





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.

- 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): Andy Combs Store Manager		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:


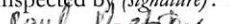


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[illegible]


Received by (name and title printed): John A. Johnson		Inspected by (name and title printed): Paul Beltrik 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>Applebees</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/7/22</i>	ID# <i>563</i>
Establishment address <i>1251 US 31 N 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>2/17/22</i>
Owner <i>Apple American Group</i>		Summary of Violations: <i>C 0 NC 5 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 ✓ 5</i>	
Person in charge <i>James Koehl</i>			
Responsible person's email			
Certified food handler <i>James Koehl</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Drains lines soiled under mechanical dish unit and cookline/ expo line	2/17/22 I
324	NC		Hand sink by prep table drains slowly & mop sink with sprayer under	2/17/22 prep area
218	NC		Deep fryer baskets damaged	2/10/22
346	NC		No hand soap available in bar area (no dispenser)	2/7/22 I
413	NC		Trash room overhead door not sealing lower left corner	2/22/22 I
			Notes: (1) Some live small winged insects seen in bar area	
			(2) Pressure gauge on dish unit "in progress" of repair/replacement	



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

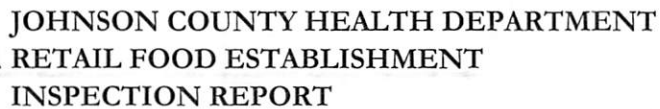
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Applebees	Telephone Number () Establishment () Owner	Date of Inspection 2 7 22	ID# 1063
Establishment address 874 S 92135 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 2 17 22
Owner		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> </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): KYLE HOUSE		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

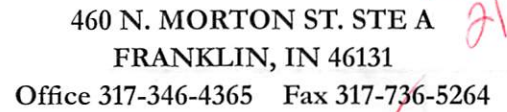


Office 317-346-4365 Fax 317-736-5264

BEA 218
36-5264

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): X Cambria Caldwell		Inspected by (name and title printed): Aimee Blanford	
Received by (signature): X [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 Bob Evans	Telephone Number () Establishment () Owner	Date of Inspection 2 7 22	ID# 2133
Establishment address 159 Martin Dr 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 2 17 22
Owner		Summary of Violations: C 0 NC 3 R 0	
Owner address			
Person in charge		Menu Type (See back of page) 1 2 3 4 5	
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): Annette Yovanovitch	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
2/11/22

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.

2/29 ✓

Establishment name <i>Buffalo Wild Wings #3342</i>	Telephone Number <i>(317) 859-2999</i>	Date of Inspection <i>2/10/22</i>	ID# <i>3342</i> <i>Am</i>
Establishment address <i>1077 N. Emerson Ave Greenwood, IN 46143</i>	Owner <i>Wingmen V, LLC</i>	Follow-up <i>No</i>	Release Date <i>2/20/22</i>
Person in charge <i>Patrick Whitacker</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 6 R</i>	
Responsible person's email		Menu Type (See back of page) <i>1 2 3 4 ✓ 5</i>	
Certified food handler <i>Patrick Whitacker</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
295	NC		\$1 prep table soiled inside	2/10/22
399	NC		Kitchen floor needs tile and grout repair, along with dish area and server area floors (100 & 200)	2/22/22
218	NC		① Inside of walk-in cooler (produce) door is rusty/worn	2/22/22
			② Inside top ceiling light for walk-in freezer is damaged (1/2 of light working)	
411	NC		Haulsen zone door freezer interior bulb not working	2/22/22
256	NC		Some ambient area thermometers not seen in kitchen cooler units	2/10/22
431	NC		Bar floor soiled under counters & server areas (100 and 200) soiled under soda stations	

Received by (name and title printed): <i>Left report with Manager</i>	Inspected by (name and title printed): <i>Andrew Miller, EH</i>
Received by (signature):	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

EA *Beta*
214



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 BURGER KING #7447	Telephone Number () Establishment () Owner	Date of Inspection 2/2/22	ID# 569
Establishment address 1079 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/12/22
Owner PREMIER FOODS		Summary of Violations: C <u>0</u> NC <u>1</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 ANNA BAKES			
Responsible person's email			
Certified food handler ANNA BAKES			

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[illegible]

Received by (name and title printed): LNA Bakes		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A

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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 Burger King	Telephone Number () Establishment () Owner	Date of Inspection 2/23/22	ID# 2130
Establishment address 5979 N State Rd 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3/3/22
Owner		Summary of Violations:	
Owner address		C <u>6</u> NC <u>3</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>10</u> 4 <u> </u> 5 <u> </u>	
Certified food handler Eduardo Medina Exp: 2025			

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

Received by (name and title printed): X MONUEL LOPEZ		Inspected by (name and title printed): Janyie Blanford	
Received by (signature): X Monuel Lopez		Inspected by (signature): Janyie Blanford EHS	
cc:	cc:	cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
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Butter 2/8

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 CASEY'S GENERAL STORE	Telephone Number () Establishment () Owner	Date of Inspection 2/7/22	ID# 2005
Establishment address 3048 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 2/17/22
Owner CASEY'S MARKETING		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge JENNIFER BOWER			
Responsible person's email			
Certified food handler JENNIFER BOWER			

- 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
393	NC	*	OUTSIDE DUMPSTER LID NOT CLOSED	2/9/22
394	NC	*	TRASH BAGS ON GROUND INSIDE DUMPSTER ENCLOSURE	
431	NC	*	FLOOR NEXT TO WALL NOT CLEAN IN AREAS OF KITCHEN/STOCK	2/10

Received by (name and title printed): * Jennifer M Bower	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Jennifer M Bower	Inspected by (signature): Bob Smith
cc:	cc:



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Beth
2/23

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>Chicago's Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/22/22</i>	ID# <i>1584</i>
Establishment address <i>1280 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>Yes</i>	Release Date <i>3/4/22</i>
Owner <i>Ron Apple</i>		Summary of Violations: C <u>0</u> NC <u>8</u> R <u>6</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>Nick Apple</i>			
Responsible person's email <i>Sen.Sato</i>			
Certified food handler <i>Nick Apple Exp: 10/31/23</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	✓	Door gaskets split on some refrigeration units	3/22/22
295	NC	✓	① Wall and walk-in-cooler shelving soiled & drain line at server station ② Refrigeration door seals soiled and inside of units are soiled ③ Inside top of ice maker is soiled ④ Inside Hatch Flavor Savor is soiled	3/14/22
431	NC	✓	Floors walls, ceilings ceiling vents (rusty/soiled) and floor drains are soiled; oven hood vents [not] soiled	3/14/22
227	NC	✓	Clean and dirty dish tables soiled at mechanical dish unit	2/28/22
324	NC	✓	Hot water in public restrooms were 144°F to 145°F	2/23/22
385	NC		Dumpster lid open/up	2/22/22
309	NC		Mechanical ventilation units in public restrooms appear not operational	3/1/22
411	NC	✓	Interior bulbs not working in the two 4 door coolers	3/1/22
Received by (name and title printed): <i>Nick Apple Owner</i>			Inspected by (name and title printed): <i>Andrew Miller, EHS</i>	
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>Andrew Miller</i>	
cc:		cc:	cc:	

* Note: (repeat) Firm in need of increased cleaning! * Page 1 of 1



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Beta
2/2

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Establishment name <u>Circle K</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>2/11/22</u>	ID# <u>267</u>
Establishment address <u>200 W. Cross St. Edinburgh, IN 46124</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>2/11/22</u>	Release Date <u>2/11/22</u>
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>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <u>Stacey Ayers</u>			
Responsible person's email			
Certified food handler <u>STACY MAKER #11/14/24 JCHSAFE</u>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		leak from sink faucet in hand sink by the 3 bay sink.	2/15/22
218	NC		One fan not working in the walk in cooler	3/1
431	NC		floor in the stock room soiled ↳ floor in walk in cooler soiled.	2/10
431	NC		Mechanical ventilation in restroom in the stock room soiled.	2/10
309	NC	✓	Mechanical ventilation in restroom is not appears not working	3/1
(note)			Chili Sauce for nachos used by date is 1/30/22 Sam.	2/1
216	NC		Cleaner Stored in cardboard box.	2/8

Received by (name and title printed):

Stacey Ayers

Inspected by (name and title printed):

Cassi Hall

Received by (signature):

[Signature]

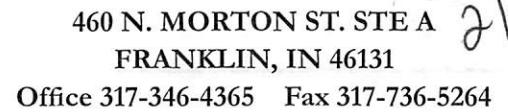
Inspected by (signature):

[Signature]

cc:

cc:

cc:





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RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Betsy
2/2

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 China Wok	Telephone Number () Establishment () Owner	Date of Inspection 2/1/22	ID# 2168
Establishment address 200 S. Emerson Ave Greenwood,	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/11/22
Owner Frank		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>1</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 L Wen Hai Linc			

• 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
112	NC		137 Home type freezers - must be commercial units	when replaced.
324	NC		strong sewer gas odors noted in the kitchen.	—
190	NC	✓	cooked chicken breaded cooling improperly in deep bus tubs exceeding 2-4 inches	2/1/22
295	NC		Bulk storage shelves are dirty -	2/2/22
295	NC		The plastic shelves in the walk-in cooler are soiled.	2/2/22

Received by (name and title printed): L Wen Hai Linc	Inspected by (name and title printed): Terry D Ray
Received by (signature): L Wen Hai Linc	Inspected by (signature): Terry D Ray
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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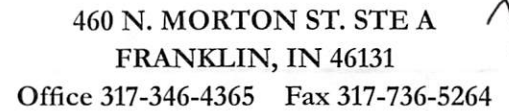
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Coffeehouse 5	Telephone Number () Establishment () Owner	Date of Inspection 2 28 22	ID# 1813
Establishment address 323 Market Plaza	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 3 8 22
Owner Greenwood		Summary of Violations: C 0 NC 0 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):		Inspected by (name and title printed):
Lara Archibald		Jennifer Warner
Received by (signature):		Inspected by (signature):
Lara Archibald		JW 346 4376
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 Cold Stone Creamery	Telephone Number () Establishment () Owner	Date of Inspection 2 2 22	ID# 2455
Establishment address 789 US 31 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 2 2 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> </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"

[illegible]

Received by (name and title printed):  Hui Zhang		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

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 <i>Country Nutrition</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/16/22</i>	ID# <i>1626</i>
Establishment address <i>1450 Olive Branch Parkway 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>2/26/22</i>
Owner		Summary of Violations: <i>C 0 NC 0 R 0</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			

- 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): Audra Nicholls, owner		Inspected by (name and title printed): Jennifer Warner
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
2/11

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 COURT STREET CAFE	Telephone Number () Establishment () Owner	Date of Inspection 2/10/22	ID# 2232
Establishment address 39 E COURT 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 2/20/22
Owner SHERRY YOUNG		Summary of Violations: C <u>0</u> NC <u>4</u> R <u>—</u>	
Owner address			
Person in charge SHERRY YOUNG			
Responsible person's email		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>X</u> 5 <u>—</u>	
Certified food handler SHERRY YOUNG			

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Section #	C/NC	R	Narrative	To Be Corrected by
228	NC	*	SOME EQUIPMENT NOT EASILY MOVABLE, NOT ON CASTERS	4/1/22
256	NC	*	THERMOMETER SEEN IN CHEST FREEZER AND REFRIGERATOR ACROSS FROM GRILL	2/20
411	NC	*	SOME CEILING LIGHTS OUT IN KITCHEN	3/1
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	2/20
NOTE	*		MECHANICAL EXHAUST NOT FUNCTIONING IN RESTROOM	2/20
NOTE	*		MECHANICAL DISINFECTION HOT WATER SANITIZATION TEMPERATURE INADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 166°F)	OK


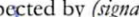
Received by (name and title printed): SHERRY YOUNG OWNER	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:

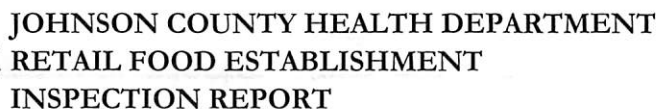
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Culvers Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 2822	ID# 1971
Establishment address 320 S SR 135 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 21822
Owner		Summary of Violations: C 0 NC 2 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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[illegible]

Received by (name and title printed): Katelynn Fulbright		Inspected by (name and title printed): Jenn. Fer Warner
Received by (signature): 		Inspected by (signature):  346 4376
cc:	cc:	cc:



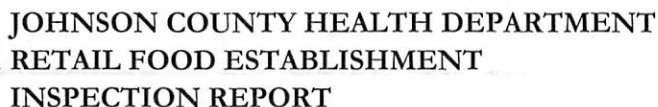
460 N. MORTON ST. STE A
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative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

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Door seal of the milk cooler is split/worn	3-10-22
310	NC		Exhaust fan in men's and women's restroom soiled.	
414	NC		Exterior door (emergency exit) at the bottom of the stairs in storage room not protected from potential rodents	
			↳ Baby light observed under the door	
			Thank you!	

Received by (name and title printed): x Lisa Smith		Inspected by (name and title printed): Cass Hall
Received by (signature): x Lisa Smith		Inspected by (signature): Cass Hall
cc:	cc:	cc:



460 N. MORTON ST. STE A
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STE A
6131
317-736-5264

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Received by (name and title printed): Tina Sanders		Inspected by (name and title printed): Cassi Hall	
Received by (signature): Tina Sanders		Inspected by (signature): Cassi Hall	
cc:	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.

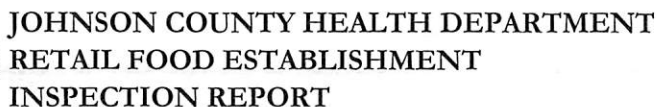
Establishment name CVS #16644	Telephone Number () Establishment () Owner	Date of Inspection 2-18-22	ID# 1326
Establishment address 1640 S state Rd 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 2-28-22
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC 2 R <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge Miranda Merale			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): * Miranda Menale store Manager		Inspected by (name and title printed): Cass; Hall
Received by (signature): * [Signature]		Inspected by (signature): Cass; Hall
cc:	cc:	cc: Elizabeth, Schultz

317-346-4373



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FRANKLIN, IN 46131
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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): x Kaylee Tucker Shift Manager		Inspected by (name and title printed): Cassi Hall	
Received by (signature): x Kaylee Tucker		Inspected by (signature): Cassi Hall	
cc:	cc:	cc:	Kimberly Schult

317-346-4373