
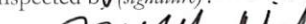


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Taco Bell</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/16/23</b>	ID# <b>241</b>
Establishment address <b>801 N US 31</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>Yes</b>	Release Date <b>2/26/23</b>
Owner		Summary of Violations:	
Owner address		C <u>1</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>X</u> 4 <u>  </u> 5 <u>  </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 Kaylee Smith	Inspected by (name and title printed): Jayce Miller
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

Bekay  
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 <b>Taco Bell</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/27/23</b>	ID# <b>640</b>
Establishment address <b>153 N State Rd 135 Greenwood, IN</b>	Purpose: <b>4. Routine</b>	Follow-up <b>No</b>	Release Date <b>3/7/23</b>
Owner	2. Follow-up	Summary of Violations:  <b>C 2 NC 4 R 0</b>	
Owner address	3. Complaint	Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge	4. Pre-Operational		
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP		
	7. Other (list)		

• 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
402	NC		Floors soiled in many areas - walk in freezer - under fryers - under drink machine in drive thru	3/15/23
310	NC		vents soiled in walk in cooler	3/7/23
295	C		Ice dispenser @ drive thru drink machine <u>SOILED</u>	2/27/23
430	NC		rack @ drink machine in dining room needs replaced	3/31/23
431	NC		freeze tray soiled	2/27/23
294	C		sanitizer test low @ time of inspection - corrected *change sanitizer more often*	2/27/23
			NOTE: Always hang mop Coolers could use wiped down on bottom	

Received by (name and title printed):

**X Victoria Rodriguez**

Received by (signature):

**X Victoria Rodriguez**

cc:

Inspected by (name and title printed):

**Jayme Miller**

Inspected by (signature):

**Jayme Miller**

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 <b>Taco Bell</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/27/23</b>	ID# <b>1828</b>
Establishment address <b>3042 S. N. Crossing Greenwood, IN</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>3/7/23</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			

- 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 Collin Campbell		Inspected by (name and title printed): Jayce Miller	
Received by (signature): X Collin Campbell		Inspected by (signature): Jayce Miller EHS	
cc:	cc:	cc:	317 341 4369

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>TACO BELL #35305</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/6/23</b>	ID# <b>2316</b>
Establishment address <b>115 GRANVILLE DR FRANKLIN, IN</b>	Purpose: 1. <b><u>Routine</u></b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/16/23</b>
Owner		Summary of Violations:  <b>C 0 NC 3 R</b>	
Owner address	<hr/> Menu Type (See back of page)  <b>1 2 3 4 5</b>	Responsible person's email  <b>CHRYENNE COBLE</b>	
Person in charge <b>CHRYENNE COBLE</b>		Certified food handler  <b>SRVSPF CHRYENNE COBLE</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): Cheyenne Coble		Inspected by (name and title printed): Bob Smith ENS/KR
Received by (signature): Cheyenne Coble		Inspected by (signature): Bob Smith/KR
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>Sara Treatment Center</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2-15-23</i>	ID# <i>160</i>
Establishment address <i>6231 S US 31 Franklin, IN</i>	Purpose: <u>1. 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>2-25-23</i>
Owner <i>46131</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>    </u>	
Person in charge <i>Amanda Troha</i>		Menu Type (See back of page)	
Responsible person's email <i>(Sent Safe Exp)</i>		1 <u>    </u> 2 <u>✓</u> 3 <u>    </u> 4 <u>    </u> 5 <u>    </u>	
Certified food handler <i>Amanda Troha</i>	<i>11/29/26</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): Amanda Trone		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 		Inspected by (signature): Andrew Miller
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 <b>THORNTON'S FOOD &amp; GAS #400</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/27/23</b>	ID# <b>913</b>
Establishment address <b>1648 US 31 GREENWOOD, IN 46143</b>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>3/7/23</b>
Owner <b>THORNTON'S LLC</b>		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>—</u>	
Owner address <b>2600 JAMES THORNTON WAY LOUISVILLE, KY 40245</b>		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 <b>STACEY BREITZKE</b>			
Responsible person's email			
Certified food handler <b>STACEY 5/25</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): X Stacey Breitzke	Inspected by (name and title printed): Kevin R. Paulin EHS
Received by (signature): X Stacey Breitzke	Inspected by (signature): K.R. Paulin
cc:	cc:



Bella  
2/23

**Johnson County Health Department**  
**460 N. Morton St., Ste. A, Franklin, IN 46131**  
**Phone: (317) 346-4365, Fax: (317) 736-5264**  
**Retail Food Establishment Inspection Report**

Based on an inspection this day, the item(s) noted below identify violation(s) 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 <b>TRIED &amp; TRUE ALEHOUSE LLC</b>		telephone <b>317-530-2706</b>	Date of Inspection <b>2/21/2023</b>
Establishment address <b>2800 South State Road 135, Ste 100, Greenwood, IN 46143</b>		Summary of Violations	
Owner <b>JOHN GLADISH II</b>		Follow-up <b>No</b>	Release Date <b>3/3/2023</b>
Person - in - Charge	Certified Food Handler <b>Cristian</b>		Purpose: <b>Routine</b>
Establishment Identification # <b>2016</b>	County <b>Johnson</b>	District <b>D5</b>	Menu Type <b>4-Extensive handling</b>

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
187	C		Cooked chicken (diced & 1 breast) at 87 ° F at 3:46pm located in a metal pan on the grill top. Chicken is par-cooked and then left in the temperature danger zone. Recommend storing in refrigerator until time to fully cook it.	2/21/23
187			Raw hamburger patty at 47 ° F located in the top refrigerated drawer below the flat top grill. Drawers built-in thermometer reads 43 ° F	2/21/23
			Pre-Portioned, cooked fusilli pasta at 55 ° F at 3:39pm located in the walk-in-cooler on the wheeled cart. Unsure of when the pasta was cooked. Most items are date marked properly. Not sure why this was not marked.	
336	C		Atmospheric vacuum breaker on mop sink faucet with spray nozzle on the end of the hose. Spray nozzles create "continuous pressure". You need a different vacuum breaker - one that is approved for use under "continuous pressure" or you can remove the spray nozzle.	2/21/23
234	NC		Ice cream scoop stored in stagnant pan of water at 114 ° F on top of the <u>Bakers Pride</u> pizza oven. In-use utensils may be stored in running water, dry, in the food product (at proper temperature), in a pan of water that is 41 ° F or less, or 135 ° F or more.	2/21/23
402	NC		Floor grout missing in area and some floor tile are broken.	2/21/23
			Inverted milk crates used as dunnage racks make the floor not easily cleanable. Items shall be stored at least 6" off the floor.	2/21/23
410	NC		Broken light shield observed in the walk-in cooler	2/27/23
136	NC		Employee drinks shall be stored not above food, food contact surfaces (such as ketchup/mustard) and shall have a lid and a straw.	2/21/23
347	NC		Bar - hand towel dispenser not dispensing disposable towels.	2/21/23

Establishment Representative

Inspected by: Elizabeth Schultz, REHS  
 (317) 346-4373 | [eschultz@co.johnson.in.us](mailto:eschultz@co.johnson.in.us)

			Note: Someone(s) shall be in charge of <b><i>both</i></b> dish machines sanitizer levels	

Establishment Representative

Inspected by: Elizabeth Schultz, REHS  
 (317) 346-4373 [eschultz@co.johnson.in.us](mailto:eschultz@co.johnson.in.us)

2 of 2





Bekky  
2122  
5-5264

5264 ✓

Establishment name <b>The Twisted Sicilian</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/15/23</b>	ID# <b>2293</b>
Establishment address <b>175 N MORTON 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>2/25/23</b>
Owner <b>CARMACK</b>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u>   </u>	
Person in charge <b>C. WEA CARMACK</b>		Menu Type (See back of page)	
Responsible person's email		1 <u>   </u> 2 <u>   </u> <b>3</b> <u>   </u> 4 <u>   </u> 5 <u>   </u>	
Certified food handler <b>C. WEA CARMACK</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]

Chester Carmack

Bob Sm 174 275

by (signature): Chela Camacho

by (signature):  

CC:







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 WAFFLE HOUSE	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 2/23/23	ID# 1677
Establishment address 98 N LOVERS LN FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3/5/23
Owner WAFFLE HOUSE		Summary of Violations:  C 0 NC 3 R	
Owner address		Menu Type (See back of page)  1 2 3 4 5	
Person in charge ALLYSSA STEPHENS			
Responsible person's email			
Certified food handler ALLYSSA STEPHENS (SERVSAFE EXP 10/6/26)			



- 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"

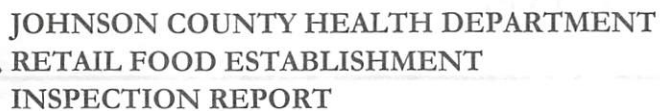
Section #	C/NC	R	Narrative	To Be Corrected by
228	NC	X	4 DOOR REACH IN REFRIGERATORS } SHELF COATING WORN (1) UNIT DOOR 2 GASKETS WORN / SPLIT	3/20/23
431	NC	X	FLOOR NOT CLEAN IN AREAS OF WALK-IN COOLER	2/28
309	NC	X	RESTROOM MECHANICAL EXHAUSTS NOT FUNCTIONING	3/20
			MECHANICAL DISINTEGRATE HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE	OK

NOTE



Temp-Rite 601  
Date: \_\_\_\_\_  
Emp: \_\_\_\_\_  
Empleado: \_\_\_\_\_  
PASS WHEN BLUE BAR TURNS ORANGE  
ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA  
160°F/71°C

Received by (name and title printed): * Allyssa Stephens	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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

Establishment name <b>Walgreen's #053913</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/21/23</b>	ID# <b>843</b>
Establishment address <b>20 S Morton St. Franklin</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>3/3/23</b>
Owner		Summary of Violations:  <b>C</b> <b>0</b> <b>NC</b> <b>1</b> <b>R</b>	
Owner address		Menu Type (See back of page)  <b>1</b> <b>2</b> <b>X</b> <b>3</b> <b>4</b> <b>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"

[illegible]

Received by (name and title) printed):

Dei du transore

Received by (signature):

Hadi Larson

CC:

Inspected by (name and title printed):

CLASS HALL / Caleb Fleener

Inspected by (signature):

1982 / der Flemer

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 <b>WHITE CASTLE #28</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/23/23</b>	ID# <b>446</b>
Establishment address <b>105 SHEEK RD. 46143</b>	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <b>X</b> 3 _____ 4 _____ 5 _____	
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):
		KEVIN R. PAULIN
Received by (signature):		Inspected by (signature):
		
cc:	cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Betsy  
2/22

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 <b>WTNGS ETC.</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/21/23</b>	ID# <b>2029</b>
Establishment address <b>2237N MORTON ST. SUPER FRANKLIN</b>	Purpose: <b>1. Routine</b>	Follow-up _____	Release Date <b>3/3/23</b>
Owner _____	2. Follow-up	Summary of Violations: <b>1</b> <b>10</b> C <b>1</b> NC <b>10</b> R _____	
Owner address _____	3. Complaint	Menu Type (See back of page) 1 _____ 2 _____ 3 <b>4</b> 5 _____	
Person in charge <b>TRAVIS AHLEFELD</b>	4. Pre-Operational		
Responsible person's email _____	5. Temporary		
Certified food handler <b>TRAVIS AHLEFELD</b>	6. HACCP		
	7. Other (list) _____		

• 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		sides of deep fryer grill not clean	2/25/23
295	NC		door gaskets on refrigerator under grill not clean	2/25
399	NC		ceiling peeling in women's restroom	4/1
431	NC		FLOOR wet in women's restroom in toilet area	4/1
295	NC		inside top of ice maker side vent of ice maker not clean	2/25
218	NC		FLOOR WORN IN WALK-IN FREEZER	4/1
411	NC		LIGHT OUT ON EXHAUST HOOD, (1) LIGHT OUT IN WALK-IN COOLER	2/28
431	NC		FLOOR NOT CLEAN NEXT TO WALL	2/26
399	NC		BEHIND EQUIPMENT IN KITCHEN - (ice maker, deep fryers, etc.) FLOOR COILING PULLED AWAY FROM WALL - BEHIND GRILL/DEEP FRYERS	
187	C		CHEESE IN WARMER - INTERNAL TEMPERATURE CORRECTED 104°F NOT 135°F OR MORE	2/21
190	NC		INTERNAL TEMPERATURE OF CHICKEN WINGS IN COOLER 24°F NOT 41°F OR LESS COVERED CONTAINER IN WALK-IN COOLER 24°F NOT 41°F OR LESS	2/21

Received by (name and title printed):

**Travis J. Ahlefeld** General Manager

Inspected by (name and title printed):

**Bob Smith/Kevin R. Rauen**

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 21  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

Bckm  
 2/22  
 -5264  
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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>Laxby's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>02/16/23</i>	ID# <i>2025</i>
Establishment address <i>254 Mainline dr. 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>02/27/23</i>
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 _____ 2 _____ 3 <u>✓</u> 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <i>Laura Melton</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): <i>Laura A. Melton</i>		Inspected by (name and title printed): <i>Paul Betton EHS</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc: