

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 CASEY'S GENERAL STORE	Telephone Number () Establishment () Owner	Date of Inspection 10/6/22	ID# 2005
Establishment address 3048 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 (Yes)	Release Date 10/16/22
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>4</u> R <u> </u>	
Person in charge SARAH WAGAMAN		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 (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
187	C	✓	INTERNAL Food Temperatures of POTENTIALLY HAZARDOUS Food ITEMS in PREPARATION REFRIGERATOR 42°F - 44°F NOT 41°F OR COLD (AMBIENT AIR Temperature AT 48°F)	Food moved to cooler 10/16/23
394	NC	✗	TRASH BAG ON ground in dumpster ENCLOSURE	10/8
431	NC	✗	FLOOR NOT CLEAN next to WALL, UNRER AND BELTED EQUIPMENT in KITCHEN AND STOCK ROOM UNDER SHELVING in WALK-IN COOLER	10/10
295	NC	✗	"BROAD" UNIT side SHELF RAILS NOT CLEAN	10/8
295	NC	✗	BACK EXTERIOR OF PREPARATION REFRIGERATOR NOT CLEAN	10/10

Received by (name and title printed): Sarah Wagaman Store manager		Inspected by (name and title printed): Bob Smith 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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Beky 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 <i>The Cheesecake Factory</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/24/22</i>	ID# <i>1291</i>
Establishment address <i>1251 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>Yes</i>	Release Date <i>11/4/25</i>
Owner <i>Corporate</i>		Summary of Violations: C <u>1</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>✓</u> 5 <u> </u>	
Person in charge <i>Bill Maethner</i>			
Responsible person's email			
Certified food handler <i>Bill Maethner</i>			

• 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	✓	Floor soiled under deep fryer area of the cook line	10/24/22 ↓
399	NC	✓	Shout and tile repair needed in some areas	12/1/22 ↓
218	NC	✓	① Plastic insert/shoot opening severely damaged and jagged on right side of large ice maker	11/25/22 ↓
			② Bread "duck bill" holder damaged	Corrected
			③ Fry scoop cracked in areas	Corrected
			④ Undercounter cooler (below whip machines) in Cheesecake area contain one door and one drawer not sealing to the unit	11/1/22 ↓
295	NC	✓	① Interior bottom of deep fryers ^{1 and 2} are "heavily" soiled at cook line	11/10/22 ↓
			② Some "clean" pizza boards were found soiled at cook line	Corrected
324	NC		① Two water leaks were noted below jet spray table at mechanical dish	11/8/22 ↓

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

NARRATIVE REPORT

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
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Bulky
10/25

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>Chicago's pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/25/22</i>	ID# <i>367</i>
Establishment address <i>2 N. SR 135 Bangersville, IN 46106</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>11/4/22</i>
Owner		Summary of Violations: <i>C <u>0</u> NC <u>2</u> R <u>0</u></i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <u>✓</u> 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Richie Perkin's Exp. 9/2/25</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
239	NC	✓	couple of fish sacks are on the floor. ↳ please move them off the floor.	10/28
275	NC	✓	inner upper part of the ice-machine is soiled ↳ please clean soon.	↓
NOTE Soda nozzles needs cleaning				
(u) cutting board by the oven needs to be changed.				
- cutting board surface isn't a smooth surface				
(u) mechanical water dish washer sanitizer				
is okay				
(u) food temperatures are okay				
thank you!!				

Received by (name and title printed): <i>Madison Tharp</i>	Inspected by (name and title printed): <i>Paul Betiku Lts.</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Paul Betiku</i>
cc:	cc:



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Baker
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 Chili's Grill and Bar	Telephone Number () Establishment () Owner	Date of Inspection 10/31/22	ID# 2291
Establishment address 1281 US 31 N. Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11/10/22
Owner Brunker		Summary of Violations: C 0 NC 7 R 5	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Marnie Todd			
Responsible person's email (Sen Safe)			
Certified food handler Marnie Todd (Exp: 8/7/24)			

• 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	✓	Some door gaskets are soiled on refrigeration units and	11/1/22
218	NC	✓	some gaskets are torn/split	12/1/22
431	NC	✓	Floors soiled in bar area and server soda station	11/1/22
399	NC	✓	Drain repair needed at server soda station & bar area and	11/22/22
402	NC	✓	top of Cove base needs sealed inside walk-in-cooler	11/22/22
430	NC		Floor drain insert, below bar ice bin, appears damaged and	11/22/22
218	NC		no longer round and smooth Bar area ice bin soda lines are leaking and soiled (i.e. moldy)	11/22/22

Received by (name and title printed):

Received by (signature):

Inspected by (name and title printed):

Inspected by (signature):

cc:

cc:

cc:



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RETAIL FOOD ESTABLISHMENT
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Back 10/12

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 Ching Garden	Telephone Number () Establishment () Owner	Date of Inspection 10/11/22	ID# 1289
Establishment address 2170 S SR 135, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes	Release Date 10/21/22
Owner		Summary of Violations: C 2 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Zhenzhi Guo (exp. 6/10/27)			

• 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
190	NC		Observed cooked noodles cooling in a pan greater than 4" with a plastic cover @ 61°F inside walk-in cooler	Corrected
440	C		Observed fly strips hanging from ceiling in kitchen (not approved for commercial use)	
295	NC		Walk-in cooler shelving racks are soiled.	
			prep table shelf is soiled.	
431	NC		floor under equipment is soiled.	
			floor under shelving racks is soiled.	
174	NC		Observed food products stored inside grocery bags in the walk-in freezer & stand-up freezer with no labels	
			↳ food product needs to be stored in food grade bags	
296	C		meat slicer machine is soiled.	Corrected.
			↳ should be cleaned at least every 4 hours.	
			if left out at room temperature.	
431			Wall behind 3 bay sink is soiled	

Received by (name and title printed):

Zhenzhi Guo

Received by (signature):

[Signature]

Inspected by (name and title printed):

Cassi Hall

Inspected by (signature):

[Signature]

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]

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 Cinco De Mayo Mexican		Telephone Number () Establishment () Owner		Date of Inspection 10/17/22	ID# 1876
Establishment address 12510 S 31N Greenwood Dale IN 46142		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up Release Date 10/27/22	Summary of Violations: C 0 NC 4 R Menu Type (See back of page) 1 2 3 4 5
Owner Lily Mendoza					
Owner address					
Person in charge					
Responsible person's email					
Certified food handler Lily Mendoza Exp: 1/29/23					
<ul style="list-style-type: none">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		Rodent-like pellets (RLP's) seen inside front metal cabinet below register	10/20/22	
431	NC	✓	Front line area ceiling soiled	10/19/22	
218	NC	✓	Two door seals are torn / split at front line prep table	11/17/22	
324	NC		① Front line cold water knob at hand sink leaks	10/31/22	
			② Hot Water heater leaks continuous from the bottom	Need new hot water heater by 10/31/22	
Received by (name and title printed):			Inspected by (name and title printed):		
Blanca Teodoro			Andrew Miller, EHS		
Received by (signature):			Inspected by (signature):		
cc:		cc:		cc:	



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Belsh notes

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.

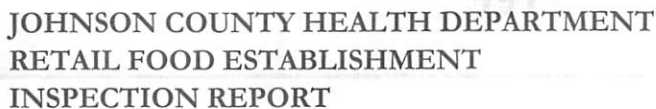
Establishment name <i>Circle K #4700085</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/21/22</i>	ID# <i>609</i>
Establishment address <i>349 N Morton, 46131</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10/31/22</i>
Owner		Summary of Violations: <i>C 6 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Kristen Wilson (exp. 6/22/25)</i>			

• 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		Floor under equipment is soiled.	
431	NC		Floor under shelving units inside walk-in cooler is soiled (drink display).	
445			Observed a spray bottle at sanitizer and cotton cloths stored in designated hand sink. Should be used for hand washing only.	Corrected
218	NC		Walk-in cooler (with drinks) door gasket is split/worn.	
			Walk-in cooler (with drinks) interior door handle needs repaired.	
295	NC		Walk-in cooler (with drinks) shelving racks are soiled.	
310	NC		Restroom ceiling fan vent soiled.	
218	NC		Observed ice build-up inside walk-in freezer. Ice build-up on floor.	
Note:			in use utensils should be stored on a clean surface/container.	Corrected

Received by (name and title printed): <i>X Haleigh Seelig</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>X Haleigh Seelig</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Beta
10/28

Certified food handler
Terri Neadmy (exp. 12/16/26)

- | Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 414 | NC | | front exterior door not protected from potential rodents
day light was observed. | |
| 431 | NC | | Floor under shelving units and equipment are soiled. | |
| 425 | NC | | mop was not hung up
Brooms were not hung up.

were | |
| | | | Note: Walk-in Cooler & freezer door gaskets are starting to get worn. | |
| | | | Note: Observed ice build up on walk-in freezer floor. | |

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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>Country mark</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/6/22</i>	ID# <i>2321</i>
Establishment address <i>170 S. state Rd. 135</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>10/20/22</i>
Owner <i>Bargersville, IN 46106</i>		Summary of Violations: C <i>4</i> NC <i>8</i> R	
Owner address		Menu Type (See back of page) 1 2 3 <i>✓</i> 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
297	NC		Soda nozzles are sorted	
177	NC		there are materials on the floor in walk-in cooler	10/10/22
411	NC		Lights are out inside walk-in cooler	
431	NC		floor inside walk-in cooler is sorted	
430	NC		mechanical ventilation inside restroom does not work	10/20/22
293/342	NC		Hand sink / prep sink does not have hot water	10/13/22
329	C		→ facility does not have hot water.	
345	C		There are some materials inside hand sink	10/10/22
346	NC		Soap is not provided at hand sink	
303	C		there is no sanitizer seen in the kitchen	10/10/22
			→ sanitizer is not used in three-bay sink	
187	C		Toppings inside small cooler temperature is at 57°F & 61°F.	10/13/22
257	NC		Food thermometer not provided	

Received by (name and title printed): <i>Harnoor Singh</i>	Inspected by (name and title printed): <i>Paul Betton & HS</i>
Received by (signature): <i>Harnoor</i>	Inspected by (signature): <i>Paul Betton</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Butterfly
10/25

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>Country Mark</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/25/22</i>	ID# <i>2321</i>
Establishment address <i>170 S. S.R 135 Bangersville, Ind 46206</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>11/4/22</i>
Owner		Summary of Violations: C _____ NC <i>2</i> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 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
	-		Food thermometer not provided	
	-		Sanitizer not provided or seen in the kitchen	
	-		Soap is not provided by hand sink	
	-		Soda nozzles are soiled	
	-		there are some materials on the floor inside walk-in cooler.	
	-		lights are out inside walk-in cooler.	
	-		floor inside walk-in cooler is soiled	
	-		Mechanical ventilation inside public restroom doesn't work	
	-		the facility does not have hot water.	
425	NC		Mop not hung	10/28/22
112	NC		One freezer by grill not NSF approved.	1
			NOTE: ① please call Bangersville utility @ 317-422-5115	
			② make sure there are sanitizers provided in the kitchen, "windex" is not considered a sanitizer	

Received by (name and title printed): <i>Amandeep S.</i>	Inspected by (name and title printed): <i>Paul Bittner Ets</i>
Received by (signature): <i>Amandeep S.</i>	Inspected by (signature): <i>Paul Bittner</i>
cc:	cc:



460 N. MORTON ST. STE A
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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 Crumbl Cookies	Telephone Number () Establishment () Owner	Date of Inspection 10/24/22	ID# 2498
Establishment address 1675 W Smith Valley 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 NO	Release Date 11/4/22
Owner Greenwood		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> <u>3</u> <u>4</u> <u>5</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): Morgan Purdy		Inspected by (name and title printed): Jennifer Warren	
Received by (signature): Morgan Purdy		Inspected by (signature): JW 344-4376	
cc:	cc:	cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

10/25/22.

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

Betsy
10/25

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>Darby Queen</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/20/22</i>	ID# <i>192</i>
Establishment address <i>601 W. Main St. 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>Yes</i>	Release Date <i>10/30/22</i>
Owner <i>Richard Hestand</i>		Summary of Violations: <i>C 4 NC 15 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 <u>✓</u> 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Unknown</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
303	C		Dishwash employee not washing, rinsing, and sanitizing	10/20/22
324	NC		① Water leak from water line to hot water heater	10/25/22
			② Water noted dripping from hole (in basement) from ice maker unit on first level	
324	C		Waste line in basement was leaking near sump pit	10/25/22
324	NC		① Three bay sink in front area faucet leaks and the handle is broken	10/25/22
			② Large three bay sink jet spray hangs below flood rim	
438	C		Three plastic spray bottles were not labeled with contents	Corrected
291	NC		No Quat or Chlorine test strips provide	10/21/22
346	NC		No hand soap provided at front	10/20/22

Received by (name and title printed):
X Mickey Voss

Inspected by (name and title printed):
Andrew Miller, EHS/Cassie Hall

Received by (signature):
X Mickey Voss

Inspected by (signature):
Andrew Miller / Cassie Hall

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name Dairy Queen			Address 601 W. Main St. Greenwood IN 46142		Inspection Date 10/20/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	DATE
			area hand sink		
174	NC		Bulk items (sprinkles, toppings, etc) were not labeled		10/20/22
216	NC		Cardboard is used to line metal shelving		10/20/22
218	NC	✓	Numerous refrigeration door gaskets are split/torn		11/20/22
256	NC		and some refrigeration units lacked ambient air thermometers		10/20/22
228	NC	✓	Some refrigeration units are not easily movable		12/1/22
426	NC	✓	Basement area contained various unused equipment and in front area		12/1/22
295	NC		Numerous refrigeration equipment were soiled inside and deep fryer wheels are soiled (i.e. Pepsi Ice Shoot both ice cream units, True Freezer with toppings, etc); and interior top of ice maker		10/25/22
431	NC		Floors throughout were soiled including inside walk-in-cooler/freezer		10/25/22
218	NC		① Walk-in freezer contained ice on back of fan area and on numerous products (boxes of food).		11/1/22
			② Fry scoop was cracked	Corrected	
187	C		The following internal food products were measured inside sandwich preparation table:	Corrected	
			① Pulled pork 49°F	Vol. Discard	
			② Hot dogs 55°F		
			③ Sliced cheese 56°F		
431	NC	✓	West interior basement wall soiled with grease and dead insects (repeat from 3/2/21 inspection)		10/25/22
234	NC		Spoons at drive-up were not dispensed or stored to prevent contamination to the food contact portion	Corrected	
Received By (Name & Title)			Inspected By (Name & Title)		Page
X Mickey Voss			Andrew Miller, EHS / CAV		2 of 2

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 Denny's	Telephone Number () Establishment () Owner	Date of Inspection 10/11/22	ID# 836
Establishment address 1253 S. Park Ave Greenwood, IN	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 10/21/22
Owner		Summary of Violations:	
Owner address		C <u>1</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> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler Craig Proctor			

- 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]



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
10/12

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 Dollar General #1139	Telephone Number () Establishment () Owner	Date of Inspection 10/10/22	ID# 1076
Establishment address 8835 US Highway 31	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/20/22
Owner		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 X 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
414	NC		Back room exterior emergency exit door not protected from potential rodents. Side exterior emergency exit door is not protected from potential rodents ↳ daylight was observed under both doors.	
218	NC		Back room "fresh food" cooler door gasket is split/worn Back room "fresh food" cooler left door handle is missing. Observed ice build up in back room "frozen food" cooler freezer. One light out in back room "frozen food" freezer.	
295	NC		Back room "fresh food" cooler shelving racks are soiled. Bottom of back room "frozen food" cooler is soiled.	

Received by (name and title printed):

X David Arvin

Received by (signature):

X David Arvin

Inspected by (name and title printed):

Cassi Hall

Inspected by (signature):

Cassi Hall

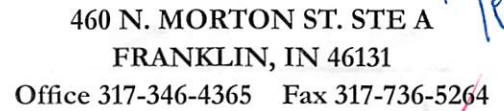
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NARRATIVE REPORT

[illegible]



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 Dunkin Donuts	Telephone Number () Establishment () Owner	Date of Inspection 10/7/22	ID# 2401
Establishment address 120 W Smith Valley Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 10/17/22
Owner		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 Apurva Chava Exp: 4/26/2027			

- 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 Charles Edens		Inspected by (name and title printed): Jaycie Blanford
Received by (signature): X [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc: