



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

BUTTER
6/1/22
✓

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 New Wang Cai Restaurant | Telephone Number () Establishment () Owner | Date of Inspection 6/1/22 | ID# 1519 |
| Establishment address 209 S St Rd 135, 46142 | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Yes | Release Date 6/1/22 |
| Owner | | Summary of Violations: C <u>1</u> NC <u>7</u> R <u>1</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 Leehua Chong (3/19/23) | | | |

• 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 | | Double door reach-in-cooler-observed Raw Shrimp @ 48.4°F Raw Beef @ 48.4°F, Cooked Noodles in Bottom @ 50°F, Ambient air temp thermometer reads 50°F, Water chestnuts @ 50°F @ 3:30 pm Owners state food is 38°F in morning but because they open cooler a lot the food gets warm. - Not acceptable. Food shall be Kept @ 41°F or Lower, Food products were discarded at time of inspection | |
| 177 | NC | | Food product inside walk-in cooler not stored 6" off floor | 6-3-22 |
| 174 | NC | | Bulk items not labeled (a few) | 6-6-22 |
| 174 | | | Bulk frozen meat products not labeled in stand up and chest freezers | 6-6-22 |
| 295 | NC | | Shelving unit inside walk in cooler soiled | 6-8-22 |
| 218 | NC | | Galvanized trash can holding bulk food, observed broken handle | 6-6-22 |
| 218 | | | Shelving (on door) and side of stand-up freezer broken / worn | 6-8-22 |
| | | | | |
| | | | | |

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:

* Discarded all Potentially Hazardous Food above
41°F (4°C)

Thank
you

NARRATIVE REPORT

| Establishment Name | | | Address | Inspection Date |
|----------------------------|------|---|---|--------------------|
| Wang Cai Restaurant | | | 209 S St Rd 135, 46142 | 6/11/22 |
| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY |
| 414 | NC | | Back door not protected from potential rodents ↳ daylight observed | 6-8-22 |
| 205 | NC | | Observed duct tape on knife sharpener | 6-3-22 |
| 310 | NC | | hood vent soiled ↳ appears last cleaned was 1/31/21 | 6-8-22 |
| 218 | | ✓ | Chest freezer is in disrepair ↳ across from mop sink. Note: appears there is a leak coming from the water heater Note: mop not hung up | 6-8-22 |
| | | | * Dishes & Utensils not washed, rinsed, & sanitized Always Wash, Rinse, & Sanitize your Dishes & Equipment | |
| Received By (Name & Title) | | | Inspected By (Name & Title) | Page 2 of 2 |

Elizabeth Schultz



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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 Nineveh Mini Mart #253 | Telephone Number () Establishment () Owner | Date of Inspection 6/14/22 | ID# 677 |
| Establishment address 8010 S. Nineveh Road, Nineveh | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Yes | Release Date 6/24/22 |
| Owner | | Summary of Violations: 6-21-22 | |
| Owner address | | C 0 NC 8 R 6 | |
| Person in charge X | | Menu Type (See back of page) | |
| Responsible person's email | | 1 2 3 X 4 5 | |
| 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 |
|-----------|------|---|--|--------------------|
| 177 | NC | X | Single use items (Styrofoam cups) not stored 6" off floor | 6/16-22 |
| 414 | NC | X | exterior back door not protected from potential rodents | 6-21-22 |
| | | | ↳ why light was observed | |
| 430 | NC | X | Floor tiles are worn by soda machine | 6-21-22 |
| 431 | NC | X | by stock room door, and by front counter | |
| ↓ | ↓ | | floor around mop sink, under soda boxes, and under Pepsi & Coca-Cola fridge are soiled | 6-16-22 |
| 432 | NC | X | mop not hung | 6-15-22 |
| 431 | | | Wall in cooler-halls are soiled | |
| 347 | NC | | No paper towels observed at restroom hand sink | 6-14-22 |
| 351 | NC | | trash can lid not provided for restroom trash | 6-15-22 |
| 430 | | | Wall by restroom is in disrepair | 6-21-22 |
| 430 | | | back room door is in disrepair | |

| | |
|---|---|
| Received by (name and title printed): X | Inspected by (name and title printed): Cassi Hall |
| Received by (signature): X | Inspected by (signature): Cassi Hall |
| cc: X | cc: 317-346-4371 |

NARRATIVE REPORT

[illegible]



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Bekam
6/23

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.

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| | | | |
|---|---|---|----------------------------------|
| Establishment name <i>Noble Roman's Craft Pizza</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>6/20/22</i> | ID# <i>283</i> <i>(AM)</i> |
| Establishment address <i>2826 S. S.R. 135 Greenwood</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>6/30/22</i> |
| Owner <i>Noble Roman's Inc</i> | | Summary of Violations: <i>5</i> | |
| Owner address | | C <i>0</i> NC <i>6</i> R <i>6</i> <i>(AM)</i> | |
| Person in charge <i>Terry Farabaugh</i> | | Menu Type (See back of page) | |
| Responsible person's email <i>SenSafe</i> | | 1 <i>✓</i> 2 3 4 5 | |
| Certified food handler <i>Dave Jennings</i> <i>EXP: 9/8/23</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 |
|-----------|------|---|---|--------------------|
| 346 | NC | ✓ | No hand soap available at bar hand sink | 6/20/22 |
| 218 | NC | ✓ | Door gaskets torn on some refrigeration units | 7/20/22 |
| 431 | NC | ✓ | Floors, HVAC vents, restroom vents and tiles and mechanical exhaust vent soiled in restroom | 6/20/22 |
| 218 | NC | ✓ | Dough room mobile ingredient bin cracked and missing | 7/4/22 |
| 295 | NC | ✓ | Walk-in-cooler green shelving soiled | 7/4/22 |
| 425 | NC | | Brooms and dust pans not hung up | 6/20/22 |
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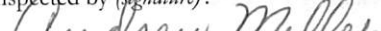


| | |
|---|---|
| Received by (name and title printed): <i>TERRY FARABAUGH</i> | Inspected by (name and title printed): <i>Andrew Miller, EHS</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>Andrew Miller</i> |
| cc: | cc: |

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| | | | |
|--|---|--|-------------------------------|
| Establishment name <i>Noble Roman's Craft Pizza + Pub</i> | Telephone Number <i>(317) 494-6344</i> | Date of Inspection <i>6/21/22</i> | ID# <i>2505</i> |
| Establishment address <i>1990 Northwood Plaza Franklin IN 46131</i> | () Owner | Follow-up <i>No</i> | Release Date <i>7/1/22</i> |
| Owner <i>Noble Roman's, Inc</i> | Purpose: <u>1. Routine</u> | Summary of Violations: | |
| Owner address | 2. Follow-up | C <u>0</u> NC <u>3</u> R <u> </u> | |
| Person in charge <i>Dave Jennings</i> | 3. Complaint | Menu Type (See back of page) | |
| Responsible person's email <i>(SenSate)</i> | 4. Pre-Operational | 1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u> | |
| Certified food handler <i>Dave Jennings (Exp: 9/8/23)</i> | 5. Temporary | | |
| | 6. HACCP | | |
| | 7. Other (list) | | |

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[illegible]



| | |
|---|--|
| Received by (name and title printed): David Jennings | Inspected by (name and title printed): Andrew Miller, EHS |
| Received by (signature):  | Inspected by (signature):  |
| cc:  | cc:  |

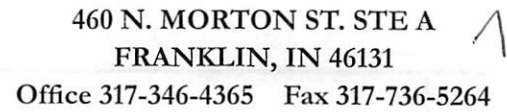
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| | | | |
|---|--|--|--------------------------------|
| Establishment name Old Town Atrium | Telephone Number () Establishment () Owner | Date of Inspection 6-17-22 | ID# 2131 |
| Establishment address 2 N Madison Ave | Purpose: <input checked="" 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 6-27-22 |
| Owner Greenwood | | Summary of Violations: C 0 NC 0 R 0 | |
| Owner address | | Menu Type (See back of page) 1 2 X 3 4 5 | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler | | | |

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[illegible]

| | | |
|---|-----|--|
| Received by (name and title printed): Kim Hogen | | Inspected by (name and title printed): Lynn S. Warner |
| Received by (signature):  | | Inspected by (signature):  |
| cc: | cc: | cc: |





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Bukm
6/13

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| | | | |
|---|---|--|--------------------------------|
| Establishment name THE ORIGINAL CHICAGO'S PIZZA & CURRY | Telephone Number () Establishment | Date of Inspection 6/7/22 | ID# 2495 |
| Establishment address HOLIDAY PLACE FRANKLIN, IN | () Owner | Follow-up — | Release Date 6/17/22 |
| Owner Sing H | 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>7</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 GARY SING | | | |
| Responsible person's email | | | |
| Certified food handler G SINGH (SERVSAFE EXP. 6/23/25) | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 177 | NC | ★ | FOOD PACKAGES NOT STORED OFF FLOOR SURFACE A MINIMUM OF 6 INCHES IN WALK-IN COOLER AND KITCHEN | 6/9/22 |
| 228 | NC | ★ | CHEST FREEZER IN KITCHEN NOT EASILY MOVABLE, THERMOMETER NOT SEEN | → 7/1 |
| 256 | NC | ★ | FLOOR NOT CLEAN IN AREAS OF KITCHEN UNDER EQUIPMENT, NEXT TO WALL | → 6/19 |
| 431 | NC | ★ | METAL TABLE SHELLING NOT CLEAN, PAN AT WATER HEATER NOT CLEAN | 6/10 |
| 295 | NC | ★ | LIGHT OUT ON EXHAUST HOOD | 6/10 |
| 411 | NC | ★ | RESTROOM - WASTE CONTAINERS FULL | 6/8 |
| 396 | NC | ★ | | |
| | | | | |
| | | | | |
| | | | | |

Received by (name and title printed):

Inspected by (name and title printed):

Gary Singh

Bob Smith EMS

Received by (signature):

Inspected by (signature):

[Signature]

[Signature]

cc:

cc:

cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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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 PENN STATION | Telephone Number () Establishment () Owner | Date of Inspection 6/8/22 | ID# 1242 |
| Establishment address 1143 N MORTON FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 6/18/22 |
| Owner — | | Summary of Violations: C 0 NC 2 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 (X) 4 5 | |
| Person in charge JADE MOUNTS | | | |
| Responsible person's email MICHAEL MARCHALLA EXP 11/10/27 | | | |
| Certified food handler JADE MOUNTS (SERUSAFED) | | | |

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[illegible]

| | | | |
|--|-----|---|--|
| Received by (name and title printed): Jade Mounts Manager | | Inspected by (name and title printed): Bob Smith ETS | |
| Received by (signature): Jade mts | | Inspected by (signature): Bob Smith | |
| cc: | cc: | cc: | |

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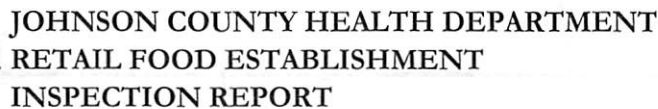
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|--|---|--|-------------------------------|
| Establishment name Pilot Travel Center | Telephone Number () Establishment () Owner | Date of Inspection 6-7-22 | ID# 1536 |
| Establishment address 4982 N 350 E | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up NO | Release Date 6-7-22 |
| Owner Whiteland | | 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>2</u> <u>3</u> <u>4</u> <u>5</u> | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler | | | |

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[illegible]

| | | |
|---|-----|--|
| Received by (name and title printed): Brandon Evans TCGM | | Inspected by (name and title printed): Jennifer Warner |
| Received by (signature):  | | Inspected by (signature):  |
| cc: | cc: | cc: |



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| | | | |
|--|--|---|--------------------------------|
| Establishment name Pizza Hut | Telephone Number () Establishment () Owner | Date of Inspection 6/13/22 | ID# 2185 |
| Establishment address 4800 Smith valley Rd | 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 6/27/22 |
| Owner Greenwood IN, 46142 | | Summary of Violations: C <u>0</u> NC <u>2</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): Ashley Fligelman | | Inspected by (name and title printed): Paul Behar |
| Received by (signature): Ashley Fligelman | | Inspected by (signature): Paul Behar |
| cc: | cc: | cc: |



6 23 22 Betty 6/13

460 N. MORTON ST. STE A
FRANKLIN, IN 46131

Phone 317-346-4365 Fax 317-736-5264

na Retail Food

| | | | |
|--|--|--|--------------------------------|
| Establishment name <i>Qaloha</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>6 9 22</i> | ID# <i>2165</i> |
| Establishment address <i>704 SR 135 Greenwood</i> | Purpose: 1. Routine ② 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>) | Follow-up <i>6 23</i> | Release Date <i>6 19 22</i> |
| Owner | | Summary of Violations: | |
| Owner address | | C _____ NC _____ R _____ | |
| Person in charge | | Menu Type (<i>See back of page</i>) | |
| Responsible person's email | | 1 _____ 2 _____ 3 <i>X</i> 4 _____ 5 _____ | |
| Certified food handler | | | |

- [illegible]

Page 1 of _____

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>Kama Hoosier Gasway</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>6/29/22</i> | ID# <i>2462</i> |
| Establishment address <i>560 N. 9th Rd 135 Greenwood</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up | Release Date <i>7/9/22</i> |
| Owner | | Summary of Violations: | |
| Owner address | | C <u>1</u> NC <u>3</u> R <u> </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 | | | |

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- 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): 2 <u>Gangore</u> | | Inspected by (name and title printed): <u>Terry D Bayless</u> | |
| Received by (signature): 2 <u>Gangore</u> | | Inspected by (signature): <u>Terry D Bayless</u> | |
| cc: | cc: | cc: | |