

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.

[illegible]





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Establishment name CHOMP'Z	Telephone Number () Establishment () Owner	Date of Inspection 6/23/23	ID# M2580
Establishment address FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list) (MOBILE)	Follow-up —	Release Date 7/3/23
Owner WILLIE RIDDLE		Summary of Violations: N/C C NO R	
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 WILLIE RIDDLE			
Responsible person's email			
Certified food handler WILLIE/KERRY RIDDLE (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): Willie J. Riddle		Inspected by (name and title printed): Bob Smith
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:


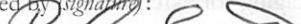
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Establishment name HILLBILLY HOTDOGS	Telephone Number () Establishment () Owner	Date of Inspection 6/23/23	ID# _____
Establishment address FRANKLIN, IL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) MOBILE	Follow-up =	Release Date 7/2/23
Owner JOSH BLACK		Summary of Violations: NLS C <u>NC</u> R	
Owner address			
Person in charge JOSH BLACK		Menu Type (See back of page) F 1 <u>2</u> 3 4 5	
Responsible person's email			
Certified food handler BLACK			

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[illegible]

Received by (name and title printed): Josh Black		Inspected by (name and title printed): Bob Smith
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

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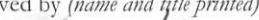
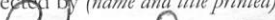


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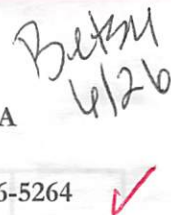
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

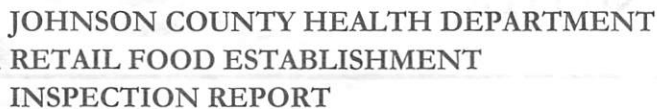
Establishment name JONES KETTLE CORN	Telephone Number () Establishment () Owner	Date of Inspection 6/23/23	ID# 51780
Establishment address FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/3
Owner		Summary of Violations: N/A 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 KEITH JONES			
Responsible person's email			
Certified food handler			

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[illegible]

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





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Establishment name LEGENDARY KITCHEN	Telephone Number () Establishment () Owner	Date of Inspection 6/23/23	ID# m1935
Establishment address FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP <u>1. Other (list)</u> MOBILE	Follow-up —	Release Date 7/3/23
Owner 		Summary of Violations: WLS C <u>—</u> NC <u>—</u> R <u>—</u>	
Owner address ASHLEY DAVIDSON		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 ASHLEY DAVIDSON 1/26/20			


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[illegible]

Received by (name and title printed):
 * Ashely Davis

Received by (signature): _____

Inspected by (name and title printed):
Bob Smith ~~IN~~ ~~INS~~

Inspected by (signature): 

CC:

CC:

CC:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name MO BOWL	Telephone Number () Establishment () Owner	Date of Inspection 6/23/23	ID#
Establishment address FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up 7/3/23	Release Date 7/3/23
Owner ANTHONY HAMMOND / TIMOTHY JOHNSON		Summary of Violations: NIS C <u> </u> NC <u> </u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge BURKE JOHNSON			
Responsible person's email			
Certified food handler BURKE JOHNSON			

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

[illegible]

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

CC:

CC:



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Establishment name MY SUPER TAQUERIA	Telephone Number () Establishment () Owner	Date of Inspection 6/23/23	ID# 2596
Establishment address FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) MOBILE	Follow-up —	Release Date 7/3/23
Owner ROBERTO VILLARRIAL		Summary of Violations: NLS C NC R	
Owner address		Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 5	
Person in charge ROBERTO VILLARRIAL			
Responsible person's email			
Certified food handler ROBERTO VILLARRIAL (SERVSAFE)			

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[illegible]

Received by (name and title printed):

Inspected by (name and title printed):

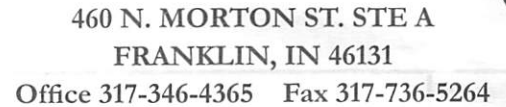
Received by (signature) _____

Inspected by (signature):

CC:


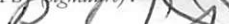

CC:

CC:



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Received by (name and title printed): JENNY CRAWLEY		Inspected by (name and title printed): Bob Smith
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

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Establishment name R&D CONCESSIONS			Telephone Number () Establishment () Owner			Date of Inspection 6/23/23		ID# _____
Establishment address FRANKLIN, IL			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) MCDONALD'S			Follow-up -		Release Date 7/3/23
Owner 						Summary of Violations: NLS C NC R		
Owner address 								
Person in charge DIANE HARTMAN								
Responsible person's email 						Menu Type (See back of page)		
Certified food handler DIANE HARTMAN 3/27/21 (SERVSAFE)						1 _____ 2 4 4 _____ 5 _____		
<ul style="list-style-type: none">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
			* SALT FOR PRETZELS NOT LABELED					
Received by (name and title printed): Diane Hartman								Inspected by (name and title printed): Bob Jim ATk
Received by (signature): Diane Hartman								Inspected by (signature): [Signature]
cc:			cc:			cc:		