



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
3/6/23

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 JARRO CREEK Brewery	Telephone Number () Establishment () Owner	Date of Inspection 2/24/23	ID# 1937
Establishment address 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 3/6/23
Owner MIKE BAKER		Summary of Violations: C 1 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge JARRETT GRINER			
Responsible person's email			
Certified food handler MIKE BAKER			

• 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	*	INTERIOR TEMPERATURE OF CHICKEN WINGS IN WARMER 44°F NOT AT 41°F OR LESS	DISCARDED 2/24
291	NC	*	CHEMICAL TEST STRIPS FOR QUAT SANITIZER AT BAR NOT AVAILABLE	3/4
324	NC	*	BAR - HOT WATER NOT AVAILABLE AT SINK	3/10
256	NC	*	UPRIGHT FREEZER NEAR WALL - IN COOLER	2/28
228	NC	*	THERMOMETER NOT SEEN, UNIT NOT EASILY MOVABLE	3/20
190	NC	*	BASKET WARM - WRAPPED IN ALUMINUM FOL PLACED IN WALL IN COOLER, OTHER PRODUCE FOOD ITEMS WARM AND IN COVERED CONTAINERS NOT QUICK CHILLED	corrected 2/24
218	NC	*	ICE BUILT UP IN WALL IN FREEZER	3/4
431	NC	*	FLOOR NEXT TO WALL IN KITCHEN, BAR, BAR AND KITCHEN FLOOR DRAINS NOT CLEAN	3/2
256	NC	*	SMALL REFRIGERATOR NEXT TO WALL IN COOLER THERMOMETER NOT SEEN	2/28

Received by (name and title printed):

JARRETT GRINER

Inspected by (name and title printed):

Bob Smith BHS

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Betsy
2/17
✓

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>Sisters Korean Restaurant</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>2-3-23</u>	ID# <u>2143</u>
Establishment address <u>916 E. Main St. Ste 210 Greenwood, IN 46143</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>Yes</u>	Release Date <u>2-13-23</u>
Owner		Summary of Violations: C <u>1</u> NC <u>5</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <u>✓</u> 4 5	
Person in charge			
Responsible person's email			
Certified food handler <u>Don Lockhart</u>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Walk-in-freezer door seal is torn	
199	NC		Raw chicken and beef were thawing at room (Kitchen) temperature	
187	C		Bean and alfalfa sprouts measured 46°F and 49°F while inside the top of the two door cooler	
<u>(AP)</u> 256	NC		The two door cooler storing bean and alfalfa sprouts and	
411	NC		Interior built out in Frigidaire one door freezer	
430	NC		Ceiling tiles missing in men's restroom and rice storage room	
431	NC		① Public restroom mechanical ventilation covers are soiled and ② Kitchen ceiling and HVAC vents are soiled	
			* Note: Mechanical dish machine not sanitizing Turn not using unit at time of inspection	

Received by (name and title printed): <u>Left report with Owner</u>	Inspected by (name and title printed): <u>Andrew Miller, EHS</u>
Received By (signature):	Inspected by (signature): <u>Andrew Miller</u>
cc:	cc:



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INSPECTION REPORT

460 N. MORTON ST. STE A
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Bekm
3/7/23

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 Small Town Market	Telephone Number () Establishment () Owner	Date of Inspection 2/27/23	ID# 1835
Establishment address 2418 W 900 S, 46181	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 3/9/23
Owner Jeff E.		Summary of Violations: C 2 NC 19 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Not Provided			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Interior of ice machine is soiled.	2/27/23
234	NC		Ice scoop is stored on top of ice maker	2/27/23
			↳ not a clean surface	
291	NC		Quaternary Ammonium test kit not provided for sanitizer solution.	3/8/23
448	C		Observed "Bad Multi Insect Spray"	Discard
			↳ not approved for commercial use	
295	C		Meat slicer is soiled.	2/27/23
			Employee stated it was clean	
			↳ wash, rinse & sanitize after	
			using or at least every 4 hours.	
411	NC		Light intensity not adequate in kitchen	3/18/23
			Light out above walk-in	
295	NC		Fruit baskets are soiled.	2/27/23
NOTE	*		Many personal food products not labeled "for personal use only" not (i.e. Celery, raw shelled eggs, etc)	
112	NC		Stove in kitchen is not NSF approved.	

Received by (name and title printed): Tommy Bray	Inspected by (name and title printed): Cassi Hall / Andrew Miller
Received by (signature): Tommy Bray	Inspected by (signature): Cassi Hall / Andrew Miller
cc:	cc:

NARRATIVE REPORT

Establishment Name <i>Small Town Market</i>			Address <i>2418 W 900 S 46181</i>			Inspection Date <i>1-27-23</i>	
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY			
<i>324</i>	<i>NC</i>		<i>Observed a leak from 3 bay sink faucet connection & "cold" handle connection</i>	<i>3/8/23</i> <div style="border-left: 1px solid black; height: 100px; margin-left: 10px;"></div>			
<i>431</i>	<i>NC</i>		<i>Both walk-in storage rooms need to be cleaned & organized.</i>				
<i>254</i>	<i>NC</i>		<i>Establishment thermometer is not accurate</i>				
<i>295</i>	<i>NC</i>		<i>→ read 35.6 during calibration test</i>				
<i>413</i>	<i>NC</i>		<i>Both stand up reach in cooler shelving racks are soiled/rusty</i>				
<i>146</i>	<i>NC</i>		<i>Both outer doors (entry/exit) not tight-fitting to the exterior</i>				
<i>378</i>	<i>NC</i>	<i>✓</i>	<i>Numerous 8lb bags of ice packaged in-house did not contain a name and place of business</i>				
<i>324</i>	<i>NC</i>		<i>Grease trap not installed at three bay sink</i>				
<i>374</i>	<i>NC</i>	<i>✓</i>	<i>Three bay sink lacks an air gap on drain line(s)</i>				
<i>218</i>	<i>NC</i>		<i>Ice maker, top unit, contains a drain line that goes thru the kitchen wall and empties outside (West exterior)</i>				
<i>295</i>	<i>NC</i>		<i>Flussman deli case contains an excessive build-up of condensate at the interior bottom and the interior was soiled</i>	<i>2/27/23</i> <i>call septic contractor today!</i>			
<i>324</i>	<i>NC</i>		<i>The septic system alarm (indicated by 3 lit lights) indicates the system needs service. This is located outside (NW) corner of the building.</i>				
			<i>Note: Both employee restroom vents need cleaned.</i>				
Received By (Name & Title)			Inspected By (Name & Title)			Page <i>2</i> of <i>3</i>	
<i>Sammy Bray</i>			<i>[Signature]</i>				

Trifolgar

Page 3 of 3





BEA 3/6/23

736-5264

Establishment name Shell Food Mart	Telephone Number () Establishment () Owner	Date of Inspection 2/3/23	ID# 1776
Establishment address 2151 N. Morton Franklin, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 7-14D	Release Date 2/13/23
Owner		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

- [illegible]

Received by (name and title printed): ✓ Kevin Patel.		Inspected by (name and title printed): Terry D Bayless
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

Belson
2/23

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

Establishment name Speedway #6027	Telephone Number () Establishment () Owner	Date of Inspection 2/22/23	ID# 320
Establishment address 6100 W. Smith Valley Rd	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 3/01/23	Release Date 3/01/23
Owner Cathy Haupt		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>X</u> 3 <u>-</u> 4 <u>-</u> 5 <u>-</u>	
Person in charge Cathy Haupt			
Responsible person's email			
Certified food handler Cathy Haupt March '24			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		DUMPSTER LID IS NOT CLOSED	4/22/23
430	NC		FAN IN MEN'S REST ROOM IS NOT FUNCTIONING (1 ST R)	3/14/23
351	NC		NO COVERED WASTE RECEPTACLE IN WOMEN'S REST ROOM	2/28/23
177	NC		IN STORAGE ROOM, FOOD PRODUCTS NOT STORED 6" OR MORE OFF THE GROUND	2/24/23
177	NC		IN STORAGE ROOM, FOOD PRODUCTS STORED W/ OR NEAR CHEMICALS	2/24/23 CORRECTED 2/22
297	NC		FIREAL SHAKE MACHINE NOZZLE IS SOILED	2/24/23
430	NC		DOOR GASKET ON REACH-IN ICE-CREAM FREEZER IN DISREPAIR, ALSO GASKET ON ENTRANCE DOOR TO WALK-IN COOLER IN DISREPAIR	3/14/23
149	C		EXPIRED MILK (2/21/22) STILL FOR SALE	2/22/23
			ORGANIZE AREA AROUND MOP SINK AS WELL AS WALK-IN COOLER	CORRECTED 2/22/23

Received by (name and title printed): X Cathy Haupt	Inspected by (name and title printed): KEVIN R. PAUL EHS
Received by (signature): X Cathy Haupt	Inspected by (signature): K. R. Paul
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

2-8-23

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

Establishment name Speedway #8031	Telephone Number () Establishment () Owner	Date of Inspection 2-1-23	ID# 1649
Establishment address 211 SR 135, 46106	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 2-10-23
Owner		Summary of Violations: C <u>0</u> NC <u>13</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 Michael Qualkenbush (9/15/26)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	X	Interior of cabinets along Soda & drink machines are soiled.	2-8-23
431	NC		Floor in the back storage room are soiled ↳ blinder equipment ↳ under shelving units ↳ around mop sink.	
411	NC		One light out in back storage room	2-8-23
218	NC		Stand-up "true" freezer door gasket is split/ Worn in back storage area. ↳ bottom shelf is broken.	
295	NC		"true" single door cooler shelving racks are soiled/rusty	2-8-23
431	NC		NOTE: Brooms & dust pans not hung up. Walk-in freezer floor is soiled ↳ under shelving racks.	2-3-23
218	NC		Observed food products inside walk in cooler @ 42°F / 43°F. Ambient air temperature Observed 40°F / 43°F ↳ needs repaired.	2-8-23

Received by (name and title printed):

X Susette Surprenant

Inspected by (name and title printed):

Cassi Hall

Received by (signature):

X Susette Surprenant

Inspected by (signature):

Cassi Hall

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]

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 Subway #1959	Telephone Number () Establishment () Owner	Date of Inspection 2/15/23	ID# 669
Establishment address 373 S2 135 Greenwood, IN 46143	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/25/23
Owner		Summary of Violations:	
Owner address		C φ NC φ R —	
Person in charge GREG SMITH		Menu Type (See back of page)	
Responsible person's email		1 — 2 — 3 — 4 — 5 —	
Certified food handler			

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[illegible]

Received by (name and title printed): + Grey Sm - the		Inspected by (name and title printed): KEVIN R. PACCIA
Received by (signature): + [Signature]		Inspected by (signature): KRPJ
cc:	cc:	cc:



460 N. MORTON ST. STE A 212
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name <i>Subway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>02/16/23</i>	ID# <i>1270</i>
Establishment address <i>494 N US 31 Clovenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date <i>02/22/23</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 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 <i>✓</i>	
Certified food handler <i>Autumn Cambell 4/10/23</i>			

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[illegible]

Received by (name and title printed): <i>David</i>		Inspected by (name and title printed): <i>Paul Behru LHS</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>Paul Behru</i>
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Betsy
3/6/23

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 <u>Subway</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>2/28/23</u>	ID# <u>1424</u>
Establishment address <u>2120 E. King St. Franklin, IN</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <u>3/10/23</u>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <u>K. Malik Singh</u>			

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[illegible]

Received by (name and title printed): ✓ AlPeshu		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): ✓ A. Patel		Inspected by (signature): Terry D. Bayless	
cc:		cc:	



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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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- 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): Radhika Patel		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Radhika Patel		Inspected by (signature): Bob Smith
cc:	cc:	cc:



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Bakshi
3/1/23

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 Subway #21337	Telephone Number () Establishment () Owner	Date of Inspection 2/27/23	ID# 2352
Establishment address 337 WESTERN BLVD. GREENWOOD 46142	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 3/6/23	Release Date
Owner ROHIT PATEL		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>—</u>	
Owner address 7306 HENDRICKSON LN INDIANAPOLIS 46237		Menu Type (See back of page) 1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge TIM PATEL			
Responsible person's email			
Certified food handler			

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• 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		- LARGE HAND SINK IN BACK HAS A LEAK FROM THE DRAIN PIPE BELOW THE SINK	3/27/23
417	NC		- EMPLOYEE BELONGINGS STORED W/ SINGLE USE ITEMS	2/27/23
187	C		- WALK IN COOLER TEMP READING IS 54° - REMOVE ITEMS AND STORE IN ALTERNATIVE COOLER - HAVE COOLER SERVICED IMMEDIATELY - CHEESE & VEGETABLES FROM 2/26/23 AT 48° - DISCARDED ITEMS - VEGETABLES (SLICED) FROM 2/27/23 11:00AM AT 50° -> MOVE TO ALTERNATIVE COOLER	3/14/23
* NOTE *			- EMAILING CERTIFIED FOOD HANDLER INFO.	

Received by (name and title printed): X [Signature]	Inspected by (name and title printed): KEVIN R PAULIN EHS
Received by (signature): X Tim Patel	Inspected by (signature): KR Paulin
cc:	cc: