



EA 218

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Establishment name NEW KUMO JAPANESE	Telephone Number () Establishment () Owner	Date of Inspection 2/6/24	ID# 1821
Establishment address 1051 W JEFFERSON 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 2/16/24
Owner YI LI		Summary of Violations:	
Owner address		C <u>0</u> NC <u>6</u> R <u> </u>	
Person in charge YT LI		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>4</u> 5 <u> </u>	
Certified food handler YI LI			

- 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): Yi Li	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Yi Li	Inspected by (signature): Bob Smith
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Betsy
2/14

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

Establishment name <u>New Wang Cai</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>2-13-24</u>	ID# <u>2519</u>
Establishment address <u>209 S SR 135 Greenwood</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date <u>2-23-24</u>
Owner		Summary of Violations: <u>C 0 NC 7 R</u>	
Owner address		Menu Type (See back of page) <u>1 2 3 4X 5</u>	
Person in charge			
Responsible person's email			
Certified food handler <u>Jessica Chong (exp. 4/10/28)</u>			

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

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Section #	C/NC	R	Narrative	To Be Corrected by
190	NC		Observed noodles cooling inside walk-in cooler @ 63°F with plastic cover	Plastic cover was removed.
324	NC		Appears the water heater is leaking	4/1/24
431	NC		Floor under water heater & chest freezer are soiled	2/15/24
218	NC		Interior door of stand up freezer located across from prep-sink is damaged / broken	12/6/24
199	NC		Observed packages of noodles thawing @ room temperature located on prep table	Corrected at time of inspection
234	NC		Observed a knife stored between flip top cooler & prep-table - not a clean surface	
216	NC		The following items are not easily cleanable - (1) wooden boards under rice containers, (2) cement blocks under chest freezer	3/21/24

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name New Wing Cai			Address 209 SSR 135		Inspection Date 2/13/14
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
431			Sides of equipment are soiled.		
			Notes:		
			<p>① Observed noodles @ 47°F & chicken @ 57°F located in flip top cooler (bottom shelf) manager stated these products were left on the prep-table for 10 mins during a busy period & was just placed back in cooler.</p> <p>② Noted a strong odor recommend cleaning all floor drains & grease trap.</p>		
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2



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Bulky
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 Oaken Barrel Brewing Co	Telephone Number () Establishment () Owner	Date of Inspection 2-12-24 3p	ID# 629
Establishment address 50 Airport Pkwy 46143	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 2 NC 6 R 1	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Dan Harper			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
			Walk-in-Cooler:	
187	C		Gravy @ 97°F @ 2:18pm stored in a	2/12/24
191	C		plastic container tightly covered w/	
190	NC		plastic wrap - No date mark. Employee	
			states made today @ 11:30am	
			Chip beef @ 50.5°F @ 2:19pm date	
			marked SAT. Employee states	
			product made today @ 1:30pm	
			stored tightly covered w/ plastic in a metal pan	
			Smashed potatoes @ 93.4°F @ 2:21pm	
			made today @ 12:30 & dated MON	
			stored in a plastic pan w/ plastic lid	
			Tenderloins @ 59°F @ 2:22pm in a	
			plastic wrapped metal pan - No date.	
			Employee states product made	
			45 minutes ago.	
			187 is temperature violations - You have	
			2 hours to cool food from 135°F to 70°F	
			and an additional 4 hour to cool from 70°F to 41°F.	
Received by (name and title printed):			Inspected by (name and title printed):	
KWANG ASOJ OWNER			Elizabeth Senisse	
Received by (signature):			Inspected by (signature):	
cc:			cc:	
			317 346-4373	

NARRATIVE REPORT

[illegible]

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 O'Charleys #406	Telephone Number () Establishment () Owner	Date of Inspection 2/8/24	ID# 1111
Establishment address 886 S.S.R. 135 Greenwood IN 46143	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 No	Release Date 2/18/24
Owner O'Charleys, LLC		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>3</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <input checked="" type="checkbox"/> 5 <u> </u>	
Person in charge Lindsey Chamberlain			
Responsible person's email (SenSafe Exp 12/14/25)			
Certified food handler Lindsey Chamberlain			

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[illegible]



Received by (name and title printed): Lindsey Chamberlain		Inspected by (name and title printed): ANDREW Miller, EHS
Received by (signature): 		Inspected by (signature): Andrew W Miller
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 Original Chicago's Pizza & Curry	Telephone Number () Establishment () Owner	Date of Inspection 2-1-24	ID# 2495
Establishment address 153 Holiday Pl. Franklin	Purpose: 1. Routine	Follow-up —	Release Date 2-11-24
Owner Gurjeet	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 4 R —	
Owner address		Menu Type (See back of page)	
Person in charge Gurjeet		1 2 3 4 5	
Responsible person's email			
Certified food handler Gauravjeet Singh exp 2025			

- 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):	
GURJEET		Bob Smith / Mia Papageorge	
Received by (signature):		Inspected by (signature):	
		 / Mia Papageorge	
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 <i>Papa Murphy's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/2/24</i>	ID# <i>2227</i>
Establishment address	Purpose: 1. Routine	Follow-up <i>-</i>	Release Date <i>2/2/24</i>
Owner	2. Follow-up	Summary of Violations: C <i>Ø</i> NC <i>Ø</i> R <i>Ø</i>	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational		
Responsible person's email	5. Temporary		
Certified food handler <i>LINDA ZEMATIS Exp 1/11/25</i>	6. HACCP		
	7. Other (list)	Menu Type (See back of page) 1 <i>2</i> 3 4 5	

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

Received by (name and title printed): <i>Shirna Zemanick</i>	Inspected by (name and title printed): <i>Kevin R. Davis CFS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
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 PENNY STATION	Telephone Number () Establishment () Owner	Date of Inspection 2/7/24	ID# 1242
Establishment address 1143 W MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/17/24
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u> </u>	
Person in charge Jode MOUNTS		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 MICHAEL MAZALCA (SERVSAFE 1/10/27 EXP)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
138	(NC)	B	EMPLOYEES NOT WEARING HAIR RESTRAINTS (CAP, VISOR, HAIR NET)	2/8/24
B197	(NC)	B	UPRIGHT FREEZER AT 21°F NOT AT 0°F OR LESS	2/8
(NCR)	B		WATER SOFTENER DRAIN OUTLETS BELOW FLOOD RIM OF MOP SINK BASIN	2/10/24
(NOTE)	B		SODAS RBG STORED IN 3 COMPARTMENT SINK DRAIN AIR GAP	CORRECTED 2/7/24

Received by (name and title printed): Jade Mounts, Assistant Manager		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Jade Mounts		Inspected by (signature): Bob Smith
cc:	cc:	cc:



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Belm 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 PIZZA HUT	Telephone Number () Establishment () Owner	Date of Inspection 2/12/24	ID# 2183
Establishment address 440 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 2/22/24
Owner		Summary of Violations: C 1 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge JACOB ELDRIDGE			
Responsible person's email			
Certified food handler JACOB ELDRIDGE (SOPUSAFE 10/30/27)			

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

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		UPRIGHT COOLER NEXT TO PIZZA PREPARATION REFRIGERATOR - SHELVING NOT CLEAN	2/17/24
411	NC		(1) LIGHT OUT ON PIZZA OVEN EXHAUST HOOD	2/20
399	NC		WALL, FLOOR WORN, NOT CLEAN IN AREAS OF KITCHEN - FLOOR DRAIN NOT CLEAN	REPAIR 8/24 CLEAN 2/24
431	NC		3 COMPARTMENT SINK HOSE DISPENSER OUTLETS EXTEND BELOW FLOOD RIM OF SINK (FROM CLEANER/SANITIZER UNIT)	2/20
336	C		MOP SINK HOSE CONNECTED TO FAUCET WITH SHUT-OFF DEVICE, HOSE FROM CLEANER/SANITIZER UNIT EXTENDS BELOW FLOOD RIM OF MOP SINK BASIN	7/7/25 2/24
229	NC		RUBBER SPATULA IS WORN	DISCARD 2/14
431	NC		SHELVING IN KITCHEN NOT CLEAN	2/17
411	NC		LIGHT INTENSITY NOT ADEQUATE (LESS THAN 20 FOOT CANDLES) IN WALK-IN FREEZER	2/22
295	NC		SHELVING IN WALK-IN COOLER NOT CLEAN	2/20

Received by (name and title printed):

Jacob Eldridge

Inspected by (name and title printed):

Bob Smith 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 Pizza Hut	Telephone Number () Establishment	Date of Inspection 2-6-24	ID# 2184
Establishment address 1022 S US 31 Greenwood	() Owner	Follow-up —	Release Date 2-16-24
Owner	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 — 3 X 4 — 5 —	
Certified food handler Russell Rodriguez (exp 8/30/28)	5. Temporary		
	6. HACCP		
	7. Other (list)		

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

Received by (name and title printed): GREG MICKELSON SHIFT MGR		Inspected by (name and title printed): Cassie Hall
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Btkm
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 RAMA-Hoosier Gasway	Telephone Number () Establishment () Owner	Date of Inspection 2-21-24 9:15am	ID# 2462
Establishment address 560 N SR135		Follow-up	Release Date 3-10-24
Owner Solid Retail Mgt. Group	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 2 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			

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

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Sausage biscuit @ 98.6°F @ 9:14am located in "Ready when you are" reach in hot holding cabinet. Breakfast sandwiches made today around 5am Interior thermometer reads 102°F Food product shall be held @ or Above 135°F Product discarded: 3 sausage biscuits, 4 chicken biscuits, 1 Spicy Chicken, 2 Jimmy Dean Sausage Egg Cheese Biscuit, 1 Big AZ Sausage & Cheese, 1 Weli Express Sausage Egg & Cheese, 2 XXL Jalapeno Char-Broil, 1 XL White Chicken Patty w/ Cheese	Discarded all product
431	NC		Designated hand sink is soiled	2-21-24
431			Restroom Vents are soiled	
324	NC		Designated Hand Sink faucet leaks	2-28-24
430	NC		Note: Tile base Cove under Soda drink station is busted.	
118	C		Note: ServSafe Certification not observed	

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:

317-346-4373



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Bitm
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 KITCHEN- RICHARDS BICK VAN PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 2/20/24	ID# 1089
Establishment address 229 S MAIN 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 3/2/24
Owner M JONES, R - GOSS		Summary of Violations: C <u>1</u> NC <u>12</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 MICHAEL MORRISON			
Responsible person's email			
Certified food handler RICHARD GOSS - (SERUSARE EXP 9/5/26)			

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

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	*	WALK-IN FREEZER door does NOT CLOSE TIGHTLY	4/1/24
218	NC	*	WALK-IN COOLER door SEAL/BASKET WORN/SPLIT	3/20
216	NC	*	KITCHEN METAL TABLES RUSTED (SHelves)	3/15
347	NC	*	DISPOSABLE TOWELS NOT PROVIDED BAR HANDSINK	2/22
324	NC	*	3 COMPARTMENT SINK - CLEANING SYSTEM DRAIN HOSES EXTEND BELOW FLOOD RIM OF SINK	2/22 CORRECTED 2/20
295	NC	*	TOP OF DISHWASHER NOT CLEAN	2/25
346	NC	*	KITCHEN HANDSINK HANDSOAP NOT AVAILABLE	2/22
309	NC	*	MECHANICAL EXHAUSTS NOT FUNCTIONING IN	3/1
293	NC	*	RESTROOM - COVERS ARE DUSTY	
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	2/24
336	C	*	AIR GAP NOT PROVIDED FOR ICE MAKER DRAIN	3/1
392	NC	*	DUMPSTER LIDS NOT CLOSED/LID BROKEN	2/26
295	NC	*	(1) TABLE SHELF IN KITCHEN NOT CLEAN	2/25

Received by (name and title printed): Michael Morrison	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



460 N. MORTON ST. STE 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 Sage Creek Brewery	Telephone Number () Establishment () Owner	Date of Inspection 2/16/24	ID# 1937
Establishment address 178 W Jefferson St. Franklin, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 705	Release Date 2/26/24
Owner Baker		Summary of Violations:	
Owner address		C 1 NC 2 R	
Person in charge JARRATT BLIMER		Menu Type (See back of page)	
Responsible person's email		1 2 3 4 5	
Certified food handler MIKE BAKER (Serving)			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C	X	INTERNAL TEMPERATURES OF POTENTIALLY HAZARDOUS ITEMS IN UPRIGHT 3 DOOR REFRIGERATOR 46°F - 47°F NOT 41°F OR LESS (DAIRY/EGGS) OPENED CONTAINERS STAYING KEEP REFRIGERATOR OR REFRIGERATE AFTER OPENING	ITEMS TO BE DISCARDED 2/18/24
431	NC	>	FLOOR AND BACK AREA NOT CLEAN, NEXT TO WALL	2/20
228	NC	>	LARGE 3 DOOR REFRIGERATOR, UPRIGHT FREEZER NOT EASILY MOVABLE OR ON PLATFORM	3/16

Received by (name and title printed): JARRITT SPRINGER		Inspected by (name and title printed): Bob Smith EWS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


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Establishment name Sisters Korean Restaurant	Telephone Number (317) 300-1741 (317) 302-7553	Date of Inspection 2-15-24	ID# 2143
Establishment address 46143 916 E. Main St. Ste 210 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2-25-24
Owner Sunghyon Lockhart/Hae Lee		Summary of Violations: C 1 NC 4 R —	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email Sisterskr2018@gmail.com			
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): Sunghyun Lockhart		Inspected by (name and title printed): Mia Papageorge / paul Bettru	
Received by (signature): 		Inspected by (signature):  / paul Bettru	
cc:	cc:	cc:	



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Bum
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 Huckaby Smokehouse BBQ Steaks	Telephone Number 317-851-8995	Date of Inspection 2-14-24 3p	ID# 2503
Establishment address 1140 N SR 135 Greenwood 46142	Purpose: 1. Routine 317 851 2. Follow-up 8995 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2-24-24
Owner		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u>X</u>	
Person in charge Chef Chip			
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		Soup du Jour @ 118°F @ 2:45pm Hot holding of product shall be 135°F or hotter. Apicot preserves jar states "Refrigerate after opening"	Corrected
294	Note		Dish machine not sanitizing adequately But establishment not washing any dishes. Establishment will sanitize w/ proper concentration in 30 bay sink	
430	NC		Vinyl base core is in disrepair	2-28-24
307	NOTE		Gap in hood vents	2-14-24
			Reminder: In-use utensils shall not be held @ room temperature for more than 4 hours.	

Received by (name and title printed):

Carl Huckaby

Received by (signature):

[Signature]

cc:

Inspected by (name and title printed):

Elizabeth Senisse

Inspected by (signature):

Elizabeth Senisse

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

Betsy
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 <i>Speedway # 8051</i>	Telephone Number <i>317 883-0428</i>	Date of Inspection <i>2-21-24</i>	ID# <i>1648</i>
Establishment address <i>5061 W Smith Valley Rd</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>3-10-24</i>
Owner <i>Speedway LLC</i>		Summary of Violations: C <u>1</u> NC <u>2</u> R <u>0</u>	
Owner address <i>46142</i>		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Brooke</i>			
Responsible person's email			
Certified food handler <i>Scott Burdine 7-26</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
187	C		Boiled Eggs (Buffalo flavor) @ 44.8°F @ 4:10p and Built-in thermo reads 36°F Bottom coils are dusty Metal-Stem, Probe-type thermometer kept in a vial of water inside product compartment reads 44°F Food Product shall be held @ or Below 41°F.	2/21/24
297	NC		Soda nozzles slightly soiled - Dr. Peppers, Cherry Pepsi, & Mug	2/24/24
430	NC		Hole in wall by mop sink - wall is in disrepair	3-1-24
NOTE: Y Valve on mop sink faucet w/ Atmospheric Vacuum Breaker (AVB). Y valve creates "Continuous Pressure" which ABVs are not approved for use under Continuous Pressure				
Received by (name and title printed): <i>Cindy Cline</i>			Inspected by (name and title printed): <i>Elizabeth Senisse</i>	
Received by (signature): <i>Cindy Cline</i>			Inspected by (signature): <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

Betsy
2/6

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 SUBWAY / WAL-MART #42293	Telephone Number () Establishment () Owner	Date of Inspection 2/5/24	ID# 1923
Establishment address 2125 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 —	Release Date 2/15/24
Owner DHURV PATEL		Summary of Violations: C <u>1</u> NC <u>3</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 <u>5</u>	
Person in charge DHURV PATEL			
Responsible person's email			
Certified food handler DHURV PATEL (5/4/26 EXP. SERVICE)			

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

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
336	C		HOSES FROM 3 COMPARTMENT SINK DETERGENT/ SANITIZER DISPENSERS EXTEND BELOW FLOOD RIM OF 3 COMPARTMENT SINKS, HOSE CONNECTED TO MOP SINK EXTENDS BELOW FLOOD RIM OF MOP SINK BASIN	2/8/24
431	NC		FLOOR DRAIN NOT CLEAN	2/15
138	NC		HAIR RESTRAINT NOT WORN BY EMPLOYEE WHILE PREPARING FOOD	2/6
431	NC		WALL BEHIND BULK HEAD IN PREPARATION AREA NOT CLEAN	2/8
			(note) (SANITIZER ON ORDER) TO ARRIVE ON 2/5)	2/5

Received by (name and title printed): * Dhruv Patel / owner	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): * [Signature]	Inspected by (signature): [Signature]
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Betsy
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 Supreme Produce	Telephone Number () Establishment () Owner	Date of Inspection 2-26-24	ID# 2744
Establishment address 2201 Independence Dr. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 3-7-24
Owner		Summary of Violations: C 1 NC 3 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 Tim Zing (exp 7/19/28)			

• 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	C		Observed cut honeydew inside a plastic container with a lid @ 51°F date marked 2/25/24 @ 7:19 p.m. → shall be 41°F or less	Vol. discarded
190	NC		Observed the following internal temperatures: ① cut pineapple (2/26/24 @ 12:53) @ 48°F ② cut cantaloupe (2/26/24 @ 1:34) @ 45°F both products observed cooling inside prep-area (ambient air @ 48°F) in plastic containers w/ lids. - shall be 41°F or less within 4 hours. If products aren't 41°F or less within 4 hours, recommend discard.	2-26-24
324	NC		Hand sink appears to leak @ drain connection	3-18-24
213	NC		Observed 2 broken white plastic lids used for cut produce containers.	2-26-24

Received by (name and title printed):

Tim Zing
Received by (signature):

Inspected by (name and title printed):

Cassie Hall
Inspected by (signature):

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]