

# 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>3 Agaves Mexican Grill Bar</b>	Telephone Number ( ) Establishment	Date of Inspection <b>7-13-23</b>	ID# <b>2610</b>
Establishment address <b>11 Declaration Dr Greenville</b>	( ) Owner	Follow-up <b>—</b>	Release Date <b>7-23-23</b>
Owner <b>46143</b>	Purpose: <b>1. Routine</b>	Summary of Violations:	
Owner address	<b>2. Follow-up</b>	C <u>1</u> NC <u>3</u> R <u>  </u>	
Person in charge	<b>3. Complaint</b>	Menu Type (See back of page)	
Responsible person's email	<b>4. Pre-Operational</b>	1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>X</u> 5 <u>  </u>	
Certified food handler <b>FRANCISCO GARCIA LOPEZ EXP 4/8/26</b>	<b>5. Temporary</b>		
	<b>6. HACCP</b>		
	<b>7. Other (list)</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): Carlos Velarde		Inspected by (name and title printed): Bob Smith / Cass. Hall	
Received by (signature): 		Inspected by (signature): Bob Smith / Cass. Hall	
cc:		cc:	





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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Beta  
7/17

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 <u>101 MEAT SHOP</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>7/13/23</u>	ID# <u>2658</u>
Establishment address <u>11 Declaration Dr, Greenwood 46143</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>(yes)</u>	Release Date
Owner		Summary of Violations:  C <u>2</u> NC <u>2</u> R	
Owner address		Menu Type (See back of page)  1 2 3 <u>4</u> 5	
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
<u>(NOTE)</u>		<input checked="" type="checkbox"/>	CARTONS OF EGGS IN REFRIGERATOR DO NOT HAVE A SELL BY DATE ON CARTON	<u>7/20/23</u>
<u>187</u>	C	<input checked="" type="checkbox"/>	INTERNAL TEMPERATURES OF POTENTIALLY HAZARDOUS FOODS (SALMON, MEAT, KING FISH, CHICKEN, TAPERO MEAT, CHICKEN) NOT AT 41°F OR LESS, were 43°F - 47°F IN FRONT REFRIGERATED CASE	Food discarded AT TIME OF INSPECTION <u>7/13</u>
<u>345</u>	NC	<input checked="" type="checkbox"/>	3 KNIVES STOOD IN FRONT HANDSINK BASIN	corrected <u>7/13</u>
<u>141</u>	C	<input checked="" type="checkbox"/>	MINI SAUCE OFF GASSTAG <del>STATION</del> BY EMPLOYEE THAT SAUCES MADE AT HOME, NOT IN LICENSED FOOD FACILITY	corrected <u>7/13</u>
<u>295</u>	NC	<input checked="" type="checkbox"/>	MEAT SLICER NOT CLEAN, NOT CLEANED EVERY 4 HOURS	<u>7/15</u>
<u>(NOTE)</u>		<input checked="" type="checkbox"/>	<del>SEE</del> CERTIFIED FOOD HANDLER NOT PROVIDED	<u>8/1/23</u>
<u>(NOTE)</u>		<input checked="" type="checkbox"/>	EGG LICENSE NOT PROVIDED FOR EGGS - (EGG BOARD)	<u>7/15</u>

Received by (name and title printed): Jashwanth Srinivasan

Inspected by (name and title printed):

Received by (signature): [Signature]

Inspected by (signature):

cc:

cc:

cc:





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Bekah  
7/24

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>Alpha Grocery</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7-21-23</b>	ID# <b>2423</b>
Establishment address <b>3521 Meridian Meadows Rd</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>YES</b>	Release Date <b>7-31-23</b>
Owner		Summary of Violations:  <b>C 4 NC 1 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 X 5</b>	
Person in charge <b>(SenSafe)</b>			
Responsible person's email <b>EXP 5/11/26</b>			
Certified food handler <b>Elizabeth Ling Men Tial</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
142	C		Observed many food products employee stated was made not in a licensed kitchen (beef, sticky rice, etc) inside display coolers. → not an approved source.	
109	C		Observed a raw sewage back-up from 3 bay sink floor drain.	
345	C		Observed a pot/pan stored inside hand sink by 3 bay sink	
139	C		Many frozen food products appears not from an approved source. Employee doesn't know source of food & no documentation was provided.	
146	NC		Many products without a label including common name etc	
			Establishment is closed due to raw sewage back-up. Establishment may not open until approved by our office.	

Received by (name and title printed):

**X Cal H Puri**

Received by (signature):

**X [Signature]**

cc:

cc:

Inspected by (name and title printed):

**Cass Hall / Andrew Miller**

Inspected by (signature):

**Cass Hall / Andrew Miller**

cc:









460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
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Establishment name <i>Arby's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>07/12/23</i>	ID# <i>642</i>
Establishment address <i>1400 N. Morton St. Franklin IN 46131</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
Owner		Summary of Violations:  C <i>0</i> NC <i>0</i> R <i>0</i>	
Owner address		Menu Type (See back of page) 1 <i>—</i> 2 <i>—</i> 3 <i>✓</i> 4 <i>—</i> 5 <i>—</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Mickinzie Collins (Exp 1/17/26)</i>			

- [illegible]

Received by (name and title printed): John Andrews GM		Inspected by (name and title printed): Paul Betiku EHS	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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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 <i>Arby's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>07/12/23</i>	ID# <i>769</i>
Establishment address <i>111 N. S.R 135 Greenwood, IN 46142</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:  <i>C 0 NC 3 R 0</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 ✓ 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Amy Bennett</i>			

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[illegible]

Received by (name and title printed): Amy Bennett	Inspected by (name and title printed): Paul Betton EHS
Received by (signature): 	Inspected by (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 <b>Arby's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>02/12/23</b>	ID# <b>950</b>
Establishment address <b>2140 US 31 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>-</b>	Release Date
Owner		Summary of Violations:  C <b>0</b> NC <b>2</b> R <b>0</b>	
Owner address	Menu Type (See back of page)  1 _____ 2 _____ 3 <b>✓</b> 4 _____ 5 _____		
Person in charge			
Responsible person's email			
Certified food handler <b>Daniel Jackson</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
297	NE		soda nozzles are soiled.	2/18
431	NE		Floors & walls in the facility is soiled.	1.
246	NE		make sure gloves are not used while <del>per</del> handling soap.	
			NOTE (1) put cheese in separate pans	
			(2) walk-in cooler door is fixed.	
			(3) No more bags inside walk-in cooler & walk-in freezer.	

Received by (name and title printed): David Jackson		Inspected by (name and title printed): Paul Betiku Ets	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	cc:





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Beth  
7/19

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.

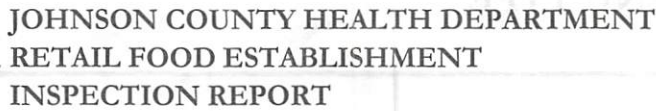
Establishment name <u>ARRY'S -&gt; LOVE'S TRAVEL SDP</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>7/19/23</u>	ID# <u>1519</u>
Establishment address <u>5115 N 300 E 46184</u>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>-</u>	Release Date <u>7/29/23</u>
Owner		Summary of Violations:  C <u>0</u> NC <u>9</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 <u>SAM HILLIARD</u>			
Responsible person's email			
Certified food handler <u>SAM HILLIARD 12/7/26</u>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		- WALL IN FREEZER FLOOR IS SOILED	7/20/23
295	NC		- UNUSED WALL IN FREEZER FLOORS & WALLS ARE SOILED	7/20/23
295	NC		- WALLS NEAR DISHWASHER ARE SOILED	7/20/23
295	NC		- FLOOR IN THE CORNER NEAR DISHWASHER IS SOILED	7/20/23
324	NC		- DRAIN UNDER 3-BAY SINK APPEARS TO BE PARTIALLY BLOCKED	7/29/23
295	NC		- THE WALL NEAR THE DISHWASHER IS MISSING A TILE	8/19/23
239	NC		- SINGLE SERVICE SWACK CUPS <sup>NOT</sup> STORED 6" OR MORE ABOVE THE FLOOR.	7/20/23
257	NC		- THERMOMETER NOT OBSERVED IN THE REACH-IN FREEZER ON LINE.	7/29/23
295	NC		- SODA NOZZLES IN THE DRUG THRU ARE SOILED	7/21/23

Received by (name and title printed): <u>Gamantha Hilliard</u>	Inspected by (name and title printed): <u>KEVIN R. PAVEN / Bob Smith</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc:





460 N. MORTON ST. STE A  
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Establishment name <i>Arby's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7/24/23</i>	ID# <i>2507</i>
Establishment address <i>954 E main st Greenwood, IN</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>0</i></u> NC <u><i>2</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>Jachie Rosales</i>			

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

Received by (name and title printed): Jodie Rosales		Inspected by (name and title printed): Paul Betiku EHS	
Received by (signature): Jodie Rosales		Inspected by (signature): Paul Betiku	
cc:		cc:	





JOHNSON COUNTY HEALTH DEPARTMENT  
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Belm  
7/17

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>ASIAN CHAO</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/13/23</b>	ID# <b>1912</b>
Establishment address <b>1251 US31 GREENWOOD, 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>7/23/23</b>	Release Date <b>7/23/23</b>
Owner <b>OCEANS 222</b>		Summary of Violations: <b>4</b> C <input type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
Owner address		Menu Type (See back of page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in charge <b>KETCHA</b>			
Responsible person's email			
Certified food handler <b>ISABELLA LEON JERUSALEM (3/27/28 EXP)</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
231	NC	→	FLOOR IN AREA UNDER FRONT COUNTER NOT CLEAN	7/20/23
254	NC	←	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F NOT ACCURATE	7/18
347	NC	Ⓡ	DISPOSABLE TOWELS NOT PROVIDED AT HANDSINKS	7/15
218	NC	←	DOOR GASKET WORN ON REFRIGERATOR IN GRILL AREA	7/13/23
		←	<b>NOTE</b> METAL TABLES IN BACK (RECAULK)	7/22

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





460 N. MORTON ST. STE A  
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

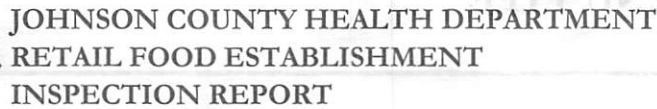
Establishment name <i>Bickford Assisted Living</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2/11/23</i>	ID# <i>1759</i>
Establishment address <i>3021 Stella Dr. Greenwood</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>  </u>	Release Date
Owner		Summary of Violations:	
Owner address		C <u>  </u> NC <u>  </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>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler			

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

Received by (name and title printed): Kathie Pales		Inspected by (name and title printed): Paul Betton Ets	
Received by (signature): [Signature]		Inspected by (signature): [Signature]	
cc:		cc:	





460 N. MORTON ST. STE A  
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Establishment name <i>Butter Sugar flour Coffee</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7/11/23</i>	ID# <i>2641</i>
Establishment address <i>105 N. 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:  C <u><i>0</i></u> NC <u><i>0</i></u> R <u><i>0</i></u>	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 <u><i>✓</i></u> 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <i>Kristyna Venis 12/27</i>			

- [illegible]

Received by (name and title printed): Kristyna Vonis, owner	Inspected by (name and title printed): Paul Betiku EHS
Received by (signature): Kristyna Vonis	Inspected by (signature): Paul Betiku
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 <b>Chicago pizza</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/24/23</b>	ID# <b>2355</b>
Establishment address <b>2245 Sheek od 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>-</b>	Release Date
Owner		Summary of Violations:  <b>C 0 NC 1 R 1</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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[illegible]

Received by (name and title printed): Nathan Sheets	Inspected by (name and title printed): Paul Betiku Ets
Received by (signature): Nathan Sheets	Inspected by (signature): Paul Betiku
cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
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Bekm  
7/24

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>Chicago's Pizza with a Twist</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7/18/23</i>	ID# <i>2391</i>
Establishment address <i>997 E. County Line Rd Greenwood IN 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>7/28/23</i>
Owner <i>Harjap Singh Dhillon</i>		Summary of Violations:  <i>C 3 NC 9 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>H.S.D.</i>			
Responsible person's email			
Certified food handler <i>Harjap Singh Dhillon</i>	<i>ServSafe Exp: 10/12/25</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"

Section #	C/NC	R	Narrative	To Be Corrected by
171	C		Observed a kitchen employee handle ready-to-eat bread with bare hands	7/18/23 I
345	C		Hand sink by preparation sink was storing metal pans	Corrected I
433	NC		Wet mop not hung up	Corrected
324	NC		① Sewer gas like smell noted in men's restroom and near kitchen grease trap lid	7/21/23 I
			② Preparation sink faucet leaks	7/27/23
			③ Three bay sink center drain piping leaks	I
			④ Men's restroom toilet seat not open front	I
404	NC		① Cove base off wall behind three bay sink and fryer unit	7/27/23 I
187	C		Chicken & Cheese measured 43°F/44°F while on the top well of the pizza preparation	7/18/23 Repair person called

Received by (name and title printed): <i>HARJAP SINGH DHILLON</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Harjap Singh Dhillon</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

Greenwood

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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 <b>Chick Fil A</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/6/23</b>	ID# <b>974</b>
Establishment address <b>155 Marlin Dr Greenwood, 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>NO</b>	Release Date <b>7/6/23</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>X</u> 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <b>Pick-Johnson Exp: 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): X Amber Sprague	Inspected by (name and title printed): Janyie Miller
Received by (signature): X Amber Sprague	Inspected by (signature): Janyie Miller BAs
cc:	cc: 3173464369



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

Beky  
7/26

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 <b>china wok chen</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/12/23</b>	ID# <b>2417</b> <b>2168</b>
Establishment address <b>200 S. Emerson Ave</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>7/22/23</b>
Owner <b>Greenwood, IN</b>		Summary of Violations:  C <u>0</u> NC <u>6</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>Wen Han Lin</b>			

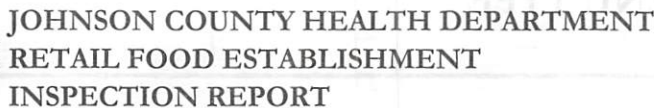
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• 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
171	NC		- use bulk food utensils with handles	7/14/23
112	NC		- (3) home type chest freezers are not approved units.	when replaced-
295	NC		- the walk-in cooler gasket is soiled-	7/14/23
177	NC		A Pan of noodles is stored directly under the walk-in cooler drain.	7/12/23
295	NC		storage shelves on work tables are soiled.	7/19/23
431	NC		The screen door - back door - is very soiled	7/19/23

Received by (name and title printed): <b>Wen Han Lin</b>	Inspected by (name and title printed): <b>Terry Bayless</b>
Received by (signature): <b>Wen Han Lin</b>	Inspected by (signature): <b>Terry Bayless</b>
cc:	cc:





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

Establishment name <i>Cold Stone Creamery</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2/11/23</i>	ID# <i>2455</i>
Establishment address <i>789 US 31 N 46142</i>	Purpose: <u>1.</u> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date <i>7/21/23</i>
Owner <i>HUI ZHANG</i>		Summary of Violations:  <i>C 0 NC 2 R -</i>	
Owner address		Menu Type (See back of page)  <i>1 2 X 3 4 5</i>	
Person in charge <i>HUI ZHANG</i>			
Responsible person's email			
Certified food handler <i>N/A</i>			

- | Section #          | C/NC | R | Narrative  | To Be Corrected by |
|--------------------|------|---|--|--------------------|
| 254                | NC   | - | THERMOMETER NOT OBSERVED IN CHEST FREEZER<br>(WHIRE)   | 7/18/23            |
| 174                | NC   | - | BULK FOOD ITEMS NOT LABELED  | 7/18/23            |
| *<br><u>NOTE</u> * |      | - | No SERVSAFE/CERTIFIED FOOD HANDLER CERTIFICATE<br>OBSERVED                                   | 11/11/23           |
|                    |      | - | MUST BE COMPLETED AND POSTED BY 11/11/23   |                    |
|                    |      | - | HUI STATED SHE KEEPS THE CERTIFICATE<br>AT HOME. PLEASE POST A COPY IN THE<br>ESTABLISHMENT. |                    |

Received by (name and title printed): X Hui Zhang		Inspected by (name and title printed): KEVIN R PAULIN EHS
Received by (signature): X [Signature]		Inspected by (signature): [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 Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

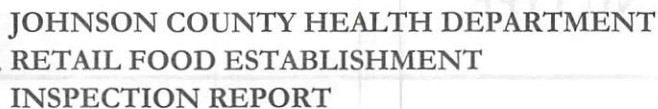
Establishment name <i>Community Health Network Rehabilitation</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7/27/23</i>	ID# <i>2254</i>
Establishment address <i>607 Greenwood Springs Dr.</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date
Owner		Summary of Violations:  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			
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>'SwanHeckert'</i>		Inspected by (name and title printed): <i>Paul Beticu EHS</i>
Received by (signature): <i>SwanHeckert</i>		Inspected by (signature): <i>Paul Beticu</i>
cc:	cc:	cc:





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

Establishment name <b>Country Mark</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>07/10/23</b>	ID# <b>2321</b>
Establishment address <b>170 S. S. R 135 Bangersville IN 46106</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>07/24/23</b>
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>4</u> R <u>5</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	

- [illegible]

CC: