

460 N. MORTON ST. STE Å \\ 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 Telephone Number Date of Inspection GARMENT FACTORY ENPIRTS ) Establishment 12/27/23 2156 Establishment address ) Owner 101 EN APM ST. FRANKON, IN Purpose: Follow-up Release Date 1. Routine Bems, Benns, CASEY Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational CONC R Person in charge 5. Temporary 6. HACCP Menu Type (See back of page) 7. Other (list) Certified food handler WATTEN • 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 TO To Be Corrected by Narrative Section # C/NC-R LISHRACKS FOR DISHMACHIER NOT STORED 239 NC OFF FLOOR MINIMUM OF & INCHO Some Food PACKAGES NOT STONED OFF FLOOR 12/3 MINIMUM OF & INEHES IN WACK-INCOUR WARK-IN FREEZER FLOOR OF WAZH-IN COOLER NOT CLOPN 12/31 295 NC ETOGROLDE PESTROOM - OPSTRIRS KITCHEN. 12/31 324 TOTLET NOT CLERN, TRASH RECEPORTE FULL 396 NC SPRAY NOZZZE AT SINK UPSTAIRS RITCHER 1/5/24 324 EXTENDS BELOW FLOOD RIM, NOT ALBE nomect 24 VPSTAIRS MENS RESTROOM - COLLING 431 NC cover not closen Some TRASH ON ground Inside dungster 394 M PIVCLOSURE Inspected by (name and title printed) Received by (name and title printed): ived by (signature): Page 1 of



## 460 N. MORTON ST. STEA FRANKLIN, IN 46131

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Establishmer  Establishmer  40 E  Owner	nt name Lon nt address Mam	pe 8	et Oatherings t Coreenwood, Int 46142	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine	Date of Inspection ID#  12/20/23 1782  Follow-up Release Date
Responsible	arge person's	emai	ar firmall cash consent on powers for her so a consens.	<ol> <li>Follow-up</li> <li>Complaint</li> <li>Pre-Operational</li> <li>Temporary</li> <li>HACCP</li> <li>Other (list)</li> </ol>	Summary of Violations:  C NC R  Menu Type (See back of page)
Certified foo		_	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	12345
Section #  33 G	C/NC C	_	MOD Sink fault with a hose satisfactory  NOTE Where - bon w food tend	Narrative Umosphenic valuum wall mounteel C	To Be Corrected by homical hyperson
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishme	ent name	/	11 Chi Deal To The Party of the	Telephone Number	Date of Inspection	
Great	aTV	V C~	11 Chinese Resturant 1000 Plaza Frenklin 1000 Plaza 46131	( ) Establishment	12-20-23	7021
1 QUA	ent addres	L/	Dr Frentella	( ) Owner		
	Nort	thu	18001 Plaza 46131		Follow-up Releas	
Owner				1. Routine	A second	-30-23
				2. Follow-up	Summary of Violat	tions:
Owner add	ress			3. Complaint		
				4. Pre-Operational	1	
Person in cl	narge	a lan	e-schlick in a comme to meles. Recall to	5. Temporary	CNC	
1.1	1997	Little	e que sanda og a or 1 de message en de la	6. HACCP	10 11 10 10 10 10	r really
Responsible	e person's	email	tere took ty veracted to single-med topa	7. Other (list)	Menu Type (See l	back of page)
			Barrier e e man en en est de la la entre	a in righter a	Aung y Trush are	
Certified fo			ervsefe exp. 3-3-25		12_X_3	45
-	. /		ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	N(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
112	NC	V	Make sure all eq	quitment is NF	Sapproved	2-1-24
	244.41	B. A.	o granerto i trata girita con grazianio bia esti. C	A CORNE HOURT COLL SOUTH	of / to suppose	TARRIOT S.X
231	NC		Make sure con open	ner is checned	11 7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1	S S S S S S S S S S S S S S S S S S S
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460 N. MORTON ST. STE A' FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name	Telephone Number	Date of Inspection	ID#
Greek's Pizzeria	( ) Establishment		01.11
	( ) Owner	12/27/23	2146
1642 Hive Branch Greenwood, IN 46/43	Purpose:	Follow-up Release	Date
Owner	1. Routine	- W/O	4/24
	2. Follow-up	Summary of Violatio	
Owner address	3. Complaint	,	
What induces	• -		
Person in charge	4. Pre-Operational	C NC	, D
Person in charge	5. Temporary	C_/_NC	K
Responsible person's email	6. HACCP	Menu Type (See ba	ch of page)
responsible person's email	7. Other (list)	Menu Type (See oa	ck of page)
Cerrified food handler		1 2 3	4 5
Jason Tapp		123	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND		Value of the last
	Narrative		To Be Corrected by
336 C No shut offs downstr	leam at atmos	pheric	1/25
Vacuum breaker	77	or particular and a second	SLU ON C
051110 10 11	, , ,	11	1//
256 NC No Thermometers found chest presents	d in a couple of	the big	
Chest filly is	0	0	
Note: ice scoops need	a designated a	ntainen - corn	erted
1/10 CE. THE WOODS FORG	a designated a	maraz com	<u> </u>
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and the state of t		r Y ir in A dama	
		of many series	St /DS
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сс:	cc:		
			Page 1 of



#### 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

Establishm	ent Sani	tatio	n Requirements. The time limit for correct	tion of each violation is specif	fied in the narrative portion	of this report.
Establishme			1) ( ) 4 ,	Telephone Number	Date of Inspection	ID#
	Ve80		Houser - Guetemein	NW Establishment	1. 1.01	
Establishme	nt addres	S	0	( ) Owner	12/19/23	. 2284
285	5	En	dress place	Purpose:	Follow-up Release	
Owner			U	1. Routine	- 0	1 - 1 - 1
				2. Follow-up	Summary of Violati	ons:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C NC	$\mathcal{L}_{R}$
				6. HACCP	to enclavative malel	al thought to the
Responsible	person's	emai	longs for respondent for the control of the conditions	7. Other (list)	Menu Type (See be	ack of page)
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Certified for	od handle	r			1 2 1 3 1	4 5
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		ND IN THE NARRATIVE BELOW AS	
Section #		R		Narrative		To Be Corrected by
336	C	10.025	Map sink flulet w	of atmospheric	valuum breake	r 01/5/24
	11000000	TO DE		ending to a w	all mounted	3 I Brandon
		-	Chemical dis penser is	not salos face	long	Title Bugin
297	Ale	_	Soda nozzles are Sta	enting to alt	Soiled.	10/22/23
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A31	Ne		main drain by soa	la maehine is	Sorted	
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Page 1 of

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. Telephone Number Date of Inspection Establishment name Establishment name

Hawaii am Smoothie LLC () Establishment address

1251 US 31 M. Orlenwood 14 () O

Purpose: ) Establishment ( ) Owner Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C O NC O R Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) 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" Marrative To Be Corrected by Section # C/NC R Received by (name and title printed): Received by (signature): cc:



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			requirements. The time mint for concent		Date of Inspection	
Establishmer		1		Telephone Number	Date of Inspection	ID#
ITIL	100		anes	( ) Establishment	11/11/10	11,20
Establishmer	nt address	8	Franklin	( ) Owner	116-160	6000
400	N	M	10rton St 4(e131	Purpose:	Follow-up Release	se Date
Owner				1. Routine	1/185 1/1:	-10-73
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess	19-2		3. Complaint		
				4. Pre-Operational		2
Person in cha	arge			5. Temporary	CNC_	R
4.3	Langul		lumping some story profile and	6. HACCP	State by the in	
Responsible	person's	email	for learnedgeis on the memor the at sont	7. Other (list)	Menu Type (See	back of page)
			selz felbreaux phonon i 1971.	r for the free form of		525 to 1014
Certified foo	d handler		EXP.		$1  2  \times 3$	4 5
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• CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION(	S) REPEAT	red f	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
795	NC		Interior of 112 MG	ichine, 15 Soil	Ad.	12-15-23
374	NC	n q	MERIURA O IPCK	Cothe 3 bay	Faucet	12-15-23
2.1		2110	Was a great	0 110 0 10	3000	Shoomard
187	0		Objected potentially	lazerdous, food H	tens in the	11-1-13
			flip too cooler at 45		10For less)	
			Ainbient air temp at	490 F		
			5 Discord all P	,H.F		
255	NC		Almbient air thermemet	er appears to be	inaccurate	11-5-13
			and problem to in	lorge flig top cool		
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# 460 N. MORTON ST. STE A 7 7 7 FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

		tutio	requirements	. The time i	- Contection	on or each violation is sp				
Establishme						Telephone Number		f Inspect	tion	ID#
Timmy Establishme	John	175				( ) Establishme	nt 17-	-//-2.	3	2209
				E 1.1	2	( ) Owner				
	NI	Vier	tonst.	TONK!	7	Purpose:		v-up R	elease ]	Date
Owner						1. Routine	No			ソーひ
				2. Follow-up	Summ	ary of V	iolatio	ns:		
Owner addre	Owner address			3. Complaint						
Person in charge			4. Pre-Operations	al	1		0 0			
			5. Temporary	C_	$/\!\!/$ N	ic a	R.C.			
lana "						6. HACCP		1- 1072	1	
Responsible	person's	email	er christian ban	n n leftin	nof settle	7. Other (list)	Men	Type /	See bac	ck of page)
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Certified foo	d handle	r	1. 11		- 2			2 V	3	4 5
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Section #	C/NC	R	,	( ]]:		Narrative			Г	o Be Corrected by
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cc:			cc:				CC:	Ill	une	



#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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				1		
Establishme		- ,		Telephone Number	Date of Inspection	ID#
Jimm Establishmen	V J	ohn.	5	( ) Establishment	12-11-23	LERT
Establishme	ne addres	S	Greenwood	( ) Owner	12-11-25	10245
733	10	Plan	15 Blud Greenwood 15 Blud 46142	Purpose:	Follow-up Release	Data
Owner	20	000	S Direct 16/12		Follow-up   Releas	21-23
Owner				1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		$\Omega$ ()
Person in ch	0.000			- <b>1</b>	cnc	0/20/
Person in ch	arge			5. Temporary	C Y NC_	R R
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Responsible	person's	email	vancinism alternació la cum cum discada de la	7. Other (list)	Menu Type (See	back of page)
			N. J. and E. add. M. and C. and A.	10H1 35 = 1	processor of the state of the	
Certified foo	d handle	r			123	4 5
					1	
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED FR	OM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	- V	Narrative		To Be Corrected by
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Office 317-346-4365 Fax 317-736-5264

Listablishment C	Jameacio	in requirements. The time mine for contest	The state of the s	The state of the s
Establishment nar	me 1	Space and programmed the teams	Telephone Number	
Katar		F.C.	( ) Establishmen	11 110 110 10 10 10 10 10 10 10 10 10 10
Establishment add	dress	n D noc	( ) Owner	12/15/23 7628
90 N	Stal.	e Ld 135	Purpose:	Follow-up Release Date
Owner			1 Routine	
			2. Follow-up	Summary of Violations:
Owner address			3. Complaint	
			4. Pre-Operationa	
Person in charge	note he	After Median on heavy of every live of	5. Temporary	c Ø NC 3 R
1 1 1 22		in the fraction of the contract to proper	6. HACCP	re published as everyled, those
Responsible perso	on's emai	readigner algebrased trait. Contract con-	7. Other (list)	Menu Type (See back of page)
		the quadrature of the same	ning page	r gabl i nobribljan - skoprag
Certified food has		its his first handler		12_√_345
The same of the sa		ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	· · · · · · · · · · · · · · · · · · ·
• VIOLATION(S) RE	EPEATED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		
Section # C/	NC R		Narrative	To Be Corrected b
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		walk-in coeler.	1 1 1 1 2 2 1 2 1 M 1 2 2 2 1 1 M	Part of the Part o
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256 4	10	mermener nor Il	in march or	e coust precen
295 Ne	0	Iner top of the	machine is	molect.
12 1/4		Little copy and	mozerna a	
-	10.00	More Please amon	ige the bere	& more materials
		Applease clean	Unand Sink	8 more materals
2018		from hand of		Max O 1 C - As
	_	(4) please regre	ter for food i	randler Certification
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### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

460 N. MORTON ST. STE 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.

Establishme	nt name		shoul aubawal mana ng carlo anta.	Telephone Number	Date of Inspection	ID#
1	MI	0	s	( ) Establishment	10 11 00	1020
Establishme	nt addres	ss	Greenwood.	( ) Owner	11-11-6	0 190
M51	()	S	31 410142	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	1 1/1:	-21-23
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	7 1	Α.
Person in ch	arge		the contract of the contract o	5. Temporary	$c \leq Nc$	
	G III.		ia et ilir o <sub>n</sub> as l'agitat egginitible	6. HACCP	a jáb Brodesk Syris	lushi tra
Responsible	person's	emai	Landing and a compared to the second of the	7. Other (list)	Menu Type (See l	pack of page)
Certified foo	d handle	er a	12-8 12-		1 2 3	1 × 5
200	1		M (3/28/L1)		123	
• CRITICAL	ITEMS AI	RE ID	entified in the checklist and narrative	COLUMNS MARKED "C"		1.37
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	ı	Varrative		To Be Corrected by
303	C		Observed employ	ee Using the	L OESIGNATE	12-11-23
	11000	7	hand Sink to wa	sh a hoffe	0,100	SECTION AND A
1 1 15-1)1.	11/19-		5 All dishes Sho	MO DE INGLE	d, rmsed	PODIENTA
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			SINK:			
345			* Hand SINKS ON	s for Nord!	W. WINGN	11.0
			WIN		0 11	
218	NC		Chest treezer li	d across fr	$\sim$	11-31-24
			GOOKIME IS CHINGS	12 d		
			5 Observed	open tand o	roduct-	
795	NC		WHO OF ILV	Mana B	Sille.	12-21-23
218			Shotop coder o	WYOSS EVON	1 COOKINS	12-27-23
			Law assiss W	5 20/H/1, 10CL	7 5	
347	NR		Dow Dendsink 1	14 OF DODEN	TIMPS	corrected
431	NC		Dow floor drawn	Suller 160 M	MIMINI	17-15-23
	1		15 501/20-			<u></u>
430	NX	(1)		esded In area	N OF BIHL	lon 1-31-24
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				-1		Page 1 of

Eschultz@co.johnson,in.us

#### NARRATIVE REPORT

	NAMMATIVE ICE OIL	
Establishment Na	me Address	Inspection Date
Kumo	1250 US 31 46142	12-11-23
Section# C/NC	REMARKS	TO BE CORRECTED BY
438 C	3 Spray bottles not labeled -	12-11-23
1300	2 2 in Sushi Bar, 1 by Hand Si	
187 04	Sushi bar reach in cooler appears	12-11-23
218 7004	to be holding food @ 50%	
NC	Unit has a Large ice ball &	the
	bruit in display Shows PI	1 0
	Discard potentially hazardow	food
211 112	a and repair or replace	ubit.
304 NC	Drying clean dishes out of dish	12-11-23
352 NC	Self Closure broken on employee rest	1-11-2
002 100	On open	B 1- (1- 2
	Observed employee rinsing Condinient	12-11-23
	dispenser (i.e. Ketchup dispenser)	12 11 53
	in sushi Sink that has Soap,	
	towels provided & has a sign	
	that 'says " Employees must	
	wash hands"	
239 NC	Small metal pans used as	12-11-23
	drawers are soiled.	
	Rnife covers soiled - Wash	
	2011	
315 NC	1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	w-
313 700	Hand Sink drain line.	
	The contract of the contract o	
		<u></u>
		Temp ► Rite. §
		Date: Fecha Emp: Empleado
		Emp: Empleado PASS WHEN BLUE BAR TURNS ORANGE EL ALFHRIE (UNIDO A ARIA AUR. CAUBRA A COLOR MANANA AUR. CAUBRA A COLOR MANANA
		160°F/71°C
Received By (Name &	Title) Inspected By (Name & Title)	Page <u>2</u> of <u>2</u>
	with Colempbeth Schulk	rage <u>s</u> or <u>se</u>
	(2)	

State Form 48621 (R2 / 8-05)

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



460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment Sanitation Requirements. The time limit for correction	on of each violation is specified	
Establishment name La patrona Mexican Lestourant	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment name  La patrona Mexican Lestouront  Establishment address  SE & N. U.S. 21  Circle 1 Wood, Inf	( ) Owner	12/19/23 2639
Owner St	Purpose:  1. Routine	Follow-up Release Date
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	1 1
Person in charge	5. Temporary	CNCR
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See back of page)
neg leve person p	77, 0 1	gajaha a sai syare ee aga
Certified food handler		123
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		IN THE NARRATIVE BELOW AS "R"
	Narrative	To Be Corrected by
336 c Mol Some faulet our		valuem tool of look to
Chemical dispenser	extending to a	eron
Chronic Helpha December 2011 April 1		
146 Ne bruty food etem is	not Cabelled	at dry strage 12/22/2
		and the state of t
	La la la company de la company	
		01 0 000 00
	I.	No. of London D
Received by (name and title printed):	Inspec	exted by (name and title printed); when the control is the control
Received by (signature):		ated by (signature):
cc/ cc:	cd	an Belien
(		



#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

			1	1	1 1		
Establishme	nt name	H	bour ends of the own to	Telephone Number	Date of Inspection ID#		
F III	Tra	7400	100	( ) Establishment	12/19/23 727		
Establishme	nt addres	s l	son Ave IN 46142	( ) Owner	, ,		
	(, //U	ser.	800 AS IM 46142	Purpose:	Follow-up Release Date		
Owner				1. Routine			
				2. Follow-up	Summary of Violations:		
Owner addr	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge	boot l	on a later of the seller Bases	5. Temporary	C NC R		
			era coule of - a con-	6. HACCP			
Responsible	person's	email	en landesbuds er by erick - 2,10°	7. Other (list)	Menu Type (See back of page)		
Certified for	1111.		nor annay Man	1. 0.161 to 1.0	- Canolica Italia dan Masanan		
Cerunea 100	od nandie	r.			12345		
• CRITICAL	ITEMS AF	RE IDEN	TIFIED IN THE CHECKLIST AND NARR.	ATIVE COLUMNS MARKED "C"			
			M PREVIOUS INSPECTIONS ARE DENOTED I		ND IN THE NARRATIVE BELOW AS "R"		
Section #	C/NC	R	COMMON AND ASSESSMENT OF THE STATE OF THE ST	Narrative	To Be Corrected		
	,407,13103	ind La	2011/2011/10	A	A transfer amount of the		
and safety barn		Alo prolation o	turing inspection	L			
		-					
	9		de la				
					- transfer A since		
	176				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					.or thepselve		
Received by	(name and	title prin			pected by (name and title printed):		
Paraire	(1.1)	11	COTTEX OI	NNS I	pacted by (invature):		
Received by	(signature)			ltps.	pected by (signature):		
cc:		_	cc:				
			SSP 4.06				



#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

				•		-
Establishme			inon's man see, it is nazionale fronts	Telephone Number	Date of Inspection	ID#
The Lt	eseno	15	Golf Club	( ) Establishment	12-20-23	1576
Establishme	headdres	S	Franklin	( ) Owner	12.50 5	10 10
2555	Hu	~	Golf Club Franklin Icone Rd 46131	Purpose:	Follow-up Releas	se Date
Owner				Routine		-30-23
				2. Follow-up	Summary of Viola	
Owner addre	ess			3. Complaint	'	
						$\Omega$
D : 1				4. Pre-Operational	$C \longrightarrow NC \longrightarrow R \longrightarrow$	
Person in ch	arge			5. Temporary		
10.00			MILE FOR AND A CONTRACT OF A C	6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See back of page)	
Certified for	od handle	r	· Serviche		12 ×3	4 5
1	Ash	e/	y Davidson expl-26-2	6	1 2 3	45
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	TED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			Nothing to Note	at time of insc	ection	
	W. 1900	arar j	O MARIE OF THE CONTROL OF THE CONTRO		organization to small other	Men al Tan
TOT ITS	morau <sub>1</sub>	BC (I	Carry of the Sedent of File of the Second	40)	THE PLANERY A. LENGTH	specimentil s
			The survey of th	alie ir na alie mandi antii erit	_ of political westings	E HILL TRUE
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	91			1	L. and the second	
		200			thouse the state of the state o	Automati
	e [ 51 55.					Cleonors-Lind
						Jungstal
						-
D : 11		1 111	• • • •	T	ed by (name and title printed	<u> </u>
Received by	(name and	title	orinted): Pol Davidson	1 *		9.
Danais 11	(sian -1)	10	w pursue	Lagrages	eb Fleener	our whore
Received by (signature):				Code	d by (signature): W Elognwr	
cc:			сс:	cc:		



#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name  LITTLE CHESTORS PIZZA  Establishment address  906 N MORTON FRONKLINGTON  Owner  FARTO FATCHAZY  Owner address	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational	Summary of Violati	123 /23 ions:
Person in charge  KARTIK PATUL  Responsible person's email	5. Temporary 6. HACCP 7. Other (list)	C NC R Menu Type (See back of page)	
Certified food handler  KARTIK PAPEL  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"	123	<u></u>
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW A	the state of the s
Section # C/NC R  218 CC & WHEEL WORN ON  411 pu  Some certary LTG	The state of the s	FROUTER	To Be Corrected by ON ODDER 12/31/23 -12/23
Received by (name and title printed):    Kath   Pot   District Man   Received by (signature):   cc:   cc:	raged B	ced by (name and title printed)  Sm177 E  ced by (signature):	

8013/21



#### 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

Establishment name  LONG RIVER  Establishment address	Telephone Number  ( ) Establishment  ( ) Owner	Date of Inspection	3 ] [   O	
1063 W JEFFERSON ST. FrANKLTY DU	Purpose:	Follow-up Releas	e Date	
Owner	1. Routine	- 112	129/23	
TiANCE	2. Follow-up	Summary of Violat	ions:	
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge ZHT HVI JEAWG	<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	c R		
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)	
Certified food handler ZHIHVI JANG		13	4 7 5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	AS "R"	
Section # C/NC R	Narrative		To Be Corrected by	
392 NC 0 2ID NOT CLOS	ed ON OUTSZO	6	12/23	
dumpsver	III. SE DE LE TENE LE	- ewith poulstia		
<i>y</i>	return typy	The property of the con-	T (\$11.20.5)	
2 A 2 S 2 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	100		12/20	
229 NC > PLASTIC CONTAIN	TO WHILE	1	12/28	
1000 LES STONES	48 CNTOPES			
411 NC > some cothing 2	19HTS ARE	out	12/31	
tura de la companya della companya d		a was also also est	and and	
and the second of the second o	Lasting the Care	uu mudencero	isonevi	
			fi mozene l	
Received by (name and title printed):		d by (name and title printed) Bob Sm 1774		
Received by (signature):	Inspecte	d by (signature):	Dacker	
сс:	cc:			
V			Page 1 of	



#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishme	nt name	"good registry and "encoded them Talencia.	Telephone Number	Date of Inspection	ID#	
1 2u	ca di	Roma	( ) Establishment	12/2/-0	1457	
Establishme	nt address	•	( ) Owner	12/7/23	1052	
1251	453	N Greanwood, IN	Purpose:	Follow-up Release	Date	
Owner			1. Routine		117/23	
			2. Follow-up	Summary of Violati	ons:	
Owner addre	ess		3. Complaint			
			4. Pre-Operational			
Person in ch	arge		5. Temporary	C_/_NC_2	5 B	
r crson m cn	arge		6. HACCP	0_7110		
Responsible	nerson's en	nail	7. Other (list)	Manu Type (See h	Menu Type (See back of page)  123 \( \subset \subset 45 \)	
responsible	perions en		7. Other (ust)	Went Type (See 0)		
Certified foo	d handler,			-   2 2 4		
1	2/11	a Miss		123_7_	_45	
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEATE	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW A		
Section #	C/NC		Narrative	1 11	To Be Corrected by	
430	NC	The front service (	counter 19 1	badly	12/7/24	
430	NL	The like base cove	at the front	counter is	12/7/24	
170	NO		ing aparti	The Zon issuming room to	pdauzou	
431	NC	The Floor behind		Oven 13	14/4/23	
		very soiled				
269	NC	No drain stoppers	for the	3-bay SINK	12/9/23	
1		were noted	/ *		121. 1 =	
297	NC	Bulk Lod food	containers	are soiled-	12/14/23	
205		The the make	shield a	nd bin	12/14/23	
295	C	The the make,	SPITETE A	10 411	1411161	
		MY E 3011601		and the models appendix	IODUS A STATE	
		Note: Hose nurle improperly				
		connected to the mop sink				
		down stream shut offs				
D : 11	(	the sainted by	T <sub>m</sub> .	spected by (name and title printed)		
Received by	Marie and to		DANAGER	Terry D Fo		
Received by	1/1					
1 +	+11	<del>/</del>		spected by (signature):  July D Fay le	42	
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