



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Beky
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 Snoektown Brewery	Telephone Number () Establishment () Owner	Date of Inspection 12-14-22	ID# 2499
Establishment address 223 W 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 12-24-22
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC 4 R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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"

Section #	C/NC	R	Narrative	To Be Corrected by
291	NC		Observed no sanitizer test strips for 3 bay sink in kitchen ↳ quat test strips are needed sink	
324	NC		Observed a leak at the kitchen 3 bay drain connection	
347	NC		Observed no paper towels at kitchen hand sink ↳ paper towels are needed for upstairs bar hand sink	Corrected.
351	NC		Didn't observe a cover waste receptacle in the following restrooms restrooms ↳ down stairs restroom restroom ↳ both restrooms upstairs. Note: All spray bottles need to be labeled. Note: post certified food handler	

Received by (name and title printed): X Sidney Davis	Inspected by (name and title printed): Cass Hall
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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*Beky
12/19*

12-21-22

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 <i>Speedway #8031</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-14-22</i>	ID# <i>1649</i>
Establishment address <i>221 S SR 135, Bargersville</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>12-24-22</i>
Owner		Summary of Violations: <i>C 1 NC 14 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Michael Quakenbush (12/15/22)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>Observed food products hot holding on the warmer unit ranging from 129°F-134°F ↳ Employee stated they were made at 10 am.</i>	<i>discarded.</i>
<i>218</i>	<i>NC</i>		<i>Observed Deli Subs, Wraps, & Sandwiches Customer Reach-in Cooler ambient air temperature at 43°F ↳ All P.H.F needs to be moved to the walk-in cooler.</i>	<i>Corrected.</i>
<i>431</i>	<i>NC</i>	<i>X</i>	<i>Cabinet under Slurpee and Soda machines are soiled</i>	
<i>431</i>	<i>NC</i>		<i>Floor around mop sink is soiled</i>	
<i>431</i>	<i>NC</i>		<i>Floor under Soda boxes are soiled</i>	
<i>431</i>	<i>NC</i>		<i>Wall behind Soda boxes is soiled</i>	
<i>431</i>	<i>NC</i>		<i>Floor under equipment and shelving units are soiled ↳ inside walk-in cooler and throughout establishment</i>	
<i>218</i>	<i>NC</i>		<i>True stand up freezer in back room door gasket is split/worn</i>	

Received by (name and title printed): <i>Jennie Hale</i>	Inspected by (name and title printed): <i>Cassi Hall / Kevin R. Paul</i>
Received by (signature): <i>Jennie Hale</i>	Inspected by (signature): <i>Cassi Hall / K-R Paul</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name Speedway #8031			Address 221 S SR135			Inspection Date 12-18-12		
Section#	C/NC	R	REMARKS				TO BE CORRECTED BY	
218	NC		Walk-in cooler door gasket is split/worn where lemonade is stored.					
			Note: Brooms & dust pans should be hung up floor by coffee machines is soiled					
431	NC							
295	NC	X	Speedy premium specialties machines nozzles are soiled					
295	NC		Soda machine nozzles are soiled					
295	NC		Soda machine ice chute is soiled.					
430	NC		Floor tiles through out establishment are worn					
324	NC		One man's urinal is not flushing properly.					
			Note: Women's toilet & wall around it needs cleaned.					
			Note: Keep date markings					
			Note: Observed a gallon of milk with the best by date of 12/18/12					
			Note: Make sure food products & single use items are 6" off ground					
Received By (Name & Title)			Inspected By (Name & Title)				Page <u>2</u> of <u>2</u>	
<i>X Jerome P...</i>			<i>Cassidy Hill / KRP</i>					



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Before 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 <i>Subway #29448</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/08/22</i>	ID# <i>1240</i>
Establishment address <i>1251 US 31 W Greenwood</i>	Owner <i>46142</i>	Follow-up <i>←</i>	Release Date
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C <u>0</u> NC <u>2</u> R <u>0</u></i>	
Person in charge		Menu Type (See back of page) <i>1 2 3 <u>4</u> 5</i>	
Responsible person's email			
Certified food handler <i>Autumn Campbell 4/10/23</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>425</i>	<i>NC</i>		<i>mop is not hung</i>	<i>12/15/22</i>
<i>411</i>	<i>NC</i>		<i>Light inside walk-in freezer is below required foot candle</i>	<i>1</i>
<i>NOTE: please clean out all floor drains</i>				

Received by (name and title printed): <i>Suman Kaur</i>	Inspected by (name and title printed): <i>Paul Betton EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beky
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 Sweet Scoop MARKET	Telephone Number () Establishment () Owner	Date of Inspection 12/8/22	ID# 2449
Establishment address 300 TRACY Rd new WHITLAND	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 12/18/22
Owner SARAH		Summary of Violations: 5 C <u>0</u> NC <u>5</u> R <u>0</u>	
Owner address	Menu Type (See back of page) 1 <u>2</u> 3 <u>3</u> 4 <u>0</u> 5 <u>0</u>	Responsible person's email	
Person in charge KAREN FRANKENBERGER		Certified food handler	

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC	*	BACK STOCK ROOM - BOXES OF SINGLE SERVICE ITEMS (CUPS, ETC.) NOT STORED OFF FLOOR MAXIMUM OF 6 INCHES	12/14/22
256	NC	*	BACK STOCK ROOM - ICE CREAM CHEST FREEZER THERMOMETER NOT SEEN	12/14
324	NC	<	Faucet leaks at 3 compartment sink	12/30
399	NC	<	WALL LOUVE BASE NOT INSTALLED IN AREAS BEHIND ICE CREAM CHEST FREEZERS	12/30
291	NC	*	CHEMICAL TEST PAPERS FOR BLOTCH (SODIUM HYPOCHLORITE) NOT PROVIDED	12/15

Received by (name and title printed): Karen Frankenger cashier	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Karen Frankenger</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Belton
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 <i>Taco Bell</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/14/22</i>	ID# <i>241</i>
Establishment address <i>801 North US 31 Greenwood</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>12/26/22</i>
Owner		Summary of Violations: <i>C 1 NC 2 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>	<i>①</i>	<i>Floors soiled in multiple areas in kitchen - under fryer, freeze machine</i>	<i>12/20/22</i>
		<i>②</i>	<i>Stand up freezer by fryer - bottom needs cleaned</i>	
<i>295</i>	<i>NC</i>		<i>Soda machine in drive thru soiled</i>	<i>12/16/22</i>
<i>294</i>	<i>C</i>		<i>Sanitizer in 3 bay sink low</i>	<i>12/16/22</i>

Received by (name and title printed): <i>X Kaylee Smith</i>	Inspected by (name and title printed): <i>Jayce Miller</i>
Received by (signature): <i>X Kaylee Smith</i>	Inspected by (signature): <i>Jayce Miller EAS</i>
cc:	cc:



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Began
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 Top Tier Cakes	Telephone Number () Establishment () Owner	Date of Inspection 12-29-22	ID# 2631
Establishment address 225 N US 31, 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 1-8-23
Owner		Summary of Violations: C <u>0</u> NC <u>3</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 Jenna Rigsby (8/13/21)			

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Section #	C/NC	R	Narrative	To Be Corrected by
415	NC		Observed rodent like droppings by mop sink / water heater	
174	NC		Bulk Food products not labeled.	
218	NC		Stand up freezer door gasket is split/worn	
			Note: All toxic chemicals need to be stored away from food & single use items	
			Note: Label all spray bottles.	
			Note: Irish Pest Control was at establishment on 12-1-22	

Received by (name and title printed): X Jenna Rigsby	Inspected by (name and title printed): Cassi Hall
Received by (signature): X Jenna Rigsby	Inspected by (signature): Cassi Hall
cc:	cc:

