



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

Belen 9/23

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>La Herradura</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/21/22</b>	ID# <b>1259</b>
Establishment address <b>226 S SR 135, 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>10/11/22</b>
Owner		Summary of Violations: <b>10/5/22</b>	
Owner address		<b>C 4 NC 10 R 3</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>Juan Gonzalez (9/27/26)</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 cheese in metal containers greater than 4" with a lid inside walk in cooler @ 52°F	was discarded at time of inspection
			5 there was no date mark, employee said it was made 9/20/22	
438	C		Observed toxic spray bottles with no labels	9/21/22
419			Observed medication (Dawgill) stored above prep table by back door	9/21/22
199	NC		Observed meat thawing inside a plastic bucket in the 2 bay sink with no running water	Corrected
345	NC		Bar hand sink has bleach and a cup stored in it	9/21/22
415	C		Observed dead cockroaches around dry storage area	10/5/22
441	C		Observed fly strips hanging from kitchen ceiling by the dry good area	9/21/22
			5 not approved for commercial kitchen use	

Received by (name and title printed):

**X [Signature]**

Received by (signature):

**X**

Inspected by (name and title printed):

**Cassi Hall**

Inspected by (signature):

**Cassi Hall**

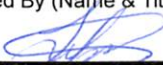
cc:

cc:

cc:



# NARRATIVE REPORT

Establishment Name			Address		Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
234	NC		Observed in Use Utensils stored improperly: ice scoop stored on top of ice maker ↳ Knife <del>is</del> is stored in the elbow of flip top coolers. ↳ Bar Ice Scoop wasn't stored with handle up. ↳ many scoops for spices wasn't stored with handle up.	9/22/22 	
216	NC	X	Observed Aluminum foil lining shelving units in kitchen Observed Cotton cloths lining bar coolers	9/22/22 	
Note:			Observed a wet dish cloth stored on prep table, not inside sanitizer bucket.		
430	NC	X	Back door in kitchen (storage room) in disrepair Observed a hole in the wall by ice maker ceiling by dry goods is in disrepair	10/5/22 	
297	NC		Bar soda nozzle is soiled.	9/22/22	
295	NC	X	Flip top Coolers Shelving racks are soiled.	10/5/22	
218	NC		Observed a gap in hard filter spacing, ↳ appears a filter is missing	10/5/22	
351	NC	X	Observed no covered waste receptacle inside women's restroom.	9/22/22	
347	NC		No paper towels at bar hand sink Note: Contact your pest control operator Note: Label all bulk food containers. Note: Observed a few small flies. Note: Bar hand Sink (cold water / right hand) not functioning needs repaired.	9/21/22	
			Dish machine is sanitizing ok at time of inspection.		
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
X 			Cassi J. Hall		







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Office 317-346-4365 Fax 317-736-5264

Becky  
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>LOCAL GROUND</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/27/22</b>	ID# <b>2351</b>
Establishment address <b>25 N MAIN ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (Yes) <b>1</b>	Release Date <b>10/6/22</b>
Owner <b>EMILY WORLEY</b>		Summary of Violations:  C <b>1</b> NC <b>5</b> R	
Owner address		Menu Type (See back of page)  1 <b>2</b> <b>3</b> 4 5	
Person in charge <b>DESHAY SWANT</b>			
Responsible person's email			
Certified food handler <b>EMILY WORLEY</b>			

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• 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
343	C	<input checked="" type="checkbox"/>	HANDSINK NOT INSTALLED IN BACK FOOD PREPARATION AREA	10/27/22
347	NC	<input checked="" type="checkbox"/>	DISPOSABLE TOWELS NOT PROVIDED AT FRONT HANDSINK AND RESTROOM HANDSINK	9/29
239	NC	<input checked="" type="checkbox"/>	SINGLE SERVED CUPS ON FRONT COUNTER NOT PROTECTED	9/30
228	NC	<input checked="" type="checkbox"/>	BACK ROOM - SMALL CHEST FREEZER NOT EASILY MOVABLE	10/20
324	NC	<input checked="" type="checkbox"/>	HOT WATER NOT AVAILABLE AT FRONT HANDSINK	10/4
171	NC	<input checked="" type="checkbox"/>	EMPLOYEE NOT USING ICE SCOOP TO DISPENSE ICE FROM ICE MAKER	9/28

Received by (name and title printed):

**DeShay Swant manager**

Received by (signature):

**DeShay Swant**

cc:

Inspected by (name and title printed):

**Bob Smith EHS**

Inspected by (signature):

**Bob Smith**

cc:





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Belen  
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 <b>Leon Mexican Restaurant</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/29/22</b>	ID# <b>2145</b>
Establishment address <b>1241 E. Emerson Ave Greenwood IN 46143</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>10/7/22</b>
Owner <b>Alfredo Melendez</b>		Summary of Violations:  C <u>0</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 <b>Kevin Melendez</b>			
Responsible person's email			
Certified food handler <b>Margarito Leon</b> <i>Sen Safe Exp: 9/25/23</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
295	NC		① Kitchen soda station dispensing parts soiled	Corrected ↓
			② Large Moecet bowls were noted clean but found soiled	10/11/22 ↓
			③ Inside top of ice maker is soiled	9/27/22
			④ Bottom prep table metal shelf is rusty (storing bulk bin ingredients)	10/10/22 ↓
218	NC		① Mechanical dish machine leaks from stopper well and a hose below this area	10/3/22 ↓
			② Walk-in-cooler shelving needs two clips to secure the units to the leg	10/10/22 ↓
431	NC		Kitchen ceiling tiles and air vents are soiled	10/11/22 ↓
430	NC	✓	① Southeast kitchen door rubs the door frame and has an exterior gap	11/11/22 ↓
		✓	② Southeast kitchen interior wall	↓

Received by (name and title printed): <b>X Kevin Melendez</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <b>X Kevin</b>	Inspected by (signature): <b>Andrew Miller</b>
cc:	cc:

## NARRATIVE REPORT

[illegible]





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*Btkm*  
*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>Luca Pizza</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/26/22</i>	ID# <i>1493</i>
Establishment address <i>250 US 135 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>10/6/22</i>
Owner <i>Tony Dumizio</i>		Summary of Violations:  <i>C 1 NC 9 R 5</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			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	✓	① Guest area and drive-up window soda dispensing parts are soiled	9/26/22 ↓
			② Walk-in cooler shelving soiled	10/1/22
431	NC	✓	Walls, ceilings, floors soiled in some areas, including mechanical exhaust fan covers	10/1/22 ↓
H30	NC	✓	① Two pieces of glass (used as a sneeze guard) were cracked/damaged near & above the salad bar	10/1/22 Remove or replace ASAP
			② Wall mirror behind pizza bench (prep table) is cracked, damaged, and missing pieces	↓
324	NC	✓	① Three bay sink leaks from underneath drain gasket	10/8/22 ↓
			② Two bay sink leaks from underneath right side drain gasket	↓
413	NC	✓	Back kitchen door contains an exterior gap at the interior lower right corner	10/8/22 ↓
Received by (name and title printed): <i>Bamiro Miranda</i>			Inspected by (name and title printed): <i>Andrew Miller, EHS</i>	
Received by (signature): <i>Bamiro</i>			Inspected by (signature): <i>Andrew Miller</i>	
cc:		cc:	cc:	

## NARRATIVE REPORT

[illegible]



# 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

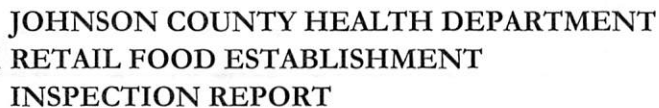
**Establishment Sanitation Requirements.** The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>LUCIANAS Mexican Rest</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/29/22</b>	ID# <b>2220</b>
Establishment address <b>1133 N SR135 Greenwood</b>	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 <b>NO</b>	Release Date <b>10/9/22</b>
Owner		Summary of Violations:  C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input checked="" type="radio"/>	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 _____ 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
			<p>No items noted today</p> <p>Thank you!</p>	
			<p><i>[Signature]</i></p>	


Received by (name and title printed):		Inspected by (name and title printed): Jennifer Warner
Received by (signature):		Inspected by (signature): JW 346.9370
cc:	cc:	cc:



460 N. MORTON ST. STE A  
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Received by (name and title printed):		Inspected by (name and title printed): Jennifer Warner
Received by (signature):		Inspected by (signature): JW 346 4376
cc: 	cc:	cc:





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Establishment name <b>Marco's Pizza</b>	Telephone Number ( ) Establishment	Date of Inspection <b>9/1/22</b>	ID# <b>2211</b>
Establishment address <b>989 US Hwy 31N 46184</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>9/10/22</b>
Owner	Purpose: <b>1. Routine</b>	Summary of Violations:	
Owner address	<b>2. Follow-up</b>	C <b>X</b> NC <b>1</b> R	
Person in charge	<b>3. Complaint</b>	Menu Type (See back of page)	
Responsible person's email	<b>4. Pre-Operational</b>	1 <b>X</b> 2 <b>X</b> 3 4 5	
Certified food handler <b>Patrick Bridges (exp 10/11/23)</b>	<b>5. Temporary</b>		
	<b>6. HACCP</b>		
	<b>7. Other (list)</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
218	NC		2 door flip top, reach-in Cooler handle is Broken.	
			Note.: Exterior door (by restroom) door Sweep is starting to get worn. ↳ needs replaced.	
			Note.: floor under some equipment is soiled. ↳ under flip top reach in coolers.	
			Thank you!	

X Jakob Brooks

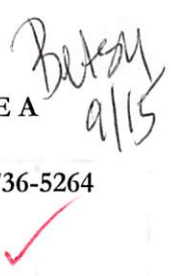
~~X~~ Jakob Brooke

**CC:**

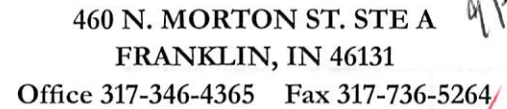
Cass: Hal

*Case: JAM*

CC:







# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



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Establishment name <b>Gur Table</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/5/22</b>	ID# <b>250</b>
Establishment address <b>5080 SR 135 Garyville</b>	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 <b>NO</b>	Release Date <b>9/25/22</b>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge		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			

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[illegible]

Received by (name and title printed): Joseph Miller		Inspected by (name and title printed): James E. Warner	
Received by (signature): 		Inspected by (signature): 	
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

Patent  
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>Papa Murphy's Pizza</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9-27-22</b>	ID# <b>2227</b>
Establishment address <b>1011 N 5th St</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>10-7-22</b>
Owner <b>Greenwood</b>		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			

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- 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):
		Jennifer Warner
Received by (signature):		Inspected by (signature):
		
cc:	cc:	cc:

## JOHNSON COUNTY HEALTH DEPARTMENT

## RETAIL FOOD ESTABLISHMENT

## INSPECTION REPORT



Office 317-346-4365 Fax 317-736-5264

FRANKLIN, IN 46131

460 N. MORTON ST. STE A

Butler  
9/15

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>Panda Express #1546</b>		Establishment address <b>3315 S.R.135 Greenwood, IN 46142</b>		Owner <b>Panda Rest. Group</b>		Owner address		Person in charge <b>Vicky Vargas</b>		Responsible person's email <b>Vicky Vargas</b>		Certified food handler <b>Vicky Vargas</b> Exp: 11/14/23 Sew Safe	
Telephone Number		Date of Inspection <b>9/6/22</b>		ID# <b>1265</b>		Follow-up <b>yes</b> Release Date <b>9/16/22</b>		Summary of Violations: <b>0 NC 5 R</b>		Menu Type (See back of page) <b>1 2 3 4 5</b>			
1. Routine		2. Follow-up		3. Complaint		4. Pre-Operational		5. Temporary		6. HACCP		7. Other (list)	

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	✓	① Cookline side door open on it's own when the main door is closed	9/21/22
402	NC	✓	③ Tap noted on prep table top	12/1/22
431	NC	✓	③ Randle one door interior	9/27/22
430	NC	✓	③ Tap noted on prep table top	10/1/22
			④ Trip of square, built covers are missing above covered food on the warmer tables	9/27/22
			⑤ Floor grout repair needed under existing line work and cooking	9/8/22
			⑥ Cookline floor/wall juncture	9/8/22
			⑦ Sealed and warmer (units floor/wall juncture)	9/8/22
			⑧ Limit area soda unit floor drain	9/8/22
			⑨ Sealed exterior gutters are deteriorated	10/11/22
			(one sewerage) between suite door A	10/11/22
Received by (name and title printed): <b>Vicky Vargas</b>				
Received by (signature): <b>Vicky Vargas</b>				
Inspected by (name and title printed): <b>Andrew Miller, EHS</b>				
Inspected by (signature): <b>Andrew Miller</b>				
CC:				



## NARRATIVE REPORT


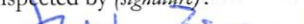
Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
Panda Express #1546			331 S. S.R. 135 IN 46142	9/6/22
			(for Panda Express)	
			② Inside walk-in freezer floor and door contain ice build-up	9/26/22
295	NC	✓	① Randall one door cooler interior back is soiled	9/9/22
			③ Underside of cooking equipment (WOK) is soiled	
			Notes:	
			① Numerous "repeat" violations	
			② West exterior right side door handle loose	
			③ North exterior door, across from register area, rubs the door frame	
Received By (Name & Title)			Inspected By (Name & Title)	Page 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 <b>Panera Bread Baking Cafe</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/19/22</b>	ID# <b>943</b>
Establishment address <b>789 US 31 Greenwood</b>	Purpose: <input checked="" type="radio"/> 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>9/29/22</b>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1____ 2____ 3 <u>X</u> 4____ 5____	
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): Mike Earnest		Inspected by (name and title printed): Jenna Fox 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 <b>Papa John's</b>	Telephone Number <b>317 889-7272</b>	Date of Inspection <b>9/2/22</b>	ID# <b>2141</b>
Establishment address <b>334 S Emerson Ave</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>9/12/22</b>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <u>1</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>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler <b>Kaleb Childs Exp: 8/12/2027</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"

[illegible]

Received by (name and title printed): X Kaleb Childs General Manager	Inspected by (name and title printed): Jaymie Blanford
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
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

Beta 9-24

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>Pizza King Express</b>	Telephone Number <b>(317) 736-5464</b>	Date of Inspection <b>9/23/22</b>	ID# <b>2252</b>
Establishment address <b>30 S. US 31 Whiteland, IN 46184</b>	( ) Owner	Follow-up <b>No</b>	Release Date <b>10/3/22</b>
Owner <b>Kevin Service</b>	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>2</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>Kevin Service</b>			
Responsible person's email			
Certified food handler <b>Kevin Service</b>	<b>SenSafe Exp 10/9/24</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"

[illegible]

Received by (name and title printed): J.K. Service	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): JK Service	Inspected by (signature): Andrew Miller
cc:	cc:





BEA Bekm 9/20

Establishment name <i>Penn station</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/16/22</i>	ID# <i>802</i>
Establishment address <i>255 S. State rd. B5 Greenwood, Ind 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>—</i>	Release Date <i>9/29/22</i>
Owner		Summary of Violations:  C <u>1</u> NC <u>2</u> R <u>1</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 <i>Arnette Reid</i>			

- [illegible]

Page 1 of \_\_\_\_\_





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  
10/3

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 <b>Peppers II</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/8/22</b>	ID# <b>520</b>
Establishment address <b>299 S. S.R. 135 Greenwood IN 46142</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>9/18/22</b>
Owner <b>George S.</b>		Summary of Violations:  C <u>0</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			
Responsible person's email <b>Am</b>			
Certified food handler <b>Shallin Robin</b> (No Certificate Provided)			

- 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 sealed behind kitchen mobile ice maker	9/9/22
218	NC		Door seals (2) torn/split for true freezer and interior light bulb missing	10/8/22
411	NC		No probe food thermometer (0°F to 220°F) provide	9/9/22
257	NC		No sanitizer test provided in kitchen	9/9/22
291	NC		North side public restroom (AM) doors contain holes/damage in men's and women's	10/10/22
430	NC	✓	South Women's restroom vanity is deteriorated/damaged	
324	NC	✓	Hot water in public restrooms were 127°F to 131°F (Range shall be 100°F to 120°F)	10/8/22

Received by (name and title printed): <b>* Shelly Nguyen</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <b>Shelly Nguyen</b>	Inspected by (signature): <b>Andrew Miller</b>
cc:	cc: