, UNDER EC	SNAWENA	
			NOT CLEAN			
291	NC	-	CHLORING TEST	T PAPORS Y	VOT	10/18
011	0		RVAILABO	VIIVE	001	10/18
					==	I mid and
Received by		-	orinted): Coble Assistant Ge	Insp Ineval Makagor	Bob Sm \$77	1): BHS
Received by			Colle	Insp	pected by (signature):	
cc:	1/1/1		cc:	ce	<u> </u>	
						A.



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

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

Establishme	nt name			*		-	Telephone Num	ber	Date of Inspe	ection	ID#
17	700	B	e12	36	79		() Establish	ment	10/10/10	2) 1	159
Establishme	nt addres	SS					() Owner		10/4/0	14	151
15	579	9	N mag	DN F	Make	20/IU	Purpose:		Follow-up	Release I	Date /
Owner							(1. Routine			101	
							2. Follow-up		Summary of	Violation	ns:
Owner addre	ess						3. Complaint				
							4. Pre-Operation	onal			
Person in ch	arge						5. Temporary		C__NC__R		
CAL	-	SY	reven	S			6. HACCP				and a
Responsible person's email					7. Other (list)		Menu Typ	e (See bac	k of page)		
									* A A A A A A A A A	alkanni see	77.87
Certified foo			ers		(ser	WAFE	3124/26)		12(3/2	45
				THE CHEC			COLUMNS MARKED "	C"			
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOU	S INSPECTIO	ONS ARE DENG	OTED IN THE	E "SUMMARY OF VIOLATIO	ONS" AND IN	THE NARRATIVE	BELOW AS "	R"
Section #	C/NC	R				1	Narrative			Т	o Be Corrected by
336	C	M	cy)	SPL	ITTER			TALLO	ON		1/1/25
			mo	0 31	NK	FAU	CT		V 1976 97		
2211	. 10			04/	5 1 017	E0)	1/00	2 111 50	00-1		2 2 3
324	NE	-24	570	AK	NOT	m T	ON (PRO	oduce	BRK	_	10/30
			341	JE	FISO	W1					
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		57							17		
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cc:	VV	V		cc:				cc:	sie si	700	
				J.,							



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

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

Latabhamin	ciit Sain	tatio	ir Requirements. The time mint for correct	ion of each violation is specified i	if the narrative portion	or this report.
Establishmer		b	2 Woods Golf Cour	Telephone Number (1) Establishment	Date of Inspection	ID#
Establishmer			i woods soig wir	() Owner	10/14/24	0812
4849	5.4	50	W. Trafalgar, W	Purpose:	Follow-up Release	e Date /
Owner		. 1	76181	1. Routine	No 10,	124/24
Jun	n +	40	ane	2. Follow-up	Summary of Violati	ions:
Owner addre	ess		7	3. Complaint		
\cup			V	4. Pre-Operational		, ,
Person in ch	arge)		5. Temporary	c_0_Nc_4	<u></u>
yur	14	ac	me/	6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See b	eack of page)
Certified foo	nd handle	r ·r				
/	J/A				12_V3	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	
Section #	C/NC	R	W at +1 P	Narrative	1	To Be Corrected by
413	NC		an exterior ha	o avor con	tained	10/3//24
404	NC	1	Kitchen East and	Southyingels	lack)	12/1/24
101	100		Cove l'ase	Julio a una	mar	12/1/21
411	NC	V	Ceiling light I	allast near	three	10/31/24
200		,	lay sink			114
399	NC	V	till the restr	oom juas	missing	12/1/24
			Toliet	ne vase of	the	1
			ni (uc			
	(A)	notes: Frim stor	sed selling	1 .	
			breakfast and	& lunch I	in	
			October 2023	0 001	0	
	(B)	Jun is or	Thy selling	hot	
			algo as of 1711	1 27		
D ' 11	,	1		<u></u>		
Received by	(name and	Live J	CUEH	Inspecte	d by (name and title printed) NAVEW Mi	Tler. FHS
Received by				Inspected	by (signature):	· nn
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name			Telephone Number	Date of Inspection	ID#
Tak	A	$\binom{n}{n}$	atment Center	() Establishment		
Establishmen	nt addres	S		┥`	10/28/24	160
6231			31 Franklin, IN	() Owner	1 .	
-	3 (10	01 44131	Purpose:	Follow-up Releas	9 Date 7 /24
Owner		7		1. Routine	1,40	
	1			2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		La conduct es ou salum ander Retail	5. Temporary	C_O_NC_	1_R
MM	us	23/10	winer (6. HACCP	my l'a ben par na lle	la mal exar
Responsible	person's			7. Other (list)	Menu Type (See b	pack of page)
U			exe	the many sense and a	test and desire	, wearing !
Certified foo		r	1000 11/29/26		123	4 5
lem	The real Property lies and the least lies and the lies and the lies and the least lies and the least lies and the lies and t	<u>a</u>	Julia !!	<u>/</u>		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV			
-	-		rom previous inspections are denoted in 14	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC	1000	hood syptem	anical exha	rust	11/28/24
	(Matter)	1.00	hood suptem.	filters are.	solled	1
	100 100		and and an analysis of the second sec		CONTRACTOR DE LA SERVICIO	o b seam
		_				
-					4	
	Harry	vog.		of the factors	to neighbor A. alagain	
ala ala	114 14				izan asi montennisa	invariate I
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					11 / 111	h
Received by	200	d title			d by (name and title printed	
	es	E	. There De.		trew Miller	; EHS
Recaived by			Tura de		d by (signature):	0 0
Jeire	2 7	- 1	0 -000		drew Mil	
co.			cc:	cc:		



955. Drake Rd July 460 N. MORTON ST. STEA

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

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

			*		e 1	*
Establishme	nt name		1 10 Illinous	Telephone Number	Date of Inspection	ID#
Jar	2 V	lli	ument lener	() Establishment	10/16/24	591
Establishme			E. 46/64	() Owner	10/24	510
79193	5 10	01	E. 46/64	Purpose:	Follow-up Relea	ise Date /
Owner		0	,	1. Routine		116/24
-/	7			2. Follow-up	Summary of Viola	ations:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge,			5. Temporary	/	
	aill	1	Ellin /	6. HACCP		-1
Responsible	persons	emai	1 /C C 6	1 1 0 1 71 1	Menu Type (See	back of page)
	U		/Serv Sate	. []	71 (71 87
Certified foo	d handler	1	1 1 11/29/26		1 2 1 3	4 5
	ran	di	2 Stopa 1	Λ		
			ENTIFIED IN THE CHECKLIST AND NARRATI			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		D IN THE NARRATIVE BELOW	
Section #	C/NC	R	0	Narrative	4 -	To Be Corrected by
190	NC	199	Previously 1	DOREA WIN	ef	Corrected
			530F (11/2) 10	Med 417	2000	
			Martin Pran Ator	of IMI the	week	
			Bluesin me	door can	los/	1
			Marie V Will			
	Les .					
						1
Received by		title p	printed):	Inspe	ected by (name and title printe	
1 1011	ja El	15		Ar	drew Mille	V, EHS
Received by				Inspe	cted by (signature):	00 -
	is	u	<u>ب</u>		maren 11	iller
cc:			cc:	cc:		



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

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

E 11:1			in Acquirements. The time mint for cor				
Establishme	nt name	_	T 1 1 1 2 2 2 1	Telephone Number	Date of Inspection	ID#	
	IVI	Ω	W	() Establishment	10-4-24	1220	
Establishme	nt addres	SS	11.	() Owner	3:300	0000	
15	S. 1	20	Idwin St.	Purpose:	Follow-up Release	Date	
Owner	Λ	1	11/	1. Routine			
Jayn	ran -	Ho	Idinas LLC	2. Follow-up	Summary of Violati	ons:	
Owner addr				3. Complaint	***X		
			· ·	4. Pre-Operational			
Person in ch	arce				c 0 NC 3 R		
r crson in ch	arge			5. Temporary			
Danasilla			9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (6. HACCP	(0.1	1 6	
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)	
Certified foo	od handle	r			13	45	
• CRITICAL	ITEMS AT	SE ID	ENTIFIED IN THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED I		THE NARRATIVE BELOW AS	S "R"	
Section #	C/NC			Narrative		To Be Corrected by	
399	NC	74	Store Room Floor		s made out	11-4-24	
211	100	-	of particle boar		S made our	11 4-27	
187	a.		Raw Dork @ 53	3°F in bottom of	L Slip-top	10-4-24	
101	no	e		ler is not fil	nationing	10 1 - 1	
	10		- Properly -	Corrected	needlouras		
234	Ne		Ice bream Dear		t. Room	10-4-24	
	700		temperature	Water	, , , , ,		
			"Clean Knives.	in-use Knives	Stored		
			inside flip-t				
190	NC		Cooked pasta		alk-in	10-4-24	
	,		Cooler tight		viplastic.	and the same of th	
la for			Made tode	de II			
	in in	, į		0			
						ALT HE	
		L.					
Received by	Iname and		- Gray Che	El	d by (name and title printed)		
Received by	(signature)):/	my frug	Inspecte	d by (signature):	Denisse,	
cc:			cc:	cci	17-346-4	313	
						Page 1 of	



86 WEST COURT STREET 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.

Establishing	in Sain	tatio	if Kequitements. The time mint for correction					
Establishmer	it name	P	2. 00	Telephone Number	Date of Inspection	ID#		
JUL	n		eaks	() Establishment	10/1/24	2697		
Establishmer	addres	S	Lood Day De Greenwood	() Owner	10/./0.1	7		
Owner	416	111	1000 Park Dr. IN 46142	Purpose: 1. Routine	Follow-up Release	Date / 11/24		
Co	no	4	a+o.	2. Follow-up	Summary of Violati			
Owner addre	all of	u		3. Complaint	Cultillary of Violati			
When addite	.00			4. Pre-Operational				
Person in cha	roe			-	C NC	5 p		
9/11	Mh	1	Pindal	5. Temporary6. HACCP	C_C_NC_			
Responsible	person's	emai	FILL CAR	7. Other (list)	Menu Type (See b	ack of page)		
			Sen Sate Exp:	7. Other (iisi)	Mena Type (see s	/		
Certified foo		r	2:10 5/1/25 /		123_	45		
CALL	win) F	Illall (1)	COLUMNS MADVED "C"				
	CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAKRATIVE 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	_		Varrative		To Be Corrected by		
218	NC	V	Undercounter one	door lru	freezen	10/3/24		
		rki.	contained we bu	ild-up and	heavy	/ /		
	III y race	sout.	liquid condensate	was on t	he o	Victory and		
200	2.12	. /	vottan top of the	e sandu	ich coolen	Cisalal		
245	NC	1/	2) Justo top of t	he land	s suiled	10/2/24		
			miker is an soi	lod targe	, me	10/2/27		
			3 Bar Apa ice bi	in drain.	is saled			
295	NC			er motal	holder	10/1/24		
			intersion is soile	1.		,4,		
385	NC	V		umpoter c	ontained	10/1/24		
1120	. 10		an open lid	C d + la C		10/25/20		
430	NC	V	is cracked	of the s	map sink	10/25/24		
			no church			7		
Pagaires J 1	(11 2111 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 4141	tainted).	Ir	pacted by (name and title triuted)			
Received by	name and	ratie,	Riedel	Ins	pected by (name and title printed)	- 10101		
Received by	(signature):	2 . 1	Lins	pected by (signature):	h)		
cc:	Coro	1	cc:	cc		1.0		
	Jan.							



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 317-736-5264

T - 1 " 1	71.1	TD 67	
Establishment name WAZ-MART SUPER GNTER	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address		10/17/24	691
2125 N MORTON FRANKLIN, IN	() Owner		
Owner	Purpose:	Follow-up Release	Date 27 24
and the second s	1. Routine		
WALMART	2. Follow-up	Summary of Violation	ns:
Owner address	3. Complaint		
	4. Pre-Operational	_ 2	
Person in charge	5. Temporary	C_O_NC_	R
PAOLA SANTIPGO	6. HACCP	and the second to	
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
			9
Certified food handler DAVIAGO (SERVSAFE	EXP. 5/29/	123(47 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
	Narrative		To Be Corrected by
411 NL & DELT DEPARTMENT	- 219HT 0	UT ON	10/2/124
EXHIVST HOOD	200000000000000000000000000000000000000	400.11.	C 1 50 N
	Served IN BAC	FROUVE	CNTROL
NOW AROK HAND SINI	' C		10/25
218 NCQ JOOR GASKET WOR	PNISPHT A-	><-	PLPLACY 30
255 MC O THERMOMETER NOT	7	SMAZL	10/28
PETAZL FROZEN		econtt	1-703
	, , , , , ,		
B LOAD LEVEL ON F	Frozen Andrei	-125 PRATO	P 10/18
GIAR DISPERY CASES	- Food PAC	KAGES	
PLAZED ABOVE I	ORD LEVEL 3	ZIN	
		A 2 . 1 . 12 . A	
FRONT TRUPRE	FIRENATURS	SMAZL OISPE	
BY CHECK OUT	NOT EMOTELY	MOVERBLE	1211
Received by (name and title printed):	Inspecto	ed by (name and title printed):	
Ladia Santiago 101 Co	bach	Rob SMITH	100
Received by (signature):	Inspecto	ed by (signature)	5
сс:	cc:		
			7





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

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

Walmart Establishment address 10/14/24 1123 Purpose: Follow-up Release Date	Establishme			. requirements. The time mineral extremit	Telephone Number	Date of Inspection	ID#
Purpose: Follow-up Release Daye Inspected by (name and title printed): Follow-up Summary of Violations: Conner address Inspected by (name and title printed): Inspected by (name and tit			111	4			
Purpose: Follow-up Release Daye Inspected by (name and title printed): Follow-up Summary of Violations: Conner address Inspected by (name and title printed): Inspected by (name and tit	Establishme	nt addres:	S	f and to d		10/14/24	1125
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler LOSIN MARKED "C" VOLATIONS REPEATED FROM PREVIOUS INSECTIONS ARE DENOTED IN THE "SUMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by List badly rusted List badly ru	113	3 1	V.	Epresson Aue IN		Follow-up Release	se Dațe
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler LOSIN MARKED "C" VOLATIONS REPEATED FROM PREVIOUS INSECTIONS ARE DENOTED IN THE "SUMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by List badly rusted List badly ru	Owner	Samuel Samuel Control of the Control		46143	1. Routine	10	124/24
A. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler LOSIV Menus ARE IDENTIFIED IN THIS CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONIS 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 Lis badly rusted. Lis badly rusted. Lis badly rusted. Lis badly rusted. Received by (name and title printed): X A OS N M Canages Received by (inguspary): Many D English Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Lospected by (name and title printed): Menu Type (See back of page) Los					2. Follow-up	Summary of Viola	tions:
Person in charge 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) 1 2 3 1 4 5 Certified food handler Certified food handler Certified food handler Cortical tress are identified in The effectust and narrative columns marked "c" VIOLATION(8) 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 216 NU Produce shelving in the wall rin cooler Next wyested. 217 A badly susted. 218 NU Food Set In the ment stork ge area. In in 1 is badly susted. 1 is badly susted. Inspected by (name and title printed): X OS IN M. Cangas Received by (ingustro): Many D. Bay sur	Owner addr	ess			3. Complaint		
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95 S. DAAKE Rd 460 N. MORTON ST. STEA DUM FRANKLIN, IN 46131

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

Establishment name Uhim Chelse Me Establishment address 2005. Emerson Av Owner Dannielle Stell Am Danielle Bry Owner address Person in charge Manielle Bry Responsible person's email	t Cake) Greenwood e) IN 46143 an	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 10/9/24 Follow-up Release I No 10 Summary of Violation CNC Menu Type (See back)	/ 19/24 ns:
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer			Land of Europe Street and Control	Telephone Number	Date of Inspe	ection	ID#
White			# 56	(317 /738 28 B 9 nt		211	1-11
Establishmer				(502)3@m2317	10-7-2	24	1366
1129N	.Mo	rt	on St. Franklin, IN 46131	Purpose:	Follow-up	Release J	Date
Owner				1. Routine	_	10-1	17-24
White	Castle	2 0	lo Marcia Coy	2. Follow-up	Summary of	Violation	ns:
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Sha	ron	E	nipson-GM	6. HACCP	i _a _ la	1 1/2	
Responsible	Responsible person's email COYM@ white castle.com			7. Other (list)	Menu Type	e (See bac	ck of page)
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Certified foo			pson (Servsafe exp)		12	3 1/2	45
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Section #	C/NC	R		Narrative		Т	To Be Corrected by
411	NC		lights out in Walk-ir	freezer, men's	restroom,	9	10-17-24
// _ /	1.0		appliance bulb out	in upright Conti	nental Fre	ezer	
431	NC		floor under white				
187	C	D.		loor next to wall throughout facility soiled ut onions in metal containers in walk-incooler			
101		7	have an internal fe			61	10-8-24
		-	ice cream mixin Tay			ternal	
			temperature of 440	F, not 41°For1	622		
295	NC		Climate Keeper & fan ne	ar payment dri	ve thru		+
			window dusty, for	nt registers	Justy		
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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

Establishme	nt name	2)		Telephone Numb	er Date of Inspection	ID#
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Establishme				() Owner	10/10/0	7 1000
99	N	MA	IN FRANKLIN, IN	Purpose:	Follow-up Rele	ase,Date
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Person in ch	aroe			1 -	$_{\rm C}$ $_{\rm NC}$	Ø p
·	TYP	RRY	FLYNN	5. Temporary	C_O_NC_	EC_1
Responsible				6. HACCP	N 7 (C-	1 . 1 . C
rcesponsible	persons	CITIAL		7. Other (list)	Menu Type (See	e back of page)
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			OFF FLOOR MATULEM	IVM OR 6	Juckes"	1010.0
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218	NC	Ą	TOP INSTOR OF B	ACK BAST	ROOM CHEST.	- Deplace
			FREEZER WORN			1/25
256	NC	+	SOME THERMOME		- CONSPICUOUS	24 10/25
			LOOATRED IN CHEST	t freezer		
228	m	8		BORR COOL	ers not	1/15/25
(1)			ENSLY MOVERBO			
218	NC	1	V	RN/SPLTT	CON ON	1/25
0110-			PIZZA PREPARATION		TAPOR DION-	11/05
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460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishment name WORLD HARVEST CAFE Establishment address 2045 AVERITT RA					Telephone Numb	per Date of Inspection	Date of Inspection ID#		
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Responsible	person's	email			7. Other (list)	Menu Type (See	Menu Type (See back of page)		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name CANRY CROCK Establishment address	HeAD START	Telephone Number () Establishment	Date of Inspection 10/3/24	1095	
U86 N MORTO	ON ST- Franklin, In	Purpose:	Date (3/24		
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Certified food handler CHASTITY SU	99 PTT (SERUSARE E)	P. 8/8/29)	12\overline{2}_3\overline{4}_5		
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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 317-736-5264

Indiana Patail Food

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. Telephone Number Date of Inspection <u>leek Elementa</u> L Greenwood, IN 46143) Establishment) Owner Follow-up Release Date Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Menu Type (See back of page) 7. Other (list) 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" Narrative Section # C/NC To Be Corrected by Inspected by (name and title printed):



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

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

Establishme		-		Tolonhana Number	Date of Inspection	T TD//	
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<u> </u>	rerau	NO	od Middle School	() Establishment	10/3/24	2084	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name		1 - 1 - 0	Telephone Number	Date of Inspection	ID#	
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Establishment addre	SS	No. 1	() Owner	10/1/24	(0)	
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Owner			1. Routine	Follow-up Release I	124	
F.C.S	5.0		2. Follow-up	Summary of Violation	ns:	
Owner address			3. Complaint			
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Person in charge		- (5. Temporary	CONCOR		
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Responsible person's			7. Other (list)	Menu Type (See bac	ck of page)	
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Certified food handle	er 2A	PATTON GERUSARE	EXP S/16/27)	1 2 3	45	
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Office 317-346-4365 Fax 317-736-5264

Establishin	em sam	tatio	n Kequirements. The time mint for correction	on of each violation is spec		r or tins report.	
Establishme	nt name	. +	Prossing Elementer	Telephone Number () Establishment	Date of Inspection	ID#	
Establishme	nt addres	s	/Whiteland	() Owner	10/4/24	1318	
3030	KI /	25	W 46/84	Purpose:	Follow-up Releas	e Date	
Owner	0 - 0		, , , , , , , , , , , , , , , , , , ,	1. Routine	No 10	1/14/24	
CI	DC5	6		2. Follow-up	Summary of Violat	ions:/	
Owner addr	ess			3. Complaint			
				4. Pre-Operational	c & NC_	of of	
Person in ch	arge		1 1 3	5. Temporary	CNC_	R	
Cor	llea		Combs	6. HACCP			
Responsible	person's	emai	Sen Safe Exp	7. Other (list)	Menu Type (See	pack of page)	
Certified foo	d handle	r	Combs 10/7/26		123	45	
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
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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 317-736-5264

Establishmer	t name			Telephone Number	Date of Inspection	ID# 9
DOLL	Cr	01	ve Elementary	() Establishment		10#
Establishmer	t addres	S	Communication	() Owner	10/3/24	- 2406
1200	RALL	Cr	owe Way IN 46143	Purpose:	Follow-up Releas	a Data i
Owner	Nay	CI	Dat Way 1N 46113	1. Routine	No 10	/13/24
00	000	-		2. Follow-up	Summary of Violat	
Owner addre	99			3. Complaint		
o wher addre	00			•		20
Person in cha	****			4. Pre-Operational	cNc	0 , 0
Person in cha	irge	-	Sahata	5. Temporary	CNC	R
Responsible	JUL	4	V Sarou	6. HACCP	M T (C1	
Responsible	Deison's	eman	SewSafe Exp:	7. Other (list)	Menu Type (See b	oack of page)
Certified foo	d handle	r			1 2 1 3	4 5
Jum	,	200	Je 6/10/26		123	45
• CRITICAL I	TEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
· VIOLATION(ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	
Section #	C/NC	R		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

	T.I. I. N. I.	In cr
Establishment name UNION ELEMENTARY SCHOOL	Telephone Number	Date of Inspection ID#
	() Establishment	10/124 404
Establishment address 3990 W DIVISTON B. BAYGO'S VICLE, S	() Owner	10111
		Follow-up Release Date
Owner	1. Routine	10/11/09
F.C.S.C.	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
,	4. Pre-Operational	
Person in charge	5. Temporary	C_O_NC_O_R
PEGGY RIGGUES		CNCR_
Responsible person's email	6. HACCP	Mar Tara (Conductor forms)
Acesponsible person's chian	7. Other (list)	Menu Type (See back of page)
Certified food handler		(E)
Certified food handler Pegsy REGUES (SURVERTE)		12_345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"	•
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
NO VIOLATIONS	o Bse Ruad	
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		80
(NOTO SANITIZATION TENY	MACHINO HOT a	HOCK 60
(NOTO) SANITIZATION TEMP	DOINTUID Adea	UATE (>160°F) (OT)
WAS 1750F		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishin	ent sam	tatio	n Requirements. The time limit for correction	on of each violation is specified	in the narrative portion	i of this report.
Establishment name				Telephone Number	Date of Inspection	ID#
Tesh	itel	m	ed Community High Sch	(50) Establishment	10/4/24	11.10
Establishme	nt addres	S	Whiteland North	() Owner	19/1/01	1417
222 Tracy St. IN 46/84			St. IN 46184	Purpose:	Follow-up Releas	e Date /
Owner			0	1. Routine	No 10	114/24
	CPC	5	C	2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				1		
Dancen in als				4. Pre-Operational	C_Ø_NC_	Ø , Ø
Person in ch	arge	20]		5. Temporary	CNC_	R
XIII	ne	IU	Jones	6. HACCP	- (0	
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)
Certified for	1 handle		V	216, 18	/	
	well		Jones	1	123	45
			DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNIC MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	AS "R"
Section #				Narrative		To Be Corrected by
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