

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>Caramel Brioche Memory Care</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/26/22</i>	ID# <i>2307</i>
Establishment address <i>2444 S. State rd 135</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>9/09/22</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			

- 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): Heather Repass		Inspected by (name and title printed): Paul Betiku Etk	
Received by (signature): Heather Repass		Inspected by (signature): Paul Betiku	
cc:	cc:	cc:	

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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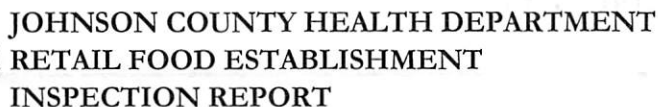
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Greek's Pizzeria & TAPP Room	Telephone Number () Establishment () Owner	Date of Inspection 8/3/22	ID# 1909
Establishment address 18 E Jefferson St. Frankfort, KY	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/13/22
Owner JASON TAPP		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge PATT DOAN			
Responsible person's email			
Certified food handler JASON TAPP			

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[illegible]

Received by (name and title printed): Patti Doan		Inspected by (name and title printed): Bob Smith ETS
Received by (signature): Patti Doan		Inspected by (signature): Bob Smith
cc:	cc:	cc:



460 N. MORTON ST. STE A
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6-5264

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Received by (name and title printed): MARY W CLOUD	Inspected by (name and title printed): Jennifer Warner
Received by (signature): Mary W Cloud	Inspected by (signature): JW 546 4376
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Beta 8/29

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 <i>The Grove Cafe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/23/22</i>	ID# <i>2530</i>
Establishment address <i>524 E. Old Plank Rd. Bargersville IN 46106</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>9/2/22</i>
Owner <i>Chris/Tristan Buffkin</i>		Summary of Violations: C <u>2</u> NC <u>5</u> R <u>4</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Chris Buffkin</i>			
Responsible person's email			
Certified food handler <i>Chris Buffkin</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
430	NC	✓	Back dish area door rubs the door frame	9/10/22
402	NC	✓	Cove base missing behind ice maker and North short wall in sewer area	9/1/22
256	NC	✓	Some refrigeration units lack ambient air thermometers	9/1/22
294	C	✓	Mechanical dish machine not sanitizing dishes / equipment immediately after clearing	Corrected
187	C		Ham measured 44°F, shredded cheese in true three door cooler	Monitor Adjusted Temp Knob
245	NC		① Underneath of table mixer neck soiled	8/23/22
			② Door gaskets soiled on four drawer prep table/cooler	10/1/22
			③ Inside bottom of true two door cooler soiled in sewer area	8/23/22
218	NC		① Walk-in-freezer is missing	9/11/22

Received by (name and title printed):

Tristan Buffkin

Received by (signature):

Tristan Buffkin

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Betsy
8/3/22

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>Golden Corral</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-1-22</i> <i>12:30pm</i>	ID#
Establishment address <i>160 S Marlin Dr 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>8-11-22</i>
Owner		Summary of Violations: <i>C 2 NC 7 R</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
336	C		Spray nozzle attached to hose connected to faucet w/ atmospheric vacuum (mushroom) backflow preventer - Not approved for use under pressure. Recommend purchasing a vacuum backflow preventer for use "under continuous pressure"	8-1-22 (Remove)
344	C		Hand Sink in hot bar not draining properly. & not accessible for handwashing	8-8-22 coming out today
324	NC		Hand Sink at main Server bar (center) area. Hot water not provided / functioning	8-8-22 parts on order
177	NC		Observed single use items (straws) not stored 6" off floor in main server bar (center) area	8-2-22
177			Storage shelving / bottom rack in both server rooms not 6" off floor	
411	NC		Observed a light out above grill	8-8-22
295	NC		Cabinets located in "sweet" area soiled.	
310	NC		Women's restroom vent soiled.	8-5-22

Received by (name and title printed):

Ryan Johnson

Received by (signature):

[Signature]

Inspected by (name and title printed):

Cassie Hall

Inspected by (signature):


Edwabeth Schultzy

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Golden Corral			160 S. Main Dr.	8-1-22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		Air curtain broken (parts on order)	8-15-22
347	NC		Disposable paper towels not provided @ meat cutting room designated hand sink	8-1-22
Note=			Meat in Nu-VU hot holding/cooking device @ 128°F @ 1pm. Unit had stopped cooking as it had run out of water. Water replaced.	8-1-22
			 → final dish machine rinse OK	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2

Elizabeth Schultzy

**JOHNSON COUNTY HEALTH DEPARTMENT
OPERATOR WRITTEN RESPONSE TO INSPECTION
NARRATIVE REPORT**

Date Aug 3, 2022

Johnson County Health Department
460 North Morton St., Ste. A
Franklin, In 46131

Phone: (317) 346-4365
Fax: (317) 736-5264
eschultz@co.johnson.in.us

The following is my response to the inspection narrative report prepared by your agency's representative,
Elizabeth I. Schultz on 8/1/2022

WE will CONTINUE to do the right thing here
AT Golden Corral. Both Critical violations
were corrected within the hour after the
inspection. Koto Rooter came out to CLEAN
the hand sink drain. NON - Criticals ARE being
TAKEN CARE A.S.A.P. PARTS ARE ordered
for back door fly machine.

Michael HAMMAH General
Name Title MANAGER
Golden Corral
Establishment
160 S. MARLIN DR.
Address GREEN WOOD, IN 46142

*Attach additional sheets as needed.

Establishment Representative

Inspected by: Elizabeth Schultz, REHS
(317) 346-4373 eschultz@co.johnson.in.us



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Bellevue
8/23

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 Hot box pizza	Telephone Number () Establishment () Owner	Date of Inspection 08/22/22	ID# 1706
Establishment address 3147 W. Smith valley rd Greenwood IN 46113	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9/5/22
Owner		Summary of Violations: C <u>1</u> NC <u>4</u> R <u>2</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 Clay Longardner (Exp. 3/22/26)			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Hot water heat observed by water heater area.	9/02/22
347	NC	✓	NO paper towel provided by both hand sinks	8/26/22
297	NC	✓	Few soda nozzles are soiled ↳ Recommend cleaning them twice a week.	
174	NC		One spray bottle not labelled	Corrected
303	C		There is no dish sanitizer observed, dishes/utensils not sanitized after wash	8/26/22
NOTE: Make sure ice-machine lids is closed.				
(i) Make sure to use ice-scoop while transferring ice.				
(ii) Food temperatures are okay				
(iv) Utensils / dishes needs to be sanitized after wash				

Received by (name and title printed): Steven Moreland	Inspected by (name and title printed): Paul Belton RTH
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Betsy
8/14

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Establishment name JACK'S DONUTS	Telephone Number () Establishment	Date of Inspection 8/3/22	ID# 2306
Establishment address 219 W JEFFERSON FRANKLIN, IN	Owner	Follow-up (yes)	Release Date 8/13/22
Owner [Signature]	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 12 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ERIN GREEN			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		FLOOR NOT CLEAN IN BACK ROOM - FLOOR WET AROUND LARGE MIXER	8/8/22
291	NC		"QUAT" CHEMICAL TEST PAPERS NOT IN GOOD CONDITION, NOT USABLE	8/5
216	NC		CARDBOARD USED TO COVER DUCK BOARDS	8/8
295	NC		NOT CLEAN, NOT DURABLE	
256	NC		BACK UPRIGHT FREEZER - THERMOMETER NOT SEEN, UNIT NOT EASILY MOVABLE	8/8
431	NC		BACK ROOM SHELVES NOT CLEAN	8/8
324	NC		LEAK NOTED AT BACK ROOM HANDSINK FAUCET	8/18
239	NC		BOX OF SINGLE SERVICE HOT DRINK CUPS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	8/5
431	NC		RESTROOM CEILING EXHAUST COVERS NOT CLEAN	8/8
234	NC		UTENSILS STORED IN DIPPER WELL - WATER NOT RUNNING IN DIPPER WELL	8/4
256	NC		FRONT REFRIGERATOR - THERMOMETER NOT SEEN	8/8
234	NC		ICE SCOOP STORED IN ICE MAKER - HANDLE IN CONTACT WITH ICE	corrected 8/13

Received by (name and title printed):

Erin Green

Received by (signature):

[Signature]

Inspected by (name and title printed):

Bob Smith EAT

Inspected by (signature):

[Signature]

cc:

cc:

cc:



460 N. MORTON ST. STE A
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Establishment name TIBS BBQ	Telephone Number () Establishment () Owner	Date of Inspection 8/19/22	ID# 2264
Establishment address 38 S CROWELL ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/29/22
Owner JESSE HUTTON		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Jesse HUTTON			
Responsible person's email			
Certified food handler Jesse HUTTON			

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[illegible]

Received by (name and title printed): <i>Miss J. H. H. H.</i>		Inspected by (name and title printed): <i>Bob Smith BVB</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Butler
A 8/22

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 Johnson County Axe Throwing	Telephone Number () Establishment () Owner	Date of Inspection 8/17/22	ID# 2419
Establishment address 2001 W 31 Whiteland, IN 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 8/27/2021
Owner [Signature]		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> X </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): X Christopher P. Engel		Inspected by (name and title printed): Jayce Sanford	
Received by (signature): X Christopher P. Engel		Inspected by (signature): Jayce Sanford	
cc:	cc:	cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy
8/22

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>Johnson BBQ Shack - Byrdway</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>8/19/22</u>	ID# <u>2358</u>
Establishment address <u>100 S Byrd Way, Greenwood</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>8/29/22</u>	Release Date
Owner <u>Nahe Johnson</u>		Summary of Violations: C <u>1</u> NC <u>5</u> R <u>2</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
294	C		Observed dish machine sanitizer less than 10 ppm.	corrected
414	NC	X	Back exit door by office, not protected from potential rodents. S daylight observed.	9/2/22
177	NC		Observed single service Hems not stored 6" off floor Boxes of cups inside cabinet stored on floor	8/19/22
431	NC		Floor under equipment soiled.	8-26-22
295	NC		Walk in cooler shelving racks soiled.	1
310	NC	X	Both restroom vents soiled	9/2/22
301	NC	X	Restroom toilet appears to be leaking	
Note			Note: meat inside walk-in cooler observed at 43°F, recommended to leave foil packets open until 41°F or lower (if nothing is stored above)	
			Note: tea containers need lids.	
			Note: Observed a few small flies.	
431			Floor drain under oven soiled.	

Received by (name and title printed): <u>X Michael Lanning</u>	Inspected by (name and title printed): <u>Cassi Hall</u>
Received by (signature): <u>X Michael Lanning</u>	Inspected by (signature): <u>Cassi Hall</u>
cc:	cc:

Thank you!



JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy
8/15

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 <i>Asian Kimu Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/11/22</i>	ID# <i>1544</i>
Establishment address <i>1280 N US 31 Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>8/21/22</i>
Owner <i>JN</i>		Summary of Violations: C <u>1</u> NC <u>6</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>2</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>+ Pau Lam Piang</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		- The ice maker shield is soiled	8/13/22
216	NC		- The work table shelf is very rusted.	
127	C		- Ground pork and beef slices are not maintained 4°F or below in the reach-in prep refrigerator	8/11/22
218	NC		- The reach-in cooler refrigerator drain is not working	8/23/22
112	NC		- The home style freezer unit is not approved.	
190	NC		- Pork broth is improperly cooling in large stock pots exceeding 4 inches	8/12/22
311	NC		- Exhaust filters and hood are not clean	8/23/22
			* The reach-in cooler is not maintaining proper temperature	

Received by (name and title printed): <i>X Pau Lam Piang</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
8/13

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Establishment name LA COCINA MEXICAN RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 8/2/22	ID# 1673
Establishment address 912 N MORTON 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 8/12/22
Owner ALBERTO SIXTO		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ADOLFO			
Responsible person's email			
Certified food handler ALBERTO SIXTO			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	X	INSIDE TOP OF ICE MAKER NOT CLEAN	8/5/22
295	NC	X	WALK-IN COOLER FAN COVER NOT CLEAN	8/5
177	NC	X	SOME PACKAGES/CONTAINERS OF FOOD NOT STORED MINIMUM OF 6 INCHES OFF FLOOR - WALK-IN COOLER, WALK-IN FREEZER	8/4
216	NC	X	CARD BOARD NOT CLEAN/DURABLE UNDER 3 COMPARTMENT SINK	8/4
			(1) SPRAY BOTTLE OF CLEANER NOT LABELED ON SHELF WITH CLEANERS ABOVE 3 COMPARTMENT SINK	corrected 8/2
431	NC		FLOOR IN AREAS OF KITCHEN NOT CLEAN NEXT TO WALL/UNDER EQUIPMENT	8/8

Received by (name and title printed): Adolfo	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Bekal
8/29

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 <u>La Quinta</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>8/26/22</u>	ID# <u>1561</u>
Establishment address <u>1251 S. Park Dr. Greenwood IN, 46143</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>NO</u>	Release Date <u>9/09/22</u>
Owner <u>VIP Patel</u>		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>3</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 <u>Emily Haack</u>			
Responsible person's email			
Certified food handler <u> </u>			

• 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		Downstairs & upstairs refrigerator/freezer are not easily movable	9/10/22
257	NC		thermometer not seen in one freezer unit upstairs	↓
179	NC		Apples in the kitchen are not wrapped / or provided with things.	8/28/22
146	NC		Things are provided during breakfast	
146	NC		Unlabeled food item inside refrigerator downstairs.	8/26/22
255	NC		One refrigerator unit temperature is at 47°C.	8/28/22
			NOTE: please make sure items in the cooler are marked & date marked.	

Received by (name and title printed): <u>Emily Haack</u>	Inspected by (name and title printed): <u>Paul Bekal</u>
Received by (signature): <u>Emily Haack</u>	Inspected by (signature): <u>Paul Bekal</u>
cc:	cc: <u>317-346-4370</u>

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 Legacy Nutrition	Telephone Number () Establishment () Owner	Date of Inspection 8-4-22	ID# 1322
Establishment address 1065 W Jefferson St, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 8-14-22
Owner		Summary of Violations: C Ø NC 2 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): X Scott Hawley, Owner		Inspected by (name and title printed): Cassi Hall
Received by (signature): X [Signature]		Inspected by (signature): Cassi Hall
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

Betsey
8/15

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 <i>Little Caesar's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/4/22</i>	ID# <i>1819</i>
Establishment address <i>670 S US 31</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>7-10 days</i>	Release Date <i>8/14/22</i>
Owner <i>Greenwood, IN</i>		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>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>x Lisa Whitney</i>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Walk-in cooler gasket is soiled</i>	
<i>295</i>	<i>NC</i>		<i>Wipe down and clean the outer surface of the door</i>	<i>8/6/22</i>
<i>426</i>	<i>NC</i>		<i>- maintenance equipment - brooms etc are not neatly stored -</i>	
<i>431</i>	<i>NC</i>		<i>- The floor under the 3-bay sink is soiled -</i>	<i>8/6/22</i>
<i>345</i>	<i>NC</i>		<i>- the kitchen hand sink knobs are dirty -</i>	<i>8/5/22</i>
<i>218</i>	<i>NC</i>		<i>Pizza maker up refrigerator is out of order [Lower cabinets]</i>	<i>8/10/22</i>
<i>431</i>	<i>NC</i>		<i>The restroom floor is dirty.</i>	<i>8/5/22</i>
<i>197</i>	<i>NC</i>		<i>The up right freezer unit is not maintaining 0°F or below - unit says 20°F 22°F</i>	<i>8/6/22</i>

Received by (name and title printed): <i>Lisa M Whitney</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>Lisa M Whitney</i>	Inspected by (signature): <i>Terry D. Bayless</i>
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
8/23

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 Lord's Locker	Telephone Number () Establishment () Owner	Date of Inspection 8/23/22	ID# 1329
Establishment address 106 E Pearl St, 46181	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 9/5/22
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 X 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
256	NC		Thermometers were not observed in freezers #4, 5, and 6	
174	NC		Observed bulk food items not labeled → on dry storage shelves → inside freezers	
			Note: wooden blocks under freezer #3 appears porous	
			Note: Observed out dated baby food and canned food on shelving units. Don't accept any out dated food products.	
			Note: Use 3 bay sink for dish washing → Sanitizer is needed. (Chlorine or quat)	
			→ Sanitizer test strips are needed.	
			Food that is being divided should be done in community building (basement).	
			Note: Ice build-up inside freezer 3,	
			Thank you!	

Received by (name and title printed): X David Posey	Inspected by (name and title printed): Cass Hall
Received by (signature): <i>David Posey</i>	Inspected by (signature): <i>Cass Hall</i>
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

Belsu
A 8/22

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 Lou Malnati's	Telephone Number () Establishment () Owner	Date of Inspection 8/18/22	ID# 1576
Establishment address 791 S SR 135 Ste. B, Greenwood	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 8/28/22
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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
			NO Items noted at time of inspections.	
			Note: Bulk items should be labeled in Chest freezer	
			Thank you!	

Received by (name and title printed): X Ryan Cain General Manager		Inspected by (name and title printed): Cassi Hall
Received by (signature): X [Signature]		Inspected by (signature): Cassi Hall
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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>Luca Pizzeria di Roma</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/9/22</i>	ID# <i>1052</i>
Establishment address <i>1251 N. US 31 Greenwood, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>8/19/22</i>
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>4</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>John Gaston</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): + Orfeo D. Mizio		Inspected by (name and title printed): Terry D. Bayless
Received by (signature): + Orfeo D. Mizio		Inspected by (signature): Terry D. Bayless
cc:	cc:	cc: