



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

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 <i>Village Pantry</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>8/10/23</i> | ID# <i>251</i> |
| Establishment address <i>520 N. Meridian 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: C <u>0</u> NC <u>2</u> R <u> </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 | | | |

- 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): J. Sue McCutcheon | | Inspected by (name and title printed): Terry D. Bayless |
| Received by (signature): + Sue McCutcheon | | Inspected by (signature): Terry D. Bayless |
| 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

Belm
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 WAZ - MART SUPER CENTER | Telephone Number () Establishment () Owner | Date of Inspection 8/10/23 | ID# 691 |
| Establishment address 2125 N MORTON ST FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 8/20/23 |
| Owner WAZ - MART | | Summary of Violations: C 0 NC 17 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 X 5 | |
| Person in charge ASHLEY BOLLINGER | | | |
| Responsible person's email | | | |
| Certified food handler ASHLEY BOLLINGER (SERVSAFE) | | | |

• 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 |
|-----------|------|---|--|--------------------|
| 431 | NC | → | FLOOR GRABNS NOT CLEAN - BACK HALL AREA | 8/15/23 |
| 431 | NC | → | FLOOR NOT CLEAN IN AREA OF DEPT Department | 8/15 |
| 411 | NC | → | (1) LIGHT CUT ON DEPT EXHAUST HOOD | 8/15 |
| 347 | NC | → | PRODUCE / BAKERY HANDSINKS - DISPOSABLE TOWELS NOT PROVIDED | CORRECTED 8/10 |
| 324 | NC | → | LEAK AT 3 COMPARTMENT SINK FAUCET AT PRODUCE DEPARTMENT | 8/22 |
| | | ← | BAKERY TRAY MECHANICAL TRAY MACHINE TEMPERATURE NOT 160°F OR MORE ON SURFACE - RINSE BRIDGE - NOT 15-25 ppm | 8/20 |
| 351 | NC | → | WOMEN'S RESTROOM (EMPLOYEES) | |
| 309 | NC | → | WASTE CONTAINER WITH LID NOT PROVIDED MECHANICAL VENTILATION/EXHAUST NOT FUNCTION | |

Received by (name and title printed):

Ashley Bollinger APCOACH

Received by (signature):

[Signature]

Inspected by (name and title printed): **IN RESTROOM**

Bob Smith EHS

Inspected by (signature):

[Signature]

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

Bekm
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 The Willard | Telephone Number () Establishment () Owner | Date of Inspection 8/17/23 | ID# 1868 |
| Establishment address 99 N Main St Franklin, IN 46131 | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Yes | Release Date 8/27/23 |
| Owner | | Summary of Violations: C 1 NC 8 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 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 |
|-----------|------|---|---|--------------------|
| 187 | C | | Hot/cold holding food not at right temp ↳ hot @ 115-125°F cold @ 45-51°F | 8/17/23 |
| 218 | NC | | cooling units need repaired | 8/20/23 |
| 174 | NC | | Labels needed for all foods | 8/17/23 |
| 430 | NC | | tile broken in bar area | 8/31/23 |
| | NC | | baseboards broken | 8/31/23 |
| 310 | NC | | Vents + ceiling soiled | 8/31/23 |
| 402 | NC | | Floor + walls soiled in many areas | 8/31/23 |
| 177 | NC | | Food stored on floor on walk in cooler | 8/20/23 |
| 234 | NC | | non-approved utensils being used | 8/17/23 |
| 295 | NC | | pizza hood soiled bar coolers soiled - liquor + right beer look in bar | 8/31/23 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|---|---|
| Received by (name and title printed): Terry J. Miller | Inspected by (name and title printed): Jayce Miller |
| Received by (signature): Terry J. Miller | Inspected by (signature): Jayce Miller |
| cc: | cc: 3173464369 |





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| | | | |
|---|---|--|--------------------------------|
| Establishment name Yats | Telephone Number () Establishment () Owner | Date of Inspection 8/8/23 | ID# 1335 |
| Establishment address 1280 N. US 31 Greenwood, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up | Release Date 8/18/23 |
| 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> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u> | |
| Certified food handler Ryan Waldron | | | |

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

| | | | |
|---|--|--|--|
| Received by (name and title printed): Ryn Waldron | | Inspected by (name and title printed): Terry D Bayless | |
| Received by (signature):  | | Inspected by (signature):  | |
| cc: | | cc: | |

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

| | | | |
|---|--|--|-------------------------------|
| Establishment name CANARY CREEK HEND START | Telephone Number () Establishment () Owner | Date of Inspection 8/22/23 | ID# 1095 |
| Establishment address 486 N MORTON ST - FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 9/2/23 |
| Owner CANARY CREEK HEND START | | Summary of Violations: C 0 NC 0 R | |
| Owner address | | | |
| Person in charge CHASITY SUGGETT | | Menu Type (See back of page) 1 2 3 4 5 | |
| Responsible person's email | | | |
| Certified food handler CHASITY SUGGETT (SERVSAFE EXP 10/9/24) | | | |

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

| | |
|--|---|
| Received by (name and title printed): Chastity Suggett Cook | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): Chastity Suggett | Inspected by (signature): Bob Smith |
| 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

BEA 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 ST ROSE OF LIMA SEITOK | Telephone Number () Establishment () Owner | Date of Inspection 8/24/23 | ID# 879 |
| Establishment address 144 LANCELOT DR. FRANKLIN, IN 46031 | 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 ST ROSE OF LIMA | | Summary of Violations: C 1 NC 0 R 0 | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge JEFFERY HEWITT | | | |
| Responsible person's email | | | |
| Certified food handler JEFFERY HEWITT SERVSAFE EXP - 11/29/27 | | | |

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[illegible]

| | |
|--|---|
| Received by (name and title printed): * Jeff Hewitt Manager | Inspected by (name and title printed): Bob Smith ENS |
| Received by (signature): * [Signature] | Inspected by (signature): [Signature] |
| cc: | cc: |



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| | | | |
|--|---------------------------------------|--|--------------------------------|
| Establishment name East Side Elementary | Telephone Number () Establishment | Date of Inspection 8-30-23 | ID# 604 |
| Establishment address 810 E main cross st | Owner Edinburgh | Follow-up — | Release Date 9-10-23 |
| 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 Amranda Salas (exp. 1/9/28) | 5. Temporary | | |
| | 6. HACCP | | |
| | 7. Other (list) | | |

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[illegible]

Received by (name and title printed):

Paula Weber

Received by (signature):

Paul W. W. W.

CC:

Inspected by (name and title printed):

Class: Hull / Caleb Fleener

Inspected by (signature):

(22) ~~1011~~ Coln Elmore

CC:

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

[illegible]



460 N. MORTON ST. STE A
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| | | | |
|--|--|---|-------------------------------|
| Establishment name CREEK SIDE ELEMENTARY SCHOOL | Telephone Number () Establishment () Owner | Date of Inspection 8/23/23 | ID# 788 |
| Establishment address 1140 E ST RD 44 FRANKLIN TN | 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 — | Release Date 9/3/23 |
| Owner F.C.S.C. | | Summary of Violations: C 0 NC 0 R | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge DIANA PORTERFIELD | | 1 2 3 4 5 | |
| Responsible person's email | | | |
| Certified food handler DIANA PORTERFIELD (SR RUSARE) | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|-------|---|---|--------------------|
| | (NOT) | * | (1) PASS THRU - DOOR GASKET SLIGHT TEAR | |
| | (NOT) | * | MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE (WAS 174°F) | (OK) |

| | | |
|--|-----|---|
| Received by (name and title printed): Diana Porterfield Manager | | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): Diana Porterfield | | Inspected by (signature): Bob Smith |
| 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

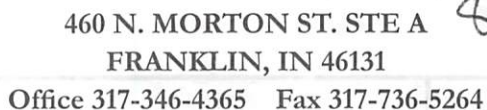
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | | | |
|---|--|--|--|--|-------------------------------|
| Establishment name CUSTER BAKER INTERMEDIATE SCHOOL | | Telephone Number () Establishment () Owner | | Date of Inspection 8/23/23 | ID# 400 |
| Establishment address 101 W 31 RD 44 FRANKLIN, IA | | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | | Follow-up — | Release Date 9/3/23 |
| Owner F.C.S.C. | | | | Summary of Violations: | |
| Owner address | | | | C <u>0</u> NC <u>0</u> R <u> </u> | |
| Person in charge Megan Ford | | | | 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 Megan Ford Gerusate | | EXP. 4/26/27 | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--|
| | | ① | NO VIOLATIONS OBSERVED ② | |
| | | 1 | MECHANICAL DISMANTLING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/TRANSIL SURFACE (WAS 170°F) | OK |
| | | | SOME HOT/COLD HOLDING UNITS NOT IN USE OR TO BE REPLACED | * WILL PROVIDE NEW EQUIPMENT SPECS TO HEALTH DEPT. |

| | | |
|---|-----|---|
| Received by (name and title printed): MEGAN FORD | | Inspected by (name and title printed): Bob Smith ETO |
| Received by (signature): Megan Ford | | Inspected by (signature): Bob Smith |
| 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 FRANKLIN Community High School | Telephone Number () Establishment () Owner | Date of Inspection 8/14/23 | ID# 402 |
| Establishment address 2600 Cumberland Dr Franklin, TN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 8/24/23 |
| Owner F.C.S.C. | | Summary of Violations: C 0 NC 1 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge RACHAEL WHEELER | | | |
| Responsible person's email | | | |
| Certified food handler RACHAEL WHEELER 4/25/28 | | | |

- 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 |
|-----------|------|---|---|--------------------|
| | | | NOE | |
| | | | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin-right: 10px;">note</div> <div> <p>* mechanical DISAMAZING AND mechanical TRAY WASHING SANITIZATION TEMPERATURE ADEQUATE 160°F OR more on PLATE/UTENSILS/TRAYS</p> </div> <div style="margin-left: 20px;">OK</div> </div> | |
| | | | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>Temp Rite Date: _____ Emp: _____ Empleado _____ PASS WHEN BLUE BAR TURNS ORANGE ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA</p> </div> <div> <p>← TRAY / DISAMAZING TEMPERATURE 160°F</p> </div> </div> | |
| 218 NC | | | * LEAK NOTED AT START OF TRAY WASHING MACHINE | 9/15/03 |

| | | |
|--|-----|---|
| Received by (name and title printed): Michael Wheeler - Manager | | Inspected by (name and title printed): Bob Smith ETS |
| Received by (signature): Michael Wheeler | | Inspected by (signature): Bob Smith |
| cc: | cc: | cc: |

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

betm
EA 6/22



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 NEEDHAM ELEMENTARY SCHOOL | Telephone Number () Establishment | Date of Inspection 8/21/23 | ID# 401 |
| Establishment address 1399 UPPER SHALBYVILLE FRANKLIN, TN | () Owner | Follow-up — | Release Date 9/11/23 |
| Owner F.C.S.C. | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Summary of Violations: C 0 NC 1 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge KRISTINE GOTT | | | |
| Responsible person's email | | | |
| Certified food handler KRISTINE GOTT (Signature) 4/25/23 | | | |

- 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 | * | DOOR GASKET WORN/SPLIT ON PASS-THRU REFRIGERATOR | 9/21/23 |
| (none) | | * | MECHANICAL DISINFECTANT HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE (ON PLATE/UTENSIL SURFACE) (WAS 165°F) | (AK) |

| | | |
|---|-----|--|
| Received by (name and title printed): * Kristine Gott, Manager | | Inspected by (name and title printed): Bob Smith ETS |
| Received by (signature):  | | Inspected by (signature):  |
| cc: | cc: | cc: |


JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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| | | | |
|---|--|--|-------------------------------|
| Establishment name NORTHWOOD ELEMENTARY SCHOOL | Telephone Number () Establishment () Owner | Date of Inspection 8/21/23 | ID# 403 |
| Establishment address '965 GRIZZLY CUB 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 9/1/23 |
| Owner F.C.S.C. | | Summary of Violations: C 0 NC 1 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge MELINDA PATTON | | | |
| Responsible person's email | | | |
| Certified food handler MELINDA PATTON (SOPHIA AR) | | | |

- 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 |
|-----------|------|---|--|--------------------|
| | | |  <p>mechanical dishwashing Hot water sanitization temperature adequate 160°F or more on plate/ drip surface</p> | (OK) |
| 218 | NC | | <p>PASS-THRU - REFRIGERATOR door gaskets worn / split</p> | |

| | | |
|--|-----|--|
| Received by (name and title printed): <i>Melinda Patton</i> | | Inspected by (name and title printed): <i>Bob Smith EMS</i> |
| Received by (signature): <i>Melinda Patton</i> | | Inspected by (signature): <i>Bob Smith</i> |
| cc: | cc: | cc: |



BEAM 8/24

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

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| | | |
|--|-----|---|
| Received by (name and title printed): Peggy Riggles | | Inspected by (name and title printed): Bob Smith ETS |
| Received by (signature): Peggy Riggles | | Inspected by (signature): Bob Smith |
| 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 WEBB ELEMENTARY SCHOOL | Telephone Number () Establishment () Owner | Date of Inspection 8/21/23 | ID# 405 |
| Establishment address 1400 WEBB CT. FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 9/1/23 |
| Owner F.C.S.C. | | Summary of Violations: C 0 NC 0 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge BERNDA WILLIAMS | | | |
| Responsible person's email | | | |
| Certified food handler BERNDA WILLIAMS (SERVSAFE) | EXP. 3/13/24 | | |

- 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"

[illegible]

| | | |
|--|-----|---|
| Received by (name and title printed): Belinda Williams, manager | | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): Belinda Williams | | Inspected by (signature): Bob Smith |
| cc: | cc: | cc: |