



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  
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>Casey's General Store</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/10/2023</b>	ID# <b>2005</b>
Establishment address <b>3048 N. Morton</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>6/17/23</b>
Owner <b>Casey's Marketing</b>		Summary of Violations:  <b>C 0 NC 5 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in charge <b>Heather Witman</b>			
Responsible person's email <b>(Food mgr dept)</b>			
Certified food handler <b>MATT NICHOLSON (4/26/23)</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		Leak noted on back mop sink faucet	6/20/23
431	NC		Kitchen floor soiled next to walls	6/20
295	NC		Walk-in cooler floor is soiled in kitchen area	6/20
252e	NC		Thermometer not seen in pizza kitchen preparation refrigerator, front counter/sandwich area refrigerator, or ice cream chest freezer	6/20
1308	NC		Employee seen not wearing hair restraint in kitchen area (hair net, cap/visor)	6/15

Received by (name and title printed):

**Heather Witman Team member**

Received by (signature):

**Heather Witman**

Inspected by (name and title printed):

**Bob Smith / Sidney King / Caitlin Pless**

Inspected by (signature):

**Bob Smith / Sidney King / Caitlin Pless**

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 <b>Center Grove Church</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6-5-23</b>	ID# <b>2189</b>
Establishment address <b>2340 S SR 135 Greenwood</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>6-15-23</b>
Owner		Summary of Violations:  <b>C</b> <del><b>X</b></del> <b>NC</b> <b>2</b> <b>R</b>	
Owner address		Menu Type (See back of page)  <b>1</b> <b>2</b> <del><b>X</b></del> <b>3</b> <b>4</b> <b>5</b>	
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): Laurie Hummel	Inspected by (name and title printed): Cassie Hall / Sidney King
Received by (signature): Laurie M Hummel	Inspected by (signature): Cassie Hall / Sidney King
cc:	cc: Chall@co.johnson.in.us





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

Bukay  
6/11/23

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>Ching Garden 2 Asian Habachi</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6-16-23</b>	ID# <b>2031</b>
Establishment address <b>5893 N SR 135 Greenwood</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>6-26-23</b>	Release Date
Owner		Summary of Violations:  <b>C 0 NC 6 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 X 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Laina Cheng (exp 6/10/27)</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
218	NC		① Observed the Sushi display cooler @ 42°F - 43°F ② Observed the 2 door cooler (that stores sushi products) @ 41°F ↳ coolers need turned down. All P.H.F need moved to new cooler or put on ice.	6-16-23
295	NC		Exhaust hood system is soiled.	6-30-23
431	NC		Floor through out establishment is soiled ↳ under all equipment ↳ around water heater	7-7-23
295	NC		① Sides of cooking equipment is soiled. ② bottom of 3 door stand up freezer is soiled. ③ Shelving units inside walk in cooler are soiled. ④ Shelving racks inside flip top cooler are soiled/dusty.	
352	NC		Back exterior door self-closing device appears not working.	

Received by (name and title printed): <b>Laina Cheng</b>	Inspected by (name and title printed): <b>Cass Hall</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

## NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Ching Garden Asian Hibachi			5893 N SR 135	6-16-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			Note: Observed "Hotshot Flying Insect" spray by 3 bay sink. Not approved for commercial use.	
			Note: Observed "Clea & Clear" and cerave facial cleaner in kitchen Needs to be removed.	
234	NC		Observed Single use forks stored without handles up All in-use utensils should also be stored with the handles above food product.	6-16-23
			Note: Continue to detail clean & organized the establishment.	
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


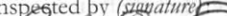
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name <b>CINEMA MAX / CANARY CREEK</b>	Telephone Number (   ) Establishment (   ) Owner	Date of Inspection <b>6/22/23</b>	ID# <b>2382</b>
Establishment address <b>870 MALLORY PKWY FRANKLIN, TN</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>7/2/23</b>
Owner <b>MANU SINGH</b>		Summary of Violations:  <b>C 0 NC 4 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>HEATHER DUNAWAY</b>			
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): <del>Medulla</del> Heather Dunaway manager		Inspected by (name and title printed): Bob Smith ETD
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

Beta  
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>CIRCLE K #121</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/13/23</b>	ID# <b>686</b>
Establishment address <b>2105 E KING ST. FRANKLIN, 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>6/23/23</b>
Owner		Summary of Violations:  <b>C 0 NC 9 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>MICHELLE SMITH</b>			
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"

Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	A	door gasket on entrance door of walk-in cooler - worn/spelt	7/13/23
324	NC	-	NOT WATER TEMPERATURE AT HANDSINKS 128°F NOT AT 100°F - 120°F	6/15
431	NC	R	FLOOR NOT CLEAN UNDER SMALL REFRIGERATOR COFFEE STATION AREA AND STOCK AREA	6/21
291	NC	-	CHEMICAL TEST STRIPS NOT AVAILABLE	6/20
295	NC	-	SHELF IN SIDE CABINET UNDER HANDSINK BY COFFEE STATION NOT CLEAN	6/21
(N/C)			DELTA CASE/FREEZER IN SITE - NOT IN USE	—
256	NC	-	CHEST FREEZER IN STOCK ROOM, SHED - THERMOMETERS NOT SEEN	6/20
295	NC	X	RESTROOM - MECHANICAL EXHAUST NOT FUNCTIONING - COVERS NOT CLEAN	6/24
309	NC			
414	NC	-	FRONT door propped (open)	corrected 6/13

Received by (name and title printed):

**Michelle Smith**

Inspected by (name and title printed):

**Bob Smith EHS**

Received by (signature):

**[Signature]**

Inspected by (signature):

**[Signature]**

cc:

cc:

cc:







BEHND  
6/15



Establishment name CVS #6663	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 6/14/23	ID# 762
Establishment address 11 North Morton, 46131	Purpose: 1. Routine	Follow-up	Release Date 6/24/23
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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): <i>Olivia Waddell</i>	Inspected by (name and title printed): <i>Caleb Aener / Caitlyn Fleener</i>
Received by (signature): <i>Olivia Waddell</i>	Inspected by (signature): <i>Caleb Aener / Caitlyn Fleener</i>
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>CVS #6653</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6-9-2023</b>	ID# <b>796</b>
Establishment address <b>39545.31 Whitland 46184</b>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>6-19-2023</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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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): Mason Resler Store manager		Inspected by (name and title printed): Caleb Fleener / Caitlyn Fleener
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 CVS #6644	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 6/14/23	ID# 1326
Establishment address 640 S State Rd 135	Purpose: 1. Routine	Follow-up	Release Date 6/24/23
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 _____ 3 _____ 4 _____ 5 _____	
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 Bishop Store Manager

Received by (signature): 

cc:  cc: 

Inspected by (name and title printed):  
Caleb Fleener / Caitlyn Fleener

Inspected by (signature) *Colo Eleanor Certy*











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

Bethy  
7/5

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>Desi Bazar</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/21/23</b>	ID# <b>2325</b>
Establishment address <b>916 E. Main St. Greenwood</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>7/11/23</b>	Release Date <b>7/11/23</b>
Owner <b>IN</b>		Summary of Violations:  <b>C 2 NC 6 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 X 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>X NARINDER S. SHERGILL</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
127	NC		- Boxed cases of floor bally are stored directly on the floor in the walk-in freezer.	7/21/23
324	NC		- The walk-in freezer condensation drains improperly in to a bucket	7/31/23
392	NC		- The trash dumpster lid is not closed	6/21/23
	NC		unnecessary items strewn all over outside	7/21/23
295	NC		- The kitchen cabinets can opener is soiled	6/21/23
329	C		- No hot water is available in the facility	6/21/23
187	C		- The flip top refrigerator is not holding the yogurt at 41°F or below. The unit is only 56°F	6/21/23
430	NC		- The ceiling is not finished in the stock area off the kitchen	7/21/23
			NOTE: walk-in freezer is not maintaining 0°F	

Received by (name and title printed): <b>X NARINDER S. SHERGILL</b>	Inspected by (name and title printed): <b>Terry D Bayless</b>
Received by (signature): <b>X A.S. Shergill</b>	Inspected by (signature): <b>[Signature]</b>
cc:	cc:





TEA  
1

317-7

Purpose:

1. Routine

- [illegible]

Received by (signature): Christina Bergen  
cc: Christy n/ Bullock





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

Betty  
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>Dunkin Donuts</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/9/23</b>	ID# <b>2407</b>
Establishment address <b>120 W Smith Valley Rd</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>6/19/23</b>
Owner		Summary of Violations:  <b>C 0 NC 4 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 <b>Apurva Chavan Exp. 2027</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
174	NC		Labels needed in baking area for small sugared containers and icing	6/9/23
310	NC		Vent above baking area soiled	6/20/23
402	NC		Floors in some areas soiled - under equipment in baking area - under equipment in drive thru - mens bathroom (needs swept)	6/15/23
138	NC		Hair needs to be pulled back and not touched Jewelry should not be worn	6/9/23
			NOTE! Keep walk in door shut to keep temp make sure thermometers are easily seen Little buildup on ice machine	

Received by (name and title printed): <b>X Charles Edens</b>	Inspected by (name and title printed): <b>Jayce Miller</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>Jayce Miller [Signature]</b>
cc:	cc: <b>3173464369</b>





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  
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>Dre's Walk</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/13/23</b>	ID# <b>16028</b>
Establishment address <b>2080 S SR 135 Greenwood 46143</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>1/5</b>	Release Date <b>6/23/23</b>
Owner		Summary of Violations: <b>C 2 NC 17 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 X 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Email by 6/14/23</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
191	C		Observed previously cooked, whole baked potatoes inside 2 door prep cooler along cooling date marked 5/31	discarded @ time of inspection 6/27/23
336	C		map sink appears to not have an approve back siphonage	
218	NC		Observed walk-in freezer @ 28°F ↳ shall be 0°F or less	ASAP
			Observed ice build-up inside walk-in freezer (heavy build-up)	
295	NC		meat slicer is soiled. ↳ shall be wash, rinsed, sanitized at least every 4 hours or after each use	6/13/23
295	NC		Watt dicer is soiled.	
177	NC		Observed food products not stored 6" off floor inside walk in freezer	6/15/23
295	NC		many shelving units throughout establishment are soiled/rusty (i.e. w/c)	6/27/23
174	NC		many bulk food products observed not labeled.	6/20/23

Received by (name and title printed):

Inspected by (name and title printed):

**Jena Tryback**

**Cassi Hall / Andrew Miller**

Received by (signature):

Inspected by (signature):

**Jena Tryback**

**Cassi Hall / Andrew Miller**

cc:

cc:

cc:

# NARRATIVE REPORT

Greenwood

Establishment Name			Address	Inspection Date
Dyes Walk Country Club			2080 S. S.R. 135 NW 46143	6/13/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		Temperature control knobs for kitchen charbroiler	7/13/23
431	NC		Kitchen mechanical exhaust filters are soiled	6/18/23
324	NC		Wall chemical dispenser at three bay leaks at a connection	6/20/23
228	NC		Two true one door glass cooler and the bar three door cooler are not easily movable (i.e. on wheels/casters)	7/4/23
430	NC		Northwest bar area wall (behind dish machine) contains a hole/opening	7/4/23
324	NC		Hand sink by restroom (employee) leaks from faucet	
295	NC		Interior top of ice maker is soiled and floor under snack coolers	6/13/23
431	NC		Cove base is loose/missing at prep sink and under three bay sink	7/1/23
402	NC		at three bay sink & new Manager's Desk	
218	NC		Snack bar coolers contained torn door gaskets	7/4/23
227	NC		Hand sink by deep fryers needs sealed to the wall	6/20/23
<p>① Note: If new building contains any food, kitchen, dish wash area, or bar plans must be sent into our office for approval!</p> <p>② Snack bar &amp; hand sink needs to be easily accessible (i.e. small coolers are in front)</p>				
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
Ken Ryback			Andrew Miller, EHS	
			Cassie Wall	