



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

JOHNSON COUNTY HEALTH DEPARTMENT
95 S DRAKE RD
FRANKLIN, IN 46131
PHONE: 317-346-4365 FAX: 317-736-5264

*Betsy
11/12*

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 BYLL 35305 | Telephone Number () Establishment () Owner | Date of Inspection 11/17/24 11/17/24 | ID# 2316 |
| Establishment address 115 GRANVILLE, FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 11/17/24 |
| Owner | | 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>X</u> 4 <u> </u> 5 <u> </u> | Responsible person's email | |
| Person in charge NICHITA HAMBLEN | | Certified food handler ELIZABETH DEVLIN (SERVSAFE EXP 7/5/27) | |

- 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 |
|-----------|------|---|---|--------------------|
| 318 | NC | * | DOOR GASKET SEALS WORN, NOT | REPLACE 12/10 |
| 295 | NC | | CLEAN ON DEERFIELD FREEZER IN BACK ROOM AREA - | CLEAN 11/10 |
| 431 | NC | * | FLOOR NOT CLEAN IN AREAS IN KITCHEN NEXT TO WALL BEHIND EQUIPMENT IN PREPARATION AREA | 11/12 |

| | |
|---|--|
| Received by (name and title printed): Nichita Hamblen | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



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*Betm
12/2*

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 Walgreens | Telephone Number () Establishment () Owner | Date of Inspection 11-25-24 | ID# 921 |
| Establishment address 720 S SR 135 Greenwood | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up - | Release Date 12-5-24 |
| Owner | | Summary of Violations: C 0 NC 0 R | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 <input checked="" type="checkbox"/> 2 3 4 5 | |
| Responsible person's email | | | |
| Certified food handler | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| | | | NO items noted @ time of inspection | |
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| Received by (name and title printed): Cody Swanson | Inspected by (name and title printed): Cassi Hall |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



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

95 SOUTH DRAKE ROAD
FRANKLIN, IN 46131
PH: 317-346-4365
FAX: 317-736-5264

*Betsy
12/2*

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 Walgreens | Telephone Number () Establishment () Owner | Date of Inspection 11-26-24 | ID# 843 |
| Establishment address 20 S. Morton St. Franklin | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up - | Release Date 12-6-24 |
| Owner | | Summary of Violations: C 0 NC 0 R | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 X 2 3 4 5 | |
| Responsible person's email | | | |
| Certified food handler | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| | | | no items noted @ time of inspection. | |
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| Received by (name and title printed): Macie Sutherland | Inspected by (name and title printed): Cassi Hall |
| Received by (signature): <i>Macie Sutherland</i> | Inspected by (signature): <i>Cassi Hall</i> |
| cc: | cc: |



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*Beth
11/20/24*

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| | | | |
|--|--|---|---------------------------------|
| Establishment name Walgreens | Telephone Number () Establishment () Owner | Date of Inspection 11-19-24 | ID# 914 |
| Establishment address 700 US 31 S Greenwood. | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up - | Release Date 11-29-24 |
| Owner | | Summary of Violations: C O NC O R | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 X 2 3 4 5 | |
| Responsible person's email | | | |
| Certified food handler | | | |

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

| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| | | | NO Items noted @ time of inspection | |
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| Received by (name and title printed): Mindy L. Gwendon | Inspected by (name and title printed): Cass Hall |
| Received by (signature): <i>Mindy L. Gwendon</i> | Inspected by (signature): <i>Cass Hall</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

Becky
12/2

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>Wildflower Bakehouse</i> | Telephone Number) Establishment) Owner | Date of Inspection <i>11/20/24</i> | ID# <i>1932</i> |
| Establishment address <i>1012 County Rd 775 S. IN</i> | | Follow-up <i>No</i> | Release Date <i>11/30/24</i> |
| Owner <i>Gregory Schall</i> | | Summary of Violations: | |
| Owner address <i>46164</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | C <u>0</u> NC <u>2</u> R <u> </u> | |
| Person in charge <i>Gregory Schall</i> | | Menu Type (See back of page) | |
| Responsible person's email <i>SenSafe Exp</i> | | 1 <u> </u> 2 <input checked="" type="checkbox"/> 3 <u> </u> 4 <u> </u> 5 <u> </u> | |
| Certified food handler <i>Gregory Schall</i> | <i>3/23/26</i> | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------------------|
| 218 | NC | | Refrigeration door seals torn on some units | 1/30/25 |
| 190 | NC | | Previously cooked sausage gravy & covered with a lid & measured 70°F while inside the FWE one door cooler | Corrected |
| 139 | ✗ | | Various home based products (i.e. bread, bagels, seasoning packets, banana nut bread, yeast rolls, mac and cheese, cornbread, sausage dressing, cornbread dressing with sausage) | Removed items from retail sale |

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|--|---|
| Received by (name and title printed): <i>Gregory Schall</i> | Inspected by (name and title printed): <i>Andrew Miller, EHS</i> |
| Received by (signature): <i>Gregory Schall</i> | Inspected by (signature): <i>Andrew Miller</i> |
| cc: | cc: |



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

*Belen
11/18*

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>Yokohama</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>11/14/24</i> | ID# <i>1573</i> |
| Establishment address <i>67 N. Madison Ave.</i> | Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up | Release Date <i>11/25/24</i> |
| Owner <i>Greenwood, IN</i> | | Summary of Violations: C <u>1</u> NC <u>8</u> R <u> </u> | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u> | |
| Responsible person's email | | | |
| Certified food handler <i>X Scott Bennett</i> | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 392(a) | NC | | - outside dumpster lid is not closed. | 11/15/24 |
| 439(a) | C | | - over the counter drugs and meds are being stored on a kitchen shelf with food items | NEXT inspect. |
| (2) (A) | | | | |
| 431 | NC | | - window sill and wall are soiled in the prep kitchen | |
| 431 | NC | | - Floor areas in the kitchen under the equipment are soiled. Fryers, stove and 2-door prep cooler | 11/20/24 |
| 324 | NC | | - The ice machine and the ice bin/ soda drains improperly extend into the drain (no air gap, minimum 1 inch) | |
| 295 | NC | | - The knife holder is soiled. | |
| 295 | NC | | - the beer cooler in the basement is soiled. | |
| 295 | NC | | - freezer handles and light switch plate is soiled | |
| 431 | NC | | - The floor and shelving are soiled at the waitress station. | |

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| Received by (name and title printed): <i>Scott Bennett</i> | Inspected by (name and title printed): <i>Terry B. Bayless</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



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Betsy 12/19

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>Center Curve ES</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>11/20/24</i> | ID# <i>408</i> |
| Establishment address <i>2455 S Morgan town rd</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>—</i> | Release Date |
| Owner <i>Greenwood, Ind 46143</i> | | Summary of Violations: <i>C 0 NC 0 R</i> | |
| Owner address <i>Center Curve Community School Corp.</i> | | Menu Type (See back of page) <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i> | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler <i>Courtney Lawson 9/8/27.</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 violation during inspection</i> | |
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| Received by (name and title printed): <i>Courtney Lawson</i> | Inspected by (name and title printed): <i>Paul Betsu EHS</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



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*Betsy
12/19*

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| | | | |
|--|--|---|-------------------|
| Establishment name <i>Center Grove M-S Central</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>11/20/24</i> | ID# <i>406</i> |
| Establishment address <i>4900 W. Stones Crossing 46143</i> | Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date |
| Owner | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </u> | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u> | |
| Responsible person's email | | | |
| Certified food handler <i>Jennifer Smit</i> <i>11/29/27</i> | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| | | | <i>inner top of Remachine needs cleaning</i> | |
| | | | <i>NO violations during inspection. Thank you!!</i> | |
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| Received by (name and title printed): <i>Jennifer Herrington Manager</i> | Inspected by (name and title printed): <i>Paul Beticu EHS</i> |
| Received by (signature): <i>Jennifer Herrington</i> Manager | Inspected by (signature): <i>Paul Beticu</i> |
| cc: | cc: |



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Betsy
12/19

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| | | | |
|--|--|---|-------------------|
| Establishment name <i>Center Grove H S</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>11/20/24</i> | ID# <i>407</i> |
| Establishment address <i>2717 S. Morgantown rd.</i> | Purpose: <u>1. Routine</u> | Follow-up <i>→</i> | Release Date |
| Owner | 2. Follow-up | Summary of Violations: | |
| Owner address | 3. Complaint | C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/> | |
| Person in charge | 4. Pre-Operational | Menu Type (See back of page) | |
| Responsible person's email | 5. Temporary | 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| Certified food handler <i>Alicia Snyder 12/2/27</i> | 6. HACCP | | |
| | 7. Other (list) | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| | | | <i>please clean inner top of ice machine in the restroom</i> | |
| | | | <i>Mechanical ventilation works great</i> | |
| | | | <i>please make sure quat test strip (sanitizer) is at 250-300ppm.</i> | |
| | | | <i>① Quaternary sanitizer is at 200ppm 11/20 - 10:20 & 11:00am</i> | |

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| Received by (name and title printed): <i>Alicia Snyder, Manager</i> | Inspected by (name and title printed): <i>Paul Betiku EHS</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



