

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

Establishment name <i>Casey's food mart</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/16/22</i>	ID# <i>1114</i>
Establishment address <i>210 West Center Cross</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>9/29/22</i>
Owner		Summary of Violations:	
Owner address		C <u><i>0</i></u> NC <u><i>1</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><i>✓</i></u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler <i>Tina Blaker</i> <sup>FSP</sup> <i>(10/3/23)</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"

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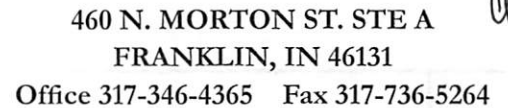
Sheyla Phelps

CC:

Paul Belton Ltd

Paul Betts

CC:







JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
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Betsy  
7/11

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>Chili's Grill and Bar</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7-8-22</i>	ID# <i>2291</i>
Establishment address <i>Greenwood 1281 US 31N. 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>7-18-22</i>
Owner <i>Brinker</i>		Summary of Violations:  <i>C 1 NC 5 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Will Hanyard</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Marnie Todd</i> (EXP: 8/7/24)			

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Section #	C/NC	R	Narrative	To Be Corrected by
443	C		Mechanical sanitizing dish machine contained a sanitizer concentration approximately 200ppm	Called for repair
295	NC		(1) Exterior side of reach-in-cooler across from server soda station, is soiled	7/8/22
			(2) Various refrigeration door gaskets are soiled	
		✓	(3) Walk-in-cooler fan guards soiled and green shelving and some rusty/worn	
		✓	(4) Inside vents on mechanical dish unit are soiled	
399	NC	✓	Shout and tile repair needed in kitchen area, server drink station, dish area, bar area, etc	8/8/22
402	NC	✓	Walk-in-cooler and kitchen area contained damaged and worn tile cove base	8/8/22

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

## NARRATIVE REPORT

[illegible]





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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Befar  
9/29

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 <b>Ching Garden 2 Asian Hibachi</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/28/22</b>	ID# <b>2031</b>
Establishment address <b>5893 N SR 135 Greenwood 46143</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>10/8/22</b>
Owner		Summary of Violations: <b>10/5/22</b>	
Owner address		C <b>1</b> NC <b>8</b> R <b>3</b>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <b>2</b> 3 <b>4</b> <b>X</b> 5	
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
347	NC		Observed no paper towels @ hand sink by 3 way sink.	Corrected.
174	NC	X	Observed food products stored in grocery bags with no labels inside freezer units. → food products need to be stored in food grade bags.	10/3/22
177	NC	X	Single use items not stored 6" off floor.	10/3/22
431			3 way sink drain soiled. (floor drain)	10/4/22
431	NC		Floor drain under catering equipment is soiled.	1
431		X	Floor under equipment is soiled.	
294	C		Sanitizer solution in buckets observed over 200ppm. → Needs to be 50 ppm.	9/28/22
239	NC		Observed single use items stored under hand sink cabinet.	9/28/22
178	NC		Observed a gallon bucket of seasoning stored under hand sink. → food products can't be stored under sewer lines.	9/28/22

Received by (name and title printed): <b>X Lai na cheng</b>	Inspected by (name and title printed): <b>Cassi Hall</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature]</b>
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

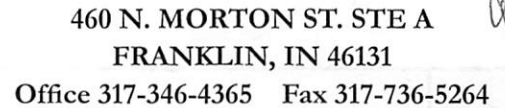
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <u>Circle K</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>9 30 22</u>	ID# <u>1927</u>
Establishment address <u>2114 Sheek Rd</u>	Purpose: <u>1. Routine</u>	Follow-up <u>NB</u>	Release Date <u>10 10 22</u>
Owner <u>Greenwood</u>	2. Follow-up	Summary of Violations:  <u>C</u> <u>1</u> <u>0</u> NC R	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	Menu Type (See back of page)  <u>1</u> <u>2</u> <u>4</u> <u>3</u> <u>4</u> <u>5</u>	
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP		
	7. Other (list)		

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[illegible]

Received by (name and title printed): <i>Crista Vandusen</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature):		Inspected by (signature): <i>JW 3944376</i>
cc:	cc:	cc:


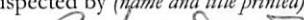




Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>COFFEEHOUSE FIVE</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/15/22</b>	ID# <b>2335</b>
Establishment address <b>41 W MONROE ST. FRANKLIN, TN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>9/25/22</b>
Owner		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>R</u> 4 <u>   </u> 5 <u>   </u>	
Person in charge <b>PATTY HUGHES</b>			
Responsible person's email			
Certified food handler <b>BRIAN PETERSON</b>			

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[illegible]

Received by (name and title printed): 		Inspected by (name and title printed):  EXT
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:




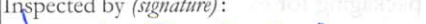


6-5264

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): Timothy Hanson	Inspected by (name and title printed): Jennifer Warner
Received by (signature): 	Inspected by (signature): 
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

460 N. MORTON ST. STE A  
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*Bekah*  
*10/3*

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>Culver's</i>	Telephone Number <i>(317) 300-0019</i>	Date of Inspection <i>9/29/22</i>	ID# <i>2171</i>
Establishment address <i>1142 Emerson Ave Greenwood IN 46143</i>	( ) Owner	Follow-up <i>NO</i>	Release Date <i>10/ /22</i>
Owner <i>Mike Flosi</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	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>Mike Flosi</i>			
Responsible person's email			
Certified food handler <i>Mike Flosi</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		One ceiling light inside walk-in-cooler contains water inside the clear dome cover	10/31/22
218	NC		Plastic top cover for Oreo's & Sugar Cookies are cracked/damaged	10/11/22
295	NC		① Interior top of ice maker is soiled	9/29/29
			② Drive up window soda drain lines are soiled	
347	NC		Paper towels not dispensed from cookline hand sink towel dispenser	9/29/22

Received by (name and title printed): <i>MICHAEL FLOSI</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





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Establishment name <b>PICKINSON JUVENILE <del>DETENTION</del> CENTER</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/30/22</b>	ID# <b>540</b>
Establishment address <b>1121 HOSPITAL RD. FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>10/9/22</b>
Owner <b>So. Co. Govt.</b>		Summary of Violations:  <b>C 0 NC 2 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>DEVIN SMITH</b>			
Responsible person's email			
Certified food handler <b>DEVIN SMITH (SERUSARP EXP. 2027)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC	*	LID NOT CLOSED ON OUTSIDE DUMPSTER	corrected 9/30/02
255	NC	*	DIGITAL THERMOMETER NOT ACCURATE 6 DOOR REFRIG - IN REFRIGERATOR	check 10/4
(note)		*	MECHANICAL DISTURBANCE HOT WATER STERILIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 166°F)	(OK)

Received by (name and title printed): Devin Smith Program Manager		Inspected by (name and title printed): Bob Smith ETD
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

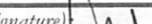
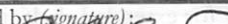
460 N. MORTON ST. STE A  
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Establishment name <b>DMG PETROLEUM INC</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/30/22</b>	ID# <b>2402</b>
Establishment address <b>237 W JEFFERSON FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>10/9/22</b>
Owner <b>SINGH</b>		Summary of Violations:  C <u>0</u> NC <u>4</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 <b>M MANGAT</b>			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): MATTHEW S MARUAT		Inspected by (name and title printed): Bob Smith ETS
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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Betsy  
9/20

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>Dollar General #4364</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>9/15/22</u>	ID# <u>1075</u>
Establishment address <u>358 Madison</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>yes</u>	Release Date <u>9/25/22</u>
Owner		Summary of Violations:  <u>C</u> <u>7</u> <u>NC</u> <u>R</u>	
Owner address		Menu Type (See back of page)  <u>1</u> <u>2</u> <u>X</u> <u>3</u> <u>4</u> <u>5</u>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
412	NC		Observed restroom hand sink hot water 9-12° ↳ should be 100°F - 120°F	9/22/22
324	NC		Observed a leak from 2 bay sink faucet ↳ needs repaired.	10/6/22
431	NC		Floor through out store is soiled. ↳ Corner by laundry sottomer ↳ by end caps.	9/22/22
430	NC		Observed a hole in the back storage room wall Wall coving is missing by emergency exit (baseboard) Wall coving is missing by in back storage room	10/6/22
218	NC		Fresh food (with eggs) door gasket split/worn fresh food (with milk) cooler in back room door gasket split/worn.	10/6/22
352	NC		Restroom door is not self-closing.	9/22/22

Received by (name and title printed):

X Kari Schulz

Inspected by (name and title printed):

Cassi Hall

Received by (signature):

X [Signature]

Inspected by (signature):

[Signature]

cc:

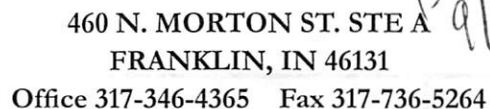
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cc:

## NARRATIVE REPORT

[illegible]





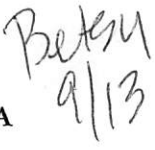
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Establishment name <b>DOLLAR GENERAL</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/9/22</b>	ID# <b>2332</b>
Establishment address <b>155 N MORTON FRANKLIN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>9/9/22</b>
Owner <b>—</b>		Summary of Violations:  <b>C 0 NC 3 R</b>	
Owner address			
Person in charge <b>JADA GASKIN</b>			
Responsible person's email			
Certified food handler <b>—</b>		Menu Type (See back of page)  <b>1 2 3 4 5</b>	

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[illegible]

Received by (name and title printed): Jada Gaslin		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Jada Gaslin		Inspected by (signature): Bob Smith
cc:	cc:	cc:





# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name <b>Dominos Pizza</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/22/22</b>	ID# <b>1848</b>
Establishment address <b>4979 W Smith Valley Rd</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10/2/22</b>
Owner <b>freewood</b>		Summary of Violations:  C <b>0</b> NC <b>1</b> R <b>0</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Eric Seltzer General Manager</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>	
Received by (signature):		Inspected by (signature): <i>JW 3464376</i>	
cc:	cc:	cc:	



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Received by (name and title printed):	Inspected by (name and title printed):
Received by (signature):	Inspected by (signature):
cc:	cc:





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Belton

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Establishment name <b>El Beso</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/26/22</b>	ID# <b>2380</b>
Establishment address <b>2993 S Grove Blvd, 46106</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>10/6/22</b>
Owner		Summary of Violations: <b>10/3/22</b>	
Owner address		<b>C 3 NC 4 R</b>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 2 3 4 <b>X</b> 5	
Certified food handler <b>Miguel Rodriguez (exp 7/20/25)</b>			

- 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		Observed queso in a metal pan greater than 2" with a lid inside the walk-in cooler date marked 9/25/22 @ 46°F	Discarded at final inspection.
438	C		Observed toxic spray bottles with no label	
345	NC		Observed a spoon stored in the designated hand sink → should be used for handwashing only.	corrected.
Note: Observed a spray nozzle affixed to a garden hose attached to the mop sink; appears to not have a back siphonage device for "continuous pressure"				
216	NC		Observed cardboard lining the shelving unit by walk-in cooler Observed aluminum foil lining the cola-cola cooler shelves. → not easily cleanable	

Received by (name and title printed): <b>X Miguel Rodriguez</b>	Inspected by (name and title printed): <b>Cassi Hall</b>
Received by (signature): <b>[Signature]</b>	Inspected by (signature): <b>[Signature]</b>
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 <b>El Petro 2 Mexican</b>	Telephone Number <b>(317) 615-8410</b>	Date of Inspection <b>9/9/22</b>	ID# <b>2568</b>
Establishment address <b>200 E. Main Cross St. Restaurant Edinburgh IN 46124</b>	( ) Owner	Follow-up <b>Yes</b>	Release Date <b>9/19/22</b>
Owner <b>Juan Quezada</b>	Purpose: 1. <u><b>Routine</b></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>2</u> R <u>1</u>	
Owner address		Menu Type (See back of page)	
Person in charge <b>Ruben Quezada</b>		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Responsible person's email			
Certified food handler <b>Juan Quezada</b>			

- 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
324	NC	✓	Hot water in men's restroom was 133°F (Range shall be 100°F to 120°F)	Corrected 1
430	NC		① Ceiling tiles are noted previously 10/1/22 wet and/or moldy in guest area, women's restroom and bar area.	1
187	C		① Previously cooked Queso inside bottom of Patriot Oven measured 60°F	Corrected 1
			② Queso on warmer unit/table measured 116°F.	1
			Notes: Both restroom doors rub the door frame.	

Received by (name and title printed): <i>Robert Orzade</i>		Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Robert Orzade</i>		Inspected by (signature): <i>Andrew Miller</i>
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 <b>FI Pub 10</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/1/22</b>	ID# <b>2038</b>
Establishment address <b>1904 Northwood Plaza</b>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>9/1/22</b>
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 <u>5</u> _____	
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): <i>X Jesse Miveler</i>		Inspected by (name and title printed): <i>Jaycie Blanford</i>	
Received by (signature): <i>X [Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	<i>31734164369</i>