Belon 1/12



# 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 7-26, 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
7	Brew	479-358-9274		4/17/2025
Establishment address			Summary of Violations	•
1120 North SR 135, Gre	eenwood IN 46142		0P 1PF 4Core	
Owner			Follow-up	Release Date
			No	4/27/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
In000146@7venture.com	I	NA	n	2-Limited menu
Establishment Identification #	County	District	Routine	
2847	Johnson	D5	_	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- 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:
430	PF		Observed no paper towels provided at the employee restroom hand sink	
286	Core		Two door reach in cooler door gasket is spilt/worn	
443	Core		Wall and ceiling around the hand sink is soiled	
431	Core		Hand sink is soiled	
234	Core		Cotton Cloths are used to line the coffee machine to store containers/utensils	= = ===================================
	200			

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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 BAKOHOUSO	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment address	Owner	4/8/25 2140
QS E COURT ST. FORMKLITU, IN	Purpose:  1. Routine  2. Follow-up	Follow-up Release Date 18/25 Summary of Violations:
Person in charge  HEATHER WENNEY  Responsible person's email	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C_O_NC_3_R
Certified food handler ELISSIA MCKER		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW AS "R"
A18 NEX O'COR GASKETS WORD  UPTIGHT REFRIGHERS  Q O'COR UPRIGHT  QUENTY REFRIGHERS  QUENTY PROBLEM  SPRING RESIDENCE  WHEN OF S.	FOR SMALL R POTRIZERATOR  BYDINGS  EXT  TOK  BYDINGS  POTRIES  POT	RTMONT 4/16  AND WARREN LONG TO THE POPULATION OF THE POPULATION O
Received by (name and title printed):  Received by (signature):	1	tied by (name and title printed):  My JA DHS  and by (signature):  Bold Shows





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.

04	Date of Inspection $4/4/2025$
	4/4/2025
Summary of Violations	s
	OC1NC
Follow-up	Release Date
No	4/14/2025
Purpose:	Menu Type
	4-Extensive handling
Routine	
	Follow-up No Purpose:

- 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:
218	NC		Two door cooler door gasket is split/worn		
				12-	

Addisales

Establishment Representative

Aspected by: Cassi Hall, EHS (317) 346-43731 chall@co.johns





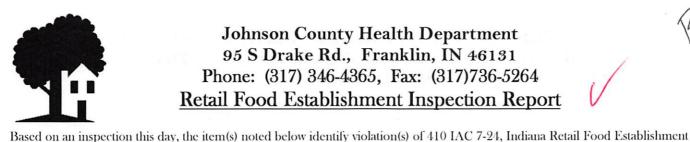
Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Samadon Requirements. The time infinite	of correction of each	violation is specified	in the narrative por	non of this report.
establishment		telephone		Date of Inspection
AFV- Dayton freight Mail			4/29/2025	
Establishment address		-	Summary of Violat	ions
800 Commerce Parkway S. Dr. Gi	143	No Violati	on	
Owner			Follow-up	Release Date
			No	Click here to enter
				a date.
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
				2-Limited menu
Establishment Identification #	County	District	Routine	
2730	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:
			There are no violations during inspection.	
		-		 

Inspected by: Paul Betiku, EHS (317) 346-4370 pbetiku@co.johnson.in.us





Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. telephone Date of Inspection establishment 4/29/2025 **201**- Dayton freight Summary of Violations Establishment address 800 Commerce Parkway S. Dr. Greenwood, IN 46143 No Violation Follow-up Release Date Owner No Click here to enter a date. Menu Type Certified Food Handler Person - in - Charge Purpose: 2-Limited menu Routine Establishment Identification # County District 2731 Johnson  $D_5$ 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:
			There are no violations during inspection.	

Establishment Representative

Inspected by: Paul Betiku, EHS

(317) 346-4370 <u>pbetiku@co.johnson.in.us</u>



HU W

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parrative portion of this report.

Establishment name		Telephone Number	Tale haracive portion	
Aldi Inc #22 463-300-				Date of Inspection 4/22/2025
Establishment address			Summary of Violations	
1595 US Hwy 31 S	Greenwood, IN 46	6143	3 Co	ore, 0P, 0Pf
Owner			Follow-up	Release Date
Aldi Indiana LP			No	5/2/2025
Email- Stephen	ı.hackert@aldi.us			3, 2, 2 3 2 3
Person in charge	Certified food handler		Purpose	Menu Type
Levi Masters- Assistant manager N/A			100	2-Limited menu
Establishment Identification #	County	District	Routine	
466	Johnson	D5		
	× **			

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

Sec#	C/Pf/P	R	Narrative	To Be Corrected by:
443	C		Walk-in dairy cooler floor soiled under display gallons of milk	4/25/25
445	C		Walk-in dairy cooler fans dusty	4/26/25
234	C		Cardboard lining bottom of reach in cooler storing hams	4/22/25

G/A

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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 expected in the partition portion of this report.

Sanitation Requirements. The time lim	il for correction of each v	nolation is specified	m the narrative portion	of this report.
establishment		telephone		Date of Inspection
Antilogy				4/8/2025
Establishment address		Summary of Violations		
			0	C 0 NC
Owner		Follow-up	Release Date	
	Dexios		No	4/18/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Jonny Humphric	<b>Tumphric</b>	n	1- Limited menu	
Establishment Identification #	District	Routine		
2663	Johnson			

- 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 violations to report.	
-				



95 S. DRAKE ROAD FRANKLIN IN 46131

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

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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	Telephone Number	Date of Inspection	ID#
A PPZO BEES	( ) Establishment	4/29/25	- 687
Establishment address 700 N MOTTON ST.	( ) Owner		
100 N 11101 1010 ST.	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	- 5	-/-
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
Golden or pressure a morde. Kensa too Lapermon	4. Pre-Operational	(2)	core)
Person in charge	5. Temporary	0	0
DANSPL ROGERS	6. HACCP	per des collèges entre	BEOCESSICATES
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
Certified food handler  DANTEL ROGERS EXP 12/27/26		123_	45
CHETICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATH	T COLUMNIS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" ANI	IN THE NARRATIVE BELOW	AS "R"
Section #	Narrative	KINDAD END WAR BESTELLE	To Be Corrected by
363 (CORG) LYAK NOTES AT	FAYCET ON	GINK	5/9/25
IN MOCHANICAL (	SISHIM ACHINE	ARCA	
	n = 1	66 0	-1.
189 (corg) = BOX OF COMONS	NOT STORY	OFF FLOOR	5/1
A MINIMUM OF	6 theres I	N WKCK-IN	
(ROOK) COOLER		2017	
443 (FLOOR NEXT TO	WAI under	EBUIPMEN	+ 5K
443 (SOFT DRINK STATE	TON 1 TO MY	TKOP , NOT	. 576
CLORN	es fecture bossand cold holding	ods Avaners of process	Learning and the
ada those facilitates whose see es englished at healths	nee: Category would also incl.	paration for perioday serv	- ladvancedar
1 NI RUFRIGURATION I	V BAR NOT	a uso	V
WORK OPSER)			
and the state disting	madana IIm		
NOTE MECHANICAL distant	DOCK TURE AD I	LONG CONTRACTOR	(OL)
160°F OF MORE ON 1	THE TOWN OF	SUCERTO	010)
(WAS 170°F)	CHIC 2019034C	Solvina	
(00113 170)	fiers, als assume roug book	althogoth as the sollier.	A STREET OF STREET
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Received by (signature):	Inspe	cted by (signature):	
сс: сс:	cc:		
			1
			Page 1 of



FRANKLIN IN 46131

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

7-26 (Am)

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

Establishm	ent Sani	tation Requirements. The time limit for correct	tion of each violation is specified	in the narrative portion	of this report.
Establishme	nt name	SIN#L5 IN 46142	Telephone Number  ( ) Establishment	Date of Inspection  9-25-25	ID#
Establishme	nt addres	Greenwood	() Owner	1 23 23	260
1251	US 3	1/N#L5 IN 46/42	Purpose:	Follow-up Releas	
Owner /			1. Routine	No 5-5	5-25
6	200	rate	2. Follow-up	Summary of Violat	ions:
Owner addr	-		3. Complaint		
			4 Pre-Operational	P PF	Core
Person in ch	THE RESERVE TO STREET	nd assembly hiost undiness are conkedences	THE PARTY SALES IN THE PROPERTY OF THE PARTY	& O NC	
Britt		Salisbury Stool Buobasan Villersing S		~	on escential
Responsible	nerson's	email email	7. Other (list)	Menu Type (See b	ach of page
Responsible	persons	Citian	7. Other (tist)	Menu Type (See 6	ack of pages
Certified for	od handle			1 2 3 V	
Britta	hu.	Salishury		123_	_45
		RE IDENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
The state of the s		TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	AS "R"
Section #	CINC	R	Narrative	Constitution of the Parish	To Be Corrected by
363	Core	ODish machine	atmospherie.	vacuum	5-1-25
		breaker (AVB)	leaks	7 - 1 - 1 - 1	
Ew I		1) Three bay si	nk drain lin	e	The second
		contains two	leaker		
407	Core	Grout repair N	reeded in l	ran area,	6-1-25
		prep area, ice m	naker area,		
1-1			tation etc.		1
421	Core	grash room o		not	5-25-25
	livela-	light Kitting at		ong	d evilant ze)
201	pf	sides Valore t	,	terfor)	4-26-25
306	6		nor top is	soiled	5-1-25
363	Lore		om draw l	ine	3 1-25
	1781	missing in Kitch	en		
37 34					
	15			111111111111111111111111111111111111111	
				Barriel and the state of	
	distriction of	and the supering t	with the Street Street north in	Committee was no decrease	The second second
Received by		title printed):	Inspecte	d by (name and title printed)	
DXH	rtan.			drew Miller,	EUS
Received by	(signature)	-6-	Inspecte	d by (signature):	
5	W)			dren Mille	1
cc:		cc:	сс:		



460 N. MORTON ST. STE A 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

Establishford  954 E  Owner  Owner addre	nt address model model arge person's of	sta boc email	St Correnvoor DA 4619  Throngs a bound of the corresponding to the corre	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection	tions:
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	THE RESERVE AND ADDRESS OF THE PARTY OF THE
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC			ret service line	& Service	4/26
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALCOHOL:	rod-	hundon 15 stitled.	wa maa kasaa qaa saa saa saa saa saa saa saa saa	o stigut was to spacial	
295	MC NC NC			sorted - by pryor base sink & leaking	is sorted.	
on don	ollostos id si m	log in h	exact expir	ms mercle cooleration date & t		
Required by	nher	title j	orinted: DAWSON	120	sed by (name and title printed  LLT KU  sed by (signature):	
(In)	De V	)	as for	, and the second	ted by (signature):	
cc:			сс:	сс:		

95 S. DRAKE ROAD FRANKLIN IN 46131

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

7-26.

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 San	nation requirements. The time mint for conte	etion of each violation is specified	in the marian, o position of	I
Establishment name	Creek By'll	Telephone Number  ( ) Establishment  ( ) Owner	Date of Inspection  L-2  -25	2895
Owner	J Emerson Ale 4614	Purpose:  1. Routine	Follow-up Release	Date 1-25
Owner address	YPEK Girill Girpenum	3. Complaint	Summary of Violatio	ons:
Person in charge	Steel organisace to enter: Retail fond operates all assembly. My a producta use equipment to a admis restricted to single quest ferrice. Proparat 2 patentistig use valous as de.	4. Pre-Operational 5. Temporary	Panis P	DRO
Responsible person's	email	7. Other (list)	Menu Type (See ba	ck of page)
Certified food handl	Evenhagen (2/7/2	28)	123	4 2 5
	RE IDENTIFIED IN THE OPECKLIST AND NARRAT ATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN			"R"
Section # C/NO	R	Narrative	2000年2011年1日 11日 11日 11日 11日 11日 11日 11日 11日 11	To Be Corrected by
	NO HEMS TIOT	ta y time of		
bolena a yldg	metal strainer equipment - Oc is sold dills to	CEILING WOUND	idle ed between reall icchine dish	Havardous Succession of the su
	tog ko ipodia milito ini amona spojar	of the contraction of the first termination of the first section of the	rambani wa rangganian	T-VIRIDINET
Received by (name an	d title printed):	Inspecte	d by (name and title printed):	
Received by (signature	Lember	Inspecte	d by (signature)	
cc:	cc:	cci		



460 N. MORTON ST. STE A 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.

Establishme At	hen	n et ee e-potentially hazardous foods. A	( ) Establishment	Date of Inspection	ID#
Establishme	nt address	nwood Plaza Drive in	Purpose:	Follow-up Releas	1 1
)wne:	nJ	18131	1. Routine 2. Follow-up	Symmary of Violat	/18/25 ions:
Owner add			Complaint     Pre-Operational	c_Z_NC_	6
erson in cl	no	Hiles may read defense hann	6. HACCP	li er sentiood dagmen	xxelude do
	e person's o	Lor 2 yetennally me relous foods.	7. Other (list)	71	pack of page)
Jor	n	ules		123	_4 <i>V</i> _5
		E IDENTIFIED IN THE CHECKLIST AND NARRA' ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW	
Section #	C/NC	R	Narrative		To Be Corrected by
173	C	Row Fround beef us	vas stored or loap was sto	ver lettuc	0 4/8/25
441	С	Spray bottles and Hot Shot	pest strips	labeled	4/8/25
218	NC	Puffer - Hubbar and two door	the dish area doo cooler at	n cooler	4/8/25
210	1110	contained an a difference of 42°F/43°F	umbient au te	emperatur	1/0/25
218 295	NC	Inside top top and two door	of ice man	egea cookline	4/8/25
399	NC	une soiled (1.e	unterior) n areas (de	iding	4/18/25
43/	NC	Large ice build	- up inside fl	on of	4/18/25
177 Received b	y (name and	inle printed):	red on Walk-W	n - kreezen L eed by (name with title fortsted NAVIII NIII	ler EHS
	(signature)		U.C.	red by (signature):	and down
cc:		cc:	cc:		





BUMA

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

establishment telephone				Date of Inspection
Bamboo	317-535-3355		4/8/2025	
Establishment address	Summary of Violations	,		
4800 W Smith Valley		OC2NC		
Owner			Follow-up	Release Date
Li	No	4/18/2025		
Person - in - Charge	Certified Food Handle	r	Purpose:	Menu Type
			1 Saute 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4-Extensive handling
Establishment Identification #	County	District	Routine	
1931	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:
190	NC		Observed a sheet pan of cooked noodles with a plastic cover located in the walk in cooler @79*F	
173	C		Observed raw chicken stored above cut onions located in the walk in cooler	
441	C		Observed home defense spray - not approved for commercial use	
199	NC		Observed three packages of noodles thawing at room temperature located on the prep table	
-			Notes; - Dish machine observed at 200 ppm	

Como: Hall

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





Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, 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
Bay Horse Inn	Bay Horse Inn 317-760-8778			4/22/2025
Establishment address	Summary of Violations			
1468 West Stones Crossing Roa	OP	0PF 0Core		
Owner			Follow-up	Release Date
Amanda Johns	No	5/2/2025		
Person - in - Charge Certific	in - Charge Certified Food Handler			Menu Type
amanda@barnatbayhorse.com				2-Limited menu
Establishment Identification #	County	District	Routine	
1999 Jo	ohnson	D5		

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

Sec#	P/PF	R?	Violation Observed:	To be Corrected by:
			No items noted at time of inspection	
		+100	Notes:	
			1. Turbo air cooler ambient air temperature observed at 43*F	
			2. Interior of the ice machine is soiled	
			3. Floor under soda boxes is soiled	



Inspected by: Cassi Hall, EHS
(317) 346-43771 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.

Establishment name	Telephone Number	Date of Inspection	ID#
BIG Woods	( ) Establishment		
Establishment address	Owner	4/4/25	2047
1800 E KING ST. FRANKLIN, IN	Purpose:	Follow-up Release	Date
Owner	d. Routine	Follow-up Release	14/25
	2. Follow-up	Summary of Violation	
Owner address	^	Julian, or violation	
Owier address	3. Complaint	or Georgianal thanks (See	
bits benerated belong and countered with vitamestalism		At seatoned departments	Shala maj
Person in charge	5. Temporary	C NC	1 R
TYLER PEDRAZOL	and the second s	contents cooking, con me	processes a
Responsible person's email	7. Other (list)	Menu Type (See bo	ack of page)
Certified food handler  THE COUPER		123(	4 5 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	7.85	204
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW AS	The state of the s
Section # C/NC &	Narrative		To Be Corrected by
200 E(X) SANITIZER NOT			4505
AFTER FINALS		RIVSP	
distinations	ANITIZER MECH	HIVICIIC	
00181111121214			
411 NC Q (2) LIGHTS OUT O	ON EXHOUST A	tood -	- 4/20
43) NC B FLOOR NOT CLOS	AN WEXT TO W	UAZI UNDE	2
BEQUIPMENT IN K	LICHON BA	R ARets -	- 4/20
ELOOR GROUTE	rg NOT CLORE	v in ARen	
and the second s	secretains in conducte halding	rods, Transity of process	spoursymber of
399 NE > WALL COUTES WO			-5/3
190 NC > PRECOOKED PORK	IN deep pins		- 415-
		LES ATORE	
115°F NO	OT A QUEK C	WELL MEST	00
WORD (1) REFLIGREFIOR	NOT IN USO		1/
A AND STREET OF A	The state of the same of the same	TOTAL MEMBERS AND	
Received by (name and title printed): TULEY Peck 7201	Inspec B	ted by (name and title printed):	Ells
Received by (signature):	Inspec	ted by (signature):	
сс: сс:	cc:		

95 S. DRAKE ROAD FRANKLIN IN 46131

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

7-26 (AM)

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

Establish	ment Sanitati	on Requirements. The time limit for correc	tion of each violation is specified		n of this report.
Establishn	nent name	# 242	Telephone Number	Date of Inspection	ID#
Bur	iger !	ing #844	( ) Establishment	4-25-25	5 1658
Establishn	ne address	Greenwood, IN	( ) Owner	19 6	,,,,,,
714	US 31 3	South 46143	Purpose:	Follow-up Releas	
Owner		(	(. Routine	No 5-	-5-25
			2. Follow-up	Summary of Viola	tions:
Owner add	dress		3. Complaint		
			1 Pre Operational	p pf	Core
Person in		tal assembly. Most products are cooked/to	프로마스 실패를 보고 사용하면 사용을 받았습니다. 얼마 없는 그 사용이 되었다.	& O NC	1 8 1
To	e B.	ods is restiteted to single med service. Prep 2 potentially hazardods mods.			
THE RESERVE OF THE PERSON	le person's ema				
Responsib	ne person's em	an and an	7. Other (list)	Menu Type (See	back of page)
Certified for	ood handler				/
	eB.			123_✓	45
-		DENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		
· VIOLATIO	ON(S) REPEATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"
Section 7	# C/NC R	ment in substitution the Substitution of	Narrative	THE ACTUMENT TO SHADE	To Be Corrected by
363	Core	Three lay sink	e right drain	Stopper	5-10-25
	a laboratoria	leaks 0	0		1
361	pf	Backflow preventer o	in the main do	mestic	5-15-25
		water line lasks an	inspection tag.		
			J		-
354	P	Map sink faucet with vacuum breaker (Ave	th an atmospher	10	6-1-25
		vacuum breaker (AVE	3) contains a y-va	we	1
		with Shut - offs.			<u></u>
	THE PARTY OF THE P		Preparation process includes t		nu sametaral Alia
	- Indide d	or power and mazemone mount of 900 pages of the thore and the whole security of the pages of the	esso require from and cold holding		o Camparazani
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		Transport			The late has
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	1 1 1 1	See names Serves and Second States	of the control of Services of the Control of the Co	THE RIGHT OF LIFE BLANCE	The second second
-	y (name and title	printed):		d by (name and title printed	
20		ENEDICT	Andi	rew Miller,	EHS
Received b	(signature):	A .		d by (signature):	0
4	7. Dr	WCY .	Cis	rdrew Mil	ler
cc:		сс:	сс: 3	17-346-438	0





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.

correction of each vi	ioiation is specified in	the narrative portion	of this report.	
	telephone		Date of Inspection	
Burger King #24680 317-530-2978			4/8/2025	
•		Summary of Violations	·	
5979 N State Road 135, Greenwood IN 46143				
Owner				
MCKAY Management INC.				
Certified Food Handler		Purpose:	Menu Type	
			3-Extensive handling	
County	District	Routine		
Iohnson	D5			
0				
	Greenwood IN agement INC. Certified Food Handler	defending telephone 317-530-2978  Greenwood IN 46143  Greenwood IN 46143	Greenwood IN 46143  Greenwood IN 46143  Greenwood IN 46143  Follow-up No Certified Food Handler  County  District  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:
			East exterior door not protected from potential rodents located near the	
414	NC		drink station	
			-Door sweep is worn, daylight was observed	
324	NC		Mop sink basin is damaged and not sealed along the wall	
			Water heater is leaking onto floor	
334	C		Soda station ice bin lacks an air gap located in the kitchen	
			Note: observed a y-valve connected to mop sink faucet with AVB	

Dapy

andrew Maller

Establishment Representative

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