

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

A BKM
3/15

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.

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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FRANKLIN, IN 46131
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Becky 3/24

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>Arni's Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/14/24</i>	ID# <i>1401</i>
Establishment address <i>1691 Curry Rd Greenwood IN 46143</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>3/24/24</i>
Owner <i>Brad/Kurt Cohen</i>		Summary of Violations: C <i>0</i> NC <i>5</i> R <i>2</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>Elizabeth Cox</i>			
Responsible person's email <i>(SenSafe)</i>			
Certified food handler <i>Elizabeth Cox EXP: 3/3/24</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"

Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	✓	Steamer baskets are worn and deep fryer baskets are damaged	3/27/23
			Some refrigeration door/drawer gaskets are torn/split	4/14/23
399	NC	✓	Kitchen cook/prep line floor contains open areas/pits and inside W/F near door	12-1-23
190	NC		Previously cooked Penne pasta in portioned bags measured 43°F to 46°F while inside the walk-in-cooler	Corrected
295	NC		Broken glass noted inside bar glass cooler	3/16/23
			Bar soda gun is soiled	3/14/23
324	NC		Bar three bar center neck and cold water knob leak	4/14/23

Received by (name and title printed): <i>Elizabeth Cox General Manager</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Elizabeth Cox</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



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

Establishment name Bamboo	Telephone Number () Establishment () Owner	Date of Inspection 3-16-23	ID# 1931
Establishment address 4800 W Smith Valley Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 3-26-23
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC 4 R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 _____ 3 _____ 4 <input checked="" type="checkbox"/> 5 _____	
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 Liyun Li		Inspected by (name and title printed): Cass Hall
Received by (signature): X 		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 Bar Louie	Telephone Number () Establishment () Owner	Date of Inspection 3-24-23	ID# 1926
Establishment address 1251 US 31 N, Greenwood	Purpose: 1. Routine <u>2. Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 4-3-23
Owner		Summary of Violations: N/S	
Owner address		C <u> </u> NC <u> </u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> X 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): + Megan Cherry		Inspected by (name and title printed): Cassi Hall
Received by (signature): + [Signature]		Inspected by (signature): Cassi Hall
cc:	cc:	cc:





N ST. STE A
 IN 46131
 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>Bickford Assisted living</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/02/23</i>	ID# <i>1759</i>
Establishment address <i>3021 stella dr Greenwood</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>3/16/23</i>
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>2</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			

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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): ✓ Keith Wilson, Divisional Director of Ops		Inspected by (name and title printed): Paul Betton Ets
Received by (signature): ✓ 		Inspected by (signature): 
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Beyon 3/24

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 Blondies Cookies	Telephone Number () Establishment () Owner	Date of Inspection 3/22/23	ID# 892
Establishment address 1251 US 31N Greenwood 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/1/23
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 Jamie Smart (exp 9/18/24)			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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

Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floor under 2 door "true" Cooler is soiled	
			Floor under and around Soda machine boxes are soiled	
			Floor under 16 machine is soiled	
218	NC		2 door "true" cooler door gasket is split/worn	
218			Chest freezer door gasket is worn & lid is damaged	
295	NC		Green shelving rack inside walk-in cooler is soiled/rusty	
295			2 door "true" cooler shelving racks are soiled/rusty	
295	NC		Interior of ice machine is soiled	
			Note: 2 few small flies observed	
			Note: Walk-in cooler light not adequate	
			Note: floor tile missing under dasani cooler	
			Note: both single door, standup freezers handles are loose	
Received by (name and title printed): Rabyn Bowman			Inspected by (name and title printed): Caleb Fleener / Cassi Hall	
Received by (signature): Rabyn Bowman			Inspected by (signature): Caleb Fleener / Cassi Hall	
cc:		cc:	cc:	



460 N. MORTON ST. STE A
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Establishment name Bob Evans	Telephone Number () Establishment () Owner	Date of Inspection 3/9/23	ID# 2133
Establishment address 1595 Marlin Dr, Greenwood 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 3/19/23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>8</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Certified food handler Jacquelyn Perry (exp 9/18/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		floor is soiled throughout kitchen area ↳ under all equipment ↳ under pepsi machines ↳ under walk-in cooler/freezer shelving racks	3-23-23
438	NC	Note	Observed spray bottles not labelled.	Corrected.
245	NC		Observed wet wiping cloths stored next to the sanitizer bucket, not in the solution.	Corrected
295	NC		Walk-in Cooler shelving racks are soiled/rusty	3-16-23
218	NC		Walk-in Cooler bottom door gasket is worn	3-23-23
295			the interior of both flip top reach-in coolers are soiled.	3-14-23
			Note: thermometer in "Beverage Air" cooler needs replaced	
			Note: Observed ice build up inside walk-in freezer.	

Received by (name and title printed): x Autumn Erceves Assistant Manager		Inspected by (name and title printed): x CSI Hall
Received by (signature): x [Signature]		Inspected by (signature): x [Signature]
cc:	cc:	cc:

Greenwood

Page 2 of 2



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 Buna di Beppo	Telephone Number () Establishment () Owner	Date of Inspection 3/2/23	ID# 897
Establishment address 659 N. US 31 Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Natty Week	Release Date 3/12/23
Owner		Summary of Violations: C 2 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 ✓ 5	
Person in charge			
Responsible person's email			
Certified food handler Jacob C Lewis			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		No hot water or paper towels at the pizza	3/2/23
347	NC		room hand sink	3/2/23
413	NC		The back door threshold is not tight fitting	3/30/23
187	C		Bagged (portioned) prosciutto and sausage are not being maintained at 41°F or below in the cooking line refrigerator drawer.	3/2/23
187	C		The upright refrigerator on the kitchen line is not maintaining the cooked pasta at 41°F or below.	3/2/23
215	NC		The refrigerator does not close tight door	

Received by (name and title printed):

Jacob C Lewis

Inspected by (name and title printed):

Terry D Bayless

Received by (signature):

JCL

Inspected by (signature):

Terry D Bayless

cc:

cc:

cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name <i>Butter sugar flour coffee</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/7/23</i>	ID# <i>2641</i>
Establishment address <i>105 N State Rd 135</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>✓</i>	Release Date
Owner		Summary of Violations: C <u>✓</u> NC <u>✓</u> R <u>✓</u>	
Owner address	<hr/>	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 <i>Kristyna Varis</i> <i>12/27</i>			

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[illegible]

Received by (name and title printed): Kristyna Voris, owner		Inspected by (name and title printed): Paul Bettke, EHS
Received by (signature): Kristyna Voris		Inspected by (signature): Paul Bettke
cc:	cc:	cc:



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Belkay
3/16/23

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 <i>The Cheesecake Factory</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/3/23</i>	ID# <i>1291</i>
Establishment address <i>Greenwood, IN 1251 US 31 N. 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>3/13/23</i>
Owner <i>Corporate</i>		Summary of Violations: C <u>0</u> NC <u>8</u> R <u>5</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 <i>Bill Maethner</i>			
Responsible person's email			
Certified food handler <i>Bill Maethner</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
431	NC	✓	Floor is soiled under deep fryer areas of the cook line	3/4/23
399	NC	✓	Shout and tile repair needed at cook line and walk-in-freezer door threshold	4/3/23
218	NC	✓	① Bread "duck bill" holder damaged ② Fry scoop cracked ③ Walk-in-freezer shelving rusty ④ Deep fryer baskets damaged for fry area	Corrected Corrected 4/3/23 Corrected
295	NC	✓	① Interior bottom shelving for deep fryers are "heavily" soiled at cook line and wheels/casters are soiled ② Clean fruit dishes were soiled	3/10/23 Corrected
324	NC		① Bar area contained three separate water leaks to drain piping ② Drain stopper lever leaks at	3/10/23

Received by (name and title printed):

Bill Maethner

Received by (signature):

Bill Maethner

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Bekm
3/15

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 Chicago's Pizza	Telephone Number () Establishment () Owner	Date of Inspection 3-14-23	ID# 367
Establishment address 2 N SR 135		Follow-up Yes	Release Date 3-24-23
Owner 46106	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>2</u> NC <u>11</u> R <u>1</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 Richie Perkins (Exo 9/2/25)			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

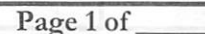
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
191	C		Observed no date markings on ready to eat, potentially hazardous food products	3-14-23
440	C		Observed "Raid hornet & wasp" spray ↳ not approved for commercial use	3-14-23
295	NC		Interior of ice machine is soiled	
234	NC		Observed in-use utensils without the handle above the food product	2-27-23
245	NC		Observed wet, wiping cloths not stored inside the sanitizer bucket.	3-14-23
295	NC		Exhaust hood is soiled	2-27-23
218	NC		Walk-in cooler door gasket is split/worn	4-14-23
297	NC	X	Dispensing machine soda nozzles are soiled	3-21-23
295	NC		Many shelving units are soiled/rusty	4-14-23
431	NC		Floors, walls, & ceiling throughout kitchen and dish area are soiled. ↳ under equipment ceiling fans/vents behind equipment etc.	2-28-23
218	NC		Observed many damaged plastic lids for containers	3-14-23

Received by (name and title printed): Jaxson Hiatt	Inspected by (name and title printed): Cass Hall / Caleb Fleener
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

[illegible]





JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

3-8-23

BS 3/6/23

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 Ching Garden 2 Asian Hibachi	Telephone Number () Establishment () Owner	Date of Inspection 3-2-23	ID# 2031
Establishment address 2170 S SR 135, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 3/12/23
Owner		Summary of Violations: C 1 NC 11 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email Laina Cheng (exp 6/10/27)			
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
190	NC		Observed Cooked Noodles on the prep table cooling at room temperature ↳ observed to 89°F	3/2/23 ↓
218	NC		Observed the 2 door reach in sushi cooler @ 42°F ↳ needs to be turned down	3/2/23 ↓
431	NC		Walk-in Cooler floor is soiled	3/2/23
295	NC		Walk-in Cooler shelving racks are soiled/rusty	3/2/23 Replace
295	NC		Sides of cooking equipment are soiled	3/2/23
295	NC		Stand up 3 door freezer is soiled ↳ interior and exterior of freezer	3/2/23
296	C		Observed green sanitizer solution below 10 ppm.	Corrected ↓
347	NC	X	Observed no paper towels at hand sink by 3 bay sink	Corrected ↓
174	NC		Many bulk food products not labeled	3/2/23
431	NC	X	Floor soiled through out kitchen ↳ under equipment	3/3/23 ↓

Received by (name and title printed):

Laina Cheng

Received by (signature):

Laina Cheng

cc:

Inspected by (name and title printed):

Cassi Hall

Inspected by (signature):

Cassi Hall

cc:

NARRATIVE REPORT

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
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Beky
3/14

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>Crowbar Restaurant & Lounge</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/8/23</i>	ID# <i>1444</i>
Establishment address <i>2095. R 135 Trafalgar, IN 46181</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>3/18/23</i>
Owner <i>Brian Mashino</i>		Summary of Violations: <i>C 0 NC 15 R 6</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Penny Williams</i>			
Responsible person's email			
Certified food handler <i>Penny Williams (Certificate Not Provided)</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
382	NC	✓	Outside dumpster stored on gravel	5/8/23
411	NC	✓	Inadequate lighting inside walk-in-cooler (w/c)	
324	NC	✓	Bar hand sink lacked hot water and contained low water pressure	3/9/23
291	NC	✓	No Chlorine or Quat test strips provided	3/9/23
190	NC	✓	Previously cooked pork cooling in pans covered with a lid measured 80°F to 100°F while inside w/c	Corrected
399	NC	✓	Bar area tiles damaged/broken	3/18/23
324	NC		① Mechanical dish unit top vacuum breaker leaks	3/12/23
			② New bar, old bar, kitchen three bay sink's lack an air gap	4/8/23
431	NC		Mechanical exhaust filters soiled and hood system in kitchen	4/1/23
413	NC		New bar Southeast door contains outer openings at the bottom corners	3/18/23
324	NC		New bar ice brn drain slopes drains uphill to an air gap	3/18/23

Received by (name and title printed):

Penny Williams

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Penny Williams

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



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

Establishment name CUS Pharmacy	Telephone Number () Establishment () Owner	Date of Inspection 3-15-23	ID# 1374
Establishment address 705 Trafalger Pointe Way	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 3-25-23
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>1</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			
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): Tawnee Mallett	Inspected by (name and title printed): Caleb Fleener
Received by (signature): Tawnee Mallett	Inspected by (signature): Caleb Fleener
cc:	cc:

