



Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) 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 AFC S	ushi @Krogex #07357	elephone 317-530-3086		Date of Inspection 3/26/2025
Establishment address	R 135, Greenwood IN 461		Summary of Violations  0C5NC	
Owner Advanced Fro	esh Concepts Franchise Co	rp.	Follow-up No	Release Date 4/6/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type 4-Extensive handling
Establishment Identification # 2006	County Johnson	District ${ m D}5$	Routine	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
256	NC		Thermometer not observed in 2 coolers and 1 freezer unit	
346	NC		No hand soap observed at front hand sink	
347	NC		No paper towels observed at front hand sink	
174	NC		Bulk food containers not labeled	
324	NC		One bay sink leaks	
			\$*************************************	

Went to go over the report and employee was not onsite Coloribal





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

Sanitation Requirements. The tim			in the narrative portion	
establishment		telephone		Date of Inspection
AFC St	ushi @ Kroger #909	T		3/17/2025
Establishment address	()		Summary of Violations	i e
3100 Meridian P	Parke Dr., Greenwood IN	46142		2C0NC
Owner			Follow-up	Release Date
			Yes	3/27/2025
Person - in - Charge	Certified Food Handler	Certified Food Handler		Menu Type
				4-Extensive handling
Establishment Identification #	County	District	Routine	
1675	Johnson	D5		
Email:				
	=   = =			

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
187	С		Observed the cooked sushi rice at 70*F at 1:29 p.m Sushi rice log was not completed at time of inspection	Discarded at time of inspection
303	C		Didn't observe employee sanitizing the dishes properly	
	-			
			· · ·	

Establishment Representative

ht. Loy Cussi Hall/EHS (317) 346-4373 <u>chall@co.john</u>kon us

Scholoth Sonisse



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name  NSK AFV AFV-NSK Main  Establishment address  Sybb Bearing dr. Famblin  Owner  Owner  Owner  Owner address  Person in charge of the part of the				Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas  Summary of Violat  C NC	Follow-up Release Date  Summary of Violations:  C. O. NC. R.	
Certified foo	d handler	r			12/3	_45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVI		IN THE NARRATIVE BELOW A	\S "R"	
Section #	C/NC	R	Back to Significance par Single set Surgeon Colo.	Narrative	all consider wat a John of	To Be Corrected by	
	La Faque	tlatt oktob	ig at potentially hazardous food. Tood pro-	Propinstion plot e include	zaziberzai wr 10 sailfai second 10 vent 7 & 5500	Estensive has a solvent and so	
Received by Received by	(name and	title j	printed): Hawkins wello III	Inspec	eted by (name and title printed AU BUTEL eted by (signature): U BUTEL	e EE	

95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishmer  Stablishmer  3460  Owner  Owner addre	nt name nt addres Been ess	tFV s rvng	AFV-NSK-HuP  L. Famclin, IN  46131  About an almost a familiar a food  about an almost a familiar a food	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection  03/4/25  Follow-up Releas  Summary of Violat  C O NC	ID#  1723 e Date  ions:
Certified foo	d handle	r			1 <u>2V 3</u>	45
	(S) REPEA	TED FR	Mere one no wol	Narrative afton during m		To Be Corrected by
	britani i	9880 00	the continue and scheduling of page of post characters whose service population and characters whose service population	E spanistou process ancludes		Regardens I hazardens I advanced pr susceptible
Received by		1	inted): loca Young	no	ted by (name and title printed W Blf KU ted by (signature): Auf Blf Ku	



95 S. DRAKE ROAD 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.

111 Owner Owner addre	nt address  M. S. A	2 135 Correnvood IN 46142  may begin hard asked a manging to hard  may begin hard asked a manging to hard  may begin hard asked and manging to hard  mail	4. Pre-Operational 5. Temporary	Date of Inspection  3 / 6 / 2-5	
Certified foo	1	ennett-		123	45
• VIOLATION	(S) REPEATE	IDENTIFIED IN THE CHECKLIST AND NARRATI D FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND I		THE RESIDENCE OF THE PARTY OF T
Section #	MC	Soda dispenser hos.	Narrative L Valve is Obsen	ied seen on	To Be Corrected by
324	NC NC	Hand Sink faulet is	// A		3/10
431	NC	Floor & wall around	Wright freezer	t sediment of the interest to special process.	listensite lipszadous advanced susceptible
			s Food powersing a the xealth	maho gai wan ke yailista	avienavel .
Received by AML Received by Cc:	Ben		nd Igspect	ed by (name and title printed):  MU BLE (DU < ed by (signature):  MU BLE (Cle	PH



# Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264

# Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) 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	telephone	•		
Auntie Anne's So	It Pretzels	317-360-6601		3/25/2025
Establishment address 1252 N US	Unit Dos A 31, Greenwood IN 4	6142	Summary of Violations	OC1NC
Owner Che		Follow-up No	Release Date 4/5/2025	
Person - in - Charge Laney  Certified Food Handler N		er N/A	Purpose: Routine	Menu Type 2-Limited menu
Establishment Identification # 722	County Johnson	District D5		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
294	NC		True two door cooler shelves are soiled/rusty	
			Notes: - Continue to detail clean - Sanitizer bucket observed at 0 ppm	
			outhing bucket observed at a ppin	

Larry Menu Stablishment Representative

Called Called

Inspected by: Cassi Hall, EHS (317) 346-43731 chall@co.johnson.in.us



### Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264



# Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) 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	telephone		Date of Inspection	
Auntie Anne's S	317-360-6601		3/25/2025	
Establishment address 1252 N U	- K 104 B S 31, Greenwood IN 46	6142	Summary of Violations	C5NC
Owner Cl	nestnut Land Co		Follow-up Yes	Release Date 4/5/2025
Person - in - Charge	Certified Food Handler N/A		Purpose:	Menu Type 2-Limited menu
Establishment Identification # 2012	County Johnson	District D5	Routine	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
193	G		Did not observe date and time stamps on the peperoni (53*F), minihotdogs, and the peperoni pretzels  - Products should be discarded after 4 hours  - Establishment is using time as a public health control	Corrected at time of inspection
174	NC		Bulk food containers not labeled	3/25/25
431	NC		The following area are soiled:  - Under the soda station - Under the bulk soda boxes - Under the equipment in the storage room	4/5/25
324	NC		The water heater located in the storage room appears to be leaking	4/5/25
430	NC		A ceiling tile is missing in the storage room	4/5/25
411	NC		A few lights are not functioning in the storage room	4/5/25

Establishmet Roresentative

Inspected by: Cassi Hall, EHS (317) 346-43731 chall@co.johnson.in.us MENU TYPE



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

95 S. DRAKE ROAD 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.

Owner address  Person in charge  Responsible person	dress  Dymm  on's ema	obat AVI-Berry Global erre Ptry Transling Store 18131	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Menu Type (See back of page)	
Certified food har	ndler			12_V_3	_45
		DENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NARDATINE DELOW	AC IIDII
Section # C/I	-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative	THE NARRATIVE BELOW	To Be Corrected by
Dul-		No vio Catvon de montre de	esses i paire hot and cold holder	neiburgui wanto smiler ede A varier of proc	ari disecusati harantona in suscipidas suscipidas
	110	to vol. e.g., sur. kirus part cuante exhecel sis-	ns od procesuguedoma.	a wangan was to gradin	II AVRIGAÇÃO
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cc:		cc:	ceff		

Page 1 of \_\_\_\_

317.3465114 tarabecraft Oberny global.com

95 S. DRAKE ROAD FRANKLIN IN 46131

Office 317-346-4365 Fax \$17-736-5264

Owner address  Person in charge  Responsible person's email	Property 46131  Phont I was retro or banging to base or banging to base and banging to base or banging to base or banging to base or banging to base or banding and banding an	4. Pre-Operational 5. Temporary	Menu Type (See back of page)	
Certified food handler			12 \( \sigma \) 3	45
	TIFIED IN THE CHECKLIST AND NARRATIV OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW AS	"R"
Section # C/NC R	ad results and Sunsa Sunsaba an	Narrative	Services say or general	To Be Corrected by
od esset mediad)	the cooking and photosphing of potosphing of potosphing the actions found. Took and chose racilities whose service popularity	see recurr her and cold holding	make of my inertial	Susceptible Sales of the Sales
Received by (signature):	nted): E. Lifurd  T. Self  Cc:	Inspects	ed by (name and title printed):  UL BLTCU  ed by (signature):  UL CU	£#3





95 S. DRAKE ROAD 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.

Establishment name

### AVI= KYB Americas

Corp-Franklin

Establishment address

J 6 25 N morton St 46131

Owner Telephone Number Date of Inspection ) Establishment 3/4/25 2230 ) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational 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 To Be Corrected by Section # C/NC R are no wolation Suring mepertien there Received by (name and title printed): Inspected by (signature):

Land Belt Ku. Received by (signature):







Based on an inspection this day, the item(s) noted below identify violation(s) 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		Telephone	•	Date of Inspection
Biggby Coffee #8	362	317-497-5480		3/19/2025
Establishment address			Summary of Violations	500 C 100 C 100 C 100 C 100 C
	St Franklin, IN 4613	31	0	C, 0NC
Owner Chi		Follow-up No	Release Date 3/29/2025	
Email- store	362@biggby.com		1.10	0/23/2020
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Dhrumi Patel- manager	ni Patel- manager Dhrumi Patel Serv Safe 12/9/29		Routine	2-Limited menu
Establishment Identification #	County	District		
2851	Johnson	D5		

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Sec#	C/NC	R	Narrative	To be Corrected by:
			No violations observed	
			Notes: 1. Restroom exhaust fans slightly dusty	
			2. Handwashing sink by 3 bay sink without paper towels and hand soap	
			3. One spray bottle not labeled near 3 bay sink	
			4. Wet rag observed not in chemical sanitizer bucket	

Phoeumil

Markey





Below

Based on an inspection this day, the item(s) noted below identify violation(s) 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		telephone		Date of Inspection	
Blondie's C	Cookies	317-883-4845		3/21/2025	
Establishment address		Summary of Violations	5		
1252 N U	IS 31, Greenwood IN 4	16142	0C5NC		
Owner				Release Date	
Blo	ndie's Cookies INC		No	3/31/2025	
Person - in - Charge	Certified Food Hand	ler	Purpose:	Menu Type	
		N/A		2-Limited menu	
Establishment Identification #	County	District	Routine	A THE RESERVE TO SERVE THE PARTY OF THE PART	
892	Johnson	D5			

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
441	C		Observed "Hot Shot Flying Insect" spray -Not approved for commercial use	3/21/25
218	NC		Interior of the chest freezer lid is in disrepair/broken	4/21/25
218	NC		<ol> <li>The bulk chocolate chip plastic container located inside the two door true cooler is damaged</li> <li>The two door "True" cooler door gasket is split/worn located in the back room</li> <li>The two door "True" cooler door gasket is split/worn located in the front room</li> </ol>	3/25/25
411	NC		The walk in cooler light intensity is not adequate	3/25/25
352	NC		Employee restroom door is not self-closing	3/23/25
431			Employee restroom fan is dusty - Appears to not be functioning	4/15/25
431	NC		Establishment is soiled in areas (under equipment, door gaskets, etc.)	4/15/25
			Notes: Many freezers are not NSF approved	



Inspected by: Cassi Hall, EHS
(317) 346-43731 chall@co.johnson.in.us



95 S. DRAKE ROAD 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.

Establishm			Telephone Number	Date of Inspection	ID#
Blue	Cactu	sTaco+Tequila Bar	( ) Establishment	3-13-25	2349
Establishm	ient address		( ) Owner	3-17 23	2549
188 M	1. Jef.	Ferson St. Franklin, IN46131	Purpose:	Follow-up Releas	e Date
Owner			1. Routine		23-25
Jose	Muri	lo	2. Follow-up	Summary of Violat	ions:
Owner add	iress	and Lavillian II a then as become in the form	3. Complaint	(1 or 2 statis (court) P	and belief
167	Ridge	wood Meadows Franklin, IN 46131	4. Pre-Operational	principle socialistic	alcde delt
			5. Temporary	CNC_	R_
	Muril		6. HACCP	during quoidng, cod in	process rec
	le person's er		7. Other (list)	Menu Type (See )	back of page)
blue	cactus	sfranklin@gmail.com			
	ood handler Xel M	urillo Servsafe exp		123	_4 <u>%</u> 5
• CRITICAL	L ITEMS ARE	E IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	A CONTRACTOR OF THE PARTY OF TH	
• VIOLATIO	N(S) REPEATI	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW	AS "R"
Section #	# C/NC	R	Varrative	AND THE RESERVE OF THE PERSON NAMED IN	To Be Corrected by
191	C	date marking absent o hazardous foods in	n ready to eat	potentially	3-13-25
			walk-in cooler	43 door	
100	1.1-	cooler come	,		1 1
190	NC	queso dip cooling at			corrected
			in bucket on	ground	
		behind bar	ish & shrimpa	P. D.D. 110	
	25 1	temperati		700011	
	9	safre continue cooling and a beginn by come in	its. Preparation process include	nsibergar ver to snithe	ud svisespiel
	a belone a	ng of potentially hazardous food. Poul pro est	Blod bles boused stillpesses and	ociq in visime Ar abo	k ragelitészít.
	- vidgili	late cross the littles whose service population visit	civice. (lategoty wipuld also un	paradion for next day s	eg cooksides pe
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3 4 6		the concept working and ending training about	to Food proposing at the sets	roles qui ma lo galler	ark was ned
Received b	y (name and t	itle printed):	Inspecte	ed by (name and title printed	):
		Jose Musi	150 JEM	ia Papageorge/	Ruth Tial
Received b	y (signature):		Inspecte	ed by (signature):	7. /
		Jose Musilla		raffry 1	motors .
cc:		cc:	cc:	, ,	



95 S. DRAKE ROAD 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.

Telephone Number Date of Inspection Establishment name ROB ) Establishment 2134 Establishment address ) Owner 900 N MORTON ST. FRANKIA, IN 1/ Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler JIFFHM 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 To Be Corrected by Section # C/NC TE 200 mecHANTERE dISHMATHER HOT WHITER FIRE SANITIZATION TREMPORATIONO 1470F ON PLATE UTENSIL SURFACE NOT AT AT 15-25 PSI-INTERNAL PEMPORATORO OF CHEOSO IN FRONT PEFRISOLATOR 48°F NOT AT 4108 OR LOSS ISN TECNAL TEMPERATURE OF MILK IN FRONT REFUSORATOR 43°F NOT 41°F OR LOSS IS THAK TIP IN PREPARATION LIMP REFRIGURATOR OLICHRO DATE 3/125 LIGHT OUT ON BACK EXHAUST HOOD NC SISPOSABLE TOWELS NOT PROVIDED BACK HANDSTON NC 324 LARK NOTES ON BACK 2 COMPATIMENT STUK FAUCET BITGGOD ON TO US NOT STORED OFF FROM IN WALK IN COOLER MINIMUM OF 6 SONCHS - WALK IN COOLER SHELVING AND FLOOR NOT CLEAN Received by (name and title printed): Inspected by (name and title printed): Tiffang Allen. Menges EX Bob Smith Inspected by (signature): Received by (signature); Page 1 of

# **NARRATIVE REPORT**

Establish	nent N	lam	e Address	Inspection Date
Bob	e	<u>/</u> *	ANS 900 N MORTON ST. FTANKLING PIU	3/5/25
Section#	C/NC	æ		TO BE CORRECTED BY
295	NC	8	REFRIGERATOR BY DEEP FRIER INSIDE	3 12/25
			SHELVING NOT COM	
239	WC	2	MECHANICAL DISHMACHEMP DISHARKS	3 6
1121	p. 0		NOT STORED OFF FLOOR FLOOR, WALL NOT CLOPN IN ARRAS	3/12
·431	۲ <u>ر</u>		OF KATCHAN	3173
MOT				Removes/
78.21			BO HIND JOE MAKER	,
399	NC	0	0.000	45
430	NL	ţ	ROOFLERK NOTES FRONT COUNTER APER	
295	NC	٧	DUSTED OF FRONT BISCUST WARNER	3/8
1.00	- 00	ļ	UNIT NOT CLEAN	
138	NO	_		3/6
			Employee (Food PREPARATION PARA)	
431	MC	$\vdash$	FLOOR HANDER STATES	2/17
100	1.5	$\vdash$	FLOOR UNDER JINING ROOM SEAT OUSHON (BOOTHS) NOT CLEAN	<i></i>
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Received B	Name	& T	Inspected By (Name & Title)	Page 3 of 3
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State/Form 4	8621 (R2	/ 8-0	05)	





Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parrative portion of this report.

establishment		Date of Inspection				
Box Burger		3/24/2025				
Establishment address			Summary of Violation	S		
3413 Stella Dri	ye, Greenwood IN 4	16143		0C0NC		
Owner		Follow-up	Release Date			
Bra	ndan Kyle		No	4/4/2025		
events@	kylefoods.com					
Person - in - Charge	Certified Food Handle	r	Purpose:	Menu Type		
Brandan Kyle	Routine	2-Limited menu				
Establishment Identification #	County	County District				
2640	Johnson	Johnson D5				

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
			No items noted at time of inspection	
			N. O. I.	
			Note: 3 bay sink and prep sink need air gaps	
10000				
	-			

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Collo Coll

Inspected by: Cassi Hall, EHS (317) 346-43731 <u>chall@co.johnson.in.us</u>



95 S. DRAKE ROAD 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.

Owner address  Person in charge  Brian Berson's email	BERPO  BIN Greenwaad  And hard notice or branch and mean hard  below as hard notice or branch and so below  below as hard notice or branch and so below  below as hard notice or branch and so below  below as hard notice or branch and so below  below as hard notice or branch and so below as hard not be as hard not below as hard not below as hard not be as hard not below as hard not be as hard	4. Pre-Operational 5. Temporary		
Certified food handler	Boke		1_2 (13_7)	-4 1/5
VIOLATION(S) REPEATED FROM	TFIED IN THE CHECKLIST AND NARRATIVE PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AND	N THE NARRATIVE BELOW A	NAME OF TAXABLE PARTY.
Section # C/NC R		Narrative		To Be Corrected by
347 No	Paper Yowels no	t "n elispense	255-	
431 NC	waitress station	anala		
190 NC	not properly	portion ed es	preparation	
431 NC	Floor under the s	rel males	indiag of my 2 4 mg	i eviscosive i baxacions i
430 %	Sorled  White soon Wa  are water a  rote  The Floor  Soiled	ell and a ceri	ling.	susceptible:
Received by (name and title printed)  Received by (signature):  cc:	Bake CC:		red by (name and title printed)  Pary Pary  red by (stonature):	/



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name  Burger King # 12113  Establishment address  891 U531 N Whiteland To				Telephone Number  ( ) Establishment  ( ) Owner	Date of Inspection	ID# 2324		
Owner	211	U	531 N WILLEAM	Purpose:  1. Routine 2. Follow-up	Follow-up Relea	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I		
Owner address  Person in charge  Responsible person's email			15 loop are appropriate Access appropriate and cool 15	4. Pre-Operational 5. Temporary	C O NC	C O NC 4 R		
Certified for	BN	M	USCILL NTI FIED IN THE CHECKLIST AND NARRATIV	/E COLUMNS MARKED "C"	123_×	45		
• VIOLATION	(S) REPEA	TED FR	OM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" ANI	O IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative	and the second second	To Be Corrected by		
256 131 218 295	NC NC NC		No there nometer in mate are soiled in mate are soiled in mate a storage cabineds - storage the distance dispensed	l'apparation process inclodes	and the street of poorse	ne tempores ad		
Received by Regeived by	(name app (N) (signature	d title pr	inted Kl		ected by (name and title printed Trory Decry la ected by (signature):	259		
				cc.				



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishin	ciit Saiii	tation	r Kequirements. The time mint for correction	in or each violation is specified		or ting report.
Establishme Bwg	nt name	in	9 29535 in 8t 46143	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishme	nt addres	s U	Concennond IN	( ) Owner	03/5/23	2606
1839	£.	ma	in 8t 46143	Purpose:	Follow-up Releas	
Owner			3 2 4 7 7 7	1. Routine	-	
				2. Follow-up	Summary of Viola	tions:
Owner addr				3. Complaint		
			cooled of prepared in order. Retail fond of	4. Pre-Operational	(1 or 2 man new) (	
Person in ch	- William	_	roods is remitted to single med service. Bu	5. Temporary	$c \theta_{NC}$	@
			or a property lease does tools.	6. HACCP		
Responsible	person's	email	AND THE RESERVED	7. Other (list)	Menu Type (See	back of page)
Certified foo	od handle	r			123 🕏	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	The cooling challing and religious providers	Narrative	CARLES CARTIN PORTS	To Be Corrected by
	12.46	Billian			The state of the state of	
	3-1-2		N.		A TA HINE ASSISTED TO SE	
			there are no	wolation dur	ing morretin	2h
				V	0	
- 754	3 85 38					
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	chaloni :	9889	ne of potentially hazardons food. Tood pro	And the second	ong in yielaw A. ako	er enotingsgiller i e
	= vidg	14	tude those facilities whose service population	arrice. Category would also inc	seration for next day	advanced pre
						susceptible
	100	150				
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Received by	(name and	1-	orinted):		d by (name and title printed U Betiku	d):
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cc:			cc:	c#		