



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

Betsy
515

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>Latterradura H Mexican Restaurant</i>	Telephone Number <i>() Owner</i>	Date of Inspection <i>4-26-22</i>	ID# <i>2259</i>
Establishment address <i>226 S SR 135 46106</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>5/6/22</i>
Owner <i>Juan Quezada</i>		Summary of Violations: <i>C 4 NC 9 R 1</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 <i>Juan Quezada</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
324	C		2 bay waste drain clogged. Wastewater from 2-bay & ice maker discharge onto floor.	3-26-22
187	C		Food-grade trash can (white plastic w/wheels) full of Queso cheese @ 53.6°F @ 3:21pm. Not date marked. No one knows when made. Melted queso cannot be stored in a plastic 20 gallon container.	3-26-22 Discarded in Walk-in Cooler
191	C		Ready-to-eat, potentially hazardous food product NOT date marked in Walk-in-Cooler	3-26-22
336	C		Spray hose on garden hose affixed to mop sink. Mop sink supplied w/ Back siphonage device NOT approved for use under continuous pressure	3-26-22

Received by (name and title printed): <i>X JUAN PABLO QUEZADA</i>	Inspected by (name and title printed): <i>Elizabeth Schultz</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>Elizabeth Schultz</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
La Herradura II			226 S S R 135 46	06 4/26/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
199	NC		Thawing Shrimp @ Room temp	4-26-22
345	NC		Back Hand sink has Strainer Stored in basin	4-26-22
239	NC		Ice Scoop Stored on top of ice maker	Corrected
			Knife stored in joint of flip-top deli cover	4-26-22
295	NC		Interior flap of ice machine soiled	4-26-22
177	NC		Food not stored 6" of floor in Walk-in Cooler & Freezer	4-26-22
216	NC		Shelves lined w/ aluminum foil & cardboard-	4-26-22
			Cotton towels @ bottom of Beer cooler - They appear to have a mold-like Substance	4-26-22
351	NC		Covered waste receptacle not provided in women's restroom	4-26-22
430	NC		Wire shelving is peeling inside Both 2 door, reach-in, flip-top delis	4-26-22
430		X	Store Room shelves not sealed	4-26-22
430		X	Utility door is in disrepair	.
310	NC		Air intake vent is dusty	
			Note: Observed a few flying insects that appeared to be flies	
			Note 1 toilet seat not open front in Women's Restroom	
			Dish machine Sanitizing	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
			Elizabeth Schell	




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.

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[illegible]

Received by (name and title printed): Christian Bravo		Inspected by (name and title printed): Andrew Miller EHS	
Received by (signature): 		Inspected by (signature): Andrew Miller	
cc:	cc:	cc:	

NARRATIVE REPORT

[illegible]



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

Beth 4/14/22

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 LITTLE CAESARS PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 4/1/22	ID# 1820
Establishment address 906 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 4/11/22
Owner		Summary of Violations: C <u>0</u> NC <u>15</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 BRITTANY BOGLE			
Responsible person's email			
Certified food handler AMBER WRIGHT (SERVSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
347	NC	*	DISPOSABLE TOWELS NOT PROVIDED AT HANDSINK	4/3/22
174	NC	*	CONTAINERS IN WHICH BULK FOOD STORED NOT LABELED	4/3
431	NC	*	FLOOR IN AREAS OF KITCHEN NOT CLEAN, WALK-IN COOLER	4/8
399	NC	*	WALL COVERING NOT INSTALLED IN AREAS OF KITCHEN	4/20
399	NC	*	CEILING PANELS NOT IN PLACE IN AREAS OF KITCHEN	4/10
411	NC	*	SOME CEILING LIGHTS ARE OUT IN DISHWASHING AREA	4/20
257	NC	*	METAL STEM PROBE THERMOMETER REGISTERING 0-220°F	4/3
			OR DIGITAL TYPE NOT AVAILABLE FOR USE	
256	NC	*	THERMOMETER NOT OBSERVED IN PIZZA PREPARATION	4/3
			REFRIGERATOR	
138	NC	*	HAIR RESTRAINT (CAP/VISOR/HAIR NET) NOT	4/2
			WORN BY EMPLOYEES IN KITCHEN	
324	NC	*	LEAK NOTED ON 3 COMPARTMENT SINK DRAIN	4/20
			STANDING WATER OBSERVED IN PAN UNDER SINK	
218	NC	*	WIPER IN COOLER, DOOR GASKET WORN/SPOT	5/1
295	NC	*	SHELVING NOT CLEAN, TRAY CART GLIDES NOT CLEAN	4/10
228	NC	*	UPRIGHT FREEZER NOT EASILY MOVABLE	5/1

Received by (name and title printed): Brittany Bogle General Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Brittany Bogle</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 <i>Lucas Pizza D. Roma</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/7/22</i>	ID# <i>1052</i>
Establishment address <i>1251 N. US 31 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>4/17/22</i>
Owner <i>JN</i>		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>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>John Garton</i>			

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[illegible]

Received by (name and title printed): + Brian Moore		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): + B. Moore		Inspected by (signature): Terry D. Bayless	
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 Long River of Franklin, IN	Telephone Number () Establishment () Owner	Date of Inspection 4/7/22	ID# 1110
Establishment address 1063 W Jefferson 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 4/17/22
Owner Andy Chen		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge ZHI HUI JIANG		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 X 4 <u> </u> 5 <u> </u>	
Certified food handler ZHI HUI JIANG (SERVSAFE EXP 2027)			

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[illegible]

Received by (name and title printed): * Zhihui JIANG		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): * [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:



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Betsy
4/11/22

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 <i>Margaritas Grill</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/11/22</i>	ID# <i>1788</i>
Establishment address <i>1675 Smith Valley Greenwood, 46143</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>4/11/22</i>
Owner		Summary of Violations: <i>C 1 NC 6 R 1</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
402	NC		Floors soiled in walk in cooler, freezer, under equipment in bar and on cookline soiled	4/15/22
177	NC	✓	Food stored on floor in walk in cooler (6" off floor)	4/11/22
187	NC C		Holding temps of queso (107°F) and ground beef (120°F) corrected	
410	NC		Light under vent hood not shielded	4/16/22
174	NC		Dry storage containers not labeled	4/11/22
718	NC		Fryer baskets damaged	4/11/22
291	NC		no fast strips provided	
			NOTE: Ice scoopers should be stored outside of ice bin OR in ice with handle cut	
			- please clean table where plates are stored on cook line	
			- pipe under 3 bay in bar area needs to be secured and pointed down at drain	

Received by (name and title printed):

X Jose Xicotencatl

Received by (signature):

X Jose Xicotencatl

cc:

cc:

Inspected by (name and title printed):

Jayce Blanford / Paul Beker

Inspected by (signature):

Jayce Blanford / Paul Beker

cc:




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[illegible]

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

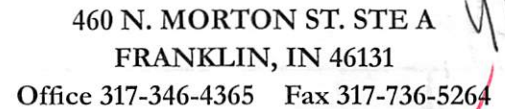
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/12/22</i>	ID# <i>1555</i>
Establishment address <i>2080 E. King St Franklin IN 46131</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>4/26/22</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> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Tim Watt</i>			

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[illegible]

Received by (name and title printed): Tim Watt		Inspected by (name and title printed): Paul B. Brown
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 MI ABUELITO #3	Telephone Number () Establishment () Owner	Date of Inspection 4/8/22	ID# 2460
Establishment address 277 N MORTON 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 4/18/22
Owner JUAN QUEZADA		Summary of Violations: C <u>0</u> NC <u>2</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 BULMARO GARCIA CERNA			
Responsible person's email			
Certified food handler BULMARO GARCIA CERNA (SUSAN 3/17/22 EXP)			

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[illegible]

Received by (name and title printed): Bulmaro B Garcia C		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Bulmaro B Garcia C		Inspected by (signature): Bob Smith
cc:	cc:	cc:

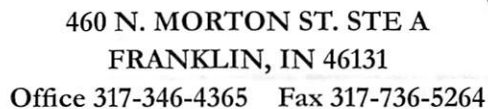
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Mrs. Carl</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/6/22</i>	ID# <i>223</i>
Establishment address <i>259 E. Meridian St.</i>		Follow-up	Release Date <i>4/6/22</i>
Owner	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>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			
Responsible person's email			
Certified food handler <i>Ashley M. Her 2023</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
	295		can openers are soiled.	4/6/22
			* provide chlorine test papers-	
			Great job!	

Received by (name and title printed): X Emily Loman Manager		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): X [Signature]		Inspected by (signature): Terry D Bayless	
cc:	cc:	cc:	





JOHNSON COUNTY HEALTH DEPARTMENT
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Bekal
4/11

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 New Kumo Japanese Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 4/7/22	ID# 1821
Establishment address 1051 W Jefferson St, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 4/11/22
Owner		Summary of Violations: C 0 NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge YI LI			
Responsible person's email			
Certified food handler YI LI (7/30/24)			

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Section #	C/NC	R	Narrative	To Be Corrected by
30431	NC		Men's restroom vents soiled.	4/11/22
295	NC		Hood exhaust filters soiled.	4/14/22
411	NC		light out in hood.	4/11/22
430	NC		floor tile by walk-in cooler worn/damaged	5/2/22
430			Coving by back door in kitchen missing/worn	5/2/22
295	NC		Inside ice machine soiled.	4/14/22
295	NC		Inside reach in cooler across from grill and deep fryer soiled.	4/14/22
431	NC		Floor under equipment soiled.	4/14/22
218	NC		Ice build up in walk in freezer	5/2/22
177	NC		Bag of onions not stored 6" off floor (corrected at time of inspection)	4/11/22
177			Food items not stored 6" off floor in walk-in freezer	4/11/22
324	NC		Leak in faucet on 3 bay sink	5/2/22
			Note: floor grease trap ^{needs} checked & clean	
			Note: Observed a few flies	

Received by (name and title printed): YI LI	Inspected by (name and title printed): Bekal / Cassi Hall
Received by (signature): YI LI	Inspected by (signature): Bekal / Cassi Hall
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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rev 4 18 22
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264
Bertan 4/19

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 Newks Eatery	Telephone Number () Establishment () Owner	Date of Inspection 4 14 22	ID# 2105
Establishment address 1279 N Emerson Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 4 18	Release Date 4 24 22
Owner Greenwood		Summary of Violations: C 1 NC 3 R 0	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		Replace burned out lightbulbs in the hood in back	
291	NC		Provide chlorine test strips to test the dishmachine - each shift	
294	C		Repair dishmachine to sanitize with 50-99 ppm chlorine in the final rinse Do not use until repaired Use 3 bay - test each shift	
324	NC		Repair the drain on the hand sink in front - must work with hot and cold running water	
			Thank you!	
			(Note erolab on the way)	

Received by (name and title printed):	Inspected by (name and title printed): Jennifer Warner
Received by (signature): Alexandra Lewis	Inspected by (signature): JW 3469376
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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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 Oaken Barrel Brewing	Telephone Number () Establishment () Owner	Date of Inspection 4/26/22	ID# 679
Establishment address 50 N Airport Hwy Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 5/6/22
Owner		Summary of Violations: C 0 NC 3 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"
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[illegible]

Received by (name and title printed): Brad Bates Manager		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

