



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

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 <i>Taco Bell 1940</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2-21-24</i> <i>12:45p</i>	ID# <i>241</i>
Establishment address <i>801 US31 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>No</i>	Release Date <i>3-10-24</i>
Owner		Summary of Violations: <i>C 0 NC 0 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>Steven Stallings</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
			<i>Floor under Customer drink station is slightly soiled</i>	
			<i>Backflow device for establishment requires annual testing</i>	
			<i>Mop sink - Y valve observed on faucet w/ atmospheric Vacuum Breaker (AVB) AVB are not approved for use under continuous pressure caused by Y valve</i>	
Received by (name and title printed): <i>Steven Stallings</i>			Inspected by (name and title printed): <i>Elizabeth Senisse</i>	
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>	
cc:			cc: <i>317-346-4373</i>	

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

Establishment name Taco Bell # 15468	Telephone Number 317-889-7625	Date of Inspection 2-15-24	ID# 640
Establishment address 153 SR135	Owner 46142	Follow-up	Release Date 2-25-24
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge Cory		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler Victoria Rodriamen / 8/25/25			

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[illegible]

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

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

Establishment name Taco Bell	Telephone Number () 317-535- () Owner 2374	Date of Inspection 2-15-24 10:15a	ID# 1828
Establishment address 3042 W 700N	46143	Follow-up No	Release Date 2-25-24
Owner	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	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			
Responsible person's email			
Certified food handler Khrusteen Edwards 7-19-27			

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[illegible]

Received by (name and title printed): Khrysteen Edwards		Inspected by (name and title printed): Elizabeth Senisse	
Received by (signature): Kyr Curd		Inspected by (signature): Elizabeth Senisse	
cc:	cc:	317-346-4373	



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Establishment name Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 2-1-24	ID# 2316
Establishment address 115 Granville Dr. Franklin	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2-11-24
Owner		Summary of Violations:	
Owner address		C <u>2</u> NC <u>1</u> R <u>—</u>	
Person in charge Emily Doyle - manager		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 Emily Doyle exp 10/4/24			

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

Received by (name and title printed):

Emilia Dayle

Received by (signature):

cc: Emily Doyle cc:

CC:

CC:

Inspected by (name and title printed):

~~Bob Smith / MiaParageorge~~

Inspected by (signature):

cc: Bil Line / Matapageorge

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
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460 N. MORTON ST. STE A
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Bekal
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 Taxman Brewing	Telephone Number () Establishment () Owner	Date of Inspection 2-23-24	ID# 1830
Establishment address 13 S. Baldwin St.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 3-4-24
Owner		Summary of Violations: C 2 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4X 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
294	C		Automatic dishmachine - Chlorine concentration @ Oppm - Shall be 50-100 ppm. Employee states Sanitizer concentration is checked every 2 hours.	2-23-24
419	C		Observed personal medication (Ibuprofen, & Alka-Seltzer heartburn chew) stored above prep-table with open sauces.	Corrected
34	NC		Observed no hand soap @ Kitchen hand sink	Corrected
216	NC		Upstairs Storage room floor not smooth & easily cleanable - not water proof.	3-22-24
402	NC			
324	NC		Ice machine drain line not properly draining in floor drain -> observed water draining on floor	3-9-24
			Notes: Observed no paper towels @ upstairs bar hand sink	
			② 2 door free stand up cooler (right) door gasket is worn	
Received by (name and title printed): Conag Gray			Inspected by (name and title printed): Cass Hall	
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>	
cc:			cc:	

Eleonabetha Senisse

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 Thornton's	Telephone Number () Establishment () Owner	Date of Inspection 2/2/24	ID# 913
Establishment address 1600 W 31 S Greenwood IN	Purpose: 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		Summary of Violations: C <input checked="" type="radio"/> NC 3 R	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge			
Responsible person's email			
Certified food handler X Traci Gullett			

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[illegible]

Received by (name and title printed): X Traci Gullett	Inspected by (name and title printed): Terry D Bayless
Received by (signature): X Traci Gullett	Inspected by (signature): Terry D Bayless
cc:	cc:



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Establishment name Three One Seven Salon LLC	Telephone Number () Establishment () Owner	Date of Inspection 2-8-24 3p	ID# 2338
Establishment address 859 Riverside Dr. Ste 8	Purpose: 1. Routine	Follow-up No	Release Date 2-18-24
Owner Jan & Melissa Marks	2. Follow-up	Summary of Violations:	
Owner address 46143	3. Complaint	C <input type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			No violations observed @ the time of inspection.	
			Establishment has frozen burritos and a microwave.	
			Establishment reports not serving alcohol or food recently.	
			Coolers and freezers shall be commercial grade if you need to replace in the future.	

~~Jan Mart~~

[illegible]

CC:

Elizabeth Serrusse

Elizabeth Senesse

CC:

317-346-4373

Page 1 of 1

ESenisse@Co.johnson.in.us



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RETAIL FOOD ESTABLISHMENT
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Betsy
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.

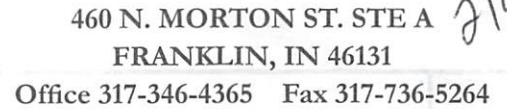
Establishment name <i>Fried & True Alehouse</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2-14-24</i>	ID# <i>2016</i>
Establishment address <i>2800 S. SR 135 Ste 100</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>11A</i>	Release Date <i>2-24-24</i>
Owner		Summary of Violations: <i>C 0 NC 2 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 X 5</i>	
Person in charge <i>Cody</i>			
Responsible person's email			
Certified food handler <i>Isaac Delgado</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	Note		"Garlic butter" left out @ room temperature, Establishment whips butter & Chopped Garlic in Olive Oil. This product shall be held @ or below 41°F at all times	2/14/24
402	NC		Grout in facility is in disrepair Metal floor is in disrepair located @ entrance to Key Cooler Wait Hall - floor (tile) edge is not easily cleanable. The joint is open food debris has collected	3-17-24 3-17-24 3-1-24
203	NC		Employee drink cups shall be lidded, & provided w/ a straw, & stored to prevent contamination of food, food contact surfaces, & equipment.	2-14-24

Received by (name and title printed): <i>Cody Almond</i>	Inspected by (name and title printed): <i>Elizabeth Senisse</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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

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Received by (name and title printed): Anthony Engle District Manager		Inspected by (name and title printed): Bob Smith / Mia Page George	
Received by (signature): 		Inspected by (signature):  / 	
cc:	cc:	cc:	



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Betsy
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 WAZ-MART SUPER CENTER	Telephone Number () Establishment () Owner	Date of Inspection 2/15/24	ID# 691
Establishment address 2125 N 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 2/25/24
Owner WAZ-MART		Summary of Violations: 4 C 1 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge CHASE WALLS			
Responsible person's email			
Certified food handler BROOKE GULLY (CFSM 9/15/23 EXP)			

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Section #	C/NC		Narrative	To Be Corrected by
431	NC	→	FLOOR NOT CLEAN IN PRORS (BACK HALL, FLOOR DRAINS IN BACK HALL/dumpster COMPARTMENT AREA, LIQUOR STOCK ROOM	2/25/24
(NOR)		*	BAKERY-TRAY WASHING MACHINE WASH GAUGE SHOWS WASH TEMPERATURE 118°F NOT AT 150°F OR MORE	(✓ 2/22)
118	NC	*	BAKERY FREEZER DOOR OF WALK-IN WORN/SPOT	3/15
245	NC	*	DELTS - WALK-IN FREEZER FLOOR NOT CLEAN	2/22
336	C	*	CLEANING/SANITIZING SYSTEMS NOT PLUMBED CORRECTLY WITH HOSE CONNECTIONS WITH Y-SPLITTERS / SHUT OFFS AT MOPS SINKS AND 3 COMPARTMENT SINK WITH DISPENSER HOSES FROM CLEANING/SANITIZING SYSTEMS EXTENDING BELOW FLOOD RIM OF SINK (INCLUDES DELT AREA, MEAT PREPARATION AREA, BAKERY AREA DELT REPT - TOP CAP OF ATMOSPHERIC BREAKER MISSING	7/1/25 - 5/1
309	NC	*	MECHANICAL EXHAUSTS NOT FUNCTIONING IN EMPLOYEE RESTROOMS	2/25

Received by (name and title printed):

Chase Walls

Received by (signature):

[Signature]

cc:

cc:

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

[Signature]

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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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 WING'S ETC.	Telephone Number () Establishment () Owner	Date of Inspection 2/8/24	ID# 2687 2029
Establishment address 2239 N 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 2/18/24
Owner		Summary of Violations: C <u>1</u> NC <u>5</u> R	
Owner address		Menu Type (See back of page) 1 — 2 <u>(B)</u> 5 —	
Person in charge TRAVIS AHLEFELD			
Responsible person's email			
Certified food handler TRAVIS AHLEFELD (SERVSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
336	C	*	MOP SINK FAUCET HAS HOSES CONNECTED WITH SHUT OFF VALVES, AND INSTALLED TO CLEANING SYSTEM / INCORRECTLY PLUMBED	7/1/25
413	NC	*	FRONT DOOR DOES NOT CLOSE TIGHTLY	3/1/24
431	NC	*	FLOOR AND FLOOR DRAINS NOT CLEAN IN KITCHEN	2/15
218	NC	*	"TRUE" REFRIGERATOR / FREEZER DOOR GASKETS WORN / SPLIT	3/8
425	NC	*	BROOMS NOT HUNG UP OFF FLOOR minimum of 6 inches	2/15
309	NC	*	MECHANICAL EXHAUSTS NOT FUNCTIONING IN RESTROOMS	2/15
			<u>NOTE</u> MAXIMUM TEMPERATURE OF WATER THROUGH MECH. DISINFECTION CYCLE DID NOT REACH 120°F OR MORE ON LOW TEMPERATURE CHLORINE DISINFECTION	2/10/24

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

JOHNSON COUNTY HEALTH DEPARTMENT

RETAIL FOOD ESTABLISHMENT

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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 CANBARY CREEK HEAD START	Telephone Number () Establishment () Owner	Date of Inspection 2/7/24	ID# 1095
Establishment address 486 N 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 HSI - HEAD START		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge CHRISTY SUGGETT			
Responsible person's email			
Certified food handler CHRISTY SUGGETT SERUSAFO EXP 10/9/24			

- 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
		A	NO VIOLATIONS OBSERVED	
		A	Mechanical Dishwashing Hot Water Sanitization Adequate 160°F or more on plate/detergent surface (WBS 169.4°F)	UK

Received by (name and title printed): Chastity Suggett	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Chastity Suggett	Inspected by (signature): Bob Smith
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT

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FRANKLIN, IN 46131

460 N. MORTON ST. STE A

2/15

Betsy

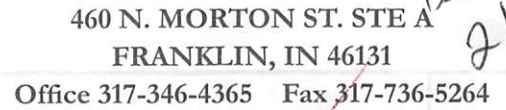
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Franklin Community High School	Establishment address 8600 Ambrose Road Dr. Franklin, IN	Owner F.C.S.C.	Owner address F.C.S.C.	Person in charge RACHEL WHEELER	Responsible person's email wheeler (sorusato) evp 4/25/18	Certified food handler RACHEL WHEELER
Telephone Number	Establishment	Owner	Summary of Violations:	Follow-up	Release Date	Date of Inspection
2/2/24	402	2/2/24	1. Routine	2. Follow-up	3. Complaint	4. Pre-Operational
5. Temporary	6. HACCP	7. Other (list)	Menu Type (See back of page)	1. 2. 3. 4. 5.		

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Section #	C/NC	R	Narrative	To Be Corrected by
			NO VIOLATIONS OBSERVED	
			MECHANICAL DISTURBANCE AND THE	
			WASHING MACHINE HOT WATER	
			SWITCHES REPAIR REQUIRED	
			160°F OR MORE ON SURFACES	
			(DISTURBANCE WAS 164.9°F)	
			(HOT WATER WAS 162.2°F)	

Received by (name and title printed):	Michael Wheeler Manager	Inspected by (name and title printed):	Bob Smith EHS
Received by (signature):	Michael Wheeler	Inspected by (signature):	Bob Smith
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 UNION ELEMENTARY SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/5/24	ID# 404
Establishment address 3990 W DIVISION RD. BARGERSVILLE	Purpose: 1. Routine	Follow-up —	Release Date 2/15/24
Owner FCSC	2. Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address	3. Complaint		
Person in charge PEGGY RIGGLES	4. Pre-Operational	Menu Type (See back of page) 1 <u>2</u> 3 <u>4</u> <u>5</u>	
Responsible person's email	5. Temporary		
Certified food handler PEGGY RIGGLES	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
(Note)	→		MECHANICAL DISINTEGRATE HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE / UTENSIL SURFACE (WAS 172°F)	OK
(Note)	x		WATER SOFTENER DRAINS NOT OUTLETING A MINIMUM OF ONE INCH ABOVE FLOOR DRAIN	(CORRECT) 2/5/24

Received by (name and title printed): * Peggy Biggles		Inspected by (name and title printed): Bob Smith ETS
Received by (signature): * Peggy Biggles		Inspected by (signature): Bob Smith
cc:	cc:	cc:

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Establishment name NORTHWOOD ELEMENTARY SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/15/24	ID# 403
Establishment address 965 GRIZZLY CUB 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 2/15/24
Owner F.C.S.C.		Summary of Violations: C <u>1</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge MELINDA PATTON		1 <u> </u> 2 <u>R</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler MELINDA PATTON (EXP 5/16/27 SORUSAFE)			

- 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		HOSE WITH SHUT OFF DEVICE INSTALLED ON mop sink FAUCET	2/6/21
			MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE - 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 173.6°F)	OK

Received by (name and title printed): - Melinda Patton		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): - Melinda Patton		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 ST. ROSE OF LIMA SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/7/24	ID# 879
Establishment address 114 LANCELOT 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 2/17/24
Owner ST. ROSE OF LIMA SCHOOL		Summary of Violations: C 1 NC 1 R	
Owner address			
Person in charge JEFFERY HEWITT		Menu Type (See back of page) 1 2 3 4 5	
Responsible person's email			
Certified food handler JEFFERY HEWITT (SERVSAFE EXP 11/29/27)			

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

[illegible]

Received by (name and title printed): <i>Sett Hewitt manager</i>	Inspected by (name and title printed): <i>Bob Smith ENS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A 2
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 Webb Elementary School	Telephone Number () Establishment () Owner	Date of Inspection 2-1-24	ID# 405
Establishment address 1400 Webb Ct. Franklin	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 2-11-24
Owner F.C.S.C.		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge Debra Stephens		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 Debra Stephens exp. 2029			

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

Received by (name and title printed): Debra Stephens		Inspected by (name and title printed): Bob Smith / Mia Papageorg	
Received by (signature): Debra Stephens		Inspected by (signature): Bob Smith / Mia Papageorg	
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

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 Saints Francis & Clare of Assisi School	Telephone Number () Establishment () Owner	Date of Inspection 2-2-24	ID# 1531
Establishment address 5901 Olive Branch Rd Greenwood	Purpose: 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 		Summary of Violations: C 0 NC 0 R 0	
Owner address 		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge Chrystal Chavez			
Responsible person's email 			
Certified food handler Chrystal Chavez EXPIRED 1/26/24			

- 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): Christal Chavez		Inspected by (name and title printed): Mia Papageorge
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc: Elinor Serrisse



Page 1 of 1

ESenisse@co.johnson.in.us

317-346-4373

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 SS Francis & Clare Food Pantry	Telephone Number) Establishment) Owner	Date of Inspection 2-2-24	ID# 1635 1531
Establishment address 5901 Olive Branch 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 2-12-24
Owner		Summary of Violations: C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address			
Person in charge			
Responsible person's email		Menu Type (See back of page) 2 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Not needed			

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

[illegible]

Received by (name and title printed): <i>Daniel J Sall</i>	Inspected by (name and title printed): <i>Elizabeth Senisse</i>
Received by (signature): <i>Daniel J Sall</i>	Inspected by (signature): <i>[Signature]</i>
cc: <i>[Signature]</i>	cc: <i>Mia Puyang</i>