



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

Bellevue
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>Karstar LLC</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/24/22</i>	ID# <i>2628</i>
Establishment address <i>90 N state rd 135 IN 46106</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>10/4/22</i>
Owner		Summary of Violations: C <u>1</u> NC <u>3</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <u>✓</u> 4 5	
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"

Section #	C/NC	R	Narrative	To Be Corrected by
295	nc		Inner upper part of the ice-machine is starting to get soiled.	10/28/22
177	nc		some materials inside the walk-in cooler not above 6" off the ground	
297	nc		Some soda nozzles are soiled	
329	nc		The faucet does not have hot water.	10/27/22
			NOTE: there wouldn't be a submitted proposed menu because the faucet would not be serving food.	
			@ maintenance would come in week of 24-28/22 to fix kitchen hood & hot water.	

Received by (name and title printed): <i>Nick Sizemore</i>	Inspected by (name and title printed): <i>Paul Bellevue EHS</i>
Received by (signature): <i>Nick Sizemore</i>	Inspected by (signature): <i>Paul Bellevue</i>
cc:	cc:



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Defect 10/10

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>Kentucky Fried Chicken</i>	Telephone Number Establishment Owner	Date of Inspection <i>10 7 22</i>	ID# <i>2245</i>
Establishment address <i>1293 N SR 135 Greenwood</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 17 22</i>
Owner		Summary of Violations: <i>C 0 NC 4 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 X 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
<i>309</i>	<i>N2</i>		<i>Provide missing floor tile in walk in cooler area</i>	
			<i>Replace all broken floor tile in fryer area</i>	
<i>425</i>	<i>N2</i>		<i>Hang up more brooms dustpans etc clean the dustpans daily</i>	
<i>431</i>	<i>N2</i>		<i>Work on floor cleaning by fryer area</i>	
<i>347</i>	<i>N2</i>		<i>Provide paper towels at hand sink by drive through</i>	
			<i>Note freezer part is in the way</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Destiny Green</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Destiny Green</i>	Inspected by (signature): <i>Jennifer Warner</i>
cc:	cc:



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Beky
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 KING BUFFET	Telephone Number () Establishment	Date of Inspection 10/10/22	ID# 2041
Establishment address 2239 N MORTON FRANKLIN, IN	Owner	Follow-up —	Release Date 10/20/22
Owner EN CHEN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge EN CHEN			
Responsible person's email			
Certified food handler EN CHEN			

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Section #	C/NC	R	Narrative	To Be Corrected by
229	NC	→	SHELVING WORN IN WALK-IN COOLER	11/10/22
324	NC	→	COAK NOTED AT 3 COMPARTMENT SINK	10/25
295	NC	→	METAL TABE SHELF IN WALKIN	
			BUCK FOOD STORED NOT CLEAN	10/20
431	NC	×	FLOOR NEXT TO WALL, UNDER EQUIPMENT NOT CLEAN	10/20
324	NC	→	PAN WITH STAGNANT WATER INSIDE CABINET UNDER SOFT DRINK STATION	10/20
295	NC	→	ICE MAKER INSIDE ON THE SIDE NOT CLEAN	10/20
431	NC	×	MENS RESTROOM CEILING EXHAUST COVER NOT CLEAN	10/20
392	NC	×	OUTSIDE DUMPSTER LTD NOT CLOSED	10/12

Received by (name and title printed):

EN CHEN

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

En Chen

Inspected by (signature):

Bob Smith

cc:

cc:

cc:



460 N. MORTON ST. STE A
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Butam
10/12

Establishment name Kroger	Telephone Number () Establishment	Date of Inspection 10 11 22	ID# 434
Establishment address 3100 Meridian Parkway	() Owner	Follow-up NO	Release Date 10 21 22
Owner Greenwood	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>3</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			

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Section #	C/NC	R	Narrative	To Be Corrected by
399NC			Repair damaged floor under Fryers in Deli	
415NC			Exterminate small flies in Bakery and Deli	
297NC			Remove food buildup in door tracks of Deli case	
			Thank you!	

Received by (name and title printed): Rodney Fess
Received by (signature): Rodney Fess

Inspected by (name and title printed):
 Jennifer Warner
 Inspected by (signature):
 JW 34 4376

CC:

CC:

CC:



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Bekm
10/10

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 <u>La Herradura</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>10/5/22</u>	ID# <u>2259</u>
Establishment address <u>2260 S SR 135, 460106</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date <u>10/15/22</u>
Owner		Summary of Violations: <u>C</u> <u>9</u> <u>NC</u> <u>9</u> <u>R</u>	
Owner address		Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>X</u> <u>5</u>	
Person in charge			
Responsible person's email			
Certified food handler <u>Juan Quezada (EXP 9/27/26)</u>			

