

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>PARKHURST DINING</b> (FRANKLIN COLLEGE)	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>8/18/22</b>	ID# <b>2273</b>
Establishment address <b>101 BRANFEN BLVD</b> FRANKLIN, IN	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>8/28/22</b>
Owner <b>EAT N PARK</b>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u>   </u>	
Person in charge <b>DEVA DUNCAN</b>		Menu Type (See back of page)	
Responsible person's email		1 <u>   </u> 2 <u>   </u> 3 <u>   </u> 4 <u>  X  </u> 5 <u>   </u>	
Certified food handler <b>DEVA DUNCAN</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	*	LEAK NOTED ON PRODUCE SINK FAUCET	04/1/20
411	NC	*	LIGHTS (2) NOT FUNCTIONING PROPERLY ON EXHAUST HOOD	9/1
			<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin-right: 10px;">NOTE</div> <div style="border: 1px solid black; padding: 5px;"> <p><b>Temp</b> <small>Rite</small></p> <p>Date: _____  Fecha: _____  Emp: _____  Empleado: _____</p> <p>PASS WHEN BLUE BAR TURNS ORANGE  ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA</p> <p><b>160°F / 71°C</b></p> </div> <div style="margin-left: 10px;"> <p>MECHANICAL DISINTEGRATOR  HOT WATER SANITIZATION RINSE  ADEQUATE 160°F OR MORE ON  PLATE/UTENSIL SURFACE (160°F)</p> </div> </div>	OK

Received by (name and title printed):

name and title printed):  
Deva Duncan General Manager


Inspected by (name and title printed):

pected by (name and title printed):  
Bob Smith EAS

Received by (signature):

by (signature): 

Inspected by (signature):

ected by (signature): 

**CC:**

**CC:**

**CC:**



36-5264

64

- 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"

Received by (name and title printed): TRACY CURD (customer service)		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Tracy Curd		Inspected by (signature): JW 3464376
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>Pilot</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>8922</b>	ID# <b>746</b>
Establishment address <b>2962 E 500 N Whiteland</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>8 19 22</b>
Owner		Summary of Violations:  <b>C 0 NC 0 R 0</b>	
Owner address			
Person in charge		Menu Type (See back of page) <b>1 2 3 4 5</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"

[illegible]



Received by (name and title printed): Angelina Schrader		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Angelina Schrader		Inspected by (signature): JW 346 4376
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>Popeyes Louisiana Kitchen</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>8422</b>	ID# <b>2339</b>
Establishment address <b>270 N SR 135</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>8 14 22</b>
Owner <b>Greenwood</b>		Summary of Violations:  <b>C 0 NC 3 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"

[illegible]

Received by (name and title printed):	Ashai Lucas	Inspected by (name and title printed):	Jennifer Warner
Received by (signature):		Inspected by (signature):	
cc:	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>POPZ PIZZA</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>8/9/22</b>	ID# <b>1601</b>
Establishment address <b>215 MORTON ST. FRANKLIN, IN</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>8/9/22</b>
Owner <b>CHRISTOPHER MADDOX</b>		Summary of Violations:  <b>C 0 NC 2 R</b>	
Owner address			
Person in charge <b>RICHARD LYNCH</b>		Menu Type (See back of page)	
Responsible person's email		<b>1 2 3 4 5</b>	
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>Richard Lynch</i>		Inspected by (name and title printed): <i>Bob Smith ENS</i>
Received by (signature): <i>Richard Lynch</i>		Inspected by (signature): <i>Bob Smith</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

Return  
9-1  
✓

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>Rally's #7208</i>	Telephone Number <i>317 664-9081</i>	Date of Inspection <i>8/30/22</i>	ID# <i>2287</i>
Establishment address <i>839 US 31N Greenwood IN 46142</i>	Owner <i>( )</i>	Follow-up <i>No</i>	Release Date <i>9/9/22</i>
Owner <i>Corporate</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <i>C 1 NC 5 R 3</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Matthew Wilkes</i>			
Responsible person's email			
Certified food handler <i>In-progress (M.W.)</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
193	C	✓	Holding Chart (used for time as a Public Health Control) not current for chicken bites.	Corrected
256	NC	✓	No thermometer seen inside small reach-in-cooler	8/31/22
431	NC	✓	Ceiling and HVAC vent soiled in kitchen area	9/5/22
218	NC		① Deep fryer basket and deep fryer backplate (i.e. holder) damaged. ② Bottom door gasket torn on two door freezer	9/5/22 10/30/22
399	NC		Minor gasket repair needed at drive-up window area	10/30/22
309	NC		Restroom exhaust fan not working	9/15/22

Received by (name and title printed):

*Matthew Wilkes*

Received by (signature):

*Matthew Wilkes*

Inspected by (name and title printed):

*Andrew Miller, EHS*

Inspected by (signature):

*Andrew Miller*

cc:

cc:

cc:





9-1

✓

- 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"

Received by (name and title printed):		Inspected by (name and title printed): Jennifer Warner
Received by (signature):		Inspected by (signature): JW 364376
cc:	cc: Jan Tapia R	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

*Belkin*  
*9-1*

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.

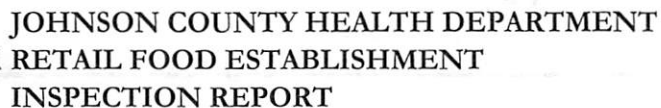
Establishment name <b>RICHARD'S KITCHEN</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>8/31/22</b>	ID# <b>1089</b>
Establishment address <b>229 S MAIN ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>9/10/22</b>
Owner <b>RICHARD GOSS</b>		Summary of Violations: <b>(7)</b> 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>4</u> 5 <u>—</u>	
Person in charge <b>MICHAEL MORRISON</b>			
Responsible person's email			
Certified food handler <b>RICHARD GOSS (8/25/26 EXP)</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	*	WALK-IN COOLER DOOR GASKET WORN/SPLIT	9/30/22
177	NC	*	FOOD PACKAGES NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN FREEZER	9/3
239	NC	*	DISH RACKS NOT STORED OFF FLOOR - KITCHEN	9/2
349	NC	*	WALL WORN IN AREAS OF KITCHEN	9/30
431	NC	*	RESTROOM CEILING FAN COVER NOT CLEAN	9/2
(None)		*	FEW SMALL FLIES SEEN IN BAR/KITCHEN AREA	control 9/20
257	NC	*	FOOD THERMOMETER - PROBE TYPE METAL STEM REGISTERING 0-220°F OR DIGITAL TYPE NOT PROVIDED	9/5
291	NC	*	CHEMICAL TEST PAPER NOT AVAILABLE	9/5

Received by (name and title printed): <b>* Michael Morrison</b>	Inspected by (name and title printed): <b>Bob Smith ENS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:







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

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

Establishment name <b>Rivers Frozen Custard</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>8/18/22</b>	ID# <b>2371</b>
Establishment address <b>3219 W Colina Rd</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>8/28/22</b>
Owner <b>Greenwood</b>		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>2</u> 3 <u>4</u> 5 <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):		Inspected by (name and title printed): Jenon L. 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

Beky  
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 <b>Roku Sushi &amp; Pho</b>	Telephone Number <b>317) 893-5780</b>	Date of Inspection <b>8/17/22</b>	ID# <b>2494</b>
Establishment address <b>2800 S. S.R. 135 Greenwood, IN 46143</b>	Owner <b>( )</b>	Follow-up <b>No</b>	Release Date <b>8/27/22</b>
Owner <b>Gen Cung Thawng</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	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>C.C.T</b>			
Responsible person's email			
Certified food handler <b>Gen Cung Thawng</b>	<b>Sen Safe EXP 9/15/26</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
431	NC	✓	Floors walls, floor drains soiled in various areas and kitchen exhaust hood system	8/18/22
295	NC	✓	Various equipment (cooking and refrigeration) are soiled inside and outside + soda dispensing parts	8/18/22
218	NC	✓	① Ceiling light inside walk-in-cooler (WIC) low/dim	9/17/22
		✓	② Shelving inside WIC rusty	
177	NC	✓	Food stored on walk-in-freezer floor	10/1/22
413	NC		Kitchen back screen door is damaged (to screen portion)	Need another RIF
346	NC		No soap at cookline hand sink	Corrected
234	NC	✓	Rice scoop stored in cup of water	Corrected
245	NC		Wet rags not stored in sanitizer	Corrected

Received by (name and title printed):

**Bawi Hlei Sang**

Received by (signature):

*[Signature]*

Inspected by (name and title printed):

**Andrew Miller, EHS**

Inspected by (signature):

*[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 <i>Rural King</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>8/10/22</i>	ID# <i>2091</i>
Establishment address <i>860 S. W 31 Greenwood, IN 46143</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>8/24/22</i>
Owner		Summary of Violations:  <i>C _____ NC _____ R _____</i>	
Owner address		Menu Type (See back of page)  <i>1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____</i>	
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): <i>Jerome Randolph</i>		Inspected by (name and title printed): <i>Paul Betton EHS</i>
Received by (signature): <i>Jerome Randolph</i>		Inspected by (signature): <i>Paul Betton</i>
cc:	cc:	cc:



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

Establishment name <i>shell food mart</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>8/10/22</i>	ID# <i>2098</i>
Establishment address <i>2994 Fulmer dr Bongersville PA, 17006</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>8/24/22</i>
Owner		Summary of Violations:  C <u>0</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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

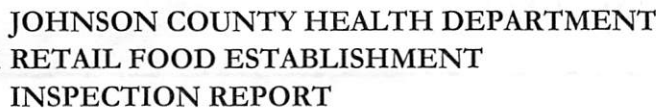
Inspected by (signature):

CC:

CC:

CC:







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.

- 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): STEVE LOWE		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature):  346 4376
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

Bekm  
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 <b>Speedway #8051</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>8-10-22</b>	ID# <b>1648</b>
Establishment address <b>5001 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>Yes</b>	Release Date <b>8-20-22</b>
Owner		Summary of Violations: <b>8-17-22</b>	
Owner address		C <u>2</u> NC <u>9</u> R	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> X 3 <u>4</u> 5	
Certified food handler <b>Scott Burdine (exp 7/22/26)</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
344	C		Hand Sink in back storage room by 3 bay sink not draining properly ↳ not accessible	8-17-22
347	NC		No paper towels provided at hand sink by 3 bay sink	8-10-22
415	C		Observed many flies through out establishment	8-17-22
430	NC		Observed hole in the wall above mop sink.	8-17-22
431	NC		Floor through out establishment is soiled ↳ under storage shelving racks ↳ by "monster" drinks ↳ by soda machine	8-12-22
295	NC		Walk-in cooler shelving racks are soiled	8-12-22
295			reach-in freezer shelving racks are soiled (back room)	
295			many cabinets (interior) are soiled ↳ under soda & slurpee machines	

Received by (name and title printed):

**Kayinn Small**

Received by (signature):

**Kayinn Small**

Inspected by (name and title printed):

**Cassi Hall**

Inspected by (signature):

**Cassi Hall**

cc:

cc:

cc:

**317-346-4371**



# NARRATIVE REPORT

Establishment Name <i>Speedway #8051</i>			Address <i>5061 W Smith Valley Rd</i>	Inspection Date <i>8-10-22</i>
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
<i>431</i>			<i>Wall behind oven is soiled</i>	<i>8-15-22</i>
<i>174</i>	<i>NC</i>		<i>Bulk food products inside stand</i>	<i>8-12-22</i>
			<i>up freezer, in storage room, not labeled.</i>	
<i>255</i>	<i>NC</i>		<i>Thermometer inside cooler</i>	<i>8-12-22</i>
			<i>Under oven, gauges inaccurate.</i>	
<i>218</i>	<i>NC</i>		<i>Observed ice build-up inside</i>	<i>8-17-22</i>
			<i>"ice cream &amp; pizza" freezer</i>	
<i>297</i>	<i>NC</i>		<i>Special Speedy Premium Coffee</i>	<i>8-12-22</i>
			<i>nozzles are soiled</i>	
<i>297</i>			<i>Ice coffee nozzles are soiled.</i>	<i>I</i>
			<i>NOTE: inverted COCA-COLA racks are being used to store single use items off floor.</i>	
			<i>↳ items must be 6" off floor</i>	
<i>392</i>	<i>NC</i>		<i>Dumpster lid not closed</i>	
			<i>↳ observed trash inside dumpster</i>	
			<i>↳ area around dumpster needs clean.</i>	
			<i>Thank you!</i>	
Received By (Name & Title) <i>Kaylin Small</i>			Inspected By (Name & Title) <i>Cassidy</i>	Page <i>1</i> of <i>2</i>



A graph of a function on a coordinate plane. The x-axis is labeled from 0 to 4, and the y-axis is labeled from 0 to 4. The function is a red curve that starts at (0, 0), reaches a minimum at (1, 0), and a maximum at (3, 4). The curve is concave up for  $x < 1$  and  $x > 3$ , and concave down for  $1 < x < 3$ .



# 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

BEA 8/8

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

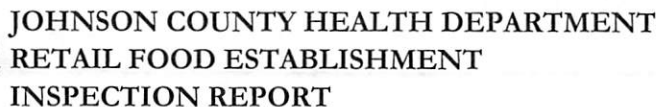
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <u>Stone Creek Dining</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>8/4/22</u>	ID# <u>1057</u>
Establishment address <u>911 N SR 135 Greenwood</u>	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 <u>NO</u>	Release Date <u>8/14/22</u>
Owner		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address			
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>X</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): Daniel Woodruff Chet		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Daniel Woodruff		Inspected by (signature): JW 3469376
cc:	cc:	cc:




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.

- 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): Callie Berndt		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 		Inspected by (signature): Andrew Miller
cc:	cc:	cc:



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

Establishment name <i>Subway</i>	Telephone Number ( ) Establishment	Date of Inspection <i>8/22/22</i>	ID# <i>669</i>
Establishment address <i>373 S R 135 Greenwood</i>	( ) Owner	Follow-up <i>NO</i>	Release Date <i>9/2/22</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <i>C</i> <u>  </u> <i>NC</i> <u>  </u> <i>R</i> <u>  </u>	
Owner address		Menu Type (See back of page)  <i>1</i> <u>  </u> <i>2</i> <u>  </u> <i>3</i> <u>  </u> <i>4</i> <u>  </u> <i>5</i> <u>  </u>	
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): David Robinson		Inspected by (name and title printed): Jennifer Warner
Received by (signature): David Robinson		Inspected by (signature): Jen Warner
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.

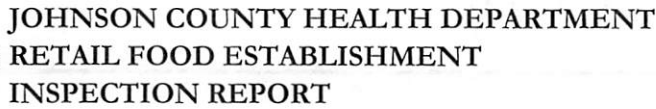
Establishment name <b>Subway</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>8/10/22</b>	ID# <b>1299</b>
Establishment address <b>12 Trafalgar Square</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <b>Trafalgar, IN</b>		Summary of Violations:   C <u>0</u> NC <u>1</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			
Certified food handler <b>Server safe certificate</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): + Patel Rakesh K		Inspected by (name and title printed): Terry D Bayless
Received by (signature): Patel Rakesh K.		Inspected by (signature): Terry D Bayless
cc:	cc:	cc:





Belen  
8/15

✓

- 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"

Received by (name and title printed): x <i>Harish Patel</i>		Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): x <i>H Patel</i>		Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:	cc:



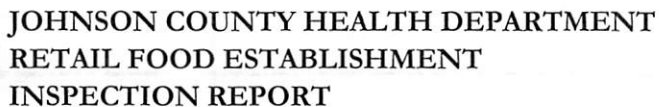
Betsy  
E A 8/22  
36-5264

✓

- 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"

Received by (name and title printed):		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): Luisa Gutierrez		Inspected by (signature): JW 3464376	
cc:	cc:	cc:	






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

**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>8 10 22</b>	ID# <b>2414</b>
Establishment address <b>988 E Main St</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>8 20 22</b>
Owner <b>Greenwood</b>		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			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): JW 3964376
cc:	cc:	cc: