



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

Bekay
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>Camilla's 2</i>	Telephone Number <i>(812) 350-7944</i>	Date of Inspection <i>3/31/22</i>	ID# <i>2497</i>
Establishment address <i>2245 Sheek Rd IN 46143</i>	Owner <i>Gerardo Estrada</i>	Follow-up <i>Yes</i>	Release Date <i>4/10/22</i>
Owner <i>Gerardo Estrada</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 <i>4</i> NC <i>11</i> R <i>5</i>	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge <i>Gerardo Estrada</i>			
Responsible person's email			
Certified food handler <i>Gerardo Estrada</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
188	C	✓	① Queso in warmer table measured <i>72°F</i>	Corrected
			② Queso in table top warmer unit measured <i>84°F</i>	
291	NC	✓	No Chlorine test kit provided nor Quat test kit for sanitizers	3/31/22 Today!
295	NC	✓	inside top of ice maker sealed	4/1/22
324	NC	✓	Spray nozzle attached to hose was plugged into a water line under three bay sink	4/5/22
303	C		Mechanical dish machine was not sanitizing dishes immediately after cleaning	3/31/22
344	C		Cutting board and knife were stored in the bar area hand	Corrected
174	NC	✓	Quat ingredients not labeled in sink	3/31/22

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:

NARRATIVE REPORT *Greenwood*

Received By (Name & Title)

Inspected By (Name & Title)

Page 2 of 2

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name Carniceria Santa Cruz	Telephone Number () Establishment () Owner	Date of Inspection 3 3 22	ID# 258
Establishment address 20 US 31 Whiteland	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 3 17	Release Date 3 13 22
Owner		Summary of Violations: C 0 NC 4 R 0	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler		Menu Type (See back of page) 1 2 X 3 4 5	

- 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
346			Provide soap & paper towels at	
347	NC		handwashing sink	
218	NC		Put wheels on black cooler - no	
			wood blocks are allowed	
177	NC		Store chicken on bottom shelves in	
			black cooler	
256	NC		Provide thermometer for display cooler	
			with meat in it	
			Thank you!	

Received by (name and title printed): <i>Charles Higocdo</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature):		Inspected by (signature): <i>JW 3464376</i>
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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INSPECTION REPORT

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Belm
3/10

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 <i>Charley's Philly Steaks</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/8/22</i>	ID# <i>1783</i>
Establishment address <i>1257 US 31 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>No</i>	Release Date <i>3/10/22</i>
Owner <i>Nelly Cerino</i>		Summary of Violations: <i>C 0 NC 4 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <u>✓</u> 4 5</i>	
Person in charge <i>Nelly Cerino</i>			
Responsible person's email			
Certified food handler <i>Nelly Cerino (NRFSP Exp: 8/23/22)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Door gasket split on single door prep table/cooler	3/28/22
295	NC		(1) Inside bottom of deep fryer cabinet has rodent like pellets (RIPs)	3/20/22
			(2) Inside top of ice maker is soiled	3/10/22
411	NC		Overhead bulbs out above 3 bay sink	3/13/22
431	NC		Walk-in-cooler fan guards are soiled	3/13/22
			* Notes: One deceased juvenile mouse caught in tin cat under metal table slung to-go containers, near deep fryers.	

Received by (name and title printed): <i>Hyang Suh (owner)</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Belton
3/24

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>The Cheesecake Factory</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/22/22</i>	ID# <i>1291</i>
Establishment address <i>1251 US Highway 31 N IN 46142 Greenwood</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>4/1/22</i>
Owner <i>Corporate</i>		Summary of Violations: C <u>0</u> NC <u>6</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>Bill Maethner</i>			
Responsible person's email			
Certified food handler <i>Bill Maethner</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
218	NC		Pasta cooker baskets were damaged at the pasta cooking station	4/4/22
431	NC		Interior produce walls were moldy/soiled	4/1/22
430	NC		East interior wall of the production was peeling white paint	8/1/22
218	NC		Mechanical dish unit appears to be leaking	4/10/22
324	NC		Three bay sink in dish area and bak sinks contain water leaks	4/10/22
295	NC		Previously clean dishes for kids fruits, samples for soups, and sauces were soiled at the server area	Corrected

