

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 TACO BELL #2679	Telephone Number () Establishment () Owner	Date of Inspection 11/28/22	ID# 159
Establishment address 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 12/8/22
Owner TACO BELL OF AMERICA LLC		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> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge CAREB STEVENS			
Responsible person's email 			
Certified food handler CAREB STEVENS (SERVSAFE EXP 3/24/26)			

- 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 DUMPSTERS- LIDS NOT CLOSED	11/30/22
177	NC	=	FEW FOOD PACKAGES NOT STORED OFF FLOOR IN WALK-IN FREEZER	11/30
431	NC	>	FLOOR IN AREAS NEXT TO WALL/UNDER EQUIPMENT NOT CLEAN	12/4
			NOTE: FLOOR DRAIN LOCATED UNDER LIVING ROOM SOFT DRINK STATION NOT EASILY ACCESSIBLE FOR MAINTENANCE	✓


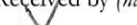
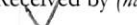
Received by (name and title printed): X Caleb Sterens		Inspected by (name and title printed): Bob Smith ETS
Received by (signature): X [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:

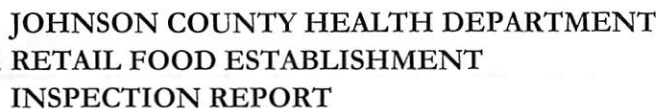


Belm
11/30

65

- 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):  Kirandeep kaur	Inspected by (name and title printed): Jayce Miller
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

Back 10/28

317-73 ✓

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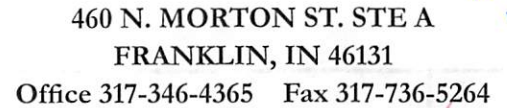
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 11/23/22	ID# 1828
Establishment address 3042 Stones Crossing Greenwood	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 12/3/22
Owner		Summary of Violations: C <u>A</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>4</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 Shayna Carpenter AGM		Inspected by (name and title printed): Jaymie Miller
Received by (signature): X Shayna Carpenter		Inspected by (signature): Jaymie Miller
cc:	cc:	cc:







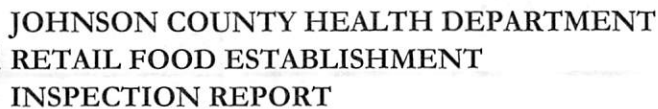
Betm
11/30

✓

• 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): 
cc:	cc:



Belm
11/30
-5264

Establishment name <i>Tomo Japanese Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/22/22</i>	ID# <i>2107</i>
Establishment address <i>1874 Northwood Plaza</i>	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 <i>NO</i>	Release Date <i>12/1/22</i>
Owner		Summary of Violations:	
Owner address		C <u><i>0</i></u> NC <u><i>2</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>4</i></u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

- [illegible]

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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
11/30

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 Tried & True Alehouse	Telephone Number () Establishment () Owner	Date of Inspection 11/29/22	ID# 2016
Establishment address 2800 S SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 12/9/22
Owner		Summary of Violations: C 0 NC 3 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 X 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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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Work on floor cleaning throughout kitchen - under equipment etc	
399	NC		GROUT on floor areas in kitchen has deteriorated - some areas have standing water & food debris - regROUT	
425	NC		organize mop area - hang up items	
Note-			Dishmachine in bar area is not sanitizing - repair so final rinse is 50-100ppm chlorine Do not use until repaired	
			Thank you!	

Received by (name and title printed):

Jenny Richards

Received by (signature):

Jenny Richards

cc:

Inspected by (name and title printed):

Jennifer Warner

Inspected by (signature):

JW 3164376

cc:



Beth
11/7

✓

() Establish

() Owner

1. Routine
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (*list*)

413	Nc		The back doesn't fit tight
			door


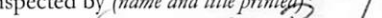
✓ Pam Baker

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 Village Pantry	Telephone Number () Establishment () Owner	Date of Inspection 11/29/22	ID# 251
Establishment address 520 N. Meridian St. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/9/22
Owner IN		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			

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

Received by (name and title printed): + Jessica Sizemore		Inspected by (name and title printed): Jerry D. Bayless
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
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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

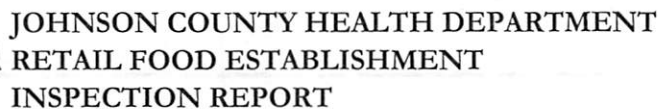
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Waffle House	Telephone Number () Establishment () Owner	Date of Inspection 11/21/22	ID# 1677
Establishment address 98 N Lowers Ln Franklin, IN	Purpose 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12/1/22
Owner Waffle House		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>4</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge ASHLEY HUCHINS			
Responsible person's email			
Certified food handler ASHLEY HUCHINS			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	*	REACH-IN REFRIGERATORS - SHELF COATING WORN ON SOME SHELVES	1/20/23
295	NC	*	(1) REACH-IN REFRIGERATOR - BASE INSIDE UNIT NOT CLEAN	
		*	MECHANICAL DISINFECTION HOT WATER SANITIZATION TEMPERATURE ADEQUATE 180°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 166°F)	OK
		*	WIPEING CLOTH SOLUTION / CHLORINE CONCENTRATION EXCESSIVE >200ppm	

Received by (name and title printed): Ashley Houchins District Manager		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



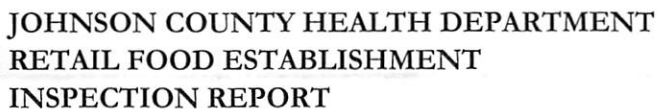
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Office 317-346-4365 Fax 317-736-5264

Establishment name Walmart	Telephone Number () Establishment () Owner	Date of Inspection 11-3-22	ID# 1866
Establishment address 882 SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11/13/22
Owner		Summary of Violations: C 0 NC 2 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): TRISH SIMPSON / Coach		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Trish Simpson		Inspected by (signature): JW 346 4376
cc:	cc:	cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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STE A
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17-736-5264

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): J Lynn Jones	Inspected by (name and title printed): Terry D Bayless
Received by (signature): K	Inspected by (signature): Terry D Bayless
cc:	cc:



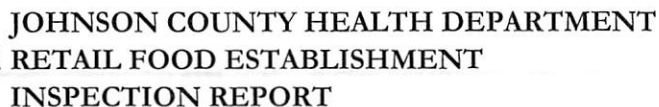
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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Belton 11/21

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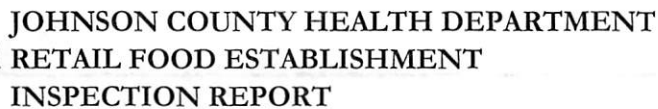
460 N. MORTON ST. STE A
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Establishment name <i>White Castle</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/21/22</i>	ID# <i>1366</i>
Establishment address <i>1129 N. Morton Franklin, IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>12/1/22</i>
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>4</u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>X Jessica Whitstine</i>			

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[illegible]

Received by (name and title printed): X Jessica Whitstun		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): X Jessica Whitstun		Inspected by (signature): Terry D Bayless	
cc:	cc:	cc:	



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name The Willard	Telephone Number () Establishment () Owner	Date of Inspection 11/30/22	ID# 1868
Establishment address 99 N Main St Franklin, IN 46131	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 12/13/22
Owner		Summary of Violations:	
Owner address		C <u> </u> NC <u> </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> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed):
X Anthony J. Piro Tony Piro

Inspected by (name and title printed):

Received by (signature): 	
cc: 	cc: 

Inspected by (signature): Gary Miller
cc: _____

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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Btkm
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 The Willard	Telephone Number () Establishment () Owner	Date of Inspection 11/17/22	ID# 1868
Establishment address 99 N Main St Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 11/27/22
Owner		Summary of Violations: C 1 NC 6 R 5	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Beth Benbow Exp. 2025			

• 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	✓	Bar coolers in Main and side bar completely soiled → Needs cleaned asap	11/17/22
			Pizza Room	
402	NC	✓	- Floorboards damaged/soiled	12/20/22
310	NC	✓	- Vent to oven completely soiled	11/20/22
			- cooling unit @ 45°F - too many items stored in unit for it to be the right temp	11/17/22
187	C	✓	Cooling unit in Mexican Room should not be used until repaired - Food at 50-55°F - corrective action taken	11/17/22
257	NC		Thermometers in chest freezers needed	11/17/22
218	NC		Door seal on very left chest freezer by ramp gaskets damaged	11/30/22
295	NC	✓	Ice scooper handle needs stored NOT touching ice	11/17/22

Received by (name and title printed): X Terri Flynn	Inspected by (name and title printed): Jayce Blanford
Received by (signature): <i>Terri Flynn</i>	Inspected by (signature): <i>Jayce Blanford</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Be 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 WATUGS ETC.	Telephone Number () Establishment () Owner	Date of Inspection 11/4/22	ID# 2029
Establishment address 2237 N MORTON 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 11/14/22
Owner _____		Summary of Violations: C <u>2</u> NC <u>7</u> R _____	
Owner address _____		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>4</u> 5 _____	
Person in charge Brandon Hensley			
Responsible person's email _____			
Certified food handler BRANDON HENSLEY			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C	<input checked="" type="checkbox"/>	CHICKEN WINGS INTERNAL TEMPERATURE IN BULK COVERED CONTAINERS IN WALK-IN COOLER 53°F - 57°F NOT AT 41°F OR LESS	
431	NC	<input checked="" type="checkbox"/>	FLOOR NOT CLEAN IN AREA OF BAR, KITCHEN NEXT TO WALL UNDER EQUIPMENT, WALK IN COOLER, FLOOR DRAIN NOT CLEAN UNDER MECHANICAL DISHMACHINE AND DRAIN UNDER PRODUCE SINK NOT CLEAN	11/10
309	NC	<input checked="" type="checkbox"/>	MECHANICAL EXHAUST FANS IN RESTROOMS NOT WORKING	11/8
324	NC	<input checked="" type="checkbox"/>	FLOOR WET IN AREAS OF RESTROOM	11/10
324	NC	<input checked="" type="checkbox"/>	LEAK NOTED AT BACK PRODUCE SINK FAUCET / 3 COMPARTMENT SINK DRAIN	11/10
415	C	<input checked="" type="checkbox"/>	NUMEROUS SMALL FLIES SEEN AROUND DISH MACHINE FLOOR DRAIN	CONTRO 11/10
295	NC	<input checked="" type="checkbox"/>	METAL WORK TABLE IN KITCHEN NOT CLEAN	11/10
295	NC	<input checked="" type="checkbox"/>	SIDES OF DEEP FRYERS, EXHAUST FAN NOT CLEAN, OSCILLATING FAN COVER NOT CLEAN	11/10
239	NC	<input checked="" type="checkbox"/>	BULK FOOD CONTAINERS NOT OFF FLOOR MIN OF 6 INCHES TO KITCHEN	11/10

Received by (name and title printed):

Brandon Hensley

Inspected by (name and title printed):

Bob Smith ETS

Received by (signature):

[Signature]

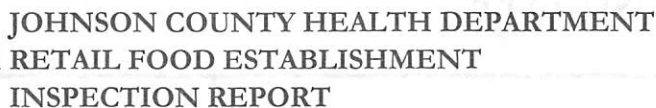
Inspected by (signature):

[Signature]

cc:

cc:

cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name WING STOP	Telephone Number () Establishment () Owner	Date of Inspection 11/28/22	ID# 2360
Establishment address N MORTON 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 12/6/22
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> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge Remond H ESTEP			
Responsible person's email			
Certified food handler Remond H ESTEP			

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[illegible]

Received by (name and title printed):

Received by (signature):

Inspected by (name and title printed):

Inspected by (signature)

CC:

CC:

CC:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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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 THE TWISTED SICILIAN	Telephone Number () Establishment () Owner	Date of Inspection 11/9/22	ID# 2293
Establishment address 175 N MORTON FRANKLIN	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 CHER CARMACK		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge KATY GENTRY			
Responsible person's email			
Certified food handler CHER CARMACK			

- 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	Q	FLOOR IN AREA OF BACK 3 COMPARTMENT SINK NOT CLEAN	11/12/20
411	NC	Q	(1) LIGHT OUT ON EXHAUST HOOD	11/19
324	NC	Q	TOILET LEAKING AROUND BASE/ ADVISED THAT WAX SEAL WORN	11/12
241	NC	Q	HAIR RESTRAINT (ADVISED TO WEAR DURING PREPARATION)	

Received by (name and title printed): KATHY GENTRY G.M.		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc: