



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
4/14/22

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 Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 3/28/22	ID# 640
Establishment address 153 N State Rd 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 4/8/22
Owner		Summary of Violations: C 1 NC 84 R 1	
Owner address	Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___	Responsible person's email	
Person in charge		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
411	NC		Light intensity in walk in cooler very low	4/7/22
431	NC		Freezer (stand-up) by dish area soiled on bottom inside	3/28/22
402	NC		Floors soiled behind fryers and drive thru area under drink machine	4/7/22
347	NC		NO paper towels provided at hand sink by prep sink	3/28/22
257	NC		NO thermometer found in cooling unit with cheese, lettuce, sour cream	3/28/22
295	C	✓	Buildup on ice dispenser on drink machine in drive thru	3/28/22

Received by (name and title printed): X Erich Carver	Inspected by (name and title printed): Jaycie Blanford
Received by (signature): X [Signature]	Inspected by (signature): Jaycie Blanford
cc:	cc:



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460 N. MORTON ST. STE A

FRANKLIN, IN 46131

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

*Besty
4/11/22*

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 <i>Taxman Gastropub</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/25/22</i>	ID# <i>1830</i>
Establishment address <i>13 S Baldwin 46106</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>4-6-22</i>
Owner		Summary of Violations: <i>C 2 NC 3 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			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>Food temps taken in top of flip-top deli 48°F located in flip-top next to wall in across from hood. Unit foods temps below 41°F in bottom. Foods stored in plastic containers (multiple) in metal pans - Establishment put ice in pans & shall obtain metal containers that fit down into unit if ice does not maintain product @ or below 41°F</i>	<i>3/25/22 corrected</i>
<i>438</i>	<i>C</i>		<i>Toxic spray bottles not labeled in several locations</i>	<i>3-25-22</i>
<i>173</i>	<i>C</i>	<i>note</i>	<i>Raw Hamburger stored on shelf above cooked meat in walk in cooler behind dish machine</i>	<i>3-25-22</i>
<i>402</i>	<i>NC</i>		<i>Floors & shelves not smooth & easily cleanable in upstairs store room</i>	<i>4-25-22</i>

Received by (name and title printed): <i>Nathan Unger General Manager</i>	Inspected by (name and title printed): <i>Elinabeth Schultzy</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc: <i>317-346-4373</i>

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Taxman Gastropub			13 S. Baldwin	3-25-22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		Door gasket split on left side of 2 door upright cooler outside of walk-in cooler.	4-25-22
431	NC		Floors, walls & ceiling slightly soiled in Beer Walk-in Cooler temp	4-1-22
			Note: Disposable towels not provided @ Upstairs bar hand sink	
			Note: Thermometer not observed in downstairs bar cooler below cash registers. - Cooler has milk	
			Note: Sanitizer buckets - use 70°F water. Do not use water hotter than 70°F.	
			Note: Observed a few flies. Please contact your pest control operator	
Received By (Name & Title)			Inspected By (Name & Title)	
Nathan Unger General Manager			Elizabeth Schultz	
				Page <u>2</u> of <u>2</u>



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Beta
3/2

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 Texas Roadhouse	Telephone Number () Establishment () Owner	Date of Inspection 3-1-22	ID# 1281
Establishment address 270 Marlinton	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3 11 22
Owner Greenwood		Summary of Violations: C 0 NC 3 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 A 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC		Replace all missing floor tile work on tile grout that is missing throughout kitchen	
218	NC		Dishmachine is not sanitizing	Do not
280	R		use until repaired must have final rinse of 180°F repair gauge too	
			thank you.	

Received by (name and title printed): [Signature]	Inspected by (name and title printed): Jennifer Warner
Received by (signature): George L. Hu	Inspected by (signature): [Signature]
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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460 N. MORTON ST. STE A
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Betsy
3/24

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Establishment name <i>Tomo</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/21/2022</i>	ID# <i>2107</i>
Establishment address <i>1874 Northwood Plaza</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>3/31/2022</i>
Owner		Summary of Violations: C <u>1</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <u>4</u> 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
402	NC		Floors soiled under grill and oven	3/25/22
431	NC		Sprinklers under vent hood soiled w/grease	3/21/2022
NOTE			Proper PH pen not in use - ordered new one	Corrected
187	C		Rice @ holding @ 107°F - Hot holding is 135°F	3/21/2022
NOTE:			Temps of food look good @ 40-41°F But keep in mind when it get warmer cooling units need to be cooler to get food at accurate temps.	

Received by (name and title printed): <i>X Xinglin</i>	Inspected by (name and title printed): <i>Danyce Branford / Paul Botker</i>
Received by (signature): <i>X Xinglin</i>	Inspected by (signature): <i>Danyce Branford</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

FEV 3-22-12
Belen 3/15
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 <i>Tried & True Alehouse</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3 14 21</i>	ID# <i>2016</i>
Establishment address <i>2800 SR 135 Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>372</i>	Release Date <i>3 24 21</i>
Owner		Summary of Violations: <i>C 0 NC 9 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 X 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
<i>431</i>	<i>NC</i>		<i>Handsink by the office - Clean the floor</i>	
<i>347</i>	<i>NC</i>		<i>provide paper towels, remove glove board</i>	
<i>324</i>	<i>NC</i>		<i>repair drain hole</i>	
<i>431</i>	<i>NC</i>		<i>Clean the bar area floor under equipment</i>	
<i>258</i>	<i>NC</i>		<i>Provide thermometers in all coolers</i>	
<i>297</i>	<i>NC</i>		<i>Remove food soil on fryers</i>	
<i>431</i>	<i>NC</i>		<i>Remove food soil on kitchen floor</i>	
<i>411</i>	<i>NC</i>		<i>Provide light bulbs where needed/burned out</i>	
<i>431</i>	<i>NC</i>		<i>Clean the exhaust hood</i>	
<i>Note</i>			<i>Check freezer in hall by office</i>	<i>Frank</i>
<i>Note</i>			<i>Install curtain on walk in cooler door</i>	<i>Frank</i>

Received by (name and title printed):	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): 	Inspected by (signature): <i>JW 3464370</i>
cc:	cc:



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Beta 3/2

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Establishment name <i>Walgreen's #5393</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/1/22</i>	ID# <i>843</i>
Establishment address <i>20 South Morton, 46131</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>3/10/22</i>
Owner		Summary of Violations: <i>C 1 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Person in charge <i>x Carla Barth</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>139</i>	<i>C</i>		<i>A few expired baby formulas on shelves ↳ two Gerber Good Start formulas (2/3/22)</i>	<i>3-1-22 (corrected at time of inspection)</i>
<i>430</i>	<i>NC</i>		<i>Missing baseboard (hole observed in wall) under trash compactor</i>	<i>3-10-22</i>
<i>254</i>	<i>NO</i>		<i>Thermometer in walk in freezer appears inaccurate (no other thermometers observed)</i>	<i>3-10-22</i>
			<i>Note: keep an eye on cooler & freezer door gaskets for splits</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>x Carla Barth - shift supervisor</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>x Carla Barth</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



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Beth
3/7

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>Whisper's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/2/22</i>	ID# <i>914</i>
Establishment address <i>700 US 31 S., Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>3/12/22</i>
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge <i>X Beth Barrett</i>		1 <u>X</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		<i>Few lights out in the back stock room.</i>	<i>3-10-22</i>
309	NC		<i>exhaust vents in men's & women's restroom soiled.</i>	<i>3-10-22</i>
431	NC		<i>floor under shelves soiled in walk-in cooler</i>	<i>3-5-22</i>
431			<i>fan covers in walk-in cooler soiled.</i>	<i>3-10-22</i>
			<i>Note: Cooler door gasket torn milk split</i>	
			<i>Note: Many ceiling tiles throughout store damaged (Store manager said on-going roof leak. Work order in process to fix it)</i>	

Received by (name and title printed): <i>X Beth Barrett</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>X Beth Barrett Store Manager</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



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Beth
3/10

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Establishment name Walgreen's #05853	Telephone Number () Establishment () Owner	Date of Inspection 3/8/22	ID# 921
Establishment address 720 S State Rd 135, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 3/18/22
Owner		Summary of Violations: C 0 NC 3 R 0	
Owner address		Menu Type (See back of page) 1 X 2 3 4 5	
Person in charge x Julie Burdine			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		wall under trash compactor soiled.	
414	NC		Emergency exit by restrooms not protected from potential rodents ↳ daylight observed under door	
430	NC		ice build up observed in walk in freezer	
431			floor by mop sink soiled. Note: floor drain cover missing by mop sink Note: floor in walk in freezer has ice build up on it. Note: floor door, gaskets worn/soiled. Thank you.	

Received by (name and title printed): x Julie Burdine Store Manager	Inspected by (name and title printed): Cass Hall
Received by (signature): x [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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Betsy
3/15

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Establishment name <i>WILLOW CAFE AT JMH</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/11/22</i>	ID# <i>2235</i>
Establishment address <i>1125 W JEFFERSON ST. FRANKLIN, IN</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 <i>2/21/22</i>
Owner <i>Jmth</i>		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> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Jessica Jones</i>			
Responsible person's email			
Certified food handler <i>Jessica Jones (SERVSAFE)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>NO VIOLATIONS OBSERVED</i>	
			<i>MULTIFUNCTIONAL DISHWASHER 164°F on PLATE/UTENSIL SURFACE / HOT WATER SANITIZATION RAMP TEMPERATURE ADEQUATE</i>	<i>OK</i>

Received by (name and title printed): <i>Jessica Jones Supervisor</i>	Inspected by (name and title printed): <i>Bob Smith EHS</i>
Received by (signature): <i>Jessica Jones</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:

