



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 RASCALS FUN ZONE	Telephone Number () Establishment () Owner	Date of Inspection 12/19/23	ID# 2617 2617
Establishment address 629 N US 31 WHITELANDEN	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 BRAD GOEDEKER		Summary of Violations: C 1 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge GO TONY HARRELL			
Responsible person's email			
Certified food handler BRAD GOEDEKER (SERVSAFE 12/18/27 EXP)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): Tony Harrell, General Manager		Inspected by (name and title printed): Bob Smith ETS	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



460 N. MORTON ST. STE A 10
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name <i>The Refuge</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/20/23</i>	ID# <i>2366</i>
Establishment address <i>1150 S. Park dr. Greenwood, Ind 46143</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		C <i>✓</i> NC <i>✓</i> R <i>✓</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 <i>✓</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"

[illegible]

Received by (name and title printed): <i>Kerry Carmichael</i>		Inspected by (name and title printed): <i>Paul Belton LHS</i>	
Received by (signature): <i>Kerry Carl</i>		Inspected by (signature): <i>Paul Belton</i>	
cc:	cc:	cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Belm
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 RITTERS FROZEN CUSTARD	Telephone Number () Establishment () Owner	Date of Inspection 12/29/23	ID# 23 70
Establishment address 351 N MORTON FRANKLIN IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 1/8/23	Release Date
Owner RITTERS FROZEN CUSTARD		Summary of Violations: C 2 NC 5 R	
Owner address		Menu Type (See back of page)	
Person in charge HANNAH ASHER		1 2 4 5	
Responsible person's email			
Certified food handler ALEX JONES (SERVSAFE 5/16/27)			

• 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
413	NC	X	BACK DOOR - NOT SELF-CLOSING	1/5/24
324	NC	X	MOP SINK - HOSE EXTENDS BELOW FLOOR RIM IN MOP BASIN	1/13/24
295	NC	X	STELLING OF WALK-IN COOLER NOT CLEAN	1/13/24
336	C	X	GARDEN HOSE WITH SPRAY NOZZLE CONNECTED TO SPIGOT WITHOUT ADEQUATE ANTI-SIPHON DEVICE	1/5/24
			GARDEN HOSE USED TO SPRAY/CLEAN FROZEN CUSTARD MACHINE (NOT POTABLE WATER TYPE)	1/5/24
399	NC	X	FLOOR AND WALL AROUND FROZEN CUSTARD MACHINE WORN/NOT CLEAN	REPAIR 1/30/24
431	NC	X	FLOOR NEXT TO WALL IN AREAS NOT CLEAN	CLEAN 1/8/24
415	C	X	SMALL FLIES SEEN AROUND FROZEN CUSTARD MACHINE	CONTROL 1/13/24

Received by (name and title printed):

Hannah Asher - Shift Manager

Inspected by (name and title printed):

Bob Smith ENS

Received by (signature):

Hannah Asher

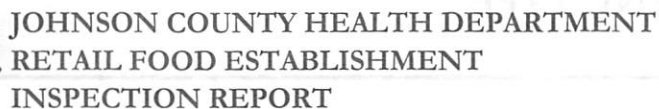
Inspected by (signature):

Bob Smith

cc:

cc:

cc:





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Establishment name Sonic	Telephone Number () Establishment	Date of Inspection 12/26/23	ID# 2015
Establishment address 1262 N. Emerson Ave	() Owner	Follow-up —	Release Date
Owner	Purpose: (1, Routine)	Summary of Violations:	
Owner address	2. Follow-up	C D NC D R	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 — 2 — 3 ✓ 4 — 5 —	
Certified food handler Nell Patterson	5. Temporary		
	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): Brady Wire Assistant Manager		Inspected by (name and title printed): Paul Bertou Smith
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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Establishment name Speedway #1212	Telephone Number () Establishment () Owner	Date of Inspection 12/20/23	ID# 2493
Establishment address 5 S. Graham Rd Greenwood Ind 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date
Owner		Summary of Violations: C <u>D</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>✓</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

- 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):
- Patricia Bruns Store Leader

Inspected by (name and title printed):
Paul Bettin ~~DA~~

Received by (signature): 

Inspected by (signature):
Paul Belton

cc:	cc: 317-341-0668
-----	---------------------

/cc:

pathi ~~Bruks~~ Bruns
coop 43968 @ 7-11.com

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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 STARBUCKS	Telephone Number () Establishment () Owner	Date of Inspection 12/19/03	ID# 2327
Establishment address 153 GRANVILLE		Follow-up —	Release Date 12/29/03
Owner FRANKLIN, IN	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C 0 NC 1 R	
Person in charge Jodi NALLY	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 2 3 4 5	
Certified food handler Jodi NALLY	5. Temporary		
	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
392	NC	✓	LID NOT CLOSED ON OUTSIDE DUMPSTER	12/22/23
			XXXXXXXXXXXX	
			notes mechanical disturbance	
			HOT WATER SANITIZATION TEMPERATURE	(ck)
			inadequate 160°F(+) ON PLATE/UTENSIL	
			SURFACE (WAS 170°F)	

Received by (name and title printed): Jodi Nally		Inspected by (name and title printed): Bob Smith EHS	
Received by (signature): Jodi Nally		Inspected by (signature): Bob Smith	
cc:	cc:	cc:	



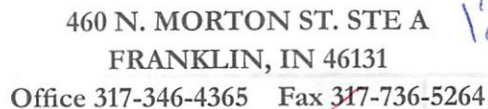
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✓

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Page 1 of _____





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Establishment name <i>Subway #21977</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/15/23</i>	ID# <i>1744</i>
Establishment address <i>84 S. S-R Rd 135</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		C <i> </i> NC <i> </i> R <i> </i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i> </i> 2 <i> </i> 3 <i> </i> 4 <i> </i> 5 <i> </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"

[illegible]

Received by (name and title printed): L. B. Baker		Inspected by (name and title printed): Paul Betiku
Received by (signature): L. B. Baker		Inspected by (signature): Paul Betiku
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Betm
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 Sunny's Chicken	Telephone Number () Establishment () Owner	Date of Inspection 12/27/23	ID# 2728
Establishment address 1030 US 31 Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 01/06/24
Owner		Summary of Violations: C <u>1</u> NC <u>4</u> R <u>1</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 Zing C Thawng Ex 2/25/28			

• 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
174	NC		Some bulk food containers not labeled	12/27
228	NC	R	Couple of units of chest freezers are not easily movable	1/15
256	NC		Thermometers not seen in chest freezers	1/1
255	NC		Ambiant air inside upright cooler in serving area has a temperature of 50°F	1/15
187	NC		Holding temperature for honey mustard & pasta was at 48°F & 50°F in upright cooler	1/15
			Note: 1) Coleslaw not labeled with name & date 2) label all chicken in back walk-in cooler 3) Store serving utensils in running water	

Received by (name and title printed): Zing C. Thawng	Inspected by (name and title printed): Mia Pangeorge / Paul Betton
Received by (signature): 	Inspected by (signature):
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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 <i>Sweetie Moly</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/19/23</i>	ID# <i>1853</i>
Establishment address <i>1251 Old 31 N. Greenwood, Ind 46143</i>	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:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>0</u> 2 <u>1</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</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): <i>Arturo Dilek</i>		Inspected by (name and title printed): <i>Paul Betton Etc</i>
Received by (signature): <i>[Signature]</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
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Bekm
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 <i>Sweet Melissas Cupcake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-13-23</i>	ID# <i>2313</i>
Establishment address <i>1251 W 31 N 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	Release Date <i>12-23-23</i>
Owner		Summary of Violations: <i>C 1 NC 5 R 0</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			

• 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
425	NC		mop not hung up ↳ appeared wet	12-18-23
218	NC		Delfield 2 door cooler door gasket is split/worn	1-2-24
324	NC		observed a leak @ the 3 bay faucet / faucet connection	12-20-23
245	NC		observed a wet wiping cloth stored on counter top ↳ shall be stored in sanitizer solution / bucket between uses	12-13-23
324	C		Dipper well lacks an air gap ↳ drain line needs cleaned	12-20-23
431	NC		Floor drains are soiled	12-13-23
			NOTE: Employee's should eat food in designated area not on equipment	

Received by (name and title printed): <i>Alicia S.</i>	Inspected by (name and title printed): <i>Caleb Fleener / Cassi Hall</i>
Received by (signature):	Inspected by (signature): <i>Caleb Fleener Cassi Hall</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 Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 12-5-23	ID# 640
Establishment address 153 N SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 12-15-23
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 Mariah Reed (exp 7/17/28)			

- 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>[Signature]</i>		Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>April Smith</i>		Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:	cc:


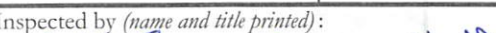




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Establishment name Taco Bell #28884	Telephone Number () Establishment () Owner	Date of Inspection 12-14-23	ID# 1699
Establishment address 1129 E Main St. Greenwood 416143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 12-24-23
Owner		Summary of Violations:	
Owner address		C 0 NC 2 R 0	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 2 3 X 4 5	
Certified food handler Jaciel Jordan (EXP 3/18/27)			

- 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"

[illegible]

Received by (name and title printed): 		Inspected by (name and title printed): 
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 Taco Bell #40441			Telephone Number () Establishment () Owner		Date of Inspection 12/06/23	ID# 2638
Establishment address 10 Trafalgar Square			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up -	Release Date 12/19/23
Owner					Summary of Violations:	
Owner address					C <u>1</u> NC <u>1</u> R <u> </u>	
Person in charge					Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>V</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email						
Certified food handler Brayten Macklin 6/6/24						
<ul style="list-style-type: none">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
297	nc		Couple of soda nozzles are soiled.			12/8/23
336	c		Map sink faucet with atmospheric vacuum breaker with hose extending to a wall mounted chemical dispenser is unsatisfactory			12/15/23
NOTE: ① make sure the chemical dispenser hose is disconnected from the map sink faucet. ② make sure backflow inspection is done. Due date for inspection is 11/22/23						
Received by (name and title printed): Dai Sean Thomas - A			Inspected by (name and title printed): paul Betton EHS			
Received by (signature): [Signature]			Inspected by (signature): paul Betton			
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 Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 12-5-23	ID# 241
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12-15-23
Owner		Summary of Violations:	
Owner address		C 0 NC 2 R —	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 — 2 — 3 X 4 — 5 —	
Certified food handler Angela Manawat (exp 12/6)			


- 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:




BEAM
EA 12/21
36-5264



Establishment name <i>Tasty shop II</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/15/23</i>	ID# <i>1734</i>
Establishment address <i>810 W. Center Cross Edinburgh IN 46124</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>—</i>	Release Date
Owner <i>—</i>		Summary of Violations: <i>C 1 NC 2 R</i>	
Owner address <i>—</i>		Menu Type (See back of page) <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Person in charge <i>—</i>			
Responsible person's email <i>christopher.carmen</i>			
Certified food handler <i>no certified food handler</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
112	NC		Upright cooler in kitchen not NSF approved store in kitchen not NSF approved;	1/07
411	NC		Inadequate lightening in dry storage	1
439	C		cleaners on shelves stored above single serve items in dry storage	-
			NOTE: food thermometer not seen	
			(ii) some documented violations from previous inspection are currently in progress.	
			(iii) please register for certified food handler certification.	
			(iv) floor inside walk-in cooler is soiled.	

Received by (name and title printed): Pete Knue		Inspected by (name and title printed): Paul Betten
Received by (signature): 		Inspected by (signature): Paul Betten
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT




460 N. MORTON ST. STE A
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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 Taxman Brewing	Telephone Number () Establishment () Owner	Date of Inspection 12-1-23	ID# 1830
Establishment address 135 Baldwin St.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 12-10-23	Release Date 12-10-23
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>X</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): Chad Bledsoe		Inspected by (name and title printed): Cassie Hall / Caleb Pinner	
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 TOMO Japanese Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 12/28/23	ID# 2107
Establishment address 1574 Northwood Plaza Franklin IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>0</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 <input checked="" type="checkbox"/> 5 <u> </u>	
Certified food handler			

- | Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 336 | C | | No shut off downstream of atmospheric
atmospheric vacuum breaker
↳ equipment not in use | |
| | | | NOTE: (i) make sure ^{rec} pH is documented.
(ii) make sure gloves are changed
write moving to handling another task.
(iii) make sure all food items are date
marked.
(iv) one cooler with 51°F temperature is changed.
(v) training was done on how to monitor food
temperature & how to dilute sanitizer. | |

cc



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FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name Urban Air	Telephone Number () Establishment () Owner	Date of Inspection 12/27/23	ID# 2104
Establishment address 1172 N Main St. Franklin	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:	
Owner address		C <u>1</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 #15565256			

- 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]

X Alexis Fountain

X Alexis Fountain

CC:

Sidney King / Carilyn Heener

cc: [Signature]

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>valle vista Golf Conference</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/20/23</i>	ID# <i>248</i>
Establishment address <i>755 E main st</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 <i>Mike Robinson 10/25/25</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): MIKE ROBISON		Inspected by (name and title printed): Paul Betton Eds	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	