

# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



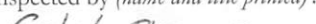
460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

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

Establishment name <b>AFC Sushi</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6-28-2023</b>	ID# <b>2006</b>
Establishment address <b>5961 N SR 135 Greenwood 46143</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>7-10-2023</b>
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler <b>Therese Huo exp. 1-18-2026</b>			

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

[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
		Caleb Fleener
Received by (signature):		Inspected by (signature):
		
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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Betsy  
6/23

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name <b>CAMP AZZENDARE</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/22/23</b>	ID# <b>644</b>
Establishment address <b>4605 S. Azzendare TRAFZGAR, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>7/2/23</b>
Owner <b>—</b>		Summary of Violations:  <b>C 1 NC 3 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>LINDA RICE</b>			
Responsible person's email			
Certified food handler <b>— LINDA RICE (SERVSAFE)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
336	C		MOP SINK, HOSE CONNECTED TO FAUCET WITHOUT ANTI-SIPHON DEVICE INSTALLED	7/2/23
174	NC		CONTAINERS IN WHICH BULK FLOUR/SUGAR STORED NOT LABELED	6/25
295	NC		BOTTOM OF MILK COOLER IN DINING ROOM - NOT CLEAN	6/25
324	NC		HOT WATER TEMPERATURE AT HANDSINKS ~130°F NOT AT 100°F-120°F	6/25
			MECHANICAL DISAMBIATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 164°F)	OK

Received by (name and title printed):

**Linda Rice** manager

Received by (signature):

**Linda Rice**

Inspected by (name and title printed):

**Bob Smith** EHS

Inspected by (signature):

**Bob Smith**

cc:

cc:

cc:

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460 N. MORTON ST. STE A  
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Establishment name <b>FRANKLIN AMERICAN Legion 205</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/30/23</b>	ID# <b>103</b>
Establishment address <b>1200 PARK AVE. - FRANKLIN, IN</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 <b>7/9/23</b>
Owner <b>AMERICAN Legion Post 205</b>		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>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge <b>Jodie BEASLEY</b>			
Responsible person's email			
Certified food handler <b>—</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC		THERMOMETER NOT SEEN IN KITCHEN 2 door REFRIGERATOR	7/6/23
431	NC		DINING ROOM RESTROOMS - CEILING EXHAUST VENTS NOT <del>CLEAN</del> CLEAN	7/6
239	NC		SINGLE SERVICE CUPS ON COUNTER NOT ADEQUATELY PROTECTED	7/6
			CERTIFIED FOOD HANDLER NOT PROVIDED ( <del>HE</del> SCHEDULED TO TAKE TEST IN AUGUST)	

Received by (name and title printed): John E. Bersley		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): John Bersley		Inspected by (signature): Bob Smith
cc:	cc:	cc:





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Defect  
6/23

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

Establishment name <b>Greenwood American Legion #252</b>	Telephone Number Establishment ( ) Owner	Date of Inspection <b>6-21-23</b>	ID# <b>1607</b>
Establishment address <b>334 S US 31 Greenwood 46042</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 <b>7-1-23</b>
Owner		Summary of Violations:  <b>C 0 NC 4 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 X 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Raymond Miller 12/4/25</b>			

• 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
431	NC		Floor, walls, ceiling are soiled in kitchen.	7-12-23
			floor in bar area under 3 bay is soiled.	
295	NC		① Sides of equipment is soiled.	
			↳ side of grill	
			② Shelving racks in "True" 2 door coolers are soiled/rusty.	
256	NC		③ Flip top cooler door gasket is soiled	
			Did not observe a thermometer in single door stand up freezer by hand sink	6-23-23
			↳ shall be easily seen.	
218	NC		"Employee only" 2 door "true" cooler appears to be leaking. (interior drain line by fin)	7-12-23
Note			① Sanitizer solution shall be 200ppm.	
			② Observed a few small flies.	
			③ Observed butter milk "use by" date of 6/12/23 inside flip top cooler	
			④ Date mark all ready to eat P.H.F	
			⑤ Breading mix for chicken, fish, & tenderloin to fry/cook shall be discarded every 4 hours or kept 4/10 or less. (Date Mark)	

Received by (name and title printed):

**Dana Vanderpool BnMGR**

Inspected by (name and title printed):

**Cass Hall**

Received by (signature):

*[Signature]*

Inspected by (signature):

*[Signature]*

cc:

cc:

cc:





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.

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Section #	C/NC	R	Narrative	To Be Corrected by
413	NC		West hallway doors, to dumpster area, is not tight-fitting at the vertical center when closed	7/20/23
324	NC	①	Drain line for Coca-Cola soda unit extends into the kitchen hand sink	7/15/23
		②	Mop sink vacuum breaker in (utility room in hallway) connects to a wall chemical unit via a hose. The mop sink faucet needs a bleeder valve attached to faucet,	

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





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Betsy  
6/23

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Establishment name <b>Bay Horse Inn</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6-22-23</b>	ID# <b>1999</b>
Establishment address <b>1468 W Stones Crossing</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>yes</b>	Release Date <b>7-2-23</b>
Owner		Summary of Violations:  C <input checked="" type="checkbox"/> NC <b>3</b> R	
Owner address		Menu Type (See back of page)  1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/N/C	R	Narrative	To Be Corrected by
			<b>Temp</b> Rite 9751 Date: Fecha: Emp: Empleado: PASS WHEN BLUE BAR TURNS ORANGE ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA <b>160°F/71°C</b>	
			<b>final bar dish machine rx</b> <b>→ IS OK</b>	
218	NC		Observed ice build up inside single door stand up bar cooler → cage-free liquid egg whites @ 48°F → single fresh orange, half & half milk & Creamer @ 51°F	Employee discarded P.H.F
347	NC		Observed no paper towels @ bar hand sink	6-22-23
216	NC		Wood board connected to bar, soda gun appears porous. (needs sealed)	7-6-23
			Note: ① label all spray bottles & bulk food containers ② 3 bay sink faucet does not reach over free-hays, needs repaired, in back kitchen area.	
Received by (name and title printed): <b>Kim Carlin - Bookkeeper</b>			Inspected by (name and title printed): <b>Cassi Hall</b>	
Received by (signature): <b>Kim Carlin</b>			Inspected by (signature): <b>Cassi Hall</b>	
cc:			cc: <b>317-346-4371</b> <b>Chall@co.johnson.in.us</b>	





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Bekm  
6/15

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 <b>BAYMONT</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/14/23</b>	ID# <b>1200</b>
Establishment address <b>2122 HOLIDAY LN FRANKLIN IN</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>6/24/23</b>
Owner <b>JIGNA PATEL/CHINTU</b>		Summary of Violations:  C <u>0</u> NC <u>5</u> R <u>—</u>	
Owner address		Menu Type (See back of page)  1 <u>2</u> 3 <u>4</u> 5 <u>—</u>	
Person in charge <b>SHEETAL</b>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	<input checked="" type="checkbox"/>	BACK maintenance room / stock area	6/20/23
256	NC	<input checked="" type="checkbox"/>	CHEST FREEZER AND UPRIGHT FREEZER (ICE BUILT UP) THERMOMETERS NOT SEEN AND UNITS ARE NOT EASILY MOVABLE	6/20
228	NC	<input checked="" type="checkbox"/>		→ 7/10
218	NC	<input checked="" type="checkbox"/>	FRONT COUNTER (MILK COOLER) ICE BUILT UP INSIDE	6/20
394	NC	<input checked="" type="checkbox"/>	TRASH SEEN ON GROUND BEHIND DUMPSTER / IN DUMPSTER ENCLOSURE	6/17

Received by (name and title printed): <b>Sheetal</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:

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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 <b>BLUE CACTOS TACO &amp; TEQUILA BAR</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/19/23</b>	ID# <b>2349</b>
Establishment address <b>188 W JEFFERSON ST. FRANKLIN, IN</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 <b>6/29/23</b>
Owner <b>JOSE MURILLO</b>		Summary of Violations:  <b>N/S</b>  <b>C — NC — R</b>	
Owner address			
Person in charge <b>ROSA QUEZADA</b>		Menu Type (See back of page)  1 — 2 — 3 — <b>4</b> — 5 —	
Responsible person's email			
Certified food handler <b>JOSE MURILLO</b>			

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[illegible]

Received by (name and title printed): Rosa Quetzada		Inspected by (name and title printed): Bob Smith CHS
Received by (signature): Rosa Quetzada		Inspected by (signature): Bob Smith
cc:	cc:	cc:





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Belamy  
6/1/19

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>Bob Evan's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6-16-23</b>	ID# <b>2133</b>
Establishment address <b>159 S. Marlin Dr. Greenwood 46142</b>	Purpose: <b>1. Routine</b>	Follow-up <b>6-26-23</b>	Release Date
Owner	2. Follow-up	Summary of Violations:  <b>C <del>0</del> NC <u>5</u> R <u>1</u></b>	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge	4. Pre-Operational	1 2 3 4 <u>X</u> 5	
Responsible person's email	5. Temporary		
Certified food handler <b>Jacquelyn Perry (exp 9/18/25)</b>	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	X	<del>Boards are soiled</del> Floor is soiled throughout establishment ↳ under equipment ↳ under Pepsi machines ↳ under walk-in cooler & freezer shelving racks/units.	6-30-23
414	NC		Kitchen back exterior door is not protected from potential rodents ↳ daylight was observed.	7-14-23
218	NC		Observed the build-up inside walk-in freezer	
431			Drain behind cooking is soiled.	
234	NC		Observed ice scoop stored on top of ice machine, not a clean surface	6-16-23
	Note:		Observed no tea covers.	
			Employee jacket & apron not stored in designated area.	6-16-23
295	NC		Sides of cooking equipment is soiled.	6-30-23
	Note:		2 door cooler under server counter, not in use.	
295			Walk-in cooler shelving racks/units are soiled.	

Received by (name and title printed):

**Ashley Glidden**

Received by (signature):

**Ashley Glidden**

cc:

Inspected by (name and title printed):

**Cass Hall**

Inspected by (signature):

**Cass Hall**

cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
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Butem  
6/15

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 <b>BOJAKS</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/13/23</b>	ID# <b>1365</b>
Establishment address <b>377 E JOHNSON ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>YES</b>	Release Date <b>6/23/23</b>
Owner <b>AUSTIN GORE</b>		Summary of Violations:  C <u>2</u> NC <u>3</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <u>4</u> 5	
Person in charge <b>JOHNATHAN LANHAM</b>			
Responsible person's email			
Certified food handler <b>JOHNATHAN LANHAM (Food Service Mgr)</b>			

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Section #	C/NC		Narrative	To Be Corrected by
018	NC	*	DOOR GASKET WORN/SPLIT ON 2 DOOR PREPARATION REFRIGERATOR	7/13/23
336	C	*	MAP SINK FAUCET - HOSE WITH SPRAY NOZZLE CONNECTED TO FAUCET - ANTI-SIPHON DEVICE NOT ADEQUATE FOR CONTINUOUS PRESSURE APPLICATION AND BACK CLOSURE	6/22
187	C	X	INTERNAL TEMPERATURE OF RAW CHICKEN IN KITCHEN REFRIGERATOR NEXT TO DEEP FREEZER 54°-58°F NOT AT 41°F OR LESS	discarded 6/13
431	NC	X	FLOOR NOT CLEAN NEXT TO WALL, UNDER EQUIPMENT IN KITCHEN	
392	NC	X	OUTSIDE DUMPSTER LID NOT CLOSED	6/14

Received by (name and title printed): <b>John Lanham</b>	Inspected by (name and title printed): <b>Bob Smith ENS</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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Establishment name BPO EZKS #1818	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 6/30/23	ID# 106
Establishment address 56 E Jefferson St.	Purpose: 1. Routine	Follow-up —	Release Date 7/9/23
Owner BPOELKS #1818	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)	
Person in charge ERIC KLICKOWSKI		1 <del>2</del> 4 5	
Responsible person's email			
Certified food handler CHRIS RAMEY 6/24/23			

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Section #	C/NC	R	Narrative	To Be Corrected by
NOTE			MILK CARTON DATE MARKED IN MAY IN REFRIGERATOR	MILK DISCARD
095 NC	*		INSIDE TOP OF ICE MAKER NOT CLEAN NOT POLISHED	7/8/23
NOTE			CHEMICAL TEST STRIPS NOT SEEN	✓ 7/4

Received by (name and title printed):

\* ERIC KLJIKOWSKI, EXALTED RULER

Received by *(signature)*:

*[Handwritten signature]*

Inspected by (name and title printed):

B. & S. m. 1774 275

Inspected by (signature):

Bel Lnd

CC:

CC:

CC:



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Betsy  
7/17

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Establishment name <b>Buffalo Wild Wings</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/16/23</b>	ID# <b>2163</b>
Establishment address <b>2330 N Morton St Franklin, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>6/26/23</b>
Owner		Summary of Violations:  <b>C 0 NC 3 R 0</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler			

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

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Sewage smell in dish area - unknown substance on floor by water heater - clean drains in dish area	6/26/23
402	NC		Floors soiled in many areas under equipment - main line equipment - under racks in walk in freezer	6/20/23
227	NC		Fryer baskets fried	6/16/23
			NOTE: - sanitizer a little low in main 3 bay sink - open flour container needs a lid	

Received by (name and title printed): <b>X LEE BRAKE</b>	Inspected by (name and title printed): <b>Jaycie Miller</b>
Received by (signature): <b>X La BN</b>	Inspected by (signature): <b>Jaycie Miller</b>
cc:	cc:



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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

Establishment name <b>BURGER KING #7447</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/8/23</b>	ID# <b>569</b>
Establishment address <b>1079 N MORTON FRANKLIN, IN</b>	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)	Follow-up <b>—</b>	Release Date <b>6/18/23</b>
Owner <b>PREMIER FOODS</b>		Summary of Violations:  <b>C 0 NC 1 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>ANA BAKES</b>			
Responsible person's email			
Certified food handler <b>ANA BAKES</b>			

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

[illegible]

Received by (name and title printed): Ann Bates		Inspected by (name and title printed): Bob Smith LHS
Received by (signature): Ann Bates		Inspected by (signature): BL Smith
cc:	cc:	cc:



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Belen  
6/12

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>Burger King</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/7/23</b>	ID# <b>635</b>
Establishment address <b>591 US 31 N White land, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>1 wk</b>	Release Date <b>6/17/23</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>5</u> R <u>  </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 <b>X</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		- walk-in freezer door not shut properly -	next inspection
431	NC		The maintenance room floor is soiled. Room is disorganized.	6/8/23
431	NC		- the wall and splash zone by the 3-bay sink is soiled -	6/8/23
295	NC		- storage cabinets under the drink dispenser are soiled -	6/9/23
295	NC		- One ice cream soft serve 2 hopper is soiled.	6/7/23
			Note: Empty trash container in the men's room	

Received by (name and title printed): <b>Rebecca Richardson</b>	Inspected by (name and title printed): <b>Terry D Bayless</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
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>Burger King #1720</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>6/27/23</i>	ID# <i>1885</i>
Establishment address <i>765 County line rd</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 <i>2/14/23</i>
Owner		Summary of Violations:	
Owner address		C <u><i>⓪</i></u> NC <u><i>⓪</i></u> R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ <u><i>✓</i></u> 4 _____ 5 _____	
Certified food handler <i>Kimberly Mcanebrews 7/18/24</i>			

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

Received by (name and title printed): Kim McAndrews		Inspected by (name and title printed): Paul Betten EHS
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:



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6/23 ✓

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

Establishment name <b>Burger King</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6-22-23</b>	ID# <b>2130</b>
Establishment address <b>5979 N SR 135 Greenwood 460143</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>7-2-23</b>
Owner		Summary of Violations:  <b>C <del>X</del> NC 3 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 X 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Cassandra Capote (exp. 2/1/25)</b>			

• 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
431	NC		Floor by Soda machine box Storage is soiled (observed a spill)	6-24-23
324	NC		Observed a leak at the 3 bay Sink Faucet	7-6-23
			Observed a leak at 3 bay drain connection	
			Observed a leak at mop sink	
295	NC		Interior of ICE machine is soiled.	
			Note: Observed no time stickers or mark on Cold holding line with cheese. Manager stated the establishment uses time as a public health control	Corrected @ time of inspection
			Note: Observed ICE build-up inside walk-in freezer	
			Note: manager stated that the missing hood filters are being cleaned.	

Received by (name and title printed): <b>MANUEL LOPEZ</b>	Inspected by (name and title printed): <b>CASS HALL</b>
Received by (signature): <b>[Signature]</b>	Inspected by (signature): <b>[Signature]</b>
cc:	cc:





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Establishment name <b>Burger King</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/28/23</b>	ID# <b>2606</b>
Establishment address <b>1839 E. main st. Greenwood, Ind</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 <b>7/12/23</b>
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler <b>John Reyes</b>			

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[illegible]

Received by (name and title printed): • Johnny Reyes		Inspected by (name and title printed): Paul Betiku Etti
Received by (signature): • [Signature]		Inspected by (signature): Paul Betiku
cc:	cc:	cc: