



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
9-13

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.

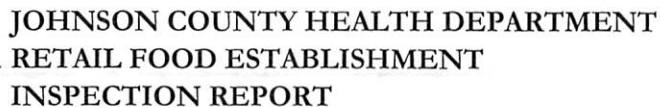
Establishment name W. L. Lareen's #05393	Telephone Number () Establishment () Owner	Date of Inspection 9/13/22	ID# 843
Establishment address 20 S Morton, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 9/23/22
Owner		Summary of Violations: C Ø NC 3 R	
Owner address		Menu Type (See back of page) 1 X 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
254	NC		The walk in freezer thermometer appears inaccurate (no thermometer was observed inside) → a new thermometer is needed	
219	NC		Trash compactor appears to not be functioning properly → observed trash build up in stock room. → the manager explained that the trash compactor is not functioning.	
			Note: Back room storage shelves appears porous	
431	NC		Observed a spill in back stock room near trash compactor. Note: A temporary dumpster is needed.	
			Thank You!	

Received by (name and title printed): X Kim Swanson	Inspected by (name and title printed): Cassi Hall
Received by (signature): X Kim Sw	Inspected by (signature): Cassi Hall
cc:	cc:



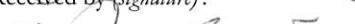

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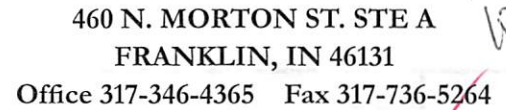
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Walmart</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/19/22</i>	ID# <i>1123</i>
Establishment address <i>1133 N. Emerson Ave</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>9/29/22</i>	Release Date <i>9/29/22</i>
Owner <i>Greenwood IN</i>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>x Meni Lole</i>			

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[illegible]

Received by (name and title printed): + Josie M. Cagigas		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



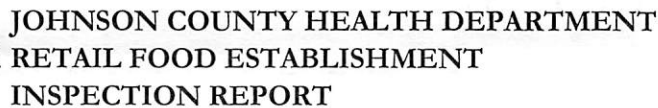
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Whitel and Mart	Telephone Number () Establishment () Owner	Date of Inspection 52622	ID# 2418
Establishment address 340 US 31 Whiteland	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10 6 22
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			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Jennifer Warner
Received by (signature): RAS		Inspected by (signature): JW 3464376
cc:	cc:	cc:



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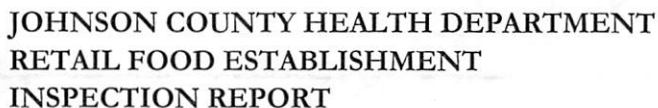
X

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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 CROOKSIDE ELEMENTARY	Telephone Number () Establishment () Owner	Date of Inspection 9/9/22	ID# 788
Establishment address 700 E 8TH RD 44 FRANKLIN, IN	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 —	Release Date 9/9/22
Owner ECSS		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge DIANA PORTER FIELD			
Responsible person's email			
Certified food handler DIANA PORTER FIELD			

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[illegible]

Received by (name and title printed): Diana Porterfield Manager		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Diana Porterfield		Inspected by (signature): Bob Smith
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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

Establishment name CUSTER BAKER INTERMEDIATE SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 9/26/22	ID# 400
Establishment address 101 W ST RD 44 FRANKLIN, IN	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 —	Release Date 10/5/22
Owner FCSC		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 — 2 — 3 — 4 — 5 —	
Person in charge MEGAN FORD			
Responsible person's email			
Certified food handler MEGAN FORD			

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[illegible]

Received by (name and title printed): Megan Ford		Inspected by (name and title printed): B. b Smith DHS	
Received by (signature): Megan Ford		Inspected by (signature): B. b Smith	
cc:	cc:	cc:	



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Establishment name FRANKLIN COMM HIGH SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 9/13/22	ID# 402
Establishment address 2600 CUMBERLAND 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 9/23/22
Owner FCSC		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge RACHEL WHEELER			
Responsible person's email			
Certified food handler RACHEL WHEELER			

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Section #	C/NC	R	Narrative	To Be Corrected by
NOTE			TRAY WASHING MECHANICAL HOT WATER SANITIZATION TEMPERATURE ADEQUATE → MECHANICAL DISINFECTANT TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE	OK
218	NC	R	KITCHEN SIDE WARMER UNIT DOOR DOES NOT CLOSE TIGHTLY WORK-DRY FREEZER DOOR TRACK CLOSURE WORN	10/30/22
324	NC	R	LEAK NOTED ON CONVEYOR-TRAY WASHING AREA	10/11
411	NC	R	APPLIANCE BULB OUT ON WARMER UNIT "TRUE" LTMP #3(666)	10/11

Received by (name and title printed): Rachael Wheeler Manager	Inspected by (name and title printed): B+B Smith EHS
Received by (signature): <i>Rachael Wheeler</i>	Inspected by (signature): <i>B+B Smith</i>
cc:	cc:

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Establishment name FRANKLIN Comm. Middle School	Telephone Number () Establishment () Owner	Date of Inspection 9/17/22	ID# 1385
Establishment address 625 GRIZZLY CUB DR FRANKLIN, IN	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 —	Release Date 9/17/22
Owner F.C.S.C.		Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 <u>4</u> 4 <u> </u> 5 <u> </u>	
Person in charge MELINDA SCOTT			
Responsible person's email			
Certified food handler MELINDA SCOTT			

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[illegible]

Received by (name and title printed): Melinda Scott Cafe Man.		Inspected by (name and title printed): Bob Smith BVS
Received by (signature): Melinda Scott		Inspected by (signature): Bob Smith
cc:	cc:	cc:

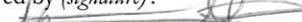



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[illegible]

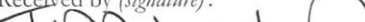

Received by (name and title printed): Kristine Gott; Cafeteria Manager		Inspected by (name and title printed): Bob Smith BMS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

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

Establishment name NORTHWOOD ELEMENTARY	Telephone Number () Establishment () Owner	Date of Inspection 9/27/22	ID# 403
Establishment address 965 BRIDZLY CUB DR FRANKLIN, IN	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 —	Release Date 10/6/22
Owner F.C.S.C.		Summary of Violations: C <input checked="" type="radio"/> NC <input checked="" type="radio"/> 1 <input checked="" type="radio"/> R	
Owner address		Menu Type (See back of page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	
Person in charge MELINDA PATTON			
Responsible person's email			
Certified food handler MELINDA PATTON			

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Section #	C/NC	R	Narrative	To Be Corrected by
			NO HAZARDOUS OBSERVED	
		+	MECHANICAL DISINFECTANT HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 170°F)	OK
		2	INTERNAL FOOD PRODUCT OF BBQ SAUCE, GARLIC SAUCE NON POTENTIALLY HAZARDOUS FOODS INSIDE REACH-IN REFRIGERATOR 43°F NOT AT 41°F OR LESS REFRIGERATOR NOT FUNCTIONING PROPERLY	10/20

Received by (name and title printed): Melinda Patton		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

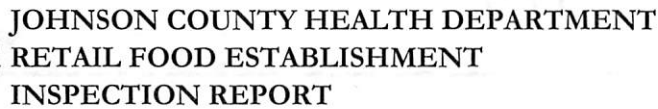
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name UNION ELEMENTARY SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 9/28/22	ID# 404
Establishment address 3990 W. DIVISION ST BARGERSVILLE, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/7/22
Owner F.C.S.C.		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge PEGGY RIGGLES			
Responsible person's email			
Certified food handler PEGGY RIGGLES			

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[illegible]

Received by (name and title printed): <i>Peggy Riggles</i> Manager		Inspected by (name and title printed): <i>Bob Smith</i> EHS	
Received by (signature): <i>Peggy Riggles</i> Manager		Inspected by (signature): <i>Bob Smith</i>	
cc:	cc:	cc:	



FRANKLIN, IN 46131

Beten
 TEA 9/20
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 736-5264

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): = Belinda Williams, manager		Inspected by (name and title printed): Bob Smith EAS
Received by (signature): Belinda Williams		Inspected by (signature): Bob Smith
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy
9/13

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>Indian Creek High / Middle School</i>	Telephone Number <i>46181</i>	Date of Inspection <i>9/13/22</i>	ID# <i>426</i>
Establishment address <i>803 West Indian Creek Dr</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>9/23/22</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C</i> <i>NC</i> <i>R</i>	
Owner address		Menu Type (See back of page) <i>1</i> <i>2</i> <i>X</i> <i>3</i> <i>4</i> <i>5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Chandra Murtlow (exp 5/16/27)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			 <p>Dish machine final rinse temperature is OK at time of inspection</p> <p>3 bay Sanitizer solution is OK at time of inspection</p> <p>NO Items noted at time of inspection</p> <p>Note: All toxic spray bottles should be labeled.</p> <p>Note: Observed a light cut above steamer → work order has been placed.</p> <p>Thank you!</p>	

Received by (name and title printed):

X Chandra Murtlow

Received by (signature):

X Chandra Murtlow

cc:

cc:

Inspected by (name and title printed):

Cassi Hall

Inspected by (signature):

Cassi Hall



cc:

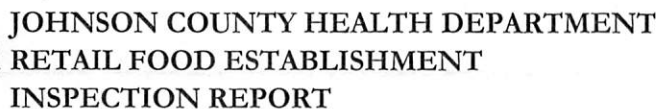
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Establishment name Indian Creek Intermediate/Elementary	Telephone Number () Establishment () Owner	Date of Inspection 9/13/22	ID# 678
Establishment address 1000 S. Indian Creek Dr, 46181	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 9/23/22
Owner		Summary of Violations: C <u> X </u> NC <u> X </u> R <u> </u>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler Lisa Davis (exp 8/7/26)		Menu Type (See back of page) 1 <u> </u> 2 <u> X </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	

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[illegible]

Received by (name and title printed): Lisa V Davis Cafeteria Manager		Inspected by (name and title printed): Cassi Hall
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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Establishment name Whiteland Elementary	Telephone Number () Establishment () Owner	Date of Inspection 9/27/22	ID# 415
Establishment address 120 Center St. Whiteland, IN 46184	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 10/7/22
Owner CPCSC		Summary of Violations: C 0 NC 0 R 0	
Owner address		Menu Type (See back of page) 1 2 ✓ 3 4 5	
Person in charge Jennifer Flodder			
Responsible person's email			
Certified food handler Jennifer Flodder (ServSafe Exp: 11/6/23)			

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

Received by (name and title printed):

Jennifer L. Flodder

Received by (signature):

Received by (signature): Jennifer L. Ladd

CC:

CC:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

ected by (signature):
Andrew Miller

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>Whiteland Community High School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/27/22</i>	ID# <i>416</i>
Establishment address <i>300 Main St. Whiteland IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/7</i>
Owner <i>CPCSC 46184</i>		Summary of Violations: <i>No Score</i>	
Owner address		C _____ NC _____ R _____	
Person in charge <i>Donna Magness</i>		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	
Certified food handler <i>Donna Magness (5/31/24)</i>			

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[illegible]

Received by (name and title printed): Donna Magness Asst Mgr		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): D. Magness		Inspected by (signature): Andrew Miller
cc:	cc:	cc:

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Establishment name ST ROSE OF LHM SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 9/28/22	ID# 879
Establishment address 114 LANCELOT DR. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/7/22
Owner ST. ROSE OF LHM CHURCH		Summary of Violations: C <u>1</u> NC <u>0</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 JEFF HEWITT			
Responsible person's email			
Certified food handler KATHLEEN PRECHTEL (Serving 11/13/25)			

- 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): * <i>John Smith Manager</i>	Inspected by (name and title printed): <i>Bob Smith ITN EMB</i>
Received by (signature): * <i>Self Hewitt</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc: