

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

| Establishmen | | , | 0 . | Telephone Number | Date of Inspection | ID# |
|---------------|------------|---------|---|-------------------------|--------------------------------------|--|
| Sabi | | | roll | () Establishme | ent 12 2 311 | 2830 |
| Establishmer | | | | () Owner | 12-3-24 | 2829 |
| 8941 | US HW | JY 3 | 31 N Greenwood, IN 46142 | Purpose: | Follow-up Releas | e Date |
| Owner | | | | 1. Routine | YES 12- | 13-24 |
| Ravir | nder | · K | aurShokar | 2. Follow-up | Summary of Violat | ions: |
| Owner addre | ess | | | 3. Complaint | | |
| 106 Ki | nnic | k- | Dr. Greenwood, IN 46143 | 4. Pre-Operations | al | - 2 |
| Person in cha | arge | 7 17 | il ma | 5. Temporary | $c_{\text{NC}} = \frac{5}{2}$ | |
| Haria | p DV | rill | M | 6. HACCP | at 11 | |
| Responsible | person's | emai | e la mal no di montre di ani. Il | 7. Other (list) | Menu Type (See & | pack of page) |
| | | | @ gmail.com | | all high | |
| Certified foo | d handle | r | | | 123_× | 9_45 |
| • CRITICAL I | ITEMS AI | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIVI | E COLUMNS MARKED "C" | | Allayer |
| • VIOLATION | (S) REPEA | TED F | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI | E "SUMMARY OF VIOLATION | S" AND IN THE NARRATIVE BELOW A | CONTRACTOR DESCRIPTION OF THE PARTY OF THE P |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| 191 | C | R | ready to eatfords in | reach-in 4 | walk-in cooler | 12/3 |
| | o to-tetti | esk. | units observed with | | | |
| TA CALOUE | | _ | (cooked & prepared v | | | 1- 1- |
| 187 | C | | hot held sambar @ 100 | | 7°F, paner | 12/3 |
| | | | @47°Fshall be 135°F | | 20.1. 7.01 | |
| | | | ecold held pancer @ 47° | | | 0.00 |
| 415 | C | | - rice recommended - | Provit Elies at | ea to person me | 12/3 |
| 410 | | | in grocery area | FI OII FILES all | onionsibrage | 1600 00 |
| 438 | C | | toxic & poisonous cher | nical spray | bottles not labeled | 12/3 |
| 136 | C | | Opentexposed emi | | | |
| 190 | NC. | P | potatoes just cooked | | | |
| | dd ana | | covered with a lid | | | |
| 177 | NC | R | food stored on flo | | | Tore I |
| | | | back areas of res | taurant (| ooaking chickpea | \$ |
| 1100 | Λ/ο | | agrocery items) | | oci /a in al il l | |
| 430 | NC | - | walk-in freezer ob | | cessive ice build up | |
| 911 | NC | | light out in walk-in | | not functioning | 1 |
| Received by | (name and | d title | no paper towels pro | svicied IVI evy | Inspected by (name and title printed | |
| 1 1 . | San | - 1 | 1 010.3 | ,-> | Mia Papageor | |
| Received by | (signature | : | D == 1 | | Inspected by (signature): | regard to |
| Hu | sanc | 606 | Pitaul | | Makey | |
| cc: | | | cc: | | сс: | |
| | | | | | | |

| Establishment Name | | | | Inspection Date |
|--------------------|-----------------------|----------|--|---------------------------|
| Sabr | iΝ | la | ndi 894 US Hwy 31NGreen wood, IN | 12-3-24 |
| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY |
| | | | Notes: | |
| | | | Drice paddle stored in rice cooker w/ | |
| | | | handle touching rice | |
| | | _ | Dean opener solled | corrected |
| | | | 3) foil covering sides & back of range | |
| | | | top stove | |
| | | Щ | 4) medicine & first and supplies stored | corrected |
| | | _ | W/tood products | |
| | | | 5) single use utensils not stored w/ | |
| | | | handles up | |
| | | | Oself-serve bulk peanuts without | |
| | | 7 | Dishake & drink area observed w/ | |
| | | | items to be used for preparation | |
| | | | - area not approved for use | |
| _ | | | - hand washing sink necessary | |
| | | | Dexpired yogurtdrink Karoune in | |
| | | | _ arocery cooler units | |
| | | | 93 bay sink not set up properly | |
| | | | 12 test strips box tattered & Strip roll | |
| | | | unopened | |
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| Received By | / (Name 人 仏 | | 1 11:1 1 2001 10 +110 | Page <u>2</u> of <u>2</u> |
| State Form 4 | • | | | |



JOHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD FRANKLIN, IN 46131

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

| Establishment name SHALE CREEK PUB | Telephone Number | Date of Inspection | ID# 29 |
|---|---------------------|--------------------------------|--------------------|
| SHALE CREEK PUB Establishment address | () Establishment | 12/20/24 | 1 |
| | () Owner Purpose: | Follow-up Releas | a Data |
| Owner | Routine | 12/ | 30/24 |
| JUSE MARTAGE MURTELO | 2. Follow-up | Summary of Violat | |
| Owner address | 3. Complaint | | |
| | 4. Pre-Operational | | |
| Person in charge — MIKE BAKER | 5. Temporary | CONC | F_R |
| | 6. HACCP | | |
| Responsible person's email | 7. Other (list) | Menu Type (See l | pack of page) |
| Certified food handler | | 1 2 2 | |
| (Jose) | | 1-6-36 | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR TO LITE AND THE CHECKLIST AND THE CHECKLIST AND NAR TO LITE AND THE CHECKLIST AND THE CHECKLIST AND NAR TO LITE AND THE CHECKLIST AND T | | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED Section # C/NC R | Narrative | N THE NARRATIVE BELOW A | To Be Corrected by |
| | CERTOR AND | | 1/10/25 |
| UPRIGHT FREGOR | | INABLO | 111010.5 |
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| 324 ME X MINS RESTRO | em - () HOT WAITHBE | WHTER, | 12/30 |
| (1) cold witter | - NOT NUMBER | / | |
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| Received by (name and title prints): | Inspect (C | ed by (name and title printed) | 5H3 |
| Received by (sightwire): | Inspect | ed by (signature): | |
| сс: | сс: | | |



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

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

| Establishmer | nt address | s OX^{k} | Frenklin | Telephone Number Establishme Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list) | Follow-up Release 12/10/24 Summary of Violati | ions: |
|---------------------------------|------------|---------------|---|---|---|--------------------|
| Certified foo | d handle | r | | | 123 | 45 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE | | S" AND IN THE NARRATIVE BELOW A | S "R" |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| Z95 | NG | | - The cabinets unde | t the dri | Ne dispenser | 12/10/24 |
| | | IĞ. | are very soiled | | 4 / 4 | |
| 2/6 | Ne | | the food warme only 12301 The hot water | er 9+ 135 | held in | next pection |
| 431 | NC | | - The Floor the under Soiled, Rear | | The store | 1 2/10/24 |
| | 80/24/00 | | | | | |
| | | | | | | 1 |
| Received by L Received by | . A | mit | brinted): | | Inspected by (name and title printed Tefty D 4 Inspected by (signature): |): Ex-1 le 55 |
| cc: | | يتسرا | cc: | | cc: Fee | , less |

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

Beton 1 112125

| Establishment | name | zhori | the vertical in | dromence long | Telephone Numbe | er 1 | Date of Inspection | ID# | |
|-------------------------|--|--|-----------------|------------------------------|---|-------------|---|--------------------|--|
| Sin Co | ock- | tails o | n Main | | (317) 652444 | 00 | | | |
| | | | n Main | | (317) 5381-67 | | 12-27-24 | 2796 | |
| 12501 | N. N | Agin St | Groon | 100d 46142 | Purpose: | | Follow-up Releas | e Date | |
| Owner | | | | 101.00 | 1. Routine | | _ - | 7-25 | |
| Richo Owner address | rd | Paune | | | 2. Follow-up | | Summary of Violat | ions: | |
| Owner address | 5 | 3110 | | | 3. Complaint | | | - 4 | |
| | | | | | 4. Pre-Operation | al | Ţ | | |
| Person in char | ge | I. Dheen S | a-data and a | Louis open Tell 12 | 5. Temporary | | | | |
| Person in char Danie | 1. | Slate | Y | | 6. HACCP | | | b abole | |
| Responsible po | erson's e | mail | d to single m | ra or a firm) and | 7. Other (list) | | Menu Type (See l | ack of page) | |
| danslo | ater | 24200 | gmail.co | n | ed mirri | | agist o july ? | , asiond | |
| | handler | | 0 | | | | l2 <u>1</u> 23 | _45 | |
| NIA | | | | | | | | | |
| | | | | | E COLUMNS MARKED "C" E "SUMMARY OF VIOLATION | | HE NARRATIVE BELOW | AS "R" | |
| - | C/NC | - | VIOUS INSPECTIO | | Narrative | 45 AND II T | IL MARKETT L BELOW | To Be Corrected by | |
| 294 | C | inat | Proper V | | | lish o | leaning | 1-1-25 | |
| 299 | | So | nitizatio | observe | mechanical c | 131 | icar III 19 | Metalizi E | |
| 709 90 D. | Ed 714 P | • 3 | bay sink | sanitizer | compartmen | tat O | ppm quat | SOTA MADE | |
| | | ·d | ish mac | hine max- | compartmentemperature | at 99 | .7°F, LIOPPIN | chlorine | |
| 297 | NC | ice | machi | ne soiled | | | - 11 | 1-1-25 | |
| | | 1/ | ofac. (1) | aleanina STI | ray stored w | ith 1 | Lensils | corrected | |
| 204 | | 700 | $(2)_{4}$ | har han | ray stored with | out s | plashavard | | |
| 0.0 | | | \N | ith ice bin | within and | ivea c | of potential | | |
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| | 0.1 | | | d marginal day | at three rec | | 31.1 (1939) 3 (0 | same bridge | |
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| Received by (| | title printed): | 1. Sun | 1ER | | Inspected I | oy (name and title printed a Papages | orge, EHS | |
| Received by (s | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN | The same of the sa | 12 | | | Inspected | (signature): | | |
| cc: | | O | ce: | ē | | cc: | | | |



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

| Establishm | ent Sanii | tatio | n Requirements. The time limit for correction | on of each violation is specif | ied in the narrative por | rtion of this report. |
|---|---------------------------------------|-------|---|--|--------------------------|-----------------------|
| Establishme | | | Don't stock great a few quest mercles with | Telephone Number | Date of Inspection | on ID# |
| Sister | rs K | 616 | ean Restaurant | (317) 300bl spent | 12-27-2 | 24 2893 |
| Establishme | | | 46143 | () Owner | 10 -21 2 | 27 00 10 |
| 916E | Maii | n S | t. Ste 210 Greenwood, IN | Purpose: | Follow-up Re | lease Date |
| Owner | | | | 1. Routine | _ | 1-7-25 |
| Nan | nT | | limchang | 2. Follow-up | Summary of Vi | olations: |
| Owner addre | ess | | 2 C 1 C 1 C 1 C 1 C | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
| Person in ch | arge | - | | 5. Temporary | 10^{-3} No | c_7 |
| Nan | n T | 4 | rimchang | 6. HACCP | | vi |
| Responsible | person's | emai | 11-10-10-10-10-10-10-10-10-10-10-10-10-1 | 7. Other (list) | Menu Type (S | See back of page) |
| (C) | | | amail.com | The States (1865) | Jacoba Zype (s | , ce e s) [8 - / |
| Certified foo | d handle | r | 1:0: 1: | | 1 2 3 | s × 45 |
| (omo | onth | 5- | to receive certification | | | |
| • CRITICAL | ITEMS AR | E ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| | (S) REPEAT | TED F | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | ID IN THE NARRATIVE BEI | |
| Section # | C/NC | R | I | Narrative | 2 | To Be Corrected by |
| 191 | C | | date marking not obs | The second secon | prepared | 12-31-24 |
| 7 - 1 - 1 | | | | in cooler | | |
| 173 | C | | An raw meat store | ed above v | egetables ir | 1 corrected |
| - 17 | | | walk-in cooler | - 111 | | 15 21-24 |
| 216 | NC | | in . | per used thr | | 12-31-24 |
| 501 | NC | | | | a store utens | 1-7-25 |
| 291 | | | / | of provided | 4 | 1-1-23 |
| 257 | NC | | food ther mometer | not provided | []] | |
| | | _ | thermometer not a | | rep, tupio | P |
| 346 | NC | - | | in emplace | e restroon | |
| 234 | NC | | in-use utensils stor | Y | ly in stagr | Total I |
| 201 | 140 | | | seing washed | | North Control |
| | | | 7 | ours or ston | ed in water | r |
| | | | held at 135°FU | | | |
| 174 | NC | | bulk ingredients no | t in original | container | Ţ |
| | | | not labeled near | Kimbap brept | rable | |
| 129 | C | | employees observed n | ot washing | nandsq | 12-27-24 |
| Til. | | | changing aloves | when changing | Hasks | |
| Received by | Received by (name and title printed): | | | | | |
| | 101 | _ | m = 4-m-ent | 1NG 1 | lia tapageo | rge, ETIS |
| Received by | (signature) | / | i as | Insp | pected by (signature):) | 0 |
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| cc: | | | | | | |

| 10 11101111 - 1111 | | | | | | | |
|--|--------------|--------------|--|---------------------------|--|--|--|
| Establish | | | | Inspection Date | | | |
| Sist | 2 (5 | V | Orean Restaurant all E. Main St. Ste 210 Greenwood, IN | 12-27-24 | | | |
| 0131 | <u> </u> | \vdash | OTEMAN DESERVICION OF THE CONTINUE OF THE CONT | | | | |
| Section# | C/NC | R | REMARKS | TO BE | | | |
| | | _ | | CORRECTED BY | | | |
| <u> 295</u> | | | Shelving rusty in walk-incooler | 2-1-25 | | | |
| 294 | C | | Improper manual & mechanical dish cleaning | 12-31-24 | | | |
| | | | Shelving rusty in work-incooler improper manual & mechanical dish cleaning & Sanitization observed | | | | |
| | | | 2 has a sink a fact of the sink and the sink | | | | |
| | | | · 3 bay sink not set up properly to wash, rinse, 4 Sanitize | | | | |
| | | | 4 Samitize | | | | |
| | | | · dish machine showing Oppm chlorine Sanitizer, temp maximum@ 135°F, not 160°F | | | | |
| | | | Sanitizer, temp maximuma, 135°F, not 160°F | | | | |
| | | | , , , , , , , , , , , , , , , , , , , | | | | |
| | | | Notes: Osanitizer bucket concentration | | | | |
| | | | TVOTES OSUMITIZET BOCKET CONCENCION | | | | |
| ,- | | <u> </u> | gruter than 200 ppm, too high | | | | |
| | | | Wesanitizing cloths not stored in | | | | |
| | | | greater than 200 ppm, too high Osanitizing cloths not stored in a sanitizer bucket | | | | |
| | | | 3) sewer like odor coming from | | | | |
| | | | corner of kitchen near | | | | |
| | | | dish machine | | | | |
| | | | (1) , and an labelite holding porial t | | | | |
| | | | (4) worden blocks holding upright thoughts - not easily moveable | | | | |
| | | _ | morphis - not easily moveable | | | | |
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| Received B | y (Name | & T | itle) Inspected By (Name & Title) | Page <u>2</u> of <u>2</u> | | | |
| MIA | hs - | I | YTHI EMANY Mia Papageorge, EHS | 1 age | | | |
| / | 8621 (R2 | 7- | | • | | | |



Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

1

| Establishment name Second | Establishm | nent Sani | tatio | n Requirements. The time limit for correction | on of each violation is specified | in the narrative portion | of this report. |
|--|-------------------------------|------------|-----------|--|-----------------------------------|-----------------------------------|--------------------|
| Sarabishment address Tranklan IN Purpose: Rollow-up Release Date 12 30 24 | Establishme | ent name | WA | W #1319 | | , , , | |
| Owner address Owner | | | | | | 1280124 | 158 |
| 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 - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VIOLATIONS 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 Freedown from the "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by GHTCK RECT) AND FREEDER DV (BHTCK RECT) AND A CORR H31 NC A FLEOR NUT CLEPTU IN APPLIES OF 12 27 BACK RECT RED AND WATK IN FREEDER WHILL COVERY LOSSE DN NOTES OF BICK RECT 3. SUFT OR TOWN STATION Inspected by (summe and title printed): Received by (summe and title | 10 | IW | # | HOAMS SY. 1111 ROSI, IN | Purpose: | Follow-up Release | Date |
| Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VOLATIONS, REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R There must be not seen and the property of the page of the | Owner | | | | Routine | - 121 | 30/24 |
| Person in charge RATCHEL Responsible person's email Certified food handler Certified food handler Certified From Pressor in the Checklist and narrative collumns marked "C" VIOLATIONS, BEPEATED FROM PREVIOUS INSPECTIONS AND DEBROTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R NATITATIVE TO BE Corrected by Section # C/NC R NATITATIVE TO BE Corrected by FRECZEL DY (BATCK READ) WHAT COURTS BACK READ AND WAZE CREATION HAD IN A FLECOR NOT CLEAPN DY ARCHES OF 12/27 WHAT COURTS BACK READ AND WAZE CREATION WHAT COURTS NOT CLEAPN SOFT ORDINK STATION Received by (name and title printal): BACK STATION Inspected by (name and title printal): | | | | | 2. Follow-up | Summary of Violati | ons: |
| Person in charge RATCHEL THARP 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Certified food handler Certifical 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 A BACK REDIN AND SEEL AND A BOOR FREEZER BY (BATK REAN) AND SEEL AND A BOOR HALL WITH FREEZER WHILL WINNING LOOSE DY NOTE CLEATIVE TO HARDS OF 12/27 WHILL WINNING LOOSE DY NOTE SEEL AND SON DIRECTORY 13 NC | Owner addr | ess | | | 3. Complaint | | |
| RESPONSIBLE PERSON'S Email Certified food handler To the Check in the Selection of the "summary of violations" and in the harrative below as "r" To be corrected by Selection for the Company of the Certified food for the Company of the Certified food food food food food food food fo | | | | | 4. Pre-Operational | J ~ 7 | _ |
| RESPONSIBLE PERSON'S Email Certified food handler To the Check in the Selection of the "summary of violations" and in the harrative below as "r" To be corrected by Selection for the Company of the Certified food for the Company of the Certified food food food food food food food fo | | _ | | | 5. Temporary | $_{\rm C}$ $_{\rm NC}$ $_{\rm C}$ | O_R |
| Certified food handler To Be Corrected by food Received Bertaley Section Received by food Received Bertaley Section Received Bertaley Se | RAC | HEL | • | THARP | 6. HACCP | | |
| 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 Section # C/NC R Narrative To Be Corrected by D. S. O. R. No. T. SELIN D. | Responsible | person's | emai | | 7. Other (list) | Menu Type (See b | ack of page) |
| VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R | Certified foo | od handle | r | | | 123_ | 45 |
| Section # C/NC R Nation Nation To Be Corrected by 256 NC Ther mother per Not seen in 2 200 R 12 24 124 FREEZER IN (BIRK RECM) And ITE CREATING CIRST FREEZER H31 NC & FLOOR NUT CLEARN IN ARCHS OF 1227 BACK ROOM AND WAZK-IN FREEZER H31 NC MENS PESTROOM COILING EXTHANST TOWER 12 27 NOT CLEARN NOT CLEARN UNDER 12 27 NOT CLEARN STATION Received by (name and title printed): BOD SMITH ENS Received by (name and title printed): BOD SMITH ENS Received by (signature): BOD SMITH ENS Received by (signature): BOD SMITH ENS | • CRITICAL | ITEMS AI | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| Thermomener Not seen in 2 2008 Freezer in (BARKROM) And the CREAM CHEST FREEZER H31 NC & FLOOR NOT CLEAN IN ATRIBS OF 12/27 BACKROOM AND WALK-IN FREEZER H31 NC & WALL COVING LOOSE IN NOAS OF BACKROOM WALL COVING LOOSE IN NOAS OF BACKROOM L31 NC & MENS DESTROOM COLLING EXHAUST COVER 12/37 NOT CLEAN 295 NC & CABINET SHELVES NOT CLEAN UNCLE SUFT DRINK STATION Received by (name and title printed): BOD SMITH ENS Received by (name and title printed): BOD SMITH ENS Received by (signature): BOD SMITH ENS Received by (signature): BOD SMITH ENS | VIOLATION | I(S) REPEA | TED F | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | E "SUMMARY OF VIOLATIONS" AND I | N THE NARRATIVE BELOW A | S "R" |
| FREEZER DN (BATKROM) AND THE CORAM CHEST FREEZER H31 NC IN FLOOR NOT CLEARN IN ARCAS OF 12/27 BACK ROOM AND WATK-IN FREOZER H31 NC MENS OF STROOM COTLING EXHAUST COVER 12/27 NOT CLEAN 295 NC CABINET SHELVES NOT CLEAN UNCLE SOFT ORINK STATION Received by (name and title printed): Received by (name and title printed): Received by (name and title printed): BOD MITH THS Received by (name and title printed): BOD JAMES OF SOLITIONS BOD JAMES OF SOLIT | | | R | | | | To Be Corrected by |
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| H31 NC & FLOOR NOT CLEAR IN TRUTHS OF 12/27 BACK ROOM AND WAZK-IN FREDER H31 NC & GROWN AND WAZK-IN FREDER WHIL COVING LOOSE IN MORS OF BACK ROOM H31 NC & MENS DESTROOM COILTING EXHANST COVER 12/27 NOT CLEARN 295 NC & CARBINET SHELVES NOT CLEARN UNDER SOFT ORINK STATION Received by (name and title printed): Received by (name and title printed): Received by (signature): BOD JATTH CHS Received by (signature): BOD JATTH CHS BOL JAMP | | | | | Room) And Ite | cherm | |
| BACK ROOM AND WALK-IN FREDER 431 NC & MENS RESTROOM COILING EXHANST TOVER 12 27 NOT CLEAN 295 NC & CABINET SHELVES NOT CLEAN UNCLE 12 27 SOFT ORINK STATION Received by (name and title printed): Received by (signature): Received by (signature): BOD JATH EHS Inspected by (signature): BOD JATH EHS Received by (signature): BOD JATH EHS | | | | CHSI FICECURE | | | |
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| WHIL COVING LOOSE IN MORS OF BACK ROOM 431 NC & MENS RESTROOM COTLING EXHANST COVER 12 27 NOT CLEAN 295 NC & CABINET SHELVES NOT CLEAN UNCLER SOFT ORINK STATION Received by (name and title printed): Received by (name and title printed): Received by (signature): Received by (signature): Bob Imit EHS Inspected by (signature): Bob Imit EHS | 431 | W | | NO STATE OF THE ST | TO A DOLLAGING | Parkspan | 12127 |
| Received by (name and title printed): Received by (signature): | (3) | 1 | <u> </u> | | e on measor | BACK Room | 100100 |
| Received by (name and title printed): Received by (signature): | 1,21 | N/ | e. | MONS DOSTROOM O | OT THE THAT | 15 001,000 | 12125 |
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| Received by (signature): Bol Sm | | - | | | | | |
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| Kainel Mayo Bol Jimo | Received by | Signature |): | I WILL INMP | | | ~~ <u>`</u> |
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| (O)C | /a> | NC | 1/2/ |

| Establish | | | | Inspection Date |
|------------|------|---|---|-----------------------|
| Section# | C/NC | | REMARKS | TO BE CORRECTED BY |
| | | | JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131 | |
| 292 | NC | 7 | LID NOT CLOSED ON OUTSILLE DUMPSTE | R 12/22/24 |
| 431 | ne | 7 | FLOOR NEXT TO WALL UNDER | 12/27/24 |
| NO | re) | | MECHANICAL DISHMAZHINE HOT WHITER SAMITIZATION TE PAPOSATION ADCOVATE (MORE THAN 160°F) (WAS 166°F) | no (P) |
| | | | | |
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| | | | | |
| | | | | |
| Received E | | | Inspected By (Name & Title) ROTAV Inspected By (Name & Title) BUD SM±716 EHS | Pagel_ of _l |

State Form 48621 (R2 / 8-05)

Bal Smit



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

| Establishmer | | | DATE OF SHEARING AND THE TOTAL OF THE | Telephone Number | Date of Inspection | ID# |
|---------------|-----------|-------|---|----------------------|--|--|
| Star | buc | ks | # 66775 | () Establishment | 1 | 1 - 211 |
| Establishmer | nt addres | s | | () Owner | 12-17-26 | 2811 |
| 189E. | Wort | -hs | ville Rd. Greenwood, IN 46143 | Purpose: | Follow-up Release | e Date |
| Owner | | | | 1. Routine | 1 12 | - 27-24 |
| Corp | Diaz | Le | | 2. Follow-up | Summary of Violati | THE RESERVE THE PARTY OF THE PA |
| Owner addre | ess | | | 3. Complaint | | |
| PO BOX | 344 | 14 | 2 Tax - 2 Seattle, WA 98124 | 4. Pre-Operational | | |
| Person in cha | arge | | P. L. Commission of the second second | 5. Temporary | c_O_NC_ | |
| Cassi | e F | le | ener | 6. HACCP | 1 No. 1 may 107 H a | |
| Responsible | person's | emai | Cassie Fleener-manager | 7. Other (list) | Menu Type (See b | ack of page) |
| US 193 | 3961 | 9 | @Starbucks.com | IL. | 1 2 | 0 11 11 11 |
| Certified foo | d handle | r | (NROFSP) | | 1 2 3 % | 4 5 |
| Cassi | eFI | 99 | ner (exp3/22/28) | | | |
| • CRITICAL I | TEMS AI | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| | , | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | THE NARRATIVE BELOW A | |
| Section # | | R | | Narrative | | To Be Corrected by |
| 257 | NC | | thermometer not p | rovided in let | + most | 12-20 |
| - 1/ | | 10118 | food cooler | 10. | | |
| 216 | NC | | | nelf in cooler | near | corrected |
| | | | drive thru | | | |
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| 7.0 | | | | | | |
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| Received by | | | | Inspecte | d by <i>(name and title printed)</i> NANAGE() VAC | EHS |
| Received by | - |): | ^ | Inspecte | d by (signature): | 10/10 |
| 040 | | _ | | | 1/1/1/2 | 34- |
| cc: | | | cc: | cc: | / | |



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

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

| Establishment name | Telephone Number | Date of Inspection | ID# | | |
|--|------------------------------|------------------------------|-----------------------|--|--|
| Steak NShake | () Establishment | 12-17-24 | 10# | | |
| Establishment address | () Owner | 11:110 | 709 | | |
| 103 N SR135 46142 | Purpose: | Follow-up Release | Date / | | |
| Owner /6/ | 1. Routine | l'ono " ap | 5-25 | | |
| | | Summary of Violation | | | |
| | 2. Follow-up | Summary of Violation | 115. | | |
| Owner address | 3. Complaint | | | | |
| 2 | 4. Pre-Operational | | , | | |
| Person in charge | 5. Temporary | c_0_Nc_2 | R | | |
| | 6. HACCP | | | | |
| Responsible person's email | 7. Other (list) | Menu Type (See bac | ck of page) | | |
| 1 1 2 2 11 1 | 7. Other (1131) | Mena Type (oce out | in of puge, | | |
| Certified food handler | | 123_X | , , | | |
| Brune Bradley 8/9/27 | | 123 | 45 | | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV | VE COLUMNS MARKED "C" | | | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | THE NARRATIVE BELOW AS ' | 'R" | | |
| Section # C/NC R | Narrative | | o Be Corrected by | | |
| 297 NC Multi drink | and a Sound | (6) | 12-17-24 | | |
| divise the | in alicetta | 1 Dell | 1 21 | | |
| 431 NC Floor a driv | - that | - server | 12-17-24 | | |
| 0.44 | 11) et 2/200 | anne | | | |
| to fine 18 | thesswell get. There appears | | | | |
| 431 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | |
| 431 3 ba 045 kg 17904 | as order Amondo | | | | |
| 451 (20 da) David 120 4 | THE STREET | ed on | | | |
| Si gilla de la companya della companya della companya de la companya de la companya della compan | to P. P. | Ca UIU | | | |
| Make a contract | insi a Du to | a lottos | Correcte | | |
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| 13000 70000 | Sec. Co. | VOUAL C | | | |
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| Dona & Phillips | | mobeth V | enisse | | |
| Received by (signature): | Inspected | by (signature): | 1,292,741 | | |
| Danald Millings | 121 | itabeth \ | enisse | | |
| cc: cc: | cc: | | And the second second | | |
| | | | , | | |
| | | | Page 1 of | | |



460 N. MORTON ST. STE A 219 FRANKLIN, IN 46122

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

| | | | | | The second of the second | |
|----------------------|-------------|---------|--|----------------------|------------------------------|--------------------|
| Establishme | | | | Telephone Number | Date of Inspection | |
| Establishme | 2017 | wa | . Y | () Establishment | 12/2/24 | 24.01 |
| | | | | () Owner | 1 / / -7 | -141 |
| 93 | 24 | И. | moston Franklin | Purpose: | Follow-up Relea | se Date |
| Owner | | | | 1. Routine | | |
| | | | | 2. Follow-up | Summary of Viola | tions: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
| Person in ch | arco | | | | C_O_NC_ _R | |
| r eison in en | arge | | | 5. Temporary | | |
| D | | | - E | 6. HACCP | | 1 1 6 |
| Responsible | person s | emai | the Hill appropriate to the disconnection | 7. Other (list) | Menu Type (See back of page) | |
| Certified foo | d handla | | | | Junah mapan | |
| | Firen | | Feele | | 12_×3 | 45 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | |
| _ | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | N THE NARRATIVE BELOW | AS "R" |
| Section # | | | | Narrative | | To Be Corrected by |
| 347 | -/ | _ | Hundial Valor | d'9001900 'C | not | 12/2/2 |
| 77/ | 9 | int | Hundsine town | Oripania 17 | 7101 | 173124 |
| Tit it es | 1805.11 | Curr | CFX) 4 P/L | | 1.750 1 1983 | 4 40.00 |
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| - Secretary reserves | | | | | | |
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| Received by | (name and | title j | printed): | Inspecto | ed by (name and title printe | a: less |
| Received by | (signature) | W. | Mr | Inspecto | ed by (signature): | Len |
| cc: | | - | cc: | cc: | / / | |



JOHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD

FRANKLIN, IN 46131

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

| Establishment | | _ | As I Ambridge William to the Sale of | Telephone Number | Date of Inspection | ID# |
|-----------------|-----------|---------|--|--------------------|--|-----------------|
| Supre | me | t | Produce@Kroger#864 46143 Dendence Dr.Greenwood | () Establishment | 12 10 211 | |
| Establishment | addres | S | 46143 | () Owner | 12-19-24 | 2744 |
| 2200 | Inc | lei | pendence Dr. Groenwood | Purpose: | Follow-up Release Da | ate |
| Owner | | | or recipored | 1. Routine | | 19-24 |
| Suprem | ne Si | en | rice Solutions Inc | 2. Follow-up | Summary of Violations | |
| Owner address | S | | | 3. Complaint | | |
| 14043 | Dist | mil | oution Way | 4. Pre-Operational | \ \ \ \ | |
| Person in char | ge | | | 5. Temporary | c__Nc_O | _ R |
| Responsible po | Li | 19 | | 6. HACCP | | |
| Responsible po | erson's | emáil | | 7. Other (list) | Menu Type (See back | of page) |
| Certified food | _ | | (Sew Sale exp) | | 1234_ | × 5 |
| Tum | | | | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE | | and the second second part of the second sec | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | Narrative | | Be Corrected by |
| Section # | C/NC | | | | | 12/19 |
| 101 | C | - | cut melon @ 47°F in | | | 12/19 |
| N 971 | els in | | cut strawberries @ 40 | 10Fin Walk-in | cooler prepped 918 | |
| | | | Materia vallein annie | r door not all | o to sool shut | |
| | | | Notes: Owalk-in coole @ Soap dispense | 2 broven at a | 25 21 | |
| | | | e supports pers | ET BIOLETTOFT | of wall | |
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| Received by (n | ame and | title p | rinted): | Inspe | ected by (name and title printed): | - 10 |
| | Tum | | Zing | \mathcal{N} | lia Papageorge | , EHS |
| Received by (st | ignature) | : | J | Inspe | ected by (signature): | |
| 1 | um | | | | Make | |
| cc: | | | cc: | cc: | 0 | j. |



Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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



| Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. | | | | | | |
|--|---------------------------------------|--|-------------------|--|--|--|
| Establishment name | Telephone Number | Date of Inspection | ID# | | | |
| Swagnt Indian Cuisine. | () Establishment | in links | 2227 | | | |
| Establishment address Green wood | () Owner | 12/18/24 | 2001 | | | |
| 11 Declaration Dr. IN 4614- | Purpose: | Follow-up Release I | Date) | | | |
| Owner Ste R+S | 1 Routine | Ves 12 | 128/24 | | | |
| Juphiyunder Sunah | 2. Follow-up | Summary of Violation | ns: | | | |
| Owner address | 3. Complaint | , , | | | | |
| O | 4. Pre-Operational | | | | | |
| Person in charge | 5. Temporary | c_3_Nc_9 | ъ | | | |
| Shhandah Ningh Con Cot | | CNC | | | | |
| Responsible person's email | 6. HACCP | Many Type (Coolege | h of page) | | | |
| responsible person's chian | 7. Other (list) | Menu Type (See bac | k of page) | | | |
| Certified food handler | / | / | | | | |
| anita sind 2/22/29 | / | 1234 | 15 | | | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | and the same and t | | | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | E "SUMMARY OF VIOLATIONS" AND IN | THE NARRATIVE BELOW AS " | R" | | | |
| Section # C/NC R | Narrative | Т | o Be Corrected by | | | |
| 430 NC V Quest area de | rung 100r | n | 1/18/24 | | | |
| ceiling tiles as | re Ostain | ed. | 1.01 | | | |
| from what a | ppears to k | e masta | ure + | | | |
| 334 c Det spray mossle at dish 12/18/24 | | | | | | |
| sink hangs below the | | | | | | |
| table flood rin | | | | | | |
| 218 NC Refrigaration | don's se | is lon | 1/18/24 | | | |
| 257 112 8 2 2 2 2 | on some units | | | | | |
| | Back acon is not self-closing 1/18/24 | | | | | |
| 218 NC Floor mounted greate traps 1/3/24 | | | | | | |
| 431 NC Trease trap in furm Correcte | | | | | | |
| contains again | in and don | rin) | orrecice | | | |
| 245 NC That raw no | T. D. A. D. O. d. Z | | Correcte | | | |
| Sanitizer | a special | | L | | | |
| 295 C Manyal Can | soener It | ada) | prveete o | | | |
| is soiled | | | + | | | |
| 415 C numerous with | rat appea | red to (| Palled Pes | | | |
| he 1 cockroache | N Were s | een 1 | ontrol | | | |
| Received by (name and title printed): INE Soft | Inspecte | H by (name and title printed): | ler, EHS | | | |
| Received by (signature): | Inspecte | d by (signature): William M | iller | | | |
| сс: сс: | сс: | | | | | |
| | | | 1 | | | |

| - | | | NARRATIVE REPORT Greenu | |
|------------|---------|----------|--|-----------------------|
| Establish | ment N | lam | 2 Address 11 Declaration Dr. 46/43 | 17/18/24 |
| Section# | CANC | R | Cuisine REMARKS STE RTS. | TO BE CORRECTED BY |
| | | | inside the kitchen floor | |
| 256 | NC | | ambient and thermomet | ers 12/9/24 |
| | | | not seen in some | 17.7 |
| 295 | NC | | Dear seals are soiled | 12/23/24 |
| | | | on some refrigeration | |
| | | | bottom of the Duke two | |
| 170 | | | door cooler is soiled | 11.124 |
| 430 | NC | | contained cracked floor | 1/18/24 |
| | | | tiles and damaged tile | |
| Ē | | | COOL base. | |
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| | | | | |
| Received B | y (Name | e & T | itle) InSpected By (Name & Title) | 27 |
| 6 | CK K | 11 | Inspected By (Name & Title) (Marrie) (Mar | Page 2 of 2 |