Received by (name and title printed):

BILL MAETHNER

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Bill Maethner

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:



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Betsy
4/4/22

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 Chick Fil a	Telephone Number () Establishment () Owner	Date of Inspection 3/31/22	ID# 974
Establishment address 155 Marlin Dr Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 4/10/22
Owner Rick Johnson		Summary of Violations: C 0 NC 4 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			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		door gaskets need replaced at front cooler in drive thru area (work order in)	4/7/22
402	NC		Floor in walk in freezer soiled	4/7/22
324	NC		mop sink clogged and used for more than mop water (work order in)	4/30/22
218			cooler unit has broken shelving with loose screws	4/1/22
431	NC		Floor drains under 3 bay sink + prep sink soiled	4/7/22
			NOTE: If rapid chill is in use (walk in cooler) be sure to have lids off until it reaches 41°F	

Received by (name and title printed): X Melissa Krupp	Inspected by (name and title printed): Jaycie Blanford/Cassi Hall
Received by (signature): X Melissa S Krupp	Inspected by (signature): Jaycie Blanford/Cassi Hall
cc:	cc:

call anytime!
Jaycie - 317 346 4369



Office 317-346-4365 Fax 317-736-5264

Establishment name Circle K	Telephone Number () Establishment () Owner	Date of Inspection 3 4 22	ID# 1182
Establishment address 1183 E Main St	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 3 14 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>2</u> 3 <u>4</u> 5 <u>5</u>	
Certified food handler			

- [illegible]

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Beta
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 Ching Garden LLC	Telephone Number 317 985 8926	Date of Inspection 3/31/2022	ID# 1289
Establishment address 2170 SSR 135 Greenwood	Owner ()	Follow-up Yes	Release Date 4/16/22
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 9 R 4	
Owner address		Menu Type (See back of page) 1 2 3 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
310	NC	✓	vents soiled under hood + on hood	4/15/22
295	NC		cooling unit soiled → doors, shelves, base needs cleaned	4/5/22
256	NC		no thermometer found in cooling unit	4/1/22
			no thermometer for walk in freezer	4/1/22
324	NC	✓	leak under 3 bay sink observed	4/15/22
402	NC		Drain under stove soiled + grease build up on floor	ASAP!
			Floors soiled in walk in cooler + freezer	
246	NC		Gloves not worn by employee while handling cooked noodles	3/31/22
347	NC	✓	no paper towels @ hand sink	3/31/22
344	C		hand sink blocked	3/31/22
177	NC		food/liquid containers need stored 6" off floor	4/5/22
			- food in walk in freezer on floor	
174	NC	✓	no date marks observed in walk in cooler/freezer (bulk containers)	
Received by (name and title printed): X = henry			Inspected by (name and title printed): Jaycie Blanford / Cassi Hall	
Received by (signature): X			Inspected by (signature): Jaycie Blanford / Cassi Hall	
cc:		cc:		cc:



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Bulky
3/24

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 Christina Place	Telephone Number (317) 218-9718	Date of Inspection 3/22/22	ID# 1850
Establishment address 1435 Christian Blvd Franklin, IN 46131	Owner Corporate	Follow-up No	Release Date 4/01/22
Owner address	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>5</u> R <u> </u>	
Person in charge Cassie Trueblood	Responsible person's email SenSafe EXP: 11/7/24	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>✓</u> 5 <u> </u>	
Certified food handler Jacyr Fisher			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	East and South floor/wall punctures soiled in back stock room.	3/24/22
			② Floor soiled around mechanical dish unit floor drain	
430	NC	✓	① Kitchen cabinets are damaged/worn	5/21/22
			② Back storage room ceiling has holes with exposed insulation (in area with bananas).	
385	NC		Dumpster lid open	3/22/22
411	NC		Interior built out for Victory (#5) back three door freezer and ceiling light out in stock room	
399	NC		Floor around mechanical dish unit pulled up and not flush to the floor	
			* Notes: Refrigeration door gaskets on * back order	

Received by (name and title printed):

Cassie Trueblood RN/CSM

Received by (signature):

Cassie Trueblood RN/CSM

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:



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BKSM
3/24

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>Cinco de Mayo Mexican Grill</i>	Telephone Number <i>317 893-4014</i>	Date of Inspection <i>3/22/22</i>	ID# <i>1876</i>
Establishment address <i>1251 US Hwy 31 N / Greengrass, IN 46142</i>	() Owner	Follow-up <i>No</i>	Release Date <i>4/1/22</i>
Owner <i>Lily Mendoza</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <i>0</i> NC <i>6</i> R	
Owner address		Menu Type (See back of page) 1 2 3 4 <i>✓</i> 5	
Person in charge <i>Destiny Van Meter</i>			
Responsible person's email <i>SenLate Exp</i>			
Certified food handler <i>Lily Mendoza 3/28/23</i>			

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• 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		Front area (service) ceiling vents, sign, and rope lighting dusty/soiled	4/11/22
210	NC		Doors/gaskets torn/damaged on front area prep table/cooler	4/22/22
324	NC		Spray nozzle under continuous pressure at mop sink	Order/replace
295	NC		Interior of ice maker soiled	Corrected
291	NC		No Chlorine test kit available for sanitizer	3/24/22
210	NC		Exterior bottom of ice maker leaking continuously	4/4/22 Call for repair

Received by (name and title printed): <i>Destiny Van Meter</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Destiny Van Meter</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Belton
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 <u>Circle K #4700085</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>3/30/22</u>	ID# <u>609</u>
Establishment address <u>349 N Morton, 46131</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>YES</u>	Release Date <u>4/9/22</u>
Owner		Summary of Violations: C <u>0</u> NC <u>7</u> R	
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 <u>X Kristen Wilson</u>			
Responsible person's email			
Certified food handler <u>X Kristen Wilson (exp 6/22/25)</u>			

• 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
346	NC		Observed no hand soap at the hand sink	3-30-22
347	NC		Observed no paper towels at the hand sink	3-30-22
431	NC		Floor under shelving in drink walk-in cooler soiled	3-6-22
431			Floor in old car wash storage room soiled	4-6-22
414	NC		Main doors and old car wash over-head door not protected from potential rodents / pest ↳ Observed daylight ↳ Observed one blue bird (old car wash)	
177	NC		Single use items not stored 6" off floor in old car wash storage room	
177			Shelving in walk in cooler appears not 6" off floor	
297	NC		Flavored cappuccino & hot chocolate machine's nozzles (inside) soiled.	4-1-22
324	NC		toilet seat in restroom not open front. Note: one light out in drink walk-in cooler Note: fans in drink walk-in cooler need clean.	

Received by (name and title printed):

X Jessica McTarsney

Inspected by (name and title printed):

Cassi Hall

Received by (signature):

X Gedone M. O'Neil

Inspected by (signature):

Cassi Hall

cc:

cc:

cc:

317-346-4371

NARRATIVE REPORT

[illegible]



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Belen
3/14

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Establishment name COFFEE HOUSE FIVE	Telephone Number () Establishment () Owner	Date of Inspection 3/11/22	ID# 2335
Establishment address 41 W MONROE 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 3/21/22
Owner PETERS		Summary of Violations: C 0 NC 6 R —	
Owner address		Menu Type (See back of page) 1 — 2 — 3 — 4 — 5 —	
Person in charge HUGHES			
Responsible person's email			
Certified food handler (PETERS)			

• 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
177	NC	Ⓢ	BAGS OFF COFFEE NOT STORED OFF FLOOR A MINIMUM OF 6 INCHES IN KITCHEN	3/15/22
190	NC	Ⓢ	PREPARED WARM GRAVY IN PLASTIC TUB COOLING AT ROOM TEMPERATURE / NOT UTILIZING QUICK CHILL METHOD	3/12
174	NC	Ⓢ	BULK FOOD IN FRONT AREA (YOGURT POWDER) CONTAINER NOT LABELED / BACK KITCHEN AREA CONTAINERS IN WHICH BULK FOOD STORED NOT LABELED (LABEL CONTAINER IN ADDITION DELT)	3/15
228	NC	✗	DOWNSTAIRS/BASEMENT - UPRIGHT FREEZER NOT EASILY MOVABLE	4/11
291	NC	✗	CHLORINE TEST STRIPS NOT AVAILABLE	3/15
256	NC	✗	THERMOMETER NOT CONSPICUOUSLY LOCATED IN FRONT AREA 2 DOOR REACH - IN REFRIGERATOR	3/15

Received by (name and title printed): Alicia Hughes Lead Bartista	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Alicia Hughes</i>	Inspected by (signature): <i>Bob Smith</i>
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 <i>Community Health Rehab</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3 29 22</i>	ID# <i>2234</i>
Establishment address <i>607 Greenwood Springs</i>	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 <i>No</i>	Release Date <i>4 9 22</i>
Owner <i>Greenwood</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 X 4 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"

[illegible]

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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Beta
3/10

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 CVS #16648	Telephone Number () Establishment () Owner	Date of Inspection 3/9/22	ID# 840
Establishment address 1655 S US 31, Greenwood	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up NO	Release Date 3/19/22
Owner		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page) 1 X 2 3 4 5	
Person in charge x Anthony Ritter			
Responsible person's email Xalmighty413@yahoo.com			
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
310	NC		Women's restroom exhaust fan soiled	3-11-22
431	NC		Floor under shelving units in back room soiled	3-14-22
295	NC		Dairy cooler and drink cooler shelving soiled	3-14-22
430	NC		Many Ceiling tiles missing through Att Stove. (work order in progress)	
414	NC		Exterior door in back room not protected from potential rodents	3-16-22
			↳ key light observed under door	
			Note: shelving units in back room not sealed	
			Note: French Vanilla Coffee mate Creamer best buy date of 10/26/21. They were just delivered. They pulled them from shelves and are sending them back.	
			Thank you!	

Received by (name and title printed): x Anthony Ritter	Inspected by (name and title printed): Cassi Hall
Received by (signature): x Anthony Ritter	Inspected by (signature): Cassi Hall
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

Beta
3/10

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 <u>CNS #2843</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>3/8/22</u>	ID# <u>1460</u>
Establishment address <u>402 Market place dr, Greenwood</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>Yes</u>	Release Date <u>3/18/22</u>
Owner		Summary of Violations: C <u>0</u> NC <u>7</u> R <u>1</u>	
Owner address		Menu Type (See back of page) 1 <u>X</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <u>X Shannon Hillard</u>			
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
257	NC		No thermometer observed for the walk-in cooler	3-10-22
295	NC		Shelving units soiled in walk-in cooler	3-15-22
414	NC		Emergency exit door not protected from potential rodents (daylight observed under door)	3-22-22
218	NC	X	Many door gaskets are worn/soiled	3-15-22
310	NC		Exhaust fan in both restrooms soiled	3-15-22
411	NC		light out in walk-in cooler	3-15-22
431	NC		Floor & walls in walk-in cooler soiled in many spots	3-15-22
			Floor in up stairs stock room soiled	
			Note: fans in walk-in cooler need cleaned	
			Note: Shelving units in stock room not sealed	
			Note: hand sink in restroom not fully sealed to wall	

Received by (name and title printed): <u>X Shannon Hillard</u>	Inspected by (name and title printed): <u>Cassi Hall</u>
Received by (signature): <u>X Shannon Hillard</u>	Inspected by (signature): <u>Cassi Hall</u>
cc:	cc:

317-346-4371