

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 DMG PETROLEUM	Telephone Number () Establishment () Owner	Date of Inspection 3/25/22	ID# 2402
Establishment address 237 W JEFFERSON ST. FRANKLIN, TN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/4/22
Owner STINGH		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 CRYSTAL ROBERTS			
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): ★ Crystal Roberts		Inspected by (name and title printed): Bob Smith ETS
Received by (signature): = Crystal Roberts		Inspected by (signature): Bob Smith
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Beky
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 Dollar General #4364	Telephone Number () Establishment () Owner	Date of Inspection 3/9/22	ID# 1075
Establishment address 358 S madison Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO Yes	Release Date 3/19/22
Owner		Summary of Violations: C 0 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge x Julie Fields Asst. manager			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC		NO thermometers Observed in cooler units in the front of the store and in the back room	3-11-22
218	NC		Door gasket worn on fresh food (freezer + cooler)	3-16-22
425	NC		Mop not hung	3-16-22
430	NC		Floor tiles damaged throughout store	3-23-22
430			Observed gaps where the wall + floor meet in back room	
431	NC		Floor is soiled throughout the store + back room ↳ Corner by the laundry Soap soiled	3-16-22
310	NC		Exhaust fan in restroom soiled	3-16-22
351	NC		NO lid observed on restroom trash can	3-16-22
			Note: no self-closing closure on restroom door	
			Note: Emergency exit door sweep starting to get worn	
			Note: Hand Sink water read 144°F, needs turned down. Leak observed at 3 bay	
			Thank you.	

Received by (name and title printed): x Julie Fields Assistant manager	Inspected by (name and title printed): x Cassi Hall
Received by (signature): x Julie Fields	Inspected by (signature): x Cassi Hall
cc:	cc:

Please Send me the remodel plans

317-346-4365



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Beckm
3/17
✓

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>Dollar General #1139</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>3/17/22</u>	ID# <u>1076</u>
Establishment address <u>8835 S US 31, 46124</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R	
Owner address		Menu Type (See back of page) 1 2 <u>X</u> 3 4 5	
Person in charge <u>[Signature]</u>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		fresh food stand up cooler in backroom soiled bottom shelves in freezer and cooler units on floor soiled	
218	NC		Observed ice build up in nestle drumstick stand up freezer	
324	NC		mop sink soiled Note: make sure all mops are hung Note: Emergency exit door sweep starting to get worn	

Received by (name and title printed): <u>David Arin</u>	Inspected by (name and title printed): <u>Cassi Hall</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc:

317-346-4371



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Bekn
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>Dollar General</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/25/22</i>	ID# <i>1779</i>
Establishment address <i>1140 N. S.R. 135 Greenwood IN 46114</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>4/4/22</i>
Owner <i>Corporate</i>		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 <i>Renee Fuller</i>			
Responsible person's email			
Certified food handler <i>N/A</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
385	NC		Dumpster lids up/open	3/25/22
295	NC		Inside of milk coolers in back storage room and guest area are soiled	3/26/22
324	NC		Vacuum breaker at mop sink leaks and backflow device with hose, at mop sink leaks	4/15/22
399	NC		Floor tiles damaged, worn, or missing in various areas of the guest portion of the store	4/25/22
413	NC		Outer slider doors not opening/closing on their own. Doors were noted "stuck" open during inspection	4/4/22
430	NC		Ceilings in dog/pet food area contains two areas of peeling paint and damaged drywall from what appears from being previously wet	4/25/22
324	NC		One bathroom not working and "out of order"	4/10/22

Received by (name and title printed): <i>Renee E. Fuller</i>	Inspected by (name and title printed): <i>Andrew Miller EHS</i>
Received by (signature): <i>Renee E. Fuller</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Belton
4/14/22
✓

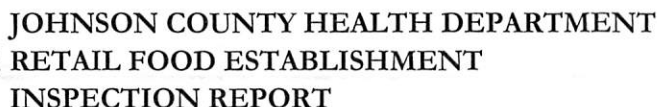
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Dollar General	Telephone Number () Establishment () Owner	Date of Inspection 3/29/22	ID# 2119
Establishment address 397 E lakeview, Nineveh 46164	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 4/8/22
Owner		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge X			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
414	NC		Exterior door (emergency exit) not protected from potential rodents ↳ day light observed	4-12-22
351	NC		Women's restroom trash can lid was not observed.	3-30-22
425	NC		map not hung (wet)	3-30-22
309	NC		Men's restroom mechanical vent appears to not be working	4-12-22
			NOTE: Women's restroom mechanical vent needs clean (has dust buildup)	
			NOTE: All freezer & cooler units are not being used due to remodel that will start next week.	

Received by (name and title printed): X Susan Early	Inspected by (name and title printed): Cassi Hall
Received by (signature): X SUSAN EARLY	Inspected by (signature): CASSI HALL
cc:	cc:



460 N. MORTON ST. STE A
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BEA 4/4/22

Establishment name DOLLAR GENERAL #21555	Telephone Number () Establishment () Owner	Date of Inspection 3/25/22	ID# 2332
Establishment address 155 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 4/4/22
Owner DOLLAR GENERAL		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 MIMI CORYELL			
Responsible person's email			
Certified food handler <u> </u>			

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[illegible]

Mimi Corryell

Mini Conyell

Bob Smith BNS

Bel Smith

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 Dollar Tree #4704	Telephone Number () Establishment () Owner	Date of Inspection 3/21/22	ID# 1591
Establishment address 2800 S. State Rd 135, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3/31/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge x Jessica Schroeder		Menu Type (See back of page)	
Responsible person's email		1 <u>X</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		Observed a few lights out throughout the store	3-28-22
			Note: Door sweeps for emergency exits are starting to get worn.	
			Note: Back storage room is in the process of getting reorganized.	
			Note: Didn't observed any freezer or cooler units. The units that were being used got pulled from the floor- (that had food products).	
			Thank You!	

Received by (name and title printed): x Jessica Schroeder		Inspected by (name and title printed): Cassi Hall
Received by (signature): x [Signature]		Inspected by (signature): Cassi Hall
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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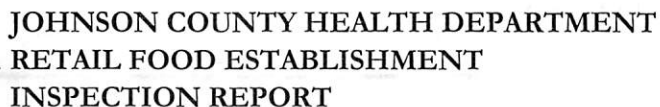
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Domino's	Telephone Number () Establishment () Owner	Date of Inspection 3/14/22	ID# 1845
Establishment address 1713 N Morton St, Ste 10A, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3/24/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Kevin Turner (exp. 2/5/24)			

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[illegible]

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



460 N. MORTON ST. STE A 312
FRANKLIN, IN 46131
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Establishment name Dominos Pizza	Telephone Number () Establishment () Owner	Date of Inspection 3 18 22	ID# 1848
Establishment address 4979 W Smith Valley Rd Greenwood	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3 28 22
Owner		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>0</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"
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[illegible]

ERIC Sattliff

Jennifer Warner

Em Delle

SW 346 4376

CC:



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Betsy
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>Domino's</i>	Telephone Number <i>317 757-8001</i>	Date of Inspection <i>3/11/22</i>	ID# <i>2298</i>
Establishment address <i>989 N US 31 Whiteland, IN 46184</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>3/21/22</i>
Owner <i>Glen Mueller</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 2 R 1</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Christina Rollins</i>			
Responsible person's email <i>(SenSate)</i>			
Certified food handler <i>Drew Kanger (EXP: 2/12/24)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		The following internal product temperatures were measured in the far left make line/table ① Cut ham 50°F ② Mozzarella Cheese 52°F Unit was found turned off at 1:48 pm	Corrected Unit turned on
218	NC		Exterior door handle on walk-in-cooler cracked/damaged	3/22/22
431	NC	✓	Floor soiled under mobile Coca-Cola cooler and three bay sink	3/13/22

Received by (name and title printed): <i>Christina Rollins</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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Betsy
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.

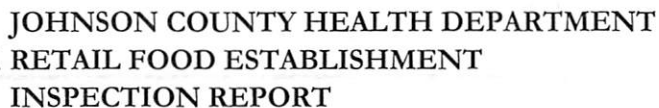
Establishment name Don Cuervo Tacos and Brews	Telephone Number 317) 225-9807	Date of Inspection 3/18/22	ID# 2387
Establishment address 3113 W. Smith Valley Rd Greenwood IN 46142	Owner ()	Follow-up Yes	Release Date 3/28/22
Owner Mr. Jacob Lopez	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 2 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Jason Lopez			
Responsible person's email SenSafe Exp:			
Certified food handler Jessica Lopez 9/27/26			

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Section #	C/NC	R	Narrative	To Be Corrected by
438	C		Two spray bottles not labeled with contents (i.e. chemicals) at three bay sink	Corrected I
187	C		Two pans of previously cooked Queso measured 49°F to 96°F while inside the walk-in-cooler. The Queso was made yesterday.	Corrected Vol Discarded I
234	NC		Medal ice scoop handles were touching the ice inside the server and bar area ice bins.	Corrected I
295	NC		Compressor units soiled on sales and keg cooler units	3/20/22
177	NC		Boxes of food were noted on the walk-in freezer floor	4/1/22 more
324	NC		Two bay sink lacked an air gap	Shefving I

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



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Establishment name Dunkin Donuts	Telephone Number () Establishment () Owner	Date of Inspection 3/29/22	ID# 2401
Establishment address 120 W Smith Valley Rd Greenwood	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 4/9/22
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> </u> 5 <u> </u>	
Certified food handler Maken Elsayed Exp: 2026			

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[illegible]

X Madison Gargiulo

X María Lugo	
CC:	CC:

CC:

Jaycie Blanford

cc: Jaymi Blanford

CC:



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Beta
317

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 Energy Spot - Whiteland</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/4/22</i>	ID# <i>2527</i>
Establishment address <i>989 US 31 N, 46184</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>3/14/22</i>
Owner		Summary of Violations: <i>C 1 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge <i>X Joshua Key</i>		Responsible person's email	
Certified food handler			

• 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
402	NC		Storage shelves not 6" off the ground	3-11-22
257	NC		Thermometer not observed in both fridges by the front door and by the 3 bay sink	3-7-22
187	C		Temperature in fridge by 3 bay was observed at 46°F and the fridge by the door was observed at 45°F	turned down at time of inspection 3-11-22
			Note: Make sure sanitizer is changed throughout the day	
			Thank You!	

Received by (name and title printed):

X Joshua Key

Received by (signature):

X [Signature]

Inspected by (name and title printed):

Cass Hall

Inspected by (signature):

Cass Hall

cc:

cc:

cc: