



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

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 THE SMOKE HUTT	Telephone Number () Establishment () Owner	Date of Inspection 5/19/23	ID# 2670
Establishment address 38 S CROWL 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 5/29/23
Owner Brendon Hutton		Summary of Violations: C <u>2</u> NC <u>5</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 Brendon Hutton			
Responsible person's email			
Certified food handler Brendon Hutton (SERUSAFE 10/29/26 EXP.)			

- 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	*	INTERNAL TEMPERATURE OF POTENTIALLY HAZARDOUS FOODS IN WARMER UNIT NOT 135°F OR MORE (BAKED BEANS 112°F - MEAT 132°F)	5/20/23
174	NC	*	CONTAINER IN WHICH DRY RUB STORED NOT LABELED	5/22
324	NC	*	LEAK NOTED ON 3 COMPARTMENT SINK DRAIN	5/27
425	NC	*	TRASH BAGS STORED ON GROUND OUTSIDE	Keep off counter 5/20
431	NC	*	BROOMS NOT HUNG OFF FLOOR	5/22
431	NC	*	EXHAUST FAN COVER NOT CLEAN IN RESTROOM	5/22
431	NC	*	RESTROOM HANDSINK FULL OF ITEMS	5/20
438	C	*	DISH SOAP & WATER IN SPRAY BOTTLE NOT LABELED	5/21
393	NC	*	DUMPSTER - DRAIN HOLE NOT PROVIDED WITH PLUG	5/30

Received by (name and title printed): BRENDON HUTTON OWNER	Inspected by (name and title printed): Bob Smith EHS
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

Becky
5/18

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.

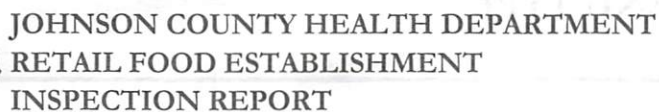
Establishment name SPEEDWAY #1319	Telephone Number () Establishment () Owner	Date of Inspection 5/15/23	ID# 158
Establishment address 701 W ADAMS FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/25/23
Owner SPEEDWAY LLC		Summary of Violations: 7	
Owner address		C 0 NC 5 R —	
Person in charge SANDRA JOHNSON		Menu Type (See back of page)	
Responsible person's email		1 2 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"

Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	*	BACK STOCK ROOM, 3 COMPARTMENT STINK AREA, WALK-IN COOLER MEAT RESTROOM - FLOOR NOT CLEAN	5/22/23
324	NC	*	3 COMPARTMENT SINK WORK NOTED ON FAUCET	5/30
218	NC	<	STOCK AREA - ONE DOOR REFRIGERATOR DOOR BASKET WORN/SPLIT	6/15 (ON ORDER)
392	NC	*	OUTSIDE DUMPSTER LID NOT CLOSED,	5/20
394	NC		TRASH SEEN ON GROUND	
239	NC	<	MARKERS IN OUTSIDE STORAGE BARN NOT IN PROTECTIVE CLOSED CONTAINER	5/18
257	NC	*	DIGITAL OR METAL STEM THERMOMETER RANGING 0-220°F NOT AVAILABLE	5/18

Received by (name and title printed): Sandra Johnson Store lead	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Sandra Johnson</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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

Establishment name <i>SPEERWAY #6027</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/11/23</i>	ID# <i>320</i>
Establishment address <i>6100 W. Santa Valley</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>5/21/23</i>
Owner		Summary of Violations: <i>NS</i>	
Owner address		C _____ NC _____ R _____	
Person in charge <i>CATHY HAUPT</i>		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <i>8</i> 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): X Cathie Haupt		Inspected by (name and title printed): Kevin R. Poulos
Received by (signature): X [Signature]		Inspected by (signature): [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

Bekm
5/15

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 Speedway #8051	Telephone Number () Establishment () Owner	Date of Inspection 5-9-13	ID# 1648
Establishment address 5061 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 5-19-13
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 Scott Burdine (exp 7/22/26)			

• 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
297	NC		Drink machine soda nozzles are soiled.	
430	NC		Observed a hole in the wall above mop sink.	
218	NC		Observed many door gaskets split/worn ↳ Walk-in cooler ↳ Single door "true" stand up freezer ↳ 2 door reach-in prep cooler unit	
431	NC		Floor throughout establishment is soiled ↳ under equipment ↳ walk-in cooler floor	
392	NC		Dumpster lid not closed ↳ Observed trash inside dumpster	
NOTE:			Observed walk-in cooler ambient air temperature @ 48°F @ 2 p.m. ↳ Employee stated that the cooler has been turned off for about 45 minutes to stock products, it's recommended to not turn off unit.	

Received by (name and title printed):

George Best

Received by (signature):

George Best

cc:

Inspected by (name and title printed):

Cassi Hall Caleb Aeene

Inspected by (signature):

Cassi Hall **Caleb Aeene**

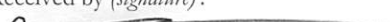

cc:

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 STARBUCKS #7990	Telephone Number () Establishment () Owner	Date of Inspection 5/25/23	ID# 1109
Establishment address 1035 E. MAIN ST	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 6/5/23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>-</u>	
Person in charge ALORA CHURCH		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> X 3 <u>4</u> <u>5</u>	
Certified food handler BRIITNEY KENNEDY Exp. 2/18/27			

- 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	R	Narrative	To Be Corrected by
431	NC		- REAR-1N FRIDGE IN BACK OF LINE HAS WHAT SEEMS TO BE SPILLED MILK ON BOTTOM SHELF.	
NOTE			- FLOORS ARE SOILED w/ WHAT APPEARS TO BE DAILY USE. - NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS - CERTIFIED FOOD SAFETY MANAGER - BRITTNEY KENNEDY - ISSUE: 2/18/22 - # : 21802628 - EXPIRATION: 2/18/27	

Received by (name and title printed): Alora Church		Inspected by (name and title printed): Kevin R Paulin EdS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

Baken
6/16

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT



INSPECTION REPORT

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

460 N. MORTON ST. STE A
FRANKLIN, IN 46131

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 Starbucks Coffee #13949		Establishment address 311 S. S.R. 135 Greenwood IN 46142		Owner Starbucks Corp		Owner address		Person in charge Mandy Brannan		Responsible persons email NRFST 3/10/20 Kassidy Staples (exp: 2/6)		Certified food handler	
Telephone Number		Date of Inspection 5/31/23		ID# 1290		Follow-up Release Date 6/10/23		Summary of Violations: C 1 NC 7 R		Menu Type (See back of page) 1 2 3 4 5			
Purpose: Routine		2. Follow-up		3. Complaint		4. Pre-Operational		5. Temporary		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
415	C		Thermometer like small hanging thermometer seen at front of Hobbs	5-31-23
431	NC		Thermometers are noted in several areas	5-31-23
324	NC		Map sink vacuum breaker leaks & support not locked + three dry sink faucet leaks	
411	NC		Anterior LED damaged in BOH 1 door bridge 1	6/15/23
218	NC		"Blonde" whole bean bin at espresso	6/11/23
324	NC		Drain-up window dump trough/bin leaking	6/11/23
413	NC		That bin (below 311) not self-cleaning and sealing due to the self-cleaning device hitting the top of the bin	6/8/23
256	NC		Ambient air thermometer not seen in some refrigeration units	5/31/23
			Note: Map sink contains a hose under measure down stream from the atmospheric vacuum breaker (AVB)	
			When remodel	June 2023

Received by (name and title printed): Mandy Brannan	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Mandy Brannan	Inspected by (signature): Andrew Miller
CC:	CC:



Bekm
518

Establishment name <i>Subway #21977</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/16/23</i>	ID# <i>1744</i>
Establishment address <i>84 S. 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:	
Owner address		C <u><i>✓</i></u> NC <u><i>✓</i></u> R <u><i>✓</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u><i>✓</i></u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

- [illegible]

Page 1 of _____



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.

- 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]Page 1 of _____

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 Spicket SCOOP MARKET	Telephone Number (705) 530-9764	Date of Inspection 5/16/23	ID# 2449
Establishment address 300 TRACY RD	Owner HARMINDER SINGH SARAON	Follow-up —	Release Date 5/26/23
Owner address	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
Person in charge KAREN FRANKENBERGER		Menu Type (See back of page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
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): Karen Frankenberg Manager	Inspected by (name and title printed): Bob Smith ENT
Received by (signature): Karen Frankenberg	Inspected by (signature): Bob Smith
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 TACO BELL #2679	Telephone Number () Establishment () Owner	Date of Inspection 5/12/23	ID# 159
Establishment address 1579 N MORTON FRANKLIN DR	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/22/23
Owner TACO BELL OF AMERICA INC		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge STEVEN STALLINIS			
Responsible person's email			
Certified food handler COREY ASHER (12/30/25 exp SERVSAFE)			

- 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): Steven Stallings GM		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



736-5264

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

- 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"

Received by (name and title printed): Alexis Christie		Inspected by (name and title printed): Bob Smith ETS	
Received by (signature): Alexis Christie		Inspected by (signature): BL SD	
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

BKHM
5/18

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 Juingo Asian Grocery Inc.	Telephone Number (463) 206-5597	Date of Inspection 5/15/23	ID# 2657
Establishment address 640 US Hwy 31S. Greenwood IN 46142	() Owner	Follow-up Yes	Release Date 5/25/23
Owner Nia Bochung	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>2</u> NC <u>9</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 (Sen Safe Exp)			
Certified food handler Tua Bochung 2/27/28			

• 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
142	C		① Ashwe Yin Aye (aka Burmese dessert) in a clear cup with lid was made in a residential property and available for retail sale inside the establishment	Remove from detail sale 5/15/23
			② Six cartons of raw shelled eggs for retail sale were from an unapproved source	
228	NC		Several Central refrigeration upright units are not easily movable	6/15/23
430	NC		Numerous ceiling tiles are damaged (from being previously wet)	6/15/23
411	NC		Numerous bulbs out in ceiling lights	6/15/23
257	NC		No 0°F to 220°F metal	5/17/23

Received by (name and title printed):

Nia Bochung

Received by (signature):

Nia Bochung

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

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 WAL-MART #995	Telephone Number () Establishment () Owner	Date of Inspection 5/23/23	ID# 691
Establishment address 2125 W MORTON FRANKLIN, IN	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up -	Release Date 5/2/23
Owner WAL-MART		Summary of Violations:	
Owner address		C 0 NC 1 R	
Person in charge JASON THACKER		Menu Type (See back of page)	
Responsible person's email		1 2 3 4 X 5	
Certified food handler JASON THACKER			

- 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): Jason Thacker		Inspected by (name and title printed): Bob Smith BHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:




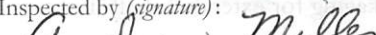
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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

Establishment name <i>Urban Cheese Met Cake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/26/23</i>	ID# <i>2671</i>
Establishment address <i>200 S. Emerson Ave IN 46143</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>6/5/23</i>
Owner <i>STE B</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Danielle Bryan</i>		1 2 <input checked="" type="checkbox"/> 3 4 5	
Responsible person's email			
Certified food handler <i>Danielle Bryan</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): Dannielle Bryan	Inspected by (name and title printed): Andrew Miller, EHS
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

Bekam
5/26

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 Wildflower Bakehouse	Telephone Number () Establishment () Owner	Date of Inspection 5/25/23	ID# 1932
Establishment address 1012 E. Co. Rd 775 S. IN 46164	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 6/4/23
Owner Greg Schall		Summary of Violations: 7 Dam	
Owner address		C <u>0</u> NC <u>8</u> R	
Person in charge Greg Schall		Menu Type (See back of page)	
Responsible person's email		1 2 3 <u>✓</u> 4 5	
Certified food handler Greg Schall (Exp: 3/23/26)			

• 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
245	NC		wet rags were not stored in sanitized	5/25/23
295	NC		① Inside bottom of Frigidaire freezer is soiled	5/26/23
			② Inside bottom of Vitamin Water cooler in coffee area is soiled and shelf is dusty	5/26/23
324	NC		① mop sink vacuum breaker leaks	6/15/23
			② Hot water at kitchen hand sink was 127°F (range 100°F to 120°F)	5/26/23
388	NC		Exterior grease receptacle not stored on concrete/asphalt	6/25/23
218	NC		① Public restroom lacked a paper towel holder to hold the current round paper towels	5/27/23
			② Ditto Dean floor mixer contained grey duct tape over guard magnet	6/15/23

Received by (name and title printed): Amber Schall	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Amber Schall	Inspected by (signature): Andrew Miller
cc:	cc:

NARRATIVE REPORT

Nineveh
IN 46164

Establishment Name Wildflower Bakehouse			Address 1012 E. Co. Rd 775		Inspection Date 5-25-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
174	NC		Bulk bin ingredients not labeled near table scale (AM)	5/26/23	
431	NC		① Floor soiled under mobile refrigeration units ② Three bay floor sink is soiled	5/26/23	
399	NC		① Employee restroom and public restroom walls are constructed of porous wood (not smooth and easily cleanable) ② Public restroom hand sink contains a slat wood and open surfaces on the top counter (not smooth and easily cleanable)	11/25/23	
			Note: Remove the following ASAP gas powered items from the mop/storage room ① Toro Push Mower ② Murray Snowblower ③ Champion Dual Fuel Generator		
			This area also stores various single service items (i.e. domed deli lids, aluminum foil pans, etc.)		
Received By (Name & Title) Amber Schall			Inspected By (Name & Title) Andrew Miller, EHS		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 WILLOW CARE (JMH)	Telephone Number () Establishment () Owner	Date of Inspection 5/8/23	ID# 2235
Establishment address 1125 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 —	Release Date 5/18/23
Owner (JMH)		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page)	
Person in charge JOSHUA WATTERS		1 2 3 4 X 5	
Responsible person's email			
Certified food handler JOSHUA WATTERS			

- 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		APPARENT LEAKS NOTED ON DISINTEGRATING FLOOR PUMP, DRAIN	5/25/21
			MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE (160°F+) ON PLATE/UTENSIL SURFACE	OK

Received by (name and title printed): Joshua Watters, CDM, GFPP		Inspected by (name and title printed): Bub Smith ETS	
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

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 WINGS ETC.	Telephone Number () Establishment () Owner	Date of Inspection 5/10/23	ID# (?)
Establishment address 2239 N MORTON STREET CHICAGO, IL 60647	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/20/23
Owner SINGH		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge TRAVIS AHLEFELD			
Responsible person's email			
Certified food handler TRAVIS AHLEFELD			

- 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): Travis J. Aniefed General manager		Inspected by (name and title printed): Bob Smith EHS
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

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 WING STOP	Telephone Number () Establishment () Owner	Date of Inspection 5/12/23	ID# 2430
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/22/23
Owner N MORTON FRANKLIN, IN		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge VIPUL PATEL			
Responsible person's email			
Certified food handler VIPUL PATEL (10/19/23 EXP SORUSAT)			

- 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): Vipul Patel		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): V. Patel		Inspected by (signature): [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

Becky
518

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 Via Via's House of Pancakes	Telephone Number (317) 888-6800	Date of Inspection 5/2/23	ID# 1756
Establishment address 11694 W. Main St. Greenwood, IN 46142	() Owner	Follow-up Yes	Release Date 5/12/23
Owner Stavros Galiotas	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations C 1 NC 9 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Becky Kapitany (SerrSafe Exp. 2025)			

• 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	✓	① Refrigerated door gaskets are torn on several units	6/2/23
			② Egg cooler interior shelving is rusty	
413	NC	✓	Back or alley side door contains any outer opening	5/28/23
430	NC		Freezer door is not fully closing (walk-in freezer)	6/2/23
426	NC		Large unused water heater is stored in storage room	5/15/23
402	NC		Cove base (tile) is missing in men's restroom	5/18/23
256	NC		No ambient air thermometer seen inside meat cooler and unit is soiled (interior)	5/3/23
295	NC		Mechanical dish area needs grout	5/18/23
399	NC		Cookline floor grout is soiled	5/18/23
431	NC		Raw shelled eggs in a metal pan on ice measured	Corrected Added ice
187	C			

Received by (name and title printed):

Danielle Carico

Received by (signature):

Danielle Carico

cc:

Inspected by (name and title printed):

Andrew Miller, ERS

Inspected by (signature):

Andrew Miller

cc:

Greenwood

State Form 48621 (R2 / 8-05)

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 Yokohama	Telephone Number () Establishment () Owner	Date of Inspection 5/18/23	ID# 1573
Establishment address 67 N. Madison Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 5/28/23
Owner Greenwood, TN		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</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>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler Scott Bennett			

- 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): ✓ Tuckan Bennett		Inspected by (name and title printed): Kerry D. [Signature]	
Received by (signature): + [Signature]		Inspected by (signature): [Signature]	
cc:		cc:	