



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

Bekm
6/13

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 Dairy Queen 135	Telephone Number () Establishment () Owner	Date of Inspection 6/8/22	ID# 302
Establishment address 330 S. SR 135, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 6/15/22	Release Date 10/18/22
Owner		Summary of Violations: C 2 NC 5 R 2	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge x Jerri Brady			
Responsible person's email			
Certified food handler Matt Kraus (exp 11/21/24)			

• 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		Rodent droppings observed in cabinets under Soda Machine → 2 boxes of sugar packets stored in cabinets (discarded at time of inspection)	6-10-22
189	C		gravy inside walk-in cooler with cover lid (plastic container) was made @ 8:30 am on 6/8/22 → top container of gravy @ 74°F taken at 1:30 p.m. → bottom container of gravy @ 94°F taken at 1:30 p.m. gravy needs to be reheated to 165°F and then properly cooled to 41°F	
218	NC		Walk in cooler freezer door gasket split/worn	6-15-22
218			Observed ice build up inside Walk in freezer	
218			Observed ice build up inside stand up freezer	
218			Stand up freezer handle is in disrepair	

Received by (name and title printed): x Jerri Brady	Inspected by (name and title printed): Cass Hall
Received by (signature): x Jerri Brady	Inspected by (signature): Elizabeth Schuetz
cc:	cc: 317-346-4373

NARRATIVE REPORT

[illegible]

Elizabeth Schultz



Bulgar
6/13

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

30-320

- [illegible]

X
X



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Betsy
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 Dollar General #15088	Telephone Number () Establishment () Owner	Date of Inspection 6/29/22	ID# 1814
Establishment address 540 Three Notch Lane	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 7/9/22
Owner		Summary of Violations: C X NC 6 R 1	
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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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Ceiling tile along the back wall is missing / worn	7/20/22
			↳ appears to have water damage	
430			Ceiling tile by Restrooms worn	
			↳ appears to have water damage	
218	NC		Free freezer in back room has ice build-up.	7/27/22
411	NC	X	Observed light out in "fresh foods" reach-in cooler	7/13/22
310	NC		Women's restroom ceiling vent is soiled	7/6/22
			Men's restroom ceiling vent is soiled	
351	NC		Trash can lid for Women's restroom was not observed.	7/11/22
431	NC		Men's restroom wall is soiled.	7/6/22
			Note: thermometer for ice cream freezer is needed.	
			Note: Fresh food milk cooler needs clean	
			Note: Emergency exit by Restrooms is blocked.	
			Note: Greener Apple Banana with Oatmeal cereal expires 6/30/22	

Received by (name and title printed):

X Janet Lynch ASM

Inspected by (name and title printed):

Cassi Hall

Received by (signature):

X Janet Lynch

Inspected by (signature):

Cassi Hall

cc:

cc:

cc:



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Beth
6/13

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. 6/3/22 ✓

Establishment name <i>Dollar Tree</i>	Telephone Number <i>(317) 851-4697</i>	Date of Inspection <i>6/3/22</i> ^{Am}	ID# <i>2341</i>
Establishment address <i>997 E. County Line Rd. Greenwood IN</i>	Owner <i>Dollar Tree Inc</i>	Follow-up <i>No</i>	Release Date <i>6/13/22</i>
Owner <i>512 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <i>0</i> NC <i>6</i> R <i>0</i>	
Owner address		Menu Type (See back of page) 1 <i>0</i> 2 <i>0</i> 3 <i>1</i> 4 <i>0</i> 5 <i>0</i>	
Person in charge <i>Blaise Genier</i>			
Responsible person's email			
Certified food handler <i>N/A</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC		Flood was stored on the walk-in-freezer floor	6/16/21
385	NC		Dumpster lids up	Order more shelving
413	NC		Left interior of stock room door contains an exterior gap	Corrected 7/3/21
430	NC		① Toilet seat loose (North) in public restroom and hand dryer not working	6/20/21
			② Cove base loose at South Public restrooms under hand dryer and toilet paper (Am)	
431	NC		Foam covers are soiled in both restrooms	6/5/21
430	NC		East store front floor along windows, contains gaps (open)	7/3/21

Received by (name and title printed):

Blaise Genier

Received by (signature):

[Signature]

cc:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

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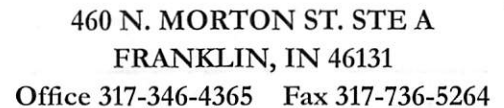
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Dollar Tree</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/1/22</i>	ID# <i>2461</i>
Establishment address <i>787 N US 31 Whiteland, IN 46184</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>6/11/22</i>
Owner <i>Dollar Tree</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge <i>Debra Weaver</i>		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 <i>N/A</i>			

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[illegible]

Received by (name and title printed): Debra Weaver		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): Debra Weaver		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 Domino's Pizza #2539	Telephone Number () Establishment () Owner	Date of Inspection 06/30/22	ID# 1846
Establishment address 8843 S. W 81 Edinburg TX 78124	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 07/7/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>1</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 Nicole Caughron (Serrano Exp. 2/29/23)			

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[illegible]

Received by (name and title printed): ✓ Chad Parrott		Inspected by (name and title printed): Paul Belknap EHS
Received by (signature): ✓ Chad Parrott		Inspected by (signature): Paul Belknap
cc:	cc:	cc:



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Bekm
6/13

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 Domino's Pizza # 2544	Telephone Number (317) 859-3030	Date of Inspection 6/3/22	ID# 1847
Establishment address RPM Pizza Midwest, LLC	Owner ()	Follow-up No	Release Date 6/13/22
Owner 1211 N. Madison Ave Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 4 R 3	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Tyler Gebhart			
Responsible person's email (SenSafe)			
Certified food handler James Asbury Exp: 4/17/23			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC	✓	Minor grout repair needed at alley door and delivery door between tile and door threshold	7/3/22
430	NC	✓	Interior walk-in-cooler PVC piping, used as a bumper guard, are not secured on the wall (3 total)	6/13/22
413	NC	✓	Approximately three exterior doors have gaps at the bottom (i.e. delivery door, training room door, North Alley door, and West door, near restroom)	6/24/22
256	NC		Thermometer not accurate in far left pizza prep table	6/3/22

Received by (name and title printed): Tyler Gebhart	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): TM Gebhart	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

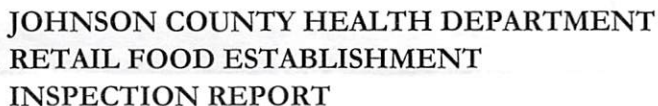
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Edible Arrangements	Telephone Number () Establishment () Owner	Date of Inspection 6 10 22	ID# 2420
Establishment address 997 E Co Line Rd Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 6 20 22
Owner		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Kate Vannoy</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>	
Received by (signature): <i>Kate Vannoy</i>		Inspected by (signature): <i>JW 316 43716</i>	
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 El Abuelo	Telephone Number () Establishment () Owner	Date of Inspection 6/6/22	ID# 1873
Establishment address 989 US 31	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 6/16/22
Owner Whitehead, Iris		Summary of Violations:	
Owner address		C <u>1</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> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler Alan Zaragoza			

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Section #	C/NC	R	Narrative	To Be Corrected by
199	NC		An excessive amount of chicken is thawing improperly. Thawing must be 70°F	6/6/22
191	C		Pans of refried beans in the walk-in cooler were not date marked.	6/6/22
			Note: too much food is being prepared at one time.	

Received by (name and title printed): ↓ LUIS		Inspected by (name and title printed): Terry D Bayless
Received by (signature): x [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:



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Buky
6/13

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>El Beso</i>	Telephone Number <i>317 535-3355</i>	Date of Inspection <i>6/6/22</i>	ID# <i>2380</i>
Establishment address <i>2993 S. Grove Blvd Bargersville IN 46106</i>	Owner <i>()</i>	Follow-up <i>No</i>	Release Date <i>6/16/22</i>
Owner <i>Miguel Rodriguez</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 4 R 1</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>M.R.</i>			
Responsible person's email			
Certified food handler <i>Miguel Rodriguez (Exp 7/20/25)</i>			

• 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
218	NC	✓	Refrigeration door seals torn on various units	7/6/22
324	NC		Hot right drain pipe leaking at three bay sink and faucet neck on sink	6/16/22
430	NC		① North kitchen door rubs the door frame ② Walk-in-cooler roller bracket missing on exterior of the door ③ Walk-in-cooler/freezer interior floors need repair, from damage	7/6/22
256	NC		No thermometer inside Superior prep table	6/7/22
187	C		Raw chicken and raw beef measured 45°F inside prep table, across from deep fryer	6/6/22 clear unit monitor

Received by (name and title printed): <i>Miguel Rodriguez</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beltrame
6/13

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Establishment name <i>El Potro 2 Mexican Restaurant</i>	Telephone Number <i>(317) 615-8410</i>	Date of Inspection <i>6/7/22</i>	ID# <i>2568</i>
Establishment address <i>200 E. Main Cross St. Edinburgh, IN 46124</i>	Owner <i>()</i>	Follow-up <i>Was</i>	Release Date <i>6/17/22</i>
Owner <i>Juan Quezada</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 5 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Jazmin Quezada</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
438	C		Six plastic spray bottles not labeled with contents	Corrected 1
324	NC		Hot water in public restrooms measured 130°F and 131°F	6/7/22
291	NC		No Chlorine test strips provided	6/7/22
430	NC		① Water dripping from center opening for walk-in-cooler (WIC) ② Walk-in-freezer door not closing and creating condensate along top East interior wall for WIC ③ Water noted dripping from Kitchen air vent (with heavy condensation) near three bay sink	6/17/22 6/10/22
177	NC		Boxes of beef were stored on WIF floor	6/7/22
139	NC		Apparent condensation was noted on top of a box of mushrooms stored along the East interior wall (on top shelf) of the WIC.	6/17/22 move product/repair

Received by (name and title printed):

X Jazmin Quezada

Received by (signature):

X Jazmin Quezada

cc:

cc:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Office 317-346-4365 Fax 317-736-5264

Beck
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 Eneedinas	Telephone Number () Establishment () Owner	Date of Inspection 6/2/22	ID# 2348
Establishment address 50 US 31 Whiteford	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 7/1/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</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>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NZ		Work on floor cleaning in kitchen wait station and bar	
411	NZ		Provide light bulbs in wait station light fixture	
317	NZ		Provide paper towels at bar hand sink - do not put anything in sink	
			Thank you!	
			Note watch cold food temps in kitchen	

Received by (name and title printed): 		Inspected by (name and title printed): Jennifer Warner
Received by (signature):		Inspected by (signature): JW 342 4376
cc:	cc:	cc: