



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 <i>Cafe Euclid</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/20/23</i>	ID# <i>2605</i>
Establishment address <i>357 Euclid Ave</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>11/30/23</i>
Owner <i>Paul Jaquin</i>		Summary of Violations: C <u>1</u> NC <u>7</u> R	
Owner address		Menu Type (See back of page) 1 2 <u>✓</u> 3 4 5	
Person in charge <i>Christine McFarland</i>			
Responsible person's email <i>SenSafe Exp</i>			
Certified food handler <i>Gordan Wilhoit (7/9/27)</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
256	NC		No ambient air thermometer seen in one door (glass) reach-in cooler	11/22/23
324	NC		No air gap provided for ice maker in drink making area and for water softener in the basement, including cup rinses	12/1/23
431	NC		Mechanical exhaust system is soiled and one light bulb is out	11/25/23
177	NC		Various single service items (i.e. cup lids, lugged containers) were stored on the basement floor.	11/25/23
291	NC		No Quat test strips provided	11/21/23
413	NC		Exterior doors are not self-closing	12/19/23
146	NC		No ingredient label, contents or quantity provided for Honey Mustard, Schmear and Cookie Decorating Kits in packed containers	11/21/23

Received by (name and title printed): <i>Christine McFarland</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller</i>
SC:	CC:

Note: ① No backflow preventer seen in furr
② Cafe hand sink needs splash guard next to prep table.



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Before 11/29

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: <u>Cedar Creek of Christina Place Franklin</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>11/22/23</u>	ID# <u>2778</u> <u>1850</u>
Establishment address <u>1435 Christian Blvd Franklin, IN 46131</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>No</u>	Release Date <u>12/2/23</u>
Owner <u>Cedar Creek</u>		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>✓</u> 4 <u> </u> 5 <u> </u>	
Person in charge <u>Carmen Bowling</u>			
Responsible person's email			
Certified food handler <u>Jacyln Fisher</u> (See Safe Exp: <u>11/7/24</u>)			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	Floor drains soiled under mechanical dish machine and under two bay sink	11/26/23
		✓	Floor soiled under mechanical dish machine	
336	C		Top sink faucet with atmospheric vacuum breaker (AVB) contains a hose to a wall mounted chemical dispenser	1/25/23
324	AM		Water softeners contain (AM)	
430	NC		Bottom interior cabinet in dining room below faucet and sink is deteriorated	1/25/23
			Notes: Exterior (aka roof) mechanical exhaust bell is noisy. Please monitor/check	



Received by (name and title printed): <u>Carmen Bowling, ED</u>	Inspected by (name and title printed): <u>Andrew Miller, EHS</u>
Received by (signature): <u>C Bowling</u>	Inspected by (signature): <u>Andrew Miller</u>
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 Center Grove Church	Telephone Number () Establishment	Date of Inspection 11-1-23	ID# 2189
Establishment address 2340 S SR 135	() Owner	Follow-up -	Release Date 11-11-23
Owner Greenwood	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	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): ARTHUR DEBRYN	Inspected by (name and title printed): CASS HALL
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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Bekson
11/24

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 Cheesecake Factory	Telephone Number () Establishment () Owner	Date of Inspection 11/20/23	ID# 1291
Establishment address 1251 US 31N IN 46142	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 11/30/23
Owner		Summary of Violations: C <u>0</u> NC <u>5</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 Bradley B.	Sen Safe		
Responsible person's email	11/28/26		
Certified food handler Bradley B.	4/10/24 AM		

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		① Mechanical slicer guard is worn	11/26/23
			② Fry scoop is damaged	Corrected
			③ Bread "duck bill" protective cover is worn	11/20/23
295	NC		Lexan lids in produce / dairy cooler and production cooler appeared to contain dried white paint (approximately 24 lids)	11/26/23
431	NC		Interior ceiling of walk-in freezer contained heavy liquid condensate	12/1/23
218	NC		Bar dish machine leaked from under the side (exterior) chemical (box) container	11/21/23
324	NC		Mechanical dish machine top atmospheric vacuum breaker (AVB) leaks	12/5/23
			* Note: Two Reduced Pressure (RP) backflow preventers last inspection was 7/20/19 / per tags	

Received by (name and title printed):

BOADLEY BASICH

Received by (signature):

[Signature]

cc:

cc:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

[Signature]

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 Chicago's Pizza	Telephone Number () Establishment () Owner	Date of Inspection 11-27-23	ID# 367
Establishment address 2 N 135	Purpose: 1. Routine	Follow-up -	Release Date 12-8-23
Owner	2. Follow-up	Summary of Violations: C 0 NC 1 R	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	Menu Type (See back of page) 1 2 3 X 4 5	
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP		
	7. Other (list)		

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[illegible]

Received by (name and title printed): Reggie Perkins		Inspected by (name and title printed): Cassi Hall / Caleb Heener	
Received by (signature): Reggie Perkins		Inspected by (signature): Cassi Hall / Caleb Heener	
cc:		cc:	



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Beta 11/13

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 THE ORIGINAL CHICKEN'S PIZZA & CURRY	Telephone Number () Establishment () Owner	Date of Inspection 11/9/23	ID# 2495
Establishment address 153 HOLIDAY LN FRANKLIN, IN	Purpose: 1. Routine	Follow-up —	Release Date 11/19/23
Owner	2. Follow-up	Summary of Violations: C <u>0</u> NC <u>6</u> R <u>—</u>	
Owner address	3. Complaint		
Person in charge GURJEET SINGH	4. Pre-Operational	Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>4</u> 4 <u>—</u> 5 <u>—</u>	
Responsible person's email	5. Temporary		
Certified food handler G. SINGH (SERVSAFE)	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
347	NC	X	DISPOSABLE TOWELS NOT PROVIDED IN RESTROOM	11/10/23
431	NC	2	CEILING EXHAUST COVER NOT CLEAN IN RESTROOM	11/12
256	NC	X	THERMOMETER NOT PROVIDED SEEN IN SWINE CHAST FREEZER	11/12
(Note)			AIR GAP NOT PROVIDED ON HOT WATER HEATER DRAIN (EXTENDS BELOW FLOOD RIM OF MOP SINK)	11/18
254	NC	X	DIGITAL THERMOMETER NOT FUNCTIONING	11/12
295	NC	X	UNDERNEATH SIDE OF MIXER NOT CLEAN	
138	NC	X	HAIR RESTRAINT NOT WORN BY EMPLOYEE IN KITCHEN (HAIR NET, CAP, VISOR)	11/12

Received by (name and title printed): GURJEET SINGH	Inspected by (name and title printed): Bob Smith
Received by (signature): 	Inspected by (signature):
cc:	cc:

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Establishment name CHILI'S	Telephone Number () Establishment () Owner	Date of Inspection 11/8/23	ID# 2292
Establishment address 2299 N MORAN FRANKLIN, IN	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/18/23
Owner		Summary of Violations:	
Owner address		C 0 NC 2 R	
Person in charge CHRIS Redmon		Menu Type (See back of page)	
Responsible person's email		1 2 3 4 5	
Certified food handler CHRIS Redmon			

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[illegible]

Received by (name and title printed): <i>Chris Peterson</i>		Inspected by (name and title printed): <i>Bob Smith EHS</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:

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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 China wok	Telephone Number () Establishment () Owner	Date of Inspection 11/21/23	ID# 2108 2417
Establishment address 200 S. Emerson Ave. Greenwood	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/1/23
Owner IN		Summary of Violations:	
Owner address		C <u>1</u> NC <u>4</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>X</u> 5 <u> </u>	
Certified food handler X Wen Hai Lin 26			

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[illegible]

Received by (name and title printed): Iwenha Lin		Inspected by (name and title printed): Terry D Bayless
Received by (signature): Iwenha Lin		Inspected by (signature): Terry D Bayless
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 <i>Circle K</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/6/23</i>	ID# <i>153</i>
Establishment address <i>10 N. Morton St. Franklin, 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: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): ✓ Danielle Piers		Inspected by (name and title printed): Terry Taylor	
Received by (signature): Danielle Piers		Inspected by (signature): Terry Taylor	
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 Circle K #4700085	Telephone Number () Establishment () Owner	Date of Inspection 11-16-23	ID# 609
Establishment address 349 N Morton St. Franklinton	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 NO	Release Date 11-16-23
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Jessica M. Tarsney (exp. 3/25/28)			

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[illegible]

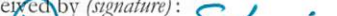
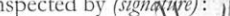
Received by (name and title printed): Rylee Enders		Inspected by (name and title printed): Caleb Fleener / Cassi Hall	
Received by (signature): Rylee Enders		Inspected by (signature): Caleb Fleener / Cassi Hall	
cc:	cc:	cc:	



Belm
EA 11/3



- 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"

Received by (name and title printed):		Inspected by (name and title printed):
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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Beta
11/29

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>Cliffs Bar & Grill</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/21/23</i>	ID# <i>2597</i>
Establishment address <i>113 E. Main Cross Edinburgh, IN 46124</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>12/1/23</i>
Owner <i>Mike & Lynn Patton</i>		Summary of Violations: <i>C 1 NC 15 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Mike Patton</i>			
Responsible person's email			
Certified food handler <i>Brittany Terry (No Certificate seen)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Battery powered probe thermometer not operable	11/22/23
218	NC		Shelving inside undercounter cooler at the bar and inside walk-in-cooler are rusty	12/15/23
399	NC	✓	Bar floor is worn	12/15/23
218	NC	✓	Flat top grill is missing the temperature control knobs	12/15/23
227	NC	✓	Beer coolers are not easily movable	12/15/23
324	NC	①	Bar ice bin and bar three bay sink lack an air gap on the drain line	12/15/23
		②	Basement ice maker drain line contains a direct drain connection	
291	NC		No Quat test strips provided	11/22/23
324	NC		Hot water temperature in restroom was 135°F	11/22/23
199	NC		Raw hamburger thawing at room	11/21/23

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:

Edinburg h

Page 2 of 2



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Before 11/15

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 COURT STREET CAFE'	Telephone Number () Establishment () Owner	Date of Inspection 11/14/23	ID# 2232
Establishment address SOUTH MAIN 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 11/24/23
Owner SHERY YOUNG		Summary of Violations: C <u>0</u> NC <u>3</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 SHERY YOUNG			
Responsible person's email			
Certified food handler SHERY YOUNG			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	X	LARGE 2 DOOR UPRIGHT REFRIGERATORS NOT EASILY MOVED	12/15/23
411	NC	X	(1) UPRIGHT REFRIGERATOR APPLIANCE LIGHT BULBS ARE OUT	12/1
218	NC	X	(1) UPRIGHT UPRIGHT REFRIGERATOR "TRUE" DOOR GASKET WORN/SPLIT	12/15
NOTE			SMALL 2 DOOR REFRIGERATOR DOOR GASKET LOOSE	12/1
NOTE			(1) FLUORESCENT COILING LIGHT SHIELD DOES NOT EXTEND FULL LENGTH OF BULB	12/1

Received by (name and title printed): SHERY YOUNG OWNER	Inspected by (name and title printed): Bob SMITH EHS
Received by (signature): <i>Sheri Young</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:




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Establishment name Dairy Queen	Telephone Number () Establishment () Owner	Date of Inspection 11-28-23 2:30p	ID# 118
Establishment address 480 N Morton 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12-10-23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in charge Nick		Menu Type (See back of page)	
Responsible person's email 1		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler Nick 2026			

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[illegible]

Received by (name and title printed):
 Nick Holzer Asst Store Manager

Received by (signature): 

Inspected by (name and title printed):
Elizabeth Schultz
Inspected by (signature):

[illegible]

Eschultz@co.johnson.in.us



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Beta 11/13

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Establishment name DAR'S FAMILY RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 11/6/23	ID# 2524
Establishment address 1071W 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 <u>Yes</u>	Release Date 11/16/23
Owner BETHMAN		Summary of Violations: C <u>1</u> NC <u>13</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <u>4 X</u> 5	
Person in charge SARAH LADD			
Responsible person's email			
Certified food handler SARAH LADD			

• 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
415	C	X	NUMEROUS FLIES SEEN IN MOP SINK AREA, AND FLOOR DRAIN UNDER FRONT SOFT DRINK STATION	CONTROL 11/10
431	NC	X	FLOOR IN AREAS UNDER EQUIPMENT, NEXT TO WALL NOT CLEAN IN WALK-IN COOLER, WALK-IN FREEZER, KITCHEN, FRONT FLOOR DRAIN	11/13
295	NC	X	SHELVING IN WALK-IN COOLER NOT CLEAN	11/13
218	NC	X	WALK-IN FREEZER door does not close TIGHTLY	12/1
352	NC	X	EMPLOYEE RESTROOM - door NOT SELF-CLOSING	11/21
351	NC	X	WASTE RECEPTACLE NOT PROVIDED WITH LID	
392	NC	-	OUTSIDE DUMPSTER LID NOT CLOSED	11/7
413	NC	X	BACK door NOT SELF-CLOSING	11/20
295	NC	X	INSIDE TOP OF ICE MAKER NOT CLEAN	11/8
411	NC	-	CEILING LIGHTS - some out IN DISTRIBUTING AREA, Food Preparation Area	12/1
324	NC	X	WATER NOT AVAILABLE AT 3 compartment SINK FAUCET	11/21
295	NC	X	SDS OF EQUIPMENT, DISTRIBUTING TOP NOT CLEAN, CONDENSER	

Received by (name and title printed):

Sarah Ladd manager

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

Sarah Ladd

Inspected by (signature):

Bl Smith

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]

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 DASHMART	Telephone Number () Establishment () Owner	Date of Inspection 11.8.23	ID# 2598
Establishment address 1259 N 512 135 46143	Purpose: ① Routine	Follow-up -	Release Date 11.18.23
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>6</u> NC <u>1</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 JASON MARYEE			
Responsible person's email			
Certified food handler			

- 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
177	NC		- SINGLE SERVICE ITEMS (CUPS) STORED ON FLOOR NOT 6" (INCHES) OR MORE ABOVE FLOOR IN EMPLOYEE BREAK ROOM.	11.11.23
336	*NOTE*		- CHEMICAL DISPENSOR CONNECTED TO FAUCET ON MOP SINK VIA "Y" CONNECTION - NO BACKFLOW PREVENTION DEVICE - INFO COMING IN MAIL	

Received by (name and title printed): JASON MARIE - SITE MANAGER		Inspected by (name and title printed): KEVIN R. PAULIN EHS
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

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>Dollar General #529</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-1-23</i>	ID# <i>1078</i>
Establishment address <i>235 N U.S. 31 Whiteland 46184</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>11-13-23</i>
Owner		Summary of Violations:	
Owner address		<i>C</i> <i>Ø</i> <i>NC</i> <i>1</i> <i>R</i> <i>Ø</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>X</i> 2 3 4 5	
Certified food handler <i>N/A</i>			

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

Received by (name and title printed): Thomas Adkins manager		Inspected by (name and title printed): Caleb Peene
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





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>Dollar General #21057</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-6-23</i>	ID# <i>2276</i>
Establishment address <i>1000 N Madison Ave Greenwood 46142</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>11-16-23</i>
Owner		Summary of Violations:	
Owner address		<i>C 0 NC 1 R 0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 X 2 3 4 5</i>	
Certified food handler <i>N/A</i>			

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

Received by (name and title printed): TONGY E. HARNEY	Inspected by (name and title printed): Caleb Fleener
Received by (signature): 	Inspected by (signature): 
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

Bekal
11/20

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.

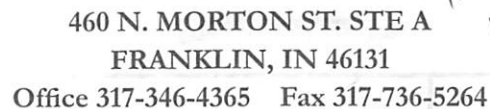
Establishment name <i>Dollar Tree</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/20/23</i>	ID# <i>1261</i>
Establishment address <i>707 S Madison Ave</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>Greenwood</i>		Summary of Violations: C <u>0</u> NC <u>2</u> R <u> </u>	
Owner address <i>Ind</i>		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			
Responsible person's email			
Certified food handler			

• 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
431	NC		The stockroom area is cluttered. The area is impassable and uncleanable.	11/20/23
426	NC		The stock exceeds normal capacity for safe storage.	11/26/23
			Reorganize the area to a passable and orderly manner.	
			This is not a warehouse.	

Received by (name and title printed): <i>Suzanne Gebhart</i>	Inspected by (name and title printed): <i>Jeffrey D Bayless</i>
Received by (signature): <i>Suzanne Gebhart</i>	Inspected by (signature): <i>Jeffrey D Bayless</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Establishment name Donatos	Telephone Number () Establishment () Owner	Date of Inspection 11/30/23	ID# 1926 2509
Establishment address 2260 S. US 31 Greenwood, TN	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>0</u> R <u>0</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 X Mary Manning 2028			

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[illegible]

Received by (name and title printed): Christina Buerden		Inspected by (name and title printed): Terry D Bayless
Received by (signature): Christa Buerden		Inspected by (signature): Terry D Bayless
cc:	cc:	cc:



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

Establishment name Dunkin Donuts	Telephone Number () Establishment () Owner	Date of Inspection 11/29/23	ID# 2407
Establishment address 120 W Smith Valley Rd Greenwood, IN	Purpose: 1. Routine	Follow-up NO	Release Date 12/8/23
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 3 R 0	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 4 5	
Responsible person's email			
Certified food handler			

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

Received by (name and title printed):

X ABHI
Received by (signature):

Inspected by (name and title printed):

Inspected by (signature): Jayne Miller EHS

cc:

CC:

cc