

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

Establishment name <i>Break-O-Day Elementary</i>	Telephone Number <i>(317) 535-3206</i>	Date of Inspection <i>11/14/22</i>	ID# <i>414</i>
Establishment address <i>Whiteland 900 Sawmill Rd. IN 46184</i>	() Owner	Follow-up <i>No</i>	Release Date <i>11/24/22</i>
Owner <i>C PCSC</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 0 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			

- 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]

Denise Rice

Venise Kice

Andrew Miller, EHS

Andrew Miller

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 Edinburgh High/Middle School	Telephone Number () Establishment () Owner	Date of Inspection 11/21/22	ID# 397
Establishment address 300 S Keeley St	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		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Lisa Martin (EXP 6/26/23)			

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[illegible]

Received by (name and title printed): x Holly Britton	Inspected by (name and title printed): Cass Hall
Received by (signature): x Holly Britton	Inspected by (signature): Cass Hall
cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Bekm 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.

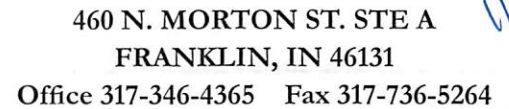
Establishment name <i>Our Lady of Greenwood</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/7/22</i>	ID# <i>396</i>
Establishment address <i>399 S. Meridian St Greenwood IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>11/12/22</i>
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>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>John Jester 2025</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Exhaust hood filters are soiled - [mostly lint and dust]	11/14/22
			other item(s) noted walk-in cooler air temp. is only 46°F - best @ 38°F - 42°F	
				

Received by (name and title printed): <i>Phil Reed Cafeteria Manager</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>Phil Reed</i>	Inspected by (signature): <i>Terry D. Bayless</i>
cc:	cc:



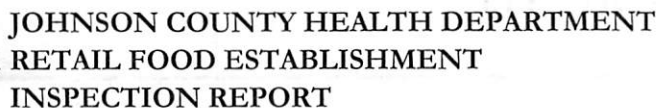
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Establishment name Greenwood Middle School	Telephone Number () Establishment () Owner	Date of Inspection 11/15/22	ID# 2084
Establishment address 1584 Averitt Rd. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 11/25/22
Owner IN		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 Stina Gonfiantini			

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[illegible]

Received by (name and title printed): * Tina Gionfanti	Inspected by (name and title printed): Terry Bayless
Received by (signature): * Tina Gionfanti	Inspected by (signature): Terry D Bayless
cc:	cc:



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Received by (name and title printed): ✓ Alexia Ponto	Inspected by (name and title printed): Terry D. Bayless
Received by (signature): ✓ Alexia Ponto	Inspected by (signature): Terry D. Bayless
cc:	cc:



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A Bekm 11/21

Establishment name Isom Elementary	Telephone Number () Establishment () Owner	Date of Inspection 11/10/22	ID# 393
Establishment address 50 E. Broadway Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 11/20/22
Owner JN		Summary of Violations: C <u>0</u> NC <u>0</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 11 [Signature]			

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Inspected by (name and title printed):

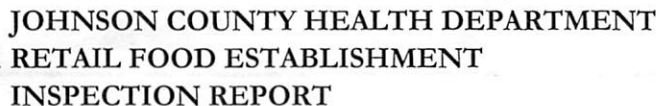
Received by (signature):

Inspected by (signature):

CC:

CC:

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[illegible]

Received by (name and title printed): X Teri Shinn		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): X Teri Shinn		Inspected by (signature): Terry D. Bayless	
cc:	cc:	cc:	