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*Beta
1212*

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| | | | | |
|---|--|--|--|--------------------------------|
| Establishment name <i>Edinburgh Middle/High School</i> | | Telephone Number () Establishment () Owner | Date of Inspection <i>11-25-24</i> | ID# <i>397</i> |
| Establishment address <i>300 S. Keeley St.</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>12-5-24</i> |
| Owner | | | Summary of Violations: <i>C</i> <u>0</u> <i>NC</i> <u>0</u> <i>R</i> <u>0</u> | |
| Owner address | | | Menu Type (See back of page) <i>1</i> <u>2</u> <i>3</i> <u>4</u> <i>5</i> | |
| Person in charge | | | | |
| Responsible person's email | | | | |
| Certified food handler <i>Melissa Hollenbeck exp. 1-9-28</i> | | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|------------------------|--------------------|
| | | | <i>Nothing to Note</i> | |
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| Received by (name and title printed): <i>Missy Hollenbeck Cafe Manager</i> | Inspected by (name and title printed): <i>Caleb Fleener</i> |
| Received by (signature): <i>Missy Hollenbeck</i> | Inspected by (signature): <i>Caleb Fleener</i> |
| cc: | cc: |



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INSPECTION REPORT

JOHNSON COUNTY HEALTH DEPARTMENT
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Bottom 12/2

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>Eastside Elementary School</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>11-25-24</i> | ID# <i>604</i> |
| Establishment address <i>810 E Main Cross St</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>12-5-24</i> |
| Owner | | Summary of Violations: | |
| Owner address | | C <i>φ</i> NC <i>φ</i> R <i>φ</i> | |
| Person in charge | | Menu Type (See back of page) | |
| Responsible person's email | | 1 ___ 2 <i>X</i> 3 ___ 4 ___ 5 ___ | |
| Certified food handler <i>Lacy Trimpe servsafe exp. 7-17-29</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>Nothing to Note</i> | |
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| Received by (name and title printed): <i>Paula Weber manager</i> | Inspected by (name and title printed): <i>Caleb Fleener</i> |
| Received by (signature): <i>Paula Weber</i> | Inspected by (signature): <i>Caleb Fleener</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 11/20/24

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>Indian Creek Elementary / Intermediate School</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>11-18-24</i> | ID# <i>678</i> |
| Establishment address <i>1000 S. Indian Creek Dr.</i> | 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 <i>—</i> | Release Date <i>11-28-24</i> |
| Owner | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>—</u> | |
| Owner address | | Menu Type (See back of page) 1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u> | |
| Person in charge <i>Chandra Murtlow</i> | | | |
| Responsible person's email | | | |
| Certified food handler <i>Chandra Murtlow (See safe exp) 5/16/27</i> | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| | | | <i>No violations observed</i> | |
| | | | <i>Note: sanitization process on dish machine not functioning. Manual sanitization & single use items in use</i> | |
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| Received by (name and title printed): <i>Chandra Murtlow</i> | Inspected by (name and title printed): <i>Mia Papageorge, EHS</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

Before 12/19

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>Maple Grove E-S</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>11/20/24</i> | ID# <i>409</i> |
| Establishment address <i>3623 N. Whiteland ^{Burgersville} Ind 46106</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>Center Grove ^{Community} Elementary School Corp.</i> | | Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/> | |
| Owner address | | Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler <i>Melissa Olivencia 9/7/26</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>please clean the inner top of ice-machine</i> | |
| | | | <i>No violation during inspection.</i> | |
| | | | <i>Thank you!!</i> | |
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| Received by (name and title printed): <i>Melissa Olivencia</i> | Inspected by (name and title printed): <i>Paul Betrou EHS</i> |
| Received by (signature): <i>Melissa Olivencia</i> | Inspected by (signature): <i>Paul Betrou</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
12/19

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>Walnut Grove ES</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>11/20/24</i> | ID# <i>2286</i> |
| Establishment address <i>4029 N 500 W Bangersville, IN 46106</i> | Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) | Follow-up | Release Date |
| Owner | | Summary of Violations: <i>C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R</i> | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___ | |
| Responsible person's email | | | |
| Certified food handler | | | |

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

| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---------------------------------------|--------------------|
| | | | <i>No violation during inspection</i> | |
| | | | <i>thank you!</i> | |
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| Received by (name and title printed): <i>TERESA MITCHELL</i> | Inspected by (name and title printed): <i>Paul Beticus Ets</i> |
| Received by (signature): <i>Teresa Mitchell</i> | Inspected by (signature): <i>Paul Beticus</i> |
| cc: | cc: |