



**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

*Bukny
10/10*

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 #1980</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/7/22</i>	ID# <i>241</i>
Establishment address <i>801 N US 31 Greenwood, IN 46142</i>	Owner	Follow-up <i>NO</i>	Release Date <i>10/17/22</i>
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 3 R 0</i>	
Person in charge		Menu Type (See back of page) <i>1 2 3 4 5</i>	
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
<i>430</i>	<i>NC</i>		<i>Tile broken on Thermanite/walk in freezer not in use</i>	
<i>174</i>	<i>NC</i>		<i>label bulk food items not in the original container (walk in cooler)</i>	
<i>431</i>	<i>NC</i>		<i>Drain under spray sink soiled</i>	
<i>295</i>	<i>C</i>		<i>Build up on ice machine in drive thru</i>	

Received by (name and title printed): <i>X Halana Watson Shift Lead</i>	Inspected by (name and title printed): <i>Jayce Brunford</i>
Received by (signature): <i>X Halana Watson</i>	Inspected by (signature): <i>Jayce Brunford</i>
cc:	cc: <i>ETHS</i>



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

Bob Smith
10/18

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 TACO BELL #35305	Telephone Number () Establishment () Owner	Date of Inspection 10/12/22	ID# 2316
Establishment address 115 GRANVILLE FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/22/22
Owner TACO BELL OF AMERICA		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 4 <u> </u> 5 <u> </u>	
Person in charge MORGAN HAMMER			
Responsible person's email			
Certified food handler MORGAN HAMMER			

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

Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	A	FLOOR UNDER CO2 TANK NOT CLEAN, FLOOR WET AROUND WATER HEATER	10/18/22
218	NC	*	HANDLE MISSING ON CRES-COR WARMER UNIT (1) (SEAL ON UNIT WORN)	10/26
174	NC	*	SMALL PLASTIC BULK CONTAINER ON SHELF IN STOCK AREA - NOT LABELED AS TO CONTENTS (CINNAMON SUGAR?)	10/14
		*		

Received by (name and title printed): Morgan Hammer	Inspected by (name and title printed): Bob Smith EAS
Received by (signature): <i>Morgan Hammer</i>	Inspected by (signature): <i>Bob Smith</i>
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

11/9/22

Bekay
10/29

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 10/28/22	ID# 1830
Establishment address 135 Baldwin, 46106	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up VPS	Release Date 11/8/22
Owner		Summary of Violations: C 2 NC 5 R 1	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 ___ 4 X 5 ___	
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
438	C	X	Observed many toxic spray bottles with no labels in dish area (kitchen)	10/28/22
291	NC		Observed no Chlorine test strips for dish machines	10/31/22
431	NC		3 bay sink floor drain soiled.	11/4/22
415	C		Observed small flies in kitchen and downstairs bar area.	11/9/22
324	NC		Upstairs bar hand sink is not attached to wall	11/9/22
399	NC		Upstairs storage room needs water proof flooring.	I
239	NC		Upstairs storage room needs clean and organized.	
			Notes: Certified food handler is needed for each building.	
			Note: All thermometers should be easily seen in all cooler and freezer units.	

Received by (name and title printed): X Kerri Edwards	Inspected by (name and title printed): Cass Hall
Received by (signature): X Kerri Edwards	Inspected by (signature): Cass Hall
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
10/10

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 TGI Fridays	Telephone Number () Establishment () Owner	Date of Inspection 10/4/22	ID# 1904
Establishment address 1251 US 31 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up NO	Release Date 10/14/22
Owner		Summary of Violations: C 0 NC 0 R 0	
Owner address		Menu Type (<i>See back of page</i>)	
Person in charge		1 ____ 2 ____ 3 ____ 4 X 5 ____	
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
			No items noted today. Thank you!	

Received by (<i>name and title printed</i>):	Inspected by (<i>name and title printed</i>): Jennifer Warner
Received by (<i>signature</i>):	Inspected by (<i>signature</i>): JW 3464376
cc:	cc:

[Handwritten signature]



**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

*Belen
10/19*

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>Waffle House</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/10/22</i>	ID# <i>1676</i>
Establishment address <i>1069 E main st. Greenwood.</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>10/20/22</i>
Owner <i>JH</i>		Summary of Violations:	
Owner address		C <u>0</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> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Tony Fyfe</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>245</i>	<i>NC</i>		<i>store all wet wiping cloths in sanitizer solution.</i>	<i>10/10/22</i>
<i>295</i>	<i>NC</i>		<i>map sink is soiled.</i>	<i>10/10/22</i>
	<i>NC</i>		<i>the stock room floor is soiled.</i>	<i>10/12/22</i>
<i>431</i>	<i>NC</i>		<i>ground in dirt on the tiles</i>	
<i>426</i>	<i>NC</i>		<i>throw out unnecessary cardboard and wood stored in the stock room</i>	<i>10/12/22</i>

Received by (name and title printed):	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Tony Fyfe</i>	Inspected by (signature): <i>Terry D Bayless</i>
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

Bethany
10/18

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 WAL-MART #995	Telephone Number () Establishment () Owner	Date of Inspection 10/13/22	ID# 691
Establishment address 2135 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 10/23/22
Owner WAL-MART		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge BETHANY L		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
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
431	(X)	(X)	BACK HALL AREA - SOME FLOOR DRAINS NOT CLEAN DISPLAY SHELVES - FLOOR UNDER NORTH IN AREAS NOT CLEAN	10/25/22
(X)			SOME FOOD PACKAGES STORED ABOVE LOAD LEVEL SIGNAGE IN DISPLAY CHEST REFRIGERATORS AND FREEZERS	10/15
(X)			BAKERY - DIRT MACHINE NOT CHECKED ON THIS DATE	✓

Received by (name and title printed): Bethany L Gooch - Coach	Inspected by (name and title printed): Bob Smith
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
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Butter
11/3

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 Whit's Inn Bar + Grill	Telephone Number () Establishment () Owner	Date of Inspection 10/31/22	ID# 2011
Establishment address 1020 N US 31 IN 46184 <i>New Whiteland</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11/10/22
Owner Mark Clark		Summary of Violations: C <u>0</u> NC <u>7</u> R	
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 Jeff Barnard			
Responsible person's email			
Certified food handler Jim Whitaker <i>SenSafe Exp: 9/30/23</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
399	NC	✓	Floor not smooth and easily cleanable under kitchen mechanical exhaust hood and the floor is soiled	1/31/22
431	NC	✓	Isle under kitchen flat top is soiled	11/3/22
295	NC	✓	Bar soda guns soiled	11/3/22
		✓	Walk-in cooler green shelving is soiled & rusty	11/22/22
		✓	Ice bin drop plate soiled	11/1/22
256	NC		ambient air thermometers not seen in some refrigeration units	11/6/22
218	NC		Refrigeration door seals torn on some refrigeration units	12/20/22
190	NC		Previously cooked sausage gravy covered with a lid. measured 91°F to 97°F while inside walk-in-cooler.	Corrected
411	NC		No interior bulb noted inside Artec Air Freezer	

Received by (name and title printed): JEFF BARNARD	Inspected by (name and title printed): Andrew Miller EHS
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
 FRANKLIN, IN 46131
 Office 317-346-4365 Fax 317-736-5264

Bukam
10/28

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

Establishment name Zaxbys	Telephone Number () Establishment () Owner	Date of Inspection 10/28/22	ID# 2125
Establishment address 254 Marlin Dr	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11/5/22
Owner Greenwood		Summary of Violations: C 0 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"
- 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
297	NC		Clean the inside & door seals of cooler drawers	
298	NC		Clean the white bin (bread) wash rinse & sanitize	
			Thank you!	

Received by (name and title printed): LAURA MELTON	Inspected by (name and title printed): Jennifer Warner
Received by (signature): <i>Laura Melton</i>	Inspected by (signature): <i>JW 3464370</i>
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
10/10*

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>Zingsu Asian Grocery</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/7/22</i>	ID# <i>2416</i>
Establishment address <i>2801 Fairview Place Greenwood</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10/7/22</i>
Owner		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 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
			<i>No items noted today</i>	
			<i>Thank you!</i>	

Received by (name and title printed):	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: