





460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 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 McDonalds	Telephone Number () Establishment () Owner	Date of Inspection 12/1/22	ID# 2187
Establishment address US 31 Franklin, IN 46131	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 No	Release Date 12/1/22
Owner		Summary of Violations: C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input checked="" type="radio"/>	
Owner address			
Person in charge		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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"

Section #	C/NC	R	Narrative	To Be Corrected by
270	NC		3 bay sink needs labeled for wash, rise, sanitize	12/5/22
295	NC		Be aware and clean dairy nozzles on all equipment frequently - cut creamer nozzle at an angle	12/1/22
			NOTE: - Order new fryer baskets soon or once if fray - always hang up mop to dry - if mechanical dishwasher is not in use, place a "do not use sign"	

Received by (name and title printed): X APPA Chandler	Inspected by (name and title printed): Jaycie Miller
Received by (signature): 	Inspected by (signature): 
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Beth 12/9

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 Meijer #132	Telephone Number () Establishment () Owner	Date of Inspection 12/02/22	ID# 636
Establishment address 150 S. Main St. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12/16/22
Owner Meijer.		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Anne Scruggs			

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Section #	C/NC	R	Narrative	To Be Corrected by
			No observations made this	
411/295	NC		Lights out inside the cake cooler & no shield for lights inside the cooler.	12/9/22
218	NC		there's heat in one faucet at bulk storage in fresh food storage	
431	NC		Drain by mop station is soaked	
411	NC		Lights are out inside upright cooler at frozen pizza & frozen vegetables.	12/09/22
218	NC		Door gasket is worn at ice cream upright cooler	

Received by (name and title printed):

Paul Koenig

Inspected by (name and title printed):

Paul Bethany EHS

Received by (signature):

Paul Koenig

Inspected by (signature):

cc:

cc:

cc:



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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 Meijer #295	Telephone Number () Establishment () Owner	Date of Inspection 12/14/22	ID# 2048
Establishment address 2390 N Morton St	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date
Owner		Summary of Violations:	
Owner address		C 0 NC 3 R 0	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 1 2 0 3 0 4 1 5 0	
Certified food handler Robin Owens Serv safe Exp. 2027			

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[illegible]

Received by (name and title printed): Robin Owens GMLL		Inspected by (name and title printed): Paul Betker Lots
Received by (signature): Robin Owens		Inspected by (signature): Paul Betker
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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Belm
12/22

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 Moose Lodge #2079	Telephone Number () Establishment () Owner	Date of Inspection 12/20/22	ID# 389
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 12/30/22
Owner		Summary of Violations: C 3 R	
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"
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[illegible]

Received by (name and title printed): + Jim Kerchner Administrator		Inspected by (name and title printed): Cass Hall
Received by (signature): + J. Kels		Inspected by (signature): Cass Hall
cc:	cc:	cc:

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 My Super Taqueria	Telephone Number () Establishment () Owner	Date of Inspection 12-19-22	ID# 2582
Establishment address 89 E Jefferson St, 46131	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 12-29-22
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Person in charge			
Responsible person's email			
Certified food handler Francisco Garcia Lopez (exp 4/8/26)			

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Section #	C/NC	R	Narrative	To Be Corrected by
425	NC		Map not hung up.	Corrected.
411	NC		Observed one light out in restroom	
218	NC		True flip top cooler door gasket is split/worn	
177	NC		Bottom Storage Shelves appears not 6" off floor. Note: All lights must be on to reach adequate light intensity. Note: Store all personal medication & first-aid kit in designated area.	
			NC Certified Food handler is needed by May 2023	

Received by (name and title printed): X Roberto ✓		Inspected by (name and title printed): Cass Hall
Received by (signature): X Roberto ✓		Inspected by (signature): Cass Hall
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Beta 1/4

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 Neathen's BP	Telephone Number () Establishment () Owner	Date of Inspection 12-29-22	ID# 293
Establishment address 9614 SR 144		Follow-up	Release Date 1-8-23
Owner 46151	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <input checked="" type="checkbox"/> NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 4 <input checked="" type="checkbox"/> 5	
Person in charge			
Responsible person's email			
Certified food handler Ronda Utt (3/21/27)			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floor throughout establishment is soiled. ↳ under equipment ↳ under shelving units ↳ walk-in cooler floor	1-5-23
431	NC		Floor drains in kitchen are soiled	
218	NC		Walk in freezer door gasket is split/worn	1-29-23
218	NC		Walk in cooler door gasket is split/worn where water is stored.	
174	NC		Bulk food products not labeled.	12-29-22
324	NC		Observed a leak at prep sink drain connection	On order
177	NC		Single Use Items (foam cups) not stored 6" off floor by tables	12-30-22
216	NC		Wood blocks (paws) used to hold up walk-in cooler shelving units	1-29-23
295	NC		2 door stand up cooler shelving racks are soiled/musty	
234	NC		Observed in use utensils stored on/in trash can by pizza oven.	12-29-22

Received by (name and title printed): X [Signature] Ronda Utt	Inspected by (name and title printed): Cassi Hall
Received by (signature): X [Signature] Ronda Utt	Inspected by (signature): [Signature] Cassi Hall
cc:	cc:

NARRATIVE REPORT

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Belem
12/19

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 Olive Garden	Telephone Number (317) 887-3030	Date of Inspection 12/8/22	ID# 227
Establishment address 1274 US 31N. Greenwood, IN 46142	() Owner	Follow-up No	Release Date 12/18/22
Owner Garden Corp.	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>1</u> NC <u>4</u> R	
Owner address		Menu Type (See back of page) 1 2 3 4 <u>✓</u> 5	
Person in charge Casey Reynolds			
Responsible person's email			
Certified food handler Gody Refass			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		① Vents on both sides of mechanical dish machine are soiled ② Cooking equipment wheels/casters are soiled	12/15/22
218	NC	✓	① Pasta cooking baskets contain a peeling coating on top handles and three baskets are damaged/worn	Corrected
218	NC		① Left bottom metal drop plate is cracked/damaged on both top edges	12/25/22
			③ Interior doors for pasta reach-in-cooler are cracked/damaged	1/10/23
324	NC		Three bay sink leaks from below piping (in two areas)	12/25/22
254	NC		Thermometer for Crescor hot box was not accurate	12/10/22
187	NC	✓	Low fat and chocolate milk measured 43°F while inside North Server one door reach-in-cooler	Corrected Vol. Discarded

Received by (name and title printed): Casey Reynolds	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:




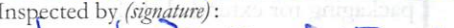
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <u>Ow Table</u>	Telephone Number () Establishment	Date of Inspection <u>12 2 22</u>	ID# <u>2501</u>
Establishment address <u>5080 SR 135 Bungalow</u>	() Owner	Follow-up <u>NO</u>	Release Date <u>12 12 22</u>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Joseph P. Miller		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

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 On the Border	Telephone Number () Establishment () Owner	Date of Inspection 12/5/22	ID# 1522
Establishment address 867 US 31 N Greenwood, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/12/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler X Tori Burner			

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[illegible]

Received by (name and title printed): + Tori Burner manager		Inspected by (name and title printed): Terry D. Bayless
Received by (signature): * Tori Burner		Inspected by (signature): Terry D. Bayless
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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 Planetary Brewing	Telephone Number () Establishment () Owner	Date of Inspection 12-14-22	ID# 1941
Establishment address 188 S Madison Ave, Greenwood	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 12-24-22
Owner		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): X Andrew Groves		Inspected by (name and title printed): Cassi Hall	
Received by (signature): X [Signature]		Inspected by (signature): Cassi Hall	
cc:		cc:	



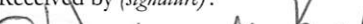

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Penina Hut	Telephone Number 317) 888-7500	Date of Inspection 12-8-22	ID# 2184
Establishment address 1022 US31 46143	() Owner	4pm	
Owner Quality Huts Indianapolis, LLC	Purpose: 1. Routine	Follow-up No	Release Date 12-18-22
Owner address	2. Follow-up	Summary of Violations:	
	3. Complaint	C 0 NC 3 R	
Person in charge Hannah Kilgore	4. Pre-Operational		
Responsible person's email	5. Temporary	Menu Type (See back of page)	
Certified food handler Hannah Kilgore 11-15-27	6. HACCP	1 2 3 X 4 5	
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floor Soiled throughout establishment, specifically Walk-in-Cooler & Freezer, Under equipment such as AutoChlor dish machine & 3-bay	12-10-22
4310	NC		Ceiling vent excessively soiled (intake) located above storage shelves w/ Spatulas & boxes of single-use items such as Black 2.5oz portion cups	12-8-22
346	AC		Note: Soap ext @ 1 hand sink Fry Fryer. Wrong soap was delivered	12-8-22
347	NC		Towels @ above-mentioned hand sink Note: Spr Soap dispensing tube observed in center bay of 3-bay sink. That bay is to be used for rinsing only	12-8-22

Received by (name and title printed): Hannah Kildore Shift Manager	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): 	Inspected by (signature): 
cc:	cc: 317-346-4373

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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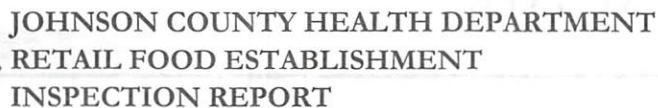
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Pizza Hut</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/16/22</i>	ID# <i>2185</i>
Establishment address <i>4800 Smith valley</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>12/30/22</i>
Owner <i>Greenwood, IN 46142</i>		Summary of Violations: C <u> <i>⓪</i> </u> NC <u> <i>⓪</i> </u> R <u> <i>⓪</i> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> <i>✓</i> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Ashley Fliegelman</i>			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
Received by (signature):		Inspected by (signature):
cc:	cc:	cc:



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Establishment name Poe's QUALITY MEATS	Telephone Number () Establishment () Owner	Date of Inspection 12/5/22	ID# 1276
Establishment address 1108 W 200 N FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up <u>—</u>	Release Date 12/15/22
Owner Keegan Poe		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R _____	
Person in charge Keegan Poe		Menu Type (<i>See back of page</i>)	
Responsible person's email		1 _____ 2 <u>2</u> 3 _____ 4 _____ 5 _____	
Certified food handler <u> </u>			

- [illegible]

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Bekm
12/14

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 <i>Rally's #7208</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-9-22</i>	ID# <i>2287</i>
Establishment address <i>839 US 31 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>12-19-22</i>
Owner <i>Checkers drive in restaurant</i>		Summary of Violations: <i>C 0 NC 4 R</i>	
Owner address <i>inc</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Rachael Maxie</i>			
Responsible person's email			
Certified food handler <i>No proof</i>			

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

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Section #	C/NC	R	Narrative	To Be Corrected by
324	C		Note: Grease trap requires professional cleaning. Provide copy of receipt to eschultz@co.johnson.in.us or Health@co.johnson.in.us	12-14-22
431	NC		Floors are soiled throughout facility - under equipment, @ drive-thru, under store room shelves	12-9-22
431	NC		South ice bin used to store liquid flavoring is excessively soiled	12-9-22
402	NC		Inverted plastic bin racks used as dunnage rack makes floor not easily cleanable	12-9-22
430	NC		Broken shelf in walk-in cooler and @ drive-thru	12-9-22
118	C		Note: Certified food handler left employment 4 days ago	

Received by (name and title printed):

Rachael Maxie

Received by (signature):

Rachael Maxie

Inspected by (name and title printed):

Elizabeth Schultz

Inspected by (signature):

Elizabeth Schultz

cc:

cc:

cc:

317-346-4373



JOHNSON COUNTY HEALTH DEPARTMENT
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Butz
12/16

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 BOUX-BA ROUX / THE MINT	Telephone Number () Establishment () Owner	Date of Inspection 12/16/22	ID#
Establishment address 40 N WATER ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 12/26/22
Owner CORY O'SULLIVAN		Summary of Violations: C <u>1</u> NC <u>8</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <u>4</u> 5	
Person in charge CORY O'SULLIVAN			
Responsible person's email			
Certified food handler (NOT PROVIDED)			

- 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
187	C	*	POTENTIALLY HAZARDOUS FOOD ITEMS IN KITCHEN REFRIGERATOR IN KITCHEN AMBIENT FOOD TEMPERATURES 43.5°F 50°F NOT AT 41°F OR LESS	FOODS TO BE DISCARDED 12/16
255	NC	*	REFRIGERATOR AMBIENT AIR TEMPERATURE 50°F, THERMOMETER NOT ACCURATE - 12/17	
411	NC	*	SOME CEILING LIGHTS OUT IN KITCHEN	12/30
324	NC	*	HOT WATER NOT AVAILABLE AT HANDSINK IN KITCHEN	12/30
324	NC	*	HOT WATER IN RESTROOM 125°F NOT AT 100°F - 120°F	12/26
431	NC	*	FLOOR NOT CLEAN IN AREAS OF KITCHEN (NEXT TO WALL, UNDER EQUIPMENT)	12/26
239	NC	*	ICE SCOOP STORED ON TOP OF ICE MAKER	12/18
295	NC	*	SIDE OF GRILL / DEEP FRYER NOT CLEAN	12/20
NOTE		*	SOME ITEMS STORED IN HANDSINK AREA	corrected 12/16
NOTE		*	REACH-IN FREEZER IN KITCHEN 7°F NOT AT 0°F	12/16
431	NC	*	RESTROOM EXHAUST COVERS DUSTY/NOT CLEAN	12/30

Received by (name and title printed): Cory O'Sullivan	Inspected by (name and title printed): Bob Smith ZNS
Received by (signature): 	Inspected by (signature):
cc:	cc: