



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 2/8

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 CASEY'S GENERAL STORE	Telephone Number () Establishment () Owner	Date of Inspection 2/6/24	ID# 2005
Establishment address 3048 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 2/16/24
Owner CASEY'S MARKETING		Summary of Violations: C <u>1</u> NC <u>8</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge SONATHON RILEY			
Responsible person's email			
Certified food handler JENNIFER BOWERS	C SFM EXP 10/3/23		

• 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
431	NC		FLOOR NOT CLEAN IN KITCHEN/STAIR AREAS	2/10/24
295	NC		BACK OF PIZZA OVEN DUSTY/NOT CLEAN	2/10
256	NC		ONE REFRIGERATOR FRONT OF KITCHEN - THERMOMETER NOT SEEN	2/10
295	NC		WALK-IN COOLERS FLOOR NOT CLEAN	2/12
256	NC		KITCHEN WALK-IN COOLER - THERMOMETER NOT SEEN	2/10
295	NC		DISPLAY SANDWICH/SALAD REFRIGERATOR - UNDERNEATH THE SHELF NOT CLEAN	2/10
218	NC		PIZZA PREPARATION UNIT - ICE BUILDUP INSIDE	2/10
292	NC		LID NOT CLOSED ON OUTSIDE DUMPSTER	2/8
			SOME TRASH SEEN BELTING BAGGED ICE FREEZER UNIT OUTSIDE	2/9
336	C		W MOP SINKS HOSE FRONT MOP FAUCET (BY) EXTENDS BELOW FLOOD RIM OF MOP BASIN, KITCHEN AREA - PLUMBING ON MOP SINK FAUCET NOT CORRECTLY PLUMBED	7/1/25
			CERTIFIED FOOD HANDLER CURRENT NEEDS VERIFIED	2/7/24

Received by (name and title printed):

* **Jonathan Riley**

Received by (signature):

*

cc:

cc:

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

cc:



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Bellevue
2/20

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 Chicago's Pinja Bangersville	Telephone Number 317-422-8114	Date of Inspection 2-16-24	ID# 367
Establishment address 2 N Indiana St. #135	Owner () Own	Follow-up	Release Date 2-26-24
Owner	Purpose: 1. Routine	Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address	2. Follow-up	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge Richie	3. Complaint		
Responsible person's email	4. Pre-Operational		
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Rodent droppings observed in cabinet w/ customer drink station. Please remove everything & thoroughly clean. All rodent sticky traps observed were clean so please clean to monitor for active rodents.	2-16-24 Today!
			Floor is soiled throughout facility. Inverted milk crates do not facilitate floor cleaning.	2-17-24
			Following areas are soiled - Pinja ledge, WIC racks, True double door upright reach-in cooler, door tracks with evidence of rodents, the facility needs to clean everywhere.	2-17-24
430	NC		Vinyl basecore no longer affixed to wall below 2-bay sink	2-28-24
297	NC		Interior flap of ice maker is soiled	2-17-24
			Reminder: Scoop handled shall not touch product	
			Dish machine appears to be adequately sanitizing	
Received by (name and title printed): Richie Perkins			Inspected by (name and title printed): Elizabeth Senisse	
Received by (signature): Richie Perkins			Inspected by (signature): Elizabeth Senisse	
cc:			cc: 317-346-4373	



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Bekny
2/13

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Chick fil A of Greenwood</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2-6-24</i> <i>2:30 p</i>	ID# <i>974</i>
Establishment address <i>155 Marlin Dr. 46142</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>2-16-24</i>
Owner <i>ASPYRE LLC</i>		Summary of Violations: <i>C 0 NC 1 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 + 5</i>	
Person in charge <i>Emily Gillis</i>			
Responsible person's email			
Certified food handler <i>Richard Johnson</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floor under equipment slightly soiled w/ single-use items i.e cups, lids, straws	2-6-24
393	Note		Western-most dumpster (outside) drain plug appears to be missing. Drain plugs shall be intact to discourage rodents from entering dumpster.	
336	C		Note = backflow prevention device not observed on mop sink. Recommend arranging a meeting with your Chemical Company & our department.	July 2025
			Automatic dish machine appears to be sanitizing adequately @ the time of inspection.	



Received by (name and title printed): <i>Emily Gillis</i>	Inspected by (name and title printed): <i>Elizabeth Senisse</i>
Received by (signature): <i>Emily Gillis</i>	Inspected by (signature): <i>Elizabeth Senisse</i>
cc:	cc: <i>317 346 4373</i>

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


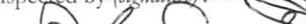
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Establishment name OK 21's	Telephone Number () Establishment () Owner	Date of Inspection 2/8/24	ID# 2292
Establishment address 2299 N MAIN ST. FRANKLIN IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/18/24
Owner		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge TONY SUNDHEIMER			
Responsible person's email			
Certified food handler TONY SUNDHEIMER (SERVSAFE EXP. 3/2/28)			

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[illegible]

Received by (name and title printed): Terry Sundheimer		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



460 N. MORTON ST. STE A
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Establishment name Circle K	Telephone Number () Establishment	Date of Inspection 2/13/24	ID# 430
Establishment address 1014 W 31 N Whiteland	() Owner	Follow-up	Release Date
Owner JW	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C 0 NC 2 R	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 2 X 3 4 5	
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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[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 Circle K	Telephone Number () Establishment () Owner	Date of Inspection 2-8-24	ID# 1103
Establishment address 800 N US 31 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2-18-24
Owner		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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

Received by (name and title printed): Jackie Deaton	Inspected by (name and title printed): Cassie Hall
Received by (signature): Jackie Deaton	Inspected by (signature): Cassie Hall
cc:	cc: Elinor Senise

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Establishment name Circle K 4700055	Telephone Number () Establishment () Owner	Date of Inspection 2-2-24	ID# 1303
Establishment address 9400 State Road 144 Martinsville, 46151	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 2-12-24
Owner Mac's Convenience Stores LLC		Summary of Violations: C 0 NC 3 R —	
Owner address		Menu Type (See back of page) 1 2 <u>Y</u> 3 4 5	
Person in charge Dave Shinn			
Responsible person's email Columbuslicenses@circlek.com			
Certified food handler David Shinn exp 10/21/2024			

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

Received by (name and title printed): DAVE SHINN	Inspected by (name and title printed): Mia Papageorge
Received by (signature): Dave Shinn	Inspected by (signature): Mia Papageorge
cc:	cc:



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Belton
2/20

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 COURT STREET CAFE	Telephone Number () Establishment () Owner	Date of Inspection 2/16/24	ID# 2232
Establishment address 39 E COURT 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 2/26/24
Owner SHERRY YOUNG		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge SHERRY YOUNG			
Responsible person's email			
Certified food handler SHERRY YOUNG (SERVSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	2/20/24
138	NC	*	HAIR RESTRAINTS NOT WORN BY EMPLOYEES (HAIR NET, CAP, VISOR) IN KITCHEN	2/18
295	NC	*	SMALL REFRIGERATOR ACROSS FROM GRILL DOOR GASKET NOT CLEAN	2/20
256	NC	*	THERMOMETER NOT SEEN IN SMALL REFRIGERATOR ACROSS FROM GRILL AND SMALL FREEZER UNIT	2/24
228	NC	*	2 LARGE UPRIGHT REFRIGERATORS NOT EASILY MOVABLE	3/16
324	NC	*	RESTROOM - HOT WATER 123°F NOT AT 100°F - 120°F TOILET SEAT NOT OPEN FRONT TYPE	2/20 2/3/1
			MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 162.2°F)	OK

Received by (name and title printed):

SHERRY YOUNG

OWNER

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

Sherry Young

Inspected by (signature):

Bob Smith

cc:

cc:

cc:



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Betsy
2/18

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 Crowbar Restaurant + Lounge	Telephone Number () Establishment () Owner	Date of Inspection 2/2/24	ID# 1444
Establishment address 209 SR 135 Trafalgar, IN 46181	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 2/12/24
Owner Brian Mashino		Summary of Violations: C 4 NC 9 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Michelle Goen 5/5/28			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Kitchen three bay faucet center neck leaks	2/14/24
218	NC		Wash gauge on kitchen low temp dish machine read 110°F	2/5/24
336	C		Mop sink faucet with atmospheric vacuum breaker (AVB) contains a y-valve with shutoffs and a hose going to a wall chemical dispenser	3/2/24
324	C		Mop sink faucet atmospheric vacuum breaker leaks	3/2/24
293	C		Kitchen low temperature chemical dishmachine contained less than 50 ppm of Chlorine	Corrected
334	C		Bar dishmachines (2 total) are direct into connected to the sanitary sewer + kitchen three bay sink lacks an air gap	3/2/24
218	NC		Refrigeration door gaskets (some) are torn/split	3/2/24
295	NC		Bar soda guns are soiled	2/2/24

Received by (name and title printed):

James Helworth

Received by (signature):

James Helworth

cc:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

NARRATIVE REPORT

Trafalgar

Establishment Name			Address	IN 46181	Inspection Date
Crowbar Rest. + Lounge			209 S.R 135		2/2/24
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
228	NC		Two Krowne coolers in bar areas are not easily movable (i.e. on wheels/casters)		2/24/24
324	NC		(1) Kitchen server area soda drain funnel is not draining (2) New bar area ice bin drain funnel is clogged		2/3/24
228	NC		True three door cooler in new bar area is not easily movable		2/24/24
218	NC		Quat and Chlorine test papers were noted damaged from being wet		2/3/24
352	NC		Mens restroom door in main lobby and women's restroom door do not fully close/shut		2/10/24 Adjust doors/repair
<p>* Notes: Please cut whole cooked baked potatoes in w/c in half to help cool faster *</p> <p>* (2) New bar area garage style windows need screening or air curtains if firm wants to open them *</p>					
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
Cameron K. H. H.			Andrew Miller, EHC		



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Belm
2/18

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 CRUMBL COOKIES - GREENWOOD	Telephone Number () Establishment () Owner	Date of Inspection 2/14/24	ID# 2498
Establishment address 1675 W. SMITHVALEY RD 46142	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/24/24
Owner TYSON BARRETT		Summary of Violations: 5 C 5 NC 2 R —	
Owner address 8482 DAKCREEN DR 60148 <i>Lewis Center, OH</i>		Menu Type (See back of page) 1 — 2 X 3 — 4 — 5 —	
Person in charge TYSON BARRETT / ROSALYN CAMPBELL			
Responsible person's email			
Certified food handler TIFFANY BROWNE Exp. 12/10/25			

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Section #	C/NC	R	Narrative	To Be Corrected by
174	NC	—	BULK FOOD CONTAINERS IN FILL STATION ARE NOT LABELED BULK FOOD TRIM CONTAINER ACROSS/BEHIND FILL STATION NOT LABELED	2/24/24
218	NC	—	THE DOOR GASKET ON THE FAR RIGHT DOOR OF THE ATOSA REFRIGERATOR IS IN DISREPAIR	3/14/24
334	C	—	THE DRAIN FROM THE 3 BAY SINK IS BELOW THE WATERLINE OF THE FLOOR DRAIN	3/14/24
334	C	—	3 BAY SINK: 2 HOSES FROM THE CHEMICAL DISPENSER ARE BELOW THE WATER LINE	2/24/24
		—	UTILITY SINK	
336	C	—	3 WAY VALVE IS ATTACHED TO THE FIXTURE	3/24/24
339	C	—	DIRECT CONNECTION FROM CHEMICAL DISPENSER TO THE VALVE CONNECTED TO THE FIXTURE.	3/24/24
322	C	—	THE HOSE ATTACHED TO THE VALVE ON THE FIXTURE HAS A NOZZLE ATTACHED - CONTINUOUS PRESSURE.	3/24/24
			NOTE: NO TESTABLE BACKFLOW PREVENTION DEVICE OBSERVED ON THE MAIN WATER SUPPLY — PLEASE CONTACT ANDREW MILLER @ OUR OFFICE	7/1/2025

Received by (name and title printed):

GREENWOOD@CRUMBL.COM

Inspected by (name and title printed):

KEVIN R PAULIN, EHS

Received by (signature):

IN: KEYSTONE SHOPPES@CRUMBL.COM

Inspected by (signature):

K-R P

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 CVS Pharmacy #2843	Telephone Number (317) 865-2650 (401) 770-1623	Date of Inspection 2/12/24	ID# 1460
Establishment address 402 Market Place Dr. Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/22/24
Owner Hook Super X LLC		Summary of Violations: C — NC 1 R —	
Owner address 1 CVS Dr MC 1160 Woonsocket, RI 02895		Menu Type (See back of page) 1 X 2 v 3 4 5	
Person in charge Shawnee - supervisor			
Responsible person's email nonpharmacypermits@cvshealth.com			
Certified food handler			

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[illegible]

Received by (name and title printed): Shawnee Bundy		Inspected by (name and title printed): Mia Papageorge	
Received by (signature): SBundy		Inspected by (signature): Mia Papageorge	
cc:	cc:	cc:	



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Betsy
2/28

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>Dave & Busters</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2-27-24</i> <i>3:30p</i>	ID# <i>2388</i>
Establishment address <i>1251 US Hwy 31N St. FOIB</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>3-10-24</i>
Owner <i>46142</i>		Summary of Violations: C <u>0</u> NC <u>5</u> R	
Owner address		Menu Type (See back of page) 1 2 3 4 <u>5</u>	
Person in charge <i>Sam</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
346	NC		Observed No hand soap @ server handsink - Bar/Server line	2-27-24
218	NC		Observed a gallon of white milk stored in bar cooler across from 3 bay sink @ 43°F → shall be 41°F unless ambient air observed @ 44°F / 45°F turn cooler down or repair	2-27-24
411	NC		① Walk-in freezer light is out light shield is missing	3-5-24
295	NC		② Walk-in cooler light shield is missing	3-5-24
295	NC		bottom of bar freezer used to store cups is soiled.	2-27-24
190	NC		Improper cooling. Cooked pasta in plastic baggies in metal pan in walk-in cooler @ 47°F @ 4:05p. Made today @ 3:55p	2-27-24
NOTE:			Mop Sink Atmospheric Vacuum device not approved under "continuous pressure" which is created when spray nozzle and or splitter valve is attached to the faucet	

Received by (name and title printed):

Samantha Pappas AOM

Received by (signature):

Samantha Pappas

cc:

Inspected by (name and title printed):

Elizabeth Senisse

Inspected by (signature):

Elizabeth Senisse

cc:



Esenisse @ Co. johnson .in.us



JOHNSON COUNTY HEALTH DEPARTMENT
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Betm
2/13

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name DOLLAR GENERAL	Telephone Number () Establishment () Owner	Date of Inspection 2/12/24	ID# 2332
Establishment address 155 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 2/22/24
Owner		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge KIM HOWSE			
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
187	C	*	UPRIGHT REFRIGERATOR DISPLAY - INTERNAL Food TEMPERATURES OF POTENTIALLY HAZARDOUS FOODS AND FOOD STORED TO KEEP REFRIGERATED NOT AT 41°F OR LESS (WAS 61°F) (INCLUDES cottage cheese, YOGURT, MILK, ETC.)	TO BE DISCARDED 2/12/24
256	NC	*	THERMOMETERS NOT SEEN / NOT CONSPICUOUSLY LOCATED IN ICE CREAM FREEZER, PIZZA FREEZER DISPLAY UNITS / BACK STOCK FREEZER	2/20
431	NC	*	MECHANICAL EXHAUST COVER NOT CLEAN IN ONE RESTROOM (CEILING)	2/20
392	NC	*	OUTSIDE DUMPSTER - LID NOT CLOSED, DRIVEN	2/16
394	NC		PLUG NOT INSTALLED ON DUMPSTER, ENCLOSURE	
393	NC		TRASH SEEN ON GROUND	
			TRASH SEEN ON GROUND AROUND OUTSIDE OF BUILDING	2/17

Received by (name and title printed):

Kim Howse Store Mgr

Inspected by (name and title printed):

Bob Smith-BIS

Received by (signature):

Kim Howse

Inspected by (signature):

Bl Smith

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

Belam
2/26

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 Don Cuervo Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 2-20-24 3pm	ID# 1989
Establishment address 4800 W Smith Valley St M	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 3-1-24
Owner Don Cuervo Rest. Inc.		Summary of Violations: C 1 NC 0 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Jason Loper	7-5-28		

• 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
187			Cooked pork @ 53.6°F @ 3:27pm. Cooked pork in pan by grill - NOT in temperature control. Employee states product has been out for 1 hour.	
187	C		Cooked Corn for Salads @ 75°F @ 3:35pm. Employee states Corn is for salad and can be held in reach-in-cooler @ 41°F. Establishment would like to use time as a control measure for pork. - Please use Comment Sheet to indicate how you will time the cooked pork. Dish machine appears to be sanitizing properly. Walk-in-Cooler holding temps adequately. Wet wiping cloths remain in sanitizer solution. Dry cloths may be out of solution.	discard

Received by (name and title printed):
[Signature]

Received by (signature):

Inspected by (name and title printed):
Elizabeth Senisse

Inspected by (signature):
Elizabeth Senisse

cc:

cc:

cc:

317 346-4373

ESenisse@co.johnson.in.us



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A ^{Belkm 2/13}
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>Eddies Lakeview Pizza</i>	Telephone Number <i>(317) 933-3663</i>	Date of Inspection <i>2/9/24</i>	ID# <i>2694</i>
Establishment address <i>382 E Lakeview Dr. IN 46164</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>2/19/24</i>
Owner <i>Andrew Tanner</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 4 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Andrew Miller</i>			
Responsible person's email <i>(Sew Safe)</i>			
Certified food handler <i>Andrew Tanner</i>	<i>Exp: 5/8/28</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
443	C		Sanitizer in three bay sink measured greater than 200ppm of Chlorine	Corrected I
218	NC		Central one door reach-in-freezer fan was frozen up and the inside thermometer read +35°F	Corrected Please Monitor 2/10/24
295	NC		① Inside of ice maker (kitchen) is soiled ② Kitchen mechanical exhaust filters are soiled for the hood system ③ Compressor soiled on preparation table closest to the oven (pizza)	I
218	NC		Numerous refrigeration door gaskets are split / torn	2/20/24
228	NC		Soda / beverage one door cooler is not easily movable (on wheels/casters)	3/9/24
			Note: No backflow device seen inside facility on main water supply line.	

Received by (name and title printed):

Andrew Tanner, owner

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

A. Tanner

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

317-346-4380






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

Establishment name Egg Roll	Telephone Number () Establishment () Owner	Date of Inspection 02/02/24	ID# 2464
Establishment address 640 US St Greenwood, IN 46142	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 <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 2 3 <input checked="" type="checkbox"/> 4 5	
Person in charge			
Responsible person's email			
Certified food handler John Kwam 6/5/28			

- 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): 		Inspected by (name and title printed): Paul Belton 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 Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name El Beso	Telephone Number () Establishment () Owner	Date of Inspection 2-16-24 2:30p	ID# 2380
Establishment address 2993 S. Grove Blvd.	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 2-26-24
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>1</u> R <u>0</u>	
Person in charge Miguel Rodriguez		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 Miguel Rodriguez			

- 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
173	C		Raw Chicken & Raw Beef stored in pans on top of pans of cooked product in Walk-in-cooler.	2-16-24
218	NC		Split door gaskets on Reach in cooler @ end of kitchen prep line	2-28-24
			Walk-in-Cooler is dimmly lit	3-15-24
			Cooked peppers @ 61.3°F @ 2:25pm made 1½ hours ago on kitchen shelf out of temperature control	
			Dish machine was adequately sanitizing @ the time of inspection.	

Received by (name and title printed): Miguel Rodriguez	Inspected by (name and title printed): Elizabeth Senjisse
Received by (signature): 	Inspected by (signature): 
cc:	cc: 317-346-4373



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

Establishment name EL Torito 2	Telephone Number () Establishment () Owner	Date of Inspection 2/21/24	ID# 2715
Establishment address 120 W Smith valley rd	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3/6/24
Owner		Summary of Violations:	
Owner address		C <u>2</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 Juan Carrillo			

- 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): Juan Carrillo		Inspected by (name and title printed): Paul Betiku EHS
Received by (signature): Juan Carrillo		Inspected by (signature): Paul Betiku
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 ELLA'S FROZEN VOLUNT	Telephone Number () Establishment () Owner	Date of Inspection 2/2/24	ID# 2456
Establishment address 520 N SR 135	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/12/24
Owner CHAD STEWART		Summary of Violations:	
Owner address		C <u>3</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>X</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]


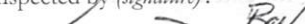
Received by (name and title printed): Shawnee Rowland		Inspected by (name and title printed): Kevin R Paulson CHS	
Received by (signature): Shawnee Rowland		Inspected by (signature): K.R. Paulson	
cc:	cc:	cc:	

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 Energy Spot	Telephone Number () Establishment () Owner	Date of Inspection 2/2/24	ID# 2527
Establishment address 959 N US 31 White Land, IN	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:	
Owner address		C <u>C</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>X</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): Megan Manning	Inspected by (name and title printed): Terry D Bayless
Received by (signature): 	Inspected by (signature): 
cc:	cc: