



Bekay
5/27

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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 **110 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 Golden Corral	telephone 317-360-8200	Date of Inspection 5/20/2025
Establishment address 160 South Marlin Drive, Greenwood IN 46142	Summary of Violations 3P, 1Pf, 11CORE	
Owner TBD Foods LLC- Michael Cantey	Follow-up Yes	Release Date 5/30/2025
Person - in - Charge Jenifer Morris Rest2412@goldencorral.net	Certified Food Handler	Purpose: Routine
Establishment Identification # 2575	County Johnson	District D5
		Menu Type 4-Extensive handling

- **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:
450	Pf		Observed many small flies in west server area.	
421	Core		East and West entry/exit doors are not tight-fitting at the center bottom and/or at the bottom.	
442	Core		Walk in cooler threshold is in disrepair - Water comes out of the threshold when you step on it	
213	P		Observed the following internal food temperatures: - Supreme pizza @125°F - Cheese pizza @131°F Employee stated the pizza was made 30 minutes ago	
443	Core		Establishment needs detailed cleaned (including equipment), including under the Taylor ice cream machine and under the front point-of-sale ice bin. West server room soda machine drain lines are soiled	
183	Core		In use pizza cutter utensil stored between the flip top cooler and prep table - Not a clean area/surface	
363	Core		Many faucets leak at the sinks throughout the kitchen	
363	Core		Dirty side of mechanical dish table leaks at top corner of sink. Clean side of mechanical dish table leaks in two different areas.	•
298	Core		Pressure gauge on kitchen dish machine was above 25 psi.	
348	P		Newer kitchen ice maker lacks an air gap on the drain line. East server area ice bin lacks an air gap on the drain line. Front cashier area ice bin lacks an air gap on the drain line.	

Establishment Representative

Inspector: **Andrew M. Collet**
(317) 346-4371

2575 5/20/25

286	Core		Bakery area Entrée refrigeration cooler interior door cover is damaged/cracked.	
213	P		Marinated pork stored on top of ice was 45-48 degrees Fahrenheit while at the hot bar station.	
453	Core		Unused deep fryer with stagnant water was stored inside the exterior dumpster pad area.	
286	Core	R	Taco Bar top counter was cracked/damaged.	
436	Core		Lighting inside walk-in-freezer appears inadequate	
			Notes: 1. Establishment is working on grout repair 2. New shelving units for walk in cooler are on order 3. Pizza flip top cooler is not in use at time of inspection (repairing) 4. Wet rags not in sanitizer at bakery area. 5. One kitchen ice maker contains a very loose bolt without a nut. 6. The North exterior grass area contained debris from what appeared to be from a charbroiler grill.	
			A written approved SOP for time used as a public health control is needed onsite pre new food code 7-26	

Andrew Miller
Cassi Hall EHS



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

By sm
5/14

Based on an inspection this day, the item(s) noted below identify violation(s) of **110 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 Gordon Food Service	telephone 317-882-0700	Date of Inspection 5/12/2025
Establishment address 790 N US 31, Greenwood IN 46142	Summary of Violations 0P, 2PF, 2CORE	
Owner Gordon Food Service	Follow-up No	Release Date 5/22/2025
Person - in - Charge Jason Mp046@gfs.com	Certified Food Handler N/A	Purpose: Routine
Establishment Identification # 648	County Johnson	District D5
		Menu Type 2-Limited menu

- 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/C	R?	Violation Observed:	To be Corrected by:
430	PF		No paper towels provided at women's restroom hand sink	
429	PF		No soap provided at men's restroom hand sink	
306	CORE		Bottom of the end display cooler where milk is stored is soiled	
286	CORE	x	Many door gaskets are split/worn throughout the customer reach in display cooler and freezers	
			Note: Ambient air temperature of the "Fresh Produce" Cooler was observed at 42°F, cut tomatoes and leafy greens are now Time/Temperature Control for Safety Food Products (TCS)	

Jason W. Keene
Establishment Representative

Cassi Hall
Inspected by: Cassi Hall, EHS



(317) 346-43731 chall@co.johnson.in.us

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 Crafton Peak Catering	Telephone Number () Establishment () Owner	Date of Inspection 5/29/25	ID# 1782
Establishment address 410 E Main St Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date
Owner Crafton Peak Catering		Summary of Violations: p PF 1 C 2	
Owner address		Menu Type (See back of page) 1 2 ✓ 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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

[illegible]

Received by (name and title printed): Cristian A. Figueroa	Inspected by (name and title printed): Paul Betiku #15
Received by (signature): 	Inspected by (signature): 
cc:	cc:



Betsy
5/27

✓

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 name Grafton Peek Social Hall		Telephone Number 317-502-8895		Date of Inspection 5/21/2025	
Establishment address 171 S Madison Ave Greenwood, IN 46143			Summary of Violations: 0C, 0P, 1Pf		
Owner Megan and Brian Yeagy Email- info@griftonpeckgreenwood.com			Follow-up Yes		Release Date 5/31/2025
Person in charge Brian Yeagy- owner		Certified food handler Brian Yeagy AAA Food Handler exp 10/4/2028		Purpose Routine	
Establishment Identification # 2896		County Johnson		District D5	
				Menu Type 1- Limited menu	

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority as "P", and Priority Foundation as "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:
281	Pf		No sanitizer test strips available	5/21/25

Received by

Inspected by Mia Papageorge, EHS
(317) 868-8818 mpapageorge@co.johnson.in.us



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

6/5/25

Date 5/22/25

No. of Risk Factor/Intervention Violations

0

Time In 8am

Time Out 9:45am

No. of Repeat Risk Factor/Intervention
Violations

0

Establishment	Address	City/State	Zip Code	Telephone
Grand Brook Memory Care of Greenwood	2444 S SR 135	Greenwood, IN	46143	
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
2307	Constant Care MGT. Co.	Routine		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Time/Temperature Control for Safety			
1	IN OUT N/A N/O			17	IN OUT N/A N/O		
Person in charge present, demonstrates knowledge, and performs duties				Proper disposition of returned, previously served, reconditioned & unsafe food			
2	IN OUT N/A N/O			Consumer Advisory			
Certified Food Protection Manager				25	IN OUT N/A N/O		
Employee Health				Consumer advisory provided for raw/undercooked food			
3	IN OUT N/A N/O			Highly Susceptible Populations			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				26	IN OUT N/A N/O		
4	IN OUT N/A N/O			Pasteurized foods used; prohibited foods not offered			
Proper use of restriction and exclusion				Food/Color Additives and Toxic Substances			
5	IN OUT N/A N/O			27	IN OUT N/A N/O		
Procedures for responding to vomiting and diarrheal events				Food additives: approved & properly used			
Good Hygienic Practices				28	IN OUT N/A N/O		
6	IN OUT N/A N/O			Toxic substances properly identified, stored, & used			
Proper eating, tasting, drinking, or tobacco products use				Conformance with Approved Procedures			
7	IN OUT N/A N/O			29	IN OUT N/A N/O		
No discharge from eyes, nose, and mouth				Compliance with variance/specialized process/HACCP			
Preventing Contamination by Hands				Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
8	IN OUT N/A N/O						
Hands clean & properly washed							
9	IN OUT N/A N/O						
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed							
10	IN OUT N/A N/O						
Adequate handwashing sinks properly supplied and accessible							
Approved Source							
11	IN OUT N/A N/O						
Food obtained from approved source							
12	IN OUT N/A N/O						
Food received at proper temperature							
13	IN OUT N/A N/O						
Food in good condition, safe, & unadulterated							
14	IN OUT N/A N/O						
Required records available: molluscan shellfish identification, parasite destruction							
Protection from Contamination							
15	IN OUT N/A N/O						
Food separated and protected							
16	IN OUT N/A N/O						
Food-contact surfaces; cleaned & sanitized							

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30				43			
Pasteurized eggs used where required				In-use utensils: properly stored			
31				44			
Water & ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled			
32				45			
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used			
Food Temperature Control				46			
33				Gloves used properly			
Proper cooling methods used; adequate equipment for temperature control				Utensils, Equipment and Vending			
34				47			
Plant food properly cooked for hot holding				Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
35				48			
Approved thawing methods used				Warewashing facilities: installed, maintained, & used; test strips			
36				49			
Thermometers provided & accurate				Non-food contact surfaces clean			
Food Identification				Physical Facilities			
37				50			
Food properly labeled; original container				Hot & cold water available; adequate pressure			
Prevention of Food Contamination				51			
38				Plumbing installed; proper backflow devices			
Insects, rodents, & animals not present				52			
39				Sewage & wastewater properly disposed			
Contamination prevented during food preparation, storage & display				53			
40				Toilet facilities: properly constructed, supplied, & cleaned			
Personal cleanliness				54			
41				Garbage & refuse properly disposed; facilities maintained			
Wiping cloths: properly used & stored				55			
42				Physical facilities installed, maintained, & clean			
Washing fruits & vegetables				56			
Adequate ventilation & lighting; designated areas used							

Person In Charge (Signature)

Date: 5/22/25

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date: none

W. J. G.



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #
2307

Date
5/22/25

Establishment

Address

City/State

Zip Code

Telephone

Grand Brook Memory Care of Greenwood

2444 S SR 135

Greenwood, IN

46143

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.

Complete by Date:

Published Comment

An ice maker in southern kitchen is not provided. The establishment is scooping ice at the northern kitchen & transporting it in a cooler to the southern kitchen. Recommend the ice in the cooler be draining at all times to prevent the potential for contamination. The melted ice liquid has the potential to become contaminated and then will not drain away.

Upon discussion with the person in charge, the establishment is using pasteurized egg product when pooling eggs and not offering undercooked eggs to the residents.

Automatic Dish Machines appear to be adequately sanitizing at time of inspection.

Person In Charge (Signature)

Date:

Inspector (Signature)

Elizabeth Senisse

Date: **5/22/25**

Betsy
5/27



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 **110 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 Green Ginger		telephone 317-743-8288		Date of Inspection 5/31/2025
Establishment address 1675 West Smith Valley Road, Greenwood IN 46142			Summary of Violations 2P, 0PF, 6core	
Owner Celia Lin			Follow-up Yes	Release Date 5/2/2025 5-31-25
Person - in - Charge Celia Lin Celialin85@gmail.com	Certified Food Handler		Purpose: Routine	Menu Type 3-Extensive handling
Establishment Identification # 2123	County Johnson	District 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:
213	P		Observed many containers of Salmon with an internal temperature of @48°F stored in the two door cooler in the sushi area	Recommend discarding all PHF/TCS food
286	CORE		Two door cooler located in the sushi area ambient air temperature observed at 48°F Kitchen two door cooler ambient air temperature observed at 42°F	
254	CORE		Observed a plate of fish and a container of cut lemons stored in the Coca-Cola ice bin Observed containers of food products stored inside open food product containers inside the flip top cooler	Recommend discarding food products
213	P		Observed the following internal food temperatures inside flip top cooler <ul style="list-style-type: none">- Cut hard boiled eggs @54°F- Previously cooked chicken @45°F- Raw shrimp @60°F Observed the following internal food temperatures inside the two door cooler in kitchen <ul style="list-style-type: none">- Fried shrimp @60°F	Recommend discarding all PHF/TCS food

Establishment Representative

Inspector: **Chall**
(317) 346-1371 chall@co.johnson.in.us

#2123 5/21/25

		- Fried vegetables @70°F	
189	CORE	Food products not stored 6" off kitchen and walk in cooler floor	
148	CORE	Observed employee eating at kitchen prep table	
306	CORE	Sides of cooking equipment are soiled	
443	CORE	Floor under cook line is soiled	
		Note: establishment is reusing a hot sauce container for hand soap	


Establishment Representative



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.

- 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
301	PF		No sanitizer test strips (Chlorine and Quat)	5-10-25
279	PF		No probe food thermometer(s)	5-10-25
284	Core	↑	Various beer coolers and refrigerator units are not easily movable	6-9-25 I
306	Core		Ball room bar ice maker interior top is soiled	5-10-25 I
			Note: Fum has main backflow preventer (RPT) on domestic water line in downstairs utility room	

Received by (name and title printed):		Inspected by (name and title printed): Andrew Miller, ENS	
Received by (signature): Marcia Owens		Inspected by (signature): Andrew Miller	
cc: Marcia Owens	cc:	cc:	



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

Bekm
5/20

Based on an inspection this day, the item(s) noted below identify violation(s) of **110 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.

establishmentHH	Hardees	telephone	Date of Inspection
Establishment add	1001 N 31 Whiteland IN	Summary of Violations	5/19/2025
Owner	1501064@falconholdings.com	Follow-up	Release Date
Person - in - Charge	Certified Food Handler	No	5/22/2025
Establishment Identification #	Marise Herrera Rivero	Purpose:	Menu Type
1873	County	Routine	1- Limited menu
	Johnson		
	District		
	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/Core	R?	Violation Observed:	To be Corrected by:
388	core		Outside dumpster lid is not closed	5-19-25
392	core		Trash dumpster enclosure area is soiled	5-20-25
407	core		Cove base under the 3-bay sink is broken and missing	8-20-25
447	core		Maintenance items are not stored neatly.	5-19-25
213	p		Tomatoes and portions of ham on the service line are not maintained at 41 or below	5-19-25
407	core		The freezer floor is rusted	8-20-25
443	core		The floor by the walkin cooler drain is soiled	5-19-25
293	pf		The sanitizer water is soiled in the 3 bay sink	5-19-25

Marise B. Herrera Rivero
Establishment Representative

Terry Bayless
Inspected by: Terry Bayless, EHS
tbayless@co.johnson.in.us

Bottom
5/12



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 **110 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 Holiday Express Marathon		telephone 317-889-6514	Date of Inspection 5/7/2025	
Establishment address 560 SR 135, Greenwood IN 46142			Summary of Violations 2P, 3PF, 6CORE	
Owner			Follow-up Yes	Release Date 5/17/2025
Person - in - Charge Marthon135m@gmail.com		Certified Food Handler		Purpose: Routine
Establishment Identification # 2462		County Johnson	District D5	Menu Type 2-Limited menu

- **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:
380	P		Ice machine located on top of the soda machines lack an air gap	
216	P		Sliced pizza located in the warmer unit was observed @115°F with no time stamp/sticker <ul style="list-style-type: none">- Manager stated that the establishment uses time as a public health control- SOP is needed per new food code	
286	CORE		Display cooler condenser is dusty/soiled <ul style="list-style-type: none">- Display cooler (with TSC food) ambient air temperature observed @42°F	
279	PF		Observed no metal probe food thermometer	
281	PF		Observed no chlorine sanitizer test strips	
421	CORE		1. Back exterior door located by the dumpster is not self-closing 2. Side exterior door is not self-closing 3. Front door observed left open	
306	CORE		Walk in cooler shelves are soiled	
430	PF		Observed no paper towels at kitchen hand sink	

Establishment Representative

Inspected by: Cassi Hall, EHS
(317) 346-43771 chall@co.johnson.in.us

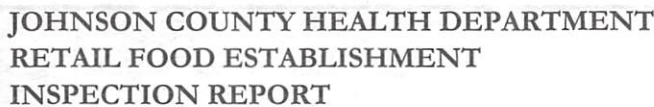
#2462 5/7/25



		Observed no paper towels in women's restroom	
442	CORE	Cove base is missing in storage room where the three bay sink is located	
189	CORE	Storage units/racks used to store single use items are not 6" off the floor	
286	CORE	HomeCity ice freezer unit is not easily movable - Manager stated that they do not use any of the products in the freezer unit.	
	Notes:	1. Grease trap needs cleaned 2. Recommend shelving racks or a clean storage rack is needed to store clean dishes to air dry 3. A/C Unit is not working 4. Kitchen hand sink needs sealed to the wall	

Establishment Representative

Inspected by: Cassi Hall, EHS
(317) 346-43771 chall@co.johnson.in.us



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

Establishment name INDIAN MASONIC Home / BISTRO	Telephone Number () Establishment () Owner	Date of Inspection 5/6/25	ID# 2787
Establishment address 690 STATE ST. FRANKLIN, IN	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up —	Release Date 5/16/25
Owner INDIAN MASONIC Home		Summary of Violations: <input checked="" type="radio"/> P <input checked="" type="radio"/> PF <input checked="" type="radio"/> Core <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	
Owner address		Menu Type (See back of page)	
Person in charge DREW BRUGGEMAN		1 2 3 <input checked="" type="radio"/> 4 5	
Responsible person's email			
Certified food handler DREW BRUGGEMAN (SERVSAFE)			

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

[illegible]

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

CC:



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

Establishment name KING BUFFET	Telephone Number () Establishment () Owner	Date of Inspection 5/12/25	ID# 2041
Establishment address 2239 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/22/25
Owner EN CHEN EN CHEN		Summary of Violations:	
Owner address		0 (P) 0 (PF) 0 (CORE)	
Person in charge EN CHEN		— — —	
Responsible person's email		Menu Type (See back of page)	
Certified food handler EN CHEN (SERVSAFE)		1 — 2 — 3 — 4 (X) 5 —	

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed): En Chen	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): En Chen	Inspected by (signature): Bob Smith
cc:	cc: