

JOHNSON COUNTY HEALTH DEPARTME

95 S DRAKE RD FRANKLIN, IN 46131

PHONE: 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						
Establishment name				Telephone Number	Date of Inspection	ID#
3 Ag	aves	//	Mexican Grill + Bar	() Establishment	1 12 12 21	1 3/15
Establishme	nt addres	S		() Owner	12-17-21	1 2610
11 Ded	anati	00	Dr. Greenwood, IN 46143	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	YES 12.	-27-24
Franc	risco (Sa	rcia Lopez	2. Follow-up	Summary of Violat	ions:
Owner addr	ess	au	The Page 1	3. Complaint	1	
514 1	awna	ta la	e Dr. Plainfield, IN 46168	4. Pre-Operational		
Person in ch		1001		5. Temporary	C \ NC	1 R
^	,	1	Tunks many	6. HACCP	140	
Responsible	person's	emai	Eventes-manager	7. Other (list)	Menu Type (See l	pack of page)
			neson@hotmail.com	7. Other (usi)	Mena Type (See 8	nucle of puge)
Certified for	od handle	r	1050. 20 1011 1000		1 2 3	1 V) 5
					123	_43
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
173	C	R	-raw marinated chick	enstoredabove	raw	12-17-24
	74 100	-4	marinated peef in	n two door coo		PARTICIPATE TO
	-81 -158	2011	-raw whole beef store	dabove heads	oflettuce	
			in walk-in coole		40	
239	NC	R	Knife stored incorre	ctly in between	the wall &	
			Prescrape Sink			
431	NC	R	floor in kitchen is	sorted		
70	- 1 -	10	· Stagnant Water		2 1 1	
324	NC	R-	7	ection under:		45
007	NIC		drain pipe under ?			
297	NC		coca cda soda nozzl		1 1	ł d
1-1-4	NC		the floor in a bu		he bar on	
295	No		Walk-in cooler for	ans dustu		
1130	NC			CIB COST	etal entrance	
	7.40		not connected to t	-loor, distinult	to clean	
255	NC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mometer not	functioning	
295	NC		inside top of ice v	nachine soile		
Received by	(name and	title	printed):	Inspec	ted by (name and title printed	
	(100	sting topites	///	11a Papagi	eorge, EHS
Received by (signature) Inspected by (signature)						
received by	1	V / 1			1// 1 10 1	
Received by	0	C			Mus	2

NARRATIVE REPORT

Establishment Nam		Inspection Date
3 Agave	11 Declaration Dr. Green wood	12-17-24
Section# C/NC R	REMARKS	TO BE CORRECTED BY
	Notes:	
	(1) 3 bay sink not being properly used	
	- utensils soaking in bleach solution	
	in bucket on the floor	
	2) Sanitizer bucket near drink station	
	@ Oppm chlorine & quat	
	Batew flies observed	
	(4) plastic bag used to scoop raw	
	Foods (moath shrimp) onto grill-	OP
 		ping
	Oback door does not fully close	
	(6) back door does not fully close (a) ice machine exterior vents dusty	
	(8) strong odor in kitchen	
	DISTITUTE COUNTY IN FITCHEN	
 		
		
		
Received By (Name & 7	1/1/2/20 = +110	Page <u>2</u> of <u>2</u>
State Form 48621 (R2 / 8-6		



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

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

Establishment address	etlen Dr. Groenvood	Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# 12-5-74 2656 Follow-up Release Date 12- 5-74 Summary of Violations: CNCR	
Certified food handler CRITICAL ITEMS ARE	Aimer exp. 11-25-28 IDENTIFIED IN THE CHECKLIST AND NARRAY		Menu Type (See bac	45
Section # C/NC	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative		'o Be Corrected by
	at time o			
Received by (name and to Received by (signature):	tle printed):		ted by (name and title printed): Let b Hener ted by (signature): M Florm	
cc:	cc:	cc:	- Way	



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 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. Telephone Number Date of Inspection Establishment name ID# AFC Sushi@Kroger #864T Establishment address) Establishment 12-19-24 2301) Owner 2200 Independence Dr. Greenwood Purpose: Follow-up Release Date 1. Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational $_{\rm C}$ $_{\rm NC}$ $_{\rm NC}$ 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler Sew Saye exp 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 observed Received by (name and title printed): Inspected by (name and title printed):



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

PHONE: 317-346-4365 FAX:317-736-5264

Establishme	nt name		#	Telephone Number	Date of Inspection	ID#	
Am	e RI	CF	TW LEGION POST 305	() Establishment	12/26/24	103	
Establishmer	nt addres	SS		() Owner	10/010/01	103	
1200	9 P	MA	K ANG FRANKLIA, IN	Purpose:	Follow-up Release I	Date 1	
Owner	- 1			1. Routine	1/5/24		
An	VAI	CK	IN LOGION	2. Follow-up	Summary of Violation		
Owner addre				3. Complaint			
Person in ch	2400			4. Pre-Operational	c_O_Nc_2		
		R	PATTERY	5. Temporary	CNC	R	
Responsible		_		6. HACCP		1 ()	
Responsible	person s	emai		7. Other (list)	Menu Type (See bac	ck of page)	
Certified foo	d handle	er.	1900 100 50		((1)		
Jod'	TO	Bel	ASLEY (SERWAFE & BASAY)		1_2_3_00	45	
		100	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "	R"	
Section #	C/NC	R		Narrative	Т	o Be Corrected by	
411	K	×	OILIGHT OUT ON	EXHAUST HOOD		1/2/25	
			(The second secon			
431	NI	处	EVHAUST COMER COUS	s ROSTROOM - C	TRING	12 131	
			EVAMAUST COUR (dus	TY/NOT CLEAN)			
				*			
				/			
			The state of the s				
Received by	(name and	l title j	brinted):	Inspected	by (name and title printed):	THS	
Received by	(signature):	Densing	Inspected	by (signature):		
- 0	2/1		Bensley	Bal	Smoo		
cc:			cc: 0	cc:			



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

PHONE: 317-346-4365 FAX:317-736-5264

Establishme	nt name			Telephone Number	Date of Inspection	ID#
Wii.	5 Pa	M	ake House, LC	() Establishment	12/2/21	2262
Establishme	nt addres	S	, SteE Greenwood	() Owner	12/3/24	2303
2150	Inde	Olvi	dence Dr IN 46/43	Purpose:	Follow-up Release	Date /
Owner	/		2	1. Routine	1/5 /2	113/24
m	AAA.	14	to Cuenca	2. Follow-up	Summary of Violati	ons:
Owner addr	ess	-		3. Complaint		
				4. Pre-Operational	0	/
Person in ch	arge		T 30 mm	5. Temporary	CNC	6R
101	· C,		na n	6. HACCP	1015, 6-10-3	ar read
Responsible	person's	emai	Edu Cola)	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handle	r	(Exp 11/27/28)		123/	_45
• CRITICAL	ITEMS AI	DE ID	ENTIFIED IN THE CHECKLIST AND NAKRATIV	E COLLIMNS MARKED "C"		
			ENTIFIED IN THE CHECKLIST AND NARRATIV. ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	s "R"
Section #		_		Narrative		To Be Corrected by
430	NC	V	BACK Retchen)	allow door	,	3/3/25
1.50	gara :	26	and door	erable in	U	///
-6 E = 107	भाग धव	25 34	severe diste	pair	THE REAL PROPERTY.	7,
346	NC	-	no hand soap	dispensed 1	Krom	12/3/24
			bar area and	kitchen	hand	///
		,	sirky,		1	· <i>L</i> ,
411	NC	~	Kitchen overhea	ed lights (so)	me) not	12/23/24
010	. 10		geralle.	1 - 1 1 Pol 1 Pol 1	a- t	1/3/25
218	NC		DI Harrace, ON IT	Jaxx Cora che	linkon	1/5/23
			The Same by to	Combota) is	nation)	
	The State of		Palliament Conti	in don't	10100	
			Dithat pal 10	lit /tonn	July	1. ,
324	NC		Center neck	nea of the	left	12/8/24
	1		side facility a	ish sink	not	///
			Capped plugged			41
410	NC		one baselos	not shields	in	12/6/74
			pitchen mechan	ucal exhaust	system	111
D : 11	<u> </u>	1 ::1		Tr	d by (name and title printed)	
Received by	vour	17	CLIEN ING	And	drew Mill	er, EHS
Received by	(signature):	^		d by (signature):	15
rel	1000	00		W	idrew Mill	en
cc: /			cc:	cc:		

LTC#2648

የፈትላ NARRATIVE REPORT

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Establishi	nent N	am	;	Address	Inspection Date
BRYP	now	7	INN	alaa Houday In Franklat	AN 12/20/3
Section#	C/NC	R		REMARKS	TO BE CORRECTED BY
	-		JOHNSON COUNT 95 S DRAKE RD FRANKLIN, IN 461	I31	
392 394	NC	1 1 1		an ground in dumpster	12/02/04
256	WC	×	SMELL PEFRIG WHICH MILK NOT SOON	STURD - THERMOMETER	12/83
257	NLZ	آو	metal Stom	PRUBLITIPE THERMOMETER 0-220°F OR DIGITAL ROUNDED	12/24
291	mc	B		est streps not seen	12/24
295		2		RISURATOR - DOOR GRSKETS	12/23
a 18	NS.	7	NOT CLEAN,	SHELF COATENG IS WORN	- 1/10/25
438	C	. 10	SPRAY BUTT	re of cleanur not labels	12/22
256	NC.	5	NOT SEEN	PRIGHT FROMER -THERMOM	
431	ac s		FLOOR NOT	CUAN IN BACK ROOM	19/97
Received B	, (Nome	Ω Τ	(a)	Inapported Du /Norma 9 Titles	
Bill Coch	اربوس المرهم		Bill beling	Bob Smith Bol Smo est	Page <u>1</u> of <u>1</u>

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

PHONE: 317-346-4365 FAX:317-736-5264

Establishmer		4		Telephone Number	Date of Inspection	ID#
Bo	B	EV	"Ans	() Establishment	12/20/24	
Establishmer	nt addres	S		() Owner	12/20/29	0157
900	N	M	IORTON ST. FRANKEN, IN	Purpose:	Follow-up Release	Date
Owner				1. Routine		30/24
				2. Follow-up	Summary of Violati	
Owner addre	ess			3. Complaint	•	
				4. Pre-Operational		
Person in ch	roe			•	c_O_NC_7	7 p
i Cison in chi	JECO	In!	Book	5. Temporary	CNC	K
Responsible	nerson's	email	560	6. HACCP	Mana Tana (Cook	sob of page)
Responsible	persons	CIIIAII	en authorities in Charles and Charles	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle		BOOK (SERVSARE)		123	5
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
• VIOLATION	S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC	×	FLOOR on MICHS	OF K+TCHER	WAIT	.) ,
	diera	'	STATION NOT CLER		WALL,	12/26/14
			under Equipmo	NT		
		•	55.053206.00.00.00.00.00.00.00.00.00.00.00.00.0			120
411	MC	×		reas OF WAZK-1		12/30
200	NC	*	LEGHT OUT ON	EXHAUST HOO		12/30
295	nc	4		ce AN DUS EDY	PREFRIGER	EATION
-5-71				ren	0	10/08
324	NC.	×	WATER LOAKING ON		C	12/30
220	10	_		ISHMACHANO	OFF	12/22
239	nc	~	SOME DISHRACKS	NOT STORE	10-1-	12/23
			FLUOR			
431	NC	>	RESTROOM COTLIN	19 EXHAUST	COLLORS	12/26
131	100	~	NOT CLEAN	7 62 114037	Covers	10/00
			TO CLETTIO			
1	2		MECHANICAZ dISHMA	CHOM HOT WITH	20	
(no			SANITIZATION TEM		SUPTE	OK)
			160 FON PLAT	OUTONSEL SUN		
Received by	(name and	title j			ed by (pame and title printed)	745
Received by	(signature	1:1.5	Pale		d by (signature):	one land
* TH	ac	W8	W Beak	(8)	al Imil)
cc:			cc:	cc:		



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

						·
Establishme			100	Telephone Number	Date of Inspection	ID#
Cell	ars	,	Market	() Establishment	12/27/24	2677
Establishme	nt addres	SS	Bargersville	() Owner	19/9/194	20.7
100 V	1.13	ald	win St. Bargersville	Purpose:	Follow-up Release	e Dațe
				1. Routine	No 1/	6/25
Nathan H.				2. Follow-up	Summary of Violati	ons:
Owner address				3. Complaint		
				4. Pre-Operational		,
Person in ch	arge	_		5. Temporary	C_O_NC_	(R
FC				6. HACCP		The Real
Responsible		emai	La pie a partido en el como en el	7. Other (list)	Menu Type (See b	ack of page)
	•			1		71.87
Certified foo		r	C		1 2 3 V	4 5
Fra'	nK	L	<i>e</i> Santis			
Con Control Market Market			ENTIFIED IN THE CHECKLIST AND NARRATIV			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	
Section #		R	7 . 7	Narrative	0 1	To Be Corrected by
404	NC		cove vase of	f wall be	lau	1/8/25
1121	110		tivele bay	un below	three	12/28/24
431	NC	-	1000	The relation	unde	12/20/27
218	NC		Side Ali Costtono) broker or	2)	1/18/25
2.0	100		Shelf (bottom	Pitch and	nnog	1/1/-
			My Sink			
228	NC	V	Trise three do	on cooler n	not	1/27/25
			easily morable	in bakery	area	
430	NC	√			le under	}
				nine		
228	NC	~	Beverage air	soler upsta		
			var area no		wasle	
			Note: Could not	verify air		
			on bakery ""dish	machine	gap	
			Toronto Company	rigacionales		
						ş
Received by	(name and	d title	printed):	Inspecte	d by (name and title printed)	: -10
	ank	1) e Jants	An	arew MIII	er EHS
Received by	(signature				d by (signature):	Millon
)	_			ndrew /	ruller
cc:			cc:	cc:		



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

PHONE: 317-346-4365 FAX:317-736-5264

Establishm	ent Sani	tatio	n Requirements. The time limit for correction	on of each violation is specified	in the narrative portion	of this report.
Establishmer Establishmer	200	y	's Philly Steak	Telephone Number () Establishment () Owner	Date of Inspection	10#
125/	US	3	N Greenwood,	Purpose:	Follow-up Release	e Date
Owner			C	1. Routine	No 12	127/24
HIV	nnc	1	Suh	2. Follow-up	Summary of Violati	ions:
Owner addre	ess)		3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	2 R
	ana		Suh	6. HACCP		
Responsible		emai	(AESC E.O.)	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	-	n	gel 9/8/27		123_	_45
• CRITICAL	-	ALC: NO.	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	er authoritation survey course transmission and account	
• VIOLATION	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative ,		To Be Corrected by
433	NC	V	alet mos no	it hung	up to	Corrected
000		17	and dry		/ / / / / /	+
295	NC		inside top	of ice m	raker	12/20/24
334	1		Sollar t	25.2 + 2.22	· Pacha	12/27/2
224	4		and airli agent	Play 10d	2 station	1) 12/21/29
			are are gups	1 Joe sour	c stateor	7
			notes: Bevera	al lines	need	
			secured off 0	floor un	der	1
			front line us	e bin		
	THE .		0			
and .		er l		Charles and the		nutro ni
	24.7					
		-				
	-				COMPULATION CONTRACTOR	
Received by	(name and	l title		Inspect	ed by (name and title printed)	Her. EHS
Received by):	Suh	Inspect	ed by (signature):	111/1
ĺ	IAA	^			nareu M	Wellow)
cc:	W	-	cc:	cc:	, , , , , , , ,	



JOHNSON COUNTY HEALTH DEPARTMENT V
95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

Establishmen	t name		Salphur Dani Prima 1 xmae	Telephone Number	Date of Inspection ID#
(nu	aa	0	S	() Establishme	nt 12/2/2 1594
Establishmen	t addres	2	Ste A Greenwood, IN 46142	() Owner	12/2/24 1307
1200	09	-	1 11 1 46142	Purpose:	Follow-up Release Date
Owner	Cal	1/0		1. Routine	Ves 12/12/24
JOYI	CD	110		2. Follow-up	Summary of Violations:
Owner addres	ss			3. Complaint	,
				4. Pre-Operationa	1 0 7
Person in cha	rge)	1	5. Temporary	c <u>0</u> nc 7 r
NIC	6 4	0	ae -	6. HACCP	
Responsible p	erson's	emai	an ageneral in a rash at 1.679	7. Other (list)	Menu Type (See back of page)
			activity of the second	rui	
Certified food	l handle	r			123/45
CRITICAL IT	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	
• VIOLATION(S	S) REPEAT	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS	" AND IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
431	NC	/	Floor drains s	piled i	inder, 12/25/24
	178	KKT.	mechanical di	sh ma	chine //
Patrice .		27111	one bruy sink		1
431	NC	(Ocelling tills.	solledi	N dish 12/25/24
			area o	222 - 1	+ 1 1 1 1 1
		(2) rufill behing	mobile	stainless 12/12/24
			stell work tal	de la 1	leavely"
		-	Allea I A OI D	1 indo	L)
			mochanical	a sural	chinal
			and behind on	20/01/00	roses tables I.
		(A) TIL OOD ILT OF	100d lie	hind 12/12/24
			shell alrove.	bass of	brase mix, 4;
218	NC		Two wit w	all s	helving 12/25/24
			on clean side	of me	chanidal 1
1.			dish unit are	rust	es.
295	NC		@ Exterior of	the	Howart 12/3/24
			thoor mixer	UIA SO	read /1
D i 11 (<i>(</i>	1 4:41-	(2) Wall shell	ung a	Inspected by (name and title printed):
Received by (name and	KY-		y a see see	Andrew Miler, EN
Received by ((signature)):	Euren 1]	inspected by (signature):
cc:		•	cc:		cc:
6	/		U		2

NARRATIVE REPORT Address Inspection Date Establishment Name 1280 US TO BE CORRECTED BY C/NC R **REMARKS** Section# Received By (Name & Title) Inspected By (Name & Title)/ Page ______

State Form 48621 (R2 / 8-05)



cc:

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

PHONE: 317-346-4365 FAX:317-736-5264

V

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. Date of Inspection Establishment name Telephone Number) Establishment 12-23-24 2807) Owner Purpose: Follow-up Release Date 1. Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational Person in charge 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" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC To Be Corrected by Narrative Received by (name and title printed): Inspected by (name and title printed): Paglorae. Received by (signature):

LIC# 686

NARRATIVE REPORT

(0)C/(2)NCV

Establish		121 2105 E KING FRANKLIN IN	Inspection Date
Section#	C/NC	REMARKS	TO BE CORRECTED BY
		JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
35/	NC	IN PESTROOM NOT PROVIDED	12/28/24
256		THERMOMETER NOT SERVE IN SMALL CHOST PRETER IN STOCK HOLH	12/38
Received B		Inspected By (Name & Title) Bob SmITH Bul SmITH EHS	Page 1 of 1



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 Be/m/

Establishme					Telephone Number	Date of Inspection	ID#
Circlesc					() Establishment	13/13/2	4 1694
Establishme	ent addres	S			() Owner	713/2	4
99	39	U-8.	31		Purpose:	Follow-up Rele	ase Date
Owner		-	ukite lupe	1 - 1 1 1	1. Routine		
				WAN C	2. Follow-up	Summary of Vio	ations:
Owner addr	ess				3. Complaint		
					4. Pre-Operational		
Person in ch	narge				5. Temporary	C O NC	5 R
					6. HACCP		
Responsible	person's	email	aller de la		7. Other (list)	Menu Type (Se	e back of page)
					and with an arms	againet a sumplement	77.87
Certified for	od handle	r				1 2 1/ 3	45
					ATIVE COLUMNS MARKED "C"		
		_	OM PREVIOUS INSPECT	IONS ARE DENOTED II	N THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELO	
Section #	,	R	-1		Narrative		To Be Corrected by
216	N		The		wave over	7-3	Next
431	Ne	2210		ted all	of worn	1-:	inspect
721	100		Stora	Floor 15	10 Horas	BUX	
			2/0/6	90 17	18/12/20		
295	Ne		Prink e	tispensel	shelf is 5	201/00/	
	-						
			*				
					Samuel Commence	and the second	I was a second
				Market Control		The amount of the state	Na and Control
					the form of the last of the la		TOTAL TOTAL
				-			428
							1000000
D : 11	,		Th.				
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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

Establishment name Cliffs Bar + Grill				Telephone Number () Establishmer		ID#		
Establishment address Cross Edinburgh, IN				() Owner	12/31/24	2597		
113 E. Main St. 46/24				Purpose:	Follow-up Releas	e Date		
Owner			1 2 1 2 1	1. Routine	- /	0/25		
Mike + Lynn Patton Owner address				2. Follow-up	Summary of Violat			
Owner addı	ess	0		3. Complaint				
			=	4. Pre-Operational				
Person in charge				5. Temporary	C_1_NC_	C_1_NC_14_R		
Meat	ther	(idkins	6. HACCP	1954 2017 100 12			
Responsible	person's	emai	Programme and the second of the second	7. Other (list)	Menu Type (See l	Menu Type (See back of page)		
C .: C . 1 C	11 11		AND COMMERCED OF THE PROPERTY OF		_			
Certified for			leddle		123✓	_45		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
 VIOLATION 	I(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW	S "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
218	NC	V	O Interior shelving	for bar o	one door	2/1/25		
	ARE THE		cooler is rusty.			11		
1.4	185.1	/	OInterior shelving f	for walk-in-	-cooler			
			is rusty	1				
399	NC	~	Bar floor is worn/damaged 2/1/25 Flat top grill is missing the temperature 1/15/2 control Knobs					
218	NC	~	Flat top grill is	missing th	e temperati	re 1/15/25		
2.2.0		-						
228				are	2/1/25			
1			not easily movable			1/10/25		
324	≢ C	~	The following lacker	ed an air	gap	1/10/25		
		100	1) Bar three bay	SINK	<u>alest</u>	LINESPER L		
291	NC	~		otility ro	8M	1/3/25		
199		V	No Quat test strips provided 1/3/25 The following items were thawing at 12/31/24					
[-1]	199 NC V The following items were thawing at 12/31/24 room temperature in the back storage room:					12/31/24		
			0 0	ings	Storage redi			
			@ Raw hamburger	O .				
			3 Cooked taco me					
352	NC	V			self-clasing	1/10/25		
Received by	(name and	d title	printed):	It	ispected by (name and title printed)			
Leather Adkins				1 4 2 2 1 1 1 1 2	Andrew Miller, E	HS		
Received by (signature):				Iı	rspected by (signature):			
Leather Coltins					indrew Miller)		
cc:			cc:		andrewmiller@co.jo	hnson-in-us		
					0	Page 1 of 2		

NARRATIVE REPORT

Establish				Inspection Date
l Clif	hs B	ar	+ Grill 113 E. Main Cross St. IN 46124	12/31/24
Section#	~			TO BE CORRECTED BY
399	NC	~	East interior brick wall in women's	1/10/25
		Ш	restroom is not smooth and easily	/ /
			cleanable	<u>L</u> .
218	NC	4	OUpright beer cooler is missing two fan	2/1/25
			covers	
		1	2) Walk-in-cooler door gasket is torn	
112	NC	7	Some storage room refrigeration units	5/2/25
_			are not NSF/ANSI approved.	2/15
399	NC		Ceiling tiles in back storage room	2/1/25
		Н	are missing/worn.	1/10/05
430	NC	Н	Men's restroom door rubs the door	1/10/25
			frame.	1/2/25
216	NC		Cardboard is used as shelving liners	1 72/23
			Bar ice mark bin contains a drain	1/10/25
403	NC	\vdash	Bat ice mak bin contains a drain	Condensate
_		Н	line that extends horizontally along the	
		H	floor and in front of the keg cooler	pump to floordrain
	 	-	to a floor drain	3 (700)
	 		NOTE: At time of inspection, the firm	ASAP
-			was storing cut lettuce shredded cheese,	Table top
			cut tomatoes, and sour cream at room	cold Unit
-			temperature (at the bar). These items shall	etc. or
			be maintained under mechanical refrigeration	small make
	-		and/or under proper cold holding techniques	prep table
			NOTE: Numerous "ropeat" violations.	
		<u> </u>	·	
			NOTE: Floor is worn near pool table	
			/	
		<u> </u>		
	ļ	_		
		_		
		\vdash		
		├		
		 		
B) (b.) =		Man And De Alexander And Andrews	
Received B	y (Name √	e & I	Inspected By (Name & Title) Andrew Miller, EHS	Page 2 of 2
DUNKAS	ML	1	(lever 1 Charen Miller, EH)	



JOHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

			this day, the item(s) noted belown Requirements. The time limit				n of this report.	
Establishmer	OFFR	20,	House FLOW	Tel (ephone Number Establishment	Date of Inspection	ID#	
Establishme	nt address	s Oal	MPM ST COM MI	()	Owner			
HI W MONROE ST. FRANKLINI IN					Follow-up Release	se Date 3 / 2 5		
Owner					outine			
0 11					ollow-up	Summary of Viola	nons:	
Owner addr	ess			•	omplaint			
					re-Operational		1	
Person in ch	^ -	-	A Hughes		emporary	C_O_NCR		
Responsible	HRI				ACCP	Menu Type (See back of page)		
Responsible	persons	eman	See less of	7. 0	7. Other (list)			
Certified food handler BRIN PENES					13	45		
	9-4		ENTIFIED IN THE CHECKLIST AN	D NARRATIVE COLUM	NS MARKED "C"			
• VIOLATION	(S) REPEAT	TED F	ROM PREVIOUS INSPECTIONS ARE DE	NOTED IN THE "SUMMA	RY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrati			To Be Corrected by	
255	IVC		THERMOMETE AN DUWNSTA	R NOT A	CCURATE	(BROKEN)	12/18/14	
			AN DOWNSTA	IRS UP	RIGHT 6	-razer		
			COGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG					
			/					
							1	
	T.E.					to the second	-	
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Received by	(name and TUO	title	printed): +UGNO S	, fa a n	Inspec	Bob Smit	DY ETYS	
Received by	(signature) WU	N	unes		Inspec	eted by (signature): BM Sm	D	
cc:			О сс:		cc:			



JOHNSON COUNTY HEALTH DEPARTMENT

FRANKLIN, IN 46131

PHONE: 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. Date of Inspection Establishment name Telephone Number) Establishment 1393) Owner 5020 N State Rd 135 Purpose: Follow-up Release Date 1. Routine 1-6-25 Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational $C = \frac{O}{NC} / R = 0$ Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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 R To Be Corrected by NOTE: Observed many dead fly like insects

Received by (name and title printed):		Inspected by (name and title printed);
Mary McIntyre (Sperations Manager	Caleb Pleener/
Received by (signature):		Inspected by (signature):
on very om 1	Total	Call Dann
cc:	cc:	Hay for Stews
		Page 1 of/