



Bekam
1-10-23

31
-736-5264

Establishment name Gary's Dam Bar Shop	Telephone Number () Establishment () Owner	Date of Inspection 1-10-23	ID# 7526
Establishment address 592 W Center St, Edinburgh	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 1-20-23
Owner		Summary of Violations: C <input checked="" type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler		Menu Type (See back of page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	

- 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): x Gay a Shum		Inspected by (name and title printed): Cass Hall / Kevin P...
Received by (signature): X		Inspected by (signature): Cass Hall / K. P...
cc:	cc:	cc:



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>Great Wall Chinese Restaurant</i>	Telephone Number <i>317-736-5538</i>	Date of Inspection <i>1-12-23</i>	ID# <i>2021</i>
Establishment address <i>1840 Northwood Plaza Franklin, IN 46131</i>	Owner <i>()</i>	Follow-up <i>Yes</i>	Release Date <i>1-22-23</i>
Owner <i>Li Yang</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 5 R 2</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Li Yang</i>			
Responsible person's email <i>(See Safe Exp:)</i>			
Certified food handler <i>Li Yang 3/3/25</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC		Single use forks not dispensed to protect from consumer contamination in dining room	1-12-23 L
234	NC	✓	Spatula for fried rice stored in stagnant water	Corrected L
112	NC	✓	Some refrigeration units are not NSF/ANSI approved	12-31-24 L
218	NC		Exterior door handle off refrigerator upright freezer	1-25-23 L
190	NC		① Cooked rice in large metal bowl stored at room temperature, measured 88°F to 95°F	Corrected Put product on sheet
			② Cooked rice covered with film inside walk-in-cooler measured 56°F	pan inside w/c.
			Notes: Discussed proper cooling techniques with Owners (i.e. using large sheet pans and thin layer of product to cool in w/c).	

Received by (name and title printed):

X Nengwu Lin

Received by (signature):

X Nengwu Lin

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

Recommend using a cooling rack unit inside w/c to save storage space

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name Greenwood 14	Telephone Number () Establishment	Date of Inspection 1-18-23	ID# 1520
Establishment address 4601 Greenwood Park Dr S	() Owner	Follow-up —	Release Date 1-28-23
Owner	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C 0 NC 2 R —	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 — 2 X 3 — 4 — 5 —	
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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[illegible]

Received by (name and title printed): X Mike Lusk, GM		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 Hardees	Telephone Number () Establishment () Owner	Date of Inspection 1/16/23	ID# 1873
Establishment address 1001 N. W 31 St White land	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 1/26/23
Owner INT		Summary of Violations:	
Owner address		C <u>0</u> NC <u>5</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 L. Lopez			

- 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): ✓ Sarah Black		Inspected by (name and title printed): Terry D Bayless
Received by (signature): ✓ Sarah Black		Inspected by (signature): Terry D Bayless
cc:	cc:	cc:



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

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

Establishment name JOHNSON COUNTY JAZZ	Telephone Number () Establishment () Owner	Date of Inspection 1/27/23	ID# 419
Establishment address 1091 HOSPITAL RD FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/6/23
Owner Jo. G. Gout		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge KATHLEEN BARNABY		1 2 3 4 5	
Responsible person's email			
Certified food handler KATHLEEN BARNABY			

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

Received by (name and title printed): Katherine L. Barnaby	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Katherine L. Barnaby	Inspected by (signature): Bob Smith
cc:	cc:



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

Bekal
1-9-23

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 KING BUFFET	Telephone Number () Establishment () Owner	Date of Inspection 1/6/23	ID# 2041
Establishment address 2239 N MORTON 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 1/16/23
Owner En Chen		Summary of Violations: C <u>0</u> NC <u>6</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>5</u> 5 <u>—</u>	
Person in charge En Chen			
Responsible person's email			
Certified food handler En Chen			

• 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
229	NC	*	SHELVING WORN IN WALK-IN COOLER	2/1/23
399	NC	—	WALL WORN, FLOOR WORN IN AREA OF WALK-IN COOLER	2/1
216	NC	—	METAL TABLE SHELF WORN/CORRODED IN KITCHEN	2/1
229	NC	—	BASKET COATING WORN IN WALK-IN REFRIGERATOR	1/18
295	NC	—	INSIDE TOP OF ICE MAKER NOT CLEAN, RUSTED	1/12
324	NC	—	HOT WATER IN RESTROOM HANDSINK 155°F NOT AT 100°F - 120°F	1/7

Received by (name and title printed):

En Chen

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

En Chen

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 Kroger	Telephone Number () Establishment () Owner	Date of Inspection 1/30/23	ID# 434
Establishment address 3100 Meridian Park Dr Greenwood, IN	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up NO	Release Date 2/10/23
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): X Abby Travers		Inspected by (name and title printed): Jayere Miller	
Received by (signature): X Abby Travers		Inspected by (signature): Jayere Miller	
cc:	cc:	cc:	

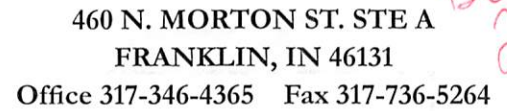


Belm
1/27

✓

- 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"

Received by (name and title printed): X Maria Gallo		Inspected by (name and title printed): Jayne Miller	
Received by (signature): X Maria Gallo		Inspected by (signature): Jayne Miller	
cc:		cc:	





A Beton 1/23/27

✓

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): Susan Dwyer		Inspected by (name and title printed): Paul Betts	
Received by (signature): Susan Dwyer		Inspected by (signature): Paul Betts	
cc:	cc:	cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

1-27-23 Betsey 1/18
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 La Herradura II	Telephone Number () Establishment () Owner	Date of Inspection 1-13-23	ID# 2259
Establishment address 226 S SR 135, 46106	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 1-23-23
Owner		Summary of Violations: C 2 NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Juan Quezada (exp 9/27/26)			

• 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
419	C		Observed the following medications / toxic materials stored above the prep table - Sore throat medication - Ibuprofen - 3 in 1 oil	Corrected.
345	C		Observed a red sanitizer bucket, a cup, and utensils stored inside bar designated hand sink - Designated hand sinks are for hand washing only.	1-13-23
347	NC		Observed 10 paper towels at bar hand sink	1-13-23
178	NC		Observed margarita mix stored under bar 3 bay sink sewer line.	1-13-23
216	NC		Observed aluminum foil lining the beer coolers	1-16-23
216	NC		Observed aluminum foil lining the bar prep table shelf.	
411	NC		Observed a light cut inside walk-in freezer	1-26-23

Received by (name and title printed):

x Nestor Quezada

Received by (signature):

x [Signature]

Inspected by (name and title printed):

CASSI HALL / KEVIN PAULIN

Inspected by (signature):

Cassi Hall / K. Paulin

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name La Herradura II			Address 226 S SR 135		Inspection Date 1-13-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
254	NC		THE THERMOMETER IN THE REACH-IN COOLER READ 54° - ALL POTENTIALLY HAZARDOUS FOOD ITEMS WERE BELOW 41°F - REPLACE THERMOMETER	1/26/23	
324	NC		IN KITCHEN DRAIN FOR THE 3 BAY SINK HAS A LEAK WITH A CATCH BUCKET. - REPAIR PLUMBING	1/26/23	
177	NC		BUCKET OF WARM RED SAUCE BEING STORED ON THE FLOOR - ALL FOOD SHOULD BE STORED A MINIMUM OF 6 INCHES ABOVE THE FLOOR		
257	NC		NO THERMOMETER PRESENT IN FLIP-TOP COOLER. - INSTALL THERMOMETER IN READILY ACCESSIBLE SPOT.	1/26/23	
307	NC		HOOD ABOVE STOVE HAS GAPS	1/26/23	
177	NC		BOXES OF RAW CHICKEN BEING STORED ON THE FLOOR IN WALK-IN COOLER. - FOOD ITEMS NEED TO BE STORED A MINIMUM OF 6" ABOVE THE FLOOR.	1/13/23	
218	NC		ICE BUILD UP IN FR WALK-IN FREEZER - REPAIR UNIT	1/26/23	
218	NC		DOOR GASKET ON THE WALK-IN FREEZER DOOR IS IN DISREPAIR - REPLACE DOOR GASKET	1/26/23	
430	NC		BACK DOOR HAS A LARGE HOLE IN THE BOTTOM LEFT CORNER. - REPAIR OR REPLACE THE DOOR.	1/26/23	
310	NC		WOMEN'S RESTROOM FAN IS SOILED - CLEAN THE FAN IN WOMEN'S RESTROOM	1/26/23	
Received By (Name & Title) Nestor Cruzado			Inspected By (Name & Title) K.R. [Signature]		Page <u>2</u> of <u>3</u>

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
La Herradura			226 S SR 135 466106	1-13-23
216	NC		Observed green cotton cloths lining the hot cooler	1-16-23
411	NC		Observed a light out in the dish area	1-26-23
295	NC		Walk-in cooler shelving racks are soiled/rusty	1-26-23
245	NC		Observed wet wiping cloths not stored inside sanitizer bucket.	1-13-23
199	NC		Observed meat thawing in the 2 bay sink without the water over flowing.	I
			Note: Label all personal items & keep separate from establishment food products.	
			Note: lids need to be on employee drinks in kitchen area.	
			Dish machine is sanitizing OK at time of inspection.	
Received By (Name & Title)			Inspected By (Name & Title)	Page 3 of 3
x Nestor Quezada			Cassidy / KRP	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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*Bestu
1-19-23*

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 <i>Little Caesars</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/16/23</i>	ID# <i>1519</i>
Establishment address <i>670 US 31 S Greenwood IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>APPROX 2 wks</i>	Release Date <i>1/16/23</i>
Owner		Summary of Violations: C <u>1</u> NC <u>7</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			
Responsible person's email			
Certified food handler <i>X Lisa Whitney</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
431	NC		wall by the dough mixer is dirty	1/16/23
	NC		Remove the old pizza cooler	
431	NC	✓	The floor in the 3-bay sink area is filthy - door	1/16/23
352	NC		The restroom is open -	1/16/23
			The restroom hand sink is soiled -	1/16/23
431	NC		The ceiling and vents are soiled in the 3-bay sink area -	1/16/23
411	NC		The lighting in the walk-in cooler is burnt out -	1/16/23
295	NC		The inside surface of the metal walk-in cooler door is soiled -	1/17/23
193	C		Time is not indicated on the make-up pizza racks. 30 pizzas at room temperature.	1/16/23
			* Citations will be issued on the items being neglected on the follow-up inspect -	

Received by (name and title printed): <i>+Valene Jewell</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>+Valene Jewell</i>	Inspected by (signature): <i>Terry D. Bayless</i>
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>Lit'l P Caesar's Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/26/23</i>	ID# <i>1819</i>
Establishment address <i>670 S US 31 Greenwood IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 <i>X</i> 4 _____ 5 _____	
Certified food handler			

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[illegible]

Received by (name and title printed): Valene Jewell		Inspected by (name and title printed): Terry D Bayless
Received by (signature): Valene Jewell		Inspected by (signature): Terry D Bayless
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Belton
1/27

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>LOVE'S</i>	Telephone Number () Establishment	Date of Inspection <i>1/23/23</i>	ID# <i>1518</i>
Establishment address <i>5115 N 300E WHITELAND, IN</i>	() Owner	Follow-up <i>—</i>	Release Date <i>2/2/23</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C <u>0</u> NC <u>87</u> R <u>—</u></i>	
Owner address		Menu Type (See back of page) <i>1 <u>—</u> 2 <u>2</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u></i>	
Person in charge <i>ZACHARY MILLER</i>			
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
295	NC		- SODA NOZZLES ARE SOILED	1/27/23
239	PC		- SINGLE USE ITEMS BEING STORED WITH CHEMICALS IN CABINET UNDER THE COFFEE MACHINE	1/24/23
324	NC		- NO HOT WATER OBSERVED FROM HANDS BY SODA MACHINES	1/27/23
218	NC		- DOOR SEALS ON DRINK COOLER ARE IN DISREPAIR	2/2/23
218	NC		- DOOR SEAL ON WALK IN COOLER IN DISREPAIR	2/2/23
256	NC		- THERMOMETERS NOT OBSERVED IN REACH IN COOLER FREEZER	1/27/23
*NOTE	—		- BOTTOM RIGHT SIDE OF ICE CREAM COOLER IN DISREPAIR	2/2/23
239	NC		- SINGLE USE ITEMS BEING STORED ON FLOOR IN BACK STORAGE AREA	1/24/23
431	NC		GENERAL CLEANING: - BOTTOM OF REACH IN COOLER - UNDER STORAGE SHELVES IN STORAGE AREA	2/2/23

Received by (name and title printed): <i>X [Signature]</i>	Inspected by (name and title printed): <i>KEVIN R. PAUCIN / Bob Sm</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>KRP / Bob Sm</i>
cc: <i>Zach Miller</i>	cc:



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Belkay
1-9-23

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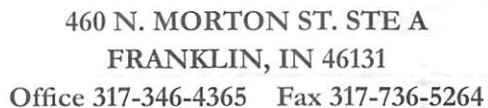
Establishment name <i>Lulu's Pizza di Roma</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/4/23</i>	ID# <i>1052</i>
Establishment address <i>1251 N. US 31 Greenwood, IN</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>✓</i>	Release Date <i>1/14/23</i>
Owner		Summary of Violations: C <u>0</u> NC <u>7</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			
Responsible person's email			
Certified food handler <i>John Gaston 2023</i>			

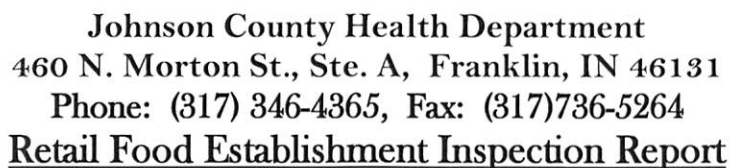
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• 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
342	NC		No hand towels at the front counter hand sink	1/4/23
112	NC		Upright freezer is not NSF commercial quality- Home use only	when replaced or sold.
	NC		packaged ham in the walk-in cooler is not date marked	1/4/23
216	NC		Front counter top is cracked	—
430	NC		cone base is damaged on the front counter.	—
295	NC		work table shelves are soiled	1/6/23
218	NC		pizza prep cooler is not maintaining proper temperature - [41°F] - Proper adjustment required product removed	1/4/23

Received by (name and title printed): <i>x Orfeo Di Milio</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>x Orfeo Di Milio</i>	Inspected by (signature): <i>Terry D. Bayless</i>
cc:	cc:





establishment Marco's Pizza		telephone 317-630-9888	Date of Inspection 1/20/2023
Establishment address 586 S State Road 135, Ste. B , Greenwood, IN 46142		Summary of Violations 0 C, 5 NC, 0 R	
Owner Bridges Investments		Follow-up No	Release Date 1/30/2023
Person - in - Charge	Certified Food Handler Shelby Linman	Purpose: Routine	Menu Type 2-Limited menu
Establishment Identification # 2318	County Johnson	District D5	

- Critical Items are Identified in the Checklist & Narrative Columns Marked “C”
- Violation(s) repeated from previous inspections are denoted in the “summary of violations” & in the narrative below as “R”

[illegible]

~~Caddis Tall~~

Inspected by: Elizabeth Schultz, REHS
(317) 346-1373 eschultz@co.johnson.in.us

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 MEIJER GAS STATION #132	Telephone Number () Establishment () Owner	Date of Inspection 1/27/23	ID# 683
Establishment address 72 N SR 135 GREENWOOD, MI 48142	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 2/7/23
Owner MEIJER STORES LIMITED PARTNERSHIP		Summary of Violations:	
Owner address 49544 7929 WALNUT AVE GRAND RAPIDS, MI		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge NOREEN RYDZEWSKI		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			

- 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): X Noreen Rydzewski		Inspected by (name and title printed): Kevin R. Paulin
Received by (signature): X Noreen Rydzewski		Inspected by (signature): K. R. Paulin
cc:	cc:	cc:



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

Return 1/18

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 Mi Abuelito	Telephone Number () Establishment () Owner	Date of Inspection 1/18/23	ID# 2319
Establishment address 377E Jefferson St	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 1/28/23
Owner		Summary of Violations: C 0 NC 5 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
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
295	NC		Cooling unit soiled inside	1/18/23
239	NC		Utensils need to be stored and cleaned properly	1/18/23
402	NC		Walk in cooler floor soiled	1/19/23
177	NC		Food stored on floor in walk in cooler/freezer	1/19/23
197	NC		Walk in freezer dripping - some food measured @ 15F	
			NOTE: No personal food or drinks should be on or near prep area	

Received by (name and title printed): X Erik Diaz	Inspected by (name and title printed): Jayce Miller
Received by (signature): X Erik Diaz	Inspected by (signature): Jayce Miller
cc:	cc:



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
1-11-23

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 MI ABUELITO	Telephone Number () Establishment () Owner	Date of Inspection 1/10/23	ID# 2460
Establishment address 2797 N. MORTON STE A FRANKLIN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 1/20/23
Owner JUAN QUEZADA		Summary of Violations: C <u>1</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>X</u> 5 <u> </u>	
Person in charge BULMARO R. CERNA			
Responsible person's email			
Certified food handler BULMARO CERNA Exp. 3/17/26 ServSafe			

• 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
239	NC		DISH RACK OBSERVED SITTING ON THE FLOOR	-CORRECTED 1/10/23
324	NC		LEAKS OBSERVED ON HAND SINK IN KITCHEN AND BAR LEAK NOTED ON 3 COMPARTMENT SINK DRAIN	
392	NC		DUMPSTER LID OBSERVED IN UP POSITION (OPEN)	
NOTE			IMPROPER FLY STRIPS OBSERVED UNDER BAR	CORRECTED 1/10/23
			TEMPERATURES OF	
187	C		INTERNAL FOOD TEMPERATURES OF POTENTIALLY HAZARDOUS - TO BE FOOD ITEMS OBSERVED AT 47-49° - NOT AT 41° OR LESS	DISCARDED
254	NC		METAL STEM PROBE TYPE THERMOMETER 0°-220° NOT ACCURATE	CORRECTED 1/10/23
234	NC		HANDLE OF ICE SCOOP IN CONTACT W/ ICE	CORRECTED 1/10/23

Received by (name and title printed): X Bulmaro R Garcia C	Inspected by (name and title printed): KEVIN PAULIN / Bob Smith
Received by (signature): X [Signature]	Inspected by (signature): K.R. Paulin / Bob Smith
cc:	cc:

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 MORNING POINT	Telephone Number () Establishment () Owner	Date of Inspection 1/6/23	ID# 1211
Establishment address 75 SOUTH MILFORD FRANKLIN, IN	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 1/16/23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge KIM BARNETT		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u>0</u> 4 <u> </u> 5 <u> </u>	
Certified food handler AMV SPURLOCK (SUSAN 8/11/23 EXP)			

- 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): * Kim Barnett		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): * Kim Barnett		Inspected by (signature): Bob Smith
cc:	cc:	cc: