

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 NEW KUMO JAPANESE RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 11/6/23	ID# 1821
Establishment address 1051 W JEFFERSON 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 11/16/23
Owner YI LI		Summary of Violations:	
Owner address		C <u>0</u> NC <u>7</u> R <u> </u>	
Person in charge YI LI		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 YI LI	(7/30/24 exp. PERUSARE)		

- 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
239	NC	→	STOCK CLOSET - BOX OF SINGLE SERVED (CONTAINERS) (SYROFORM) Hinges NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	11/8
295	NC	→	INSIDE OF ICE MAKER NOT CLEAN	-11/7
218	NC	←	OUTSIDE BASE OF WALK-IN COOLER CORRODED	12/1
324	NC	x	3 COMPARTMENT SINK DRAIN NOT CLEAN	11/15
411	NC	→	LIGHT OUT ON EXHAUST HOOD	11/15
411	NC	x	CEILING LIGHT IS OUT IN KITCHEN	11/15
431	NC	→	FLOOR UNDER DEEP FREEZER NOT CLEAN	11/15
(NOTE)			pH PEN NOT ACCURATE	

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



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Bekm
10/20

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 New Wang Cai	Telephone Number () Establishment () Owner	Date of Inspection 11-17-23	ID# 1519
Establishment address 209 S SR 135 Greenwood	Purpose: 1. Routine	Follow-up Yes	Release Date 11-27-23
Owner	2. Follow-up	Summary of Violations: C 0 NC 3 R	
Owner address	3. Complaint	Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge	4. Pre-Operational		
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		① Walk-in cooler door gasket is split/worn ↳ needs replaced. ② Flip top cooler door gaskets appear damaged / soiled. ↳ needs cleaned / or replaced. ③ Stand up single door freezer interior plastic is damaged (door, side, bottom etc) ↳ observed open food product stored inside.	
245	NC		Observed wet wiping cloths not stored in sanitizer solution / bucket	Corrected
324	NC		① Appears water heater is leaking / rusty ② Restroom toilet is leaking along the bottom (leaks when flushed)	Called plumber - time of inspection.
Notes: ① In use utensils shall be stored with handle above food product ② Back screen door not tight fitting ③ few small flies were observed				

Received by (name and title printed):

[Signature]

Received by (signature):

Inspected by (name and title printed):

Cassi Hall

Inspected by (signature):

[Signature]

cc:

cc:

cc:



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Betsy
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 Nineveh mini mart	Telephone Number () Establishment () Owner	Date of Inspection 11-27-23	ID# 677
Establishment address 8010 S Nineveh Rd.	Purpose: 1. Routine	Follow-up	Release Date 12-7-23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>1</u> NC <u>4</u> R	
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>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C		Observed rodent like droppings on back room storage shelves	
414	NC		front exterior doors not protected from potential rodents - not tight fitting → day light was observed.	
425	NC		Mops not hung up.	
411	NC		Observed a lightbulb in back room storage room	
324	NC		Hand Sink right handle not functioning @ front hand sink	
Notes: observed the following food products past best by date: Whole milk (11/25); Sweet corn (6/29/23); Hunts tomato paste (10/10/23); etc.				

Received by (name and title printed):

Mani Kaur

Inspected by (name and title printed):

Cassi Hall / Caleb Moore

Received by (signature):

Inspected by (signature):

Cassi Hall / Caleb Moore

cc:

cc:

cc:



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Betsy
12/14

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 Noodles & Co.	Telephone Number () Establishment () Owner	Date of Inspection 11.30.23	ID# 2706
Establishment address 2182 N Morton St 46131	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up —	Release Date 12/9/23
Owner		Summary of Violations: C 1 NC 3 R X	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge Doug Adcock			
Responsible person's email			
Certified food handler JOHN DOUGLAS ADLOCK	Iss. 7/5/23 Exp. 5/24		

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Section #	C/NC	R	Narrative	To Be Corrected by
394/234	NC		- Observed Dumpster Lid Open	11/30/23
245/1	C		- Chemicals stored w/ single service items	11/30/23
174	NC		- Observed Bulk Food Containers Not Labeled	12/2/23
2.34	NC		- Utensils stored improperly - Handle Down	Corrected Corrected Corrected
"NOTE" - TRASH CANS w/ LIDS OBSERVED OUTSIDE BACK DOOR - Food Linen Service FOR				
Disturbance to Quat 200ppm				
				

Received by (name and title printed): Doug Adcock	Inspected by (name and title printed): Kevin R. Patten EHS / Mia Papay George
Received by (signature): Doug Adcock	Inspected by (signature): Kevin R. Patten / Mia Papay George
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 NORMA JORDS PASTRIES	Telephone Number () Establishment () Owner	Date of Inspection 11/15/23	ID# 2409
Establishment address 49 N MAIN 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 —	Release Date 11/25/23
Owner WHITNEY ATKERSON		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge WHITNEY ATKERSON			
Responsible person's email			
Certified food handler WHITNEY ATKERSON			

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[illegible]

Received by (name and title printed): Whitney Atkinson	Inspected by (name and title printed): Bob Smith / Mia Papageorge
Received by (signature): Whitney Atkinson	Inspected by (signature): Bob Smith / Mia Papageorge
cc:	cc:

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Bern
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 Pizza Hut	Telephone Number () Establishment () Owner	Date of Inspection 11-14-23	ID# 2184
Establishment address 1022 S US 31 Greenwood 46143	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11-24-23
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 Cnrea Mickelson (exp. 11/15/27)			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed):	
		Cassi Hall / Caleb Fleener	
Received by (signature):		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 <i>Pizza hut</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/14/23</i>	ID# <i>2185</i>
Establishment address <i>4800 W. Smith valley Greenwood IN, 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		<i>C 1 NC 1 R</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 2 3 ✓ 4 5</i>	
Certified food handler <i>Ashley Fligelman</i>			

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[illegible]

Received by (name and title printed): Faith McLaughlin		Inspected by (name and title printed): Paul Belton Ets
Received by (signature): Faith McLaughlin		Inspected by (signature): Paul Belton
cc:	cc:	cc:

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Establishment name Pizza King	Telephone Number () Establishment () Owner	Date of Inspection 11/21/23	ID# 2766 2766
Establishment address 520 N. St. Rd 135 Greenwood IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/1/23
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> </u> 5 <u> </u>	
Certified food handler Kulwant Benipal 2025			

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[illegible]

Received by (name and title printed): + Poirice		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): + Poirice		Inspected by (signature): Terry D Bayless	
cc:		cc:	

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Establishment name Pizza King Express	Telephone Number () Establishment () Owner	Date of Inspection 11/28/23	ID# 2252
Establishment address 30 S US 31 Whiteland IN 46184	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 12/8/23
Owner Kevin Service		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u> </u>	
Person in charge Kevin Service		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 Kevin Service (ServSafe Exp 10/9/24)			

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[illegible]

Received by (name and title printed): J. K. Service	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): J K Service	Inspected by (signature): Andrew Miller
cc:	cc:

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Establishment name <i>Poe Quality Meats</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-27-23</i>	ID# <i>1276</i>
Establishment address <i>1108 W 200 N Franklin 46131</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>12-4-23</i>
Owner <i>Keegan Poe</i>		Summary of Violations:	
Owner address		C <u><i>/</i></u> NC <u><i>/</i></u> R <u><i>/</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u><i>X</i></u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): Keegan Poe		Inspected by (name and title printed): Caleb Fleener
Received by (signature):		Inspected by (signature): Caleb Fleener
cc:	cc:	cc:



460 N. MORTON ST. STE A
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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 <u>Reverry</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>11-14-23</u> <u>3:30p</u>	ID# <u>1824</u>
Establishment address <u>299 W main st 46142</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>11-24-23</u>
Owner		Summary of Violations: <u>C 0 NC 6 R 1</u>	
Owner address		Menu Type (See back of page) <u>1 2 3 4 X 5</u>	
Person in charge <u>Arnold</u>			
Responsible person's email			
Certified food handler <u>Arnold</u> <u>Expired but fake test this week</u>			

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[illegible]

Received by (name and title, printed): D 11114/23		Inspected by (name and title, printed): Elizabeth Schultz
Received by (signature): D Arnold G.		Inspected by (signature): Elizabeth Schultz
cc:	cc:	cc: 317-346-4373



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC	C	WALL UNDER WALK-IN COOLER IS WORN	12/15/23
295	NC	*	KITCHEN METAL SHELVING NOT CLEAN	11/18
218	NC	C	WALK-IN COOLER DOOR GASKET WORN	12/18
431	NC	C	KITCHEN CEILING VENT COVER NOT CLEAN	
			BESTROOM CEILING EXHAUST COVER NOT CLEAN	11/20
257	NC	*	METAL STEM TYPE PROBE THERMOMETER REGISTERING 0-220°F, DIGITAL TYPE NOT PROVIDED	11/18
256	NC	C	THERMOMETERS FOR WARMERS NOT PROVIDED	11/18

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FRANKLIN, IN 46131

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Establishment name Roots 2 Rize	Telephone Number () Establishment () Owner	Date of Inspection 11/20/23	ID# 21646
Establishment address 916 E Main St Greenwood, IN	Purpose: 1. <u>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 Owner		Summary of Violations: C _____ NC <u>1</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>2</u> 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): X Sara-Anne Garza, Barista	Inspected by (name and title printed): Jaycie Miller
Received by (signature): X 	Inspected by (signature): 
cc: 	cc: Jaycie Miller FHD 31734643109





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[illegible]

Received by (name and title printed): Nick Waldo		Inspected by (name and title printed): Caleb Fleener
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc: