

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 ✓

36-5264

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 FAIRFIELD INN	Telephone Number () Establishment () Owner	Date of Inspection 3/25/22	ID# 2274
Establishment address 350 PARIS DR. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/4/22
Owner — AMARANTH / FAIRFIELD		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge STACE BEATY			
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
203	NC	✓	APPLES IN FRONT AREA NOT PREWASHED TONGS NOT PROVIDED	3/26/23
203	NC	✓	MECHANICAL DISINFECTANT HOT WATER SANITIZATION TEMPERATURE 176°F (ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE)	OK
239	NC		BOXES OF SINGLE SERVICE ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN KITCHEN AREA	3/29

Received by (name and title printed): Stacy Beatty		Inspected by (name and title printed): Bob Smith, VA EHS	
Received by (signature): Stacy Beatty		Inspected by (signature): Bob Smith	
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 <i>Five star (Arabic delivery)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/9/22</i>	ID# <i>2471</i>
Establishment address <i>201 South tech dr.</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>0</i> R <i>0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
Certified food handler			

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[illegible]

Received by (name and title printed): * MIKE KEENE MAINTENANCE MGR.		Inspected by (name and title printed): Paul Botkin Ets
Received by (signature): * M/K [Signature]		Inspected by (signature): Paul Botkin
cc:	cc:	cc:

Betsy
3/10

State Form 48621 (R2 / 8-05)





36-5264

6-5264 ✓

Establishment name <i>Five star food services (Pvt) Ltd</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/09/22</i>	ID# <i>2470</i>
Establishment address <i>800 Commerce Parkway</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		<i>C</i> <i>NC</i> <i>R</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>5</i>	
Certified food handler			

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[illegible]

Received by (name and title printed): DIANNE Slayton		Inspected by (name and title printed): Paul Belknap EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

Becky
3/10

State Form 48621 (R2 / 8-05)

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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Establishment name <i>Five star food services (Fedex)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3-9-22</i>	ID# <i>2477</i>
Establishment address <i>650 Commerce parkway</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations: C <i>⊗</i> NC <i>⊗</i> R <i>⊗</i>	
Owner address		Menu Type (<i>See back of page</i>) 1 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 <i>✓</i>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Christopher Jones		Inspected by (name and title printed): Paul Betiku Etti
Received by (signature): Christopher Jones		Inspected by (signature): Paul Betiku
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT





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Establishment name <i>Five Star Food Services (Fedex)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3-9-22</i>	ID# <i>2478</i>
Establishment address <i>2157 Stacie's way</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>0</i> R <i>0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 <i>✓</i>	
Certified food handler			

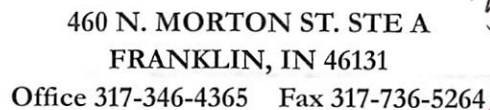
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed):  Trish Parrish, MSM		Inspected by (name and title printed):  Paul Betten etc
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

Beky
3/10

State Form 48621 (R2 / 8-05)



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

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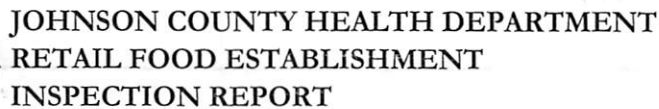
Received by (name and title printed): Alaina Semersheim - HR Coordinator		Inspected by (name and title printed): Paul Betku EHS
Received by (signature): AS		Inspected by (signature): Paul Betku
cc:	cc:	cc:

Betm
3/10

State Form 48621 (R2 / 8-05)

Bulm
3/10



State Form 48621 (R2 / 8-05)



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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.

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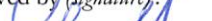

Received by (name and title printed): Kerry Bains		Inspected by (name and title printed): Paul Butler EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



Beam
3/10

46131
x 317-736-

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): Peter Green		Inspected by (name and title printed): Paul Belter EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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RETAIL FOOD ESTABLISHMENT
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Belt
4/4/22

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 FLAPJACKS	Telephone Number () Establishment () Owner	Date of Inspection 3/30/22	ID# 1505
Establishment address 2991 FULMER DR BARGERSVILLE, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 4/10/22
Owner TOM LASARU		Summary of Violations: C 1 NC 19 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge TOM LASARU			
Responsible person's email			
Certified food handler TOM LASARU			

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C	*	SMALL FLIES SOON IN BACK OF KITCHEN	CONTROL 4/10
171	NC	X	WAITRESS USING CUP TO DISPENSE ICE FROM FRONT ICE BIN	4/1/22
(NOTE)	*		FRONT HANDSINK BEING USED TO CLEAN OUT PAN	4/1
425	NC	*	BROOMS NOT HUNG UP OFF FLOOR	4/4
295	NC	-	INSTOP TOP OF ICE MAKER NOT CLEAN	4/4
431	NC	-	FLOOR NOT CLEAN IN AREAS OF KITCHEN (next to wall, under equipment)	4/6
417	NC	*	EMPLOYEES JACKETS NOT HUNG UP/STORED IN DESIGNATED AREA	4/1
399	NC	*	BACK RESTROOM - SMALL FLIES SOON	
351	NC		WALL COILING WORN, COVERED WASTE CONTAINER	4/6
431	NC	*	NOT PROVIDED, MECHANICAL FAN NOT FUNCTIONING	4/6
		*	FAN COVER NOT CLEAN	4/6
177	NC	*	FOOD PAN NOT STORED OFF FLOOR, FOOD PACKAGES NOT STORED OFF FLOOR IN WALK-IN FREEZER	4/2
			MINIMUM OF 6 INCHES	
197	NC	*	WALK-IN FREEZER TEMPERATURE 11°F NOT 0°F OR LESS	4/1

Received by (name and title printed): TOM LASARU	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
411	NC		LIGHT INTENSITY IN AREA OF KITCHEN NOT ADEQUATE (LESS THAN 70 FOOT CANDLES)	4/10/22
295	NC		SIDE OF GRILL/DEEP FRYER NOT CLEAN	4/6
431	NC		MENS RESTROOM - FLOOR WET	4/6
324	NC		LEAK NOTED AT HANDSINK FAUCET,	4/6
324	NC		HOT WATER TEMPERATURE NOT AT 100°F-120°F WAS 141°F	4/2
392	NC		OUTSIDE DUMPSTER LID NOT CLOSED	4/2
216	NC		CARDBOARD USED TO LINE BACK SHELF BY ONIONS NOT CLEAN	4/2
239	NC		MECHANICAL DISINTEGRATING DISHWASHERS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	4/1
256	NC		THERMOMETER NOT SEEN IN PREPARATION REFRIGERATION ACROSS FROM GRILL	4/3
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2





36-5264

✓

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Received by (name and title printed): Alexis Schoppenhorst		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

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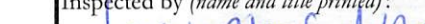
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name Freddy's Frozen Custard	Telephone Number () Establishment () Owner	Date of Inspection 3/21/2022	ID# 2393
Establishment address 2306 N Morton St	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 3/31/2022
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>4</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): 		Inspected by (name and title printed): Javie Blanford / Paul / Bob Ke	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Beth 3/15

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 GARMENT FACTORY EVENTS	Telephone Number () Establishment () Owner	Date of Inspection 3/14/22	ID# 2156
Establishment address 101 E WAYNE 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 3/24/22
Owner CASEY / ROMIS		Summary of Violations: C <u>0</u> NC <u>5</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 WARREN MIKLOS			
Responsible person's email			
Certified food handler WARREN MIKLOS (SOCUSARE 5/1/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC	⊗	SOME DISH RACKS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN KITCHEN AND UPSTAIRS KITCHEN	3/17/22
218	NC	⊗	DOOR GASKET WORN/SPLIT ON (ONE) UPRIGHT 2 DOOR FREEZER / KITCHEN	4/1/24
347	NC	⊗	UPSTAIRS KITCHEN DISPOSABLE TOWELS NOT AVAILABLE AT HANDSINK / DOWNSTAIRS BAR NO DISPOSABLE TOWELS AVAILABLE	3/16
(NOTE)	⊗		DOWNSTAIRS BAR HANDSINK WATER TEMPERATURE 130°F NOT AT 100°-120°F	3/20
(NOTE)	*		(1) UPSTAIRS / MENS. RESTROOM HANDSINK WATER NOT DISPENSING (FAR RIGHT SINK)	3/20
392	NC	⊗	OUTSIDE DUMPSTERS - LIDS NOT CLOSED	3/16
(NOTE)	⊗		UPSTAIRS MENS RESTROOM TRASH RECEPTACLE FULL / WASTE DISPOSABLE TOWELS ON FLOOR	3/16
174	NC	⊗	SOME BULK FOOD ITEMS - CONTAINERS IN WHICH FOOD PRODUCT STORED NOT LABELED	corrected 3/14/22

Received by (name and title printed):

Warren Miklos Ex Chef

Inspected by (name and title printed):

Bob Smith / Paul Bethu

Received by (signature):

[Signature]

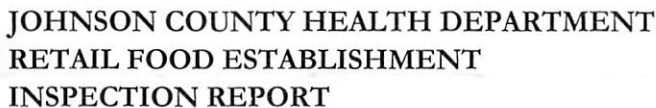
Inspected by (signature):

[Signature] / *[Signature]*

cc:

cc:

cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name Glary's Dam Bait Shop	Telephone Number () Establishment () Owner	Date of Inspection 3/17/22	ID# 2526
Establishment address 597 W Center Cross St. 46124	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 NO	Release Date 3/27/22
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge X [Signature]		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			

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[illegible]

Received by (name and title printed):

* Cory Smith

Received by (signature):

X *Ag. S. 11*

CC:

CC:

Inspected by (name and title printed):

CASSI HALL

Inspected by (signature):

(Signature)

CC:

317-346-437

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 Get Go	Telephone Number () Establishment () Owner	Date of Inspection 3/23/22	ID# 7533
Establishment address 2132 4531 Greenwood, TX	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 4/3/22
Owner		Summary of Violations: C <u>1</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			
Responsible person's email			
Certified food handler X			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		- Micro-wave is dirty & sink	3/23/22
431	NC		Floor under the Z-boy is soiled	
344	C		- Deli hand sink is blocked by the mop bucket	3-23/22
			No hot water at the deli hand sink	
			Note: Women's room is out of order -	

Received by (name and title printed): Sheri Carvalho		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): Sheri Carvalho		Inspected by (signature): Terry D Bayless	
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 Greenwood United Methodist	Telephone Number 515-233-1111	Date of Inspection 3/29/22	ID# 1617
Establishment address 525 N Madison Ave	() Establishment () Owner	Follow-up NO	Release Date 4/9/22
Owner Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</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			

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[illegible]

Received by (name and title printed): <i>Julie Penoff</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Julie Penoff</i>	Inspected by (signature):
cc:	cc:



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Butm
3/10

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>Cuckenhimer Services @ Endress Hausser</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/9/22</i>	ID# <i>2284</i>
Establishment address <i>2355 Endress place Greenwood IN, 46143</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>3/23/22</i>
Owner <i>Cuckenhimer Services LLC</i>		Summary of Violations: <i>C 0 NC 5 R 0</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			

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Section #	C/NC	R	Narrative	To Be Corrected by
139	NC		couple of milk at coffee bar & walk-in cooler are expired.	3/9/22
297	NC		couple of soda nozzles are soiled.	3/11/22
431	NC		Drain at dish washer is soiled floor at dish washer is soiled.	3/14/22
218	NC		paper towel machine by dish washer not dispensing → there's a work order to replace the batteries.	
			NOTE: Few materials are on the ground inside walk-in freezer.	
146	NC		there are some unmarked food containers inside dry storage	3/14/22

Received by (name and title printed): <i>Jonathan Guerrini</i>	Inspected by (name and title printed): <i>Paul Beltrami EHS</i>
Received by (signature): <i>Jonathan Guerrini</i>	Inspected by (signature): <i>Paul Beltrami</i>
cc:	cc: