

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 5 5 22	ID# 1532
Establishment address 4982 N 350 E W4660d	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 5 15 22
Owner		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address			
Person in charge			
Responsible person's email		Menu Type (See back of page) 1 ____ 2 ____ 3 ____ 4 <input checked="" type="checkbox"/> 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): LORI SANDERS		Inspected by (name and title printed): Jennifer Warner
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:



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

Buton
A 5/11
5-5264



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
5/11

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 Edinburgh Diner	Telephone Number () Establishment () Owner	Date of Inspection 5/10/22	ID# 2045
Establishment address 413 S. Eisenhower	Edinburgh, IN 46124	Follow-up Yes	Release Date 5/20/22
Owner Valon Rahmani	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 2 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Valon Rahmani			
Responsible person's email Mr. Valon Rahmani is			
Certified food handler Signed up for exam on 5/23/22			

• 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
187	C		Grilled chicken and chicken tenders in upright warmer unit measured 109°F to 130°F.	5/10/22 Monitor
294	C		Firm did not have a supply of sanitizer available for the three bay sink	5/10/22
346	NC		No hand soap available at mens restroom hand sink	Corrected
324	NC		① Three bay sink contained a direct connection on the drain lines	6/10/22
			② Water leaks noted at faucet/ jet spray area on three bay sink	
218	NC	✓	Meat tenderizer plastic cover broken near left hinge area	6/10/22
411	NC	✓	Inadequate lighting in WIC, WIF, dish area and cook area	6/10/22
431	NC	✓	Floors, walls, ceilings soiled in	5/15/22

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:

NARRATIVE REPORT

[illegible]

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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 Edinburgh Pixy inc.	Telephone Number () Establishment () Owner	Date of Inspection 5/24/22	ID# 1524
Establishment address 111 S. Walnut St, Edinburgh	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 6/3/22
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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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[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
5/24/2022		Cass, Hall
Received by (signature):		Inspected by (signature):
Michael V. Harding, owner		Cass, Hall
cc:	cc:	cc:
		317-346-4371



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Baton
5/24

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>Edinburgh United Methodist Church</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/24/22</i>	ID# <i>218</i>
Establishment address <i>107 W Campbell St., 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>6/3/22</i>	Release Date
Owner		Summary of Violations: C <u>0</u> NC <u>2</u> R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 <u>X</u> 3 4 5	
Responsible person's email <i>edinburghmethodist@att.net</i>			
Certified food handler <i>Sherry Wilson (exp. 4/10/24)</i>			

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• 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
411	NC		One light out in hood	5/27/22
295	NC		Inside both stand up freezers soiled ↳ spills observed on the bottom & side of door	5/27/22
			Note: Dish machine not in use at time of inspection	
			Note: Small Chest freezer should be /recommended to be labeled for "personal use only"	
			Note: observed gaps in hood filters (spacing) ↳ waiting for service (work order has been put in)	
			thank you!	

Received by (name and title printed): <i>X Sherry Wilson, Secty</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>X Sherry Wilson</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc: <i>317-346-4371</i>





JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Beky
5/19

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 El Corcel	Telephone Number () Establishment () Owner	Date of Inspection 5/18/22	ID# 2533
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 6/01/22
Owner		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>0</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			
Responsible person's email			
Certified food handler Marino Acosta (Servsafe 2/13/29)			

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Section #	C/NC	R	Narrative	To Be Corrected by
29.5	NC		proper ice scoop not used in back room ice-machine	5/21/22
			Bowls should not be used as ice-scoop.	
199	NC		Improper thawing method used	
239	NC		Dish racks are on the floor	
218	NC		walk-in freezer door gasket worn	6/01/22
			& three bay sink	
431	NC		Floor by mechanical dish washer soaked.	5/24/22
NOTE: Make sure employees wash their hands before & after each task.				
Mr Marino should contact the health dept to talk about both main drains.				

Received by (name and title printed): Guillermo Estrella	Inspected by (name and title printed): Raul Betiku EHS
Received by (signature): 	Inspected by (signature):
cc:	cc: 317-346-4370



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Bekm
5/26

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 5/25/22	ID# 2584
Establishment address 3100 Meridian Park Dr. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 6/4/22
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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
291	NC		Quat test strips were not observed / provided for 3 bay sink sanitizing solution	5-26-22
324	NC		Leak observed on 3 bay drain line ↳ work order has been put in	6-8-22
324			Map sink cold water not functioning ↳ cold water knob is missing	6-4-22
342	NC		Rest room handsink hot water was observed @ 81°F (needs to be 100°F - 120°F)	
			Note: thermometer is needed for small standup fridge at front of store	
			Note: ice build up observed in fridge in back room. (in process of getting new fridge, make sure it's NSF approved.)	
			Thank you!	

Received by (name and title printed): * Jeremy C. Miller (Owner)	Inspected by (name and title printed): Cassi Hall
Received by (signature): [Signature]	Inspected by (signature): [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 Five Star food service.	Telephone Number () Establishment () Owner	Date of Inspection 5/15/22 4/19/22	ID# 2467
Establishment address 1200 N Mitsubishi Pkwy, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 5/15/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge x Forrest Powell		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> <u>X</u> 3 <u>4</u> 5 <u>5</u>	
Certified food handler			

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[illegible]

Received by (name and title printed): x Forrest Haweli HR Rep		Inspected by (name and title printed): Cassi Hall
Received by (signature): x [Signature]		Inspected by (signature): Cassi Hall
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 Five Star foodservice	Telephone Number 2	Date of Inspection 5/15/22	ID# 2512
Establishment address 1200 N Mitsubishi Pkwy, 46131	Owner ()		
Owner X Forrest Powell	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 5/15/22
Owner address		Summary of Violations:	
Person in charge X Forrest Powell		C <u>0</u> NC <u>0</u> R <u>0</u>	
Responsible person's email		Menu Type (See back of page)	
Certified food handler		1 <u>0</u> 2 <u>X</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	

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[illegible]

Received by (name and title printed): X Forrest Powell HR Rep		Inspected by (name and title printed): Cassie Hall
Received by (signature): X [Signature]		Inspected by (signature): Cassie Hall
cc:	cc:	cc:



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- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): X Denny Smith		Inspected by (name and title printed): CASSI Hall	
Received by (signature): X [Signature]		Inspected by (signature): [Signature]	
cc:		cc:	

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131

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Betel
5/20

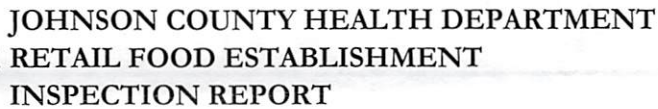
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Five Star Foodservice	Telephone Number NRK	Date of Inspection 5/20/22	ID# 2485
Establishment address 3400 Bearing Dr, 46031	() Establishment () Owner	Follow-up yes	Release Date 5/30/22
Owner	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C <u>1</u> NC <u>0</u> R <u> </u>	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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

Received by (name and title printed): X Jason Bunker SMC		Inspected by (name and title printed): Cass: Hall
Received by (signature): X [Signature]		Inspected by (signature): Cass: Hall
cc:	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.

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): Michele Dickey	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Michele Dickey	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 Frozen Paradise	Telephone Number () Establishment () Owner	Date of Inspection 5/23/22	ID# 2566
Establishment address 104 W. Jefferson St. Franklin IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date -
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"
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[illegible]



Received by (name and title printed): - NIKKI FREDERICK Owner		Inspected by (name and title printed): Paul Betiku Lts.
Received by (signature): - Nikki Frederick owner		Inspected by (signature): Paul Betiku
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 Gallagher's Pizza	Telephone Number () Establishment () Owner	Date of Inspection 5-4-22	ID# 2033
Establishment address 1275 N BLUFF RD	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 5 14 22
Owner Greenwood		Summary of Violations: C 0 NC 1 R 0	
Owner address		Menu Type (See back of page) 1 2 4 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Nicole Himes		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature):  346 4376
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Beky
5/31

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 GFS Market	Telephone Number () Establishment () Owner	Date of Inspection 5/26/22	ID# 648
Establishment address 790 US 31, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 6/5/22
Owner		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge Erik Lomas			
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
255	NC		Built in thermometers (a few) in the reach in cooler and freezer units appear inaccurate. ↳ didn't observe another thermometer in units.	5/30/22
			Note: Cheese and meatball door gaskets worn/split	
			Note: hand sink hot water in both restrooms need turned down.	
			Note: TruMoo milk has a Best by date of 5/26/22	
			Note: A few freezer + cooler units didn't have thermometers (didn't observe one). Staff are putting thermometers in units at time of inspection	
			Note: Staff are working on stocking products on shelves from trucks.	
			Thank you!	

Received by (name and title printed): Erik Lomas	Inspected by (name and title printed): Cassi Hall
Received by (signature): 	Inspected by (signature):
cc:	cc:


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 Grace United Methodist Church	Telephone Number () Establishment () Owner	Date of Inspection 5/20/22	ID# 1231
Establishment address 1300 E Adams Dr, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 5/30/22
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Gheorgia Stiff (exp 11/29/22)			

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Section #	C/NC	R	Narrative	To Be Corrected by
			 <p>→ dish machine final rinse OK</p> <p>Note: make sure gloves are food grade and discarded after they become soiled</p> <p>Note: A few single use items (cups) not stored 6" off floor</p> <p>Note: One double door upright freezer was locked at time of inspection</p>	

Received by (name and title printed): X Linda M. Smith		Inspected by (name and title printed): Cassi Hall
Received by (signature): X Linda M. Smith		Inspected by (signature): Cassi Hall
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Beky 5/9

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 GREEK'S PIZZERIA & TAPP ROOM	Telephone Number () Establishment () Owner	Date of Inspection 5/5/22	ID# 1909
Establishment address 18 E 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 5/15/22
Owner TAPP		Summary of Violations: C <u>1</u> NC <u>12</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 PATTI DOAN			
Responsible person's email			
Certified food handler TAPP			

• 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
295	NC	X	INSIDE TOP OF ICE MAKER NOT CLEAN	5/10
295	NC	X	SOFT DRINK NOZZLE "COKE" NOT CLEAN	5/8
218	NC	X	DOOR GASKET WORN/SPLIT ON KITCHEN 3 DOOR REFRIGERATOR, PIZZA PREPARATION REFRIGERATOR, SMALL FREEZER UNIT IN KITCHEN, 2 DOOR UPRIGHT "COKE" REFRIGERATOR	6/10
187	C	X	ALFREDO SAUCE INTERNAL TEMPERATURE IN WARMER UNIT 116°F NOT AT 135°F OR MORE	corrected 5/5
399	NC	X	FLOOR WORN, NOT CLEAN IN AREAS OF KITCHEN, DISHWASHING AREA	7/11
431	NC	X	BEARD RESTRAINT NOT WORN BY EMPLOYEES IN KITCHEN	clean 5/10
138	NC	X	SMALL KITCHEN FREEZER	5/10
324	NC	X	BACK EMPLOYEE RESTROOM - COVER NOT PROVIDED FOR WASTE CONTAINER, HOT WATER NOT AVAILABLE AT FAUCET	5/10
351	NC	X		5/20

Received by (name and title printed): Patti Doan Mgr.	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Patti Doan</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:

NARRATIVE REPORT

[illegible]

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


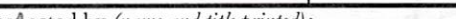

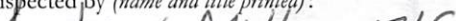

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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>Green Ginger</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/23/22</i>	ID# <i>2123</i>
Establishment address <i>1675 W. Smith Valley Rd. Greenwood</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>6/2/22</i>
Owner <i>Celina Lin</i>		Summary of Violations: <div style="text-align: center;"> <i>5</i> C <u>1</u> NC <u>6</u> R <u>1</u> </div>	
Owner address			
Person in charge <i>Celina Lin</i>		Menu Type (See back of page) <div style="text-align: center;"> 1____ 2____ 3 <input checked="" type="checkbox"/> 4____ 5____ </div>	
Responsible person's email			
Certified food handler <i>Celina Lin</i> (Sen Safe Exp: 6/10/22)			

- 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"

[illegible]

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



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.

Bekam
5/9

- 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"

Bekam
5/9

Bekam
5/9



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

Bulkin
5/26

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 Grove Cafe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/25/22</i>	ID# <i>2530</i>
Establishment address <i>524 E. Old Plank Rd. W. Bargersville IN 46106</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>6/4/22</i>
Owner <i>Chris/Tristan Bulkin</i>		Summary of Violations: C <u>1</u> NC <u>6</u> R <u>0</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>Chris Bulkin</i>			
Responsible person's email			
Certified food handler <i>Chris Bulkin</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
430	NC		Back dish area door hubs the door frame and is not tight fitting	6/1/22
218	NC		① Continental four drawer freezer iced over and ambient temperature was 56°F.	5/25/22
			② Heavy ice accumulation on top freezer portion of prep table in server area	
402	NC		Coving missing behind ice machine and North short wall in server area	6/3/22
256	NC		Some refrigeration units lack ambient air thermometers	5/26/22
177	NC		Hot water heater room/storage area containing single service cups and lids stored on the floor	5/26/22
294	C		Mechanical dish machine not	Corrected

Received by (name and title printed):

Tristan Bulkin

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Tristan Bulkin

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name			Address		Inspection Date
The Grove Cafe			524 E. ^{Old} Plank Rd. Bargserville IN 46106		5/25/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
			sanitizing dishes immediately after cleaning.	I	
			Notes: Firm to use time as a Public Health Control for Chicken Batter products (max time 4 hours)	*	
218	NC		Grease trap for three bay sink, held/supported by concrete blocks.	6/10/22 I	
			Notes: Firm has until 9/1/22 to ensure ceilings in kitchen/cook area, server area, and dish/prep area are smooth and easily cleanable,	*	
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
Tina Brown			Andrew Miller EHS		