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Section #	C/NC	R	Narrative	To Be Corrected by
345	NC		Observed a strainer basket stored in designated hand sink by mop sink ↳ should be used for hand washing only	Corrected
218	NC		Observed a gap in the hood system ↳ space between filters	
352	NC		Observed not covered waste waste receptacle in women's restroom	
234	NC		Observed in use utensils stored improperly ↳ handle should be stored up	
216	NC		Observed aluminum foil lining shelving racks in kitchen & bar area Observed aluminum foil lining bar coolers Observed cotton cloths lining bar coolers ↳ not easily cleanable	
431	NC		Floor inside walk-in cooler under beer shelving unit is soiled	
239	NC		Observed dish racks not stored off floor	

Received by (name and title printed):

X [Signature]

Inspected by (name and title printed):

Cass Hall

Received by (signature):

X

Inspected by (signature):

Cass Hall

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



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Baker
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 Long Johns Silvers	Telephone Number () Establishment () Owner	Date of Inspection 10/3/22	ID# 2167
Establishment address 2191 Independence	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NR	Release Date 10/23/22
Owner Greenwood		Summary of Violations: C 0 NC 3 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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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Clean the inside of the ice bin on ice machine	
425	NC		Work on removing soil buildup in mop sink	
431	NC		Work on removing soil buildup on floor areas underneath sinks shelving and equipment	
			Thank you!	
			Note - work on exterminating small flies	

Received by (name and title printed): Pierre Hargueb	Inspected by (name and title printed): Jennifer Warner
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





A *Bent*
10/18

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

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[illegible]

Received by (name and title printed): Zhihui Jiang	Inspected by (name and title printed): Bob Smith ENT
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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Bellem
10/19

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>Main St. Grille</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/11/22</i>	ID# <i>1834</i>
Establishment address <i>200 S. Emerson Ave</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>10/21/22</i>	Release Date <i>10/21/22</i>
Owner <i>Greenwood, IN</i>		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>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Craig Spencer</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
352	NC		Back door left open & ajar	10/11/22
216	NC		shelf worn in the glass door cooler	—
190	NC		Raw chicken not properly cooked	10/11/22

Received by (name and title printed): <i>Craig Spencer</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>CRAIG SPENCER</i>	Inspected by (signature): <i>Terry D. Bayless</i>
cc:	cc:



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Beck
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 <i>McAlister's Deli</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/7/22</i>	ID# <i>1924</i>
Establishment address <i>1011 N. S.R. 135 Greenwood IN 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 <i>10/17/22</i>
Owner		Summary of Violations: <i>C 1 NC 3 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Abby Prine</i>			
Responsible person's email			
Certified food handler <i>Marcus Jellapaugh</i> <i>ServSafe</i> <i>Exp: 3/9/26</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
303	C		Mechanical dish machine was not sanitizing immediately after cleaning	Corrected
399	NC		Munchi grout repairs needed in various kitchen areas	12/1/22
324	NC		① Double check valve leaking at two areas	12/1/22
			② Water pipe leak noted under spray wand dish table	10/31/22
			③ Spray hose attached to mop sink was under continuous pressure	Corrected
218	NC		① Dirty side of table before mechanical dish unit is cracked at the bottom of an angled metal guard	11/15/22
			② Door gasket is torn/split on SI prep table	

Received by (name and title printed): <i>Abby Prine</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Abby Prine</i>	Inspected by (signature): <i>Andrew Miller</i>
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 McDonalds	Telephone Number () Establishment () Owner	Date of Inspection 10/7/22	ID# 1555
Establishment address	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 <u>0</u> NC <u>4</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 Tim Webb		Inspected by (name and title printed): Jayce Blanford	
Received by (signature): X [Signature]		Inspected by (signature): [Signature]	
cc:	cc:	cc:	1317341643109


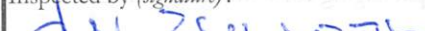


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Establishment name McDonalds	Telephone Number () Establishment () Owner	Date of Inspection 10/17/22	ID# 2612
Establishment address 2962 E 200 N Whiteland	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input 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 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> </u> 2 <u> </u> 3 <u> </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"
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[illegible]

Received by (name and title printed): Lexie Spicer		Inspected by (name and title printed): Jennifer Warner	
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 Menards	Telephone Number () Establishment () Owner	Date of Inspection 10/31/22	ID# 1245
Establishment address 300 Martin Dr, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/10/22
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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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[illegible]

Received by (name and title printed): X BEN HYATT WALLCOVERINGS MANAGER		Inspected by (name and title printed): CASSI HALL	
Received by (signature): X B		Inspected by (signature): CASSI HALL	
cc:	cc:	cc:	



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Bulmaro
10/10

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 MI ABUELITO	Telephone Number () Establishment () Owner	Date of Inspection 10/4/22	ID# 2460
Establishment address 2797 N MORTON ST STE A FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date 10/14/22
Owner JUAN QUEZADA		Summary of Violations: 5 C <input type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge BULMARO R CORNA			
Responsible person's email			
Certified food handler BULMARO CORNA (3/17/20 US SAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
NOTE		<input checked="" type="checkbox"/>	INTERNAL FOOD TEMPERATURE OF RAW CHICKEN, RAW SHRIMP 43°F IN REFRIGERATOR BY GRILL NOT AT 41°F OR LESS	10/5/22
324	NC	<input checked="" type="checkbox"/>	LEAK NOTED AT HANDSINK FAUCET, 3 COMPARTMENT SINK FAUCET	10/16
392	NC	<input checked="" type="checkbox"/>	OUTSIDE DUMPSTER LID NOT CLOSED	10/6
177	NC	<input checked="" type="checkbox"/>	SOME CONTAINERS OF FOOD NOT OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN FREEZER	10/7
351	NC	<input checked="" type="checkbox"/>	COVER FOR WASTE CONTAINER NOT PROVIDED - WOMEN'S RESTROOM	10/10
NOTE		<input checked="" type="checkbox"/>	LIVE COCKROACH SEEN BY BACK DOOR COCKROACHES SEEN ON GLUE BOARD AND NEXT TO WATER HEATER	CORRIN HAS TREATED Keep CONTROL 10/6
239	NC	<input checked="" type="checkbox"/>	SOME GLASSES STORED ON TABLE UNDER HANDSINK IN KITCHEN	10/5

Received by (name and title printed):

Bulmaro R Garcia

Received by (signature):

Bulmaro R Garcia

Inspected by (name and title printed):

Bob Smith EHS

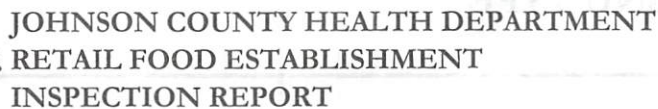
Inspected by (signature):

Bob Smith

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>Mi Jefe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/6/22</i>	ID# <i>1639</i>
Establishment address <i>106 S. S.R 135</i>	<i>Trafalgar, IA</i> <i>46181</i>	Follow-up <i>NO</i>	Release Date <i>10/20/22</i>
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><i>0</i></u> NC <u><i>1</i></u> R <u><i>1</i></u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u><i>✓</i></u> 5 <u> </u>	
Person in charge <i>Jose Carron</i>			
Responsible person's email			
Certified food handler <i>Jose Carron</i>	<i>Exp: 2024</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): Jose I Giron		Inspected by (name and title printed): Paul Betker Ets.	
Received by (signature): Jose I Giron		Inspected by (signature): Paul Betker	
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>Nailers Brewing Co., LLC</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/28/22</i>	ID# <i>2159</i>
Establishment address <i>6001 N US 31, Ste 14 IN 46184</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>11/07/22</i>
Owner <i>Steve Harmon</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge <i>Steve Harmon</i>		Menu Type (See back of page)	
Responsible person's email <i>(NRFSP EXP: Natalie Kendall 4/9/23)</i>		1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Natalie Kendall</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): 		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Stephen Hammond		Inspected by (signature): Andrew Miller
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 NEW KUMO JAPANESE RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 10/11/22	ID# 1821
Establishment address 1051 W JEFFERSON ST. FRANKLIN, TN	Purpose: 1. <u>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 YI LI		Summary of Violations:	
Owner address		C <u>0</u> NC <u>9</u> R <u> </u>	
Person in charge YI LI		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>4</u> 5 <u> </u>	
Certified food handler YI LI SERUSARE			

- 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): Tili		Inspected by (name and title printed): Bob Smith ETS
Received by (signature): Tili		Inspected by (signature): Bob Smith
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

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10/16

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 NORMA JEANS RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 10/13/22	ID# 2409
Establishment address 49 N MAIN ST FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/23/22
Owner WHITNEY MYERS		Summary of Violations: C <u>0</u> NC <u>5</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 WHITNEY MYERS			
Responsible person's email			
Certified food handler WHITNEY MYERS (SERVSAFE 3/8/26 EDP)			

• 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		FLOOR NOT CLEAN IN KITCHEN & RESTROOM	10/20/22
			(NOTE) some food debris in HANDSINK	10/14
256	NC		THERMOMETER NOT SEEN ON 2 DOOR REFRIGERATOR	10/15
396	NC	*	RESTROOM - WASTE RECEPTACLE FULL,	10/14
347	NC		DISPOSABLE HANDTOWELS NOT SEEN -	
309	NC		MECHANICAL EXHAUST NOT FUNCTIONING (NOT CLEAN)	10/20
431	NC		CEILING FAN BLADES DUSTY	10/20

Received by (name and title printed): Whitney Myers	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Whitney Myers</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc: