

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>Sassafras</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/29/22</i>	ID# <i>1474</i>
Establishment address <i>229 N. Madison Ave</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>12/8/22</i>
Owner <i>Greenwood, TN</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>x Cheryl Domi</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): 2 Cheryl Domi		Inspected by (name and title printed): Terry B. Dwyer
Received by (signature): Cheryl Domi		Inspected by (signature): Terry B. Dwyer
cc:	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 Small Town Pizza	Telephone Number	Date of Inspection 11/17/22	ID# 886
Establishment address 106 W Pearl St Trafalgar, IN	() Establishment () Owner	Follow-up NO	Release Date 11/27/22
Owner	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>0</u> NC <u>1</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): X J. H. Eisenmenger		Inspected by (name and title printed): Jayce Blanford
Received by (signature): X J. H. Eisenmenger		Inspected by (signature): Jayce Blanford
cc:	cc:	cc:


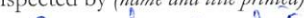




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Establishment name <i>Snyder food service Amazon</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/18/2022</i>	ID# <i>2295</i>
Establishment address <i>Graham Rd.</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>—</i>
Owner		Summary of Violations:	
Owner address		C <i>Ⓟ</i> NC <i>Ⓟ</i> R <i>Ⓟ</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
Certified food handler			

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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:




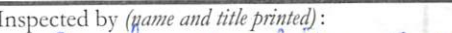


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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Anna Snyder Pool Services</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/18/22</i>	ID# <i>2488</i>
Establishment address <i>305 Cheney rd</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NE</i>	Release Date <i>—</i>
Owner		Summary of Violations:	
Owner address		C <u><i>Ø</i></u> NC <u> </u> R <u><i>Ø</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u><i>✓</i></u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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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:

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

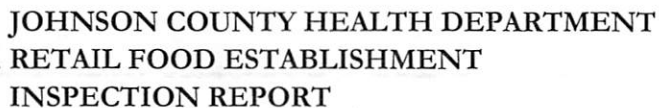
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Lionshead metals.</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/7/22</i>	ID# <i>2627</i>
Establishment address <i>1222 S. Graham rd 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>—</i>	Release Date
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><i>✓</i></u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Jim P. Holt</i>		Inspected by (name and title printed): <i>Paul Betts</i>
Received by (signature):		Inspected by (signature): <i>Paul Betts</i>
cc:	cc:	cc:




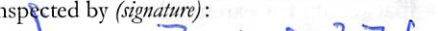
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Sonic	Telephone Number () Establishment	Date of Inspection 11-1-22	ID# 2015
Establishment address 1262 N Emerson Ave	() Owner	Follow-up NO	Release Date 11-11-22
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): Nell Patterson		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): 		Inspected by (signature): 	
cc:	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

Belm
11/7

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 STARBUCKS #58693	Telephone Number () Establishment () Owner	Date of Inspection 11/3/22	ID# 2327
Establishment address 153 GRANVILLE FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date 11/13/22	Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>
Owner STARBUCKS			
Owner address			
Person in charge JODI WALLACE		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> <u>3</u> 4 5	
Certified food handler Jodi Wallace (1/2/23 exp)			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	*	FLOOR NEXT TO WALL UNDER/BEHIND CABINETS NOT CLEAN	11/8/22
(NOTE)	(C)		MECHANICAL DISHWASHER HOT WATER FINAL SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 168°F)	(AP)
(NOTE)	*		DIGITAL READ THERMOMETERS PROVIDED IN REFRIGERATED UNITS IN FRONT AREA	
(NOTE)			SOME EMPLOYEES NOT WEARING HAIR RESTRAINTS	

Received by (name and title printed): JODI WALLACE	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): J. Wallace	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

Beltm
1242

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>Steak N Shake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-29-22</i>	ID# <i>709</i>
Establishment address <i>103 N SR 135 46142</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
Owner		Summary of Violations: <i>C 0 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
131	NC		<i>Floor sink & Strainers</i>	
			<i>Floor under equipment / Stainless Steel tables</i>	
			<i>soiled - As well as walls behind aforementioned</i>	
187	NC		<i>Cooked spaghetti @ 55°F @ 3:12pm</i>	<i>discarded</i>
			<i>Garlic spread @ 43°F @ 3:48pm</i>	
190	NC		<i>Cooked spaghetti @ 53.6°F located in covered metal pan in Walk in Cooler. Day dot shows "Friday" Made today @ 11am</i>	
			<i>More than 2" deep - metal pan</i>	
			<i>Proper ice bath</i>	<i>Ice @ level or higher than product cooling</i>
			<i>Recommend removing floor sink strainers on a routine basis to properly clean the floor sink & the strainer</i>	
			<i>Dish machine is sanitizing</i>	<i>Thank You</i>
			<i>Pickles @ 36°F</i>	
			<i>Raw Hamburger patties < 40°F</i>	<i>Good</i>
Received by (name and title printed): <i>Bryce Bradley</i>			Inspected by (name and title printed): <i>Elizabeth Schultz</i>	
Received by (signature): <i>Bryce Bradley</i>			Inspected by (signature): <i>Elizabeth Schultz</i>	
cc:		cc:		cc: <i>317-346-4373</i>

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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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 Steak N Shake	Telephone Number () Establishment () Owner	Date of Inspection 11/5/22	ID# 2444
Establishment address 247 W Smith Valley Rd Greenville	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11/25/22
Owner		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>X</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): Jaime L Kite Franchise Partner		Inspected by (name and title printed):
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 Stone Creek Dining Co	Telephone Number () Establishment () Owner	Date of Inspection 11-14-22	ID# 1057
Establishment address 901 N 5th 135	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 11 24 22
Owner Greenwood		Summary of Violations: C 0 NC 2 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Kaylin Frantzkeeb (house manager)		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Kaylin Frantzkeeb		Inspected by (signature): JW 3464376
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 Subway	Telephone Number () Establishment () Owner	Date of Inspection 10/26/22	ID# 1429
Establishment address 2120 E. King St Franklin, TN	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 <u>0</u> NCD <u>0</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Malik Singh 2023			

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[illegible]




Received by (name and title printed): S. A. Poshay		Inspected by (name and title printed): Terry D. Bales
Received by (signature): A. S. Poshay		Inspected by (signature): Terry D. Bales
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 Subway	Telephone Number () Establishment () Owner	Date of Inspection 11/23/22	ID# 440 2441
Establishment address 924 N. Morton St. Franklin 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 12/3/22
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>0</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): + 		Inspected by (name and title printed): Terry D Bayless
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 The Sycamore at Mallows Run	Telephone Number () Establishment () Owner	Date of Inspection 11/30/22	ID# 1983
Establishment address 7070 W Whiteland Rd.	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 12/10/22
Owner		Summary of Violations:	
Owner address		C <input checked="" type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Certified food handler			

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[illegible]

Received by (name and title printed): X J. Pitcock	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

86 WEST COURT STREET
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Bekam
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 Swagat Indian Cuisine	Telephone Number (317) 893-4261	Date of Inspection 11/15/22	ID# 2337
Establishment address 11 Declaration Dr. Greenwood, IN 46143	() Owner	Follow-up No	Release Date 11/25/22
Owner STE R & S	Purpose: 1. Routine	Summary of Violations: C <u>0</u> NC <u>7</u> R <u> </u>	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge Sukhwinder Singh	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email	4. Pre-Operational		
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
413	NC		Back alley door was noted open at time of inspection	11/15/22 ↓
430	NC		Back alley door self-closing device damaged and not connected	12/1/22 ↓
324	NC		① jet spray nozzle hangs below flood drum on table	12/15/22
			② Three bay sink contains a direct drain connection	↓
			③ Dish area hand sink hot water temperature 161°F (Range shall 100°F to 120°F)	Corrected ↓
218	NC		① Walk-in cooler metal shelving rusty	12/25/22
			② Black & Decker blender top cover broken and contained grey tape	Replace 12/22/22
295	NC		① Compressor soiled on True & True slider door cooler	11/18/22
			② Inside and interior drop plate soiled on ice machine	↓
385	NC		Dumpster lid (1 of 2) open	11/15/22
218	NC		Door seals split on three door prep cooler	12/31/22

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

NARRATIVE REPORT

[illegible]