



36-5264

5264 ✓

Establishment name HAMPTON INN	Telephone Number () Establishment () Owner	Date of Inspection 3/25/22	ID# 2356
Establishment address 361 PARIS DR FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/4/22
Owner Hampton Inn		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u> </u>	
Person in charge TRACI LINN		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			

- 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): * TRACI Linn	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): * [Signature]	Inspected by (signature): [Signature]
cc:	cc:

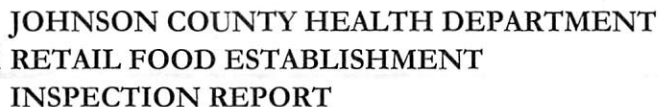
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Handel's icecream	Telephone Number () Establishment	Date of Inspection 3/9/22	ID# 2354
Establishment address 902 N State Rd 135	() Owner	Follow-up No	Release Date 3/19/22
Owner	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u> </u> NC <u> </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			
Responsible person's email			
Certified food handler			

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- 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>X SCOTT RODOLSKY</i>		Inspected by (name and title printed): <i>Jaycie Blandford</i>
Received by (signature): <i>X [Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:



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

Betsy
3/17

Establishment name Hickory Stick Golf	Telephone Number () Establishment () Owner	Date of Inspection 3/16/22	ID# 1124
Establishment address 4422 Hickorystick Blvd	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 3/26/22
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> X 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
297	NC		clean the inside of the cooler in the kitchen - replace rusting wire rack shelving	
297	NC		Clean the inside of the ice machine bin (especially the black flap)	
324	NC		Repair faucet on 3 bay sink so that it works (left side with sprayer)	
			Thank you!	

Inspected by (name and title printed):

David Wallace

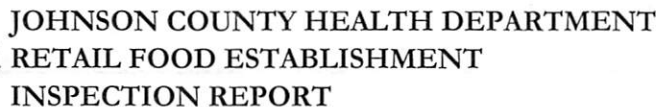
Jennifer Warner

Inspected by (signature):

David Wallace

HW 346 4376

CC:





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36-5264

Establishment name HOMETOWN NUTRITION	Telephone Number () Establishment () Owner	Date of Inspection 3/1/22	ID# 2395
Establishment address 33 S MORTON ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3/1/22
Owner FLESHMAN		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge AF FLESHMAN		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"
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[illegible]

Received by (name and title printed): Quix Freshman - owner		Inspected by (name and title printed): Bob Smith EHS	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	





Betsy
3/14

736-5264

Establishment name <i>Prosser CUPBOARD CANDY, SNACKS</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/11/22</i>	ID# <i>1949</i>
Establishment address <i>370 E JEFFERSON ST FRANKLIN, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>3/21/22</i>
Owner <i>SMITH</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u> </u>	
Person in charge <i>CAMPBELL SMITH</i>		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"
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[illegible]

Received by (name and title printed): Cameron D Smith owner	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature): 
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

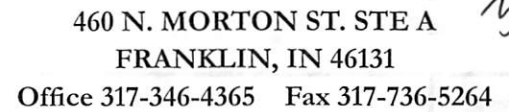
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name INTERCHURCH Food PANTRY	Telephone Number () Establishment () Owner	Date of Inspection 3/8/22	ID# 1408
Establishment address 211 Commerce Dr. Franklin	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3/18/22
Owner INTERCHURCH Food PANTRY		Summary of Violations: C <u>1</u> NC <u>2</u> R <u> </u>	
Owner address			
Person in charge CAROL PHIPPS		Menu Type (See back of page) 1 <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Responsible person's email			
Certified food handler —			

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[illegible]

Received by (name and title printed): <i>Carel Phipps, Executive Director</i>	Inspected by (name and title printed): <i>Bob Smith EHS</i>
Received by (signature): <i>Carel Phipps</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:







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6-5264

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): + Austin Gundram General Mgr		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): + 		Inspected by (signature): 	
cc:		cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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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 Johnny Carino's	Telephone Number (317) 885-5735	Date of Inspection 3/29/22	ID# 2059
Establishment address 920 US 31 N. Greenwood IN 46142	Owner Greenwood Fwy, LLC	Follow-up Yes	Release Date 4/8/22
Owner Greenwood Fwy, LLC	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 11 R	
Owner address		Menu Type (See back of page) 1 2 3 4 ✓ 5	
Person in charge Mariah Bennett			
Responsible person's email			
Certified food handler Mariah Bennett	SenSafe Exp: 8/23/22		

• 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	✓	① Rinse gauge not working on mechanical dish machine	4/11/22
		✓	② Bottom drop plate cracked for ice machine	
			③ Berkel table slicer product holder missing ten (10) metal pieces	
			④ Bottom left double oven door vertical metal piece worn/damaged	
295	NC	✓	Bottom neck of table mixer soiled	3/31/22
256	NC	✓	Thermometer not seen in hot box/warmer unit	3/30/22
402	NC	✓	Tile coming loose off South kitchen wall	4/14/22
228	NC	✓	Metal table holding gas grill + stove not easily movable	4/14/22
399	NC	✓	Floors not smooth under server stations	4/14/22
431	NC	✓	and are soiled	
324	NC		spray nozzle with hose under continuous pressure at mop sink	Corrected
415	C		Numerous live small winged insects seen in bar area	4/4/22

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

NARRATIVE REPORT *Greenwood*

[illegible]



**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 Johnsons BBQ shack	Telephone Number () Establishment () Owner	Date of Inspection 3-7-22	ID# 2487
Establishment address 1001 N SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 3 15	Release Date 3 17 22
Owner		Summary of Violations: C 0 NC 9 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
347	NC		Provide Soap at the hand sink by dish area	
174	NC		Label all bulk food bins	
417	NC		Store purses and other personal items in the office or other non food area	
177	NC		Store all food items off the floor	
426	NC		Clean and organize the mop room	
250	NC		Clean the top of the dish machine - no storage	
324	NC		Repair the water leak on the dish machine	
411	NC		Replace the burned out lightbulb in the beer	
291	NC		Provide quat test strips for 3 bay	

Received by (name and title printed):

Cameron With

Inspected by (name and title printed):

Jennifer Warner

Received by (signature):

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.

Establishment name K&S Gas Station	Telephone Number () Establishment () Owner	Date of Inspection 3/23/22	ID# 1837
Establishment address 50 E. Morton Franklin	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner IN		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</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			

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[illegible]

Received by (name and title printed): L. PARAM		Inspected by (name and title printed): Terry D. Barry
Received 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 <i>Kim's Asian Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/3/22</i>	ID# <i>1544</i>
Establishment address <i>1280 N. US 31 Greenwood, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>3/13/22</i>
Owner		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>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>[Signature]</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): ✓ Paul Lam Piang	Inspected by (name and title printed): Terry D Bayless
Received by (signature): ✓ [Signature]	Inspected by (signature): [Signature]
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 Kroger	Telephone Number () Establishment () Owner	Date of Inspection 3/30/22	ID# 922
Establishment address 2200 Independence Dr.	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	Release Date 4/11/22
Owner Greenwood, IN		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</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>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler Greg P Reinhold 2025			

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[illegible]

Received by (name and title printed): J. Greg Reinbold Store Manager		Inspected by (name and title printed): Terry D. Bayles	
Received by (signature): J. Greg Reinbold		Inspected by (signature): Terry D. Bayles	
cc:	cc:	cc:	



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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"

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Received by (name and title printed): Stacy A Ingram	Inspected by (name and title printed): Jenni Fort Warner
Received by (signature): Stacy A Ingram	Inspected by (signature): JW 3464376
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Bukm
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 Kuma Japanese Steakhouse	Telephone Number Establishment	Date of Inspection 3 24 22	ID# 1930
Establishment address 1251 US 31 Greenwood	() Owner	Follow-up 328	Release Date 4 3 22
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>2</u> R <u>0</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			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	R		Work on both dishwashers to work properly - sanitizing needs to be 50-100ppm chlorine	
			Dishmachine in kitchen is not running all cycles	
			Do not use until repaired (Ecolab called)	
324	NC		Repair hand sink by cooking area - must be working	
			Never put dishes trays or utensils in hand sinks	
			Thank you. I will be back monday 3-28-22	

Received by (name and title printed): Zilly Sinkilen	Inspected by (name and title printed): Jennifer Warner
Received by (signature): 	Inspected by (signature):
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

Betsy
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 LA ROSA	Telephone Number () Establishment () Owner	Date of Inspection 3/31/22	ID# 2019
Establishment address 50 N ST RD 135 BARGERSVILLE, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (YES)	Release Date 4/10/22
Owner [Signature]		Summary of Violations: C <u>1</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>(X)</u> 5 <u> </u>	
Person in charge JESUS GARCIA RODRIGUEZ TORRES			
Responsible person's email			
Certified food handler JOEL THIESEN			

• 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
187	C	X	WALK-IN COOLER, INTERNAL TEMPERATURES OF QUESO 44°F, COOKED RICE 44°F, REFRED BEANS 44°F, PORK 57°F NOT AT 41°F OR LESS	ITEMS DISCARDED 3/31/22
147	NC	X	BULK CONTAINERS OF FOOD (SUGAR, SALT, SPICES ETC.) 4/2	
			CONTAINER IN WHICH FOOD STORED NOT LABELED	
(WRAP)	X		FROZEN STEAK IN BUCKET OF NON RUNNING WATER, NOT THAWED PROPERLY	corrected 3/31
197	NC	X	WALK-IN FREEZER 10°F NOT AT 0°F OR LESS	4/2
215	NC	X	3 DOOR REFRIGERATOR DOOR GASKET WORN/SPOT	5/1
218	NC	X	SLIDING GLASS DOOR REFRIGERATOR SHELVING	5/1
295	NC		WORN / NOT CLEAN	
17	NC		EMPLOYEE USING CUP TO DISPENSE ICE FROM ICE BIN	corrected 3/31
177	NC	X	BAG OF BEANS NOT STORED OFF FLOOR IN AREA	corrected 3/31

Received by (name and title printed):

Manager / Jesus Garcia Rodriguez Torres

Received by (signature):

[Signature]

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

[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

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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 THE LOCAL GRIND	Telephone Number () Establishment () Owner	Date of Inspection 3/4/22	ID# 2351
Establishment address 25 N MAIN 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 3/14/22
Owner EMILY WORLEY		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>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge DESHAE SWANT			
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
NOTE			RATED AEROSOL SPRAY STATES HOUSEHOLD USE (NOT TO BE USED IN COMMERCIAL KITCHEN)	TO BE removed
NOTE			PREMADE WRAPPED MUFFINS ON CUSTOMER DISPLAY SHELF NOT ADEQUATELY LABELED	3/12/22
411	NC		LIGHT INTENSITY NOT ADEQUATE IN EMPLOYEE RESTROOM	3/15
174	NC		CONTAINER IN WHEY PROTEIN STORED NOT LABELED AS TO CONTENTS	CORRECTED 3/4
347	NC		DISPOSABLE TOWELS NOT SEEN AT HANDSINK	3/7
257	NC		METAL STEM THERMOMETER REGISTERING 0-230°F OR DIGITAL TYPE NOT SEEN	3/6
			(BACK CHEST FREEZER NOT EASILY MOVABLE/SEE → 4/1)	
228	NC		NOT ON WHEELS/CASTERS) THERMOMETER NOT	→ 3/8
256	NC		SEEN IN UNIT	
			UNWRAPPED STRAWS/SINGLE SERVING CUPS ON	3/12
239	NC		FRONT COUNTER NOT ADEQUATELY PROTECTED	

Received by (name and title printed):

Deshae Swant Manager

Inspected by (name and title printed):

Bob Smith ENS

Received by (signature):

Deshae Swant

Inspected by (signature):

Bob Smith

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

Beltm
3/2

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 John Silvers	Telephone Number () Establishment () Owner	Date of Inspection 3-1-22	ID# 2167
Establishment address 2191 Independence	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 3 15	Release Date 3 11 22
Owner Greenwood		Summary of Violations: C <u>0</u> NC <u>11</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
324	NC		Repair 3 bay sink drain handle	
410	NC		Provide any missing light covers & replace burned out light bulbs	
431	NC		Work on detail cleaning the kitchen floor along walls etc	
425	NC		Hang up mops brooms & dustpans	
426	NC		Remove all unnecessary items / equipment	
431	NC		Remove food soil buildup under fryers	
431	NC		Clean the wall behind fryers	
218	NC		Observed visible flame at the rear of fryer - investigate - not sure that this is safe	

Received by (name and title printed): Steven Roth	Inspected by (name and title printed): Jennifer Warner
Received by (signature): 	Inspected by (signature):
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

rev 3 22 22
Betsy 3/15

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>Lucianas Mex. Rest.</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>3/14/22</u>	ID# <u>2220</u>
Establishment address <u>1133 N SR 135 Greenwood</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>3-72</u>	Release Date <u>3-24-22</u>
Owner		Summary of Violations: <u>C 0 NC 5 R 0</u>	
Owner address		Menu Type (See back of page) <u>1 2 3 4 X 5</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
174	NC		Label all white food storage bins	
411	NC		Replace burned out lightbulb in walk in cooler (too dark in there)	
349	NC		Repair damaged floor in the doorway of walk in cooler	
177	NC		Cover all open food containers in the walk in cooler	
347	NC		Provide paper towels for handsink by mop area	
			Thank you!	

Received by (name and title printed): <u>Ezra Mason</u>	Inspected by (name and title printed): <u>Jennifer Warner</u>
Received by (signature):	Inspected by (signature): <u>JW 346 4376</u>
cc:	cc: