



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

Belguy  
9/13

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>QUALITY INN</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/9/22</b>	ID# <b>2025</b>
Establishment address <b>150 Lowers Ln. FRANKLIN, IN</b>	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 <b>9/19/22</b>
Owner <b>PATEL</b>		Summary of Violations:  <b>C 1 NC 4 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>TRACEY HIGGINS</b>			
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
228	NC		UPRIGHT REFRIGERATORS(2) AND UPRIGHT FREEZER NOT EASILY MOVABLE	9/30/22
218	NC		UPRIGHT REFRIGERATOR door gasket worn	9/30
411	NC		LIGHT OUT / LIGHT INTENSITY NOT ADEQUATE IN 3 COMPARTMENT SINK AREA	9/30
228	NC		BACK OF 3 COMPARTMENT SINK COUNTER NOT SEALED / CAULKED TO WALL	9/30
187	C		INTERNAL TEMPERATURE OF MEAT <del>50°F</del> NOT AT 41°F OR LESS <del>WAS 47.5</del>	(ITEMS DISCARDED) 9/9



Received by (name and title printed): <b>Tracey Higgins</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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Beten  
 9/23  
 -5264

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): Michael Swank	Inspected by (name and title printed): Jennifer Warner
Received by (signature): 	Inspected by (signature): 
cc:	cc:





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Baken  
9/13

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>Road Ranger #226</b>	Telephone Number <b>(317) 315-4987</b>	Date of Inspection <b>9/12/22</b>	ID# <b>915</b>
Establishment address <b>1615 E. Main St. Greenwood</b>	Owner <b>( )</b>	Follow-up <b>Yes</b>	Release Date <b>9/22/22</b>
Owner <b>Road Ranger, Inc</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <b>C 1 NC 11 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>Melissa Pyles</b>			
Responsible person's email			
Certified food handler <b>Jill Agathon</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC	✓	① Storage room interior walls near showers contains what appears to be mold	12/1/22
		✓	② Men's restroom self-closure device is loose and the door rubs the door frame	10/1/22
		③	North exterior door does not close due to catching on a bent vertical door seal	9/20/22
388	NC		Three semi tires and trash are accumulated inside dumpster pad	9/22/22
218	NC		Guest area soda station leaking continuously in back of the unit	9/13/22 Turn off?
146	NC		Repacked fruit (i.e. cut strawberries, pineapple & grapes) in clear containers lack a quantity of contents (i.e. weight) band	9/12/22

Received by (name and title printed):

**Melissa Pyles**

Inspected by (name and title printed):

**Andrew Miller, EHS**

Received by (signature):

**Melissa Pyles**

Inspected by (signature):

**Andrew Miller**

cc:

cc:

cc:

## NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Road Ranger #226			11615 E. Main St. Greenwood IN 46143	9/12/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			name and business of the repacker	
431	NC		Men's restroom ceiling tiles and HVAC vent are soiled	9/12/22
426	NC		Exterior (South) parking lot contained trash and debris	9/13/22
			Subway:	
324	NC		Two bay sink leaking from below right side gasket/piping	9/22/22
295	NC		Two door preparation table door seals are soiled	9/12/22
430	NC		Wall mounted shelf above microwave is loose from the wall	9/18/22
187	C		Steak and ham measured 43°F at front line assembly unit	
411	NC		Interior built out for Master-Bilt two door freezer	9/22/22
295	NC		Front line assembly table condenser is soiled	9/12/22
Received By (Name & Title)			Inspected By (Name & Title)	
Melissa Peltz			Andrew Miller EHC	
			Page 2 of 2	







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Bekm  
9/26  
X

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.

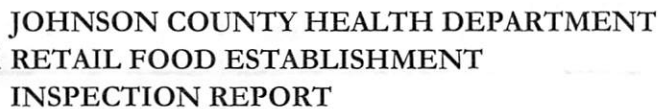
Establishment name <b>Sam's Club</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/21/22</b>	ID# <b>486</b>
Establishment address <b>1101 Windhorst Way Greenwood, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>30 days</b>	Release Date <b>10/1/22</b>
Owner		Summary of Violations:  <b>C <u>D</u> NC <u>10</u> R</b>	
Owner address		Menu Type (See back of page)  <b>1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u></b>	
Person in charge			
Responsible person's email			
Certified food handler <b>+ David Perrey</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<b>Cafe -</b>	
324	NC		The faucet is loose at the front hand sink	9/29/22
	NC		No thermometers in the refrigerators	9/22/22
431	NC		Floor the drink station equipment is soiled.	9/29/22
324	NC		No hot water at the front hand sink	9/29/22
324	NC		No hot water at the men's room hand sink 20-30 sec.	9/29/22
			<b>Produce -</b>	
347	NC		- Hand towels were not in the dispenser.	9/22/22
295	NC		- old ice machine is soiled - Inside unit	9/29/22
			<b>Restroom</b>	
327	NC		- No hot water or hand towels in	
347	NC		- the restrooms room	
324	NC		- No hot water at the demo room hand sink 20-30 seconds for hot water	

Received by (name and title printed): <b>+ Kasey May, Assistant manager</b>	Inspected by (name and title printed): <b>Terry D Bayless</b>
Received by (signature): <b>+ Kasey May</b>	Inspected by (signature): <b>Terry D Bayless</b>
cc:	cc:



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Establishment name <b>Second Mount Pleasant Baptist Church</b>	Telephone Number Establishment ( ) Owner	Date of Inspection <b>9/9/22</b>	ID# <b>2451</b>
Establishment address <b>1540 N 8th E 46631</b>	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>9/19/22</b>
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 2 <input checked="" type="checkbox"/> 3 4 5	
Certified food handler			

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[illegible]

Thank you!

Received by (name and title printed): <i>Tanice L. Conway, Co-Director</i>	Inspected by (name and title printed): <i>Cass Hall</i>
Received by (signature): <i>Tanice L. Conway</i>	Inspected by (signature): <i>Cass Hall</i>
cc:	cc:





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Belen  
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Establishment name <b>SHALO CROOK</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/9/22</b>	ID# <b>1937</b>
Establishment address <b>W JEFFERSON ST. FRANKLIN, IN</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>9/19/22</b>
Owner <b>MIKE BAKER</b>		Summary of Violations:  <b>C 1 NC 8 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>MIKE BAKER</b>			
Responsible person's email			
Certified food handler <b>MIKE BAKER</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C	*	INTERNAL FOOD TEMPERATURES OF HAMBURGERS IN REFRIGERATOR	(Items discarded)
218	NC		NOT AT 41°F OR LESS WAS 49-50°F	
			ICE BUILT UP INSIDE UNIT	→ 9/11
197	NC	*	WALK-IN FREEZER TEMPERATURE ~20°F NOT AT 0°F OR LESS - ICE BUILT UP IN UNIT	9/11
228	NC	*	3 DOOR UPRIGHT REFRIGERATOR, UPRIGHT FREEZER NOT EASILY MOVABLE	10/9
347	NC	*	BAR HANDSINK - NO DISPOSABLE TOWELS	9/10
224	NC		LOAK NOTED AT DRAIN, COLD WATER FAUCET - NO WATER	9/15
256	NC	*	KITCHEN - SMALL REFRIGERATOR BY WALK-IN COOLER - NO THERMOMETER	9/13
218	NC	*	2 DOOR REFRIGERATOR GASKET WORN	10/9
256	NC		SPLIT, THERMOMETER NOT SEEN	9/13

Received by (name and title printed): <b>* MICHAEL BAKER</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <b>[Signature]</b>	Inspected by (signature): <b>[Signature]</b>
cc:	cc:





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rev 10 12 22 *Bern 9/29*  
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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>Smokehouse Catering</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9 28 22</i>	ID# <i>2503</i>
Establishment address <i>1140 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>10 2</i>	Release Date <i>10 8 22</i>
Owner		Summary of Violations:  <i>C 0 NC 8 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>431</i>			<i>Thoroughly clean kitchen floor -</i>	
<i>399</i>	<i>NC</i>		<i>repair &amp; smooth out rough spots</i>	
			<i>throughout</i>	
<i>347</i>	<i>NC</i>		<i>Provide paper towels at all hand sinks</i>	
<i>395</i>	<i>NC</i>		<i>Provide missing hood filter</i>	
<i>191</i>	<i>NC</i>		<i>Date mark all food items (anything</i>	
			<i>not used within 24 hours)</i>	
<i>297</i>	<i>NC</i>		<i>Remove food and mold buildup on</i>	
			<i>cooler drawer gaskets</i>	
<i>324</i>	<i>NC</i>		<i>Replace dishwashing area sprayer</i>	
<i>Note</i>			<i>No sanitizer at dishwashing - Do not use</i>	
<i>177</i>	<i>NC</i>		<i>Cover open food product in walk in cooler</i>	
Received by (name and title printed): <i>for D/PL</i>			Inspected by (name and title printed): <i>Jennifer Warner</i>	
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>JW 346 4376</i>	
cc:		cc:		cc:

*Thank you!*



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Received by (name and title printed): Andrea Sutherland		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): Andrea Sutherland		Inspected by (signature): JW 346 4376	
cc:		cc:	

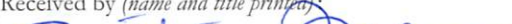






Belem  
9/29

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



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Betm  
9/23

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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 <b>Steak N Shake</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/22/22</b>	ID# <b>1031</b>
Establishment address <b>103 N SR 135, 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>10/2/22</b>
Owner		Summary of Violations: <b>C 0 NC 3 R</b>	
Owner address		Menu Type (See back of page) 1 2 3 <b>X</b> 4 5	
Person in charge			
Responsible person's email			
Certified food handler <b>Bryce Bradley (exp 8/19/27)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
190	NC		Observed one covered plastic container of chili @ 138°F inside walk-in cooler. 5 plastic container <del>was</del> greater than 2"	
			Manager stated the chili was made at noon on 9/22/22	
			Observed one covered plastic container greater than 2" of noodles inside walk-in cooler @ 88°F	
218	NC		Walk in cooler door gasket is split/worn	
431	NC	X	Floor under many serving units & equipment is soiled	
			Greases cleaned	
			ice cream machine floor drain is soiled	
			<del>observed plastic bottle</del>	
			Note: Back door gasket starting to get worn.	
			Note: Ceiling tile missing by hand sink	
			Note: Observed a few small flies.	
			Note: Ceiling vent by hand sink needs cleaned (hand)	

Received by (name and title printed):

**X Bryce Bradley**

Inspected by (name and title printed):

**Cass Hall**

Received by (signature):

**X [Signature]**

Inspected by (signature):

**[Signature]**

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 <b>Smallcakes Cupcakery</b>	Telephone Number ( ) Establishment	Date of Inspection <b>9/26/22</b>	ID# <b>1946</b>
Establishment address <b>1279 N Emerson</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>10/6/22</b>
Owner <b>Greenwood</b>	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 <u>2</u> <b>X</b> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			Note - check all floor drains & plumbing fixtures. Noticed slight sewer odor smell today.	
			Thank you!	

Received by (name and title printed): Karen Robinson	Inspected by (name and title printed): Jennifer Warner
Received by (signature): Karen S Robinson	Inspected by (signature): JW 3464374
cc:	cc:



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Bekm  
9/7

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Establishment name <b>SPEEDWAY #1319</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/16/22</b>	ID# <b>158</b>
Establishment address <b>701 W Adams FRANKLIN IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>9/16/22</b>
Owner <b>SPEEDWAY LLC</b>		Summary of Violations:  <b>C 0 NC 8 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>JASON SISCO</b>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	→	FLOOR IN AREAS NEXT TO WALL UNDER SHELVING - BACK STOCK AREAS NOT CLEAN	9/19/22
239	NC	→	Boxed single service items not stored off floor minimum of 6 inches in stock area	9/19
324	NC	→	FAUCET LEAK noted - 3 compartment sink	9/12
399	NC	→	CUSTOMER SINK - INSIDE OF CABINET	9/20
431	NC	→	BASE WORN/NOT CLEAN	
431	NC	→	RESTROOMS - CEILING AND FAN EXHAUST COVERS NOT CLEAN/DUSTY	9/12
309	NC	→	MECHANICAL EXHAUST NOT FUNCTIONING PROPERLY IN RESTROOMS	9/12
324	NC	→	HOT WATER NOT AVAILABLE AT FAUCET IN MEN'S RESTROOM	9/15
		→	SOME FLOOR TILE WORN IN STEP NEAR ENTRANCE	

Received by (name and title printed):

**JASON SISCO LAM**

Inspected by (name and title printed):

**Bob Smith EHS**

Received by (signature):

*[Signature]*

Inspected by (signature):

*[Signature]*

cc:

cc:

cc:



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Establishment name <i>Speechway</i>	Telephone Number ( ) Establishment	Date of Inspection <i>9/15/22</i>	ID# <i>2493</i>
Establishment address <i>5. S. Graham Rd Greenwood, IN</i>	( ) Owner	Follow-up <i>—</i>	Release Date <i>9/29/22</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:	
Owner address		C <u><i>0</i></u> NC <u><i>3</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>  </u> 3 <u><i>✓</i></u> 4 <u>  </u> 5 <u>  </u>	
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): "Madison Willis		Inspected by (name and title printed): Paul B. Brown #11
Received by (signature): Madison Willis		Inspected by (signature): Paul Brown
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

Belam  
9/73

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>Subway</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/21/22</b>	ID# <b>1339</b>
Establishment address <b>2710 SR 135 Greenwood</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>10/1/22</b>
Owner		Summary of Violations:  <b>C 0 NC 0 R 0</b>	
Owner address		Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
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"

[illegible]

Received by (name and title printed): King Jones		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): [Signature]		Inspected by (signature): [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

rev 9-29-22 Ben 9-26

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>Tr. ed &amp; True Ale house</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9-22-22</b>	ID# <b>2016</b>
Establishment address <b>2800 SR 135 Greenwood</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>9-29</b>	Release Date <b>10-2-22</b>
Owner		Summary of Violations:  <b>C 1 NC 7 R 0</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 X 5</b>	
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
431	NC		Remove soil buildup on floor in bar especially under ice bin area	
415	NC		Exterminate flies throughout facility	
431	NC		Remove grease on floor by CO2 tanks	
399	NC		Replace broken floor tile in dish area - Regent area too especially where there is standing water	
140	NC		Observed Chicken wings inside metal containers greater than 2" with lid inside walk-in cooler @ 70°F b needs to be put on sheet pans to cool	Corrected.
173	C		Observed raw meat stored above waffles inside 2 door flip top cooler by fryer	
295	NC		Sides of fryers are soiled	
218	NC		2 door reach in flip top cooler door gasket split/worn by fryer	

Received by (name and title printed): <b>Cristian D</b>	Inspected by (name and title printed): <b>Jennifer Warner</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc: <b>Castro</b>