















**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>EGK - Elephant ear</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7/19/22</i>	ID#
Establishment address <i>J.C. Fair</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>7/29/22</i>
Owner		Summary of Violations:  <i>C</i> <input checked="" type="checkbox"/> <i>NC</i> <input checked="" type="checkbox"/> <i>R</i> <input type="checkbox"/>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
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
			<i>No items <del>noted</del> noted at time of inspection</i>	
			<i>Note: one light out</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>* Haley Bailey</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>* Haley Bailey</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:























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Establishment name <b>MARK'S CASSEROLE (FRESH VEGGIES)</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/17/22</b>	ID#
Establishment address <b>50. Co FARR</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>7/27/22</b>
Owner <b>MARK FIAZLER</b>		Summary of Violations: <b>NIS</b> C <u>NC</u> R	
Owner address	Certified food handler <b>MARK FIAZLER</b>	Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>ERIC THORNTON</b>		Responsible person's email <b>SORRYSAFE 2/16/25</b>	

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Section #	C/NC	R	Narrative	To Be Corrected by
<b>(note)</b>			<b>THERMOMETER NOT SEEN IN CHEST FREEZER IN FOOD TRUCK</b>	
<b>note</b>			<b>METAL STAIN PROBABLY THERMOMETER NOT SEEN 0-220°F AT 8/17/22</b>	
<b>note</b>			<b>CORN DOGS INTERNAL TEMP. 110°F NOT 135°F OR MORE</b>	

Received by (name and title printed): <b>Eric Thornton</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Eric Thornton</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:























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Establishment name <b>PIZZA</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/19/22</b>	ID#
Establishment address <b>Jo. Co. FAIR</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>7/29/22</b>
Owner <b>KELLY SPAULDING</b>		Summary of Violations:  <b>N/S</b> C <u>      </u> NC <u>      </u> R <u>      </u>	
Owner address	7. Other (list)	Menu Type (See back of page) 1 <u>      </u> 2 <u>      </u> 3 <u>      </u> 4 <u>      </u> 5 <u>      </u>	
Person in charge <b>JOHN SPAULDING</b>			
Responsible person's email			
Certified food handler	<b>MOBILE</b>		

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Section #	C/NC	R	Narrative	To Be Corrected by
			→ NO DISPOSABLE TOWELS AT HANDSINK	
			→ SHELVING WORN IN SUMMIT REFRIGERATOR DOOR BASKET WORN/SPLIT	
			→ ICE SCOOP WORN ON EDGES / CHIPPING	
			→ Food thermometer 0-220°F or higher NOT SEEN	
			→ BLACK SPOTS SEEN IN ICE	
			→ UNDER SIDE OF ICE BIN LID WORN / LOOSE RATCHETS MISSING	

Received by (name and title printed): <b>John SPAULDING</b>	Inspected by (name and title printed): <b>ROBERT MILLER</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:











