
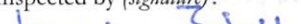




460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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.

- 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"

Received by (name and title printed):	Inspected by (name and title printed):
Tracy Jeffries	Jennifer Warner
Received by (signature):	Inspected by (signature):
	
cc:	cc:
	for 5464376



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


Beltm
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 Dave & Buster's	Telephone Number () Establishment () Owner	Date of Inspection 8/26/22	ID# 1388
Establishment address 1751 N US Highway 31	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9/5/22
Owner		Summary of Violations: C <u>2</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>X</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Caleb Hutchison (9/7/22)			

• 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
			 → Kitchen dish machine final rinse is OK	
200	C		→ Bar dish machine is not sanitizing properly → Use 3 bay sink to wash, rinse and sanitize	8/26/22
415	C		Observed small flies in bar and mop sink area.	9-10-22
324	NC		Mop sink not sealed properly. → allowing liquid & food to cumulate	9-2-22
216	NC		Observed aluminum foil lining the stove top next to the hand sink across from the small oven.	8/26/22
			Observed cardboard lining a shelving rack inside the upstairs walk-in freezer.	

Received by (name and title printed): X Caleb Hutchison	Inspected by (name and title printed): Cassi Hall
Received by (signature): 	Inspected by (signature): 
cc:	cc: Elizabeth Schults

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
244	NC		Plastic wrap (Roll) stored below designated hand sink located between soda machines up front - Splash contamination from sink & nothing shall be stored below sewer line	Corrected
181	/		Note: Whipped Butter @ room temp. Container clearly states to "Keep Refrigerated"	Corrected
431	NC		Floor under ice maker is slightly soiled	8/26/22
			Thank you!	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2

Elizabeth Schultz

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 Demaree Crossing	Telephone Number () Establishment () Owner	Date of Inspection 8/23/22	ID# 2142
Establishment address 1255 Demaree Rd Greenwood IN 46143	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 9/2/22
Owner NXM Greenwood Operation		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge Vonda Wade		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 Melissa Jones			

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

Received by (name and title printed): Vonda Wade		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Vonda Wade		Inspected by (signature): Andrew Miller
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

Betsy
8/15

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 Don Cuervo Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 8-11-22	ID# 1989
Establishment address 4800 W Smith Valley Rd.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 8-11-22
Owner		Summary of Violations: 8-18-22	
Owner address		C <u>1</u> NC <u>6</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>X</u> 5 <u> </u>	
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
187	C		Observed queso made 8-10-22 inside reach-in cooler by fryer @ 50°F	Discarded at time of inspection
324	NC	X	mop sink is not functioning properly ↳ Doesn't turn on	
324			Observed a leak from 3 bay Sink drain pipe	8-18-22
324			Observed a leak from 3 bay Sink faucet	1
216	NC		Observed aluminum foil lining the shelves in server area and bar area	8-13-22
216			Observed Cardboard lining floor in front of fryer by walk-in cooler	
216			Observed wooden blocks under equipment in dish area (under legs) appears porous	1
310	NC		Hood above stove soiled	8-18-22
295	NC		interior of ice maker soiled	8-17-22
431	NC		Walk in cooler floor under shelving units soiled	8-13-22

Received by (name and title printed):

X Luis Cure

Received by (signature):

X

Inspected by (name and title printed):

Cassi Hall

Inspected by (signature):

Cassi Hall

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



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

Beta
9-1

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 Don Cuervo Sacos & Brews	Telephone Number () Establishment () Owner	Date of Inspection 8/30/22	ID# 2387
Establishment address 3113 W. Smith Valley Rd Greenwood IN 46142	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 9/9/22
Owner Jacob Lopez		Summary of Violations: C <u>0</u> NC <u>7</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 Jessica Lopez			
Responsible person's email (SenSafe)			
Certified food handler Jessica Lopez Exp: 9/27/26			

• 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
256	NC		No thermometer seen in Berg two door prep table	Corrected
218	NC		① Walk-in freezer door froze to the door frame	9/5/22
			② Walk-in cooler shelving is rusty	11/25/22
324	NC		① Two bay prep sink and bar three bay sinks lack an air gap	10/1/22
			② Hot water in public restrooms were 139°F (women's) and 133°F (men's)	8/30/21
199	NC		Raw beef thawing in stagnant water at two bay sink	Corrected
234	NC		Metal scoop handle touching ice at box ice bin	Corrected
295	NC		Coca-Cola salsa cooler condenser is soiled	9/3/22
430	NC		Stainless steel (wall) and hand sink pulled away from wall near mop sink	9/5/22


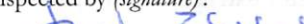
Received by (name and title printed): JESSICA MICHELLE LOPEZ	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:

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 Denny's	Telephone Number () Establishment () Owner	Date of Inspection 8 9 22	ID# 1532
Establishment address 4982 N 350 E	Purpose: 1. <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 8 19 22
Owner Wentland		Summary of Violations:	
Owner address		C <u> 0 </u> NC <u> 0 </u> R <u> 0 </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> X </u> 5 <u> </u>	
Certified food handler			

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

Received by (name and title printed): Lori Sanders GM		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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FRANKLIN, IN 46131
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

- 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"

Received by (name and title printed): x Trisha Miller		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): x Trisha Miller		Inspected by (signature): Terry D Bayless	
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
8/23

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 <u>Dies Walk</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>8/22/22</u>	ID# <u>1628</u>
Establishment address <u>2080 S SR 135 Greenwood</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>yes</u>	Release Date <u>9/14/22</u>
Owner		Summary of Violations: <u>8-29-22</u>	
Owner address		C <u>2</u> NC <u>14</u> R <u>3</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>X</u> 5 <u> </u>	
Certified food handler <u>Calvin Weber (exp 8/15/22)</u>			

• 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
				
			→ Bar dish machine final rinse is OK.	
294	C		Observed dish machine sanitizer solution greater than 200 ppm (should be 50 ppm)	
			Observed sanitizer buckets in kitchen area greater than 500 ppm (should be 150-200 ppm)	
187	C		Observed potentially hazardous foods inside kitchen prep cooler @ 65°F	Discarded at time of inspection
255	NC		Wellfield reach in stand up cooler thermometers appears inaccurate	
414	NC	X	Kitchen back exterior door not protected from potential rodents	
			→ observed day light	
413	NC	X	Kitchen back exterior door not self closing	

Received by (name and title printed): <u>Calvin Weber</u>	Inspected by (name and title printed): <u>Cassi Hall / Bob Smith</u>
Received by (signature): <u>Calvin Weber</u>	Inspected by (signature): <u>Cassi Hall / Bob Smith</u>
cc:	cc:

NARRATIVE REPORT

[illegible]



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

Baker
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 El Pueblo	Telephone Number () Establishment () Owner	Date of Inspection 8/25/22	ID# 2038
Establishment address 1904 Northwood Plaza Franklin, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes	Release Date 9/5/22
Owner		Summary of Violations: C 2 NC 3 R 1	
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
402	NC		Floor soiled/sticky in bar area	8/25/22
294	C		Sanitizer low in 3 bay sink at bar area	8/25/22
177	NC		Food stored on floor of walk-in cooler - cover food once its reached temp	8/25/22
430	NC		Door handle inside walk-in cooler broken	9/15/22
187	C		Raw chicken + beef @ 45-46°F in cooling unit	8/25/22
	C		Sour cream @ 47°F in cooling unit - corrective action taken - Leave bottom of cooling unit as empty as possible so the above items can reach correct temp	8/25/22
			All cold food in cooling units and walk-in needs to be less than 41°F	

Received by (name and title printed): Miralee	Inspected by (name and title printed): Jessie Blanford
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
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Belm
8/22

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 El Toro Bravo of Greenwood, LLC	Telephone Number () Establishment () Owner	Date of Inspection 8/17/22	ID# 2603
Establishment address 172 Melody Ave Suite A-1 Greenwood, IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 8/27/22
Owner Israel V.		Summary of Violations: C 6 NC 11 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Miguel Delgado			
Responsible person's email (Sent Safe Exp:)			
Certified food handler Miguel Delgado (3/24/27)			

• 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"

Section #	C/NC	R	Narrative	To Be Corrected by
188	C		Queso on warmer table measured 57°F	Corrected
187	C		Hot dogs measured 49°F and pork measured 54°F while inside two door kitchen prep table. Unit was noted turned off	Corrected
438	C		Two spray bottles not labeled with contents	Corrected
136	C		Employee beverage without lid was stored on kitchen prep table/cooler	Corrected
419	C		One bottle of Pepto Bismol was stored on kitchen prep table/cooler	Corrected
199	NC		Raw chicken was thawing in stagnant water at two bay sink	8/17/22
			② 2 boxes of raw hamburgers inside a bucket was stored on prep	

Received by (name and title printed):

Miguel Delgado

Received by (signature):

Miguel Delgado

Inspected by (name and title printed):

Andrew Miller EHS

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

NARRATIVE REPORT *Suite*

Establishment Name El Toro Bravo of Greenwood			Address 172 Melody Lane A-1		Inspection Date 8-17-22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
			<i>LLC</i>	<i>Greenwood IN 46142</i>	
			<i>kitchen floor</i>		
			<i>③ Large metal pan of raw shrimp in water was stored on prep room floor</i>		
<i>345</i>	<i>C</i>		<i>Pitchers (empty) were stored inside bar hand sink</i>	<i>Corrected</i>	
<i>347</i>	<i>NC</i>		<i>Paper towels were not provided at bar hand sink, prep area hand sink, and cookline hand sink</i>	<i>Corrected</i>	
<i>295</i>	<i>NC</i>		<i>① Door seals soiled on undercounter four drawer unit</i>	<i>8/18/22</i>	
			<i>② Exterior top of mechanical dish machine was soiled + ice machine drop plate</i>		
<i>256</i>	<i>NC</i>		<i>Thermometers not seen in some refrigeration units (i.e. CoolFont cooler)</i>	<i>8/18/22</i>	
<i>257</i>	<i>NC</i>		<i>No probe food thermometer provided</i>	<i>8/17/22</i>	
<i>385</i>	<i>NC</i>		<i>Dumpster lid open (1 of 2)</i>	<i>8/17/22</i>	
<i>218</i>	<i>NC</i>		<i>① Door hinge loose on true one door cooler</i>	<i>9/1/22</i>	
			<i>② Two full cans of food are supporting a bottom shelf inside prep area</i>		
<i>430</i>	<i>NC</i>		<i>Dish area ceiling tiles missing near back door</i>	<i>9/1/22</i>	
<i>324</i>	<i>NC</i>		<i>Thop sink hose connection "Y" bucket leaks</i>	<i>8/28/22</i>	
<i>426</i>	<i>NC</i>		<i>Mop/utility room is storing numerous unnecessary items</i>	<i>8/20/22</i>	
<i>324</i>	<i>NC</i>		<i>The following hot water temperatures were measured:</i>	<i>8/17/22</i>	
			<i>① Cookline hand sink 142°F</i>	<i>Corrected</i>	
			<i>② Women's restroom 149°F (hand sink)</i>	<i>Exit</i>	
			<i>③ Men's restroom hand sink 149°F</i>	<i>Interview</i>	
			<i>(Range shall be 100°F to 120°F)</i>		
Received By (Name & Title)			Inspected By (Name & Title)		Page <i>2</i> of <i>3</i>
<i>Mud</i>			<i>Andrew Miller, EHS</i>		

NARRATIVE REPORT

[illegible]

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 Energy Spot Center Grine	Telephone Number () Establishment () Owner	Date of Inspection 8-4-22	ID# 1379
Establishment address 5891 S SR 135, Greenwood	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 8-14-22
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	
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"

[illegible]


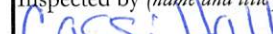
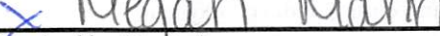

Received by (name and title printed): * Angie Brennan	Inspected by (name and title printed): Cassi Hall
Received by (signature): * Angie Brennan	Inspected by (signature): Cassi Hall
cc:	cc: 317-346-4371

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 Energy Spot	Telephone Number () Establishment () Owner	Date of Inspection 8/30/22	ID# 2527
Establishment address 989 N US 31	46184	Follow-up NO	Release Date 9/9/22
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 X 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"

[illegible]

Received by (name and title printed): 	Inspected by (name and title printed): 
Received by (signature): 	Inspected by (signature): 
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

Bukm
A 8/22

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 Enzo Pizza	Telephone Number () Establishment () Owner	Date of Inspection 8/18/22	ID# 1537
Establishment address 1700 N Morton St Franklin, IN 46131	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 8/28/22
Owner		Summary of Violations: C 1 NC 3 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"

[illegible]

Received by (name and title printed): <i>X Maria Arroyo</i>		Inspected by (name and title printed): <i>Jayce Blanford EHS</i>
Received by (signature): <i>X Maria Arroyo</i>		Inspected by (signature): <i>Jayce Blanford</i>
cc:	cc:	cc:



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

36-5264

Establishment name <i>Five Star Food Services (Address)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/18/22</i>	ID# <i>2480</i>
Establishment address <i>2340 Endress Hausser place</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>✓</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <i>✓</i> NC <i>✓</i> R <i>✓</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 <i>✓</i>	
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"

[illegible]

Received by (name and title printed): Serenity Baldorf	Inspected by (name and title printed): Paul Betts
Received by (signature): Serenity Baldorf	Inspected by (signature): Paul Betts
cc:	cc: