




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 Egg Roll #1	Telephone Number () Establishment () Owner	Date of Inspection 1-5-22	ID# 2464
Establishment address 640 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 1/15/22
Owner		Summary of Violations: C 0 NC 0 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			

- 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): 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
1/26

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 El Pueblo	Telephone Number () Establishment () Owner	Date of Inspection 1/25/22	ID# 2038
Establishment address 1904 Northwood Plaza	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 2/5/22
Owner		Summary of Violations: C 2 NC 7 R 2	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Jesus Mireles Exp: 2022			

- 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
297	NC		soda nozzle @ bar by blenders soiled	1/25/22
346	NC		soap dispensers not working @ bar and hand sink on main line in kitchen	1/25/22
431	NC		Keg coolers soiled	1/25/22
257	NC		NO thermometer found in small white freezer by walk in freezer	1/25/22
399	NC		Cracked tile in floor by fryers	2/5/22
227	NC		door gasket on persi stand up cooler split	2/5/22
187	C	✓	Cooling unit w/ sour cream, guac + pico @ 45-50°F - food thrown out - unit not at	1/25/22
295	C		ice machine on front line soiled	1/25/22
177	NC	✓	Food not stored 6" off floor in walk in cooler + freezer	1/26/22

Received by (name and title printed): X Oscar Gonzalez	Inspected by (name and title printed): Jaycie Blanford
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

Belton
A 1/19/22

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>Flap Jacks</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>01/14/22</i>	ID# <i>1505</i>
Establishment address <i>2991 Fulmer Dr</i>	Purpose: 1. Routine 2. Follow-up 3. <u>Complaint</u> 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>—</i>
Owner		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>X</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): * TOM LASARU		Inspected by (name and title printed): Paul Betiku BHS
Received by (signature): * [Signature]		Inspected by (signature): Paul Betiku
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 Four Seasons Rest	Telephone Number () Establishment () Owner	Date of Inspection 1 26 22	ID# 324
Establishment address 1140 N 52135	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 6 22
Owner Greenward		Summary of Violations: C 0 NC 1 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"
- 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

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

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 FRANKLIN MART	Telephone Number () Establishment () Owner	Date of Inspection 1/31/22	ID# 2218
Establishment address 400 E JEFFERSON 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 2/9/22
Owner PATEL		Summary of Violations: 3 C <u>0</u> NC <u>3</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u>0</u> 2 <u>3</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Person in charge MITA PATEL			
Responsible person's email			
Certified food handler CITIAN BHIMANI EXP: 12/28/24 (PROMOTED CPFM)			

• 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
431	NC		ROSTROOM - CEILING EXHAUST FAN COVER NOT CLEAN	2/3/22
239	NC		STYROFOAM CUPS FOR SOFT DRINKS NOT PROVIDED WITH DISPENSER HOLDER	2/10
218	NC		WALK-IN COOLER FRONT SERVED DOORS - DOOR GASKETS WORN/SPLIT	2/28
256	NC		TEMPERATURE MONITORING RECORDS	
NOTE			SOME SANDWICHES IN REACH-IN COOLER WITH PAST DISCARD DATES	DISCARDED

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

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Butler
11/19/22

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 FRIENDS DINNER	Telephone Number () Establishment () Owner	Date of Inspection 11/14/22	ID# 2202
Establishment address 989 N US31 WHITELAND, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (initials)	Release Date 11/24/22
Owner RUBEN PEREZ		Summary of Violations: C 2 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge RUBEN PEREZ			
Responsible person's email			
Certified food handler RAZHEL PEREZ (10/24)			

• 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
439	C		3 SPRAY BOTTLES OF CLEANER STORED NEXT TO CANNED GOODS ON SHELF	11/16/22
256	NC		THERMOMETER NOT OBSERVED IN IN IN SMALL REFRIGERATOR IN KITCHEN	1/16
193	C		SHELLED EGGS ON PREPARATION TABLE IN KITCHEN AT ROOM TEMPERATURE NOT MARKED WITH TEMP/TEMPERATURE LABEL	corrected 1/14
218	NC		DOOR GASKETS WORN/SPLIT ON GRILL LINE REFRIGERATORS	2/14
431	NC		FLOOR / FLOOR DRAIN NOT CLEAN IN KITCHEN	1/20
295	NC		WALL/CYLING FAN COVER DUSTY/NOT CLEAN	1/20
347	NC		DISPOSABLE TOWELS NOT PROVIDED AT FRONT HANDSINK	1/15
324	NC		MENS RESTROOM - TOILET SEAT NOT OPEN	1/20
324	NC		FRONT TYP, HOT WATER TEMPERATURE 140°F NOT AT 100°F - 120°F	1/15

Received by (name and title printed):

Inspected by (name and title printed):

Ruben Perez

Bob Smith EHS

Received by (signature):

Inspected by (signature):

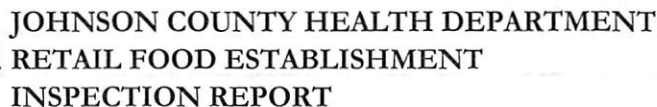
Ruben Perez

Bob Smith

cc:

cc:

cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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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.

- 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): Gabriel Lee Roach		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): Gabriel Roach		Inspected by (signature): Terry D. Bayless	
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 Highway Lanes	Telephone Number () Establishment () Owner	Date of Inspection 1/6/22	ID# 1370
Establishment address 400 N Morton St	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 1/16/2022
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> 4 </u> 2 <u> 6 </u> 3 <u> 3 </u> 4 <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): X ETTA JONES		Inspected by (name and title printed): Janyce Blanford
Received by (signature): X E. Jones		Inspected by (signature): Janyce Blanford
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Bellevue 1/26

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 HOT BOX PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 01/25/22	ID# 1706
Establishment address 3147 W. Smith Valley Rd Greenwald, IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 02/01/22
Owner		Summary of Violations: C 1 NC 5 R 0	
Owner address		Menu Type (See back of page) 1 2 V 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Clay Lengardner (exp. 3/22/26)			

• 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
347	NC		NO paper towel provided by hand sink close to the three bay sink	01/31/22
139	C		NO usage of ice scoop observed → Make sure to use ice-scoop while transferring ice.	01/26/22
425	NC		NOTE: Make sure all spray bottles are labelled. mop not hung	01/27/22
411	NC		One light out by oven	01/31/22
297	NC		One soda nozzle is chipping off base of ice machine is safe → make sure the nozzle is changed and clean nozzle/25.	01/27/22
399	NC		One wall tile is missing by walk-in cooler.	01/31/22
			NOTE: Make sure there is no obstruction in front of the walk-in	

Received by (name and title printed): RYAN CHASE	Inspected by (name and title printed): Paul Belter EHS.
Received by (signature): <i>Ryan Chase</i>	Inspected by (signature): <i>Paul Belter</i>
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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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 House of Tokyo	Telephone Number () Establishment () Owner	Date of Inspection 12622	ID# 515
Establishment address 172 melody Ln	Purpose: 1. Routine <input checked="" type="radio"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 2 6 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"
- 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): Hai DUONG	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
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B. M. M.
1/12/22

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>Indian Bazar</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>12/28/21</u>	ID# <u>1878</u>
Establishment address <u>334 S. Emerson Ave</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>Jan 2022</u>	Release Date <u>1/8/21</u>
Owner <u>Greenwood IN</u>		Summary of Violations: C <u>1</u> NC <u>13</u> R <u>10</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 <u>X Not Found</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"

Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Produce display bins are soiled.	1/1/22
295	NC	1	Front display shelves are soiled - cases	
431	NC	1	Stock room floor is dirty - [Near the kitchen]	
295	NC		Restroom toilet is soiled.	
426	NC	1	Rear storage room is cluttered.	
177	NC		many boxes + bags of flour and grain are stored directly on the floor	
311	NC		Exhaust filters are very soiled	
295	NC	1	Fryer surfaces are soiled -	
431	NC	1	Kitchen walls and floors are soiled -	
295	NC	1	Back food food containers are soiled	
295	NC	1	Kitchen storage shelves are soiled.	
431	NC	1	Floor by the dish sink is soiled	
182	C	1	Meats, sauces, and cooked vegetables are not maintained at 41°F. [Only 43°F]	12/28/21
426	NC	1	The outside - Rear area is cluttered with boxes and debris	
			* A new inspector will take over in 2022	

Received by (name and title printed): <u>Channu Tiwari</u>	Inspected by (name and title printed): <u>Terry D Bayless</u>
Received by (signature): <u>Channu Tiwari</u>	Inspected by (signature): <u>Terry D Bayless</u>
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 Indiana Baptist College	Telephone Number () Establishment () Owner	Date of Inspection 12722	ID# 1071
Establishment address 1301 W Co General 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 2722
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"
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[illegible]

Received by (name and title printed): Emily Fizer		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): Emily Fizer		Inspected by (signature): JW 3464376	
cc:	cc:	cc:	



Betsy
A 1/19/22
5-5264
✓



- 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"

Received by (name and title printed): Aaron DeWine		Inspected by (name and title printed): Jenna Furber Warner
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

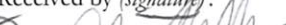

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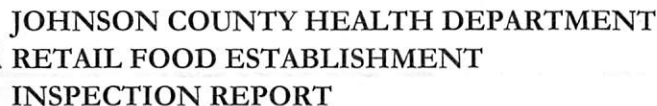
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name JACKS PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 1/27/22	ID# 1601
Establishment address 21 S MORTON 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 2/6/22
Owner CHRIS MADDOX		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Person in charge JORDAN MADDOX			
Responsible person's email			
Certified food handler X			

- 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): Jordan Maddox GM		Inspected by (name and title printed): Bob Smith ENS
Received by (signature): 		Inspected by (signature): 
cc:	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.

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[illegible]

Received by (name and title printed):	Inspected by (name and title printed):
Gregg Cantwell	Andrew Miller, EHS
Received by (signature):	Inspected by (signature):
[Signature]	Andrew Miller
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>Johnson's BBQ</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-24-22</i>	ID# <i>1896</i>
Establishment address <i>46106</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>2-2-22</i>
Owner <i>Nate Johnson</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>5</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>X</u> 5 <u> </u>	
Certified food handler <i>Tabitha</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"

[illegible]

Received by (name and title printed): CHARLES RAY LINCITS		Inspected by (name and title printed): Elizabeth Schultz Cassie Hall	
Received by (signature): [Signature]		Inspected by (signature): Elizabeth Schultz 317-346-4373	
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

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 Kacey's Pizza Spot	Telephone Number () Establishment () Owner	Date of Inspection 1/31/22	ID# 282
Establishment address 89 N. US 31 Whiteland, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/9/22
Owner		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> </u> 4 <u>X</u> 5 <u> </u>	
Certified food handler Keith Barber			

- 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): Leslie Rodriguez		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): Leslie Rodriguez		Inspected by (signature): Terry D Bayless	
cc:	cc:	cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

2-10-22 rev
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264
Berkam 1/31

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>Kentucky Fried Chicken</u>	Telephone Number Establishment Owner	Date of Inspection <u>1-27-22</u>	ID# <u>2245</u>
Establishment address <u>1293 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>2-10</u>	Release Date <u>2-7-22</u>
Owner		Summary of Violations: C <u>0</u> NC <u>16</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			

- 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		Replace ice machine	
374	NC		Repair 3 bay sink faucet leak & replace sprayer	
291	NC		Provide quat ammonia test strips	
399	NC		Provide missing vent diffuser cover ice machine area	
426	NC		Remove all broken & unnecessary equipment	
399	NC		Provide functioning lights in exhaust hood	
399	NC		Replace all broken floor drain covers	
399	NC		Provide all missing ceiling tiles	

Received by (name and title printed): <u>Angela Berkam RGM</u>	Inspected by (name and title printed): <u>Jennifer Warner</u>
Received by (signature):	Inspected by (signature): <u>JW 3464376</u>
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

Beta
11/14/22

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 KING BUFFET	Telephone Number () Establishment () Owner	Date of Inspection 11/14/22	ID# 2041
Establishment address 2239 N MORTON ST FRANKLIN, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 1/24/22	Release Date 1/24/22
Owner EN CHEN		Summary of Violations: C <u>1</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>X</u> 5 <u> </u>	
Person in charge EN CHEN			
Responsible person's email			
Certified food handler EN CHEN			

• 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
187	C	*	VANILLA ICE CREAM MIX 47°F NOT AT 41°F OR LESS	1/15/22
NOTE		*	FRONT SUSHI RICE pH 5.5 NOT AT 4.6 pH OR LESS - (TIME AS CONTROL NOT DOCUMENTED) ADVISE THAT FOOD HELD FOR 2 HOURS OR LESS	corrected 11/14/22
324	NC	*	LEAK NOTED AT FRONT SUSHI HANDSINK	1/24
295	NC	*	FRONT SUSHI CABINETS INSIDE NOT CLEAN	1/20
431	NC	*	FLOOR NOT CLEAN IN AREAS OF KITCHEN NEXT TO WALL UNDER EQUIPMENT	1/20
295	NC	*	SHELVES OF WALL-IN COOLER NOT CLEAN	1/22
411	NC	*	LIGHT INTENSITY NOT ADEQUATE IN AREAS OF KITCHEN	2/10
392	NC	*	LID NOT CLOSED - OUTSIDE JUMPSTER	1/16

Received by (name and title printed): EN. CHEN	Inspected by (name and title printed): Bub Smith EHS
Received by (signature): En. chen	Inspected by (signature): Bub Smith
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 1-10-22	ID# 434
Establishment address 3100 Meridian Park Dr	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 1 20 22
Owner Greenwood		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			

- 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
304	NC		De line and clean dishwasher in Deli	
290	NC		Deli - have maintenance check on heaters	
309	NC		Work on repairing the floor under the fryers in Deli	
297	NC		Clean the milk cooler (milkup)	
			Thank you!	

Received by (name and title printed): Hobby Travers		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Hobby Travers		Inspected by (signature): JW 346 4376
cc:	cc:	cc: