


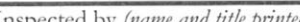


460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name AFC Sushi	Telephone Number () Establishment () Owner	Date of Inspection 9-6-23	ID# 2006
Establishment address 5961 N SR 135	Greenwood	Follow-up NO	Release Date 9-16-23
Owner	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Tha-wns Aug exp 1-18-2026	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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): Caleb Fleener
Received by (signature):		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

BeMM
9-13

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 Ari's Pancake House LLC	Telephone Number () Establishment () Owner	Date of Inspection 9/12/23	ID# 2303
Establishment address 2150 Independence Dr. IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9/22/23
Owner Margarito Cuenca		Summary of Violations: C 2 NC 11 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge M.C.			
Responsible person's email			
Certified food handler None			

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Section #	C/NC	R	Narrative	To Be Corrected by
174	NC		Some bulk items not labeled	9/12/23
430	NC		Back or West kitchen door rubs the door frame	10/12/23
411	NC		Kitchen overhead lights are out (some)	10/1/23
433	NC		Wet mops not hung up to air dry	9/12/23
218	NC		Clean side of mechanical dish table is missing the bottom foot adjuster + door seal torn on three door cooler	9/18/23
431	NC		Kitchen ceiling is soiled above preparation table	9/18/23
295	NC		Mechanical dish unit racks are stored on the floor	9/12/23
324	NC		Hot water in public restrooms were 130°F	9/12/23
430	NC		Ceiling tiles in restrooms are damaged (previously wet) and not smooth and easily cleanable	10/12/23
399	NC		Mop sink with atmospheric	10/12/23
336	C			9/12/23

Received by (name and title printed):

X Margarito Cuenca

Received by (signature):

X [Signature]

cc:

cc:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

Greenwood

State Form 48621 (R2 / 8-05)



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

Bekm
9/13

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 Arnis Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 9/12/23	ID# 1401
Establishment address 1691 Curry Rd Greenwood IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9/22/23
Owner Brad / Kurt Cohen		Summary of Violations: C 3 NC 12 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Elizabeth Cox			
Responsible person's email (SenSafe Exp)			
Certified food handler Elizabeth Cox 3/3/24			

• 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
399	NC	✓	Cookline floor and door threshold inside walk-in freezer are worn	12/1/23
218	NC		Two deep fryer baskets are damaged	9/22/23
295	NC		Some refrigeration door seals are soiled + steamer baskets damaged	9/25/23
		✓	Inside of ice maker drop plate, on back side, soiled	
227	NC		Hand sink near hot well, not secured and no hand soap available	9/25/23
136	NC		Previously cooked pasta products measured 45°F to 60°F while inside Victory two door cooler	9/12/23
187	C		Two Raid 15oz cans of Flying Insect Spray was labeled for indoor residential use were found in the kitchen	Corrected Vol
441	C		Lighting in kitchen, near Expo, is inadequate.	Discarded Discard Use only approved products

Received by (name and title printed): Elizabeth Cox	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Elizabeth Cox	Inspected by (signature): Andrew Miller
cc:	cc:

NARRATIVE REPORT *Greenwood*

Establishment Name <i>Gino's Restaurant</i>	Address <i>1691 Curry Rd IN 46143</i>	Inspection Date <i>9/12/23</i>
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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 Auntie Anne's Soft Pretzels	Telephone Number Greenwood 410142	Date of Inspection 9-13-23	ID# 722
Establishment address 1251 N US 31	Owner Greenwood 410142	Follow-up -	Release Date 9-23-23
Owner Greenwood 410142	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C 05 NC 5 R	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 2 X 3 4 5	
Certified food handler Jennifer Hadley (exp. 4/13/25)	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
347	NC		Observed no paper towels @ hand sink across from 3 bay sink	Corrected
271	NC		Observed no Sanitizer test paper	
411	NC		Observed a light out above 1 @ machine	
425	NC		map not hung up	
218	NC		2 door free cooler left door gasket is split/worn	
Notes:			Observed pepperoni pretzels left out @ room temperature with no time sticker → employee stated they use time as a public health control	Corrected

Received by (name and title printed): Katia Voshell		Inspected by (name and title printed): Cassi Hall	
Received by (signature): Katia Voshell		Inspected by (signature): Cassi Hall	
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

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Establishment name Barnes & Nobles #2829	Telephone Number () Establishment () Owner	Date of Inspection 9/26/23	ID# 1268
Establishment address 1251 US 31 Greenwood	Purpose: 1. Routine	Follow-up -	Release Date 10/10/23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C NC R	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 2 3 4 5	
Certified food handler Emily them brock	6. HACCP		
	7. Other (list)		

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[illegible]

Received by (name and title printed): <i>Jacqueline Finney Store Manager</i>		Inspected by (name and title printed): <i>Paul Betton EHS</i>	
Received by (signature): <i>Jacqueline Finney</i>		Inspected by (signature): <i>Paul Betton</i>	
cc:		cc:	

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


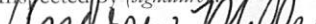
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Beauty to Beast Nutrition</i>	Telephone Number () Establishment	Date of Inspection <i>9-6-23</i>	ID# <i>2547</i>
Establishment address <i>107 E. Main Cross St. Edinburgh IN 46124</i>	() Owner	Follow-up <i>No</i>	Release Date <i>9-16-23</i>
Owner <i>Nathasha Merrick</i>	Purpose: <u>1. Routine</u>	Summary of Violations:	
Owner address	2. Follow-up	C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge <i>Nathasha Merrick</i>	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 <u> </u> 2 <u> </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): Nataasha Merrick	Inspected by (name and title printed): Andrew Miller, 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.J.'s Brewhouse	Telephone Number () Establishment () Owner	Date of Inspection 9/18/23	ID# 1344
Establishment address 1251 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 9/28/23
Owner		Summary of Violations:	
Owner address		C <u>0</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> </u> 3 <u> </u> 4 <u>2</u> 5 <u> </u>	
Certified food handler Dominique Baker			

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

Received by (name and title printed): <i>† Dominique Baker</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
cc: <i>Domonique Baker</i>	Inspected by (signature): <i>Terry D Bayless</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

Beth
9.27

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 BLUE CACTUS	Telephone Number () Establishment () Owner	Date of Inspection 9/25/23	ID# 2349
Establishment address 188 W SEFFERSON ST. FRANKLIN, IN	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 10/4/23
Owner		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ROSA QUEZADA			
Responsible person's email			
Certified food handler JOSE MURILLO (SAFETY)			

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Section #	C/NC	*	Narrative	To Be Corrected by
393	NC	*	DRAIN PLUG NOT INSTALLED ON OUTSIDE DUMPSTER	10/5/23
399	NC	*	WALL COVING NOT INSTALLED IN AREA OF KITCHEN	11/1
399	NC	*	FLOOR TILES WORN IN AREAS OF KITCHEN	12/1
425	NC	*	BROOMS NOT HUNG UP OFF FLOOR IN DISH WASHING AREA	10/5
(note)			Few FLIES seen in KITCHEN / DISHWASHING AREA	CONTROL
26	NC	*	PLASTIC TUB CHIPPED / CRACK ON SHELF IN DISHWASHING AREA	DISCARD 10/5
431	NC	*	CEILING PAINT COVERS NOT CLEAN IN RESTROOMS	10/5

Received by (name and title printed):

Rosa Quezada

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

Rosa Quezada

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 Bluff Creek Golf.	Telephone Number () Establishment () Owner	Date of Inspection 9-18-23	ID# 820
Establishment address 2710 S Old SR 37	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 9-28-23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</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 Brad Keller (exp 2/2/28)			

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

Received by (name and title printed): WILLIAM GEIGER		Inspected by (name and title printed): Cass: Hall
Received by (signature): William Geiger		Inspected by (signature): Cass: [Signature]
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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Return 9-18

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 <i>Buca di Beppo</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/31/23</i>	ID# <i>897</i>
Establishment address <i>659 N US 31 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 <i>9/10/23</i>
Owner		Summary of Violations: C <u>0</u> NC <u>4</u> R <u>1</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 <i>+ Sarah Harr</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
324	NC		No hot water at the pizza station hand sink -	9/14/23
431	NC		The floor around the waitress station is soiled	9/2/23
239	NC		The glass storage shelf is soiled. Clean under bar mat -	9/2/23
413	NC		The back door does not seat seal tight at the three holes -	next inspection

Received by (name and title printed): <i>+ Ian Wells</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>+ Ian Wells</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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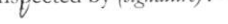
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name Burger King # 1720	Telephone Number () Establishment () Owner	Date of Inspection 9/26/23	ID# 1885
Establishment address 765 County line rd	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 10/10/23
Owner		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address			
Person in charge	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u>		
Responsible person's email			
Certified food handler Kimberly McAndrews 7/18/24			

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[illegible]

Received by (name and title printed): Kim M Andrews		Inspected by (name and title printed): Paul Betton Ets.
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc: