

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 correct Establishment name 1940 | Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP | Date of Inspection 2-21-24 12:45 Follow-up Release Date No 3-10-24 Summary of Violations: C | | |
|---|--|--|--|--|
| Responsible person's email Certified food handler Heven Hallings | 7. Other (list) | Menu Type (See back of page) 123 | | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN | | IN THE NARRATIVE BELOW AS "R" To Be Corrected by | | |
| Floor under station is | Customer o | drink) Søiled | | |
| Backflow device annual testing | for establishm | nont pequises | | |
| Received by (name and title printely) Received by (signature): | e observed on uum Breaker (A Ider Continuous (| facility AVB) AVB and not Pressure caused by Yva ged by (name and title printed): Litabeth Senisse Sted by (signature): Limabeth Senisse | | |
| cc: cc: | CC: | 317-346-4373 | | |



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| Establishment Sanitation Requirements. The time limit for correction | on of each violation is specified | in the narrative portion | of this report. |
|--|-----------------------------------|--|--|
| Establishment name \ \ \(\alpha \) \(\alpha \) | Telephone Number | Date of Inspection | ID# |
| Tren 1001/ I 10468 | ()3457+bli8689- | 2-15-24 | 1110 |
| Establishment address | 07625 | ~ 13-ZP | 640 |
| 152 0012= 1/11/2 | | | 1 |
| 153 SR135 46142 | Purpose: | Follow-up Release | |
| Owner / | 1. Routine | 2-2 | 25-24 |
| | 2. Follow-up | Summary of Violati | ions: |
| Owner address | 3. Complaint | | |
| 3.5 | | | |
| , 1 | 4. Pre-Operational | 0 0 | 0 |
| Person in charge | 5. Temporary | c_0_NC_0 | R |
| 1 Cory of the same | 6. HACCP | mino de mino de la companya della companya della companya de la companya della co | |
| Responsible persons email | 7. Other (list) | Menu Type (See b | ack of page) |
| about modules that is, the | pour comognition, is | repulses relatives | escong: |
| Certified food handler | | 123 × | 4 5 |
| Certified food handler Rodriquen 8/25/2 | | 12 | _45 |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | THE NARRATIVE BELOW A | s "R" |
| | Narrative | | To Be Corrected by |
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| No violations | Absenced (2) | 16 | Virgalize |
| 100 Violations | y bsowca G | Me | C C |
| | | or Domining States | 10 1000 |
| time of insp | ection | | |
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| Received by (name and title printed): | Inspecte | ed by (name and title printed) | |
| | 119 | iz hall | |
| Lory Goines | | tabella - | Servisse |
| Received by (signature): | Inspecte | ed by (signature): | 1. |
| T WOWN | Ide | rabell & | enisse |
| cc: | cc: | 1217 211 | 1-4272 |
| | | 1011-94 | 6 7313 |
| | 1. | | Page 1 of |



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

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

| Establishment name Taco Pell Establishment address 3042 W 700N 46143 Owner Owner address Person in charge Responsible person's email Certified food handler Khrusteen Edwards 7-19-2 | | Telephone Number () 3 Author 35 - () Own 2374 Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary | ID# 1829 5a e Date -25-24 ions: | | | |
|---|------|---|--|--|----------------------|----------------------------|
| | | 6. HACCP 7. Other (list) | Menu Type (See back of page) 123 ∞ _45 | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVI | | | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| 346 | NC | 200 | Scap not provided Scap disper | ser is brok | P No. 100 gapatorina | 2-15-24 |
| Received by Received by cc: | 45+e | en | Solution by | roved for use are. The Y ates Continue today & for 7-21-25 | | hent Denisse Senisse |



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

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

| Establishment name TOCO Bell Establishment address 115 Granville Dr. Franklin Owner Owner address Person in charge Emily Doyle - manager Responsible person's email | Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Date of Inspection ID# 2-1-24 2316 Follow-up Release Date 2-11-24 Summary of Violations: C_2_NC_1_R_ Menu Type (See back of page) |
|---|---|--|
| Certified food handler Emily Doule exp 10/4/2 | 4 | 123_\(\nabla_45 |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DEN | | IN THE NARRATIVE BELOW AS "R" |
| Section # C/NC R | Narrative | To Be Corrected by |
| ch'emical dispens | Pari Salimoni (m) - 1800 (m) | e and a 7/2025 |
| 431 NC Floors and next | TO Walls airty | 211194 |
| | hose extending int chair gap not seen | o adrain, |
| 334 Note Chemical dispen | sing tubes at 3 bay | sink extend corrected 2/ |
| 334 (2) Sodadrain hose | extending into a drain | W/no airgap connected 2, |
| Received by (name and title printed): Received by (signature): CC: CC: | tarol flas at article by | eged by (name and title printed): Dob Sm DH MiaPapage Cred by (signature): Malapage |



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

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

| Establishme | nt name | | ranna of non-pressinily hazardous fools. | Telephone Number | Date of Inspection | ID# |
|---------------|------------------------------------|-----------|---|---------------------------|---------------------------------------|--|
| TON | S | Ni | EVELDINA (|) Establishment | 1 112 | |
| Establishme | nt addres | S | |) Owner | 17-75-29 | 11820 |
| 135 | 3 /2 | 1,7 | di mo St | Purpose: | Follow-up Release | Date |
| Owner |) - _ | V1 | Charles Oli | 1. Routine | | -24 |
| | | | | 2. Follow-up | Summary of Violati | THE RESERVE THE PARTY OF THE PA |
| Owner addre | acc | _ | | • | 04 | |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | 1 1 2 | |
| Person in ch | arge | | tema estador an raq o Ledacoenes | 5. Temporary | cnc_ |) R |
| Lander | angerg. | Splin | early out of coff chart alarmost | 6. HACCP | may have the state of | ryfun _ r |
| Responsible | person's | email | nos iramaterit i a to insure si standi suor l | 7. Other (list) | Menu Type (See b | ack of page) |
| | | | odbook toolkaranti of tibak if too | | and the second | proces |
| Certified foo | od handle | r | | | 123 | _45 |
| CRITICAL | ITEMS AI | RE IDI | NTIFIED IN THE CHECKLIST AND NARRATIVE (| COLUMNS MARKED "C" | | |
| VIOLATION | (S) REPEA | TED FI | OM PREVIOUS INSPECTIONS ARE DENOTED IN THE " | "SUMMARY OF VIOLATIONS" A | ND IN THE NARRATIVE BELOW A | |
| Section # | C/NC | R | N | larrative | | To Be Corrected by |
| 294 | C | | Automatic dishmachin | e - Chlorine | · concentrate | 1-23-24 |
| | V-FILLING | loi[| @ Opom - Shall be | | ~ Employe | 2 |
| 101 1100 | a dead | SOFT | States Sanitings | concentra | | REDBETH |
| | | | . Checked every | 2 hour | A. | VER 1831 |
| 419 | C | | Visence Dersonal | Medication | a (Duprofen, | (CALLE CHEY |
| | | | FATKa-Selfzer Deart | burn Chews | Stored | |
| | | k | 20016 Drep-tab | 18 Mith | 7990 | |
| | | | Sources! | · · | | |
| 346 | NC | | Coserved no hong | d Socre (a | Hitchen | Corrected |
| | | | Mand Sink | | · · · · · · · · · · · · · · · · · · · | 0 10 011 |
| 216 | NC | | Wostairs Storage | 2 roum to | our not | 5-77-24 |
| 402 | ME | no. L | Smotth & easily | Cleanable | -not | nolysess/11 |
| /uil | vider ni | m. L | Water Droot | 1 1121 1121 | O COO L | 2 // 111 |
| 324 | NC | | 10 modrine dichir | | properly | 3-4-24 |
| | | \vdash | OKAINIM IN FLOOR | dan -> | ODSE(VLQ) | |
| | - | | water graining on th | 00- | 1-601.00) | |
| | - | \vdash | NOTES: WOSE FURD 110 | paper town | 100 Mostain | 5 |
| | - | 5 | per hand sink | 100 10=1 | | 105 V. V. 15 (5) |
| Received by | (| d didio d | LOOK TYLL STONE | UP COOPER | pected by (name and title printed) | askotisus |
| neceived by | 1 | | 1400.1 | 11/19 | ASS: Hall | |
| Pagairra 1 L | THE RESERVE OF THE PERSON NAMED IN | 10 | 2 | Inc | 31 110011 | miguzberi |
| Received by | (signature | / | (Jan) | | Machine Commission | |
| 3 | | V | my III | Co | Orso, o chall | |
| cc: | | | cc: | | | |
| | | | | | | Page 1 of 1 |
| | | | | 6 | elenabethe De | Page 1 of |
| | | | | Q | in from 10 to | The state of the s |



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Page 1 of

| Establishmen | t name | | amon of mean not and his hazardous foods, | Telephone Number | Date of Insp | ection ID# | |
|--|---------------|----------|--|--|--------------------|--|------|
| | | | ton's | () Establishment | 2/2/ | 24 913 | |
| Establishmen | | | Greenwood | () Owner | | | |
| THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER. | 30 | 43 | 315 IN | Purpose: | Follow-up | Release Date | |
| Owner | | | | 1. Routine | | 2/12/24 | |
| | | | | 2. Follow-up | Summary o | f Violations: | |
| Owner addres | SS | | | 3. Complaint | | | |
| | | | | 4. Pre-Operational | | | |
| Person in cha | rge | | D. 12 | 5. Temporary | 0 | NC_3_R_ | |
| hae ben | - No. 100. pt | | | 6. HACCP | | I,OR | |
| | | | doug folds is mar ored to single nord some | 7. Other (list) | Monu Tym | e (See back of page) | |
| responsible p | crson s | Cilian | | 7. Other (usi) | Wienu Typ | e (see ouck of page) | |
| Certified food | handle | - A | i Guellett | | 12_× | <u>4</u> 5 | _ |
| • CRITICAL I | | - | ENTIFIED IN THE CHECKLIST AND NARRATIVI | F COLUMNS MARKED "C" | | | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | THE NARRATIVE | E BELOW AS "R" | |
| | C/NC | | | Narrative | | To Be Corrected | d by |
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| 101 1018 | 11-1019 | 2.111 | Floor in the wa soiled. Junder | i stoluge rac | Ks 7 | SDODE SUDDENSER PS | |
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| 4/31 | NC | | The floor in the | Just when is | 501/20 | 2/9/24 | |
| 324 | NC | | Soda and ice a | dispenses drain | s mu | 54 | |
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| Received by (| signature) | : J | ani Quillett | | d by (signature): | | |
| cc: | | =/_(| cci | cc: | 1 10 | 7 | |



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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Telephone Number Date of Inspection) Establishment Establishment addr) Owner Purpose: 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational C O NC Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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" Narrative To Be Corrected by Section # C/NC R Received by (name and title printed): Received by (signature) cc: cc:

E Senisse @ Co. johnson. in. us



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| | 1 | T 201 1 22 1 | 15 07 | 1 |
|-----------------------------|--|------------------------|---------------------------------|--|
| Establishment name | ation of the polyments to rendents foods. | Telephone Number | Date of Inspection | ID# |
| Vued 8 | f True Alehous | 7 | 2-14-24 | 2016 |
| Establishment address | 46143 | () Owner | ILA | 170. |
| 2800 5 | . SR135 Ste 100 | Purpose: | Follow-up Releas | |
| Owner | | 1 Routine | 2 | -24-24 |
| | | 2. Follow-up | Summary of Violat | ions: |
| Owner address | | 3. Complaint | | |
| | | 4. Pre-Operational | | _ |
| Person in charge | | 5. Temporary | cONC | 2 R O |
| | as reched a jury and recorder. Revell to | 6. HACCP | C | N |
| Responsible person's ema | il an an are and a second and a | -0 | Many Toma (Saa I | ach of page) |
| Responsible person's ema | | 7. Other (list) | Menu Type (See b | ack of page) |
| Certified food handler | Shoul apolumen districting I to i of | | ogninious pro mino | |
| | Delgado | | 123 | 4_>_5 |
| | DENTIFIED IN THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | |
| | FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | IN THE NARRATIVE BELOW | AS "R" |
| Section # C/NC R | | Narrative | | To Be Corrected by |
| 197 m +: | "Darlie butter" | left out @ | noom | 2/14/24 |
| 18 Moter | ten out it is | Esta O.S. i.a. | Cagni de Ginhali | Printelle |
| not the part and not | whips butter | er & Chopp | ed Harlie | DESCRIPTION OF THE PROPERTY OF |
| | | il, This | product | nest day |
| | shall be | held @ or | below 41°F | |
| | at all time | | 111 | 20 |
| | | | | |
| 402 NC | Grout in Pacili | to is in de | stepan | 3-17-24 |
| 102 1 | metal floor is | in devreno | . 11 0 1 | |
| | @ andrance | to Keen Coo | ler | |
| S. Allinois | Wait Hall - floor | (tile) led ac | is not | 3-1-24 |
| alaina a | easily cleana | ble. The | wint is | 100 to the last of |
| of Bright | open food | debria has | Collactes | venesul . |
| 203 NC | Employee Drink | cupo sha | le be. | 2-14-21 |
| | lidel & prov | ided wa | Straw & | |
| | stored to po | event conto | menation | |
| | of food, food | d Contact Sw | Jaces & | |
| | le ausment | | () , , | No. |
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| Received by (name and title | A . | | ted by (name and title printed) | |
| o Cody | Almord | e di man ances e e e e | | nisse |
| Received by (signature): | C | Inspec | ted by (signature): | interest and the |
| h (| XXXX | | linabetti De | nisse |
| cc: | cc: | cc: | 0 | - 3 |
| | | | 31 -30 | |



460 N. MORTON ST. STE A 7

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

| - | | ation | n Requirements. The time limit for correcti | - | | or this report. |
|-------------------------------|-------------|----------|---|--|-------------------------------|-------------------------|
| Establishme | 1 () (| | nter et voer potentialle bezandour foods. | Telephone Number | Date of Inspection | ID# |
| Mat | | | ouse | () Establishment | 2-1-24 | 11177 |
| Establishme | | | | () Owner | 2 1-27 | 1011 |
| 1101 | lmbo | ura | ger Ln Franklin | Purpose: | Follow-up Releas | : / |
| Owner | | | J | 1. Routine | | 11-24 |
| | | | | 2. Follow-up | Summary of Violat | ions: |
| Owner addi | ress | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
| Person in cl | narge | - | en aukerl o monest paret pareter. Peret | 5. Temporary | c_2_Nc_4 | -/ R |
| | | | | 6. HACCP | our di bondine or de | deschudent |
| Responsible | person's e | mail | or is friegle in to discout to single mind of | 7. Other (list) | Menu Type (See b | pack of page) |
| | 1 | | | | and an one par | were of puge, |
| Certified for | od handler | | . ^ | | 123_\(| 21 5 |
| Not | provid | ed | at time of inspection | | 123 | _45 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIV | 'E COLUMNS MARKED "C" | | |
| VIOLATION | N(S) REPEAT | ED FI | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | HE "SUMMARY OF VIOLATIONS" AND IN | THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| 295 | NC | | Bottom of pie case soiler | d CO | rrected on | 2/1/24 |
| 239 | NC | ed. | Box of single-single se | rvice items sto | redon | Australia I. Electrical |
| 177 | NC | | ground next to w | | | |
| | | 1 | Bags of ice stored on a | | | tofffoor min. |
| 354 | | _ | Hose with spray nozz | | | 2/19/24 |
| | - | _ | faucet, antisepher | a device for con- | tinuous | |
| 200 | | | pressure not see | | `1.'- +:. | 0/2/01 |
| 203 | C | - | Mechanical dishwash | | | 2/1/29 |
| 2011 | 100 | \dashv | had a temperatur | e of 140t, not | 60° FMITHIT | pm |
| 224 | 1/10 | - | Water at handsink in | restrooms at 1 | tor, not | |
| | elloure! | | in the range of 1 | 00 F - 120 F | and the second second | |
| 10.11 | - | \dashv | | Al International Commence of the Commence of t | Marie Install Abronia | a rethrovort |
| | | | and a reas assessment and additional | | A SAN SAN GARAGE PE | lan a sa l |
| | 1 | \dashv | | | | |
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| Received by | (name and | title p | printed): | | d by (name and title printed) |); ; |
| H | nthon | y | Engle District / | Manager Bob | Im For Mias | apageorge |
| Received by | (signature) | | | Inspected | d by (signature). | |
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| cc: | | | сс: | cc: | 1 | // |
| I | | | 1 | | | |



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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Telephone Number Date of Inspection WAZ-MART SUPER CONTER) Establishment 2/15/24 Establishment address) Owner 2125 N MORTON FORNKITY, IN Purpose: Follow-up Release Date Owner 1. Routine WAZ-MART Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Grooke GULLEY VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC Narrative To Be Corrected by FLOOR NOT CLEAN ON PREAS (BACK HALL, 2/25/24 FLOOR OCATIVE DU BACK HAZL TOURDSHOR COMPRETOR AMPA, LIQUOR STOCK ROOM BAKERY-TRAY WASHING MAZITING WASH gavge stows with Temporature 1180F NOT 150°F OR MORO BAKERY FREEZER JOOR OF WAZK-IN WORD SPOT DILJ - WAZK-IN FRECZER FLUOR NOT CLEAN 295 NO CLEANING (SANITIZING SYXEMS NOT PZUMBOD COSPECTLY WITH HOSE CONNECTIONS WITH I'SPLITTERS / SHUT OFFS AT MORS SINKS AND 3 COMPARTMENT STAK WETH dispenser Hoses From Cleaning BANITIZITY STORMS EXTENDING BELOW FLOOD RIM CANCLUDES RELT AREA, MEAT OF SAUK PREPARATION AMER, BAHERY AREA DELI REPT - TOP CAD OF ATMOSPHOLIC BIRAKOR MISSING 309 NC & MECHANICAZEX HAUSTS NOT FUNCTIONITYS EN EMPLUYOR POSTROOMS Inspected by (name and title printed): Received by (name and title printed): Received by (signatury) cc: cc:



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|--|----------------------------------|--|--------------------|
| Establishment name WAV G'S ETC. | Telephone Number | Date of Inspection | ID#2/87 |
| 1.50 (39) (39) (39) | () Establishment | 28/24 | 2029 |
| Establishment address 2339 N MOCTON FRANKCIN 2000 | () Owner | | 0.00 |
| 20139 10 1110 CON TIMES 1121 | Purpose: | Follow-up Release | |
| Owner | 1. Routine | - 21 | 18124 |
| | 2. Follow-up | Summary of Violati | ons: |
| Owner address | 3. Complaint | | |
| | 4. Pre-Operational | | |
| Person in charge | 5. Temporary | CNCS | R |
| TRAVES AHREFOLD | 6. HACCP | magab berikaran da | |
| Responsible person's email | 7. Other (list) | Menu Type (See be | ack of page) |
| Certified food handler | | 1 2 5 | |
| Travis Atherald (Serusar | 4) | 1 | 93 |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | HE "SUMMARY OF VIOLATIONS" AND I | N THE NARRATIVE BELOW AS | 5 "R" |
| Section # C/NC R | Narrative | | To Be Corrected by |
| | | ses connec | |
| WITH SHUT OFF L | IAZVES, AMP | INSTHELOS | 7/1/25 |
| TO CLEANING SYS | Tem Inco | Tec724 | J SETESEST |
| PLUMB90 | some adometric on Smart | Trouble and State De | 240 DAOU |
| | | | 01/12/ |
| 413 NC & FRONT DOOR DOOS | | 19 HTZY | 31,109 |
| | OOR FORENS | NOT | 2/15 |
| CLEAN IN KITT | | 20200 | -10 |
| | | el ZER | 3 8 |
| door goskets | WORN (SPLZT | ' nor | 2)15 |
| HOSINCO BROOMS NOT IN | NO UP OFF FO | | 010 |
| | | igite unua fi anodia | 2/16 |
| 309 NL # MECHANICAC EXI | | m / 5 | 010 |
| FUNCTIONS OF | In RESTROOT | | 111123 12132 1 |
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| 120°F or more | or Low Tempe | ratione | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishment name | Talashana Nasahan | Data of Inspection | 1 11 |
|--|--|---|--------------------|
| CANARY CREEK HEAD START | Telephone Number | Date of Inspection | |
| | -1 | 2/7/24 | 1095 |
| Establishment address 486 N MOCTON FRANKLIN 15N | Downer Day | Tallan and Dalassa | Dete |
| Owner | Purpose: 1. Routine | Follow-up Release | 17/24 |
| HSI - HERDSTART | 2. Follow-up | Summary of Violation | |
| Owner address | - | Summary of Violation | 0113. |
| Owner address | 3. Complaint | | |
| D | 4. Pre-Operational | 0 00 | 3 - |
| Person in charge CHASTATY SUGGETT | 5. Temporary 6. HACCP | C_O_NC_C | R S |
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| | | ion of each violation is specified i | | | the state of the s | AND RESIDENCE OF THE PERSON NAMED IN |

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

INSPECTION REPORT RETAIL FOOD ESTABLISHMENT JOHNSON COUNTY HEALTH DEPARTMENT

Office 317-346-4365 Fax 317-736-5264 EBVNKTIN' IN 40131 460 N. MORTON ST. STE A



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 corre | ection of each violation is specified | i in the narrative portion | of this report. |
|--|--|--------------------------------|--------------------|
| Establishment name | Telephone Number | Date of Inspection | ID# |
| Weedham Elementary School | () Establishment | 121 011 | 1101 |
| Establishment address | () Owner | 2-1-24 | 1401 |
| 1399 UpperShelbuville Rd. Frankl | Purpose: | Follow-up Release | e Date |
| Owner Owner | 1. Routine | No 2- | 11-24 |
| | 2. Follow-up | Summary of Violati | |
| Owner address | 3. Complaint | | |
| o nada wadata | 1 | | |
| | 4. Pre-Operational | CNC_ | 5 |
| Person in charge | | CNC | R |
| Wan ba Voris | 6. HACCP | of an surfued department | e itulizi 🚐 📗 |
| Responsible person's email | 7. Other (list) | Menu Type (See b | pack of page) |
| The Paris Manual Environment Commence of C | la li din dibuna larme had | e d'Aussi en Bersamben | susta old |
| Certified food handler | 2 | 123 | _45 |
| Kristine Gott Exp4/ 25/28 | 8 | | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA WAS ATTRICATED BY THE PROPERTY OF THE PROPERTY | ATIVE COLUMNS MARKED "C" N THE "SUMMARY OF VIOLATIONS" AND I | IN THE NADDATIVE BELOW A | S "R" |
| violation(s) Repeated from Previous Inspections are denoted in Section # C/NC R | Narrative | IN THE NARRATIVE BELOW A | To Be Corrected by |
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| Note: Hot water sanitization | Toria Mechanica | in Devature | ordo exemp |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

| 7 17.1 | I TII NI | ID : CI : | |
|--|---|-------------------------------------|--|
| Establishment name UNION ELEMENTARY SCHOOL | Telephone Number | Date of Inspection ID# | |
| | () Establishment | 2/5/24 404 | |
| Establishment address 3990 W DIVISION Rd. BARGERS VILLE | () Owner | | |
| 3 170 W DIVISION NO. BARGERS VILLE | Purpose: | Follow-up Release Date | |
| Owner | 1. Routine | - 2/15/24 | |
| FCSC | 2. Follow-up | Summary of Violations: | |
| Owner address | 3. Complaint | | |
| | 4. Pre-Operational | | |
| Person in charge | 5. Temporary | CNCR | |
| PeGGY RIGGLES | 6. HACCP | 2 supul de or septend depart | |
| Responsible person's email | 7. Other (list) | Menu Type (See back of page) | |
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| Certified food handler PEGGY RIGGUS 1016/26 E | | 1 2×3 4 5 | |
| PEGGY RIGGLES (1016/26 E | EMP) | | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE | VE COLUMNS MARKED "C" | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | HE "SUMMARY OF VIOLATIONS" AND IN | THE NARRATIVE BELOW AS "R" | |
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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 Telephone Number Date of Inspection NORTHWOOD ERLOONTARY SCHOOL 215/24 403) Establishment) Owner 965 GRIZZLY GUBDR FRANKLIN, IN Purpose: 1. Routine FC.S.C. Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational $C = \frac{1}{NC} NC = R$ Person in charge 5. Temporary MELENDA PATTON 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler Mertinatt • 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" Narrative To Be Corrected by Section # C/NC R HOSE WITH SHUT OFF DEVIC INSTAZLED ON MOR STAKE 736 MECHANICAZ DISHMAZHINE HOT WATER SANITIZATION DE POPERATURO ADEQUATE. 160°F OR MORO ON PLATE/UTENSIE SULFAZE Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc: Page 1 of



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

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

| • | | | |
|--|---|-------------------------------|--|
| Establishment name should another and all appearance to mount | Telephone Number | Date of Inspection | |
| ST. ROSSE OF LIMPA SCHOOL | () Establishment | 2/7/24 | 879 |
| Establishment address | () Owner | 2//19/ | 011 |
| 114 LANCELOT DR FRANKLIN, IN | Purpose: | Follow-up Releas | e Date |
| Owner | 1. Routine | Tonow-up Releas | 17/24 |
| | | | |
| ST. Rose OF LIMB Scitace | 2. Follow-up | Summary of Violat | ions: |
| Owner address | 3. Complaint | | |
| | 4. Pre-Operational | | |
| Person in charge | 5. Temporary | CNC | R |
| DEFFERY HEWITT | 6. HACCP | mercialists in the | |
| Responsible person's email | 7. Other (list) | Menu Type (See l | back of page) |
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| Certified food handler Spile USAFPO | | | |
| Certified food handler SEFFERY HEWITT (EXP 11/29/ | R7) | 12_3 | 45 |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI | E COLUMNS MARKED "C" | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | N THE NARRATIVE BELOW | AS "R" |
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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 name Web Elementary School Establishment address Owner Purpose: 1. Routine Telephone Number Owner Tolephone Number Purpose: Follow-up No Summary of | Precion ID# 24 405 Release Date |
|--|--|
| Establishment address 1400 Webb Ct. Franklin Purpose: Follow-up 1. Routine | 24 405 Release Date |
| 1400 Webb Ct. Franklin Purpose: Follow-up 1 | Release Date |
| Owner 1. Routine ///() | Release Date |
| Owner 1. Routine | |
| 2. Follow-up Summary of | 2-11-24 |
| | Violations: |
| Owner address 3. Complaint | |
| 4. Pre-Operational | |
| Person in charge 5 Temporary C O | NC6_R |
| Debra Stephens 6. HACCP | 110 |
| Responsible person's email 7. Other (list) Menu Type | e (See back of page) |
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| Certified food handler | 2 4 5 |
| Debra Stephens exp. 2029 | _343 |
| • 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" |
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E Senisse @coajohnson.in.us

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

| n 181 | | Ta | 1 |
|--|--|--|--|
| Establishment name | Telephone Number | Date of Inspection | ID# |
| Saints Francis & Clare of Assisi School Establishment address | | 2-2-24 | 1531 |
| | () Owner | | |
| 5901 Olive Branch Rd Green wood | Purpose: | Follow-up Releas | e Date |
| Owner | 1. Routine | Contract of the last of the la | THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN |
| * | 2. Follow-up | Summary of Viola | tions: |
| Owner address | 3. Complaint | _ | |
| | 4. Pre-Operational | | Δ |
| Person in charge | 5. Temporary | c_0_nc_ | O_R |
| Chrystal Chavez | 6. HACCP | Table - Transfer | Labelaga |
| Responsible person's email | 7. Other (list) | Menu Type (See) | back of page) |
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| Chrystald Chavez EXPIRED 1/26/24 | | 12_1/2_3 | _45 |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131 /

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

| Establishmen | nt name | | about a male province of the language of the l | Telephone Number | Date of Inspection | ID# / / OC |
|----------------|--------------------|-------------|--|-----------------------------|--|--|
| SSI | Scara | | s & Clave Food Panty | () Establishment | | 15,1635 |
| Establishme | nt address | 01. | s - Clare 1000 Farth |) Dominion | 2-2-24 | 1531 |
| F0. | | 11 | eBranch 46143 | | | |
| 540 | 10 | 111 | eldranch 96143 | Purpose: | Follow-up Release | se Date |
| Owner | | | | 1. Routine | The second secon | NAME AND ADDRESS OF THE OWNERS OF TAXABLE PARTY. |
| | | | | 2. Follow-up | Summary of Viola | tions: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | ľ | 4. Pre-Operational | | |
| Person in ch | arge | - | saw or first or prepared to order. Retail | 5. Temporary | C_O_NC_ | O R - |
| lane las | | | n samay assar of the light products are 1 | 6. HACCP | and the same trees as | always and |
| Responsible | person's e | THE RESERVE | | 7. Other (list) | Menu Type (See | hack of page) |
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| Certified foo | od handler | | | | $\begin{vmatrix} 1 & 2 & 3 \end{vmatrix}$ | , , |
| . / . | nel | | √ | | 13 | 45 |
| | | | NTIFIED IN THE CHECKLIST AND NARRATIVE | COLUMNS MARKED "C" | THE RESERVE OF THE PERSON NAMED IN COLUMN | |
| • VIOLATION | (S) REPEAT | ED FR | OM PREVIOUS INSPECTIONS ARE DENOTED IN THE | "SUMMARY OF VIOLATIONS" ANI | IN THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC | R | 1 | Varrative | | To Be Corrected by |
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