



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

BUSH
8/8

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.

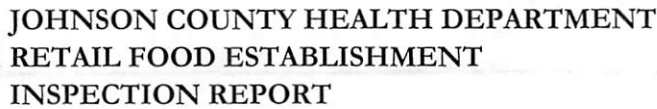
Establishment name <i>Jameka Woods Golf Course</i>	Telephone Number <i>317 878-4331</i>	Date of Inspection <i>8/5/22</i>	ID# <i>812</i>
Establishment address <i>4849 S. 500W. Trafalgar, IN 46181</i>	() Owner	Follow-up <i>Yes</i>	Release Date <i>8/15/22</i>
Owner <i>Jameka Boudaia</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <i>1</i> NC <i>4</i> R <i>4</i>	
Owner address		Menu Type (See back of page) 1 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 <i>✓</i>	
Person in charge <i>Danna Matsko</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
257	NC	✓	No probe food thermometer (0°F to 220°F) provided	8/6/22
324	NC	✓	Hot water in public restrooms were 125°F and 124°F (Range shall be 100°F to 120°F).	8/6/22
112	NC	✓	Magic Chef freezer/refrigerator not NSF/ANSI (commercial grade)	12/1/22
291	NC	✓	No Quat Sanitizer test kit provided	8/6/22
187	C		Chili and Cheese sauce in GE table warmer unit measured 120°F and 130°F (shall be 135°F minimum)	Corrected Adjusted Temp Knob
			Notes: When ready to use, table holding flat top grill (gas) needs to be easily movable	

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



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Establishment name Taste of china	Telephone Number () Establishment () Owner	Date of Inspection 8/4/22	ID# 2302
Establishment address 460 N. morton st white land Inn	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 8/14/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>4</u> R <u>2</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 L. Qu. Zheng			

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[illegible]



Received by (name and title printed): L. Qiu Zheng		Inspected by (name and title printed): Terry D Bayless
Received by (signature): [Signature]		Inspected by (signature): [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 Texas Roadhouse	Telephone Number () Establishment () Owner	Date of Inspection 8/31/22	ID# 1281
Establishment address 270 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 9/11/22
Owner Greenwood		Summary of Violations:	
Owner address		C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler			

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[illegible]

Received by (name and title printed): Molly Stout		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature):  3464376
cc:	cc:	cc:



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Establishment name Thorntons	Telephone Number () Establishment () Owner	Date of Inspection 8522	ID# 913
Establishment address 1648 US 31 Greenwood	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 81522
Owner		Summary of Violations:	
Owner address		C 0 NC 0 RD 0	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 0 2 0 3 0 4 0 5 0	
Certified food handler			

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[illegible]

Received by (name and title printed): Stacey Breitzke		Inspected by (name and title printed): Jennifer Warner
Received by (signature): S Breitzke		Inspected by (signature): JW 3464376
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

Betsey
8/22
-5264

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

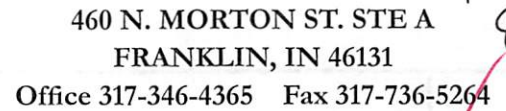
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Tomo Japanese Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/18/22</i>	ID# <i>2107</i>
Establishment address <i>1874 Northwood Plaza</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>8/18/22</i>
Owner		Summary of Violations:	
Owner address		<i>C</i> <u> </u> <i>NC</i> <u>2</u> <i>R</i> <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			

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[illegible]

Received by (name and title printed): X Xing Lu		Inspected by (name and title printed): Janyie Blanford EHS	
Received by (signature): X Xing Lu		Inspected by (signature): Janyie Blanford	
cc:	cc:	cc:	





JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Beky
6/23

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 <i>Darpani Asian Grocery</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/22/22</i>	ID# <i>2258</i>
Establishment address <i>640 US 31 S., Ste E. IN 46142</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>9/1/22</i>
Owner <i>Lian Puia</i>		Summary of Violations: <i>C 1 NC 8 R 2</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Lian Puia</i>			
Responsible person's email <i>(See Saf Exp' 8/28/23)</i>			
Certified food handler <i>Kathryn Mauria</i>			

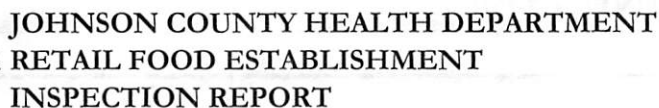
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Section #	C/NC	R	Narrative	To Be Corrected by
257	NC	✓	No probe food thermometer provided (100°F to 220°F)	8/23/22
146	NC	✓	Numerous repacked products (i.e. run hmu, dried shrimp) no net weight on packages	8/28/22
347	NC		No paper towels provided at dish area hand sink	8/24/22
431	NC		Dish room walls soiled	8/24/22
411	NC		Bulbs out in dish area and employee restroom	8/25/22
112	NC		Haier white freezer not NSF/ANST approved and no thermometer	12/1/22
256	NC			8/24/22
430	NC		Ceiling tiles in guest area previously wet / damaged	9/8/22
139	C		Firm is selling food product (dessert) made from a person's home (Per Owner). The product had no labeling inside a refrigeration unit.	Remove from sale today

Received by (name and title printed): <i>Lian Puia</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>L.R.</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

Note: Firm selling expired baby food, Banana "Best By 31 May 22" and Butternut Squash "Best By 30 Apr 22"



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Beky
8/15
-5264

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Bukay
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 Vino Villa	Telephone Number () Establishment () Owner	Date of Inspection 8/16/22	ID#
Establishment address 200 N. Madison Ave. Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 8/26/22
Owner Paul J.		Summary of Violations: C <u>0</u> NC <u>8</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 Paul J.			
Responsible person's email			
Certified food handler Andrew Kirby - in progress			

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Section #	C/NC	R	Narrative	To Be Corrected by
199	NC		Raw hamburger was thawing in stagnant water in the three bay sink	8/16/22 ↓
190	NC		Previously cooked noodles cooling inside the cake area display cooler was covered with a lid	Corrected ↓
218	NC		① Various refrigeration door gaskets are torn / split	10/1/22 ↓
			② Armana chest freezer interior top lid contained exposed insulation	12/1/22 Replace unit
			③ No paper towel holder at basement hand sink	8/18/22
			④ Stagnant water noted inside bottom of basement true one door (glass) cooler	8/16/22 ↓
			⑤ Inside shelving for kitchen prep table is peeling / worn	10/1/22 ↓

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

NARRATIVE REPORT Greenwood IN

Greenwood IN

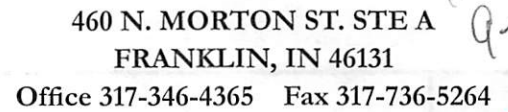
Establishment Name Vino Villa	Address 200 N. Madison Ave	46142	Inspection Date 8/16/22
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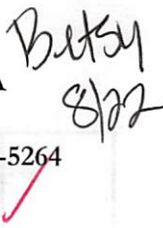
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Received By (Name & Title)

Inspected By (Name & Title)

Page 2 of 2





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Establishment name WILLOW CAFE' (JMH)	Telephone Number () Establishment () Owner	Date of Inspection 8/11/22	ID# 2235
Establishment address 1125 W JEFFERSON 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 8/11/22
Owner JMH		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> </u> 4 <u> A </u> 5 <u> </u>	
Person in charge JANDY BIDDLE			
Responsible person's email			
Certified food handler JANDY BIDDLE			

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[illegible]

Received by (name and title printed): <i>Sandy B. Adle</i>		Inspected by (name and title printed): <i>Bob Smith EHS</i>
Received by (signature): <i>Sandy B. Adle</i>		Inspected by (signature): <i>Bob Smith</i>
cc:	cc:	cc: