



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

Bekm  
1/18

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>45 PETRO SHELL</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/12/23</b>	ID# <b>1701</b>
Establishment address <b>1229 BLUFF RD GREENWOOD, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>1/27/23</b>
Owner <b>KUCHAR SINGH</b>		Summary of Violations:  <b>C <input checked="" type="checkbox"/> NC <u>9</u> R <u>6</u></b>	
Owner address		Menu Type (See back of page)  <b>1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u></b>	
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
297	NC		SODA DISPENSERS ARE SOILED (NOZZLES) - REMOVE AND CLEAN THE NOZZLES	1/18/23
315	NC		- UTILITY CLOSET → SINGLE USE ITEMS STORED NEAR CHEMICALS - FLAT TIRE REPAIR	1/18/23
177	NC		- <del>DRINK</del> BOTTLED DRINKS STORED ON THE <del>GROUND</del> FLOOR UNDER EXPOSED PLUMBING IN UTILITY CLOSET	1/18/23
177	NC		- CARDBOARD BEING USED ON SHELVING UNITS IN UTILITY CLOSET	1/27/23
274	NC		- NO HOT WATER FOR 3 BAY SINK IN UTILITY CLOSET	
257	NC		- NO THERMOMETERS PRESENT IN WALK-IN COOLER	1/18/23
177				
315	NC		- BOTTLED DRINKS STORED ON FLOOR IN WALK-IN COOLER	1/18/23

Received by (name and title printed):

**X Sandeep Sangha**

Inspected by (name and title printed):

**KEVIN R. PAULIN**

Received by (signature):

**X**

Inspected by (signature):

cc:

cc:

cc:

## NARRATIVE REPORT

[illegible]





JOHNSON COUNTY HEALTH DEPARTMENT  
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Beta 11/18

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.

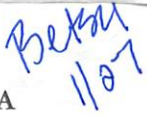
Establishment name <b>AFC SUSHI #909</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/17/23</b>	ID# <b>1675</b>
Establishment address <b>3100 MERIDIAN PARK GREENWOOD 46142</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>1/27/23</b>
Owner		Summary of Violations:  C <b>0</b> NC <b>2</b> R <b>0</b>	
Owner address		Menu Type (See back of page)  1 <b>—</b> 2 <b>X</b> 3 <b>—</b> 4 <b>—</b> 5 <b>—</b>	
Person in charge <b>LUNG THAWN</b>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
257	NC		- NO THERMOMETERS IN COOLERS - 2 DOOR UNDER WORK STATION - 3 DOOR - PLEASE ADD THERMOMETERS THAT ARE READILY ACCESSABLE AND PROPERLY FUNCTIONING IN THE COOLERS	1/20/23
174	NC		BULK FOOD ITEMS NOT LABELED - PLEASE ADD LABELS	1/17/23
*NOTE*			CHEMICAL SPRAY BOTTLES STORED NEAR AND ABOVE FOOD / FOOD ITEMS	1/17/23

Received by (name and title printed):	Inspected by (name and title printed): <b>KEVIN R. PAUCIN</b>
Received by (signature): <b>NO ONE AVAILABLE AT THE TIME OF INSPECTION</b>	Inspected by (signature): <b>[Signature]</b>
cc:	cc:







Belem  
211



Purpose:

1. Routine

- C 0 NC 1 R

1. \_\_\_\_\_ 2. ~~\_\_\_\_\_~~ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

- |   |     |   |
|---|-----|---|
| Received by (name and title printed):<br>✓ Joshua Brock |     | Inspected by (name and title printed):<br>Terry D Bayless |
| Received by (signature):<br>✓                           |     | Inspected by (signature):<br>Terry D Bayless              |
| cc:   | cc: | cc:   |



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Beta 1/27

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Establishment name <i>Alle Emporium Greenwood</i>	Telephone Number <i>(317) 300-1560</i>	Date of Inspection <i>1-23-23</i> <i>1:30p</i>	ID# <i>2280</i>
Establishment address <i>997 E CR Ste. S #B 46143</i>	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 <i>No</i>	Release Date <i>2-2-23</i>
Owner <i>Scott &amp; Tony Kwiatkowski Baun</i>		Summary of Violations:  C <i>0</i> NC <i>0</i> R <i>0</i>	
Owner address		Menu Type (See back of page)  1 <i>  </i> 2 <i>  </i> 3 <i>  </i> 4 <i>  </i> 5 <i>  </i>	
Person in charge <i>Eric &amp; Ivan</i>			
Responsible person's email			
Certified food handler <i>Alexandro Hernandez</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			Reminder = You have 2 hours to reduce food temperature to 70°F (from 135°F) and then an additional 4 hours to reduce food temperature from 70°F to 41°F or less.	
			Employee drinks shall not be stored above food prep surfaces or open food product.	
			When par cooking please mark time first cooked on container & while awaiting the final cook.	
			Observed glove use.	
			Dish machines sanitizing properly.	
			Food temps taken were within acceptable range.	

Received by (name and title printed):

*A Ivan Cortes manager*

Received by (signature):

*[Signature]*

Inspected by (name and title printed):

*Elizabeth Schultz*

Inspected by (signature):

*Elizabeth Schultz*

cc:

cc:

cc:

*317-346-4373*



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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A Betty  
1-9-23

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 <b>ANN'S</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/6/23</b>	ID# <b>104</b>
Establishment address <b>77 W MONROE ST. FRANKLIN, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>1/16/23</b>
Owner <b>JARA</b>		Summary of Violations:  <b>C 0 NC 1 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>MERIKKA CRAWLEY</b>			
Responsible person's email			
Certified food handler <b>QIANA WILSON</b>			

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[illegible]

Received by (name and title printed): Merika Crawley		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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Beta 1118

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 Grill &amp; Bar</i>	Telephone Number <i>(317) 888-0744</i>	Date of Inspection <i>1-13-23</i>	ID# <i>563</i>
Establishment address <i>1251 US 31 N Greenwood IN 46142</i>	( ) Owner	Follow-up <i>No</i>	Release Date <i>1-23-23</i>
Owner <i>L-5 Corporate</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>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Johnny Cannon</i>			
Responsible person's email <i>(ServSafe Exp)</i>			
Certified food handler <i>Johnny Cannon 2025</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
413	NC	✓	Trash room overhead door interior lower right corner contains an exterior gap	1-28-23 ↓
399	NC	✓	Shout repair needed in bar area, Expo/Fry area, under mechanical dish sink, server station soda unit	2-14-23 ↓
431	NC	✓	Floor soiled under Expo/Fry area table and under mechanical dish machine	1-16-23 ↓
399	NC		Floor tiles missing under deep fryers	2-1-23 ↓
417	NC		Personal jacket stored on top of clean plates at Expo table	Corrected ↓
295	NC		Inside of deep fryer units are soiled and wheels/casters	2-12-23 ↓

Received by (name and title printed): <i>Johnny Cannon</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Johnny Cannon</i>	Inspected by (signature): <i>Andrew Miller</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>Applebee's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/6/23</b>	ID# <b>1063</b>
Establishment address <b>874 SR 135 Greenwood</b>	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>11/16/23</b>
Owner		Summary of Violations:  <b>1</b> C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 _____ 4 <b>4</b> 5 _____	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Mary Smith	Inspected by (name and title printed): Jaymie Miller
Received by (signature): Mary Smith	Inspected by (signature): Jaymie Miller EHS
cc:	cc:

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Establishment name <i>Arby's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>01/30/23</i>	ID# <i>692</i>
Establishment address <i>1400 N. Norton St Franklin TN 46131</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>02/10/23</i>
Owner		Summary of Violations:  C <u><i>⓪</i></u> NC <u><i>⓪</i></u> R <u><i>⓪</i></u>	
Owner address		Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u><i>✓</i></u> 4 <u>    </u> 5 <u>    </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Michael Zie Collins (Srv Safe Exp. 1/17/26)</i>			

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[illegible]

Received by (name and title printed): John McAndrews GM		Inspected by (name and title printed): Paul Beticu #44
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.

Establishment name <b>Arby's #6744</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>01/20/23</b>	ID# <b>769</b>
Establishment address <b>111 N. S.R 135 Greenwood, IN 46142</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>02/03/23</b>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u>2</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			

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[illegible]

Received by (name and title printed): John McAndrews		Inspected by (name and title printed): Paul Belieu LHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
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460 N. MORTON ST. STE A  
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Betty  
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 <b>Arby's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>01/30/23</b>	ID# <b>950</b>
Establishment address <b>2140 US 31 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>02/10/23</b>
Owner		Summary of Violations:  <b>C 0 NC 4 R 0</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floors & walls in the facility needs cleaning	02/8
324	NC		walk-in cooler door not self-closing	
347	NC		No paper towel at hand-sink by the prep-sink	
218	NC		(i) walk-in freezer is leaking (ii) walk-in cooler is leaking	
			NOTE: (i) Floors under prep-sink, under 3-bay sink and by all dry storage needs cleaning (ii) Restrooms needs cleaning (iii) walk-in cooler & freezer floor needs cleaning	
			thank you!!	
			NOTE: *walk-in cooler door repair is getting corrected.	

Received by (name and title printed): <b>Michael Rhynerson</b>	Inspected by (name and title printed): <b>Paul Beticu ETT</b>
Received by (signature): <i>Michael Rhynerson</i>	Inspected by (signature): <i>Paul Beticu</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>Arby's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/17/23</b>	ID# <b>2507</b>
Establishment address <b>954 E main st. Greenwood, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>1/20/23</b>	Release Date <b>1/31/23</b>
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			

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[illegible]

Received by (name and title printed): Rita Hutton	Inspected by (name and title printed): Paul Belkin LHS
Received by (signature): 	Inspected by (signature): 
cc:	cc:







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 <b>Auntie Anne's Kiosk</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/31/23</b>	ID# <b>2012</b>
Establishment address <b>Greenwood Park Mall</b>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>2/10/23</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 type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler			

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[illegible]

Received by (name and title printed): X Jennifer Hadley	Inspected by (name and title printed): Jayce Miller
Received by (signature): X Jennifer Hadley	Inspected by (signature): Jayce Miller
cc:	cc:

Page 1 of \_\_\_\_\_





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*Belm 1/27*

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>Buffalo Wild Wings #3342</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1-23-23</i>	ID# <i>2129</i>
Establishment address <i>1077 N. Greenwood IN 46143</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>2-2-23</i>
Owner <i>Wingmen V, LLC</i>		Summary of Violations:  <i>C 1 NC 5 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>ServSafe</i>			
Responsible person's email <i>Patrick Whitaker (Exp: 2025)</i>			
Certified food handler <i>Lee Runshe (AM)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC	<input checked="" type="checkbox"/>	① Kitchen floor needs tiles as some are missing ② Kitchen fryer area, dish area, server area needs grout repair	2-14-23
218	NC	<input checked="" type="checkbox"/>	① Interior of produce cooler door is rusty ② Inside top ceiling light for walk-in freezer is half working	2-14-23
431	NC	<input checked="" type="checkbox"/>	Floor soiled under server area soda stations. Strong off odor noted from server soda station 100 area	1-26-23
295	NC		Bar soda guns are soiled	1-23-23
187	C		Cut lettuce measured 49°F and raw bacon measured 49°F on top of "Grill Cooler" called for repair	1-23-23
413	NC		South exterior double doors not sealing at center bottom when both doors are closed	2-14-23
Received by (name and title printed): <i>Patrick Whitaker</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:	



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Beta  
1/18

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Establishment name <b>Buffalo wild wings</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/12/23</b>	ID# <b>2163</b>
Establishment address <b>2330 N Morton St Franklin, IN 46131</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>1/22/23</b>
Owner		Summary of Violations:  <b>C 2 NC 3 R 1</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 <b>Michael Brock Exp: 2021</b>			

• 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
425	NC		mop not hung -standing water observed by mop sink	1/12/23
294	C		sanitizer low in 3 bay sink and sanitizer bucket	1/12/23
244	NC		Dish racks found on floor by back + hard dishwashers	1/12/23
405	NC	✓	Floors and walls behind grill + fryers soiled - Floor in middle walk in freezer soiled	1/17/23
187	C		Dressings (ranch + bleu cheese) in cooling unit measured 49°F - 50°F	1/12/23
			NOTE: Small winged insects observed by mop sink area	

Received by (name and title printed):

**LEE BRAKE General Manager**

Received by (signature):

*[Signature]*

cc:

Inspected by (name and title printed):

**Jayce Miller / Karen Fleener**

Inspected by (signature):

*[Signature]*

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>Burger King</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>01/17/23</b>	ID# <b>2606</b>
Establishment address <b>1839 E. main st. Greenwood Ind</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>01/31/23</b>
Owner		Summary of Violations:  C <u><b>0</b></u> NC <u><b>0</b></u> R <u><b>0</b></u>	
Owner address			
Person in charge			
Responsible person's email		Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u><b>R</b></u> 4 <u>    </u> 5 <u>    </u>	
Certified food handler <b>John Reyes</b>			

- 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]

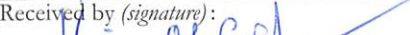

Received by (name and title printed): John Reyes General manager		Inspected by (name and title printed): Paul Beltrami Ets	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	

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 <i>Burger King #1720</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>01/17/23</i>	ID# <i>1885</i>
Establishment address <i>265 County Line rd. Greenwood, IN 46142</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>1/31/23</i>
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 ____ 2 ____ 3 <i>✓</i> 4 ____ 5 ____	
Certified food handler <i>Kimberly Mcandrews Exp 4/18/24</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): Kim M Andrews		Inspected by (name and title printed): Paul Betton Lts
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



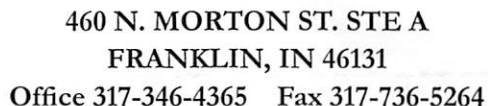
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Burger King</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/4/23</b>	ID# <b>2324</b>
Establishment address <b>891 US 31 N Whiteland, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>1/14/23</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>3</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 <b>+ Allyson Harshman</b>			

- 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): Allyson Harshman		Inspected by (name and title printed): Terry D. Boyless	
Received by (signature): Allyson Harshman		Inspected by (signature): Terry D. Boyless	
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

Beta 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 <i>Charley's Philly Steaks</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1-27-23</i>	ID# <i>1783</i>
Establishment address <i>1251 US 31N 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>2-6-22</i>
Owner <i>Cirina Mendez</i>		Summary of Violations:  <i>C 0 NC 6 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Elvia Rogel</i>			
Responsible person's email <i>TAFSC</i>			
Certified food handler <i>Elvia Rogel Exp: 9/8/27</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
234	NC		Ice scoop handle touching ice at front soda station	1-27-23 ↓
218	NC		Front counter top broken at front line ice bin	11-25-23 ↓
347	NC		No paper towels available at front line hand sink	Corrected ↓
295	NC		True one door cooler condenser soiled & inside top of ice maker soiled	1-27-23 ↓
399	NC		Floor not smooth around grease trap in dish area	5-5-23 ↓
411	NC		Overhead lighting not adequate for dish area	2-27-23

Received by (name and title printed):	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature):	Inspected by (signature): <i>Andrew Miller</i>
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  
11/18

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>Chili's</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>1/11/23</u>	ID# <u>2292</u>
Establishment address <u>2299 N. Morton St. Franklin, IN</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>-</u>	Release Date <u>1/21/23</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>-</u> 3 <u>-</u> 4 <u>-</u> 5 <u>-</u>	
Person in charge <u>MARK THOMPSON</u>			
Responsible person's email			
Certified food handler <u>MARK THOMPSON</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
324	NC		- LEAKS FROM FAUCET'S NOTED: - HAND SINK - KITCHEN SINK - WOMEN'S <del>RESTROOM</del> RESTROOM	- SCHEDULED SERVICE
431	NC		- DUSTY AIR FAN'S NOTED: MEN'S RESTROOM WOMEN'S RESTROOM	
*NOTE*	-		- A FEW WINGED INSECTS OBSERVED	- ADVISED PEST CONTROL 1/13
*NOTE*	-		- OBSERVED INTERNAL FOOD TEMPS IN WRAPS/TALOS AT 43° → <del>NOT</del> NOT AT 41° OR BELOW	SCHEDULED 01/11/23
431	NC		- GENERAL DETAIL CLEANING NEEDED ON FLOORS IN FOYER: - KITCHEN FLOOR - WALK-IN FLOOR - BAR FLOOR	
439	NC		- OBSERVED DISH RACKS ON THE FLOOR - NOT 6" ABOVE	- CORRECTED 02/11/23
Received by (name and title printed): <u>MARK THOMPSON</u>			Inspected by (name and title printed): <u>KEVIN R. PAVIN / Bob Smith</u>	
Received by (signature): <u>[Signature]</u>			Inspected by (signature): <u>[Signature]</u>	
cc:		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

Beltm  
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 <i>Cinco De Mayo Mexican Grill</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1-27-23</i>	ID# <i>1876</i>
Establishment address <i>1251 US 31 N. Greenwood IN 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>2-6-23</i>
Owner <i>Lily Mendoza</i>		Summary of Violations:  <i>C 1 NC 9 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 ✓ 5</i>	
Person in charge <i>Lily Mendoza</i>			
Responsible person's email			
Certified food handler <i>Lily Mendoza</i> <i>Sen Safe</i> <i>Exp: 1/28/23</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
324	NC		Water heater continuously leaks from the bottom	1-28-23 I
234	NC		Ice scoop handle was touching the ice at front soda station	2-1-23 I
324	NC		Hot water temperature was 94°F at hand sink at front line	2-1-23 I
347	NC		No paper towels provided at front line hand sink	Corrected I
218	NC		Door seals torn at front line prep cooler + blue ice scoop broken	2-27-23 I
431	NC		Filcon sealed under display case at front line	2-5-23 I
416	NC		One dead mouse was under the front line display case	Corrected I
431	NC		Numerous rodent-like pellets seen under front area display case	2-5-23 I
187	C		Previously cooked baked beans measured 46°F while inside the walk-in-cooler. The beans	Corrected Vol. Discarded

Received by (name and title printed):

*Lily MENDOZA*

Inspected by (name and title printed):

*Andrew Miller, EHS*

Received by (signature):

*Lily Mendoza*

Inspected by (signature):

*Andrew Miller*

cc:

cc:

cc:



## NARRATIVE REPORT



Establishment Name			Address		Inspection Date
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
			were made on 1-26-23.		+
295	NC		Table top meat slicer		1-27-23
			is soiled last used on 1-26-23		L
399	NC		Minor grout repair needed in deep fryer area and floor is not smooth by serving window		2-5-23
	C		No @		
<p>Notes: The firm and Luca Pizza (business next door) contained a sewage back-up. Greenwood Park Mall Maintenance snaked the floor drain inside Luca Pizza and unclogged the drain line at approximately 2:25 pm.</p> <p>Set cooler temps 35°F - 38°F and freezer @ 0°F</p>					
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
John M... ..			Andrew Miller EHS		

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>Burger King</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/4/23</b>	ID# <b>2324</b>
Establishment address <b>891 US 31 N Whiteland, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>1/14/23</b>
Owner		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>    </u> 3 <u>X</u> 4 <u>    </u> 5 <u>    </u>	
Certified food handler <b>+ Allison Harshman</b>			

- 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): Allyson Harshman		Inspected by (name and title printed): Terry D. Boyless
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

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>Circle K #4700066</i>	Telephone Number <i>(812) 526-6084</i>	Date of Inspection <i>1-9-23</i>	ID# <i>267</i>
Establishment address <i>200 W. Main Cross St. Edinburgh, IN 46124</i>	Owner <i>( )</i>	Follow-up <i>Yes</i>	Release Date <i>1-19-23</i>
Owner <i>Mac's Conv. Stores, LLC</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 8 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Eric Butler</i>			
Responsible person's email			
Certified food handler <i>Kimberly Hopgood (12/31/27)</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		Inside top of ice coffee unit is soiled	1-9-23 I
431	NC		① Floor is soiled under front area mobile coolers	1-14-23
			② Both restroom mechanical vent covers are soiled	I
399	NC		Floor is worn in dish area (i.e. 3 bay sink)	8-8-23 I
411	NC		No interior bulbs provided for attic air one door freezer	1-19-23 I
324	NC		① Both restroom faucets drip when water is turned off	1-25-23
			② Hot water was 145°F at dish area hand sink	I
346	NC		No soap available at public restroom hand sink	1-9-23 I
295	NC		Metal shelving in small walk-in-cooler was soiled and rusty	1-25-23 I
254	NC		Two probe food thermometers were not calibrated	

Received by (name and title printed):

*Eric Butler*

Inspected by (name and title printed):

*Andrew Miller, EHS*

Received by (signature):

*Eric Butler*

Inspected by (signature):

*Andrew Miller*

cc:

cc:

cc:

317-346-4380



# 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 <b>CIRCLE K # 4700004</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/30/23</b>	ID# <b>294</b>
Establishment address <b>692 ST. RD 135 46142</b>	Purpose: <input checked="" type="radio"/> 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/13/23</b>
Owner <b>MAC'S CONVENIENCE STORES</b>		Summary of Violations:	
Owner address		C <b>0</b> NC <b>3</b> R <b>—</b>	
Person in charge <b>ROBERT BUCH - FSM</b>		Menu Type (See back of page)	
Responsible person's email		1 <b>—</b> 2 <b>X</b> 3 <b>—</b> 4 <b>—</b> 5 <b>—</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): x Robert Burch		Inspected by (name and title printed): KEVIN R. PAULIN
Received by (signature): x [Signature]		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

Beth  
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 <b>CIRCLE K # 4702287</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/31/23</b>	ID# <b>1182</b>
Establishment address <b>1183 E. MAIN ST. 46143</b>	Purpose: <b>① Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/13/23</b>
Owner <b>Mac's Convenience Stores</b>		Summary of Violations:  <b>C 1 NC 7 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 X 3 4 5</b>	
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
295	NC		- ICE COFFEE MACHINE NOZZLE IS SOILED	2/1/23
431	NC		- FLOOR DRAIN NEAR FRONT COUNTER IS SOILED	2/16/23
431	NC		- FLOOR IS SOILED IN SOFT DRINK STORAGE ROOM	2/1/23
431	NC		- FAN IS SOILED IN BOY MEN'S ? WOMEN'S RESTROOM	2/1/23
309	NC		- WOMEN'S RESTROOM FAN IS NOT FUNCTIONING	2/14/23
			*NOTE* - 1 SOAP DISPENSER IS EMPTY	
392	NC		- OUTDOOR DUMPSTER LID IS OPEN	2/1/23
187	C		- PIZZA IN PREP PIZZA WARMER AT 98° NOT AT 135° OR ABOVE	CORRECTED
431	NC		- FLOOR DRAIN BY BACK DOOR IS SOILED	DISCARDED 2/1/23

Received by (name and title printed): <b>X Scott A Ward</b>	Inspected by (name and title printed): <b>KEVIN R. PAULIN</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature]</b>
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>CIRCLE K</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/23/23</b>	ID# <b>1694</b>
Establishment address <b>989 US 31 S 46184</b>	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/2/23</b>
Owner <b>MAC'S CONVENIENCE STORES</b>		Summary of Violations:  <b>C 0 NC 6 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 X 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>GEORGIA DUKE</b>			

- 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): M WOOD 1/23/23		Inspected by (name and title printed): Kear R. Paulus / Bob Smith
Received by (signature): M Wood		Inspected by (signature): K.R.P. / B.S.
cc:	cc:	cc:






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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Cover's Restaurant</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/31/23</i>	ID# <i>1971</i>
Establishment address <i>320 S. SR 135 Greenwood</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>02/13/23</i>
Owner		Summary of Violations:	
Owner address		<i>C 0 NC 2 R 0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 2 3 4 5</i>	
Certified food handler <i>Catelynn Fulbright</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): Katelynn Kilbriant		Inspected by (name and title printed): Paul Betton EHS
Received by (signature): 		Inspected by (signature): Paul Betton
cc:	cc:	cc: