

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 EL Torito 2	Telephone Number () Establishment () Owner	Date of Inspection 8/30/23	ID# 2715
Establishment address 120 W Smith valley rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <input checked="" type="checkbox"/> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Juan Carrillo 9/12/27			

- 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): • Juan Carrillo		Inspected by (name and title printed): Paul Betancourt
Received by (signature): • Juan Carrillo		Inspected by (signature): Paul Betancourt
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

Bellevue
8/14
✓

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 FAIRFIELD INN & SUITES	Telephone Number () Establishment () Owner	Date of Inspection 8/14/23	ID# 2274
Establishment address 350 PARIS DR FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/24/23
Owner GENERAL HOTELS INC		Summary of Violations: C <u>0</u> NC <u>4</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 <u>3</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge COURTNEY TAYLOR			
Responsible person's email			
Certified food handler AMY MOSES (SERVSAFE EXP 5/10/24)			

• 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
239	NC		NEW SMALL PLASTIC CUPS FOR JUICE/WATER NOT IN DISPENSER HOLDER	8/20/23
179	NC		APPLES ON BREAKFAST BAR NOT WRAPPED	corrected 8/14
347	NC		DISPOSABLE TOWELS NOT PROVIDED AT HANDSINKS	corrected 8/14
254	NC		METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F NOT ACCURATE	8/16
			<u>NOTE</u> MECHANICAL MECHANICAL ESTIMATED NOT IN USE	(work order)

Received by (name and title printed): Courtney Taylor Brkfst Attendant	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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

Berry
8/22

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>FOLK TALE EVENT CENTER</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>8/21/23</u>	ID# <u>2588</u>
Establishment address <u>245 S MADISON 46142</u>	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date <u>9/1/23</u>
Owner <u>KATIE HENRICH</u>		Summary of Violations: <u>C 0 NC 3 R —</u>	
Owner address		Menu Type (See back of page) <u>1 2 3 4 5</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"

Section #	C/NC	R	Narrative	To Be Corrected by
256	NC		- NO THERMOMETER OBSERVED IN CHEST FREEZER	
291	NC		- NO CHEMICAL TEST STRIPS OBSERVED	
431	NC		- FLOOR SOILED UNDER EQUIPMENT IN KITCHEN AND BAR AREA	
174	NC		- BULK FOOD CONTAINER NOT LABELED	
347	NC		- DID NOT OBSERVE PAPER TOWELS FOR THE HAND SINK IN THE BAR AREA	
NOTE → HAND SINKS ARE FOR WASHING HANDS, NOT SODAS. - OBSERVED SMALL FLYING INSECTS.				
- 1 CHEMICAL SPRAY BOTTLE NOT LABELED.				
- REFRIG IN COOLER IN BAR AREA - NO THERMOMETER OBSERVED, CLEAN AND DEFROST.				

Received by (name and title printed): <u>X Katie Henrichs</u>	Inspected by (name and title printed): <u>KEVIN R. PAULSEN</u>
Received by (signature): <u>X Kathleen A. Henrichs</u>	Inspected by (signature): <u>KRP</u>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Bekm
8/7

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 FRIENDS Diner	Telephone Number () Establishment () Owner	Date of Inspection 8/3/23	ID# 2202
Establishment address 989 N US31 WHATELAND, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (YES)	Release Date 8/13/23
Owner PEREZ		Summary of Violations: C <u>2</u> NC <u>8</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <u>4</u> 5	
Person in charge RUBEN PEREZ			
Responsible person's email			
Certified food handler PEREZ			

• 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
187	C	*	INTERNAL TEMPERATURE OF RAW HAMBURGER, STELLER EGGS IN UPRIGHT REFRIGERATOR BY BACK DOOR 48°F, NOT AT 41°F OR LESS	8/4/23
(NOTE)	*		INTERNAL TEMPERATURE OF RAW FISH AND PORK 43°F IN REFRIGERATOR ACROSS FROM OVEN	8/4
324	NC	*	HOT WATER TEMPERATURE AT RESTROOM HANDSINKS 136°F NOT AT 100°F-120°F	8/4
344	C	*	HANDSINK IN KITCHEN NOT EASILY ACCESSIBLE, ITEMS STORED IN SINK,	8/4
346	NC		HANDSINK AND DISPOSABLE TOWELS NOT PROVIDED	
310	NC	*	EXHAUST HOOD MISSING FILTER (CORRECTED 8/3)	8/10
431	NC	*	FLOOR DRAIN UNDER 3 COMPARTMENT SINK NOT CLOSED, (FEW SMALL FLIES SEEN)	CORRECTED 8/3
218	NC	*	DOOR SEAL/GASKET WORN ON ADVANTCO REFRIGERATOR IN KITCHEN	9/3

Received by (name and title printed):

Inspected by (name and title printed):

Ruben Perez

Bob Smith EITP

Received by (signature):

Inspected by (signature):

Ruben Perez

Bob Smith

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



460 N. MORTON ST. STE A
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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.

- 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): Hailley Stewart		Inspected by (name and title printed): Paul Betiku Lts	
Received by (signature): Hailley Stewart		Inspected by (signature): Paul Betiku	
cc:		cc:	

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131

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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 Giorgi's Dam Bait Shop.	Telephone Number () Establishment	Date of Inspection 8-28-13	ID# 1526
Establishment address 592 W Center St.	() Owner Edinburgh	Follow-up —	Release Date 9-8-13
Owner	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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

Received by (name and title printed):		Inspected by (name and title printed): Cass Hall / Caleb Florence	
Received by (signature):  		Inspected by (signature):  	
cc:		cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Betsy
8/13

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 GALLAGHER'S PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 8/1/23	ID# 2033
Establishment address 1273 N BLUFF RD 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 8/11/23
Owner Nick Himes		Summary of Violations: C 3 NC 16 R -	
Owner address		Menu Type (See back of page) 1 - 2 - 3 X 4 - 5 -	
Person in charge			
Responsible person's email /			
Certified food handler NOT OBSERVED			

• 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
411	NC		- LIGHT INTENSITY IN THE KITCHEN IS BELOW BELOW MIN.	8/15/23
174	NC		- SQUEEZE BOTTLES CONTAINING FOOD PRODUCTS ARE NOT LABELED	8/2/23
218	NC		- SUPERIOR STADD UP REFRIGERATOR TEMP IS 50° - CHEESE IS 48° → MOVED TO ALTERNATIVE REFRIGERATION	- CORRECTED
218	NC		- TRUE STADD UP REFRIGERATOR READING 61° - CONTAINS ONLY BREAD - PIZZA CRUST	8/15/23
254	NC		- NO THERMOMETERS OBSERVED IN ANY COOLERS	8/6/23
218	NC		- DOOR GASKETS ON ALL COOLERS ARE IN DISREPAIR	8/15/23
399	NC		- "CORA-COLA" REFRIGERATORS ARE NOT EASILY MOVABLE	8/15/23
187	C		- DICED HAM OBSERVED AT 61° AND 49° - DISCARDED	- CORRECTED
187	C		- SLICED HAM OBSERVED AT 49° - DISCARDED	- CORRECTED
255	NC		- NO FOOD THERMOMETER OBSERVED	8/15/23
187	C		- CHEESE COOLER/WARMER IS INOPERABLE - CHEESE TEMP OBSERVED AT 75° - DISCARDED	- CORRECTED
392	NC		- NO COVERED RECEPTACLE OBSERVED IN BATHROOM	8/7/23
215	NC		- CARBOARD BEING REUSED FOR STORAGE IN KITCHEN	8/2/23
324	NC		- NO COLD WATER FAUCET HANDLE IN RESTROOM HAND SINK	8/15/23

Received by (name and title printed):

Robert Hensley

Received by (signature):

Robert Hensley

Inspected by (name and title printed):

KEVIN R PAUL EHS / BSA Smith-EHS

Inspected by (signature):

KEVIN R PAUL

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



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FRANKLIN, IN 46131
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Establishment name GRACE ASSEMBLY OF GOD	Telephone Number () Establishment () Owner	Date of Inspection 8/3/23	ID# 2625
Establishment address 6822 N US 31	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/13/23
Owner EDWARD SUDGER		Summary of Violations:	
Owner address		C <u>Ø</u> NC <u>3</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler JERRIE BROOKS exp 8/23/2027			


- 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): Shaci Murray

Received by (signature): Traci Murray

Inspected by (name and title printed):
KEVIN R LAVERNE EHS

Inspected by (signature): 

CC:

cc:

cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

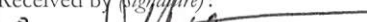
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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 Crafton Peak	Telephone Number () Establishment () Owner	Date of Inspection 8/18/23	ID# 1782
Establishment address 400 E Main St Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date
Owner		Summary of Violations:	
Owner address		C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
Person in charge Charlie Bryant		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			

- 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): Cristian A. Figueroa	Inspected by (name and title printed): Paul Betton
Received by (signature): 	Inspected by (signature): Paul Betton
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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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 <i>Cirelli's Pizzeria</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/14/23</i>	ID# <i>2146</i>
Establishment address <i>1642 Olive branch IN 46143</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:	
Owner address		<i>C 0 NC 1 R 0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 2 3 ✓ 4 5</i>	
Certified food handler <i>Jason Tapp</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"

[illegible]

Received by (name and title printed): Heather Klein	Inspected by (name and title printed): Paul Betton ETS
Received by (signature): 	Inspected by (signature): 
cc:	cc:



Belm
8/7
36-5264

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

Establishment name <i>World Harvest Cafe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/4/23</i>	ID# <i>1740</i>
Establishment address <i>2045 AVERITT RD 46142</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>—</i>	Release Date <i>8/14/23</i>
Owner <i>A Greenwood Christian Church</i>		Summary of Violations: C <i>φ</i> NC <i>φ</i> R <i>—</i>	
Owner address		Menu Type (See back of page) 1 <i>—</i> 2 <i>X</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
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): X Kathy Stahlhut		Inspected by (name and title printed): Kevin B. Larson BAs
Received by (signature): X Kathy Stahlhut		Inspected by (signature): K.B. Larson
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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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 GREENWOOD UNITED METHODIST	Telephone Number () Establishment () Owner	Date of Inspection 8/4/23	ID# 1617
Establishment address 525 N MADISON AVE 46142	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up —	Release Date 8/14/23
Owner —		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge JULIE PENOFF			
Responsible person's email			
Certified food handler JULIE PENOFF exp. 3/27			

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

Received by (name and title printed): + Julie Payoff	Inspected by (name and title printed): Kevin R. Packer EAS
Received by (signature): + Julie Payoff	Inspected by (signature): [Signature]
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Before 8/18

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 Grill Bar	Telephone Number () Establishment () Owner	Date of Inspection 8/17/23	ID# 143
Establishment address 138 E Jefferson St Franklin, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up N/D	Release Date 8/27/23
Owner		Summary of Violations: C 0 NC 4 R 3	
Owner address		Menu Type (See back of page) 1 2 3 P 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"

Section #	C/NC	R	Narrative	To Be Corrected by
177	NC	X	Food Stored on floor in walk in cooler	8/18/23
402	NC	X	Floors soiled in several areas - under bar, ice machine, 3 bay sink	8/31/23
257	NC	P	thermometers not easily accessible in coolers	8/17/23
433	NC		mop not hung - sit in dirty water	8/17/23
NOTE: Please wear gloves at all times while preparing food + change after touching raw meat				
Small winged insects observed				
- Keep meat covered while unattended				

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Perkins
8/17

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 Hampton Inn	Telephone Number () Establishment () Owner	Date of Inspection 8/14/23	ID# 2356
Establishment address 361 PARIS DR. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/14/23
Owner		Summary of Violations: C <u>0</u> NC <u>4</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 5	
Person in charge SYDNEY HALL			
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
			SCOOP WITH HANDLE NOT PROVIDED FOR DISPENSING ICE FROM ICE MAKER	8/8/23
239	NC	*	BOXES OF SINGLE SERVICE ITEMS IN STOCK ROOM NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	9/1
179	NC	*	APPLES ON DISPLAY AT BREAKFAST BAR NOT WRAPPED OR TONGS PROVIDED	8/5
291	NC	*	CHEMICAL TEST STRIPS FOR QUAT SANITIZER NOT PROVIDED	8/8
257	NC	*	DIGITAL TYPE THERMOMETER OR PROBE TYPE 00-22°F NOT PROVIDED	8/6
			MECHANICAL DISINTEGRATOR NOT IN USE	✓

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



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FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name <i>Hisho Sushi</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/3/23</i>	ID# <i>2158</i>
Establishment address <i>2890 N. Merton St. Franklin</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>(X)</i></u> NC <u><i>(X)</i></u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u><i>✓</i></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"
- 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):

Pa Ru,

Received by (signature):

CC:

CC:

Inspected by (name and title printed):

Paul Bettke C-13

Inspected by (signature):

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 <i>Hogies Cupboard Candy & Snacks</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-8-2023</i>	ID# <i>1949</i>
Establishment address <i>370 E Jefferson 46131</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>8-16-2023</i>
Owner <i>SMITH</i>		Summary of Violations:	
Owner address		<i>C</i> <i>/</i> <i>NC</i> <i>/</i> <i>R</i> <i>/</i>	
Person in charge <i>Cameron Smith</i>		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> <i>2</i> 3 4 5	
Certified food handler <i>Cameron Smith exp 5-13-2026</i>			

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[illegible]

Received by (name and title printed): <u>Cameron D Smith Owner</u>		Inspected by (name and title printed): <u>Caleb Fleener / Bob Smith PH</u>	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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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 Hopie Grallery	Telephone Number () Establishment	Date of Inspection 8-10-23	ID# 1572
Establishment address PO Box 741 bargersville 46006	() Owner	Follow-up —	Release Date 8-10-23
Owner	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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[illegible]

Received by (name and title printed): Alexis "Sadie" Stokes	Inspected by (name and title printed): Cass: Hall
Received by (signature): Alexis Stokes	Inspected by (signature): Cass: Hall
cc:	cc:



BAKIN 8/24

✓

Establishment name <i>House of Tokyo</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/28/28</i>	ID# <i>515</i>
Establishment address <i>172 Melody Lane</i>	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 <i>-</i>	Release Date
Owner		Summary of Violations:	
Owner address		<i>C 0 NC 3 R</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 2 3 4 5</i>	
Certified food handler			

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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): - <i>Paul Berton</i>		Inspected by (name and title printed): <i>Paul Berton</i>	
Received by (signature): - <i>Paul Berton</i>		Inspected by (signature): <i>Paul Berton</i>	
cc:	cc:	cc:	