



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

Bukm
9/17

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.

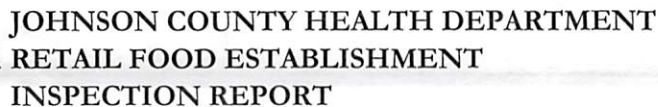
Establishment name 1823 BAKHOUSE	Telephone Number () Establishment () Owner	Date of Inspection 9/6/22	ID# 2140
Establishment address 25 E COURT ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 9/16/22
Owner THOMAS MOORE		Summary of Violations: C 0 NC 12 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge HEATHER WENNING			
Responsible person's email			
Certified food handler HEATHER WENNING			

• 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
228	NC	<input checked="" type="checkbox"/>	KITCHEN UPRIGHT FREEZER, NOT EASILY MOVABLE, THERMOMETER NOT SEEN, UNIT STOOD UP INSIDE	9/25/22
256	NC			9/8
218	NC			9/9
218	NC	<input checked="" type="checkbox"/>	door gaskets worn - KITCHEN 2 door REFRIGERATOR AND DINING ROOM 2 door UPRIGHT REFRIGERATOR, AND FRONT BAKERY doors	10/6
431	NC	<input checked="" type="checkbox"/>	FLOOR NOT CLEAN UNDER KITCHEN CHEST FREEZER	9/9
254	NC	<input checked="" type="checkbox"/>	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F NOT ACCURATE	9/7
295	NC	<input checked="" type="checkbox"/>	INSIDE OF ICE MAKER NOT CLEAN	9/9
295	NC	<input checked="" type="checkbox"/>	DINING ROOM - 2 door UPRIGHT REFRIGERATOR	9/9
411	NC	<input checked="" type="checkbox"/>	WATER POND AT BASE OF UNIT INSIDE, APPETIZER BULB NOT FUNCTIONING	9/11
239	NC	<input checked="" type="checkbox"/>	STOCK ROOM - SINGLE SERVICE BOXES AND	9/9
177	NC		FOOD CONTAINERS NOT OFF FLOOR MINIMUM OF 6 INCHES	
146	NC	<input checked="" type="checkbox"/>	PACKAGED FOOD NOT LABELED - FRONT COOLER ENDING ROOM	

Received by (name and title printed): Heather Wenning	Inspected by (name and title printed): Bob Smith-EBS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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 <i>AFC Sushi Kroger</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/14/22</i>	ID# <i>1875</i>
Establishment address <i>2200 Independence Dr</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Cen Ling</i>			

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[illegible]

Received by (name and title printed): + C. L. Lingo		Inspected by (name and title printed): Terry D. Byler	
Received by (signature): [Signature]		Inspected by (signature): [Signature]	
cc:		cc:	



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

Establishment name AFC Sushi	Telephone Number () Establishment	Date of Inspection 9/21/22	ID# 2006
Establishment address 5961 N SR135 Greenwood	() Owner	Follow-up NO	Release Date 10/1/22
Owner	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>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed):

Thompson

Inspected by (name and title printed):

Inspected by (signature): Jennifer Warner

Received by (signature):

Inspected by (signature):

DN 3464376

CC:

CC:

CC:

Betal
A 9/13



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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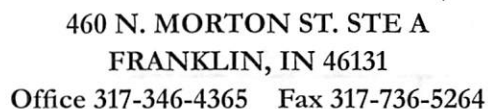
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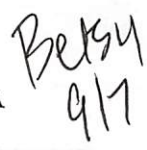
Establishment name Antojitas Rosita	Telephone Number () Establishment () Owner	Date of Inspection 9/9/22	ID# M2504
Establishment address 6340 S.R. 252 Edinburgh, IN	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Mobile Unit	Follow-up Yes	Release Date 9/19/22
Owner Manuel Moreno 46124		Summary of Violations:	
Owner address		C <u>1</u> NC <u>0</u> R <u> </u>	
Person in charge Manuel Moreno		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 Volanda Hernandez 8/23/27			

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[illegible]

Received by (name and title printed): Mendez & Moreno	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Mendez & Moreno	Inspected by (signature): Andrew Miller
cc:	cc:







JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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FRANKLIN, IN 46131
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Betsy
9.27

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 <i>Arni's Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/26/22</i>	ID# <i>1401</i>
Establishment address <i>1691 Curry Rd Greenwood, IN 46143</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>10/6/22</i>
Owner <i>Brad/Curt Cohen</i>		Summary of Violations: C <i>1</i> NC <i>4</i> R	
Owner address		Menu Type (See back of page) 1 2 3 4 <i>✓</i> 5	
Person in charge <i>Elizabeth Cox</i>			
Responsible person's email <i>(See Safe Exp.)</i>			
Certified food handler <i>Elizabeth Cox 3/3/24</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Vacuum breaker on mechanical dishmachine leaks	10/10/22 ↓
187	C		Cut ham and cut turkey measured 56°F while inside salad preparation table	Called for emergency repair
218	NC		① Steamer baskets are worn ② Victory top cooler door opens and stays open when bottom door is opened	10/10/22 ↓
399	NC		Kitchen cook/prep line floor contains open areas/pits	12/1/22 ↓
431	NC		Mechanical exhaust hood chute/opening for dish machine is soiled	10/31/22 ↓

Received by (name and title printed): <i>Elizabeth Cox</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Elizabeth Cox</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

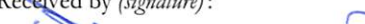
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Arby's # 6353</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>09/22/22</i>	ID# <i>642</i>
Establishment address <i>1400 N Merton St. Franklin, IN 46131</i>	Purpose: 1. <u>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>10/06/22</i>
Owner		Summary of Violations: <i>C</i> <u> </u> <i>NC</i> <u> </u> <i>R</i> <u> </u>	
Owner address		Menu Type (See back of page) <i>1</i> <u> </u> <i>2</i> <u> </u> <i>3</i> <u> </u> <i>4</i> <u> </u> <i>5</i> <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Mickinzie Collins (ServSafe Exp. 1/17/26)</i>			

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[illegible]

Received by (name and title printed): - John McAndrews GM		Inspected by (name and title printed): Paul Bettor #415
Received by (signature): 		Inspected by (signature): Paul Bettor
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



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Establishment name <i>Arby's #6744</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/15/22</i>	ID# <i>769</i>
Establishment address <i>111 N. SR 135 Greenwood P, Ind 46142</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>9/29/22</i>
Owner		Summary of Violations: C <u>①</u> NC <u>2</u> R <u>①</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			
Responsible person's email			
Certified food handler <i>Mariah Hestamel (Exp. 12/31/25) ServSafe</i>			

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[illegible]

Received by (name and title printed): mariah Hestand General Manager		Inspected by (name and title printed): Paul Betton #115
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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Betsy
9/15

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Establishment name Arbys	Telephone Number () Establishment () Owner	Date of Inspection 9 13 22	ID# 950
Establishment address 2140 US 31 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up ND	Release Date 9 23 22
Owner		Summary of Violations: C 0 NC 6 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
431	NC		Clean the wall by the 3 bay sink	
431	NC		Remove food soil buildup on kitchen + storeroom floor	
426	NC		Hang up all mops brooms and dustpans when not in use	
324	NC		Repair prep sink - leg missing	
399	NC		Repair walk in cooler door closer so it will close tightly	
431	NC		Clean restrooms Thank you.	

Received by (name and title printed):

Meghan Lawson

Inspected by (name and title printed):

Jennifer Warner

Received by (signature):

Meghan Lawson

Inspected by (signature):

JW 346 4376

cc:

cc:

cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name Arbys	Telephone Number () Establishment	Date of Inspection 9/22/22	ID# 2507
Establishment address 954 E. Main St	() Owner	Follow-up 9-19	Release Date 9/22/22
Owner Greenwood	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>2</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

- [illegible]

Rita Hutton

Wesley Kathan

Jennifer Warner

dw 346 4376

CC:

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Betm
9/15

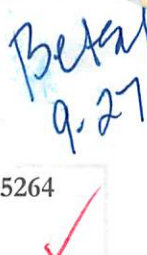
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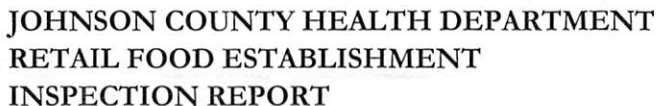
Establishment name <i>Astral at Franklin</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/13/22</i>	ID# <i>2569</i>
Establishment address <i>1375 Nicole Dr. Franklin, IN 46131</i>	Purpose: 1. <u>Routine</u> 2. Follow-up <i>and</i> 3. Complaint 4. <u>Pre-Operational</u> 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>9/23/22</i>
Owner		Summary of Violations: C <u> / </u> NC <u> / </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 <i>Kaleb Vendt</i>			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Kaleb Vendell		Inspected by (name and title printed): Andrew Miller, EMS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:







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[illegible]

Received by (name and title printed): Robin Albert		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

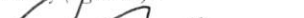
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Establishment name <i>Beauty to Beast Nutrition</i>	Telephone Number (812) 703-5072	Date of Inspection 9/29/22	ID# 2547
Establishment address <i>Edinburgh</i> 107 E. Main Cross St. W 46124	() Owner	Follow-up No	Release Date 10/9/22
Owner <i>Natasha Merrick</i>	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>	
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 <i>Natasha Merrick</i>			
Responsible person's email			
Certified food handler <i>N/A</i>			

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[illegible]

Received by (name and title printed): Natasha Merrick		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 		Inspected by (signature): Andrew Miller
cc:	cc:	cc:



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Belen
9/17

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 Big Lots #5284	Telephone Number () Establishment () Owner	Date of Inspection 9/11/22	ID# 1840
Establishment address 1538 N Morton St. 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 9/10/22
Owner		Summary of Violations: C 0 NC 2 R 2	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
414	NC	X	Emergency exit door in stock room not protected from potential rodents ↳ day light observed	
			Emergency exit door by home section not protected from potential rodents ↳ day light observed.	
430		X	Baseboard missing by home section emergency exit door Note: ceiling tiles by restroom are damaged ↳ appears to have water damage Note: The bottom shelf of "juice" sections needs cleaned or replaced.	
			Thank you!	

Received by (name and title printed):

X Alicia Hood

Received by (signature):

X Alicia Hood

Inspected by (name and title printed):

Cassi Hall

Inspected by (signature):

Cassi Hall

cc:

cc:

cc:

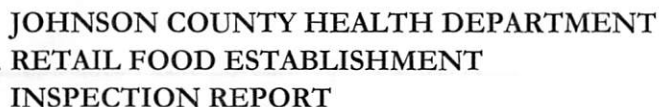


TEA 9/20
31
7-736-5264

Establishment name Bone Lash Grill	Telephone Number () Establishment () Owner	Date of Inspection 9/15/22	ID# 1014
Establishment address 1001 N 52135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 9/25/22
Owner		Summary of Violations: C <u>0</u> NC <u>0</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> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

- [illegible]

Page 1 of _____



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Received by (name and title printed): Jennifer Mitchell		Inspected by (name and title printed): Javier Blanford / Paul Beth
Received by (signature): Jennifer Mitchell		Inspected by (signature): Javier Blanford
cc:	cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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460 N. MORTON ST. STE A
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Butterfly 10/13

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 <i>Buffalo Wild Wings #3342</i>	Telephone Number <i>(317) 859-2999</i>	Date of Inspection <i>9/27/22</i>	ID# <i>3342</i> <i>2129</i>
Establishment address <i>1077 N. Emerson Ave. W 46143</i>	Owner <i>Greenwood</i>	Follow-up <i>No</i>	Release Date <i>10/7/22</i>
Owner <i>Wingmen V, LLC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 4 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 ✓ 5</i>	
Person in charge <i>Lee Runshe</i>			
Responsible person's email			
Certified food handler <i>Lee Runshe</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	✓	Kitchen floor needs tiles and grout repairs including dish area and server areas	11/1/22
418	NC	✓	① Inside of 'walk-in-cooler (produce) door is rusty ② Inside top ceiling light for walk-in freezer is half working	11/1/22 10/27/22
431	NC	✓	Bar floor area soiled under counter tops and server area soda stations (100 and 200).	9/28/22
411	NC	✓	Insulten one door freezer inside bulb not working.	11/1/22
Note: Seasoned. Flour used for raw chicken the sticker stated "prep 9/27 9:44 am and use, by 5:44 pm." Firm has a maximum of flour hours to use product, then discard; if using time as a public health control.				

Received by (name and title printed): <i>Lee Runshe</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller</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 Burger King # 844	Telephone Number (317) 881-2209	Date of Inspection 9/13/22	ID# 1658
Establishment address 714 US 31 S. Greenwood, IN 46142	() Owner	Follow-up No	Release Date 9/23/22
Owner Carols, LLC BK	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>4</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 Sabrina Michel			
Responsible person's email 			
Certified food handler Joe Benedict (ServSafe Exp: 9/29/25)			

- 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): Sabrina Michel Shift manager		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): Sabrina Michel		Inspected by (signature): Andrew Miller	
cc:	cc:	cc:	


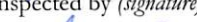
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name <i>Burger King #1720</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/15/22</i>	ID# <i>1885</i>
Establishment address <i>765 County line rd In, 46142</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date <i>9/29/22</i>
Owner		Summary of Violations:	
Owner address		C <u><i>⓪</i></u> NC <u><i>ⓧ</i></u> R <u><i>⓪</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u><i>✓</i></u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Kimberly Mc Andrews (Exp. 4/18/24)</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"

[illegible]

Received by (name and title printed): Kim McAndrews General Manager		Inspected by (name and title printed): Paul Belton EHS
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
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 Burger King #29535	Telephone Number () Establishment () Owner	Date of Inspection 9/15/20	ID# 2606
Establishment address 1839 E main st Greenwood, IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 9/29/22
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler John Reyes (Ser 50512) (Exp 9/8/25)			

- 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): General Johnny Reyes		Inspected by (name and title printed): Paul Betton Dts
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc: