

# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


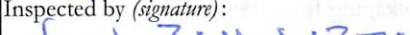
460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

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>YS Petro Shell</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6 27 22</b>	ID# <b>1701</b>
Establishment address <b>1229 N Bluff Rd</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>7 7 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>X</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): Lenn F. Barker
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A  
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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>AFC Sushi</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6 16 27 2006</b>	ID#
Establishment address <b>5961 N Sk 135</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>6 26 27</b>
Owner <b>Greenwood</b>		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>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Thompson</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature):		Inspected by (signature): <i>JW 3464376</i>
cc:	cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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Beth  
6/15

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>CAMP ALLIANCE</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/13/22</b>	ID# <b>6441</b>
Establishment address <b>1111 FAZLYN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>6/23/22</b>
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>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge <b>LINDA RICE</b>			
Responsible person's email			
Certified food handler <b>LINDA RICE</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	✓	WALK-IN COOLER DOOR GASKET LOOSE	6/20/22
295	NC	✓	INSIDE TOP OF ICE MAKER NOT CLEAN	6/18
324	NC	✓	RESTROOM HANDSINK HOT WATER TEMPERATURE 141°F NOT AT 100°F - 120°F	6/14
(4500)		✓	CONDENSATE DROPPINGS FROM PIPE BEHIND WALK-IN COOLER CONDENSER (SOME AREAS NOT PIPE WRAPPED)	6/25-
(WOTP)		✓	MECHANICAL DISH MACHINE HOT WATER SANITIZATION TEMPERATURE (170°F) MORE THAN 160°F OR MORE ON PLATE/UTENSIL SURFACE / RECOMMEND PROVIDING THERMAL LABEL OR MAXIMUM HOLDING THERMOMETER (WATER PROOF TYPE)	OK 6/25

Received by (name and title printed):

**Linda Rice - Manager**

Inspected by (name and title printed):

**Bob Smith EHS**

Received by (signature):

*Linda Rice*

Inspected by (signature):

*Bob Smith*

cc:

cc:

cc:





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Bukm  
6/20

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>American Legion Post 205</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>6/15/22</u>	ID# <u>103</u>
Establishment address <u>1200 PARK AVE. FRANKLIN, IN</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date <u>6/25/22</u>
Owner <u>AMERICAN Legion</u>		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>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge <u>Jodie Beasley</u>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC		STYROFOAM SINGLE SERVICE ITEMS IN BOX NOT STORED OFF FLOOR MINIMUM OF 6 INCHES (WEAR WACK-IN COOLER)	6/18/22
295	NC		INSIDE TOP OF ICE MAKER NOT CLEAN	corrected 6/15
			(NOTE) (1) REFRIGERATOR IN KITCHEN (WHEEL MISSING)	6/25
228	NC		KITCHEN UPRIGHT REFRIGERATOR / FREEZER NOT EASILY MOVEABLE	7/1
			* CERTIFIED FOOD HANDLER NOT PROVIDED TEST HAS BEEN TAKEN (RETAKE TO BE IN AUGUST)	

Received by (name and title printed): <u>Jodie Beasley</u>	Inspected by (name and title printed): <u>Bob Smith ETS</u>
Received by (signature): <u>John Beasley</u>	Inspected by (signature): <u>Bob Smith</u>
cc:	cc:



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Establishment name <b>APPLE BEES NEIGHBORHOOD BAKERY &amp; GILL</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/8/22</b>	ID# <b>687</b>
Establishment address <b>700 N MORTON 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>6/18/22</b>
Owner <b>—</b>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>—</u>	
Person in charge <b>RYAN CLARK</b>		Menu Type (See back of page)	
Responsible person's email		1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>4</u> 5 <u>—</u>	
Certified food handler <b>RYAN CLARK / SENSARE EXP 6/23/22</b>			

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[illegible]

Received by (name and title printed): * <i>Kym Clark</i>	Inspected by (name and title printed): <i>Bob Smith EIT</i>
Received by (signature): * <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

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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 <i>Auntie Anne's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/13/22</i>	ID# <i>722</i>
Establishment address <i>Greenwood Park Mall</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>6/23/22</i>
Owner		Summary of Violations:	
Owner address		C <u>1</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> <u>0</u> 3 <u>4</u> 5 <u>5</u>	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
33A	C		No airgap observed under 3 bay sink	6/30/22
NOTE			Small winged insects observed up front # try to cover food <u>as much as possible</u> *	6/13/22
NOTE			Servsafe employee no longer works at facility - facility needs updated certification	6/30/22
			Please give me a call if you have any questions. Thank you!	
			Jaycie Blanford 3173464369	

Received by (name and title printed): X <u>Kimberly Bracy</u>		Inspected by (name and title printed): <u>Jaycie Blanford</u>
Received by (signature): X <u>[Signature]</u>		Inspected by (signature): <u>[Signature]</u>
cc:	cc:	cc:



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

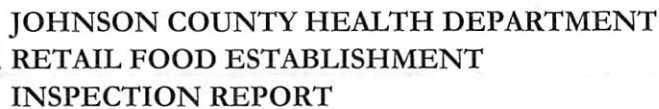
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Bluff Creek Golf</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/17/22</b>	ID# <b>820</b>
Establishment address <b>2710 Old State Rd 144</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>6/27/22</b>
Owner		Summary of Violations: <b>7/1/22</b>	
Owner address		C <u>1</u> NC <u>Ø</u> R <u>    </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>    </u> 2 <u>X</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 DANIEL DUNBAR	Inspected by (name and title printed): CASSI HAGG
Received by (signature): X Daniel Dunbar	Inspected by (signature): CASSI HAGG
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.

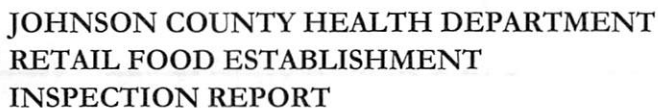
Establishment name <b>Board &amp; Brush</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6-17-22</b>	ID# <b>2445</b>
Establishment address <b>200 W Main St</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <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>N/A</b>	Release Date <b>6-27-22</b>
Owner <b>Greenwood</b>		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>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): LAUREN ASHBY, OWNER		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





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FRANKLIN, IN 46131  
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6-5264 ✓

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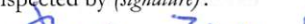
Received by (name and title printed): Alejandro Luna S		Inspected by (name and title printed): Jenni for Warner
Received by (signature):		Inspected by (signature): JW 342 4376
cc:	cc:	cc:

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>Burger Kitchen</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/13/22</b>	ID# <b>2400</b>
Establishment address <b>1150 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>6/23/22</b>
Owner <b>Greenwood</b>		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler		Menu Type (See back of page)  1 <u>  </u> 2 <u>X</u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	

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[illegible]

Received by (name and title printed): Braydan Kyle		Inspected by (name and title printed): Jenifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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Betsy  
6/13

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.

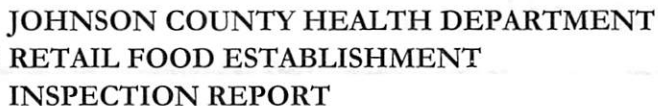
Establishment name <b>BURGER KING 7447</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/7/22</b>	ID# <b>569</b>
Establishment address <b>N MORTON ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>6/17/22</b>
Owner <b>EFRAIN CONTRERAS</b>		Summary of Violations: <b>3</b> C <b>0</b> NC <b>3</b> R <b>—</b>	
Owner address		Menu Type (See back of page) 1 <b>—</b> 2 <b>—</b> 3 <b>3</b> 4 <b>—</b> 5 <b>—</b>	
Person in charge <b>EFRAIN CONTRERAS</b>			
Responsible person's email			
Certified food handler <b>ALLEN FISHER</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		MENS RESTROOM URINAL CLOGGED	6/8/22
(NOTE)			(1) SPRAY BOTTLE OF CLEANER NOT LABELED	6/8
256	NC		SMALL FREEZER UNIT ACROSS FROM DEEP FRYER - THERMOMETER NOT SEEN	6/9
431	NC		FLOOR NEXT TO WALL IN BACK STOCK AREA / USED OIL AREA NOT CLEAN	6/10

Received by (name and title printed): <b>Efrain Contreras</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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[illegible]

Received by (name and title printed): J. L. Bleker		Inspected by (name and title printed): Paul Beltrami	
Received by (signature): J. L. Bleker		Inspected by (signature): Paul Beltrami	
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>CASEY'S General Store</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/15/22</b>	ID# <b>2005</b>
Establishment address <b>3048 N MORTON FRANKLIN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>6/25/22</b>
Owner <b>CASEY'S MARKETING</b>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>  </u>	
Person in charge <b>BITTANY HARRISON</b>		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): Brittany Harrison Asst. manager		Inspected by (name and title printed): Bob Smith ETS	
Received by (signature): [Signature]		Inspected by (signature): [Signature]	
cc:	cc:	cc:	



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Bakery  
6/13

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 <i>Ching Garden 2 / Asian Hibachi + Sushi</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/8/22</i>	ID# <i>2031</i>
Establishment address <i>5893 SR 135, Greenwood, 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>6-18-22</i>	Release Date <i>6/18/22</i>
Owner		Summary of Violations:  C <i>1</i> NC <i>6</i> R	
Owner address		Menu Type (See back of page)  1 2 3 4 <i>X</i> 5	
Person in charge <i>X</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floor inside Walk in cooler under Shelving Soiled	6-13-22
431			Floor under equipment B Soiled	6-13-22
295	NC		Side of Fryer is Soiled	6-13-22
174	NC		meat products inside up-right freezer not labeled	6-10-22
439	C		Observed Single Use Items + food products stored next to and below cleaner on shelving unit next to Walk-in cooler	6-8-22
177	NC		food not stored 6" off floor in the kitchen	6-15-22
411	NC		Observed light out in the restroom	6-18-22
425	NC		map not hung up	6-8-22
			Note: Walk in cooler is recommended to be turned down, Observed at 45°F	
			↳ egg rolls inside Walk in cooler was 94°F	
			Note: Sanitizer solution in bucket is too high / strong	
			↳ needs to be 50-100 ppm	

Received by (name and title printed): <i>Lai na cheng</i>	Inspected by (name and title printed): <i>CASSI Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>Elizabeth Schults</i>

Thank you!





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>Cinco De Mayo Mexican Grill</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/27/22</i>	ID# <i>1876</i>
Establishment address <i>1251 US 31 N. 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>7/7/22</i>
Owner <i>Lily Mendoza</i>		Summary of Violations:  C <i>2</i> NC <i>4</i> R	
Owner address		Menu Type (See back of page) 1 2 3 <i>✓</i> 4 5	
Person in charge <i>Lily Mendoza</i>			
Responsible person's email <i>(ServSafe Exp.)</i>			
Certified food handler <i>Lily Mendoza 1/28/23</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
431	NC	✓	Ceilings in kitchen and front register area soiled	7/7/22
218	NC	✓	Blue plastic ice scoop broke at ice maker	7/7/22
		✓	Refrigerated door <sup>gaskets</sup> <del>gaskets</del> torn at front line	7/27/22
		✓	Small ice maker leaks from exterior bottom	7/7/22
415	C		Numerous live small winged insects seen in the firm	6/27/22
187	C		Queso stored in bottom of gas stove measured 98°F.	clean call pest co.
227	NC		Two bay sink not secured or sealed to the wall	7/7/22
324	NC	✓	Water heater rusted out along exterior bottom and appears wet (leaking)	7/27/22

Received by (name and title printed):

*Lily Mendoza*

Received by (signature):

*Lily MENDOZA*

Inspected by (name and title printed):

*Andrew Miller, EHS*

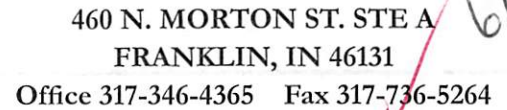
Inspected by (signature):

*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 <b>Chickfila Greenwood Mall</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/13/22</b>	ID# <b>179</b>
Establishment address <b>1251 N US 31</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>6/23/22</b>
Owner		Summary of Violations:  C <u>  </u> NC <u>  </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			

- 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): X NATHAN M. JOHNSON		Inspected by (name and title printed): Jaycie Blanford	
Received by (signature): X [Signature]		Inspected by (signature): [Signature]	
cc:	cc:	cc:	





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
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Office 317-346-4365 Fax 317-736-5264

Belen  
6/20

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>Ching Garden LLC</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6-15-22</b> <b>3:30p</b>	ID# <b>1289</b>
Establishment address <b>2170 SSR 135, Greenwood</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>6-25-22</b>
Owner		Summary of Violations: <b>C 4 NC 4 R 1</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 X 5</b>	
Person in charge <b>Jason</b>			
Responsible person's email			
Certified food handler <b>Zhenzhi Guo (ex 6/10/22)</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
414	NC		Back door is open - Screen door & outside door	6-15-22
NOTE			Vent hood is soiled - Scheduled for 6-17-22	
345	C	X	Ladel in designated hand sink	corrected
178	NC		Open containers of Soybean Oil & Shortening subject to contamination as they are directly under designated hand sinks shelf w/o Soap & towels	corrected
174	NC		Bulk rice in orange plastic container not marked	6-25-22
336	C		Spray nozzle on green garden hose affixed to mop sink faucet with atmospheric vacuum breaker not approved for use under continuous pressure (while spray nozzle affixed)	corrected
402	NC		Walk in Freezer floor soiled Wall behind 3-bay is soiled. > Freezer cooler shelves soiled	6-25-22

Received by (name and title printed):

Inspected by (name and title printed):

**Lai na cheng**

**Elizabeth Schultz**

Received by (signature):

Inspected by (signature):

**Ching Garden LLC**

**Elizabeth Schultz**

cc:

cc:

cc:

**317-346-4373**

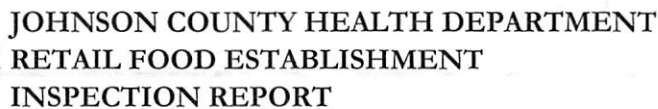
**Windy Cheng 5@gmail.com**



## NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			Thermometers not easily seen in Walk-in Freezer	Dial-Built-in
			Raw Chicken @ 47°F & 50°F @ 3:30p	
			Establishment received chicken @ 1:30p today & cut it up. (Air conditioning is not on)	process food less a time
270	C		Wash, Rinse, Sanitize, Air Dry in 3-bay sink	6-15-22
			Observed Employee washing dishes in veggie prep sink	
187	C		<del>Chlorine test strips not provided</del>	
			Egg rolls in Coca Cola® Cooler @ 65°F	6-15-22
			Chicken (Raw) Shish Kebab @ 64°F	
			Cooked Chicken 65°F	Discard
			Discard All food Potentially Hazardous Food Not @ or below 41°F	
174	NC		Food Stored in plastic grocery bags in upright single-door freezer not labeled	6-25-22
			Note: Chlorine Sanitizer Solution should be 50-100 ppm between	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2







460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
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Establishment name <b>Company Kitchen</b>	Telephone Number <b>Amazon</b>	Date of Inspection <b>6/21/22</b>	ID# <b>2551</b>
Establishment address <b>19 Bob Gidden Blvd, 46131</b>	Establishment ( ) Owner	Follow-up <b>No</b>	Release Date <b>7/11/22</b>
Owner	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler			

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

Received by (name and title printed): X Trevor Nielsen Ops Manager		Inspected by (name and title printed): Cassidy Hall
Received by (signature): X 		Inspected by (signature): 
cc:	cc:	cc: 317-346-4371



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
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Office 317-346-4365 Fax 317-736-5264

Betsy 6/20

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>Crowbar Restaurant Lounge</i>	Telephone Number <i>317 878-4030</i>	Date of Inspection <i>6/15/22</i>	ID# <i>1444</i>
Establishment address <i>209 S.R. 135 Tratalgar IN 46181</i>	Owner <i>( )</i>	Follow-up <i>Yes</i>	Release Date <i>6/25/22</i>
Owner <i>Brian Maschino</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <u>1</u> NC <u>7</u> R <u>    </u>	
Owner address <i></i>		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>Nick Rexroat</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Brenda Maschino EXP.</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		① The following internal temperatures were measured inside salad prep table: ① shredded cheese 58°F and mozzarella cheese 58°F. This unit contained an ambient air temperature of 54°F at 3:30pm	Called for emergency repair
		✓	② Previously cooked baked potatoes, with foil, measured 44°F to 46°F while inside walk-in-cooler	Vol. Discarded
382	NC	✓	Outside dumpster stored on gravel	7/15/22
411	NC	✓	Inadequate lighting inside WIC	7/15/22
324	NC		Bar hand sink lacked a supply of hot and cold water	6/16/22
291	NC	✓	No Chlorine test strips	6/16/22
218	NC	✓	Refrigeration door seals torn/split	7/15/22
190	NC		Previously cooked Salisbury steak covered with foil and cooling measured 71°F inside WIC	Corrected
399	NC	✓	Bar area floor tiles damaged by ice bin	7/15/22

Received by (name and title printed):

*Nick Rexroat*

Inspected by (name and title printed):

*Andrew Miller, EHS*

Received by (signature):

*Nick Rexroat*

Inspected by (signature):

*Andrew Miller*

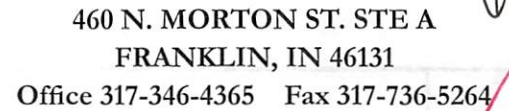
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Note: New bar area needs air gap on drain piping. Currently drain piping has direct plumbing









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RETAIL FOOD ESTABLISHMENT  
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Bekm  
6/13

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 <i>Culver's</i>	Telephone Number <i>317 560-5025</i>	Date of Inspection <i>6/9/22</i>	ID# <i>2171</i>
Establishment address <i>191 Granville Dr. Franklin, IN 46131</i>	( ) Owner	Follow-up <i>No</i>	Release Date <i>6/19/22</i>
Owner <i>Ashley Mitchell</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <u>1</u> NC <u>5</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <u>✓</u> 4 5	
Person in charge <i>Trevor Cobbs</i>			
Responsible person's email			
Certified food handler <i>Ashley Mitchell</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	✓	① Astro Blender covers are cracked	6/19/22
		✓	② Two fry/hot food scoops are cracked	↓
		✓	③ Strainer with handle damaged	↓
234	NC	✓	Single service spoons are co-mingled and not protected from potential contamination	Corrected
324	NC		Vacuum breaker leaks on mechanical dish machine	6/19/22
218	NC		Some refrigeration door gaskets are torn/split	7/9/22
385	NC		Dumpster lids (for trash) not closed	6/9/22
129	C		Cook employee observed while wearing gloves and handling phone and continuing food service operation without washing hands and changing gloves	Corrected Retrained employee

Received by (name and title printed):

*X Trevor Cobb*

Received by (signature):

*X Tim Carr*

Inspected by (name and title printed):

*Andrew Miller, EHS*

Inspected by (signature):

*Andrew Miller*

cc:

cc:

cc: