



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

Bukan
5/26

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>House of Thai</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/23/22</i>	ID# <i>1942</i>
Establishment address <i>275 S. S.R. 135 Greenwood IN 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>Yes</i>	Release Date <i>6/2/22</i>
Owner <i>Kanlaya Browning</i>		Summary of Violations: C <u>4</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>Supisara Yunu</i>			
Responsible person's email <i>(SenSafe)</i>			
Certified food handler <i>Kanlaya Browning</i> <i>EP 3/4/23</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
228	NC		I see three door cooler and metal tables storing gas grills are not easily movable	5/24/22
431	NC		① Floors walls, ceilings soiled in some areas ② Numerous rodent-like pellets seen in kitchen and in small storage room	5/23/22
295	NC		Shelving below gas grills soiled and can opener unit soiled	5/23/22
218	NC		① Door seals on preparation tables soiled and torn/damaged ② East prep area wall mounted magnetic holder is rusty/deteriorated	5/24/22
415				
187	C		① Numerous live small winged insects seen in kitchen area ② One live mouse was	5/23/22
6m				

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

NARRATIVE REPORT

Greenwood

Establishment Name			Address	Inspection Date
House of Thai			275 S.S.R. 135 46/42	5/23/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			observed inside a cardboard box with bagged food while in the back small storage room	I
187	C		Bean sprouts stored in a plastic container above food stored in a preparation table/well was 47°F to 50°F	5/23/22 Keep in well or inside unit
139	C		Two bags of Tapioca Pearl and two bags of ground coffee contained what appeared to be rodent gnawing while stored in the back small storage room	Discarded Corrected
218	NC		① Radiance gas grill lack legs ② Kitchen soda station continuously leaks from around the neck	Order legs 5/24/22 Call for repair L
Notes:				
① Apparent rodent gnawing was observed to East interior rubber covering in small storage room				
② Three bay sink contained soapy water on left and right bays.				
109	C		Firm was ordered to close at approximately 12:11 pm due to a gross unsanitary occurrence	5/23/22 I
Received By (Name & Title)			Inspected By (Name & Title)	
			Andrew Miller, EHS	



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

Beta
5/5

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 Johnson's BBQ Shack	Telephone Number () Establishment () Owner	Date of Inspection 5-2-22 4p.m.	ID# 1896
Establishment address 82 S Baldwin St, 46106	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 5-12-22
Owner		Summary of Violations: C 0 NC 7 R 4	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge [Signature]			
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
414	NC	X	Broken Screen Observed in Smoker room	5-9-22
411	NC	X	Many lights out Observed in Kitchen & backroom	5-9-22
			↳ light shield is missing above ice machine	
426	NC	X	Outside area is disorganized	5-9-22
425	NC	X	map stored in mop sink, not hung	5-4-22
324	NC	X	Cold water is not functioning at bar hand sink	5-9-22
310	NC		Both restroom fan is soiled	
190	NC		Sweet corn made 5-2 @ 11am was at 63° or cooling in a foil pan with a foil cover on it (if not at 41° or less by 5pm, it needs discarded)	Corrected at time of inspection
			Corn Casserole made 5-2 at 3:30 was cooling in a foil pan with a foil cover on	
			↳ covers need removed.	
			Note: Ice machines needs clean	
			Note: Bar Soda nozzle needs clean	
			Note: thermometer is needed for walk-in cooler	

Received by (name and title printed):

X Seann Collins

Received by (signature):

[Signature]

Inspected by (name and title printed):

Cass Hall

Inspected by (signature):

[Signature]

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



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

Betty
5/10

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 LA COCINA MEXICAN RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 5/9/22	ID# 1673
Establishment address 912 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 5/19/22
Owner ALBERTO S MERI		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>2</u> 5 <u>—</u>	
Person in charge ALBERTO S MERI			
Responsible person's email			
Certified food handler ALBERTO S MERI			

• 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	✗	SOAP NOT PROVIDED IN MENS RESTROOM	5/10/22
234	NC	✗	HANDLE OF ICE SCOOP IN CONTACT WITH ICE IN FRONT ICE BIN	5/10
239	NC	✗	DISHRACKS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	5/12
218	NC	✗	2 DOOR REFRIGERATOR DOOR GASKET WORN/SPLIT	6/9
295	NC	✗	INSIDE TOP OF ICE MAKER NOT CLEAN	5/15
425	NC	✗	BROOMS NOT HUNG UP OFF FLOOR	5/12
138	NC	✗	EMPLOYEES IN KITCHEN NOT WEARING HAIR RESTRAINTS (CAPS/VISOR, HAIR NET)	5/10

Received by (name and title printed): Alberto S Meri	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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

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 MADON & MADISON CAFE	Telephone Number () Establishment () Owner	Date of Inspection 5/25/22	ID# 2208
Establishment address 100 N MADON ST, FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/4/22
Owner RICHARDSON/NORTHERN/SCHULTZ		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge — JORDYN GILLASPE			
Responsible person's email			
Certified food handler — ASHLEY SCHULTZ			

- 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): Jordyn Gillaspie	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): 	Inspected by (signature): 
cc:	cc:



Bekm
5/13

17-736-
this report

Establishment name McDonalds	Telephone Number () Establishment () Owner	Date of Inspection 5-6-22	ID# 2324
Establishment address 1197 South Park Dr	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 5 16 22
Owner Greenwood		Summary of Violations: C 0 NC 0 R 0	
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): Vicky Rivera		Inspected by (name and title printed): Jennifer Warner
Received by (signature): [Signature]		Inspected by (signature): [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 Mencards	Telephone Number () Establishment () Owner	Date of Inspection 5/25/22	ID# 1245
Establishment address 300 Martin Dr. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 6/9/22
Owner		Summary of Violations: C <u>X</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge X Kenny Arthur			
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
295	NC		Bottom of fridge (with eggs + milk) Soiled ↳ observed Spills ↑ Clean up ASAP	5-30-22
			Note: Ice build up observed inside chest freezers (3) and reach in freezer (with p.zza)	
			Ice Build up ↑	
Received by (name and title printed):			Inspected by (name and title printed):	
<i>[Signature]</i>			<i>Cassi Hall</i>	
Received by (signature):			Inspected by (signature):	
<i>[Signature]</i>			<i>Cassi Hall</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

Bulm
5/20

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 Mi Abullito	Telephone Number () Establishment () Owner	Date of Inspection 5/25/22	ID# 2819
Establishment address 377 E. Jefferson St Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 06/08/22
Owner		Summary of Violations: C 1 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 <u>✓</u> 5	
Person in charge			
Responsible person's email			
Certified food handler Jose Francisco (Serving) Exp 5/7/26			

• 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
295	NC		Ice scoop stored inside a box (with other equipment)	05/30/22
431	NC		there is a water leak by the main drain in back storage & by the three pony sink.	06/01/22
411	NC		No light observed inside upright cooler at the bar	06/01/22
256	NC		→ No thermometer observed at the upright cooler at the bar area.	05/30/22
174	NC		Sanitizer bucket not labelled	05/27/22
187	C		chicken, tofu, & Chorizo above 41°F (at 45°F) → they are all thrown away	
255	NC		Walk-in freezer temperature is at 29°F → (Temperature should be at 0°F or below).	

Received by (name and title printed): Jose Francisco Camarena Guzman	Inspected by (name and title printed): Paul Bator BHS
Received by (signature): Jose Francisco	Inspected by (signature): Paul Bator
cc:	cc:

NOTE: Make sure inside of ice-machine is clean Page 1 of _____



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

beta
5/10

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 MORNING POINT OF FRANKLIN	Telephone Number () Establishment () Owner	Date of Inspection 5/9/22	ID# 1211
Establishment address 75 S MILFORD DR FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/19/22
Owner (FRANKLIN SENIOR COMMUNITY LLC)		Summary of Violations: C <u>0</u> NC <u>4</u> R <u>—</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 KIM BARNETT			
Responsible person's email			
Certified food handler AMBER SPURLOCK 8/31/23			

- 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
324	NC	X	LEAK NOTED AT 3 COMPARTMENT SINK FAUCET	5/18/22
295	NC	~	TOP OF MECHANICAL DISHWASHER NOT CLEAN	5/15
431	NC	~	WALL AND PIPE BEHIND MECHANICAL DISHWASHER NOT CLEAN	5/15
<u>NOTE</u>			ICE BUILT UP INSIDE FREEZER UNIT (INSIDE ELECTRICAL ROOM)	5/13
218	NC	+	DOOR GASKET WORN/SPLIT IN FREEZER UNIT (ACROSS FROM ICE MAKER)	6/9

Received by (name and title printed): Kim Barnett	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Kim Barnett</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



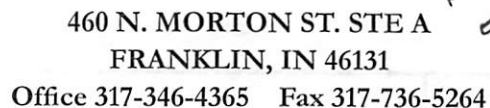
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Nothing Buttt Cakes	Telephone Number () Establishment () Owner	Date of Inspection 5/31/22	ID# 2323
Establishment address 3113 W South 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 6/10/22
Owner Greenwood		Summary of Violations: C 0 NC 0 R 0	
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): Olivia Barnett		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Olivia Barnett		Inspected by (signature): JW 346 4376
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


Betsal
5/24
-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>O'Charley's #406</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/23/22</i>	ID# <i>406</i>
Establishment address <i>886 S. S.R. 135 Greenwood IN 46143</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>6/2/22</i>
Owner <i>O'Charley's LLC</i>		Summary of Violations: C <u>1</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 <i>Myron Davis</i>			
Responsible person's email <i>(See Safe)</i>			
Certified food handler <i>Myron Davis (Exp: 11/23/25)</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"

[illegible]

Received by (name and title printed):	Inspected by (name and title printed):
Carl Ogle	Andrew Miller, EHS
Received by (signature):	Inspected by (signature):
	Andrew Miller
cc:	cc:

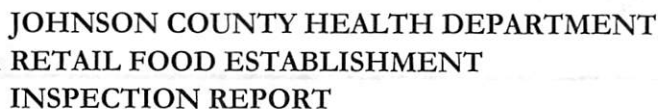
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Old Town Brewing - Hoosier Brewing	Telephone Number () Owner	Date of Inspection 5/20/22	ID# 2317
Establishment address 147 S Madison Av	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 5/30/22
Owner Greenwood		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): Dawson Molstner		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): Dan Mauer		Inspected by (signature): JW 3464374	
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): Mike Earnest GM	Inspected by (name and title printed): Jennifer Warner
Received by (signature): 	Inspected by (signature): 
cc:	cc:



Becky
5/5

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

<ul style="list-style-type: none"> • 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): <i>[Signature]</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>JW 346 43 70</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 Popeyes Louisiana Chicken	Telephone Number () Establishment () Owner	Date of Inspection 5/6/22	ID# 7339
Establishment address 270 N 52135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 5/2/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</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>X</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): Shannon Berry		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

rev 6 9 22
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>Adoba</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>5 31 22</u>	ID# <u>2105</u>
Establishment address <u>704 SE 135 Greenwood</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>6-9</u>	Release Date <u>6 10 22</u>
Owner		Summary of Violations: C <u>0</u> NC <u>7</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			

• 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		Clean all kitchen floor areas and floor drains throughout	
431	NC		Clean all wall areas throughout kitchen	
399	NC		Replace missing baseboard tile	
174	NC		Clean the bins that hold dry beans and label them	
177	NC			
431	NC		Clean the exhaust hood & filters	
310	NC			
411	NC		Replace all burned out light bulbs	
431	NC		Clean the ceiling near hood area	
			Thank you!	

Received by (name and title printed): <u>Rhea Hardwick AM</u>	Inspected by (name and title printed): <u>Jennifer Warner</u>
Received by (signature): <u>Rhea Hardwick</u>	Inspected by (signature): <u>JW 3516 43710</u>
cc:	cc: