



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

Establishment name Ale Emporium	Telephone Number () Establishment () Owner	Date of Inspection 10/5/22	ID# 2280
Establishment address 997 E Coline Rd	Purpose: 1. Routine	Follow-up NB	Release Date 10/15/22
Owner Greenwood	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>3</u> R <u>0</u>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler	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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC:

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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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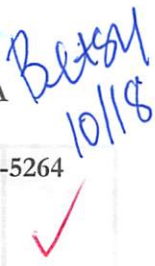
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Alpha Grocery	Telephone Number () Establishment () Owner	Date of Inspection 10/31/22	ID# 2423
Establishment address 3021 Meridian Meadows Rd.	Purpose: 1. Routine	Follow-up —	Release Date 11/10/22
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C X NC 5 R	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 2 3 4 X 5	
Certified food handler Elizabeth Zing Men Tial (Exp 5/11/26)	6. HACCP		
	7. Other (list)		

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[illegible]

Received by (name and title printed): X Julie Su	Inspected by (name and title printed): Cassidy Hall
Received by (signature): X [Signature]	Inspected by (signature): Cassidy Hall
cc:	cc:





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Establishment name Appliques	Telephone Number () Establishment () Owner	Date of Inspection 10-26-22	ID# 1063
Establishment address 874 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 11-6-22
Owner		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>X</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

- [illegible]

Inspected by (name and title printed):

Inspected by (signature):

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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 Arbys	Telephone Number () Establishment () Owner	Date of Inspection 101722	ID# 1519
Establishment address 515 N 300 E Whiteland	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10 27 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>0</u> 2 <u>0</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Amanda Erwin, Shift Leader	Inspected by (name and title printed): Jennifer Warner
Received by (signature): Amanda Erwin	Inspected by (signature): JW 3464376
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Belkm
11/3

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>Ari's Pancake House, LLC</i>	Telephone Number <i>317 893-2268</i>	Date of Inspection <i>10/31/22</i>	ID# <i>2303</i>
Establishment address <i>2150 Independence Dr. Greenwood IN 46143</i>	Owner <i>Margarito Cuenca</i>	Follow-up <i>Yes</i>	Release Date <i>11/10/22</i>
Owner <i>Margarito Cuenca</i>	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>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> </u> 5 <u> </u>	
Person in charge <i>M.C.</i>			
Responsible person's email			
Certified food handler <i>Margarito Cuenca</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC	✓	Oldest kitchen door rubs the door frame and outside door handle is missing	12/1/22
		✓	② West exterior block wall has a large hole	11/1/22
324	NC	✓	Women's public restroom hot water was 142°F	11/1/22
218	NC	✓	Some refrigeration door seals are torn	11/25/22
411	NC	✓	Three 2' x 4' LED lights not working in kitchen	12/1/22
430	NC	✓	① Ceiling tiles previously wet in public restrooms and near West exterior door (near restrooms)	12/1/22
		✓	② Ceiling tiles missing (2) in employee restroom	
187	NC		Cut potatoes measured 51°F and shredded cheese measured 54°F while inside East kitchen wall preparation table	Corrected moved food to other coolers
295	NC		Compressor units soiled on some refrigeration units	11/3/22

Received by (name and title printed): <i>Margarito Cuenca</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature):	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Beky
10/18

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>Asian Chao</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/17/22</i>	ID# <i>1912</i>
Establishment address <i>1257 US 31 N. Greenwood IN 46142</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/27/22</i>
Owner <i>Corp.</i>		Summary of Violations: <i>C 0 NC 4 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Flavio Hernandez Jimenez</i>			
Responsible person's email <i>ServSafe</i>			
Certified food handler <i>Flavio H. Jimenez</i> <i>EXP: 3/5/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC	✓	minor grout repair needed at deep fryer area	12/21/22
		✓	② floor tile not extending to the floor wall at front serving line	
218	NC		① Left handle loose on Vulcan double door oven	10/31/22
			② Right side deep fryer basket holder unit is cracked	
			③ Vegetable basket is damaged	
430	NC		① Walk-in freezer door not fully closing due to a build up of ice on the door and frame	10/31/22
			② Mechanical exhaust hood system filters contain gaps (missing two hood filters)	
431	NC		Underside of wok is soiled	10/22/22

Received by (name and title printed):

X Maria R Martinez

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

X Maria R Martinez

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:




FRANKLIN, IN 46131

Betm
10/28

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

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Received by (name and title printed): Anna Smigielski, CRM, CFPP		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 		Inspected by (signature): Andrew Miller
cc:	cc:	cc:



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Bekay
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 Bluff Creek Golf	Telephone Number () Establishment () Owner	Date of Inspection 10/25/22	ID# 870
Establishment address 2710 Old State Rd 37 South	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 11/5/22	Release Date
Owner		Summary of Violations: C 0 NC 6 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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Section #	C/NC	R	Narrative	To Be Corrected by
257	NC		Food thermometer was not observed.	
291	NC		Sanitizer test strips station for 3 bay	
			Sink was not observed.	
234	NC		Ice machine scoop was observed stored on top of ice machine, not on/stored on a clean surface.	
295	NC		Bottom of fridge is soiled.	
431	NC		Upstairs seating area floor by window is soiled.	
324	NC		Observed a leak at the middle faucet connection at 3 bay sink	
			Note: "Raid" bug spray observed in kitchen appears not for commercial use	
			Note: Chest freezer needs replaced.	
			Note: Certified food handler is needed by January 2023, a class list was given at time of inspection for resources	
			Note: American Pest management was at establishment on 10/7/22	
			↳ Cabinet under hot dog machine needs clean	

Received by (name and title printed): X Brad Kuehl, manager	Inspected by (name and title printed): Cassi Hall
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc:

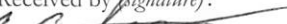



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[illegible]

Received by (name and title printed): Efrain Contreras		Inspected by (name and title printed): Bob Smith
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc: