

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>Caterpillar AVI</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>5/23/23</i> | ID# <i>2607</i> |
| Establishment address <i>751 International 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: C <u><i>0</i></u> NC <u><i>0</i></u> R <u><i>0</i></u> | |
| Owner address | | Menu Type (See back of page) 1 <u> </u> 2 <u><i>✓</i></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): * Scott RAZZINO | | Inspected by (name and title printed): Paul Betiku EHS |
| Received by (signature): * Scott Razzino | | Inspected by (signature): Paul Betiku |
| 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 AVI Berry Global | Telephone Number () Establishment () Owner | Date of Inspection 5/23/23 | ID# 2331 |
| Establishment address 1900 Commerce Pkwy | 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: 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): Larry Purcell | | Inspected by (name and title printed): Paul Belton FTS |
| Received by (signature):  | | Inspected by (signature):  |
| cc: | cc: | cc: |



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

| | | | |
|--|--|--|--------------------|
| Establishment name AVI Electro spec | Telephone Number () Establishment () Owner | Date of Inspection 5/23/23 | ID# 2492 |
| Establishment address 1800 Commerce Pkwy | 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>②</u> NC <u> </u> R <u>①</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 | | | |

- 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):

Received by (signature):

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 <i>ARI froggson and clay</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>5/28/23</i> | ID# <i>2545</i> |
| Establishment address <i>150 Arvin rd.</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <u> </u> | 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 | | | |

- 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): - Rosalyn Hasselbrock EHS Manager | | Inspected by (name and title printed): Paul Betton EHS |
| Received by (signature): Rosalyn Hasselbrock | | Inspected by (signature): Paul Betton |
| cc: | cc: | cc: |

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

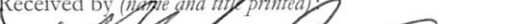
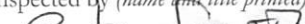


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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|---|---|--|--------------------------------|
| Establishment name Ann's Restaurant | Telephone Number () Establishment | Date of Inspection 5/8/23 | ID# 104 |
| Establishment address 77 West Monroe St, Franklin | () Owner | Follow-up _____ | Release Date 5/18/23 |
| Owner TARA TREATMENT | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Summary of Violations: C 0 NC 1 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 X 5 | |
| Person in charge MERIKA CRAWLEY | | | |
| Responsible person's email | | | |
| Certified food handler MERIKA CRAWLEY | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

| | | | |
|---|-----|---|--|
| Received by (name and title printed):  General Manager | | Inspected by (name and title printed):  EHS | |
| Received by (signature):  | | Inspected by (signature):  | |
| cc: | cc: | cc: | |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Buttm
6/6

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 Apple Bee's | Telephone Number () Establishment () Owner | Date of Inspection 5/26/23 | ID# 687 |
| Establishment address 700 N MORTON ST. FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 6/4/23 |
| Owner ✓ | | 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>3</u> 4 <u>—</u> 5 <u>—</u> | |
| Person in charge COURTNEY KING | | | |
| Responsible person's email | | | |
| Certified food handler COURTNEY KING (SERVSAFE EXP 3/7/27) | | | |

• 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 | B | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 411 | NC | Ⓟ | (1) LIGHT OUT ON EXHAUST HOOD | 6/4/23 |
| 431 | NC | Ⓟ | WALL/ELECTRICAL CONDUIT NOT CLEAN UNDER EXPO LINE COUNTER | 6/2 |
| 431 | NC | Ⓟ | FLOOR UNDER SOFT DRINK STATION IN KITCHEN, NEXT TO WALL IN BAR NOT CLEAN | 6/4 |
| | | | + MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE 168°F (MORE THAN 160°F ON PLATE/UTENSIL SURFACE) | Ⓚ |
| | | | PSI ON gauge - DISINTEGRATING FLUID RINSO 12 PSI NOT AT 15-25 PSI | ✓ |
| | | | SMALL GAP ON DOOR THRESHOLD WEST SIDE DOOR | 6/10 |

| | |
|---|--|
| Received by (name and title printed): Courtney King | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): Courtney King | Inspected by (signature): Bob Smith |
| cc: | cc: |



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| | | | |
|---|--|---|--------------------------------|
| Establishment name Aspen Trail | Telephone Number () Establishment () Owner | Date of Inspection 5-5-23 | ID# 1794 |
| Establishment address 3154 S SR 135, Greenwood. | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 5-15-23 |
| Owner | | Summary of Violations: | |
| Owner address | | C <u>X</u> NC <u>X</u> R _____ | |
| Person in charge | | Menu Type (See back of page) | |
| Responsible person's email | | 1 _____ 2 _____ 3 _____ 4 <u>X</u> 5 _____ | |
| Certified food handler | | | |

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[illegible]

| | |
|---|---|
| Received by (name and title printed): Jackie Carlton | Inspected by (name and title printed): Cassie Hall |
| Received by (signature): Jackie Carlton | Inspected by (signature): Cassie Hall |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Bekm
5/23

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 Athen's | Telephone Number () Establishment () Owner | Date of Inspection 5-19-23 | ID# 105 |
| Establishment address 1800 Northwood Plaza | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Yes | Release Date 5-29-23 |
| Owner Tom Filis | | Summary of Violations: C <u>2</u> NC <u>12</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 Tom Filis | | | |
| Responsible person's email | | | |
| Certified food handler Tom Filis (Expires 3/01/23) | | | |

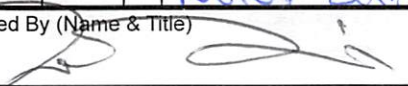
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• 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 | | The following internal product temperatures were measured inside the old salad bar (bottom area) ① Two containers of cottage cheese 51°F ② One open bag 1/3 full of shredded cheese 53°F | Corrected Vol. Discarded |
| 218 | NC | | The old salad bar unit storing potentially hazardous foods was not holding 41°F or less | Remove unit by 60 days 5/25/23 |
| 324 | NC | | ① Women's left toilet leaks around the floor ② Men's restroom hand sink aerator is clogged ③ Strong sewer like odor noted in mens restroom ④ Hot water temperature at kitchen cookline was 135°F | Urinal? check (Range 100°F to 120°F) |

| | |
|---|---|
| Received by (name and title printed): Tom Filis | Inspected by (name and title printed): Andrew Miller, EHS |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |

NARRATIVE REPORT

| Establishment Name Athen's | | | Address 1800 Northwood Plaza | | Inspection Date 5/19/23 |
|---|------|---|--|--------------------|-----------------------------------|
| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY | |
| 295 | NC | | Observed many Shelving units/racks soiled / rusty | 6/1/23 | |
| 218 | NC | | Observed "turbo Air" Single door Cooler Ambient temperature @ 43°F ↳ Eggs @ 43°F ↳ Observed Ice build up | 5-26-23 | |
| 218 | | | Observed 3 door cooler in kitchen @ 43°F (Ambient temperature) - move all p.H.F. to new unit or put on ice | | |
| 190 | NC | | Observed cooked rice cooling @ room temperature inside 3 bay Sink @ 108°F Observed Cooked Noodles cooling @ room temperature inside 3 bay Sink @ 86°F | 5/19/23 | |
| 295 | | | McCall 2 door Cooler door gaskets are soiled. ↳ top cooler light is off. | 6/1/23 | |
| 431 | NC | | Floors Walls and Ceiling through out establishment is soiled. | | |
| 431 | NC | | Men's and women's toilet seat and tanks were soiled | JAN 1/9/23 | |
| 295 | NC | | ① Exterior sides of cooking equipment are soiled + manual can opener ② Inside two door cooler at cookline soiled + microwaves | | |
| 218 | NC | | Interior of Hamilton Beach microwave is rusty and peeling white paint + door seals torn on 2 door | | |
| 430 | NC | | Alley back door rubs door frames and lacks a self-closing device | 6/26/23 cooler | |
| 295 | NC | | Inside kitchen ice maker soiled (with apparent mold) | 5/22/23 | |
| 402 | NC | | Cove base loose from kitchen and men's restroom Note: Beer Cooler needs cleaned. Note: Label all Spray bottles | | |
| Received By (Name & Title)  | | | Inspected By (Name & Title) Andrew Miller, EHS <i>Call Hall</i> | | Page 2 of 2 |

NARRATIVE REPORT

[illegible]



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
5/25

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 5-24-23 | 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 6/3/23 |
| Owner | | Summary of Violations: C 0 NC 5 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 X 5 | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler Liyun Li (exp 11/4/25) | | | |

• 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 |
|-----------|------|---|---|--------------------|
| 234 | NC | | Observed many in-use utensils without the handle above food product | 5-24-23 |
| 216 | NC | | Observed cardboard lining many shelving units/racks throughout establishment → Walk-in freezer → Storage area | 5-25-23 |
| | | | Observed aluminum foil lining the cooking equipment → Cardboard & aluminum foil is not easily cleanable | |
| 218 | NC | | Observed ice build up inside walk-in freezer Observed ice build up inside 2 door prep cooler | 5-31-23 |
| 295 | NC | | Observed many shelving racks / units soiled / rusty → 3 door flip top cooler → Walk-in cooler → Storage area | 5-31-23 |

Received by (name and title printed):

Liyun Li

Inspected by (name and title printed):

Cassie Hall

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

cc:

cc:

cc:

NARRATIVE REPORT

| Establishment Name | | | Address | Inspection Date |
|----------------------------|------|---|--|--------------------|
| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY |
| 174 | NC | | many containers & bottles of food products not labeled | 5-24-23 |
| 218 | | | 2 door prep cooler door gasket split/worn | 6-7-23 |
| | | | Note: Observed jellyfish inside a white plastic container on a shelf by dish machine @ 74°F → employee & owner stated this product is for personal use only. needs to be 41°F or less & label "for personal" use only. | |
| | | | Note: Walk-in freezer floor needs cleaned | |
| | | | Note: Dumpster lid needs closed | |
| | | | Note: Dumpster drain plug is needed. | |
| Received By (Name & Title) | | | Inspected By (Name & Title) | Page 2 of 2 |

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 BIG WOODS FRANKLIN | Telephone Number () Establishment () Owner | Date of Inspection 5/17/23 | ID# 2047 |
| Establishment address 1800 E KING ST, FRANKLIN | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 5/27/23 |
| Owner BIG WOODS | | Summary of Violations: C 0 NC 3 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge KAYDEN Redman | | | |
| Responsible person's email | | | |
| Certified food handler KAYDEN Redman (SERVSAFE EXP 11/15/27) | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 399 | NC | * | SOME AREAS OF WALL COILING, WALL WORN IN KITCHEN | 7/1/23 |
| 431 | NC | * | FLOOR UNDER ICE MAKER, SOFT DRINK STATION, OUTSIDE WALK IN FREEZER NOT CLEAN | 5/25 |
| 174 | NC | * | BULK FOOD CONTAINERS - CONTAINER IN WHICH FOOD STORED NOT LABELED (CORRECTED LABEL IN ADDITION TO LTD) | 5/17 |
| (NOTE) | * | | HANDSINK SUPPLY OFFICE / DISHWASHING AREA (HOT/COLD FAUCETS REVERSED) | |

| | | |
|---|-----|--|
| Received by (name and title printed): Maydon Redman, Kitchen manager | | Inspected by (name and title printed): Bob Smith, EHS |
| Received by (signature): Maydon Redman | | Inspected by (signature): Bob Smith |
| cc: | cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Becky
5/25

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 BLUE CACTUS TACO & TEQUILA BAR | Telephone Number () Establishment () Owner | Date of Inspection 5/25/23 | ID# 2349 |
| Establishment address 188 W JEFFERSON ST. FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up (405) | Release Date 6/4/23 |
| Owner Jose MURILLO | | Summary of Violations: C 1 NC 8 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge ANA BANILES | | | |
| Responsible person's email | | | |
| Certified food handler X Jose MURILLO | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 187 | C | | INTERNAL TEMPERATURE OF QUESO CHEESE IN WARMER 121°F NOT HELD AT 135°F OR MORE | corrected 5/25/23 |
| 218 | NC | | door gaskets worn/split on 3 door refrigerator and 2 drawer refrigerator in preparation area | 6/25 |
| 291 | NC | | UNKNOWN TEST PAPERS NOT AVAILABLE "QUAT" TEST PAPERS NOT AVAILABLE IN BAR | 6/1 |
| 324 | NC | | cold water not available at faucet in kitchen | 6/5 |
| 174 | NC | | CONTAINER IN WHICH FLOUR STORED NOT LABELED | 5/28 |
| 256 | NC | | 2 DRAWER REFRIGERATION BY GRILL - THERMOMETER NOT SEEN | 5/30 |
| 190 | NC | | Precooked foods in container on kitchen counter internal temperature 85°F - 122°F (REFUSED BEANS, BEANS, RICE) NOT QUICK CHILLED METHOD | 5/26 |

| | |
|---|---|
| Received by (name and title printed): X Ana Baniles | Inspected by (name and title printed): Bob Smith 2715 |
| Received by (signature): X [Signature] | Inspected by (signature): [Signature] |
| cc: | cc: |

NARRATIVE REPORT

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Becky
5/25

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| | | | |
|--|--|--|-------------------|
| Establishment name Bluff Creek Golf | Telephone Number () Establishment () Owner | Date of Inspection 5/23/22 | ID# 820 |
| Establishment address 2710 Old SR 37 South | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up 6/2/23 | Release Date |
| Owner | | Summary of Violations: C 0 NC 5 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 Brock Keller (2/2/20) | | | |

• 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 |
|----------------|---------------|---|---|--------------------|
| 218 | NC | | Chest freezer downstairs is rusty, door gasket is split worn ↳ needs replaced | |
| 342 | NC | | Kitchen hand sink was observed @ 79°F Women's restroom hand sink was observed @ 89°F ↳ Shall be 100°F - 120°F | |
| 351 | NC | | Didn't observed a covered waste receptacle (Women's restroom) | |
| 112 | NC | | Stove in kitchen appears not NSF approved | |
| 257 | NC | | Didn't observed a food thermometer ↳ employee couldn't find one | |
| 28 | NC | | thermometer is not accurate | |
| | | | Note: No Scoop Shall be stored on a clean surface. | |
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|--|---|
| Received by (name and title printed): Judi Treat | Inspected by (name and title printed): Cassie Ham / Caleb Fleener |
| Received by (signature): Judi Treat | Inspected by (signature): Cassie Ham / Caleb Fleener |
| 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

Bulky 5/16/23

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 Bob EVANS RESTAURANT | Telephone Number () Establishment () Owner | Date of Inspection 5/16/23 | ID# 2134 |
| Establishment address 900 N MORTON ST. FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up (Yes) | Release Date 5/26/23 |
| Owner | | Summary of Violations: C 1 NC 8 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge LESLIE MULL | | | |
| Responsible person's email | | | |
| Certified food handler KATE Hoover | | | |

• 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 |
|-------------|------|---|---|--------------------|
| NOTE | | | MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE ON PLATE/UTENSIL SURFACE (160°F OR MORE) | OK |
| 431 | NC | | FLOOR IN AREAS OF KITCHEN NOT CLEAN | 5/26/23 |
| 295 | NC | | FLOOR IN AREAS OF WALK-IN COOLER NOT CLEAN | 5/26 |
| 425 | NC | | BROOMS NOT HUNG UP OFF FLOOR | 5/20 |
| 256 | NC | | THERMOMETER NOT SEEN IN ICE CREAM CHEST (FREEZER - CORRECTED) | 5/16/23 |
| NOTE | | | (SMALL FLY OBSERVED) | |
| 256 | NC | | PREPARATION AREA REFRIGERATOR, FRONT SALAD SIDE 2 REFRIGERATOR NO THERMOMETERS SEEN | 5/20 |
| 218 | NC | | PREPARATION 2 COMPARTMENT REFRIGERATOR BY GALL - SHELF COATING WORN | 7/1 |
| 295 | NC | | UNUSED BREAD DRAWER - NOT CLEAN INSIDE | 5/26 |
| 295 | NC | | SIDES OF PREPARATION EQUIPMENT/SINK NOT CLEAN | 5/26 |
| 187 | C | | INTERNAL TEMPERATURE OF PREPARATION REFRIGERATOR CHEESE, CUT TOMATOES 44°F-46°F NOT AT 41°F OR LESS | 5/17 |
| | | | INTERNAL TEMPERATURE OF COLE SLAW - 54°F SALAD REFRIGERATOR SIDE 1 43°F NOT AT 41°F OR LESS | |

| | |
|--|--|
| Received by (name and title printed): Leslie D. Mull | Inspected by (name and title printed): Bob Smith ENS |
| Received by (signature): <i>Leslie D. Mull</i> | Inspected by (signature): <i>Bob Smith</i> |
| cc: | cc: |