



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 <b>Smacktown Brewery</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12-14-22</b>	ID# <b>2499</b>
Establishment address <b>223 W Main St, Greenwood</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>12-24-22</b>
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 checked="" 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 ↳ down stairs restrooms ↳ both restrooms upstairs Note: All spray bottles need to be labeled. Note: post certified food handler	

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





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

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

• 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		Observed food products hot holding on the warmer unit ranging from 129°F-134°F Employee stated they were made at 10 am.	discarded.
218	NC		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.	Corrected.
431	NC	X	Cabinet under Slurpee and Soda machines are soiled	
431	NC		Floor around mop sink is soiled	
431	NC		Floor under Soda boxes are soiled	
431	NC		Wall behind Soda boxes is soiled	
431	NC		Floor under equipment and shelving units are soiled inside walk-in cooler and throughout establishment	
218	NC		True stand up freezer in back room door gasket is split/worn	

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



## NARRATIVE REPORT

[illegible]

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 <b>Starbucks</b>	Telephone Number (   ) Establishment (   ) Owner	Date of Inspection <b>12/27/22</b>	ID# <b>2327</b>
Establishment address <b>153 Grandville Dr Franklin, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>1/7/22</b>
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
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): X Jodi Wallace		Inspected by (name and title printed): Jacyie Miller	
Received by (signature): X J Wallace		Inspected by (signature): Jacyie Miller	
cc:	cc:	cc:	



# 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



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 Rd Greenwood 150</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner <i>46142</i>		Summary of Violations:  C <u><i>0</i></u> NC <u><i>2</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>Autumn Campbell 4/10/23</i>			

- 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): Suman Kaur		Inspected by (name and title printed): Paul B. Etkin	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	



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

Establishment name <i>Subway</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/08/22</i>	ID# <i>1270</i>
Establishment address <i>494 M US 31</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:  C <i>⊙</i> NC <i>⊙</i> R <i>⊙</i>	
Owner address		Menu Type (See back of page)  1 <i>—</i> 2 <i>—</i> 3 <i>✓</i> 4 <i>—</i> 5 <i>—</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Autumn Campbell</i> <i>8/10/23</i>			

- 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):

Received by (name and title printed):  
\* Chirag Bhal \*

Received by (signature):

re):



CC:

CC:

Inspected by (name and title printed):

inspected by name and title printed  
Paul Betton LHS  
 Date: 11/11/2011 (signature)

Inspected by (signature):

Inspected by (signature):  
Paul Betts  
cc:

CC



# 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

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</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/02/22</i>	ID# <i>1744</i>
Establishment address <i>84 S. State rd. 135 Bensenville IL 60006</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>12/16/22</i>
Owner		Summary of Violations:	
Owner address		C <u><i>⓪</i></u> NC <u><i>⓪</i></u> R <u><i>⓪</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>  </u> 3 <u><i>✓</i></u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler <i>Dhruv Patel (Exp 5/4/26) Serv safe</i>			

- 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): Radhika Patel		Inspected by (name and title printed): Paul Betton Ets
Received by (signature): Radhika Patel		Inspected by (signature): Paul Betton
cc:	cc:	cc:



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

Bekm  
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.

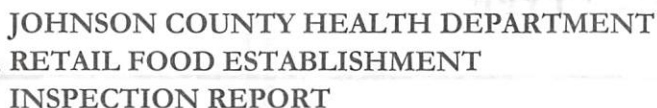
Establishment name <b>Sweet Scoop Market</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12/8/22</b>	ID# <b>2449</b>
Establishment address <b>300 TRACY Rd new WHITLAND</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>12/18/22</b>
Owner <b>SARAH</b>		Summary of Violations: <b>(5)</b> C <u>0</u> NC <u>5</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 <u>4</u> 5 <u>—</u>	
Person in charge <b>KAREN FRANKENBERGER</b>			
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
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 LOUVER 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): <b>Karen Frankenger cashier</b>	Inspected by (name and title printed): <b>Bob Smith EAT</b>
Received by (signature): <b>Karen L. Frankenger</b>	Inspected by (signature): <b>Bob Smith</b>
cc:	cc:





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 <b>Taco Bell</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12/14/22</b>	ID# <b>241</b>
Establishment address <b>801 North US 31 Greenwood</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>12/26/22</b>
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>2</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
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): X Kaylee Smith		Inspected by (name and title printed): Jaycie Miller	
Received by (signature): X [Signature]		Inspected by (signature): Jaycie Miller [Signature]	
cc:		cc:	



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

Establishment name <b>Top Tier Cakes</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12-29-22</b>	ID# <b>2631</b>
Establishment address <b>225 N US 31, 46184</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>1-8-23</b>
Owner		Summary of Violations:	
Owner address		C <u><b>0</b></u> NC <u><b>3</b></u> R <u>  </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u><b>X</b></u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler <b>Jenna B. Smith (8/13/27)</b>			

- 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):

x Jenna Riggsby

Received by (signature):

CC:	CC:
-----	-----

CC:

Inspected by (name and title printed):

Cassy Hall

Inspected by (signature):

~~Case Hall~~

CC:



