

Betsy
6/21

Smith Robert - Health Dept


From: Vintage Whimsy <vintagewhimsyhome@gmail.com>
Sent: Saturday, June 10, 2023 9:06 AM
To: Smith Robert - Health Dept
Subject: Whimsy & Blooms food vendors

Hi Bob!

Here are the food vendors we have lined up for our event next weekend (June 16th & June 17th).

If you'd like to come out on Friday between 2-3pm they will be there. (Event opens at 4pm)
You would need to enter through the main drive before 2:30 or the large parking area after 2:30.

 **Enedina's Fiesta Bar / Taco Truck**
enedinas.fodtruck@gmail.com

 **Yellow Rose TX BBQ**
915-491-6871

 **Millie's Ice Cream & Pancake Poppers**
317-395-4307

 **Gypsy Moon Nosh Wagon**
812-381-0029 (Jackie)

- Indy Annie's Kettlecorn
812-584-4158 (Janet & Sam Goodall)

 **Kelly's Concessions**
317-626-6335 (Mike)

3 of these are new vendors for us, Enedinas - Yellow Rose & Millie's.

All My Best,
Jennifer



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

Beksy
6/21

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 ENCOTINAS PIZO TRUCK	Telephone Number () Establishment () Owner	Date of Inspection 6/16/23	ID# m2611
Establishment address WHIMSY & Bloom	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) MOBILE	Follow-up —	Release Date 6/26/23
Owner JOSE HERNANDEZ		Summary of Violations: NLS 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 KEVIN DANIEL HERNANDEZ			
Responsible person's email			
Certified food handler JOSE (?)			

• 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	Re-Inspected by
			INTERVAL Food Temperature OF RAW CHICKEN, RAW PORK 51°F, 47°F NOT AT 41°F OR less	
			AMBIENT AIR OF REFRIGERATOR 59°F NOT AT 34°-38°F, DOOR GASKET WORN	
			NOT ADEQUATE NUMBER OF HOT HOLDING UNITS AVAILABLE, COOKED FOODS IN CONTAINERS ARE STORED AT 80°F TEMPERATURE, NOT IN WARMER UNITS	
			PROBE TYPE Food Thermometer REGISTERING 0-250°F OR DIGITAL TYPE NOT PROVIDED	
			CHEMICAL TESTS NOT SEEN (STRIPS)	
			HAND SOAP/DISPOSABLE TOWELS NOT PROVIDED	
			DOOR GASKET OF REFRIGERATOR WORN/SPLIT	
			DO NOT OPERATED UNTIL ABOVE ITEMS CORRECTED	

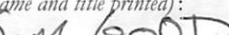
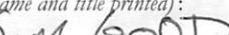
Received by (name and title printed): Kevin Daniel	Inspected by (name and title printed): Bob Smith ETS
Received by (signature):	Inspected by (signature): [Signature]
cc:	cc:

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 JUDY ANNIE'S KETTLECORN	Telephone Number () Establishment () Owner	Date of Inspection 6/16/23	ID#
Establishment address WILMISK & BLOOMSB	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/26/23
Owner GoodALL		Summary of Violations: N/A C <u>—</u> NC <u>—</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 5	
Person in charge SAM GOODALL			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Sgm GORDON	Inspected by (name and title printed): Sgt Smith
Received by (signature): 	Inspected by (signature): 
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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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 Kelly's Concession	Telephone Number () Establishment () Owner	Date of Inspection 6/16/23	ID# ✓
Establishment address WILMIST & BLOOMS	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) MOBILE	Follow-up —	Release Date 6/26/23
Owner MIKE CRIPP		Summary of Violations: NLS C <u> </u> NC <u> </u> R <u> </u>	
Owner address			
Person in charge TRENTON CRIPP			
Responsible person's email			
Certified food handler TRENTON CRIPP (SERVSAFE 3/3/24 EXP)		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	

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[illegible]

Received by (name and title printed): Trenton Cripe		Inspected by (name and title printed): Bob Smith
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:

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Establishment name GYPSY moon NOSH WAGON	Telephone Number () Establishment () Owner	Date of Inspection 6/16/23	ID# —
Establishment address Whimsy & Blooms	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Other	Follow-up —	Release Date 6/16/23
Owner JACKIE WHITE		Summary of Violations: w/5	
Owner address		C — NC — R —	
Person in charge JACKIE WHITE		Menu Type (See back of page)	
Responsible person's email		1 — 2 <u>4</u> 3 — 4 — 5 —	
Certified food handler JACKIE WHITE (signature) 10/13/25			

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[illegible]

Received by (name and title printed): IL White	Inspected by (name and title printed): Bob Smith
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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Establishment name MILLER'S ICE CREAM CO.		Telephone Number		Date of Inspection	ID#
Establishment address WHEAT & BLOOM		() Establishment () Owner		6/16/23	2634
Owner SAMANTHA ANGEL		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) MOBILE		Follow-up -	Release Date 6/20/26
Owner address				Summary of Violations: NLS C _____ NC _____ R _____	
Person in charge Jesse Angel				Menu Type (See back of page)	
Responsible person's email				1 _____ 2 A 3 _____ 4 _____ 5 _____	
Certified food handler SAMANTHA ANGEL (SERUSAFE 5/16/27) EXP.					
<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
	(A)		THERMOMETERS NOT SEEN IN (2) CHST FREEZERS AND 2 DOOR REFRIGERATOR		
Received by (name and title printed): [Signature]			Inspected by (name and title printed): Bob Smith ETS		
Received by (signature): JESSE ANGEL			Inspected by (signature): [Signature]		
cc:		cc:		cc:	

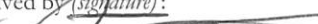

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Establishment name THE YELLOW ROSE TX BBA G. LLC	Telephone Number () Establishment () Owner	Date of Inspection 6/16/23	ID# M 2652
Establishment address WATSON & BLOOMS	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>MOBILE</u>	Follow-up —	Release Date 6/26/23
Owner ANTHONY MINDERMAN		Summary of Violations: NLS C — NC — R —	
Owner address			
Person in charge ANTHONY MINDERMAN			
Responsible person's email			
Certified food handler/ ANTHONY MINDERMAN (SOPUSARE)		Menu Type (See back of page) 1 — 2 <u>77</u> 3 — 4 — 5 —	

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[illegible]

Received by (name and title printed): Anthony Minderman		Inspected by (name and title printed): Bob Smith
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc: