

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

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

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

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

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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

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

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

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

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

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

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

NAME OF TAXABLE PARTY.				ents. The time limit for correction			of this report.
Establishment name Five star food services (National trade) Establishment address 2011 South tech dr.					Telephone Number	_	ID#
the sten food services (Mallunar Frade)				ices (Malling grade)	() Establishme		2472
Establishment address'			10	() Owner	3/10/22		
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Owner addr	ess				3. Complaint		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Owner address						3. Complaint				
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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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

Establishment name					Telephone Numb	er I	Date of Inspection	ID#	
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Owner addre			Mana and Man		3. Complaint				
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Person in charge					5. Temporary		C_1 NC	R	
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324	NC	/	HOT WATER THE MPERBTORE NOT AT 1006F-13	20 F 4/2
		•	WAS 141°F	
701		1	and the state of t	4/2
392	NC	4	OUTSTILL OUTSTER LID NOT CLOSED	710
216	MC C	1	a AD IBAADA WALL TO SEED DALK THOLE	4/2
0 10	ME C	9	CARDBOARD USED tO LIFTUR BACK SHELF BY ONZONS NOT CLEAN	110
	- 41		ST DIOZETT WEST COMMITTED	
239	nes.	2	DECHANTERE DISTEMPENTINE SUSTRACKS	21/1
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256	he	~	The mometer not seen on Proprietto	U 4/3
			reflige (187100 ACROSS FROM 9/HL	,
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1/11/11	1/9	4	Bob Smith BAS	
State Form 4	8621 (R2	/ 8-0	5)	



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

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Establishme			Many x. J	an sea di		Telephone Numb		ection	ID#	
Establishme	201	(va	alle		() Establishme	ent		10	
			4		6	() Owner	500	177	1805	
789	U	5	31 (J (een	wood	Purpose:	Follow-up	Follow-up Release Date		
Owner						1. Routine	No	NO 4422		
						2. Follow-up	Summary of	f Violation	ns:	
Owner addre	ess					3. Complaint				
						0	sa1			
						4. Pre-Operation	iai	$c = 0$ NC $Z_R = 0$		
Person in charge						5. Temporary	C	NC	R	
						6. HACCP				
Responsible	person's	email				7. Other (list)	Menu Typ	e (See bac	:k of page)	
								1	9.7 2	
Certified foo	d handle	r					12*	3	45	
						E COLUMNS MARKED "C"				
	_	-	ROM PREVIOU	S INSPECTIONS A			NS" AND IN THE NARRATIVE	THE RESERVE TO SHARE WE SHARE THE PARTY OF T	CONTRACTOR OF THE PARTY OF THE	
Section #	C/NC	R	77			Narrative			o Be Corrected by	
569	NS		rocp	lace	brokes	n 4 bar	- tautet	- 0		
			^	- 100 mg c.	_		0	2.2-	2000	
411	ne		Repl	uce	ace be	vied a	it light	2017	5	
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l				i			I			



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

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Establishmen 230 (Owner Owner addre Person in cha	at address	s Ma	Honst	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 3/21/2022 Follow-up Release Date 3/31/2022 Summary of Violations: C
Certified food	d handle	r			12345
1			ENTIFIED IN THE CHECKLIST AND NARRATIVE		N THE NARRATIVE BELOW AS "R"
Section #	C/NC			Narrative	To Be Corrected by
occion #	0/110		INTO CHE MINTER CONCELL Sheen W	ed in many of Vi	+1hon
	Tolk.	327	- Draine spiled under of	11 stard mainine	2 ind dich and ACAPT
2012	11/	12	THAT IS SUITED AND INCOME.	Dlumber comic	3125122
1107	11.10		Flant coiled i holay for the	y plumber wives	10 MINTER 10 10 10 10 10 10 10 10 10 10 10 10 10
702	NU		Thous some where the		
411	NC		Light out under venthos	od choseet to olish a	ma 3/25/2022
\$180	MX	\cap	NO LINE	Die Aharten De	4/112022
400			The state of the s		
NOT	E!		DISH racks Should NOT	be stored on fi	por 3/21/2022
		*	Will be tollowing up du	e to wastewater	smell X
	ins.				
Received by	Del	/	printed):	()0	ed by (name and title printed): WURBAN Ford /PAUL BOX Ru
Received by	(signature)	:	^ .	Inspect	ed by (signature):
		11	ever Daty	X/M	MURANMA
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme			The plant year was and	Telephone Number	Date of Inspection	ID#		
61	ARM	en	T FACTORY EVENTS	() Establishmen	3/14/22			
Establishme	nt addres	s		() Owner	3/14/100	0100		
101	E	UR	YME ST. FRANKLIM, IN	Purpose:	Follow-up Release/I	Date		
Owner				1. Routine		3/24/22		
0	RSEL	11	Romis	2. Follow-up	Summary of Violation	ns:		
Owner addre				3. Complaint				
				4. Pre-Operationa	1			
Person in ch	arge			5. Temporary	c_O_Nc_5	p		
		N	MIKLOS	6. HACCP	0110	K		
Responsible				7. Other (list)	Menu Type (See bac	ch of page		
receponition	person			7. Other (1131)	Menu Type occ ouc	k oj pagej		
Certified foo	d handle	r	(Alexa)	MINISTER CONTRACTOR OF THE PARTY OF THE PART				
WH	Aver		mIRLOS (SORUSATE) 25)		123	1		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE					
Section #				Narrative		o Be Corrected by		
239	NC	0	some OSSHRACKS	NOT S RIPED		3/17/22		
	Ten in	Self I			v KIRHEN	The same of the sa		
11	1080		And UPSTAZES KLA	SHER		- 11.3 A. 1/14		
218	NC	D	laso really unchils	-nitt and b	20074001CHT	11/11		
0 10	100	CX	2 door GASKET WORNIS		100 JUFN 1911 (7/14		
347	NC	3	UPSTAIRS KIRHER a		MOLS NOT	3/16		
5 17			AVERTABLE AND HANDS			3770		
			BAR NO DISPOSABL					
(no	0	8			TER TEMPERATURE	2 V 3/20		
			1309 NUT AT 1600-	-120°F				
WOT	e) .	*	(1) UPSTATRS / Mens,	ResTROOM +	HANDSINK WAT	TER V/3/20		
		ina Por il	NOT OTSPENSING (FAR BIGHT SIM	NK)			
392	NC	0	outside dungsters.	- ZIDS NOT	C2059d	3/16		
(NO0	9 (1			ASH RECEPTACIE	3116		
1011	1 w	165	TE DISPOSABO TOWER			3110		
174	NC.	0			Ole Minteres	13/14/28		
			In WHICH FOOD PO	Rodoct SD	188 NOT LITBIONS	9011100		
Received by	(name and	d title	brinted).	- II	nspected by (name and title printed):	0 0		
> //	arre	-	Moklos Ex Chef		Bab SMITH / Plein	1 Betite		
Received by			TIRES WELLIES	1	Inspected by (signature):	1 0 11		
0 /	1.8	7			Bil most / willel	Betitu		
cc:			cc:		cc:			



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

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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.

Establishmen Establishmen Owner Owner Owner addre Person in che Responsible	ess	it	Dam Bait Shop ter Cross St. 46124	Telephone Number Establishme Owner Purpose: Routine Follow-up Complaint Pre-Operations Temporary HACCP Other (list)	Follow-up Release Date Summary of Violations:	
Certified foo	d handle	r			12_X_345	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC	R		Narrative	To Be Corrected by	Эy
			Took W			
43	ry	54	printed):	. , .	Inspected by (name and title printed): Inspected by (signature):	
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317-346-4371

Page 1 of __



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

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Establishmer	nt name		Parameter 12 and	Telephone Number	Date of Inspection	ID#	
1		5	4	() Establishment	3/23/22		
Establishmer	nt addres	ss		() Owner	3/23/22	7533	
7.	132.		4331 Greenwood, II	Purpose:	Follow-up Release	se Date	
Owner	,,,		4711 Greenwood, 11	1. Routine	Follow-up Releas	3/22	
				2. Follow-up	Summary of Viola		
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge				C / NO	/ D	
r erson in ch	arge			5. Temporary	C NC R		
Responsible	person's	email		6. HACCP	Many Toma (Can	pe (See back of page)	
responsible	persons	Cilian		7. Other (list)	Menu Type (See	back of page)	
Certified foo	d handle	r			12 × 3	4 5	
X					12_~3	+3	
The second secon	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"			
	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
295	N.C		- MIGIO- Wave 15	dily sink z-bey nis s blocked by	71.	3/23/22	
431		100	Floor under the	3- bey ~ 15	Soiled	3-23/22	
344	4		- Del: hand SIALL 73	s placked by	The.	7-23/22	
	-		map buggest	-			
	-		No Hot we	ter ext the	de li		
		per -	hand si	nk set the	- SC 11		
			1 474 31	<i>(1)</i>			
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			And the second			100 NO 11	
ned				and the second second		T South	
	1	1. I.		omen's room is	out of	-	
			wall -				
Received by	(name and	d title	Carvalho	Inspec	Terry on Bay 139		
Received by	(signature): <	O 1 1	Inspec	ted by (signature):	400	
Ψ,	She	u	Cavalho		Jams Day	w	
cc:			сс:	cc:			
8							
						Page 1 of	



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

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Establishmer	at name			Telephone Numbe	- Ir	Date of Inspection	1 "	
Establishmen	nt name	0	- Milaila M. M. H.			Date of Inspection	ID#	
Establishmer	nt addres	S	nadison A	Establishme () Owner	Lill	37977	1617	
575	1	,	Nadici - Al	Purpose:	T	Follow-up Release Date		
Owner	14	1	1000500	1. Routine	1	A / A	9 77	
			Greenward	2. Follow-up	s	ummary of Violation		
Owner addre	200			3. Complaint				
Owner addre	200		a de la companya de		,			
D				4. Pre-Operationa	aı	C NC R		
Person in ch	arge			5. Temporary				
Responsible	percon's	emei		6. HACCP	-			
Responsible	persons	emai		7. Other (list)		Menu Type (See bac	ck oj pagej	
Certified foo	d handle	r	COLLINA IN		— ,	2 × 2	4 =	
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• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			1	
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		s" and in th		THE RESERVE AND THE PERSON NAMED IN COLUMN 2 IN COLUMN	
Section #	C/NC	R		Narrative		Γ	To Be Corrected by	
				, , , , , , , , , , , , , , , , , , ,			VISC. 13-10-10	
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				and the second second				
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	ulie	-	VerXX				7	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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				ar or onen rioranion to specimen	m me manual portion s	- mare report		
Establishmen	t name	ONO	ver Services Ofnobress Have	Telephone Number	Date of Inspection	ID#		
Establishmen	it addres	s	Channo Did	() Owner	3/9/22	2284		
2355	Fno	bre	es place Creenwood 14, 46143	Purpose:	Follow-up Release	Date		
Owner				1. Routine	NO 3/	23/22		
-	Cuect enhei mer Services LLC			2. Follow-up	Summary of Violatio	Summary of Violations:		
Owner addre	SS			3. Complaint				
				4. Pre-Operational	0 5	· A		
Person in cha	ırge			5. Temporary 6. HACCP	c = Nc = 5	R		
Responsible 1	person's	emai		7. Other (list)	Menu Type (See ba	ch of page)		
				7. Other (usi)	Wienu Type (See ou	ck of pages		
Certified food	d handle:	r			123_	_45		
NOTIFICATION AND AND ADDRESS.			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS	"R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
139	MC		cough of milk at co	ffle bon & wa	Kin Cooler	3/9/22		
	0.10		one expirated.			, ,		
060	MC		courle of coda norz	as are sorted.		3/11/22		
297	MC		choose of Joans 11000	us you tooled.		2/11/22		
421	Ne		Drain at down washe	r is correct		3/14/22		
12.		-	Tippoor at dush was	her is sorted.				
			0.200 (100)					
218	MC		plaper towel maching by		not drokens	ng		
		_	& Mure's a work lende	x to replace the	bayenes.			
	MOT4	- +	Few Materials are on t	he ground mord	e walt-in			
	INCL		Alerer.			The state of the s		
			1		0			
146	Ne		Mere one some unmar	ted fleed centar	mers insode	3/14/22		
			alm storage					
Received by				Inspecte	ed by (name and title printed):	D AL		
	athai		Guerrini	JU	ed by (signature):	T 1/7		
Received by	(signature) Thur		German		ed by (signature):	and the state of		
cci	our	0	cc:	lec:	0000			