

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 NANNIES KITCHEN	Telephone Number () Establishment () Owner	Date of Inspection 8/3/23	ID# 2624
Establishment address 6822 N US 31	Purpose: 1. Routine	Follow-up	Release Date
Owner JERRINE BROOKS	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>3</u> R <u>1</u>	
Owner address PO Box 85 HARTSVILLE IN 47244		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler JERRINE BROOKS EXP 8/23/27			

- 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):		Inspected by (name and title printed):
Traci Murray		KEVIN R. TAVELLO ETS
Received by (signature):		Inspected by (signature):
Traci Murray		KEVIN R. TAVELLO
cc:	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
8/8

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 NEW KUMO JAPANESE STEAKHOUSE	Telephone Number () Establishment () Owner	Date of Inspection 8/7/23	ID# 1821
Establishment address 40 JEFFERSON ST. 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 8/17/23
Owner YI LI		Summary of Violations: C <u>0</u> NC <u>7</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge YI LI			
Responsible person's email			
Certified food handler YI LI SCRIBESMAN (EXP 7/30/24)			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC	(X)	THERMOMETERS NOT SEEN IN SMALL CHEST FREEZER (next to 'COKE' REFRIGERATOR) AND FRONT LARGE AND SMALL CHEST FREEZERS,	8/11/23
228	NC	X	LARGE CHEST FREEZER - (FRONT AREA) NOT EASILY MOVABLE	8/20
239	NC	X	STOCK CLOSET - BOX OF SINGLE SERVICE ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	corrected 8/7
411	NC	-	LIGHT OUT ON EXHAUST HOOD	✓ 8/11
295	NC	X	EXHAUST HOOD NOT CLEAN (GREASE BUILDUP)	9/11
295	NC	X	SIDES OF DEEP FRYER, GRILL NOT CLEAN	8/15
199	NC	-	RAW FROZEN FISH - THAWING AT ROOM TEMPERATURE	corrected 8/7
(NOTE)			DISPENSING BOTTLE OF CLEANER NOT LABELED	corrected 8/7

Received by (name and title printed): YI LI	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



Beth
6/30

Establishment name New Wang Cai	Telephone Number () Establishment () Owner	Date of Inspection 8-29-23	ID# 1519
Establishment address 209 S SR 135	Greenwood	Follow-up NES	Release Date 9-9-23
Owner	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C 0 NC 3 R	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 2 3 4 X 5	
Certified food handler Jessica Chong	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	①	Fryer baskets are damaged / worn ↳ needs replaced.	9-5-23 1
		②	Stand up single door freezer, located across from prep sink door in disrepair ↳ was observed @ 14°F, shall be 40°F or less	10-5-23 (interior) 1
216	NC		Wooden shelf under bulk food bins next to chest freezer, appears not water proof / sealed.	10-5-23 1
218	NC		Observed Snapple, 2 door cooler ambient air temperature @ 47°F ↳ shall be 41°F ↳ move all potentially hazardous foods to different unit.	8-31-23 1

Inspected by (name and title printed):

Inspected by (signature):

CC:

CC:

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Establishment name <i>NOTHING BUT CAKES</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/4/23</i>	ID# <i>2323</i>
Establishment address <i>3113 W. SMITH VALLEY RD</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 <i>8/14/23</i>
Owner <i>LEANN BROWN</i>		Summary of Violations: <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge <i>ALI CARRIZO</i>			
Responsible person's email			
Certified food handler <i>JC WARREN</i>			

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[illegible]

Received by (name and title printed): Alejandra Carrizo		Inspected by (name and title printed): Kevin R. Brown EHS
Received by (signature): Alejandra Carrizo		Inspected by (signature): K-RB
cc:	cc:	cc:



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Beta
8/24

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 Oaken Barrel Brewing Co	Telephone Number Establishment 317-881-2287 Owner 2287	Date of Inspection 8/15/23 3:15	ID#
Establishment address 50 Airport Pkwy L 46143	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up no	Release Date 8-25-23
Owner		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>3</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
441	C	X	Unapproved pest control, specifically; the hanging, white, rectangular w/ yellow colored chemical inside. Recommend: Discarding all of them including ones in the brewery & don't purchase anymore.	8/15/23
204	NC	X	Observed dust on ceiling above open flip-top cooler w/ food. Recommend cleaning dust off ceiling & intake. When flip-top is not underneath today.	8/15/23
204			2 Ice Buckets containing ice (uncovered) stored under West Bar Ice Bin. Ice Bin Bottom may have paint chips & rust chips.	
430	NC	X	Floor tile cracked & grout missing throughout.	9-15-23
430			Missing ceiling tile. - Dusty fan @ autodish	8-15-23
324			Note: Hand sink drain line leaks - parts are in house - working on problem. Note Label Spray Bottles covered. You may make written comments - fax mail, email	Thank You
Received by (name and title printed):			Inspected by (name and title printed):	
Bryan Bates Manager			Elizabeth Schultz	
Received by (signature):			Inspected by (signature):	
			Elizabeth Schultz	
cc:			cc:	
			317 346 4373	

Eschultz @ Co. johnson. in. us.

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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>OLD TOWN ARMORY</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/4/23</i>	ID# <i>2137</i>
Establishment address <i>2 N MADISON 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 <i>8/14/23</i>
Owner		Summary of Violations: <i>C 0 NC 0 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge <i>HANNAH JOHNSON</i>			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): x Hannah Johnson	Inspected by (name and title printed): Kevin R. Brown EHS
Received by (signature): x [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 PARKHURST DINING	Telephone Number () Establishment () Owner	Date of Inspection 8/24/23	ID# 2273
Establishment address BLVD. 101 BRANTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 9/4/23
Owner PARKHURST DINING		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge DEVA DUNCAN		Menu Type (See back of page)	
Responsible person's email dduncan@franklincollege.edu		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> X </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): Deva Duncan General Manager		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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Establishment name <i>Pizza with a Twist</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/20/23</i>	ID# <i>2738</i>
Establishment address <i>997 E. County Line rd.</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>✓</i> NC <i>✓</i> R	
Owner address		Menu Type (See back of page) 1 2 3 <i>✓</i> 4 5	
Person in charge			
Responsible person's email			
Certified food handler <i>Champreet Saran</i> <i>8/2/23</i>			

- | Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| | | | No violation during inspection. | |
| | | | NOTE: New owner taking over 8/31/23 | |
| | | | (i) make sure no other items are inside hand sink | |
| | | | (ii) make sure items are stored 6" off the ground. | |
| | | | (iii) temperatures are okay | |
| | | | (iv) make sure walls & floors are clean. | |

CC:



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Bekm
8/21

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 POPEYES	Telephone Number () Establishment () Owner	Date of Inspection 8/18/23	ID# 6505
Establishment address 270 IN-735 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 8/20/23
Owner GILLIGAN COMPANY LLC		Summary of Violations: C 3 NC 23 R —	
Owner address 3805 EDWARDS RD STE 680		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge LINDA CINCINNATI OH 45209			
Responsible person's email (SerrSafe Exp: 2/12/24)			
Certified food handler Christine Sargent			

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Section #	C/NC	R	Narrative	To Be Corrected by
394	NC		- OBSERVED THE DUMPSTER LID OPEN	8/18/23
297	NC		- NOZZEL ON SODA MACHINE IS SOILED	8/18/23
431	NC		- CABINETS AND FLOOR NEAR THE SODA MACHINE ARE SOILED	8/21/23
* Note *			- DID NOT OBSERVE A TRASH RECEPTACLE IN THE MEN'S RESTROOM.	8/25/23
312/31	NC		- THE EXHAUST FAN IN THE MEN'S RESTROOM IS NOT WORKING	8/21/23
312/31	NC		- THE EXHAUST FAN IN THE MEN'S RESTROOM IS SOILED	8/21/23
218	NC		- THE EXHAUST FAN IN THE WOMEN'S RESTROOM IS NOT WORKING	8/21/23
399	NC		- THE WALL IS DAMAGED IN THE STORAGE ROOM	9/18/23
218	NC		- REFRIG IN DELFIELD REFRIGERATOR IS SOILED	8/19/23
411			- LIGHT BULB IS NOT WORKING IN THE DELFIELD REFRIGERATION	8/21/23
187	C		- RAW CHICKEN OBSERVED AT 63° - USE TEMPERATURE CORRECTION METHOD.	
291	NC		- DID NOT OBSERVE CHEMICAL TEST KIT FOR SALMONELLA	8/27/23

Received by (name and title printed):

Shannon Berry

Received by (signature):

[Signature]

Inspected by (name and title printed):

Kevin R. Paul / Andrew Miller

Inspected by (signature):

[Signature] / **Andrew Miller**

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name Popeye's #6505			Address 270 IN 135 Greenwood IN 46142		Inspection Date 8/18/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
431	NC		AIRBURN - EXHAUST VENT ABOVE 3 BAY SINK IS SOILED	8/23/23	
324	NC		- JET SPRAYER HOSE AT PREP SINK HAS A PISTON LEAK - CONTINUOUS	8/23/23	
218	NC		- CEILING ABOVE THE FRIER IS SOILED - ONE FRIER BASKET IS IN DISREPAIR	8/18/23	
404	NC		- WALK IN REFRIGERATOR INTERIOR WALLS AND FLOORS ARE SOILED. COPING BASE IS MISSING.	8/18/23	
431	NC		- WALK IN FREEZER INTERIOR FLOOR IS SOILED - FLOORS AND WALLS BEHIND THE ICE MACHINE ARE SOILED	8/21/23 8/19/23	
295	NC		- REAR IN REFRIGERATOR BACK WALL IS AND DOOR GASKET ARE SOILED.	8/18/23	
415	C		- Live flies seen in dish area	8/18/23	
399	NC		Shout repair needed in fryer area	8/30/23	
324	NC		Small double check valve is leaking from the vent. This unit is above a larger double check valve	9/9/23	
413	NC		Back door was propped open	Corrected	
227	NC		Hand sinks needs caulked to wall in dish area and breadng area	8/30/23	
413	NC		Back door and South dining room door contains an opening to the outside	8/30/23	
324	NC		① Hot water knob leaks from dish area three bay sink ② Jet spray metal hose cover is broken ③ Dish area three bay sink indirect floor drain pipe (in) splashed water outside of the drain	8/30/23	
404	NC		Tile cove base is missing around the mop sink	8/30/23	
336	C		A u-value with shutoffs is installed downstream of the atmospheric vacuum breaker at the mop sink faucet	8/19/23	
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 3
			Andrew Miller EHS		

K.R.F.

NARRATIVE REPORT

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
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Establishment name RICHARDS KITCHEN/BRICKOWA PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 8/10/23	ID# 1089
Establishment address 229 S MAIN ST. FRANKLIN, IN	Purpose: 1. Routine	Follow-up —	Release Date 8/20/23
Owner GOSS	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge MICHAEL MORRISON			
Responsible person's email			
Certified food handler RICHARD GOSS SERVISAF (EXP 9/5/26)			

• 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
218	NC	R	DOOR GASKET WORN - WALK-IN COOLER	9/1/23
399	NC	R	WALL UNDER WALK-IN COOLER ENTRANCE WORN	9/1
177	NC	R	BAGGED ICE NOT STORIED OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN COOLER	8/14
295	NC	R	METAL SHELVES/DRAWERS IN KITCHEN NOT CLEAN	8/15
352	NC	R	(1) RESTROOM DOOR NOT SELF-CLOSING	8/15
415	C	R	SEVERAL SMALL FLIPS SEEN IN AREA OF BAR SOFT DRINK DRAIN	CONTROL 8/16
257	NC	R	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT AVAILABLE	8/15
			MECHANICAL DISH MACHINE NOT SET UP / NOT CHECKED	

Received by (name and title printed):

Michael Morrison

Inspected by (name and title printed):

Bob Smith ETS

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

cc:

cc:

cc:



Office 317-346-4365 Fax 317-736-5264

Establishment name <i>Sassafra</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/8/23</i>	ID# <i>1479</i>
Establishment address <i>229 N. Madison Ave</i> <i>Greenwood IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</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 <i>2 Cherl Domi</i>			

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[illegible]

Inspected by (name and title printed):

Inspected by (signature):

CC:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



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Establishment name <i>Shell food mart.</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/23/23</i>	ID# <i>2078</i>
Establishment address <i>2994 fulmar dr.</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		C <i>⊗</i> NC <i>⊗</i> R	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 <i>✓</i>	
Certified food handler <i>Chintan Barmani 12/28/24</i>			

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[illegible]

Received by (name and title printed): E Andy		Inspected by (name and title printed): Paul Betts	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	

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Establishment name <i>SMOKE TOWN BREWERY</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/25/23</i>	ID# <i>2499</i>
Establishment address <i>223 W. MAIN ST 46143</i>	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 <i>9/5/23</i>
Owner 		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R</i>	
Owner address 	<hr/>	Menu Type (See back of page)	
Person in charge 		<i>1</i> <u>2</u> <i>K</i> <u>3</u> <u>4</u> <u>5</u>	
Responsible person's email 			
Certified food handler <i>GAVIN FUQUA - exp. 9/13/27</i>			

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[illegible]

Received by (name and title printed): X . <u>Gravin Fuqua</u>	Inspected by (name and title printed): <u>Kevin R. Pavin ETS</u>
Received by (signature): X . <u>Darin Ferguson</u>	Inspected by (signature): <u>K.R. Pavin</u>
cc:	cc:



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Office 317-346-4365 Fax 317-736-5264

ESCHULTZ @ co. johnson, in. us

Bekm
8-10

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 Smoke House	Telephone Number () Establishment () Owner	Date of Inspection 8-4-23	ID# 2503
Establishment address 1140 N SR 135	Greenwood 46142	Follow-up Yes	Release Date 8-14-23
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 3 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 A 5	
Person in charge			
Responsible person's email			
Certified food handler NONE			

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

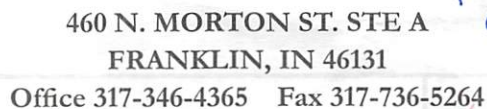
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Cole Slaw @ 47°F @ 1:30p in back cooler. Ambient air temp thermo reads 50°F & 1 of the 2 Condenser fans is not rotating. Potentially hazardous food either moved (items just received) or discarded. Also, observed a hole in Walk-in to outside.	8-4-23 Corrected
191	C		Food items (Potentially Hazardous) date marked 9-16-23. Products made on 8-2-23. Date should be 8-9-23 to reflect a max hold date of 7 days @ refrigeration of 41°F or less.	8-4-23 Redoing now
294	C		Automatic dish machine does not appear to be sanitizing adequately. You may use the machine to wash & rinse but then you will need to sanitize separately.	8-5-23
336	C		Note: Green garden hose affixed to spigot/water line does not appear to have a back siphonage device provided.	one approved for under pressure
Received by (name and title printed):			Inspected by (name and title printed):	
Carol Huckley			Evelyn Schults	
Received by (signature):			Inspected by (signature):	
cc:			cc:	
			317-346-43	

You may make written comments - mail, fax, email.

NARRATIVE REPORT

Establishment Name			Address	Greenwood.	Inspection Date
Smoke House			1140 N SB 135	46142.	8-4-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
324	NC		Both restroom hand sinks hot water not functioning.	8-11-23	
351	NC		Observed no covered waste receptacle in both restrooms.	8-7-23	
431	NC		bulk plastic food bins are soiled. → Some labels are worn on plastic bins	1	
297	NC		Coke #226 for Coca-Cola machine is soiled.	8-5-23	
430	NC		Observed a hole in the walk-in cooler wall under condenser (for drain line) → daylight was observed.	8-18-23	
218	NC		① legs food steamer table is in disrepair. ② "Vulcan" single door hot holding unit knobs are missing.	1	
216	NC		① Homemade knife covers appears not smooth and easily cleanable. ② Observed a cardboard box (with many tape) very rusted on bottom wire shelf.	8-10-23	
179	NC		Note: BBQ sauces on island provided without protection. Recommend providing sneeze guards	8-4-23	
Note C			Serv Safe not correct - → Do food "manager"	8-9-4-23	
Note: C			Cockroach observed - Trio Pest control out yesterday	Keep treating	
			Note: Observed a few flies.		
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2



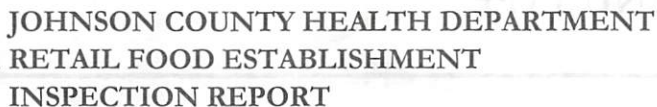
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Subway	Telephone Number () Establishment () Owner	Date of Inspection 8/14/23	ID# 1911
Establishment address 321 N. US 31	Purpose: 1. Routine	Follow-up	Release Date 8/24/23
Owner New whole / and IN	2. Follow-up	Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	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"/>	
Responsible person's email	5. Temporary		
Certified food handler X Ismael Montes de Osa	6. HACCP		
	7. Other (list)		

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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): X Jordan Bennis		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): X [Signature]		Inspected by (signature): [Signature]	
cc:		cc:	



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Establishment name Subway # 29448	Telephone Number () Establishment () Owner	Date of Inspection 8/14/23	ID# 1240
Establishment address 1251 W 31	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up ✓	Release Date
Owner		Summary of Violations:	
Owner address		C 0 NC 2 R 0	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 2 3 ✓ 4 5	
Certified food handler Romal Ane			

- 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):

Sandee Kumar

Received by (signature):

Excellent bus

CC:

Inspected by (name and title printed):

Paul Beltracchi et al.

Inspected by (signature):

Paul Betts

cc:



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FRANKLIN, IN 46131
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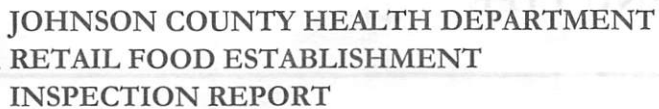
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Subway	Telephone Number () Establishment () Owner	Date of Inspection 8/2/23	ID# 2091
Establishment address 1133 N. Emerson Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 8/12/23
Owner Greenwood IN		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler X Shantanu Patel			

- 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 P. G. R. 124		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): X [Signature]		Inspected by (signature): [Signature]	
cc:		cc:	



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Establishment name Sunny's chicken	Telephone Number () Establishment () Owner	Date of Inspection 8/18/23	ID# 2728
Establishment address 1030 US 21 Greenwood	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 ✓ 4 5	
Person in charge			
Responsible person's email			
Certified food handler Zing Thawng 2/25/28			

- 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): * Jennifer Barrett	Inspected by (name and title printed): Paul Belton EHS
Received by (signature): Jennifer Barrett	Inspected by (signature): Paul Belton
cc:	cc: