

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 FANNIE MAY	Telephone Number () Establishment () Owner	Date of Inspection 2/2/24	ID# 1625
Establishment address 455 GREENWOOD PARK DRIVE S. STE A	Purpose: <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner FANNIE MAY CONFECTIONS		Summary of Violations:	
Owner address		C <u>2</u> NC <u>4</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): SAKEI Longars / Mgr		Inspected by (name and title printed): KEVIN R PAVEN EHS
Received by (signature): [Signature]		Inspected by (signature): [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 Franklin Mart	Telephone Number () Establishment () Owner	Date of Inspection 2-1-24	ID# 2218
Establishment address 400 E. Jefferson St. Franklin	Purpose: 1. Routine	Follow-up 2-11-24	Release Date 2-11-24
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge Roy Patel	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler	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):		Inspected by (name and title printed): Bob Smith / Mid Page George
Received by (signature): Bob Smith 2		Inspected by (signature): Bob Smith / Mid Page George
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

Beky
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 FRIENDS Diner	Telephone Number () Establishment () Owner	Date of Inspection 2/6/24	ID# 2202
Establishment address 989 US 31 WHITELAND, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (78)	Release Date 2/16/24
Owner RUBEN PEREZ		Summary of Violations: C 1 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge RUBEN PEREZ			
Responsible person's email			
Certified food handler RUBEN PEREZ			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC	Ⓢ	THERMOMETER NOT SEEN - BACK 3 DOOR FREEZER 2/8 BY BACK DOOR, CHEST FREEZER - THERMOMETER IS BROKEN, SMALL REFRIGERATOR BY GRILL IN WHICH POTATOES STOOD - NO THERMOMETER SEEN	
(NOTE)	Ⓢ	Ⓢ	PEST STRIPS SEEN IN KITCHEN - NOT ALLOWED 2/8	
392	NC	×	SIDE ACCESS PANEL NOT CLOSED ON OUTSIDE DUMPSTER 2/8	
295	NC	×	DUMPSTER INSIDE TOP OF ICE MAKER NOT CLEAN 2/15	
336	C	→	MOP SINK - HOSE ATTACHED TO FAUCET WITH SHUT OFF, DRAIN LINES IN FRONT OF SOFT DRINK STATION EXTEND BELOW FLOOR DRAIN / AIR GAP NOT PROVIDED - 3/1	
218	NC	×	(1) REFRIGERATOR - DOOR GASKET WORN / THERMOMETER NOT PROVIDED 3/6	
431	NC	←	FLOOR NOT CLEAN NEXT TO WALL / UNDER EQUIPMENT IN FRONT AREA AND KITCHEN 2/15	
324	NC	×	HOT WATER AT RESTROOM HANDSINK - TEMPERATURE 137°F NOT AT 100°F - 120°F 2/7	
(NOTE)	×	×	EMPLOYEES NOT USING ICE SCOOP TO DISPENSE (COFFEE) ICE FROM ICE BIN / (COFFEE) SCOOPING WITH CUP 2/6	

Received by (name and title printed):

Ruben Perez

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

Ruben Perez

Inspected by (signature):

Bob Smith

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 Fuji Sushi	Telephone Number () Establishment () Owner	Date of Inspection 2-13-24	ID# 2642
Establishment address Greenwood Park Mall	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2-23-24
Owner		Summary of Violations: C <u>0</u> NC <u>1</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			
Responsible person's email			
Certified food handler Sam Line (exp 8/11/28)			

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[illegible]

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



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FRANKLIN, IN 46131
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Establishment name Getgo	Telephone Number () Establishment () Owner	Date of Inspection 2/14/24	ID# 2320
Establishment address 2132 US 31 Greenwood, IN	Purpose: 1. Routine	Follow-up	Release Date
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>1</u> R <u> </u>	
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> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Melissa Pyles	6. HACCP		
	7. Other (list)		

- | Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|-----------------------------------------------------------------------------|--------------------|
| 439 | C | | Pump up cleaner container is improperly
store above softener salt. | corrected |
| 177 | NC | | coffee creamers for customer by use | |
| 180 | | | can't protected from contamination-
dispensers don't provide protection~ | 2/20/24 |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | * Light out in the walk-in cooler | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Received by (name and title printed): ↓ Melissa Pyles store manager		Inspected by (name and title printed): Amy D Fay / 10/55	
Received by (signature): ↓ Melissa Pyles		Inspected by (signature): Amy D Fay / 10/55	
cc:		cc:	




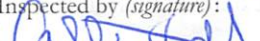
Betsy
2/8

✓

Establishment name GIFS Market	Telephone Number () Establishment () Owner	Date of Inspection 2-7-24	ID# 648
Establishment address 790 US 31 Greenwood	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 2-17-24
Owner		Summary of Violations: C 0 NC 1 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			

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[illegible]

Received by (name and title printed): Sam Merkling Asst. Manager	Inspected by (name and title printed): Cass Hall
Received by (signature): 	Inspected by (signature): 
cc:	cc:



Betm
A 2/20

✓

Establishment name Grandbrook Memory Care	Telephone Number () Establishment () Owner	Date of Inspection 2-15-24 9:30A	ID# 2307
Establishment address 2444 S SR 135 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 2-25-24
Owner		Summary of Violations: C 0 NC 1 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Melissa			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): * Melissa Downs	Inspected by (name and title printed): Elizabeth Senisse
Received by (signature): * [Signature]	Inspected by (signature): Elizabeth Senisse
cc:	cc: 317-346-4373



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Belton 2/11/24

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 / TRAPP Room	Telephone Number () Establishment () Owner	Date of Inspection 2/14/24	ID# 1909
Establishment address 18 E JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 40s	Release Date 2/24/24
Owner TRAPP		Summary of Violations: C 3 NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ELYSIA SMITH			
Responsible person's email			
Certified food handler NEED VERIFIED			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	?	CEILING TILE DUSTY / NOT CLEAN - DISTURBING ROOM	2/17/24
309	NC	?	MECHANICAL EXHAUSTS NOT FUNCTIONING IN RESTROOMS	2/20
411	NC	?	2 LIGHTS OUT ON EXHAUST HOOD, LIGHT INTENSITY NOT ADEQUATE WORK 2 IN COOLER (DOUGH)	3/1
218	NC	+	DOOR GASKETS WORN / SPILT ON 3 DOOR REFRIGERATOR, 2 DOOR REFRIGERATOR AND SMALL FREEZER IN KITCHEN	3/14
256	NC	+	THERMOMETERS NOT SEEN, CHEST COOLER BY OFFICE, SMALL FREEZER IN KITCHEN	2/20
218	NC	+	HANDLE MISSING ON ONE MICROWAVE	3/1
187	C	+	INTERNAL TEMPERATURE OF NAZHO CHEESE IN WARMER 116°F NOT AT 135°F OR MORE	2/15
187	C	+	INTERNAL TEMPERATURE OF CHICKEN, PEPPERONI IN PIZZA PREPARATION REFRIGERATOR 43°F - 44°F NOT AT 41°F OR LESS	2/15

Received by (name and title printed):

Elysia Smith, manager

Received by (signature):

Elysia Smith

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

Bob Smith

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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Establishment name HAMPTON INN	Telephone Number () Establishment () Owner	Date of Inspection 2/12/24	ID# 2356 2274
Establishment address 361 PARIS DR FRANKLIN, IN	Purpose 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/22/24
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge KIERA McCOLLUM		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			

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Section #	C/NC	R	Narrative	To Be Corrected by
			MECHANICAL DISMANTING NOT IN USE AT TIME OF INSPECTION	
239	NC	X	BOXES OF SINGLE SERVICE ITEMS (NAPKINS PLATES) NOT STORED OFF FLOOR MINIMUM OF 6 INCHES OFF FLOOR IN STOCK ROOM	2/20/24
			3 COMPARTMENT SINK CLEANING/SANITIZING DISPENSERS OUTLETS EXTEND BELOW FLOOR RIM	2/20

Received by (name and title printed): Keira McCollum		Inspected by (name and title printed): Bob Smith BHS
Received by (signature): KM		Inspected by (signature): Bob Smith
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT







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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 Hisho Sushi	Telephone Number () Establishment () Owner	Date of Inspection 2/14/24	ID# 2158
Establishment address 2390 N. Norton St. Randolph, IL 60131	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		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 <u> </u> 5 <u> </u>	
Certified food handler Pa Rui exp 5/24/2028			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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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:	

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 <i>House of Tokyo</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/20/24</i>	ID# <i>515</i>
Establishment address <i>172 melody lane Greenwood, IA 46142</i>	Purpose: <u>1. 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: C <i>/</i> NC <i>/</i> R <i>/</i>	
Owner address		Menu Type (See back of page) 1 <i>/</i> 2 <i>/</i> 3 <i>/</i> 4 <i>/</i> 5 <i>/</i>	
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): <i>Hai Dong</i>		Inspected by (name and title printed): <i>Paul Bethe DHS</i>
Received by (signature): <i>Hai Dong</i>		Inspected by (signature):
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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460 N. MORTON ST. STE A
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Prep
2/11/24

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 JACK'S DONUTS OF GREENWOOD LLC	Telephone Number () Establishment () Owner	Date of Inspection 2/14/24	ID# 2027
Establishment address 3115 MERIDIAN PARK DR SUITE A	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 RALPH ALLEN		Summary of Violations: C 5 NC 6 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			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC		- DID NOT OBSERVE A COVERED REPTILE IN THE WOMEN'S RESTROOM.	2/24/24
431	NC		- FLOORS NEAR THE WALL IN THE DONUT MIX STORAGE AREA ARE SOILED.	2/24/24
339	C		- 3 BAY SINK: CHEMICAL DISPENSER HAS A DIRECT CONNECT TO THE FIXTURE	7/1/2025
334	C		- CHEMICAL DISPENSER HOSES ARE BELOW THE WATER LINE	2/24/24
295	NC		- NOBAC FREEZER: FLOORS ARE SOILED.	2/24/24
336	C		- UTILITY SINK: Y VALVE IS ATTACHED TO THE FIXTURE	7/1/2025
339	C		- CHEMICAL DISPENSER IS DIRECTLY CONNECTED TO THE FIXTURE	7/1/2025
334	C		- CHEMICAL DISPENSER HOSES ARE BELOW THE WATERLINE.	2/24/24
409	NC		- WALL THE WALL JUST ABOVE THE FLOOR NEAR THE UTILITY SINK IS IN DISREPAIR - STUD EXPOSED	5/14/24
295	NC		- THE OUTSIDE OF THE ICE MACHINE IS SOILED W/ CORROSION	2/24/24
295	NC		- THE HOOD ABOVE THE FRIAR IS SOILED	3/14/24

Received by (name and title printed):

GREENWOOD@JACKSDONUTS.COM

Received by (signature):

Inspected by (name and title printed):

KEVIN R PROUD, EHS

Inspected by (signature):

K R P

cc:

cc:

cc:





460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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STE A
131
17-736-5264

Establishment name <i>Jersey Mike's Sub</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2-19-24</i>	ID# <i>2601</i>
Establishment address <i>1675 W Smith Valley</i>	Purpose: <u>1. 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>3-1-24</i>
Owner <i>David Craigie</i>		Summary of Violations: <i>C 0 NC 1 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Dave Craigie 2029</i>			

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

Received by (name and title printed): Joe Lewis		Inspected by (name and title printed): Elizabeth Senisse	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	317-346-4373



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Bulky
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 <i>Jimmy Johns</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2-7-24</i>	ID# <i>1585</i>
Establishment address <i>733 Lakes Blvd Ste. D Greenwood</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 <i>2-17-24</i>
Owner		Summary of Violations: <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 X 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
295	NC		Interior of Ice chiller for Coca-Cola machine is soiled.	
431	NC		Coca-Cola floor drain is soiled	
324	NC		Observed the following leaks: ① men's restroom toilet @ handle, when flushed. ② 3 bay sink faucet connection.	
			Note: Observed the ambient air temperature of front flip top cooler @ 50°F, observed temperature of pickles @ 47°F, observed Manager showed time temperature log from 2/7/24 @ 10:30 am showing temperature @ 35°F	

Received by (name and title printed): <i>Patrick S. Michael Area Manager</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>Patrick S. Michael</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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BUTSU
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 KANUCKY FRIED CHICKEN	Telephone Number () Establishment () Owner	Date of Inspection 2/9/24	ID# 2244
Establishment address 2401 N MORTON 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 2/19/24
Owner		Summary of Violations: C 1 NC 7 R	
Owner address		Menu Type (See back of page)	
Person in charge JAPANGA SMITH			
Responsible person's email			
Certified food handler JAPANGA SMITH	(12/25/23)	2 (3) 4 5	

• 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
324	NC		+ mens RESTROOM - URINAL OUT OF ORDER, sewer doors noticeable, toilet seat not open front type	2/20/24
399	NC	X	FLOOR GROUT WORN IN AREAS OF KITCHEN	3/10
392	NC	X	OUTSIDE DUMPSTER LID NOT CLOSED	2/11
411	NC	X	CEILING LIGHT OUT IN KITCHEN STOCK ROOM	3/1
431	NC	X	FLOOR BEHIND deep FRYER NOT CLEAN	2/15
218	NC	X	DOOR GASKET WORN ON (1) SMALL REFRIGERATOR IN KITCHEN	3/10
336	C	X	Mop SINK HOSE WITH SPRAY NOZZLE CONNECTED TO FAUCET - SHUT OFF VALVE WITH SHUT OFF ATTACHED TO FAUCET - HOSE CONNECTED TO CLEANING SYSTEM - PLUMBED INCORRECTLY	7/1/25

(NOTE) - ~~NO~~ CERTIFICATION TAG NOT SOON ON BREAKFLOW

Received by (name and title printed): Japanga Smith	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): J Smith	Inspected by (signature): Bob Smith
cc:	cc:

NARRATIVE REPORT

[illegible]



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

Butler
2/16

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 KING Buffet	Telephone Number () Establishment () Owner	Date of Inspection 2/15/24	ID# 2041
Establishment address 2239 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 2/15/24
Owner EN chen		Summary of Violations: 10 C 0 NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge EN chen			
Responsible person's email			
Certified food handler THAN ZHANG EN chen (?)			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	(X)	WALK-IN COOLER DOOR GASKET WORN, FLOOR WORN IN AREA	3/1/24
295	NC	(X)	WALK-IN COOLER SHELVING NOT CLEAN	2/15
197	NC	(X)	UPRIGHT FREEZER 20°F NOT AT 0°F OR LESS	2/10
309	NC	(X)	SEWER ODORS NOTICEABLE IN WOMEN'S RESTROOM - MECHANICAL FAN EXHAUSTS NOT FUNCTIONING IN MEN'S/WOMEN'S RESTROOMS	2/8
177	NC	(X)	FOOD ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN FREEZER	2/7
295	NC	(X)	KITCHEN - SIDE OF WOK/DEEP FRYER, PIPES NOT CLEAN	2/8
295	NC	(X)	SINK NOT CLEAN BY DISINFECTANT	2/15
411	NC	(X)	LIGHT INTENSITY NOT ADEQUATE IN DISINFECTANT AREA (45 FOOT CANDLES NOT AT 70 FOOT CANDLES OR MORE)	3/1

Received by (name and title printed): En. Chen	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): En. chen	Inspected by (signature): Bob Smith
cc:	cc:

NARRATIVE REPORT

[illegible]

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 The Knuckle Sandwich	Telephone Number () Establishment () Owner	Date of Inspection 2-14-24 10:47A	ID# 2655
Establishment address 5116 SR135 Ste A, Bangersville 46108	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 2-24-24
Owner Brent & Linda		Summary of Violations: C 0 NC 1 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge Linda			
Responsible person's email			
Certified food handler Linda			

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Section #	C/NC	R	Narrative	To Be Corrected by
203	NC		Employee drinks shall be lided & have a straw & stored so as not to potentially contaminate food, food contact surfaces, or equipment	Corrected
			FYI Atmospheric Vacuum Breaker is not approved for use under continuous pressure. The Y valve on the faucet ^{mop} creates continuous pressure	
Received by (name and title printed):			Inspected by (name and title printed):	
Linda Milton			Elizabeth Senisse	
Received by (signature):			Inspected by (signature):	
<i>Linda Milton</i>			<i>Elizabeth Senisse</i>	
cc:		cc:		317-346-4373



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

BESSY
2/27

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 Throger	Telephone Number () Establishment () Owner	Date of Inspection 2-26-24	ID# 912
Establishment address 2200 Independence Dr.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 3-10-24
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
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
173	Note		Meat Walk-in-Cooler - Ground beef stored above ham and Whole-muscle intact Beef	2-26-24
324	NC		Following Plumbing was in disrepair - Back store room Employee restrooms - faucet leak; Meat room hand sink leaks; Cold water runs in back meat room hand sink; Front Seafood 3-bay sink leaks @ faucet connection; Produce hand sink appears to leak; W/Meat Cooler ABV top is rusty	3-1-24
342	NC		Meat hand wash sink provides 57.4°F water. Hand Sinks shall provide 100°F minimum water	2-27-24
			NOTE: Clean in Place meat slicer every 4 hours when in use	2-26-24
			NOTE: Rana/Buitoni reach-in display coolers clear plastic vent ducts was covering Bottom Vent	
			NOTE: Y valve installed on back room mop sink faucet w/ Atmospheric Vacuum Breaker (AVB) device. AVB's are approved for use under Atmospheric conditions only. The Y valve creates "continuous pressure". Purchase vacuum breaker approved for use under "continuous pressure"	
Received by (name and title printed):			Inspected by (name and title printed):	
Dwight L. Bess ASH			Cassie Hill	
Received by (signature):			Inspected by (signature):	
cc:			cc:	
			Elizabeth Senisse	



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

Belmi
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 Kumo	Telephone Number () Establishment () Owner	Date of Inspection 2-21-24	ID# 1930
Establishment address 151 N US 31 Greenwood 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 6-2-24	Release Date
Owner		Summary of Violations: C 3 NC 7 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
303	C		Bar dish machine Sanitizer Solution is not adequate → less than 100 ppm. → Shall be 50 ppm - 100 ppm • Sanitizer buckets Sanitizer Solution shall be 50 ppm - 100 ppm.	2-21-24
419	C		Observed personal medication (Chlorophyll Herbal Supplement) stored above food product / open tea container	Corrected 9 time of inspection
199	NC		Observed Shrimp thawing in the 3 bay without a continuous water flow → 70°F or less	
136	C		Observed employee's drinks stored above prep table with open food products	
245	NC		Observed wet wiping cloths stored on counter top / table → Shall be stored inside sanitizer solution.	
413	NC		Side exterior door by Server Station not protected from potential rodents - Day light observed	2-21-24

Received by (name and title printed): Jilly	Inspected by (name and title printed): Cass Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: Elizabeth Benise

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
431	NC		Soiled fan grates - Walk-in-Cooler & Salad Cooler Floor grout in disrepair in many areas especially under the Server Soda Machine	2-22-24
346	NC		Soap out @ Server hand Sink	2-21-24
234	NC		In-use Knives stored between flip-top cooler & hand sink edge subjecting knives to hand sink & splash contamination	2-21-24
			In-use ice cream scoops stored on shelf next to hand sink & potentially subjected to splash	
			In-use bulk food scoops throughout stored with their handles touching the food product.	
218	NC		2 Bulk lids in disrepair (broken)	
			Note: Chlorine Sanitizer Concentration in automatic dishmachine @ 200ppm Max concentration is 100ppm	
			Note: Designated hand sink shall be used for washing hands only.	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2

Elizabeth Senise