



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

Bekem  
511

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>Flap Jacks</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4-25-23</b>	ID# <b>1505</b>
Establishment address <b>2991 Fulmer Dr Bargersville 46106</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>5-5-23</b>	Release Date
Owner		Summary of Violations:  C <input checked="" type="checkbox"/> NC <b>8</b> R	
Owner address		Menu Type (See back of page)  1 2 3 4 <input checked="" type="checkbox"/> 5	
Person in Charge <b>Alfonso Martinez</b>			
Responsible person's email			
Certified food handler <b>Alfonso Martinez (3/8/28)</b>			

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

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

Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Observed a leak at the 3 bay drain connection.	5-24-23
			3 bay sink floor drain is soiled.	4-28-23
216	NC		Observed pans stored inside a cardboard box ↳ remove, not easily cleanable.	4-24-23
			Observed cardboard lining the floor in the walk in freezer, and on a dry storage shelf	
218	NC		Walk-in freezer threshold needs repaired.	5-24-23
			The following shelving racks are soiled/rusty 3 door beverage air cooler both flip top coolers along cookline	
310	NC		Women's restroom vent is soiled. Men's restroom vent is soiled. vents throughout the section area are soiled.	5-10-23
			note: All personal items shall be stored in designated area	
			note: continue to date mark food products.	

Received by (name and title printed):

**Alfonso Martinez**

Received by (signature):

cc:

Inspected by (name and title printed):

**Cassi Hall / Andrew Miller**

Inspected by (signature):

cc:

# NARRATIVE REPORT

Burgersville

Establishment Name <b>Flap Jacks</b>			Address <b>2991 Fuller Dr. 46106</b>		Inspection Date <b>4/25/23</b>
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
430	NC		Top FRP shelf above serving window is buckled/loose		4/28/23
218	NC		Temperature control knobs missing on gas charbroiler		5/1/23
295	NC		① Exterior sides of cooking equipment are soiled ② Inside back of deep fryers are soiled		5/1/23
411	NC		① Interior bulb out in one door Artic Air Freezer ② Two bulbs were out for kitchen mechanical exhaust hood		5/2/23
<p>Notes: ① Sanitizer pale at server area. Shall be 50-100 ppm and all wet rags shall be stored in sanitizer</p> <p>② Mop sink vacuum breaker top bell is missing and the unit is leaking</p>					
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
			Andrew Miller, EHS		

Cassidy







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

Establishment name <i>Five Star - Avalon!</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/10/23</i>	ID# <i>2471</i>
Establishment address <i>2121 South Tech Dr.</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:	
Owner address		<i>C</i> <u><i>D</i></u> <i>NC</i> <u><i>D</i></u> <i>R</i> <u><i>D</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1</i> <u><i>2</i></u> <i>3</i> <u><i>4</i></u> <i>5</i>	
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): Justin Cleaver ME Manager		Inspected by (name and title printed): Paul Bettow Etts
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT




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FRANKLIN, IN 46131  
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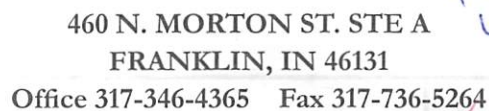
Establishment name <i>Five Star - DTL</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/10/23</i>	ID# <i>2476</i>
Establishment address <i>180 Bartons Pkwy</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <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> 5 <u>  </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Leonardo L...</i>		Inspected by (name and title printed): <i>Paul Betton Ets.</i>
Received by (signature): 		Inspected by (signature): 
cc: 	cc:	cc:





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

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Received by (name and title printed): • Mike Moore		Inspected by (name and title printed): Paul Betton EHS
Received by (signature): • Mike Moore		Inspected by (signature): Paul Betton
cc:	cc:	cc:

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

Establishment name <b>Energizer</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/10/23</b>	ID# <b>2475</b>
Establishment address <b>180 Bartsom Hwy</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>          </u>	Release Date <u>          </u>
Owner <b></b>		Summary of Violations:  C <u>  0  </u> NC <u>  0  </u> R <u>  0  </u>	
Owner address <b></b>		Menu Type (See back of page)  1 <u>      </u> 2 <u>  ✓  </u> 3 <u>      </u> 4 <u>      </u> 5 <u>      </u>	
Person in charge <b></b>			
Responsible person's email <b></b>			
Certified food handler <b></b>			

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[illegible]

Received by (name and title printed): Jonathan Foley	Inspected by (name and title printed): Paul Berman EHS
Received by (signature): 	Inspected by (signature): 
cc:	cc:





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Establishment name <i>Five star - FedEx</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/13/23</i>	ID# <i>2477</i>
Establishment address <i>650 Commerce Parkway</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:	
Owner address		C <i>Ø</i> NC <i>Ø</i> R	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 2 <i>✓</i> 3 4 5	
Certified food handler			

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[illegible]

Received by (name and title printed): Jason Azein OPS SUPERVISOR		Inspected by (name and title printed): Paul Berton EHS	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	cc:

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Establishment name <i>Five Star - Federal</i>	Telephone Number ( ) Establishment	Date of Inspection <i>4/13/23</i>	ID# <i>2478</i>
Establishment address <i>2157 stacies way</i>	( ) Owner	Follow-up <i>-</i>	Release Date
Owner	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:	
Owner address		C <u><i>0</i></u> NC <u><i>0</i></u> R <u>      </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>      </u> 2 <u><i>✓</i></u> 3 <u>      </u> 4 <u>      </u> 5 <u>      </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): Jonell D Winters		Inspected by (name and title printed): Paul Botkin EHS
Received by (signature): Jonell D Winters		Inspected by (signature): Paul Botkin
cc:	cc:	cc:



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Establishment name <i>five star - interstate warehouse</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/10/23</i>	ID# <i>2482</i>
Establishment address	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 <i>—</i>
Owner		Summary of Violations:	
Owner address		C <u><i>0</i></u> NC <u><i>0</i></u> R <u><i>0</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u><i>✓</i></u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): 1 Ben Everage Operations Manager		Inspected by (name and title printed): Paul B. Brown EHS	
Received by (signature): y [Signature]		Inspected by (signature): [Signature]	
cc:	cc:	cc:	

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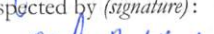
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Establishment name <b>Fires for - interstate warehouse</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/10/23</b>	ID# <b>2513</b>
Establishment address <b>200 Barton Ferry</b>	Purpose: 1. <u><b>Routine</b></u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>-</b>
Owner		Summary of Violations:  C <u><b>0</b></u> NC <u><b>0</b></u> R <u><b>0</b></u>	
Owner address		Menu Type (See back of page)  1 <u>  </u> 2 <u><b>✓</b></u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Joseph KLIKTO		Inspected by (name and title printed): Paul Betkov Ets
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:







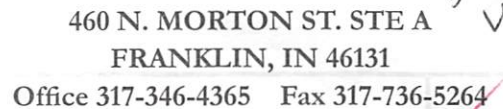
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[illegible]

Received by (name and title printed): Joseph Horgan Associate Production Manager		Inspected by (name and title printed): Paul Betton Ellis
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:







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

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Received by (name and title printed): "Vanessa Burton EMST		Inspected by (name and title printed): paul BROWN EMT
Received by (signature): - Vanessa Burton		Inspected by (signature): paul Brown
cc:	cc:	cc:


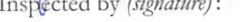


460 N. MORTON ST. STE A  
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Establishment name <b>Five star - National Trade</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/10/23</b>	ID# <b>2472</b>
Establishment address <b>2011 South Tech Dr.</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date
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			

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[illegible]

Received by (name and title printed): Jason Small, OM		Inspected by (name and title printed): Paul Betiku LHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:







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Establishment name <i>Five star - National Trade</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/10/23</i>	ID# <i>2516</i>
Establishment address	Purpose: 1. <u>Routine</u> 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 <u>  <i>D</i>  </u> NC <u>  <i>D</i>  </u> R <u>  <i>D</i>  </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>  <i>✓</i>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): <b>Lindsay Burks</b>	Inspected by (name and title printed): <b>Paul Brown</b>
Received by (signature): 	Inspected by (signature): 
cc: 	cc: 

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Establishment name <i>Five star - pitney bowes</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/13/23</i>	ID# <i>2474</i>
Establishment address <i>1415 Collins rd</i>	Purpose: <u>1. 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 <i>Ø</i> NC <i>Ø</i> R _____	
Owner address _____		Menu Type (See back of page)  1 _____ 2 <i>✓</i> 3 _____ 4 _____ 5 _____	
Person in charge _____			
Responsible person's email _____			
Certified food handler _____			

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[illegible]

Received by (name and title printed): <i>Ariane Christy adm</i>		Inspected by (name and title printed): <i>paul Belton EHS</i>	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	





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

Establishment name <i>Five Star - Ryder</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/13/23</i>	ID# <i>2479</i>
Establishment address <i>2600 Commerce parkway</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other ( <i>list</i> )	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <i>ⓧ</i> NC <i>ⓧ</i> R <i>—</i>	
Person in charge		Menu Type ( <i>See back of page</i> )	
Responsible person's email		1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Michele E. Peltz</i> 4/13/23		Inspected by (name and title printed): <i>Paul Bettor</i> [initials]
Received by (signature):		Inspected by (signature): <i>Paul Bettor</i>
cc:	cc:	cc:

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Establishment name <i>Five Star - Ulta</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/10/23</i>	ID# <i>2465</i>
Establishment address <i>482 Chaney Ave</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>—</i>
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>0</i> R <i>—</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			

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[illegible]

Received by (name and title printed): Peter Green Loss Prevention Manager		Inspected by (name and title printed): Paul Blayney EHS
Received by (signature):		Inspected by (signature):
cc:	cc:	cc:





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Establishment name <b>Frozen Paradise</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/13/23</b>	ID# <b>2566</b>
Establishment address <b>1044 N. Jefferson St</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
Owner		Summary of Violations:	
Owner address		<b>C</b> <b>0</b> <b>NC</b> <b>0</b> <b>R</b>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<b>1</b> <b>2</b> <b>✓</b> <b>3</b> <b>4</b> <b>5</b>	
Certified food handler			

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

[illegible]

Received by (name and title printed): <b>NICKI FREDERICK</b>		Inspected by (name and title printed): <b>Paul Beliku EHS</b>
Received by (signature): <i>Nicki Frederick</i>		Inspected by (signature): <i>Paul Beliku</i>
cc:	cc:	cc: