



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

Belen  
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 <b>Fazoli's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/24/22</b>	ID#
Establishment address <b>1695 Meridian Oaks Dr.</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>7/4/22</b>
Owner <b>Corporate</b>		Summary of Violations:  <b>C 2 NC 8 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 ✓ 4 5</b>	
Person in charge <b>Chris Hill</b>			
Responsible person's email			
Certified food handler <b>Michael R.</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
187	C		<p>① The following internal product temperatures were measured inside the walk-in-cooler with an ambient air temperature of approximately (at 1:50 pm) 49°F.</p> <p>(A) Cooked pasta 44°F (B) Chicken tenders 48°F (C) Cheese blend product 48°F</p> <p>② Allfield one door pasta cooler not plugged in contained the following internal product temperatures (at 2:09 pm):</p> <p>(A) Fettuccine 55°F (B) Penne 64°F (C) Spaghetti 61°F</p> <p>The product was not stored on ice nor refrigeration</p>	<p>Called for emergency repair</p> <p>Vol. Dis. carded</p> <p>Vario us food-s</p> <p>Vol. Discarded</p>

Received by (name and title printed): <b>Chris Hill</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <i>Chris Hill</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



# NARRATIVE REPORT

Greenwood  
IN 46142

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
Fatoli's			1695 Meridian Oaks Dr.	6/24/22
295	NC		① Exterior top of dish machine is soiled ② Pasta and pizza area exhaust hood filters are soiled ③ Inside top of ice maker soiled ④ Ice scoop at ice maker was stored in stagnant, soiled water ⑤ Exterior sides of kitchen equipment soiled and wheels on kitchen equipment are soiled	6/24/22
431	NC		① Dish area wall soiled behind sanitizer and pan clean holders ② Floor heavily soiled under pasta cooker and drive-up window, ice bin	6/24/22
324	NC		① Left drain pipe leaks at three bay sink ② Right wall water filter unit continuously leaks water (behind ice maker)	6/24/22
399	NC		Shout repair needed in single service storage area	7/24/22
218	NC		Ice maker hinge area contained damage (major)	7/1/22
430	NC		Stainless steel wall panel loose from wall and contained loose bolts/screws in kettle area	6/24/22
347	NC		Paper towels not dispensed from two paper towel units in dish and prep area	6/24/22
430	NC		Walk-in-cooler fixed bracket for door roller is loose	6/24/22
109	C		Therm was ordered close at approximately 2:15pm due to refrigeration equipment malfunction and a gross unsanitary occurrence.	6/24/22
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
Chris Hill			Andrew Miller, EHS	





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Belen  
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 <del>INDIANA</del> FFA LEADERSHIP CENTER	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 6/13/22	ID# 382
Establishment address 6595 S 125W TRAFALGAR, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/23/22
Owner INDIANA FFA FOUNDATION LLC		Summary of Violations:  C 0 NC 6 R	
Owner address +		Menu Type (See back of page) 1 2 3 4 5	
Person in charge PAMELA ROY			
Responsible person's email			
Certified food handler PAMELA ROY (SO R USATE EXP 1/22/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		TOP INSIDE OF ICE MAKER NOT CLEAN	6/18/22
218	NC		WOOD BLOCK USED TO SUPPORT BASE OF CONVECTION OVEN	7/1
392	NC		EMPLOYEE RESTROOM COVER FOR WASTE CONTAINER NOT PROVIDED	6/20
399	NC		FLOOR TILE LOOSE IN RESTROOM	
399	NC		WALL WORN/DISHWASHER SPRAY NOZZLE AREA	7/1
295	NC		WALK-IN COOLER SHELVES NOT CLEAN	6/25
(note)			UPRIGHT FAN COVER NOT CLEAN	6/25

Received by (name and title printed): Pamela Roy	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Pamela Roy	Inspected by (signature): Belen / Andrew Miller
cc:	cc:



BEA *Bekal*  
4/23

✓

Establishment name <b>Five Star Food Service</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/21/22</b>	ID# <b>2481</b>
Establishment address <b>3201 Bearing Dr, 466143</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>7/1/22</b>
Owner		Summary of Violations:	
Owner address		C <input checked="" type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
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 Jennifer Watten		Inspected by (name and title printed): Cass Hall
Received by (signature): X Jennifer Watten		Inspected by (signature): Cass Hall
cc:	cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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460 N. MORTON ST. STE A  
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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>Five Star Food Service</b> <b>DHL</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/15/22</b>	ID# <b>2476</b>
Establishment address <b>180 Bartram Pkwy, 46131</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>6/25/22</b>
Owner		Summary of Violations: <b>C \$1 NC 0 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ____ 2 <b>X</b> 3 ____ 4 ____ 5 ____	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Observed cooler's air ambient temperature at 52°F Food products were observed from 55°F to 48°F - prairie farms 2% reduced fat milk @ 49°F - prairie farms chocolate milk @ 48°F - cold cut sub @ 49°F - Colby Jack Cheese @ 55°F - Premium pizza @ 51°F - turkey submarine @ 48°F - All potentially hazardous foods/products was discarded at time of inspection	6/15/22
187	C		Observed evidence of improper cold holding during transportation → Observed melted cheese inside packages at time of inspection - Discarded 2 ham egg cheese muffins, 2 Canadian ham egg & cheese, and 1 bacon egg and cheese croissant at time of inspection	

Received by (name and title printed): <b>X Jan L Stevens</b>	Inspected by (name and title printed): <b>Cass Hall</b>
Received by (signature): <b>X Jan L Stevens</b>	Inspected by (signature): <b>Cass Hall</b>
cc:	cc: <b>317-346-4371</b>

## NARRATIVE REPORT

[illegible]





460 N. MORTON ST. STE A  
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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. 1

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

Received by (name and title printed): X Casey Sweetinger		Inspected by (name and title printed): Cassi Hall
Received by (signature): X [Signature]		Inspected by (signature): Cassi Hall
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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Beta  
A 6/23  
6-5264  
✓

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>Five Star Food Service (Interstate Warehouse)</b>	Telephone Number <b>Establishment</b>	Date of Inspection <b>6/21/22</b>	ID# <b>2482</b> <b>2513</b>
Establishment address <b>700 Bartram Pkwy, 46131</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>7/1/22</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)  1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Thank you!

Received by (name and title printed): <i>Van Killion</i>		Inspected by (name and title printed): <i>Cass Hall</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:





460 N. MORTON ST. STE A  
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Establishment name <b>Five Star Food Service</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/21/22</b>	ID# <b>2515</b> <b>2482</b>
Establishment address <b>700 Bartram Pkwy, 46131</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>7/1/22</b>
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 checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler			

- [illegible]

Van Killion

CASS: Hall

*[Signature]*

~~12/22/2011~~

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>Franklin Duck Pin Bowling</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/23/22</b>	ID# <b>2285</b>
Establishment address <b>27 W Monroe St. Franklin, IN 46131</b>	Purpose: 1. <u>Routine</u> 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		Summary of Violations:  C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <b>Donna Hagan (Exp. 8/14/24)</b>		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>	

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[illegible]

Received by (name and title printed): ☐ Margaret Hagan		Inspected by (name and title printed): Paul Betton EHS
Received by (signature): ☐ Margaret Hagan		Inspected by (signature): Paul Betton
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>Creep's Pizzeria</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/30/22</b>	ID# <b>2146</b>
Establishment address <b>1642 Olive branch greenwood int, 46143</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		Summary of Violations:  C <u>0</u> NC <u>2</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 <b>Jason Tapp</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		(couple of lights out by oven) (light out in back room storage by small freezers.	7/6/22
256	NC		No thermometer provided in small cooler unit by hand sink close to the oven.	7/6/22
			NOTE (Make sure cooler units are set to at least 38°F	
			(make sure there's sufficient sanitizer in mechanical dish washer ranging about 200-400ppm	

Received by (name and title printed): Kristian Walker		Inspected by (name and title printed): Paul Betton Ets
Received by (signature): Kristian Walker		Inspected by (signature): Paul Betton
cc:	cc:	cc:





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BK 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. 6/9/22

Establishment name <i>Great Wall Chinese Restaurant</i>	Telephone Number <i>317 736-5538</i>	Date of Inspection <i>6/8/22 AM</i>	ID# <i>2022</i>
Establishment address <i>1840 Northwood Plaza Franklin, IN 46131</i>	Owner	Follow-up <i>No</i>	Release Date <i>6/18/22</i>
Owner <i>Li Yang</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>6</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 <i>Li Yang</i>			
Responsible person's email			
Certified food handler <i>Li Yang (See Date Exp: 3/3/25)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		cooked garlic in oil measured 72°F while stored at room temperature near wok	Corrected Must refrigerate!!
234	NC	✓	spatula for white rice stored in a container of water	Corrected
112	NC	✓	some refrigeration units (i.e. whirlpool) are not NSF/ANST approved. Must only buy NSF/ANST equipment	Replace worn
139	NC		Cooked egg rolls stored on printed paper menus (used to soak up oil)	12/1/22 6/9/22
245	NC		Exterior sides of cooking equipment	6/13/22
431	NC		Soiled and floor under fryer soiled	6/13/22
218	NC		Large white chest freezer interior left lid cracked and w/c door gasket damaged/torn	7/1/22 Repair or replace w/ NSF Freezer

Received by (name and title printed):

*Neng W. Lin*

Received by (signature):

*Neng W. Lin*

Inspected by (name and title printed):

*Andrew Miller, EHS*

Inspected by (signature):

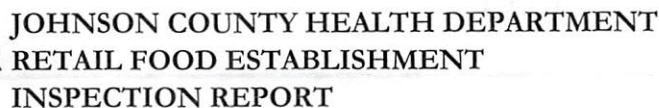
*Andrew Miller*

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 <i>Hawaiian smoothie</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>06/06/22</i>	ID# <i>1934</i>
Establishment address <i>1251 US 31 N. Greenwood TN, 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>NO</i>	Release Date <i>06/30/22</i>
Owner		Summary of Violations:	
Owner address		C <u><i>⓪</i></u> NC <u><i>⓪</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			

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[illegible]

Received by (name and title printed): - Hon <del>KIA</del>		Inspected by (name and title printed): Paul Babin EIT
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 <b>The Hope Gallery</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/3/12</b>	ID# <b>1572</b>
Establishment address <b>74 N Main St., 46106</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>6/13/12</b>
Owner		Summary of Violations:	
Owner address		<b>C</b> <input checked="" type="checkbox"/> <b>NC</b> <input type="checkbox"/> <b>R</b> <input type="checkbox"/>	
Person in charge <b>MARTY HAMMINTON</b>		Menu Type (See back of page)	
Responsible person's email		<b>1</b> <input type="checkbox"/> <b>2</b> <input checked="" type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/>	
Certified food handler			

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[illegible]

Received by (name and title printed): X MARTY HAMILTON		Inspected by (name and title printed): CASSI HALL
Received by (signature): X Marty Hamilton		Inspected by (signature): CASSI HALL
cc:	cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
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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 <i>Independence Village of Greenwood</i>	Telephone Number <i>317-535-0422</i>	Date of Inspection <i>6/2/22</i>	ID# <i>2436</i>
Establishment address <i>2339 S. S.R. 135 Greenwood IN 46143</i>	Owner <i>( )</i>	Follow-up <i>Yes</i>	Release Date <i>6/12/22</i>
Owner <i>Common Soil Invest Group</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <i>C 0 NC 8 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Roger Disher</i>			
Responsible person's email			
Certified food handler <i>Roger Disher (No Certificate Provided)</i>			

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

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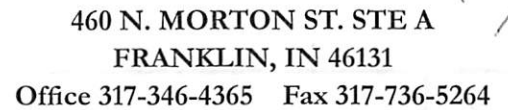
Section #	C/NC	R	Narrative	To Be Corrected by
413	NC	✓	North hallway doors leading to dumpster area not sealing at the center bottom when both doors are closed	6/18/22
218	NC	✓	(1) Walk-in freezer green right bottom shelf is held up with wood blocks	7/2/22
			(2) Pooled water noted inside bottom of two door prep table	New Shelf 6/3/22
			(3) Top left hinge on south end over is loose, for top door	7/2/22
			(4) Two deep fryer baskets are damaged	6/4/22
			(5) Apparent water leaking from walk-in-cooler ceiling piping area as water was noted on top of a box of ground beef	

Received by (name and title printed): <i>ROGER DISHER</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: 317-346-4380

# NARRATIVE REPORT

Establishment Name			Address	Greenwood	Inspection Date
Independence Village of			2339 S.S.R.135	IN 46143	6/2/22
Section#	C/NC	R	Greenwood	REMARKS	TO BE CORRECTED BY
431	NC	✓		① Floor and floor drain soiled under two bay sink	6/2/22
				② Kitchen ceiling vents and tiles soiled	6/8/22
		✓		③ Walk-in-cooler floor under shelving soiled, and storage room floor soiled along floor wall junctures	6/3/22
277	NC			Mechanical dish machine pressure gauge read approximately 6-7 psi (range shall be 15-25 psi).	6/12/22
295	NC			Neck of table mixer soiled and grinding stone area for table slicer soiled	Corrected
411	NC			Kitchen and storage room overhead lights (some) not working	6/8/22
430	NC			North storage room wall contains damaged (near) bulk can area.	7/1/22
352	NC			Employee restroom doors across from kitchen, not self-closing	6/20/22
Received By (Name & Title)			Inspected By (Name & Title)		
[Signature]			Andrew Miller, EHC		
			Page 2 of 2		







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  
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 <i>Johnson's BBQ Shack 135</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/13/22</i>	ID# <i>2487</i>
Establishment address <i>1001 N SR 135 Greenwood</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>6/23/22</i>
Owner		Summary of Violations:  <i>C 0 NC 5 R 0</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			

• 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
347	NC		Provide paper towels at all hand sinks in the kitchen	
297	NC		Clean the inside of the ice machine (open by sliding doors)	
431	NC		Clean the floor under the dishmachine	
324	NC		Repair leak on dishmachine by vacuum breaker	
297	NC		Clean the water dump trays on the bottom of the dishmachine	
Note			Watch hot food temps they need to be 135°F or hotter at all times	
			Thank you!	

Received by (name and title printed): <i>James Bond</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>James Bond</i>	Inspected by (signature): <i>Jennifer Warner</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

Belen  
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>Lockamo Upper Crust Pizza</i>	Telephone Number <i>(317) 883-8993</i>	Date of Inspection <i>6/3/22</i>	ID# <i>1540</i>
Establishment address <i>401 Market Plaza Greenwood IN 46142</i>	Owner <i>( )</i>	Follow-up <i>No</i>	Release Date <i>6/13/22</i>
Owner <i>Mick Mc Grath</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <i>C 1 NC 6 R 5</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Jack Clark</i>			
Responsible person's email			
Certified food handler <i>Jack Clark</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	✓	Floors walls ceilings air vents, exhaust stack vent soiled	6/13/22 1
295	NC	✓	Interior of various refrigeration units soiled and door gaskets split	6/13/22 7/1/22
218	NC	✓	Two bar coolers are not easily movable	7/3/22 1
188	NC	✓	<del>Broccoli</del> Broccoli Cheddar soup (in two pans) next front register area, inside table warmer, measured 80°F. (Please reheat in oven then place in warmer unit).	Corrected 1
218	NC		True two door cooler at register area contained a worn right door (as it hits the left door when closing)	7/1/22 Repair 1
291	NC		No Chlorine test kit available to test for sanitizer	6/3/22 1

Received by (name and title printed):

*JACK R CLARK*

Inspected by (name and title printed):

*Andrew Miller, EHS*

Received by (signature):

*Jack R Clark*

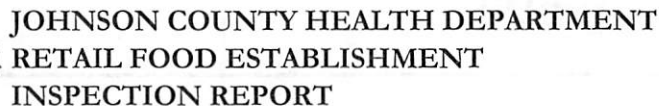
Inspected by (signature):

*Andrew Miller*

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"

Received by (name and title printed): Daniel Lamott Jr ASL		Inspected by (name and title printed): Jaycie Blanford / Paul Betik
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



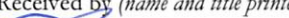
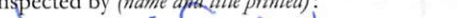



Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Kumo Japanese Steakhouse</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>62722</b>	ID# <b>1930</b>
Establishment address <b>1251 US 31 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>No</b>	Release Date <b>7722</b>
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>X</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: