



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 Athen's	Telephone Number () Establishment () Owner	Date of Inspection 11/9/22	ID# 105
Establishment address 1800 Northwood Plaza	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 Yes	Release Date 11/19/22
Owner Tom Felis		Summary of Violations: C 1 NC 11 R	
Owner address		Menu Type (See back of page) 1 2 3 4 ✓ 5	
Person in charge Tom Felis			
Responsible person's email			
Certified food handler Tom Felis			

- 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	✓	<p>① Three door reach-in-cooler contained gyro meat at 48°F and meat item 50°F</p> <p>② Turbo Cooler contained egg product for salad bar at 44°F</p> <p>③ Whole cooked baked potatoes measured 99°F to 107°F at frontline, near flat top grill (small)</p> <p>④ Salad bar (products) contained cottage cheese at 48°F and egg product at 48°F.</p> <p>Notes: Owner will submit Time as a Public Health Control Plan for Salad Bar.</p>	11/9/22

Received by (name and title printed): X <u>John Filis</u>	Inspected by (name and title printed): <u>Andrew Miller, EHS</u> <u>Cass Hall</u>
Received by (signature): X 	Inspected by (signature):  <u>Cass Hall</u>
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address		Inspection Date
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
Athena's			1800 Northwood Plaza		11/9/22
431	NC	✓	Wall behind the dish machine is soiled and floors and walls in kitchen		11/11/22
295	NC	✓	Ice machine in bar area is soiled		11/11/22
		✓	Ice machine in kitchen area is soiled.		
295	NC	✓	Bottom of display "turbo air" cooler is soiled and inside bottom of refrigerator		11/12/22
295	NC		Interior of salad bar is soiled.		11/12/22
295	NC		Many door gaskets on equipment need cleaned.		11/12/22
218	NC		Observed ice build up inside walk-in freezer and door seals torn on salad bar		12/1/22
295	NC		Many shelving units are soiled/rusty		12/11/22
295	NC		Interior of beer coolers are soiled.		11/11/22
431	NC	✓	Women's restroom toilets need cleaned.		11/9/22
431	NC	✓	Men's restroom toilets need cleaned.		11/9/22
324	NC	✓	Hot water temperature in men's restroom was 128°F and cookline hand sink was 147°F		Adjusted hot water heater Corrected
Note: Observed 2 door stand up cooler by cook line at 42/43°F, it's recommended to be turned down to near 35-38°F.					Corrected
Note: Ceiling tile is missing by walk-in freezer.					
Temperature logs are maintained by the firm					
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
[Signature]			Andrew Miller EHS		



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

Botem
11/19

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 Bar Louie	Telephone Number () Establishment () Owner	Date of Inspection 11/7/22	ID# 1926
Establishment address 1251 US 31 N Greenwood, IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 11/17/22
Owner		Summary of Violations: C <u>0</u> NC <u>4</u> R <u> </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 Daniel Bennett			
Responsible person's email			
Certified food handler Daniel Bennett			

• 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
431	NC		① Mechanical exhaust hood filters soiled above cooking equipment	11/19/22 ↓
		✓	② Floor drains soiled in bar area, Expo, and Mechanical dish area	11/10/22 ↓
			③ Floor under equipment soiled in bar area	11/7/22
295	NC		① Blue ice scoop holder soiled at large ice machine	Corrected ↓
			② Walk-in-cooler green shelving soiled	11/19/22
			③ Exterior sides and casters soiled on cooking equipment	↓
			④ Compressor units soiled on some refrigeration units	↓
324	NC	✓	Cookline area hand sink faucet neck leaks and hot water measured 148°F.	11/19/22 ↓
399	NC	✓	Grout work needed in dish area and mop sink area and inside mop sink basin	12/21/22 ↓

Received by (name and title printed): Daniel Bennett	Inspected by (name and title printed): Andrew Miller, EHS
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

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

6-5264

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

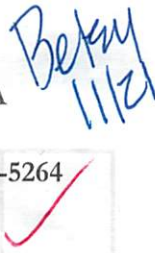
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Bay Horse Inn	Telephone Number () Establishment () Owner	Date of Inspection 11/3/22	ID# 1999
Establishment address 1468 W Stones Crossing	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/13/22
Owner Greenwood		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): X Shayna Hays	Inspected by (name and title printed): Cassi Hall
Received by (signature): X [Signature]	Inspected by (signature): Cassi Hall
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

Best
11/14

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 BIG Woods	Telephone Number () Establishment () Owner	Date of Inspection 11/9/22	ID# 2047
Establishment address 180 E KING ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (42)	Release Date 11/19/22
Owner ED RYAN		Summary of Violations: C <u>1</u> NC <u>6</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>(X)</u> 5 <u> </u>	
Person in charge TERESA HALLORAN			
Responsible person's email			
Certified food handler TERESA HALLORAN			

• 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	X	INTERNAL Food Temperature OF RAW FISH CUT MEZONS IN PREPARATION REFRIGERATOR IN KITCHEN 48°F - 49°F NOT AT 41°F OR LESS	Food Items discarded 11/9/22
239	NC	X	BASEMENT AREA - BOX OF SINGLE SERVE CUPS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	11/11
431	NC	X	FLOOR IN AREAS NOT CLEAN, (BASEMENT BEHIND DISHWASHER, ICE MAKER, BAR) SOME AREAS NEXT TO WALL	11/18
218	NC	X	GASKET WORN ON REFRIGERATOR DOOR ACROSS FROM GRILL	12/19
399	NC	X	FLOOR, WALL TILE WORN IN AREAS OF KITCHEN	12/30
411	NC	X	12 LIGHT OUT ON EXHAUST Hood	11/18
399	NC	X	WALL COVERING (Sheet metal) NOT ATTACHED, (LOOSED) NEXT TO GRILL IN KITCHEN	11/21

Received by (name and title printed):

Teresa Halloran, General Manager

Inspected by (name and title printed):

Bob Smith BBS

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

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 Biggy Coffee	Telephone Number () Establishment () Owner	Date of Inspection 11/18/22	ID# 2581
Establishment address 156 Marlin Dr, Greenwood.	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/28/22
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			

- 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 Caleb Shaw Shift Lead		Inspected by (name and title printed): Cassi Hall
Received by (signature): X 		Inspected by (signature): 
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

Barney
11/14

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 BLUE CACTUS & TEQUILA BAR	Telephone Number () Establishment () Owner	Date of Inspection 11/9/22	ID# 2349
Establishment address W. JEFFERSON 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 11/19/22
Owner MUCILO		Summary of Violations: (7) C <u>0</u> NC <u>7</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>4</u> 5 <u>—</u>	
Person in charge ISMAEL MUCILO			
Responsible person's email			
Certified food handler JOSE MUCILO			

- 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
295	NC	<input checked="" type="checkbox"/>	INSIDE OF ICE MAKER NOT CLEAN (TOP RAMP EDGE)	11/12/22
347	NC	<input checked="" type="checkbox"/>	DISPOSABLE TOWELS NOT PROVIDED BAR HANDSINK, KITCHEN HANDSINK, BACK RESTROOM	11/11
324	NC	<input checked="" type="checkbox"/>	BAR HANDSINK DRAIN LEAKING	corrected 11/9
324	plc	<input checked="" type="checkbox"/>	COLD WATER NOT AVAILABLE AT FAUCET DISHWASHING AREA	11/28
399	NC	<input checked="" type="checkbox"/>	BOARD ON TOP OF mop SINK WORN	11/28
351	NC	<input checked="" type="checkbox"/>	WOMEN'S RESTROOM WASTE CONTAINER WITH LTD NOT PROVIDED	11/18
392	NC	<input checked="" type="checkbox"/>	DUMPSTER LTD NOT CLOSED	11/10

Received by (name and title printed): ISMAEL MUCILO	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): ISMAEL MUCILO	Inspected by (signature): Bob Smith
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 B. J.'s Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 10/20/22	ID# 1344
Establishment address 1251 N. W. 31 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 10/30/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 <u>4</u> 4 _____ 5 _____	
Certified food handler Katrina A. Vogel			

- 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): * Katrina A. Vogel		Inspected by (name and title printed): Terry D. Bayless
Received by (signature): K. A. Vogel		Inspected by (signature): Terry D. Bayless
cc:	cc:	cc:



Butter
11/1

55 F

- 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"

Received by (name and title printed):		Inspected by (name and title printed): Jennifer Warner
Received by (signature):		Inspected by (signature): JW 3464376
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

~~Feb 11-10-22~~ *Bekam 11/3*
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>Bob Evans</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-1-22</i>	ID# <i>2133</i>
Establishment address <i>159 Martin Dr Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>11-1-22</i>	Release Date <i>11-11-22</i>
Owner		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>X</u> 5 <u> </u>	
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
431	NC		Work on cleaning all floor areas under equipment including floor drains	
431	NC		Remove dust & debris from ceiling vents	
297	NC		Clean door gaskets on reach in coolers	
218	NC		Repair condiment rail cooler items were 55°F today - use ice until repaired *corrected	
425	NC		Clean all dustpans today *	
415	NC		Exterminate small flies	
			Thank you!	

Received by (name and title printed): <i>Nioka Sizemore</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Nioka Sizemore</i>	Inspected by (signature): <i>JW 346 4376</i>
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 BOJAKS	Telephone Number () Establishment () Owner	Date of Inspection 11/15/22	ID# 1365
Establishment address 377 E Jefferson St. Frankfort, KY	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/25/22
Owner Greg Gillet		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Greg Gillet			
Responsible person's email			
Certified food handler Jonathan L. H. H. H.			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Greg Gagliardi	Inspected by (name and title printed): Bob Smith BHS
Received by (signature): Greg Gagliardi	Inspected by (signature): Bob Smith
cc:	cc:



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

Establishment name BPO ECKS #1818	Telephone Number () Establishment () Owner	Date of Inspection 11/15/22	ID# 106
Establishment address 56 E Jefferson St, Franklin, IL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/25/22
Owner BPO ECKS		Summary of Violations:	
Owner address		C 0 NC 1 R	
Person in charge GORDON PRINE		Menu Type (See back of page)	
Responsible person's email		1 2 3 4 5	
Certified food handler CHRISTY RAINEY			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	<input checked="" type="checkbox"/> Narrative	To Be Corrected by
239	MC	<input checked="" type="checkbox"/> MECHANICAL DISAMMUNITION - DISTRACKS NOT STORED OFF FLOOR - MINIMUM OF 6 INCHES OFF FLOOR IN BAR AREA	11/18/22
		<input checked="" type="checkbox"/> MECHANICAL DISAMMUNITION HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 164°F)	OK

Received by (name and title printed): Gordon Prime		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Gordon Prime		Inspected by (signature): Bob Smith
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

Belk
10/28

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 Bella di Beppo	Telephone Number () Establishment () Owner	Date of Inspection 10/20/22	ID# 897
Establishment address 659 US 31 N Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 10/30/22
Owner		Summary of Violations: C <u>0</u> NC <u>6</u> R <u>1</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler [Signature]			

• 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
324	NC		- Pizza room hand sink leaks.	10/30/22
431	NC		- Floor the stove and fryer area is dirty.	10/25/22
			under	
295	NC		- Caster [wheels] on the line	10/25/22
			equipment is very dirty.	
413	NC	✓	- The back door [exit] is not tight fitting.	11/20/22
295	NC		- mold was noted on the dish table caulking	10/30/22
431	NC		The bar room floor is soiled.	
			[under the sink]	

Received by (name and title printed): [Signature]	Inspected by (name and title printed): Terry D Bayless
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


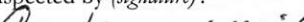
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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>Cake Bake Kreations, LLC</i>	Telephone Number <i>(317) 529-7455</i>	Date of Inspection <i>11-18-22</i>	ID# <i>2413</i>
Establishment address <i>1251 US 31 N. Greenwood, IN 46142</i>	() Owner	Follow-up <i>No</i>	Release Date <i>11-28-22</i>
Owner <i>Shirley Folks</i>	Purpose: <u>1. Routine</u>	Summary of Violations:	
Owner address	2. Follow-up	C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge <i>Shirley Folks</i>	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 <input checked="" type="checkbox"/> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>N/A</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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): Shirley Folks		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 		Inspected by (signature): 
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 <i>Camila's 2 Mexican Restaurant</i>	Telephone Number Establishment () Owner	Date of Inspection <i>11/29/22</i>	ID# <i>2497</i>
Establishment address <i>2245 Sheek Rd. Greenwood IN 46143</i>	Purpose: 1. <u>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>12/9/22</i>
Owner <i>Suite J</i>		Summary of Violations: C <i>2</i> NC <i>8</i> R	
Owner address		Menu Type (See back of page) 1 2 3 4 <input checked="" type="checkbox"/> 5	
Person in charge <i>Luis M.</i>			
Responsible person's email			
Certified food handler <i>Jesus Estrada</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"

Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		① Inside top of ice maker soiled	11/30/22
			② Freezer storing clean equipment was soiled	
			③ Three door prep table and Berg two door cooler condenser soiled	
			④ Bar soda gun and nozzle soiled	
431	NC		① Beverage (station) wall (right) soiled	11/30/22
			② Kitchen floor drains soiled	
			③ Floor drains soiled at server areas	
218	NC		① Walk-in-cooler door seal torn	12/29/22
			② Water noted inside clean dome covers for walk-in-cooler lights	
			③ Strainers (2) with handles damaged	12/8/22
228	NC	✓	Table large storing flat top grill not easily movable	12/25/22
324	NC	✓	Spray nozzle under continuous pressure attached to water line under 3 bay sink	12/10/22

Received by (name and title printed): <i>Luis M. Estrada</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller</i>
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 Center Grove Church	Telephone Number () Establishment () Owner	Date of Inspection 11/30/22	ID# 2189
Establishment address 2340 S SR 135, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12/10/22
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 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"

[illegible]

Received by (name and title printed): X Amy L Hyman		Inspected by (name and title printed): Cassi Hall
Received by (signature): X Amy L Hyman		Inspected by (signature): Cassi 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 Chicago's Pizza	Telephone Number () Establishment	Date of Inspection 11 9 22	ID# 2355
Establishment address 2245 Sheek Rd	() Owner	Follow-up NO	Release Date 11 19 22
Owner Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 4 R 0	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 4 5	
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
431	NC		Clean the pizza oven exhaust hood	
431	NC		Floor areas are showing signs of food buildup under equipment & along wall edges - Clean	
297	NC		Work on removing food buildup on prep table shelving	
297	NC		Remove mold buildup on white flap inside ice machine	
			Thank you!	

Received by (name and title printed): Nathan Sheets		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Nathan Sheets		Inspected by (signature): JW 3464376
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

Beky
11/11

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 Chicago's Pizza with a Twist	Telephone Number (317) 363-8899	Date of Inspection 11/1/22	ID# 2391
Establishment address 997 E. Co. Line Rd Greenwood, IN 46143	() Owner	Follow-up Yes	Release Date 11/11/22
Owner Harjap Singh Dhillon	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 2 NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Harjap S. Dhillon			
Responsible person's email (See Safe Exp: 10/12/25)			
Certified food handler Harjap Singh Dhillon 10/12/25			

• 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
346	NC		Hand sink next to one bay sink	11/3/22
347	NC		lacked hand soap and paper towels	11/3/22
345	C		Hand sink next to one bay sink was blocked by a shelving unit and was storing unused beverage racks	Corrected
218	NC		Refrigeration door seals (some) are torn and soiled	11/25/22
295	NC			
112	NC		Magic Chef freezer is not NSF/ANSI approved and no thermometer seen	12/1/22
256	NC			11/1/22
430	NC		Back alley door rubs the door frame	11/20/22
324	NC		① One bay sink leaks from two areas of the neck	11/11/22
			② Three bay sink leaks from middle drain line	
431	NC		Floors, walls, ceilings soiled in areas	11/3/22
388	NC		Dumpster pad area contains trash and debris	11/3/22
187	C		Yogurt made in-house measured 66°F while stored at room temperature inside kitchen	Corrected

Received by (name and title printed): Harjap SINGH DHILLON	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:

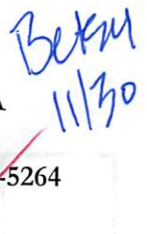
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name China Wok	Telephone Number () Establishment () Owner	Date of Inspection 11/29/22	ID# 2417
Establishment address 200 E. Emerson Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/9/22
Owner Greenwood, IN		Summary of Violations:	
Owner address		C <u>1</u> NC <u>2</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 Wen Hai Lin ET 2026			

- 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): + Wanda L. W.		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): + Wanda L. W.		Inspected by (signature): Terry D. Bayless	
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

Bekn 1117

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 CIRCLE K # 121	Telephone Number () Establishment () Owner	Date of Inspection 11/3/22	ID# 685
Establishment address 2105 E KING A. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date 11/13/22
Owner		Summary of Violations: C <u>0</u> NC <u>7</u> R	
Owner address		Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 5	
Person in charge WILLIAM WOODCOCK			
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
392	NC	*	OUTSIDE DUMPSTER - LID NOT CLOSED	11/5/22
394	NC	*	TRASH ON GROUND IN ENCLOSURE	
351	NC	*	RESTROOM - COVER NOT PROVIDED FOR WASTE CONTAINER	11/8
256	NC	*	SITE/BARN - THERMOMETER NOT SEEN IN CHEST FREEZER	11/8
431	NC	*	FLOOR NOT CLEAN IN RESTROOM, BY CUSTOMER HANDSINK, STOCK ROOM, FLOOR BY FROSTER UNIT	11/12
295	NC	*	INSIDE OF FROSTER UNIT CABINET & BUCKETS NOT CLEAN	11/10
291	NC	*	"QUAT" SANITIZER NOT PROVIDED FOR QUAT TEST STRIPS 11/10 BLEACH AVAILABLE FOR USE, CHLORO TEST STRIPS NOT SEEN	

Received by (name and title printed):

William Woodcock

Inspected by (name and title printed):

Bob Smith EAS

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

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

Betsy
11/21

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 Court Street Cafe	Telephone Number () Establishment () Owner	Date of Inspection 11/16/22	ID# 2232
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/26/22
Owner SHERRY YOUNG		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>3</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge SHERRY YOUNG			
Responsible person's email			
Certified food handler SHERRY YOUNG			

• 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
431	NC	X	FLOOR UNDER STOVE / NEXT TO WALL NOT CLEAN, FLOOR WET UNDER ICE MAKER (LEAK ON ICE MAKER (AREA))	11/30/22
295	NC	—	INSIDE OF ICE MAKER (DRIP EDGE PINKISH COLOR) NOT CLEAN	11/30
228	NC	X	LARGE UPRIGHT REFRIGERATORS NOT EASILY MOVABLE	12/30
411	NC	X	SOME CEILING LIGHTS OUT IN KITCHEN	11/26
256	NC	X	SMALL CHEST FREEZER IN DISHWASHING AREA - THERMOMETER NOT SEEN	11/20
		X	MECHANICAL DISHWASHING - HOT WATER SANITIZATION temperature Adequate 160°F or more on PLATE / UTENSIL SURFACE (WAS 164°F)	OK

Received by (name and title printed): SHERRY YOUNG OWNER	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Belton 11/21

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>Culver's</i>	Telephone Number <i>317 560-5025</i>	Date of Inspection <i>11/17/22</i>	ID# <i>2171</i>
Establishment address <i>191 Granville Dr. Franklin, IN 46131</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>11/27/22</i>
Owner <i>Ashley Mitchell</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <i>0</i> NC <i>5</i> R <i>0</i>	
Owner address		Menu Type (See back of page) 1 <i>0</i> 2 <i>0</i> 3 <i>1</i> 4 <i>0</i> 5 <i>0</i>	
Person in charge <i>Ashley Mitchell</i>			
Responsible person's email			
Certified food handler <i>Ashley Mitchell</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"

Section #	C/NC	R	Narrative	To Be Corrected by
385	NC	✓	dumpster lids open and one lid is half missing	11/26/27
218	NC		① Two deep fryer baskets are damaged	11/18/22
			② Two metal scoops are damaged	
295	NC		① Inside top of ice maker soiled	
			② Compressor units soiled for Delfield four door freezer and walk-in cooler	
431	NC		Floor soiled and contained an off odor below drive-thru window ice bin	11/20/22
218	NC	✓	① Astro Blender cover broken	11/21/22
			② Flip top lid for dressings and sauce rubs the inside top cover at register (front) area	11/27/22
			③ Two ice cream topping covers (i.e. plastic) are cracked	
			④ Two plastic light covers inside walk-in-freezer appear to contain ice	12/1/22

Received by (name and title printed): <i>Ashley Mitchell owner</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: