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: Ardys Concessions	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8 2022	ID#
Establishment address: W Amm	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: C 0 NC 0 R 0	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 X 2 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"

Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted today	
			Thank you	

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

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name: Brozzini Pizza	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8 2022	ID#: mdb
Establishment address: WARM	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: C _____ NC _____ R _____	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 ✓ 2 ____ 3 ____ 4 ____ 5 ____	
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
			No items noted today	
			Thank you.	

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

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INSPECTION REPORT

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Establishment name: Dang Quesadilla	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8 20 22	ID#
Establishment address: WAMM	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: C _____ NC _____ R _____	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 ✓ 2 ____ 3 ____ 4 ____ 5 ____	
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
			No items noted today	
			Thank you	

Received by *(name and title printed)*: Grace Jones	Inspected by *(name and title printed)*: Jennifer Warner
Received by *(signature)*: Grace Jones	Inspected by *(signature)*: Jw 3464376
cc:	cc:
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT
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INSPECTION REPORT

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Establishment name: Dashboard	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection: 8 20 22	ID#
Establishment address: WAMM	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: C _____ NC_____ R_____	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1_____2_____3_____4_____5_____	
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
			No items noted today	
			Thank you.	

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

JOHNSON COUNTY HEALTH DEPARTMENT
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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: Ellas Yogurt	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8 2022	ID#
Establishment address: WAMM	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: C 0 NC 0 R 0	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 D 2 3 4 5	
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
			No items noted today	
			thank you	

Received by *(name and title printed)*: Sarah Mashino	Inspected by *(name and title printed)*: Jennifer Warner
Received by *(signature)*: Sarah Mashino	Inspected by *(signature)*: JW 346 4376
cc:	cc:
	cc:

JOHNSON COUNTY HEALTH DEPARTMENT
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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: Johnsons BBQ Shack	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8 20 22	ID#
Establishment address: Warm	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: C 0 NC 0 R 0	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 X 2 3 4 5	
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
			No items noted today	
			Thank you.	
		*	I will verify permit status on monday	

Received by *(name and title printed)*:	Inspected by *(name and title printed)*: Jennifer Warner
Received by *(signature)*:	Inspected by *(signature)*: JW 346 4365
cc:	cc: Tori Ballard

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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: Luv Malnatis Pizza	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8 20 22	ID#:
Establishment address: Warm	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: C _____ NC _____ R _____	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 X 2 ___ 3 ___ 4 ___ 5 ___	
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
			No items noted today	
			Thank you!	

Received by *(name and title printed)*: Sandy Sowder	Inspected by *(name and title printed)*: Jennifer Warner
Received by *(signature)*: Sandy Sowder	Inspected by *(signature)*: JW 346-4376
cc:	cc: / cc:

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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: MoBowl	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8 2022	ID#
Establishment address: W Amm	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: C _____ NC _____ R _____	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 X 2 3 4 5	
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
			No items noted today	
			Thank you!	

Received by *(name and title printed)*: Burke-Johnson Owner/operator	Inspected by *(name and title printed)*: Jennifer Warner
Received by *(signature)*: Burke-Johnson	Inspected by *(signature)*: Jw 3464376
cc:	cc:
	cc:

JOHNSON COUNTY HEALTH DEPARTMENT
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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: Twisted Treats	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8 20 22	ID#
Establishment address: Warren	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: C _____ NC _____ R _____	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 ✓ 2 ____ 3 ____ 4 ____ 5 ____	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted today	
			Thank you.	

Received by *(name and title printed)*: Rob Williams	Inspected by *(name and title printed)*: Jennifer Warner
Received by *(signature)*: [signature]	Inspected by *(signature)*: [signature] 346 9370
cc:	cc:
	cc:

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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: Whiskey River BBQ	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8 2022	ID#
Establishment address: Warren	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: C _____ NC _____ R _____	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 2 3 4 5	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted today	
			Thank you.	

Received by *(name and title printed)*: BRAD KELLER	Inspected by *(name and title printed)*: Jennifer Warner
Received by *(signature)*:	Inspected by *(signature)*: JW 346 4376
cc:	cc: