

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

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

Establishment name Village Pantry Establishment address Gas Madisan Aug Owner Groenwood Owner address Person in charge Responsible person's email				Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 8/16/2/3 Follow-up Releas Summary of Violat C NC Menu Type (See b) 1 2 \ 3	250 se Date sions: R_ back of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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					2. Follow-up	Summary of Violat	ions:
Owner addr	ess				3. Complaint		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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 Telephone Number Date of Inspection WAZ-MART SURER CONTAR) Establishment 8/10/23 Establishment address) Owner 2125 N MORTON ST FIANKLINGTO Purpose: Follow-up Release Date Owner 1. Routine WAZ-MART Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational $_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ Person in charge 5. Temporary ASHLEY BOLLINGER 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler BOLZTRIGER D 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 FLOOR GRAZING NOT CLOPA -431 NC CLEAN IN AREA OF M depite men NC PRODUCE /BIBLICKY HANDSTAKS -SISPOSIBLE TUWELS NOT PROVIDED 3 compartment SINK T PRODUCE REPARTMENT 3 24 NC BAKERY TORNEY MECHANICAZ MACHEME TEMPERATURE 150°F OR MORE ON SURFACE ~ nos TROOM (Employees 351 NC WASTE CONTATRER WITH LIV NOT MECHANICHE UPN TILATION EXITAVST NOT FUNCTION Inspected by (name and title printed): In restrict But Smith 1=45 Inspected by (signature): cc: cc:



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

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

Establishm	ent Sam	tation	Requirements. The time limit for correct			
Establishment name doubt autofrassus anama e quanta lo norta				Telephone Number	Date of Inspection	ID#
Establishment address MART Establishment address		() Establishment () Owner	8/3/23	2418		
				Purpose:	Follow-up Release	se Date
Owner				1. Routine	- 81	13/23
KAVINDER SINGH			5,21.14	2. Follow-up	Summary of Viola	tions:
Owner addre	ess		- 4//	3. Complaint	· · · · · · · · · · · · · · · · · · ·	
				4. Pre-Operational		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment	name		-sheet and - that me i m are	Telephone Numbe	r Date of Inspection	ID#
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Establishment	address	3	unst Franklining	() Owner	01.100	1868
991	VI	19	INS7 (1613)	Purpose:	Follow-up Releas	
Owner			,	1. Routine	YPC 9	3/27/23
				2. Follow-up	Summary of Violat	ions:
Owner address	3			3. Complaint		
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Responsible pe	erson's	emai	cars from plantering at a separat and	7. Other (list)	Menu Type (See l	pack of page)
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Certified food	handler	r.			123	45
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	UDS	lod.	6 hota 115/25°F	cold@ 45-51	The Carl and To Summer	Clarity of the Control of the Contro
218 1	Vc.	Hilli	cooling units need repair	red	- 17 TO 18 FIRST A SHOOTS	8/20/23
	UC		Cabels needed for all	foods	- 1 - 0 - man - 1 - 12	8/17/23
430	NC		tile propen in par area			8/31/23
	NZ		baseboards proken		8/31/23	
310	NL		Vents + creting soired			0/3/123
402 1	NZ		Floor + walls Soiledinn	rany areas		8/31/23
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	VC			warkin co	rev	0/20/23
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name WINGS ETC. Establishment address 2239 N MONTON ST. CRANKUN,) Owner Owner Owner address Person in charge KNUS AHLEFPLA Responsible person's email	Telephone Number () Establishment () Owner Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas Summary of Violat C NC Menu Type (See b	e Date // /23 ions:
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme				() Owner	3/8/23	1-23
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	100	V. [1531 Greenwood, IN			
Owner			. (1. Routine		18/23
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection	ID#
CANARY CREEK HEADSTART	() Establishment	8/22/23	1095
Establishment address	() Owner		1
486 N MORTON ST. FRANKUTN, IN	Purpose:	Follow-up Release	Date
Owner	1. Routine	91	2/73
CAWARY CREEK HERE START	2. Follow-up	Summary of Violatio	ns:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_O	R
Person in charge CHASIM SUGGETT	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See ba	ch of nage)
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Certified food handler CHASTAY SUGGETT SERVSARP	1 2 4)	1-(2/423/-	45
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460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishment name ST ROSE OF LIMA Scitox Establishment address 144 LANGLOT OR, FRANKON, INB Owner ST Rose OF LIMA Owner address Person in charge	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 8/34/23 Follow-up Release 1 9/4 Summary of Violation C	7/23 ns:	
Responsible person's email Certified food handler DEFFERY HEWIT EXP-11/09/27 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	6. HACCP 7. Other (list)	Menu Type (See back of page) 1		
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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. Date of Inspection Telephone Number Establishment name ID# Establishment Establishment address Owner Purpose: Release Date 9-10-1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint

4. Pre-Operational

Person in charge

5. Temporary

6. HACCP

Responsible person's email

7. Other (list)

Menu Type (Se

Responsible person's email

7. Other (list)

Menu Type (See back of page)

Certified food handler

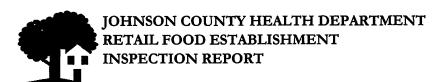
· CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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

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Inspected by (signature):



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

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

Establishmen Establishmen Owner Owner Owner addre	or address	email	Middle/High Schriften Schriften Schriften St.	Telephone Number Stablishment Owner Purpose:	Summary of Violation C NC Menu Type (See bac	0-23 ns:
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	TD///
CREEKSIDE ELEMENTARY SCHOOL	() Establishment		ID#
Establishment address	-	8/23/23	788
1140 E ST RJ 44 FRANKAMIP	() Owner		
	Purpose:	Follow-up Releas	Date
Owner	1. Routine		5/02
FC,S,C,	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_ONC_C	O_R
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Responsible person's email	7. Other (list)	Menu Type (See)	back of page)
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460 N. MORTON ST. STE FRANKLIN, IN 46131

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

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Owner		-	<u> </u>			7 17	A. Routine			7/	3/23
F.	,C,S,	C.					2. Follow-up		Summary o	f Violatio	ns:
Owner address	3						3. Complaint				
							4. Pre-Operation	nal		_	
Person in charg		٠		-)			5. Temporary	6	c	NC_C	, R
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Responsible pe	erson's	email					7. Other (list)		Menu Typ	e (See ba	ck of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment Sanitation Requirements. The time limit			-
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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Establishment name NEOHAM ELEMENTRAY School Establishment address	Telephone Number () Establishment	Date of Inspection	ID#
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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

Subhishment address 965 G KT22LY (UB IK, TI TINKED) F Purpose: FC S.C. Downer address	Establishment Sanitation Requirements. The time limit for correction	n of each violation is specified	in the narrative portion of this report.
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460 N. MORTON ST. STE FRANKLIN, IN 46131

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Page 1 of

Establishment bannation requirements. The time mint for concess	ion of each violation to specifica i	ii tiie iidiidatie portio	The report	
Establishment name UNION EDEMENTARY SCHOOL	Telephone Number	Date of Inspection		
Establishment address	() Establishment () Owner	8/23/2	3 404	
3990 W DIVISION BY BARGERSTALLE, IN	Purpose:	Follow-up Releas	se Date	
Owner	1. Routine		9/3/23	
FCSC.	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
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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 nam WEBB Establishment addr	e EZ	ementary SEHOOL	Telephone Number () Establishment () Owner	Date of Inspection	1D# 405	
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	5.0		2. Follow-up	Summary of Violati	ons:	
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