

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 Sassafras	Telephone Number () Establishment () Owner	Date of Inspection 7/21/22	ID# 1479
Establishment address 229 N. Madison Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 7/31/22
Owner Greenwood, TN		Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Cheryl D. Dini			

- 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): ↓ Cheryl Dorn		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): ↓ Cheryl Dorn		Inspected by (signature): Terry D. Bayless	
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

Betsy
7/11/22

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>Smoky Bones</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/11/22</i>	ID# <i>1338</i>
Establishment address <i>780 US 31 S. Greenwood IN 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>7/22/22</i>
Owner		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> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Tyler Roy</i>			
Responsible person's email			
Certified food handler <i>Stephanie K</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Bar soda gun is soiled	Corrected 7/11/22
			Bar mug freezers contain broken glass and are soiled	1 8/11/22
399	NC		Shout and tile repair needed in various areas	1 7/11/22
324	NC		Ice cream dipper well not containing a constant stream of water	1 7/11/22
187	C		Bagged chicken and turkey measured 63°F in kitchen three drawer cooler	Corrected Put on ice 1 7/22/22
430	NC		Women's restroom ceiling tiles (some) are damaged / missing	1 7/22/22
218	NC		Inside top (right side) of ice maker contains rust	Replace units 8/11/22
			Victory #12 freezer interior right side deteriorated/damaged	1 7/11/22
431	NC		Floors soiled under Expo and kitchen cookline	1 7/11/22

Received by (name and title printed):

Tyler Roy

Received by (signature):

Tyler Roy

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

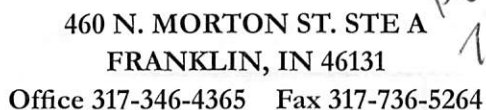
Andrew Miller

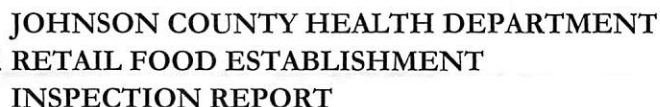
cc:

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Note: Ambient air temperature in public restrooms was 88°F at approximately 3:20 pm.






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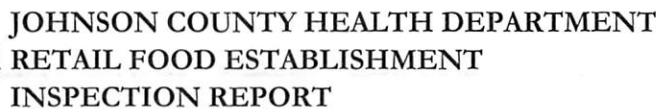
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Shake & Dough, LLC	Telephone Number (317) 767-9912	Date of Inspection 7/13/22	ID# 2542
Establishment address 1257 US 31N Greenwood, IN 46142	() Owner	Follow-up No	Release Date 7/23/22
Owner Tony Langston	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations:	
Owner address	2. Follow-up	C <u>0</u> NC <u>5</u> R <u> </u>	
Person in charge Tessa Powers	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Not provided	5. Temporary		
	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): TESSA POWERS		Inspected by (name and title printed): Andrew Miller, E.H.
Received by (signature): 		Inspected by (signature): Andrew Miller
cc:	cc:	cc:



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FRANKLIN, IN 46131
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[illegible]

Received by (name and title printed):	Inspected by (name and title printed):
Sarah McIntosh S	Jennifer Warner
Received by (signature):	Inspected by (signature):
[Signature]	[Signature]
cc:	cc:



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Establishment name South of Chicago Pizza	Telephone Number () Establishment () Owner	Date of Inspection 7-12-22	ID# 1948
Establishment address 2550 S SR 135	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 7 22 22
Owner Greenwood		Summary of Violations: C 0 NC 3 R 0	
Owner address			
Person in charge		Menu Type (See back of page) 1 2 3 4 5	
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed):

Inspected by (name and title printed):

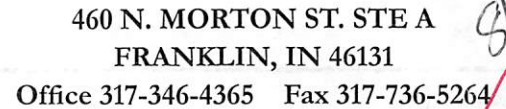
Received by (signature):

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 Starbucks Coffee # 13949	Telephone Number () Establishment () Owner	Date of Inspection 7/29/22	ID# 1290
Establishment address 311 S. S.R 135 Greenwood IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 8/9/22
Owner Starbucks Corp.		Summary of Violations:	
Owner address		C <u>1</u> NC <u>2</u> R <u> </u>	
Person in charge Kassidy Staples		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 Kassidy Staples NRFS EXP 3/10/23			

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[illegible]



Received by (name and title printed): Kassidy Staples		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Kassidy Staples		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>7/21/22</i>	ID# <i>1911</i>
Establishment address <i>321 N US 31</i>	() Owner	Follow-up	Release Date <i>7/31/22</i>
Owner <i>New with Deland FL</i>	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>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Ismael Montas De Oca</i>			

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[illegible]

Received by (name and title printed): Shimal Patel		Inspected by (name and title printed): Terry Bayless
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
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Bekm
8/1

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>Sweet Ice Indy</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/29/22</i>	ID# <i>1853</i>
Establishment address <i>1251 US 31 N. 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>8/9/22</i>
Owner <i>Art Dilek</i>		Summary of Violations: C <u>1</u> NC <u>7</u> R	
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>Angeli Villagracia</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Three bay sink leaks from faucet neck	8/1/22
344	C		Hand sink in kiosk was storing a plastic pan with clean lids	Corrected
346	NC		No hand soap provided at hand sink	7/29/22
431	NC		Floor soiled under ice maker	7/29/22
295	NC		Interior drip plate and interior top of ice maker soiled	7/29/22
399	NC		Top counter worn/damaged for tea dispensers	8/8/22
256	NC		No thermometer seen inside two door reach-in-cooler	7/29/22
291	NC		Chlorine test strips not provided	7/29/22

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



JOHNSON COUNTY HEALTH DEPARTMENT
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Betm
7/7

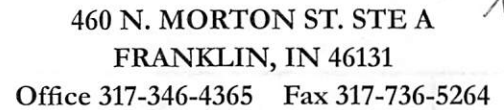
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Taco Bell #30265	Telephone Number () Establishment () Owner	Date of Inspection 7/6/22 3:30 p.m.	ID# 1828
Establishment address 3042 Stones Crossing, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7/16/22
Owner		Summary of Violations: C 1 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 Khrysteen Edwards (7/26/22)			

- 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
187	C		Guacamole made at 11:00 am on left side of prep line was @ 62°F Guacamole made at 11:00 am on right side of prep line 61°F	Was discarded at time of inspection
324	NC		Cold water at hand sink by prep. line not functioning	
425	NC		Mop not hung up	
			Note: Observed ice build up inside walk-in freezer and 2 door stand-up freezer	
			Note: Observed a few flies	
			Note: Cooler is down for prep line, the establishment is adding ice under prep pans	
			→ Keep adding ice every few hours	
			→ Check temperatures every few hours or hour	
			Thank you!	

Received by (name and title printed): Khrysteen Edwards	Inspected by (name and title printed): Cass Hall
Received by (signature): [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
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Betsy
7/11

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

Establishment name Target Grocery + Starbucks	Telephone Number () Establishment () Owner	Date of Inspection 7/8/22	ID# 942
Establishment address 895 S 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7/18/22
Owner		Summary of Violations: C 1 NC 2 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
259	C		meats in deli display case @ 45-50°F ground beef in cooler case @ 43°F-45°F Dips & salads @ 47-49°F - corrective action taken during time of inspection - make sure food is pushed back in cases	7/8/22
431	NC		Drain under 3-bay sink in meat ambient room soiled	7/18/22
411	NC		light out in Starbucks walk in cooler	
			No violations found at Starbucks	

Received by (name and title printed): X Adam Conrath Consumables TL	Inspected by (name and title printed): Jaycie Blanford EHS
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Bekm
7/27

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 Tasty Shop II	Telephone Number () Establishment () Owner	Date of Inspection 7/25/22	ID# 1734
Establishment address 810 W. Center Cross Edinburgh IN 46124	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 8/05/22
Owner		Summary of Violations: C _____ NC 7 R 4	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 ✓ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler - No food certificate -			

• 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
411	NC	✓	Inadequate lightening in back storage	8/4/22
413	NC	✓	Back room exit door not self-closing	↓
112	NC	✓	① up right cooler at kitchen not NSF approved ② stove not NSF approved.	8/12/22
	NOTE		Sanitize test strip not seen	↓
255	NC		one cooler unit at the bar temperature at 52°F	↓
117	NC		Material on the floor inside walk-in cooler	8/12/22
411	NC		light is out inside double door cooler by bar area.	↓
256	NC	✓	thermometer not seen inside one freezer at the kitchen & inside beer cooler.	↓

Received by (name and title printed):

Kelly Altup

Inspected by (name and title printed):

Paul Betton FHS

Received by (signature):

Kelly Altup

Inspected by (signature):

Paul Betton

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

Rev 7-15-22 Butch 7/12
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FRANKLIN, IN 46131
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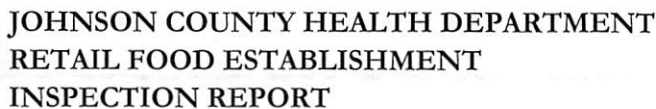
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name TG Fridays	Telephone Number () Establishment () Owner	Date of Inspection 7 11 22	ID# 1904
Establishment address 1251 N vs 31 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 7-15	Release Date 7 21 22
Owner		Summary of Violations: C 1 NC 3 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Two cold top units are not working properly in the kitchen. Forks were 45-55°F. Ice them frequently to maintain 41°F or lower until repaired.	
187	C			
399	NC		Replace broken floor tile by dish machine.	
399	NC		Repair hole in mop sink.	
			Monitor dish machine each shift to ensure 50-100 ppm chlorine.	
			Thank you.	

Received by (name and title printed): Erin Davis	Inspected by (name and title printed): Jennifer Warner
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Received by (name and title printed): * Chea Carmack	Inspected by (name and title printed): Bob Smith ETO
Received by (signature): * Chea Carmack	Inspected by (signature): Earl Smith
cc:	cc: