

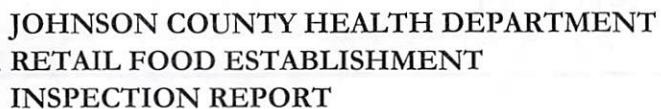
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Coffman Concessions</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/25/22</b>	ID# <b>temp</b>
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <b>Temporary</b> 6. HACCP 7. Other (list)	Follow-up	Release Date <b>7/5/22</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. 2. 3. 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"

[illegible]

Received by (name and title printed): <i>Mark Ruff</i>		Inspected by (name and title printed): <i>Cassidy Hall</i>
Received by (signature): <i>Mike Ravenscroft</i>		Inspected by (signature): <i>Cassidy Hall</i>
cc:	cc:	cc:



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

Establishment name <u>Coca Bongos</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>6/25/22</u>	ID# <u>Temp</u>
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <u>NO</u>	Release Date <u>7/5/22</u>
Owner		Summary of Violations:	
Owner address		C <u>  </u> NC <u>  </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			

- 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):

by (name and title printed): Sarah Collard


Inspected by (name and title printed):

Inspected by (name and title)  
CASS, Hall

Received by (signature):

by (signature): Sarah Collard

Inspected 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>CS Claudajda</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/25/22</b>	ID#
Establishment address <b>-Greenwood Freedom Fest</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <b>Claudette Roberts</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>  </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):	
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  
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.

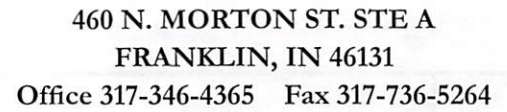
Establishment name <u>Hoosier Ale</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>6/5/22</u>	ID# <u>2437</u>
Establishment address <u>Gr Freedomfest</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>no file</u>	Follow-up	Release Date <u>6/7/22</u>
Owner		Summary of Violations:  C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler			

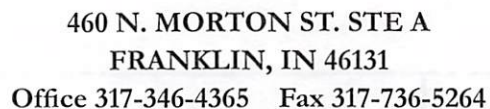
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): 		Inspected by (name and title printed): 
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:









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

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Received by (name and title printed): Jenny Stern	Inspected by (name and title printed): Cassie Hall
Received by (signature): 	Inspected by (signature): 
cc:	cc:



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

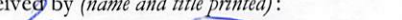



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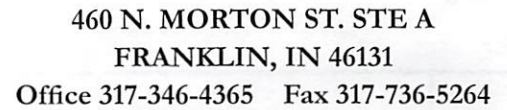
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Jones Kutter Corn</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6-25-22</i>	ID# <i>1780</i>
Establishment address <i>Greenwood Freedom Fest</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>7-5-22</i>
Owner		Summary of Violations:  C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 <i>✓</i> 2 _____ 3 _____ 4 _____ 5 _____	
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): 		Inspected by (name and title printed): 
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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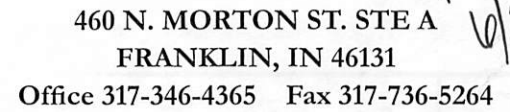
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Kona Ice South End</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6-25-22</i>	ID# <i>18661</i>
Establishment address <i>Greenwood Freedomfest</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other ( <i>list</i> )	Follow-up <i>NO</i>	Release Date <i>7-5-22</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 <i>X</i> 2 _____ 3 _____ 4 _____ 5 _____	
Certified food handler			

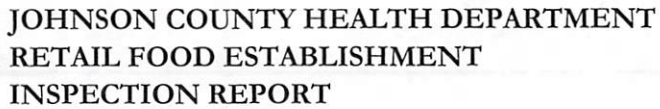
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): Hannah Irmer		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Hannah Irmer		Inspected by (signature): JW 3464376
cc:	cc:	cc:



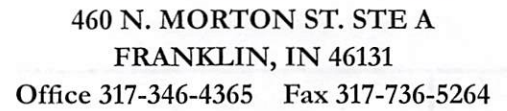




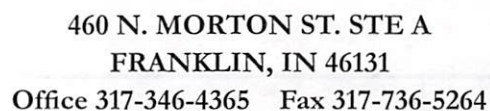
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Received by (name and title printed):		Inspected by (name and title printed):
Received by (signature):		Inspected by (signature):
cc:	cc:	cc:



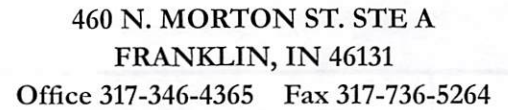




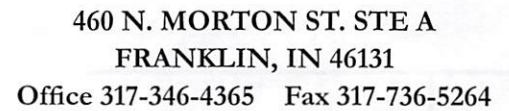
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Received by (name and title printed): <i>Don Sparks</i>		Inspected by (name and title printed): <i>John F. Warner</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:









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>Pap's Kettle Top</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection	ID#
Establishment address <b>Greenwood Freedom Fest</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 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"

[illegible]

Received by ( <i>name and title printed</i> ): 		Inspected by ( <i>name and title printed</i> ): Elizabeth Schultz	
Received by ( <i>signature</i> ): 		Inspected by ( <i>signature</i> ): Elizabeth Schultz	
cc:		cc:	317-346-4373



# 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

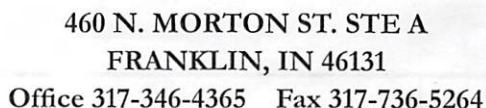
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>R+D Concessions</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/25/22</b>	ID# <b>Seasonal</b>
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <b>Temporary</b> 6. HACCP 7. Other (list)	Follow-up	Release Date <b>7/5/22</b>
Owner		Summary of Violations:	
Owner address		C <b>X</b> NC <b>X</b> R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Certified food handler			

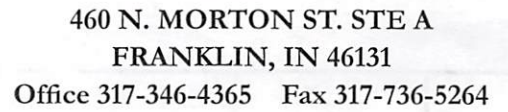
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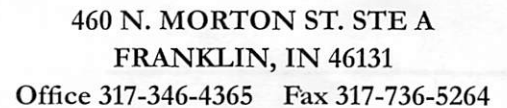
[illegible]

Received by (name and title printed): <i>Diane Hartman</i>		Inspected by (name and title printed): <i>CASSI Hall</i>
Received by (signature):		Inspected by (signature): <i>CASSI Hall</i>
cc:	cc:	cc:

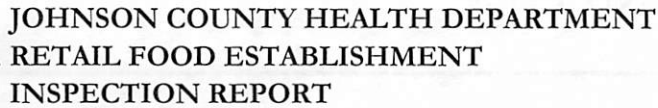












FRANKLIN, IN 46131

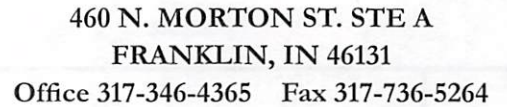
Belm  
6/29

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

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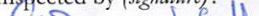
Received by (name and title printed): Marion Stephenson		Inspected by (name and title printed): Elizabeth Schultz	
Received by (signature): [Signature]		Inspected by (signature): Elizabeth Schultz	
cc:	cc:	cc:	317- [Redacted] - [Redacted]

346-4373 Page 1 of 1



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Received by (name and title printed): Marion Stephenson		Inspected by (name and title printed): Cass Hall
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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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>Twisted Treats</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/25/21</i>	ID# <i>Lemp</i>
Establishment address <i>Gr Freedom Fest</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Chester Baker</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature):		Inspected by (signature): <i>JW 346 4376</i>
cc:	cc:	cc: