



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
7/14

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 Chicago's Pizza with a Twist	Telephone Number () Establishment () Owner	Date of Inspection 7/7/22	ID# 2391
Establishment address 997E Co. Line Rd Greenwood IN 46143	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 7/17/22
Owner Harjap S.D.		Summary of Violations: C 2 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 ✓ 4 5	
Person in charge Harjap S.D.			
Responsible person's email AM Harjap Singh-Dhillon			
Certified food handler AM Harjap Singh-Dhillon HA-PROGRESS (SenSafe Exp: 10/12/25)			

- 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"

Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Public restroom walls are soiled and walk-in-cooler floor is soiled	7/7/22
291	NC		No Quat test papers provided	7/7/22
430	NC		Kitchen (West) door rubs door frame and women's restroom door rubs door frame	8/1/22
234	NC		Single service spoons, knives & forks not dispensed correctly to prevent customer contamination	7/7/22
136	C		One open cup with orange liquid was stored on preparation table with cut ginger	Corrected
438	C		Two spray bottles were not labeled with their contents	Corrected
347	NC		Paper towels not available in women's restroom	7/7/22

Received by (name and title printed): HARJAP SINGH DHILLON	Inspected by (name and title printed): Andrew Miller EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
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 CHICK FILA	Telephone Number () Establishment () Owner	Date of Inspection 7/28/22	ID# 974
Establishment address 155 Marlin Dr Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 8/8/22
Owner		Summary of Violations:	
Owner address		C 0 NC 2 R 0	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 4 _____ 5 _____	
Certified food handler Riley Johnson exp: 2026			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Drains under prep sink + 3 bay sinks soiled and filled w/ plasticware - Should be cleared of all products	7/29/22
295	NC		Sides of ice cream machine soiled	
			NOTE: If ice scoops are stored IN ice make sure handles are <u>NOT</u> touching ice	
			Employees must wash hands after using gloves and in between changes	

Received by (name and title printed): X Karlin Off		Inspected by (name and title printed): Jayne Blanford
Received by (signature): X [Signature]		Inspected by (signature): Jayne Blanford [Signature]
cc:	cc:	cc: 317 340 4369



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Befm
7/27

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Establishment name CHIZI'S	Telephone Number () Establishment () Owner	Date of Inspection 7/26/22	ID# 2292
Establishment address 2299 N MORTON 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 8/5/22
Owner C		Summary of Violations: C 0 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge KAT SCHMIDT			
Responsible person's email			
Certified food handler KAT SCHMIDT			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC		DUMPSTER LID NOT CLOSED	corrected 7/26/22
431	NC		FLOOR, FLOOR DRAINS NOT CLEAN IN KITCHEN, BAR (NEXT TO WALL, UNDER EQUIPMENT)	8/1
218	NC		WALK-IN FREEZER door does not close tightly	8/5
(NOTE)			SMALL FLIES SEEN IN KITCHEN	(CONTROL) 8/5
(NOTE)			GAP SEEN IN SMALL EXHAUST HOOD BETWEEN FILTERS	8/5
295	NC		REFRIGERATORS - NUMEROUS door gaskets NOT CLEAN	8/1
179	NC		WIPING CLOTH CONTAINER STORED NEXT TO ICE BIN, HANDSINK LOCATED NEXT TO ICE BIN. WIPER/SPLASH GUARD NOT PROVIDED BETWEEN BAR ICE BIN AND HANDSINK	8/10
431	NC		WOMEN'S RESTROOM CEILING EXHAUST FAN COVER NOT CLEAN	8/1
239	NC		DISHTRAYS NOT STORED OFF FLOOR BY DISHWASHER	7/27

Received by (name and title printed):

Kat Schmidt Manager

Inspected by (name and title printed):

Bob Schmidt EPH

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

cc:

cc:

cc:



Belt
1127
-5264

264 ✓

• 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): Sgt. K. K. K. K.		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): [Signature]		Inspected by (signature): [Signature]	
cc:	cc:	cc:	



Beta
EA 8/1
36-5264

264

- 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): Steve Merrill		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Steve Merrill		Inspected by (signature): JW 346 4376
cc:	cc:	cc:



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RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Bulky 7/11

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>Circle K # 4702288</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/8/22</i>	ID# <i>1183</i>
Establishment address <i>800 N US 31 Greenwood 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>Yes</i>	Release Date <i>7/18/22</i>
Owner <i>Mac's Conv. Stores, LLC</i>		Summary of Violations: C <u>1</u> NC <u>8</u> R	
Owner address		Menu Type (See back of page) 1 2 <u>✓</u> 3 4 5	
Person in charge <i>Robert Worden</i>			
Responsible person's email			
Certified food handler <i>Claudia Wright (NRFSP Exp: 2/11/26)</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
385	NC		Dumpster lid not on dumpster	7/20/22
346	NC		No hand soap at hand sink in kitchen area	new dumpster 7/8/22
347	NC		No paper towels provided at hand sink near three bay sink	7/8/22
430	NC		① Holes in wall below hand sink in dish area	8/1/22
			② East main entry/exit doors rub and the doors are not sealing at the vertical center when closed	7/18/22
431	NC		Floor soiled under beverage-in-box racks	7/8/22
187	C		Chobani Peach Yogurt measured 79°F and Angus Bacon Cheeseburgers cold measured 79°F in warmer/hot case which had an ambient air temperature of 79°F (per display unit)	Pulled from cooler
295	NC		Self-serve soda station caps and dispensing parts are soiled	Corrected

Received by (name and title printed):

Inspected by (name and title printed):

Robert "EAT" Worden

Andrew Miller, EH8

Received by (signature):

Inspected by (signature):

RM

Andrew Miller

cc:

cc:

cc:

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 <u>Circle K</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>7 7 22</u>	ID# <u>1694</u>
Establishment address <u>989 US 31 Whiteland</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>No</u>	Release Date <u>7 17 22</u>
Owner		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>2</u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

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



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Beky
7/11

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>The Cheesecake Factory</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/7/22</i>	ID# <i>1291</i>
Establishment address <i>1251 US 31N. Greenwood 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>7/17/22</i>
Owner <i>Corporate</i>		Summary of Violations: C <u>1</u> NC <u>6</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>Callie Daniels</i>			
Responsible person's email <i>Exp: 2025</i>			
Certified food handler <i>Callie Daniels</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		The following internal product temperatures were measured on the "Apps" preparation table: ① Fontia (cheese product) 47°F ② Calamari and shrimp 47°F	Called for emergency repair
431	NC		Floor soiled in areas of the assembly/cook line.	7/8/22
399	NC		Shout and tile repair needed in various areas of the firm	8/7/22
218	NC		① Plastic insert / ice shoot opening severely cracked & damaged on right side on large ice maker ② Plastic top clip damaged on rice warmer ③ Mars air curtain leaking a brown sticky liquid at kitchen back door	7/22/22 7/10/22 7/20/22
430	NC		① Floor drain insert damaged	7/21/22

Received by (name and title printed):

Inspected by (name and title printed):

Callie Daniels

Andrew Miller, EHS

Received by (signature):

Inspected by (signature):

Callie Daniels

Andrew Miller

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]

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>Cliff Bar</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/25/22</i>	ID# <i>1461</i>
Establishment address <i>113 E Main Cross Edinburgh, Ind 46124</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>8/08/22</i>
Owner		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Brittany Tracy (exp. 3/29/26)</i>			

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[illegible]

Received by (name and title printed): Grant Young		Inspected by (name and title printed): Paul Belter Etc	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



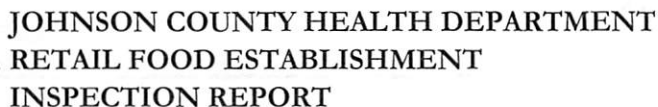
BEA 1/27



• 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"

Received by (name and title printed): <i>Amber Riggs</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Amber Riggs</i>		Inspected by (signature): <i>JW 34643710</i>
cc:	cc:	cc:

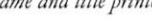


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[illegible]



Received by (name and title printed): NACHATTAR Singh		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): 		Inspected by (signature): Andrew Miller	
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 Dairy Queen Franklin	Telephone Number () Establishment () Owner	Date of Inspection 7/26/22	ID# 118
Establishment address 480 N Morton St	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 8/6/22
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>2</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> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): X Nicole Helton SM	Inspected by (name and title printed): Jayne Barford EHS
Received by (signature): X 	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 Whiteland Dairy Queen	Telephone Number () Establishment () Owner	Date of Inspection 7/8/22	ID# 1792
Establishment address 99 S US 31 Whiteland, IN	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 7/18/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler J JENNY PRICE			

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[illegible]

Received by (name and title printed): + Joe Napier, Pres.		Inspected by (name and title printed): Terry D. Bayless
Received by (signature): ↓ Joe Napier		Inspected by (signature): Terry D. Bayless
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Bekm
7/19

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>Dairy Queen Trafalgar</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/12/22</i>	ID# <i>2017</i>
Establishment address <i>1 Trafalgar Sq. Trafalgar</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>7/22/22</i>
Owner <i>Shakir Hasan IN 46181</i>		Summary of Violations: <i>C 1 NC 5 R 3</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>S.H.</i>			
Responsible person's email			
Certified food handler <i>S.H. (SenSafe Exp: 6/30/25)</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
415	C		Numerous live small winged insects seen in area of the drive-up soda station floor drain	Clean today
431	NC	✓	① floors, floor drain, walls soiled in area of the firm.	7/12/22
			② mechanical exhaust hood filters are soiled	1
295	NC	✓	Inside top of ice maker is soiled	7/12/22
431	NC	✓	Inverted plastic crates are used for shelving in the firm	8/12/22
218	NC	✓	① White table/cabinet next to ice maker is missing a leg and held up with what appears to be a steel can	Order shelving 8/12/22
			② Three door prep table and ice cream topping cooler contains torn/split door gaskets	Put leg on unit! 8/12/22

Received by (name and title printed):

SHAKIR

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

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 Desi Bazar	Telephone Number () Establishment () Owner	Date of Inspection 7/26/22	ID# 2325
Establishment address 916 E. Main St. Greenwood, 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 8/5/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>5</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>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler + Jaskeeran Singh			

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[illegible]

Received by (name and title printed): KASZARAN SINGH		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): KASZARAN SINGH		Inspected by (signature): Terry D. Bayless	
cc:	cc:	cc:	



Betsy
7/19

Johnson County Health Department
86 W. Court St., Franklin, IN 46131
Phone: (317) 346-4365, Fax: (317) 736-5264
Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) 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 Desperation Depot		Telephone		Date of Inspection 7/14/2022	
Establishment address 3522 S. US 31 Franklin, IN 46131			Summary of Violations C <u>2</u> NC <u>20</u> R <u>13</u>		
Owner Tammy Swallows			Follow-up Yes		Release Date 7/24/2022
Person - in - Charge		Certified Food Handler Tammy Swallows (Exp: 6/11/23)		Purpose: Routine	Menu Type 3-Extensive handling
Establishment Identification # 2028		County Johnson		District	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
112	NC	X	Kitchen Stove and various chest freezers (also in basement) not NSF/ANSI	12/1/22
			Approved. <i>soiled</i>	
431	NC	X	Floors, walls, ceilings, soiled in various areas of the firm.	7/14/22
295	NC	X	Bar soda gun soiled. <i>(Am)</i>	Corrected
			Exterior sides of kitchen cooking equipment soiled.	<i>7/15/22</i>
177	NC		Food was stored on the floor in the walk-in-cooler and single service items	7/14/22
			Were stored on the basement floor.	
255	NC	X	Ambient air thermometers not seen in Holiday chest freezer and two chest	7/16/22
			Freezers located in the basement.	
385	NC	X	Dumpster lids were open.	7/14/22
382	NC	X	Firm's dumpster is not stored on concrete or pavement (on gravel).	10/1/22
431	NC	X	Kitchen mechanical exhaust hood system, filters, and	8/1/22
310	NC	X	outside exhaust bell is soiled.	8/1/22
218	NC	X	Exterior ventilation bell does not have a catch pan.	8/1/22
187	C		Raw shelled eggs measured 75 degrees F while stored in the kitchen at	Corrected
			Room temperature.	
416	NC		Three dead and decaying mice were in the basement.	7/14/22
430	NC		Walk-in-cooler walls and floor are deteriorated/damaged.	8/1/22

[Signature]
Establishment Representative

[Signature]
Inspected by:



Johnson County Health Department
86 W. Court St., Franklin, IN 46131
Phone: (317) 346-4365, Fax: (317) 736-5264
Retail Food Establishment Inspection Report

NARRATIVE REPORT

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
399	NC	X	Basement ceiling tiles are moldy and/or missing.	8/1/22
430	NC	X	Door from kitchen to walk-in-cooler has gap at the top and not sealing.	7/24/22
227	NC	X	Bar coolers not easily movable.	7/22/22
430	NC	X	Exterior ground sewer pit contains a long rectangular piece of metal that	8/1/22
			Does not Fully cover a hole(s) in the previous round lid.	
		Am	Interior outlet pipe inside the exterior sewer pit continuously leaks/drips.	8/1/22
426	NC	X	Various personal items are stored under the South exterior deck and along	7/20/22
			The building (close to the dumpster).	
413	NC		Both East entry/exit doors do not fully close and contain outside gaps.	7/25/22
431	NC		Men's public restroom walls and toilet are soiled.	7/14/22
218	NC		Kitchen hand sink base is cracked and Holiday chest freezer interior lid	7/27/22
			Is cracked/damaged.	
415	C		Numerous rodent-like pellets (R.L.P's) were seen on the shelf storing	7/14/22
			Microwave. Apparent rodent-like burrowing was seen in the North kitchen	
			Wall around a gas line. Apparent rodent-like burrowing was seen in the	
			West interior walk-in-cooler floor/wall juncture.	

Joe Salinas
Establishment Representative

Andrew Miller, EHS
Inspected by



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
1/19
✓

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 Dollar General #1572	Telephone Number () Establishment () Owner	Date of Inspection 7/12/22	ID# 1077
Establishment address 1872 Northwood Plaza, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7/22/22
Owner		Summary of Violations: 0 C 6 NC 4 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"

Section #	C/NC	R	Narrative	To Be Corrected by
425	NC	X	Mops not hung up (appears wet)	7/14/22
411	NC	X	Ceiling light is out in employee restroom	7/19/22
430	NC	X	Floor around door "2" is worn	8/12/22
430		X	Floor in employee restroom is worn	
430			Floor tiles through out store is worn	
431	NC		Floor in back room soiled	7/14/22
			↳ observed a spill by back door	
310	NC		Employee restroom vent, soiled	7/19/22
295	NC		A few shelves in food section soiled	
			↳ observed spills	
431			map sink is soiled	7/15/22
295			Bottom of cooler in back room soiled	7/15/22
295			Bottom of juice cooler is soiled	
			Note: Observed ice build-up in back room freezer	
			Note: Deli meat door handle loose	
			Note: Electrical cover is missing by restroom hand sink	
			Note: Shelf by water starting to get worn	

Received by (name and title printed): X Lisa Taylor Lead Sales	Inspected by (name and title printed): CASSI HALL
Received by (signature): X Lisa Taylor	Inspected by (signature): CASSI HALL
cc:	cc:

Thank You!





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 Dollar General	Telephone Number () Establishment () Owner	Date of Inspection 7/11/22	ID# 1367
Establishment address 783 Nathan Dr, Trafalgar	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 7/21/22
Owner		Summary of Violations:	
Owner address		C <u>1</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>X</u> 3 <u> </u> 4 <u> </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"

[illegible]

Received by (name and title printed): Patricia A Wells		Inspected by (name and title printed): Cassi Hall	
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

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7/19
✓

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 Dollar Tree #1970	Telephone Number () Establishment () Owner	Date of Inspection 7/12/22	ID# 1786
Establishment address 2239 N Morton St, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7/22/22
Owner		Summary of Violations: 7/26/22	
Owner address		C <u>1</u> NC <u>4</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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
144	C		Observed can food products with dented packaging ↳ 8 cans of Hunt's Pasta Sauce ↳ 1 can of Prego Pasta Sauce ↳ 1 can of Starkist tuna	pulled from shelf at time of inspection
430	NC		Floor tiles around walk-in cooler work/messy	7/26/22
430			Observed hole in wall by restroom	
430			Ceiling tiles through out store damage ↳ appears to have water damage	
431	NC		Floor inside walk-in cooler soiled	7/15/22
427	NC		Food products inside walk in freezer not 6" off floor	7/19/22
425	NC		mop not hung up ↳ appears wet	7/15/22
			Note: Observed ice build-up inside walk in freezer	
			Note: Seal around restroom toilet worn	
			Note: Employee restroom fan appears not functioning	

Received by (name and title printed): X Karie Richards	Inspected by (name and title printed): Cassi Hall
Received by (signature): X Karie Richards	Inspected by (signature): Cassi Hall
cc:	cc:

Note: Cooler is recommended to be turn down
Observed at 41°-42°



JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy
7/19

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 Dollar Tree #091029	Telephone Number () Establishment () Owner	Date of Inspection 7/14/22	ID# 1520
Establishment address 870 N 115 31, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 7/24/22
Owner		Summary of Violations: C 1 NC 2 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"

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Section #	C/NC	R	Narrative	To Be Corrected by
414	NC		Back room exterior door not protected from potential rodents ↳ observed daylight	7/21/22
425	NC		Maps not hung up	7/18/22
430	NC		A few ceiling tiles throughout store are damaged ↳ appears to have water damage	7/21/22
144	C		Observed canned products with dented packaging ↳ taken off shelf at time of inspection	
			Note: reach-in freezer door gasket split/worn	
			Note: food inside walk-in freezer should be 1" off floor (a few boxes)	
			Note: toilets are soiled	

Received by (name and title printed): X. Jamie Delgado	Inspected by (name and title printed): CASSI HALL
Received by (signature): X. Jamie Delgado	Inspected by (signature): CASSI HALL
cc:	cc:

Thank you!



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 Dunkin Donuts	Telephone Number () Establishment () Owner	Date of Inspection 7/11/22	ID# 2401
Establishment address 120 W Smith Valley Rd	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 7/21/22
Owner		Summary of Violations:	
Owner address		C <u> </u> NC <u> </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			

- 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</i> <i>[Signature]</i>		Inspected by (name and title printed): <i>Jayne Blanford</i>
Received by (signature): <i>X</i> <i>APURVA CHAVAN</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc: