



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

Belky
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 NEW KUMO JAPANESE	Telephone Number () Establishment () Owner	Date of Inspection 1/6/23	ID# 1821
Establishment address 1051 W JEFFERSON ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/16/23
Owner YI LI		Summary of Violations: C <u>0</u> NC <u>8</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>4</u> 5 <u>—</u>	
Person in charge YI LI			
Responsible person's email			
Certified food handler YI LI			

• 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
228	NC	✗	HOT POINT FREEZER NOT EASILY MOVABLE, IMPROPERLY ROUTED IN KITCHEN	1/16/23
392	NC	✗	DUMPSTER LID NOT CLOSED	1/8
411	NC	✗	SOME CEILING LIGHTS OUT, LIGHT OUT ON EXHAUST HOOD	1/16
218	NC	✗	INSIDE OF MICROWAVE WORN	1/16
295	NC	✗	SIDE OF REFRIGERATOR/METAL TABLE IN KITCHEN NOT CLEAN	1/10
216	NC	✗	CARDBOARD USED ON METAL SHELF BY DISMANTLING (NOT DURABLE, NOT CLEANABLE)	corrected 1/6/23
431	NC	✗	FLOOR NOT CLEAN NEXT TO WALL UNDER EQUIPMENT FLOOR DRAIN UNDER WOK NOT CLEAN	1/12
256	NC	✗	PRO THERMOMETERS NOT SEEN FOR (2) CHEST FREEZERS IN FRONT SUSHI AREA	1/12
			(note) ODORS NOTICED IN KITCHEN	

Received by (name and title printed): YI LI	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): YI LI	Inspected by (signature): Bob Smith
cc:	cc:




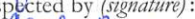
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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

Establishment name New Ks Eatery	Telephone Number () Establishment () Owner	Date of Inspection 01/20/23	ID# 2105
Establishment address 1279 N Emerson Ave	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 02/03/23
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> </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): Stephen O'Beirne, GM		Inspected by (name and title printed): Paul Behrman	
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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Establishment name O'Charley's #406	Telephone Number () Establishment () Owner	Date of Inspection 1/18/23	ID# 1111
Establishment address 886 S. S.R. 135 Greenwood IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 1/28/23
Owner O'Charley's, LLC		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> </u> 4 <u>✓</u> 5 <u> </u>	
Person in charge Lindsey Chamberlain			
Responsible person's email 			
Certified food handler Kristlin Wittnis (ServSafe Exp: 2/24/27)			

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): Lindsey Chamberlain General Manager	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 	Inspected by (signature): Andrew Miller
cc:	cc: 317-346-4380

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>Papa Johns</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/9/23</i>	ID# <i>595</i>
Establishment address <i>597 Banta St. Franklin, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>1/19/23</i>
Owner		Summary of Violations: C <input type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
Owner address			
Person in charge		Menu Type (See back of page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible person's email			
Certified food handler <i>* Amirisa Polbard</i>			

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

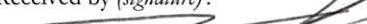

Received by (name and title printed): + Amina A Pollard		Inspected by (name and title printed): Jerry D. Babin
Received by (signature): Amina A. Pollard		Inspected by (signature): Jerry D. Babin
cc:	cc:	cc:



6-5264

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

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed): Daniel Keiner Culinary Director of Culinary Arts		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



BEA 211



- 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): - RHEA HARDWICK		Inspected by (name and title printed): Paul Betkov FHS
Received by (signature): - Rhea Hardwick		Inspected by (signature): Paul Betkov
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
211

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 Sam's Club	Telephone Number () Establishment () Owner	Date of Inspection 1/30/23	ID# 486
Establishment address 1101 Windhorst Way Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/9/23
Owner		Summary of Violations: C <u>1</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>4</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler 1 DAVID PERARY			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC		Cafe: - No thermometer noted in the prep cooler.	2/4/23
342	NC		men's room hand sink was not up to 100°F. [cold]	2/4/23
			[Produce towel dispenser repaired]	
342	NC		the rotisserie area hand sink was not warm must be 100°F in 20 sec	2/4/23
344	C		the hand sink in the demo room is [out of order.] No hand sink is available for proper hand washing!	2/4/23

Received by (name and title printed):

1 DAVID PERARY Farm

Received by (signature):

1 [Signature]

Inspected by (name and title printed):

Terry D Bayless

Inspected by (signature):

[Signature]

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

86 WEST COURT STREET
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Belm 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 Smoky Bones Bar & Fire Grill	Telephone Number # 755-7	Date of Inspection 1-31-23	ID# 1338
Establishment address 780S US 31 Greenwood, IN 46142	() Owner	Follow-up Yes	Release Date 2-10-23
Owner BBQ Integrated	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 4 <input checked="" type="checkbox"/> 5	
Person in charge Tiffini Barney			
Responsible person's email			
Certified food handler Tiffini Barney			

• 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
399	NC		Shout repairs and floor tile needed in at least 1 of the firm.	5-1-23
295	NC		Serving window area soiled and heat warmer units	2-5-23
402	NC		① Cove base damaged and top needs sealed along South "Smoker Room" wall ② Metal cove base loose in produce walk-in-cooler and in meat cooler	2-10-23
430	NC		Women's restroom door closure rubs the top of the door and ceiling tiles are damaged from being previously wet	2-5-23
303	C		Hot water mechanical dish machine not sanitizing dishes immediately after flushing	Called for emerg. repair
190	NC		Portioned bags (8oz) of Cavatappi	2-1-23

Received by (name and title printed):

Tiffini Barney

Received by (signature):

Tiffini Barney

cc:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

NARRATIVE REPORT

[illegible]



Belton
1/23/23

ified food handler
Nell Patterson.

- Telephone Number _____
() Establishment _____
() Owner _____

NOTE: (i) temperatures are okay
(ii) Hang mop & brooms after shifts.

Inspected by (signature): Paul Bitter

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A Betsy 2/1

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name <i>South of Chicago Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>01/31/23</i>	ID# <i>1948</i>
Establishment address <i>2550 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>2/13/23</i>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 2 3 <u>✓</u> 4 5	
Certified food handler <i>Edward Cobb.</i>			

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[illegible]

Received by (name and title printed): : <u>Edward Edward Cobb owner</u>		Inspected by (name and title printed): <u>Paul B. Brown EHS</u>
Received by (signature): : <u>Edward Cobb</u>		Inspected by (signature): <u>Paul B. Brown</u>
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Beky
1/30

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 SPEEDWAY #8527	Telephone Number () Establishment () Owner	Date of Inspection 1/27/23	ID# 738
Establishment address 1350 US 31 GREENWOOD, IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 2/7/23
Owner SPEEDWAY LLC - LICENSE DEPT		Summary of Violations: C <input checked="" type="checkbox"/> NC 12 R	
Owner address 45501		Menu Type (See back of page)	
Person in charge PO Box 1580 Springfield, OH		1 2 <input checked="" type="checkbox"/> 3 4 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		- GENERAL CLEANING OF FLOORS NEAR HAND SINK BEHIND & BEHIND REFRIG - IN COOLER, BACK STORAGE Room, REFRIG IN FREEZER IN BACK ROOM, FLOOR IN WALK-IN COOLER, WALL BEHIND OVER IN STORAGE Room	1/30/23
295	NC		- SODA NOZZLES ARE DIRTY & NOZZLES ON COFFEE MACHINE	1/30/23
295	NC		- SHELVING UNDER SODA MACHINE AND UNDER COFFEE MACHINE ARE DIRTY	
410	NC		- FLOUORESCENT LIGHTS IN DRINK COOLER NOT SHIELDED OR NOT ADEQUATELY SHIELDED	2/7/23
410	NC		- CEILING LIGHTS IN WALK IN COOLER NOT SHIELDED	2/7/23
295	NC		- FAN ON MILK SHAKE MACHINE IS SOILED	1/30/23
295	NC		- NOZZLE ON MILK SHAKE MACHINE IS SOILED	1/30/23
399	NC		- Women's Restroom Fan NOT WORKING	2/7/23
218	NC		- REFRIG IN FREEZER IN STORAGE ROOM - 2 DOOR GASKETS IN DISREPAIR	2/7/23
218	NC		- REFRIG IN COOLER IN STORAGE ROOM - 1 DOOR GASKET IN DISREPAIR - SHELVING DIRTY	2/7/23

Received by (name and title printed): **X Michelle Diction**

Inspected by (name and title printed):

X Michelle Diction

KEVIN R PAULIN

Received by (signature):

Inspected by (signature):

X Michelle Diction

K R Paulin

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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460 N. MORTON ST. STE A
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Beth
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 <i>Speedway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/17/23</i>	ID# <i>2493</i>
Establishment address <i>5 S. Graham Rd 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>1/21/23</i>
Owner		Summary of Violations: <i>C 0 NC 2 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <u>✓</u> 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"

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Section #	C/NC	R	Narrative	To Be Corrected by
431	nc		<i>floors in the facility are sorted</i>	<i>1/26/23</i>
297	nc		<i>soda nozzles are sorted</i>	<i>1/19/23</i>

Received by (name and title printed): <i>Jessica L. VanFossen</i>	Inspected by (name and title printed): <i>Paul Butiku Etk</i>
Received by (signature): <i>Jessica L. VanFossen</i>	Inspected by (signature): <i>Paul Butiku</i>
cc:	cc:



2/2

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



- [illegible]

Page 1 of 7

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A 118
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

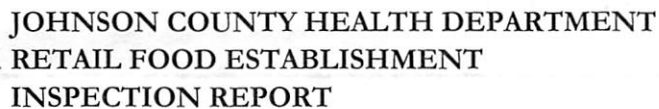
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Steak N Shake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>01/20/23</i>	ID# <i>2444</i>
Establishment address <i>247 W. Smith Valley Rd</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>02/03/23</i>
Owner		Summary of Violations: C <u><i>Ø</i></u> NC <u><i>1</i></u> R <u><i>Ø</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>Jamie Pite</i>			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed):	
Valme L Kott Franchise Partner		Paul Betron fts	
Received by (signature):		Inspected by (signature):	
Valme L Kott		Paul Betron	
cc:	cc:	cc:	







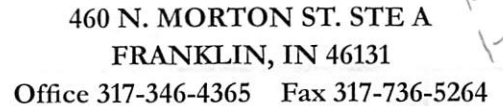
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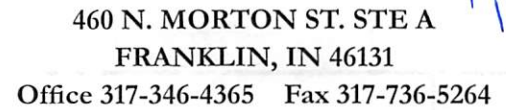
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
 Pate / Rudosh K.		 Terry Baylon
Received by (signature):		Inspected by (signature):
 Pate / Rudosh K.		 Terry Baylon
cc:	cc:	cc:







JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy 211
✓

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 TACO BELL #31940	Telephone Number () Establishment () Owner	Date of Inspection 7/31/23	ID# 2023
Establishment address 211 N US 31 NEW WHITELAND IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/9/23
Owner		Summary of Violations: 	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ARLAYNA PARKINSON			
Responsible person's email			
Certified food handler JULIAN STONE (EXP 4/14/25 SERUSAFE)			

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Section #	C/NC	ⓐ	Narrative	To Be Corrected by
295	NC	Δ	REACH-IN FREEZER IN BACK, DOOR GASKET NOT CLEAN	2/8
431	NC	Δ	FLOOR NEXT TO WALL WALL, UNDER EQUIPMENT NOT CLEAN, FLOOR DRAIN NOT CLEAN IN FRONT AREA	2/8
431	NC	Δ	WALL UNDER FRONT FREEZER UNIT NOT CLEAN	2/8
411	NC	Δ	LIGHT INTENSITY NOT ADEQUATE IN REACH-IN FREEZER	2/20
324	NC	Δ	LEAK NOTED ON 3 COMPARTMENT SINK AND PRODUCE SINK FAUCETS	2/20

Received by (name and title printed): Arlayna Parkinson RGM	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): 	Inspected by (signature):
cc:	cc:

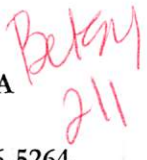
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Establishment name Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 11/23/23	ID# 1699
Establishment address 1129 E Main St. Greenwood, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/2/23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>5</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 L Zadiary Pichens			

- 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): ✓ Zachary Dickens		Inspected by (name and title printed): Terry & Bayless
Received by (signature): ✓ [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:



-730-3204

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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460 N. MORTON ST. STE A
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Establishment name TGI Fridays	Telephone Number () Establishment () Owner	Date of Inspection 1/16/23	ID# 1904
Establishment address 1251 US 31 Greenwood	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 1/16/23
Owner		Summary of Violations:	
Owner address		C <u>1</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> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Chanene Strupala Exp: 9/30/26			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Hamburger meat in cooler @ 45-47°F	1/6/23
402	NC		Drains soiled and have still water on cook line Floors soiled in walk in cooler / freezer	1/10/23
430	WC		tile broken in the walk in cooler	1/23/23
347	NC		no paper towels at hand sink on cook line	1/6/23
			NOTE: - Dumpster lids need to be closed at all times - Fryer baskets soon to be frayed and need replaced - Thermometers needed in some cooling units on cook line	

Received by (name and title printed): <i>Charlene Shugala</i>	Inspected by (name and title printed): <i>Jayne Miller</i>
Received by (signature): <i>Charlene Shugala</i>	Inspected by (signature): <i>Jayne Miller</i> <i>AMS</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

Berry
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 <i>Waffle House</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/24/23</i>	ID# <i>1676</i>
Establishment address <i>1069 E Main St Greenwood, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>2/3/23</i>	Release Date <i>2/3/23</i>
Owner		Summary of Violations: C <u>1</u> NC <u>7</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>K Robert Christopher</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
245	NC		- Numerous wet wiping cloths were not being stored in sanitizer solution.	1/24/23
344(a)	C		- The hand sink by the dishwasher was blocked by dishes and inaccessible for hand washing.	1/24/23
297	NC		- Drink dispenser [soda] nozzles are soiled.	1/25/23
431	NC		- The floor under the dishwasher is very soiled.	1/27/23
218(b)(2)	NC		The door gasket is loose on the lower door of the 4-door refrigerator.	2/18/23
425(b)	NC		- maintenance equipment [brooms, mops, etc] were not stored in a clean orderly manner.	1/25/23
431	NC		- The dry storage room floor was soiled.	1/27/23
426	NC		- The restaurant and kitchen were in a disorderly condition.	1/27/23

Received by (name and title printed): <i>K Robert Christopher</i>	Inspected by (name and title printed): <i>Perry D Bayless</i>
Received by (signature): <i>K Robert Christopher</i>	Inspected by (signature): <i>Perry D Bayless</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

Bakery
1-11-23
✓

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 Walmart #995	Telephone Number () Establishment () Owner	Date of Inspection 1/10/23	ID# LP691
Establishment address 2125 N Morton St. Franklin	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 10 days - 1/20/23
Owner		Summary of Violations: C <u>0</u> NC <u>5</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			
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
431	NC		OBSERVED TRASH IN MULTIPLE DRAINS IN FRONT OF WALK-INS.	
NOTE			ICE BUILD-UP ON REFR UNIT IN WALK-IN FREEZER	
4229	NC		OBSERVED BB BROKEN/EXPOSED PANS ON 1 FRYER BASKET	
346	NC		BAKERY HAND SINK MUST HAVE HAND SOAP AVAILABLE - OBSERVED EMPTY DISPENSER	→ CORRECTED ON 1/10/23
431	NC		GENERAL DETAIL CLEANING OF WAREHOUSE FLOOR	
405	NC		GENERAL DETAIL CLEANING OF WALK-IN COOLERS AND FREEZERS AND UNDER DISPLAY SHELVES.	
			BAKERY - DETAIL CLEANING OF FLOOR	
309	NC		MECHANICAL EXHAUST IS NOT FUNCTIONAL IN GINTER MENS/WOMENS	

Received by (name and title printed): **EMPLOYEE RESTROOM.**

X CALEB FLECK AP COACH

Inspected by (name and title printed):

KEVIN PAULIN / BOB SMITH

Received by (signature):

X [Signature]

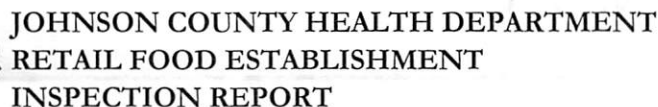
Inspected by (signature):

[Signature]

cc:

cc:

cc:



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



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All

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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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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Interior of the ice machine is soiled	
324	NC		Observed a leak at the 3 bay Sink faucet connection	
256	NC		Did not observed a thermometer inside the chest freezer ↳ needs to be easily seen.	
344	C		Hand Sink by 3 bay Sink was blocked by a cart-	
431	NC		floor drain under ice machine is soiled	
218	NC		Observed ice build up inside reach in cooler ↳ move all P.H.F to Standup Cooler	
			Note: Card board shouldn't line the cooler	

Received by (name and title printed): Jana Peterson		Inspected by (name and title printed): Cass, Hall
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

BELEM
1/23/23


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 Zaxby's	Telephone Number () Establishment () Owner	Date of Inspection 01/20/23	ID# 1922
Establishment address 1274 N Emerson Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 02/03/23
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 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Certified food handler			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
		
cc:	cc:	cc: