

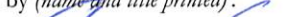
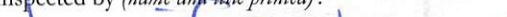

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

Betel 4/14/22

Establishment name <i>Smallcakes Cupcakery</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>3/30/22</i>	ID# <i>1964</i>
Establishment address <i>1279 N Emerson Ave</i>	Purpose: 1. <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>4/10/22</i>
Owner <i>Greenwood</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> <i>X</i> 3 <u>4</u> 5 <u>5</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): 		Inspected by (name and title printed): 
Received by (signature):		Inspected by (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

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 <i>Smokey Bones Bar &amp; Fire Grill</i>	Telephone Number <i>(317) 859-6499</i>	Date of Inspection <i>3/28/22</i>	ID# <i>1338</i>
Establishment address <i>780 US 31 Greenwood, IN 46142</i>	( ) Owner	Follow-up <i>No</i>	Release Date <i>4/07/22</i>
Owner <i>BBQ Integrated</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 <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>✓</u> 5 <u>    </u>	
Person in charge <i>Stephanie K</i>			
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
399	NC		Floor tiles worn/damaged in dish area, kitchen floor, expo area	4/28/22
431	NC		Walk-in-cooler fan guards and ceiling soiled (inside thaw cooler)	4/12/22
234	NC		Expo dipper well for ice cream, not functioning	3/31/22
431	NC		Floor in front closet area needs cleaned	3/31/22
			note: Ceiling tiles (3) in women's restroom replaced but found previously wet from apparent roof leak	

Received by (name and title printed): <i>STEFANIE KROKOWSKI GM</i>	Inspected by (name and title printed): <i>Andrew Miller, EHF</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





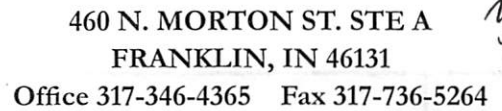
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Smokehouse Catering</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>8 14 22</b>	ID# <b>2503</b>
Establishment address <b>1140 N SR 135</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>N</b>	Release Date <b>3 26 22</b>
Owner <b>Greenwood</b>		Summary of Violations:  <b>C 0 NC 2 R 0</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 X 5</b>	
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): Chip Hockaday		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:


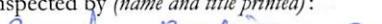




Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Smyder food service (Amazon 1)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>3/10/22</i>	ID# <i>2295</i>
Establishment address <i>1151 Craham rd</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>0</i> R <i>0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
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): 		Inspected by (name and title printed): 
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

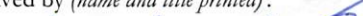
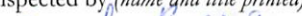




Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Smyler food services (Amazon2)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>3/10/22</i>	ID# <i>2438</i>
Establishment address <i>305 Chaney Ave</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>0</i> R <i>0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
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:



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): <i>Juleah L. Hays</i>		Inspected by (name and title printed): <i>Jennifer Larson</i>
Received by (signature):		Inspected by (signature): <i>JW 346 4376</i>
cc:	cc:	cc:




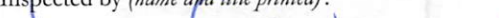




460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

Establishment name <b>Sonic</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>3-4-22</b>	ID# <b>2015</b>
Establishment address <b>1262 N Emerson Av</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>3/14/22</b>
Owner <b>Greenwood</b>		Summary of Violations:  <b>C 0 NC 2 R 0</b>	
Owner address			
Person in charge			
Responsible person's email		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
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:

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>South of Chicago Pizzeria</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>3 18 22</i>	ID# <i>1948</i>
Establishment address <i>2550 S. 135 Greenwood</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>3 28 22</i>
Owner		Summary of Violations:  <i>C 0 NC 2 R 0</i>	
Owner address			
Person in charge		Menu Type (See back of page) <i>1 2 3 4 5</i>	
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): <i>Edward Bell</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature):		Inspected by (signature): <i>JW 3464376</i>
cc:	cc:	cc:







BA 4/4/22

64 ✓

- 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): JASON SISCOE LAM		Inspected by (name and title printed): Bob SMITH EHS
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>Speedway</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>3 3 22</i>	ID# <i>320</i>
Establishment address <i>6100 W Smith Valley Rd</i>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NG</i>	Release Date <i>3 13 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>2</i>	
Person in charge		1. <i>2</i> 2. <i>3</i> 3. <i>4</i> 4. <i>5</i>	
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): Cathy Haupt		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Cathy Haupt		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 <b>Speedway</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>3/8/22</b>	ID# <b>358</b>
Establishment address <b>130 St. Rd. 135 Trafalgar, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>3/18/22</b>
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>4</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			

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

Received by (name and title printed): ✓ Kathy McKee		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): ✓ Kathy McKee		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 <b>Starbucks coffee</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>3/19/22</b>	ID# <b>1122</b>
Establishment address <b>2279 N Morton St Franklin, N 46131</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>3/19/22</b>
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>	
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): X Sydney Todd	Inspected by (name and title printed): Janyie Blanford
Received by (signature): X Sydney Todd	Inspected by (signature): Janyie Blanford
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 <b>Subway</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>3 3 22</b>	ID# <b>669</b>
Establishment address <b>373 SR 135 Greenwood</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>3 13 22</b>
Owner		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			

- 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): Kevin Weaver Owner		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Kevin Weaver		Inspected by (signature): JW 346 9376
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>Subway #29448</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>3/22/22</i>	ID# <i>1240</i>
Establishment address <i>1251 US 81 N Greenwood, IN</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>04/15/22</i>
Owner <i>46042</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u>1</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 <u>                    </u>			

- 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): • Jack		Inspected by (name and title printed): Paul Botiku Ets
Received by (signature): • [Signature]		Inspected by (signature): Paul Botiku
cc:	cc:	cc:







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

Bekim  
A 3/20  
6-5264

- 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):	Alex Brand	Inspected by (name and title printed):	Jennifer Warner
Received by (signature):	[Signature]	Inspected by (signature):	[Signature]
cc:	cc:	cc:	



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

Becky  
3/24  
5-5264