



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

Beta 11/3

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 KFC	Telephone Number () Establishment () Owner	Date of Inspection 10-27-23 3:15p	ID# 2245
Establishment address 1293 N SR 135 46143	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 1 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 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	Note		Mac N Cheese in single use containers out of temperature @ 120°F - Not following SOP	10-27-23
			Discard Recommend Discarding	
402	NC		Floor grout & tiles in disrepair	12-31-23
430			Contributing to fly problem.	
			Cove base is loose & missing in areas	
			Floor is soiled. Repair by 12-31-23	
			Will hold 2024 permit. Back door threshold	
336	C		Splitter hose on mop sink faucet. Faucet has an Atmospheric Vacuum Breaker Not approved for use under pressure when the splitter mechanism has 2 on & off valves.	10-27-23
			Remove Splitter today	
			Walk-in Chicken Cooler issues =	
410	NC		End cap missing, Bottom door gasket has a large gap, floor is buckling & appears to allow moisture & under floor perfect for flies	
218	NC			
415	C		Small Flies observed thru out establishment	10/28/23
425	NC		Mops stored in soiled water - Not hung up to dry	10-27-23
Received by (name and title printed): Elena Gagnor			Inspected by (name and title printed): Elizabeth Schultz	
Received by (signature): Elena Gagnor			Inspected by (signature): Elizabeth Schultz	
cc:			cc: 317-346-4373	



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Belen
10/30

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>Kim's Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/12/23</i>	ID# <i>1544</i>
Establishment address <i>1280 N. US 31 Greenwood</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>7 days</i>	Release Date <i>10/22/23</i>
Owner <i>IN</i>		Summary of Violations: C <u>1</u> NC <u>6</u> R <u> </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>X Pau Piang</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C	✓	Potentially hazardous foods held in the reach-in refrigerator are not being maintained at 41°F or below.	10/12/23
			Raw pork beef and chicken-	
218	NC	✓	The condensation drain is not working on the kitchen flip-top refrigerator.	10/30/23
245	NC	✓	Wet wiping clothes not stored in sanitizer solution	10/12/23
324	NC		The ice maker shield is soiled.	10/14/23
324	NC		No hot water was provided at the hand sink - faucet handle	
392	NC		is turned off	
127	NC		outside dumpster lid is not closed. Bags of carrots, cabbage and potatoes are stored on the floor in the walk-in cooler	

Received by (name and title printed): <i>X Rosysiang Lopez</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Btkm
10/23

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 La Herradura 2	Telephone Number () Establishment () Owner	Date of Inspection 10-19-23	ID# 1259
Establishment address 226 S SR 135 Bangersville	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes	Release Date 10-29-23
Owner		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Juan Quezada (exp 9/27/26)			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		① Observed previously cooked refrigerated beans stored inside metal pans with a lid, greater than 4" (2 pans) located inside the walk in cooler @ 46°F - 48°F date marked 10/18/23	discarded corrected
			② Observed queso not holding @ 123°F - 133°F	
295	NC		① Interior of ice machine is soiled	10-26-23
			② the following equipment is soiled/rusty ① ice machine scoop holder ② shelving rack for clean dishes ③ both flip top cooler shelving racks	11-20-23
431	NC		① Walk in cooler floor is soiled under shelving racks	10-26-23
			② floor around grease trap is soiled.	
297	NC		Bar Soda Nozzle is soiled	10-19-23
295			Bulk Containers for Seasoning Soiled (outside)	10-26-23
174	NC		Food products not stored 6" off walk in freezer floor.	10-20-23
218	NC		Observed walk in freezer ambient temperature @ 10°F	11-20-23

Received by (name and title printed): Nestor Quezada, Manager	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Notes: ① Bar 3 bay sink appears to lack an air gap.
② Label all spray bottles.
③ remove all foil



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Bekm
10/30

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 Luciana's Mexican Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 10-27-23	ID# 2220
Establishment address 1133 N SR 135 Greenwood 46142	Purpose: 1. Routine	Follow-up —	Release Date 11-7-23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>1</u> NC <u>4</u> R <u>—</u>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>X</u> 5 <u>—</u>	
Certified food handler Francisco Paredes (exp 5/20/24) Visoso	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Observed queso hot holding @ 130°F	Corrected
			Note: On cookline → not 135°F or above	
245	NC		Observed Wet Wiping Cloths stored on counter not in sanitizer solution.	10-27-23
324	NC		2 bay sink cold water (right side handle) not functioning	11-10-23
384	NC		Rampster lid not closed → observed trash	10-27-23
430	NC		light shield is damaged above prep-table	10-13-23
336	C		Observed a spray nozzle affixed to a garden hose attached to mop sink without a back siphonage approved for continuous pressure	10-27-23
			Note: Sanitizer solution shall be 50 - 100 ppm	
			• few small flies observed @ bar dish machine floor drain.	
			• Bar dish machine sanitizer solution observed @ 25 ppm.	

Received by (name and title printed):

Leticia Tecapetla

Received by (signature):

Leticia Tecapetla

cc:

cc:

Inspected by (name and title printed):

Cassital

Inspected by (signature):

Cassital

cc:

Elizabeth Schultz



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Bekn
10/26

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>Mallow Run</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10-23-23</i>	ID# <i>1117</i>
Establishment address <i>6964 W White Land Rd.</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date <i>11-3-23</i>
Owner		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			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>411</i>	<i>NC</i>		<i>light out located inside walk in cooler ↳ light shield is missing</i>	
			<i>final Dish machine rinse is OK</i>	
			<i>Notes: A few flies were observed. ① Walk-in cooler door gasket is split/worn ② Both gray bottom shelves located in down stairs storage room not 1" off floor.</i>	
Received by (name and title printed): <i>John Richardson co-owner</i>			Inspected by (name and title printed): <i>Cassi Hall</i>	
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>	
cc:		cc:		cc:



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Bakm
11/1

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 Marathon Food Mart	Telephone Number () Establishment () Owner	Date of Inspection 10/31/23	ID# 1839
Establishment address 9 N. Highway 31 Whiteland, IN 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 11/10/23
Owner Armit Patel		Summary of Violations: C 1 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 V 3 4 5	
Person in charge Jay Patel			
Responsible person's email			
Certified food handler N/A			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Southeast exterior block walls contain separation between the blocks	11/8/23
413	NC		Left exterior door is not light-fitting at the bottom	11/8/23
430	NC		Short trim behind beverage dump sink is worn	12/1/23
324	C		Ice maker drain for guest area Coca-Cola soda drain lacks an air gap	11/8/23
227	NC		Two true beverage coolers are not easily movable	11/28/23 order wheels
431	NC		Interior floor of walk-in-cooler is soiled and south storage room wall near bulk soda is moldy	11/5/23
218	NC		Map holder at mop sink is damaged	11/8/23 replace
Note: No backflow preventer seen in establishment nor yearly testing records provided				

Received by (name and title printed):

Jay Patel

Received by (signature):

Jay Patel

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

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Establishment name METER GAS STATION #132	Telephone Number () Establishment () Owner	Date of Inspection 10.31.23	ID# 683
Establishment address 72 N SR 135 GREENWOOD 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 11.10.23
Owner JEANETTE GOENS		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler WALTER RADZEWSKI			

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[illegible]

Received by (name and title printed): + Ben Shaffer - Assistant Mgr		Inspected by (name and title printed): KEVIN R. PAUL
Received by (signature): + [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:



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Received by (name and title printed):

Received by (signature):

Inspected by (name and title printed):

Inspected by (signature):

CC:

CC:

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.

Establishment name PENN STATION	Telephone Number () Establishment () Owner	Date of Inspection 10/4/23	ID# 1242
Establishment address 1143N MORDEN FRANKLIN RD	Purpose: 1. Routine	Follow-up —	Release Date 10/14/23
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>1</u> 4 <u> </u> 5 <u> </u>	
Person in charge ALLY PRIME			
Responsible person's email			
Certified food handler MIKE MACHALA (SERVSAFE EXP 11/10/27)			

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[illegible]

Received by (name and title printed): Ally Paine General manager		Inspected by (name and title printed): Bob Smith ENS
Received by (signature): Ally Paine		Inspected by (signature): Bob Smith
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name PIZZA HUT	Telephone Number () Establishment () Owner	Date of Inspection 10/4/23	ID# 2183
Establishment address 440 N MORTON ST FRANKLIN, IN	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 10/14/23	Release Date 10/14/23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>8</u> R <u> </u>	
Person in charge HEAVEN SILVER		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 JACOB ELDRIDGE (EXP 10/30/27 SERVSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC	X	FLOOR, WALL, CEILING IN KITCHEN	* CLEAN 10/15/83
431	NC	X	WORN, NOT CLEAN IN AREAS FLOOR DRAIN NOT CLEAN	- Repair 12/11
295	NC	X	SMELLING NOT CLEAN IN KITCHEN AND WASH-IN COOLER	10/15
295	NC	X	INSIDE OF PIZZA PREPARATION REFRIGERATOR and PROOFER NOT CLEAN	10/10
138	NC	X	HATR RESTRAINT CAP, VISOR, HATX NOT NOT WORN BY EMPLOYEES IN KITCHEN	10/16
291	NC	A	"QUAT" CHEMICAL TEST KIT NOT AVAILABLE	10/6
411	NC	X	LIGHT OUT ON PIZZA OVEN EXHAUST HOOD, LIGHT INTENSITY NOT ADEQUATE WORK IN FRIDGE	10/12
324	NC	K	TILET SEAT CRACKED/CHIPPED IN ONE RESTROOM	10/10

Received by (name and title printed): Heaven Silver Shift Lead		Inspected by (name and title printed): Bob Smith LTH
Received by (signature): 		Inspected by (signature):
cc:	cc:	cc:



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Beta
10/26

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 Quick-Stop	Telephone Number () Establishment () Owner	Date of Inspection 10/24/23	ID# 1760
Establishment address 621 S US 31 Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 11/3/23
Owner		Summary of Violations: C 0 NC 15 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge L.F.			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
393	NC		Exterior dumpster lacked a drain plug	10/31/23
413	NC		South front doors are not light fitting and the left door (from inside) rubs the threshold	
218	NC		Small guest area cooler contains a torn door gasket and the unit is "heavily" iced over	11/24/23
430	NC		Guest area contains a missing ceiling tile and one is damaged (previously wet)	10/31/23
256	NC		No thermometer seen in mobile cooler with Hot Pockets	10/24/23
324	NC		Three bay sink hot water knob and center faucet leaks	10/31/23
295	NC		Three bay sink drain line funnel is soiled	10/24/23

Received by (name and title printed): **LAKHYANT KHASRIA**

Inspected by (name and title printed): **ANDREW MILLER, EHS**

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Quick-Stop			621 S US 31 Greenwood IN 46142	10/24/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
346	NC		No hand soap available	10/24/23
347	NC		nor paper towels available at dish area hand sink	I
324	NC		Water leak noted from water line for ice maker filter	10/26/23
431	NC		Floor soiled under ice maker	10/24/23
324	NC		Urinal with stagnant liquid not working in restroom (for three weeks-Note)	10/31/23
411	NC		Restroom lights out	I
324	NC		Cappuccino and Coca-Cola soda unit continuously leak/drip water	11/1/23
295	NC		Microwave in guest area soiled	10/24/23
	*		Notes: Three bay sink and ice maker drain line needs an air gap, not air break	11/8/23
			Person unaware of a backflow preventer for the facility and could not produce any testing records	I
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
[Signature]			Andrew Miller EIS	



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BEA *Bekm*
10/30

Establishment name Roscoe's Tacos	Telephone Number () Establishment () Owner	Date of Inspection 10/24/23	ID# 689
Establishment address 642 S. Madison Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 11/4/23	Release Date
Owner Greenwood		Summary of Violations:	
Owner address IN		C <u>0</u> NC <u>1</u> R <u>1</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 L Barnes Townsend 2025			

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[illegible]

Received by (name and title printed): ✓ Raina Townsend

Inspected by (name and title printed):
 Kevin D. Burke, ESQ.

Received by (signature): X Reina Fernandez

Inspected by (signature): 

CC:

CC:

CC:

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Establishment name Tacos Roscoe's Curbside	Telephone Number () Establishment () Owner	Date of Inspection 10/24/23	ID# 2525
Establishment address 640 S. Madison Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner Greenwood IN		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 James Townsend			

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[illegible]

Received by (name and title printed): F Chris Henderson		Inspected by (name and title printed): Terry D. Bayless
Received by (signature): F 		Inspected by (signature): 
cc:	cc:	cc:



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INSPECTION REPORT

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

Becky
10/31

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 Speedway #8031	Telephone Number () Establishment () Owner	Date of Inspection 10-30-23	ID# 1649
Establishment address 221 S SR 135		Follow-up Yes	Release Date 11-9-23
Owner	Purpose: 1. Routine	Summary of Violations: C 1 NC 5 R	
Owner address	2. Follow-up		
Person in charge	3. Complaint		
Responsible person's email	4. Pre-Operational	Menu Type (See back of page)	
Certified food handler	5. Temporary	1 2 3 X 4 5	
	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"

Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Discovered the ambient air temperature of the Deli, Subs, Wraps, & Sandwiches cooler @ 48°F • Observed the following internal food temperatures: ① eggs @ 48°F ② cheese burger @ 48°F ③ chicken wrap @ 48°F	Discard all P.H.F
431	NC		Floor throughout establishment is soiled - under equipment	11-13-23
402	NC		Floor tiles damaged/worn through out establishment - not smooth & easily cleanable	11-30-23
295	NC		Interior of cabinets are soiled ↳ coffee bar, under soda machine, etc.	11-13-23
297	NC		Dr. pepper soda nozzle is soiled	10-30-23
431	NC		Both restroom walls soiled, ↳ ground toilet, etc.	11-13-23

Received by (name and title printed): Michael Walker / Store Leader	Inspected by (name and title printed): Cassie Hall / Caleb Flemer
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

Betsy
10/9/23

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 (WAL-MART)	Telephone Number () Establishment () Owner	Date of Inspection 10/4/23	ID# 1923
Establishment address 2125 N MORTON FRANKLIN, IN	Purposes: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (YES)	Release Date 10/14/23
Owner DHRUV PATEL		Summary of Violations: C <u>1</u> NC <u>2</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge K.V.P.			
Responsible person's email			
Certified food handler DHRUV PATEL SERVSAFE (5/4/20 EXP)			

• 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 DRAIN NOT CLEAN IN BACK ROOM	10/10/23
157	C		INTERMITTENT TEMPERATURE OF PREPARED CHICKEN IN RUBBER PORTION CONTAINER IN REFRIGERATED UNIT FRONT SERVING LINE 44°F NOT 41°F OR LESS, PREPARED MEAT IN RUBBER PORTION CONTAINER IN FRONT REFRIGERATED UNIT ON SERVING LINE 47°F NOT AT 41°F OR LESS / TIME TEMPERATURE CHART NOT IN USE	DBO CASCADIA 10/4/23
215	NC		DOOR GASKET / WORN / SPLIT ON FRONT REFRIGERATOR UNIT	11/4
			(note) GALLON MILK USE BY 9/30/23 IN WALK-IN COOLER	~10/5

Received by (name and title printed):

Inspected by (name and title printed):

K.V.P.

Bob Smith EAT

Received by (signature):

Inspected by (signature):

K.V.P.

Bob Smith

cc:

cc:

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.

- 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 under hood is soiled Disinfectant too strong - Should be 200 parts per million not over 500 -	
187	C		Coney Sauce @ 50°F, 48.5°F, 50°F	dexinda
430	NC		Ceiling leaks - Potential food contamination Special Sauce @ 43°F @ 5:15p	
295	NC		Ice maker is Aodap - Cleaning now Test strips not provided	
			Please Check Coolers- to ensure able to maintain product	

Received by (name and title printed): Dell Setlow JR	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): Dell Setlow JR	Inspected by (signature): Elizabeth Schultz
cc:	cc: 317-346-4373

