



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

BKSM
11/2/24

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 GARMENT FACTORY EVENTS	Telephone Number () Establishment () Owner	Date of Inspection 12/27/23	ID# 2156
Establishment address 101 E WAYNE 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 1/6/24
Owner BPMB, BENNIS, CASH		Summary of Violations: C <u>0</u> NC <u>8</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>4</u> 5 <u>—</u>	
Person in charge WARREN MIKLOS			
Responsible person's email			
Certified food handler WARREN MIKLOS			

• 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	✓	DISHRACKS FOR DISHWASHER NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	12/29/23
177	NC	—	SOME FOOD PACKAGES NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN COOLER, WALK-IN FREEZER	12/31
295	NC	✓	FLOOR OF WALK-IN COOLER NOT CLEAN	12/31
324	NC	✓	EMPLOYEE RESTROOM - UPSTAIRS KITCHEN, TOILET NOT CLEAN, TRASH RECEPTACLE FULL	12/31
396	NC	—	UPSTAIRS KITCHEN SPRAY NOZZLE AT SINK EXTENDS BELOW FLOOD RIM, NOT PROPERLY PLUMBED	1/5/24
324	NC	—	UPSTAIRS KITCHEN SPRAY NOZZLE AT SINK EXTENDS BELOW FLOOD RIM, NOT PROPERLY PLUMBED	1/5/24
431	NC	✓	UPSTAIRS MENS RESTROOM - CEILING EXHAUST COVER NOT CLEAN	12/31
394	NC	✓	SOME TRASH ON GROUND INSIDE DUMPSTER ENCLOSURE	12/31

Received by (name and title printed): Warren Miklos	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE 9/J
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>Craption Creek Catherings</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/20/23</i>	ID# <i>1782</i>
Establishment address <i>410 E main st Greenwood, Ind 46142</i>	Purpose: 1. <u>Routine</u> 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 0 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			

- 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
336	C		<p> mop sink faucet with atmospheric vacuum breaker with a hose extending to a wall mounted chemical dispenser not satisfactory </p> <p> NOTE: (1) three-bay sink sanitizer is okay (2) Food temperatures are okay </p>	

Received by (name and title printed): - <i>Charles Berger</i>		Inspected by (name and title printed): <i>Paul Betton</i> EA
Received by (signature): <i>Charles Berger</i>		Inspected by (signature): <i>Paul Betton</i>
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 317-336-5264

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>Great Wall Chinese Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-20-23</i>	ID# <i>2021</i>
Establishment address <i>1840 Northwood Plaza Franklin 48131</i>	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 <i>12-30-23</i>
Owner		Summary of Violations: C <i>/</i> NC <i>2</i> R <i>1</i>	
Owner address		Menu Type (See back of page) 1 <i>/</i> 2 <i>X</i> 3 <i>/</i> 4 <i>/</i> 5 <i>/</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Li Yang servsafe exp 3-3-25</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"

[illegible]

Received by (name and title printed): L. J. [Signature]		Inspected by (name and title printed): Caleb Plesner
Received by (signature):		Inspected by (signature): [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

BEA *Beta*
1/2/24

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 Greek's Pizzeria	Telephone Number () Establishment () Owner	Date of Inspection 12/27/23	ID# 2146
Establishment address 1642 Olive Branch Greenwood, IN 46143	Purpose: 1. Routine	Follow-up —	Release Date 01/04/24
Owner	2. Follow-up	Summary of Violations: C <u>1</u> NC <u>1</u> R <u> </u>	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	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	5. Temporary		
Certified food handler Nason Tapp	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): Mona DeMaggio	Inspected by (name and title printed): Mia Papageorge / Paul Betker
Received by (signature): Mona DeMaggio	Inspected by (signature): Mia Papageorge / Paul Betker
cc:	cc:





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

Establishment name <u>Indress Hausdr - Guetemeiner</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>12/19/23</u>	ID# <u>2284</u>
Establishment address <u>2855 Indress place</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date <u>01/03/24</u>
Owner		Summary of Violations:	
Owner address		C <u>1</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>✓</u> 4 <u>—</u> 5 <u>—</u>	
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): Pedro J. Figueroa		Inspected by (name and title printed): Paul Betton	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	



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



Establishment name Hawaiian Smoothie LLC	Telephone Number () Establishment () Owner	Date of Inspection 12/19/23	ID# 2772
Establishment address 1251 Us 31 N. Greenwood 174 46142	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
Owner		Summary of Violations:	
Owner address		C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R	
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			

- [illegible]

Page 1 of _____



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 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 Hiway Lanes	Telephone Number () Establishment () Owner	Date of Inspection 12-1-23	ID# 26355
Establishment address 400 N Morton St Franklin 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 12-10-23
Owner		Summary of Violations: C <u>1</u> NC <u>3</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 Tanner Nelson (exp. 9/1/27)			

• 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
295	NC		Interior of the machine is soiled.	12-15-23
324	NC		Observed a leak @ the 3 bay faucet	12-15-23
187	C		Observed potentially hazardous food items in the flip top cooler at 45°F or more, (not 41°F or less) Ambient air temp at 49°F ↳ Discard all P.H.F	12-1-23
255	NC		Ambient air thermometer appears to be inaccurate not <u>45°F</u> in large flip top cooler.	12-5-23
			Note: ① Store all wet wiping cloths inside sanitizer bucket / solution.	

Received by (name and title printed): Tammy Slattery	Inspected by (name and title printed): Cassi Hall / Caleb Fleener
Received by (signature): <i>Tammy Slattery</i>	Inspected by (signature): <i>Cassi Hall / Caleb Fleener</i>
cc:	cc:



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

Establishment name <i>Jimmy Johns</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-11-23</i>	ID# <i>2209</i>
Establishment address <i>980 N Merton St. Franklin</i>	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 <i>NO</i>	Release Date <i>12-21-25</i>
Owner		Summary of Violations:	
Owner address		C <i>[Signature]</i> NC <i>[Signature]</i> R <i>[Signature]</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <i>X</i> 3 _____ 4 _____ 5 _____	
Certified food handler <i>Alexander Krull exp 2028</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"

[illegible]

Received by (name and title printed):
Abdulkay 12.11.23

Inspected by (name and title printed):
Caleb Fleener

Received by (signature):

Inspected by (signature): *Glenn Flemer*

CC:

cc:

CC:




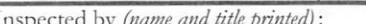

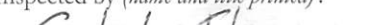
BEA 12/12



Establishment name Jimmy Johns	Telephone Number () Establishment () Owner	Date of Inspection 12-11-23	ID# 1627 2585
Establishment address 733 Loews Blvd Greenwood 46142	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 12-21-23
Owner		Summary of Violations:	
Owner address		C <u> <i>[initials]</i> </u> NC <u> <i>[initials]</i> </u> R <u> <i>[initials]</i> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <u> <i>X</i> </u> 3 _____ 4 _____ 5 _____	
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):		Inspected by (name and title printed):
		
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

Betsy
12/21

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 Katar LLC	Telephone Number () Establishment () Owner	Date of Inspection 12/15/23	ID# 2628
Establishment address 90 N State Rd 135	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 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 ✓ 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Paula Betsy NO food handler certificate			

• 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
177	NC		There are some materials on the floor inside walk-in cooler.	
256	NC		thermometer not seen inside one chest freezer	
295	NC		Inner top of ice machine is soiled.	
NOTE: (1) please organize the back storage (2) please clean hand sink & move materials from hand sink (3) please register for food handler certification				

Received by (name and title printed): Harinder Kaur	Inspected by (name and title printed): Paul Betsy EHS
Received by (signature): H. Kaur	Inspected by (signature): Paul Betsy
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
12/12

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>Humo</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>12-11-23</u>	ID# <u>1930</u>
Establishment address <u>1251 US 31 Greenwood 46142</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>12-21-23</u>	Release Date <u>12-21-23</u>
Owner		Summary of Violations: <u>C 3 NC 10 R</u>	
Owner address		Menu Type (See back of page) <u>1 2 3 4 X 5</u>	
Person in charge			
Responsible person's email			
Certified food handler <u>Jim Lin (2nd 3/28/27)</u>			

• 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
303	C		Observed employee using the designated hand sink to wash a knife ↳ All dishes shall be washed, rinsed & sanitized in dish machines or 3 bay sink.	12-11-23
345	C		*Hand Sinks are for handwashing only	1
218	NC		Chest freezer lid across from cookline is damaged ↳ Observed open food product.	1-31-24
295	NC		Interior of ice machine is soiled.	12-21-23
218			Flip top cooler across from cookline, door gaskets are split/worn.	12-27-23
347	NC		Bar hand sink out of paper towels	1
431	NC		Bar floor drain under ice machine is soiled.	corrected 12-15-23
430	NC		① grout repair is needed in areas of kitchen floor under bar hand sink is not easily cleanable.	1-31-24

Received by (name and title printed):

Jim Lin

Inspected by (name and title printed):

Cassi Hall

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

cc:

cc:

cc:

Elizabeth Schultz

NARRATIVE REPORT

Establishment Name Kumo			Address 1250 US 31 46142		Inspection Date 12-11-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
438	C		3 Spray bottles Not labeled -	12-11-23	
187	C		2 in Sushi Bar, 1 by Hand Sink in back	12-11-23	
218	NC		Sushi bar reach in cooler appears to be holding food @ 50°F	12-11-23	
			Unit has a large ice ball & built-in display shows P1		
			Discard potentially hazardous food @ and repair or replace unit.	12-11-23	
304	NC		Drying clean dishes out of dish machine with orange micro cloth	12-11-23	
352	NC		Self Closure broken on employee rest room.	12-11-23	
			Observed employee rinsing plastic condiment dispenser (i.e. Ketchup dispenser) in sushi sink that has soap, & towels provided & has a sign that says "Employees must wash hands"	12-11-23	
239	NC		Small metal pans used as drawers are soiled.	12-11-23	
			Knife covers soiled - Wash equipment & utensils only in 3-compartment dish machine		
315	NC		East wait = Storing straws below Hand Sink drain line.		



Received By (Name & Title)

Inspected By (Name & Title)

Page 2 of 2

You may make written Comments - email, fax, mail.

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

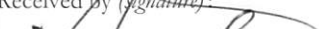
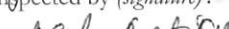
460 N. MORTON ST. STE A 12
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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 La Patrona Mexican Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 12/19/23	ID# 2639
Establishment address 884 N. US St Greenwood, Ind	Purpose: 1. <u>Routine</u> 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>1</u> NC <u>1</u> R <u> </u>	
Owner address	<hr/>	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			

- 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): Angela Palafex		Inspected by (name and title printed): Paul Betteu CTS	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	


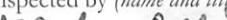
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name LA Trattoria	Telephone Number () Establishment () Owner	Date of Inspection 12/19/23	ID# 727
Establishment address 201 N. Madison Ave Greenwood IN 46142	Purpose: 1. <u>Routine</u> 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> </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): TOM TROTTER OWNER		Inspected by (name and title printed): Paul Behrman EHS	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



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

Establishment name The Legends Golf Club	Telephone Number () Establishment () Owner	Date of Inspection 12-20-23	ID# 1576
Establishment address 2555 Hurricane Rd Franklin 46131	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 12-30-23	Release Date 12-30-23
Owner		Summary of Violations:	
Owner address		C <u> <i>φ</i> </u> NC <u> <i>φ</i> </u> R <u> <i>φ</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 David Ashely Davidson <i>Servsafe</i> exp-1-26-26			

- 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): <i>Yed Davidson</i>		Inspected by (name and title printed): <i>Caleb Fleener</i>
Received by (signature):		Inspected by (signature): <i>Caleb Fleener</i>
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


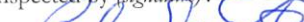
460 N. MORTON ST. STE A 12
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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 LITTLE CAESARS PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 12/13/23	ID# 2685
Establishment address 906 N MORDEN FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12/23/23
Owner FARID FATEHAZY		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge KARTIK PATEL			
Responsible person's email			
Certified food handler KARTIK PATEL (SERVSAFE EXP. 8/6/24)			

- 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): * Kartik Patel / District 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


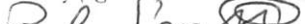
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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 LONG RIVER	Telephone Number () Establishment () Owner	Date of Inspection 12/19/23	ID# 1110
Establishment address 1063 W 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 —	Release Date 12/29/23
Owner JIANG		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ZHIHUI JIANG			
Responsible person's email			
Certified food handler ZHIHUI JIANG			

- 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): <i>Zhihui Jiang</i>		Inspected by (name and title printed): <i>Bob Smith EHS</i>
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

Bekm
12/18

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 Luca di Roma	Telephone Number () Establishment () Owner	Date of Inspection 12/7/23	ID# 1052
Establishment address 1251 US 31 N Greenwood, IN	Purpose: 1. Routine	Follow-up	Release Date 12/17/23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>1</u> NC <u>5</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 + [Signature]	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
430	NC		The front service counter is badly cracked.	12/7/24
430	NC		The tile base cove at the front counter is damaged and coming apart.	12/7/24
431	NC		The floor behind the pizza oven is very soiled	12/14/23
269	NC		No drain stoppers for the 3-bay sink were noted	12/9/23
297	NC		Bulk food containers are soiled.	12/14/23
295	C		The ice maker shield and bin are soiled.	12/14/23
			Note: Hose nozzle improperly connected to the mop sink down stream shut off aren't allowed.	

Received by (name and title printed): + MICHAEL L. WRIGHT MANAGER	Inspected by (name and title printed): TERRY D. FAYLESS
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc: