

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

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

Establishment name KINTUCKY JALL Chicken Establishment addres Greenwood 1293 N. S. R. 135 Owner Owner Owner 1 Routine 2. Follow-up 3 Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food bandler Wiolations; Are Denoted by Violations; Are Denoted in the "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Floor they was a substantive of working and at Violations are denoted by Alack working at Alack working and at Violations are denoted by Alack working and Alack working and Alack working and Alack working are denoted by Alack and Alack working and Alack working are denoted by Alack and Alack working and Alack working and Alack
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frame,
grames 1
16177 1617 1 717 1 16 17 17 17 17 17 17 17 17 17 17 17 17 17
218 NC Whelfield reach-in-cooter contains 4/29/23
Blodgett top oven is missing 4/15/23
the temperature control knob
187 C Sliced Swiss Cheese in a metal Corrected
par located inside another metal
pan within the cold holding
table measured 44°F.
431 NC O Floor drain by cooks area 4/5/23
is soiled
Received by (name and title printed): Inspected by (name and title printed):
Received by (name and title printed): Inspected by (name and title printed):
Received by (name and title printed): MCHENZIE AGEE Inspected by (name and title printed): Andrew Miller, EHS
Received by (name and title printed): MCHARIC AGE Received by (signature): Inspected by (name and title printed): MCHARIC AGE Inspected by (signature): No No.

NARRATIVE REPORT

	nment N	ame , Address CD 13.5 Green 11000	Inspection Date
Pan		ey third 1293 N N 46142	3/29/2
	70000	10 /highan	TO BE
Section#	C/NC	R CIUCUI REMARKS	CORRECTED B
		@ Floor behind mens tolet is	4/5/23
		soiled	1/
		3 Ceiling in kitchen is soiled.	
		1) Floors in various areas of	
		the kitchen and drive-up	
		are soiled	
	NC	dumpster lid was open	Corrected
255	NC	Henry Penry warmer lacked a	4/1/23
		working thermometer and the	/ /
295	NC	Ointerior tray tracks are soiled	4/1/23
	<u> </u>	Dray storing ice scoop was soiled	Corrected
		3 Shouse bottom of deep fryers are	14/15/23
0.10	<u> </u>	Soiled "O"	1 10 10
218	NC	Kear top of ice maker	4/8/23
10.1	<u> </u>	is leaking 4 men's restroom sinks	
404	NC	Kitchen areas lacked cove	4/29/23
1120	1.16	base and drive-thru area and	
430	NC	awere worn/missing	1/10/22
		(3) Ritchen (ceiling tiles (some)	4/18/23
399	010	are damaged (i.e. near three by	4/29/23
397	NC	in hitches and back stories	7/29/20
		in Ritchen and back Storage	
430	WC	O lient cover is loose for hot	4/10/23
150	70 C	West of heater a brove means	1
	 	100 mabab)	
	1 -	2) Floor is bushed inside.	4/21/23
	 	walk-in- cooler and door ramp	1/2/
-		is worn / near door	7
		1	
	<u> </u>		
		& Title) Inspected By (Name & Title) iller, EHS	
			Page 3 of 2



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		tatio	in Requirements. The time limit for correct	_	ectifed in the narrative portion of this report.
Establishmen	nt name			Telephone Numbe	
MY	ME		0- 133	() Establishme	nt 2 111-73 MM2
Establishmer	nt addres		2 125	() Owner	13-14-C3 (WW)
5910	1 N	5	SR 135 GOVERNIAUN	Purpose:	Follow-up Release Date
Owner	-		- CHWINISE	1. Routine	3-24-23
				2. Follow-up	Summary of Violations:
Owner addre	ec .			- ^	,
Owner addite	.55			3. Complaint	
				4. Pre-Operationa	
Person in ch	arge			5. Temporary	CNCR
				6. HACCP	d agurana daggan, da afine iya k
Responsible	person's	emai	arrae las ar steade en l'arritgement d'un si and	7. Other (list)	Menu Type (See back of page)
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Certified foo	d handle	r	CI CI CIVIDO		1 2 3 4 5
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• CRITICAL	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS	" AND IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
718	NC		The following dor	anskets are	2 SOLH 14000.
	1 1111111	maq.	- Stachiecks 2	door reach	-in Cooler (rightside)
	1.00	5.0.55	- Walkin daw	Casla	or (middle)
			+ + 2990 N- XIVIAI-	- DUCKONOCY	
			- Secretary P	for reach	in foester
			Crant Side	2 doors	
			- William Ever	ser (by dur	4 /W/K-W (00)4C)
			2000	ou my com	
205	NI		Bottom of reach	-m chick	en display
010	100		COOLEY IS Soiled		
1131	NC			oi mid et	Starbucks is
	100		501180		
431	NC		SLOOK MORE the	rand smk.	in Starbuck
1) (100	100	15 Soiled:		
430	NC		SIDOC WASE & O	rand Erry	risnot smooth
	100		+ easily Clewas		
				ounted.	
			NOTE: STOWNICKS!	VNASINK h	Of March
			COCK HIMME IN (100 0 F - 1000	
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/	Ed				CASSI LAW / Caleb Floener
Received by					Inspected by (signature): Cale 6 Flora Color Flora
	1				Call Flooms
cc:		^	cc:		cc:
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Establishment name Establishment address Owner Owner Owner address Person in charge Responsible person's email	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 3-14-13 1930 Follow-up Release Date 4-2-23 Summary of Violations: CNCR Menu Type (See back of page)
Certified food handler		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT Section # C/NC R		N THE NARRATIVE BELOW AS "R" To Be Corrected by
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Establishment	name		the desirence and the second	Telephone Number	Date of Inspection	ID#
Lap	after	ror	ra Millican Restaurant	() Establishment	1,101	
Establishment	address	;	Proposition D.	() Owner	3/7/23	2639
884	No	wt	L US 31 Corlenwood.	Purpose:	Follow-up Releas	e Date
Owner				1. Routine		121/23
				2. Follow-up	Summary of Violat	ions:
Owner addres	S			3. Complaint		
			ľ	4. Pre-Operational		
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Responsible p	erson's e	email	etre a legeroutgas verticativos en alteritor a la	7. Other (list)	Menu Type (See l	pack of page)
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Certified food	handler	· n	2/22/20		123 <u>Y</u>	45
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						Page 1 of



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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 Telephone Number Date of Inspection Long John Silvers
Establishment address
2191 Independence Crosenwood) Establishment 3/21/23) Owner Purpose: Follow-up Release Date Yes 1. Routine Summary of Violations 2. Follow-up Owner address 3. Complaint 4. Pre-Operational c 3 NC B R Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler Hornis Sholly VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC R 431 NC three bon Cooles m Side 187 on some Ne NC and temperature 255 small Cooler MC on Cleaning 1-3 days is Inspected by (name and title printed):

Daul Blti 104 EHS Received by (name and title printed): Tanna Inspected by (signature): naul Believe cc:



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

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Establishment name						
Owner address Owner address Owner address Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Memu Type (See back of page) Certified food handler 2. H. H. J.	Establishment name	Telephone Number	Date of Inspection	ID#		
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

3-8-13

460 N. MORTON ST. STE A 7 FRANKLIN, IN 46131

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

		in Requirements. The time infinition confects			
Establishment nam	ie	at smooth point population in azardous force	Telephone Number	Date of Inspection	ID#
LUCIAN			() Establishment	2-1.72	1118
Establishment addı	ress	Greenwood	. () Owner	17-1-65	166
1133 N	SR	135 46142	Purpose:	Follow-up Releas	e Date
Owner		,	1. Routine	1/ex 3	10-23
			2. Follow-up	Summary of Violat	ions:
Owner address	And a second second		3. Complaint	U	
			4. Pre-Operational	1	r.
Person in charge			5. Temporary	CO NC	R
r croom in charge			6. HACCP		
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Responsible person	15 Ciliai	Approximate the second of the	7. Other (11st)	Menu Type (See a	ruck of pages
Certified food hand	dler		1000	1 2 3	4 × =
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NARRATIVE REPORT

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		~	an inverted metal pan!					
		(4	Warmen box outside the mome	TOV 3/2/23				
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		à	first number	3/5/23				
		5	Dup strainers with wood	3/5/23				
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			area	J / /				
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460 N. MORTON ST. STE A 3 (2) FRANKLIN, IN 46131

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

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Owner addre		~ - 100						2. Follow-up		Summary	or violatio	115.
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Responsible J	person s	eman						7. Other (list)		Menu Tyj	se (See ba	ck of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment address 2252 5. US 31 Greenwood IN Owner Owner Owner address Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Juan Kolo Certified food handler Certified food handler Juan Kolo Certified food handler Kolo Certified food handler Kolo Could be address Owner Follow-up Release Date HI/23 Summary of Violations: Other (list) Menu Type (See back of page) 1 2 3 14 5 Owner Owner	1		To 47 .	1
Downer D	Establishment name	Telephone Number	Date of Inspection	ID#
Described food handler Persons in charge Responsible person's email Certified food handler Corrected by Grame and file printed: VIOLATIONS) REPEATED FROM PRIVIOUS INSPECTIONS ARE DENOTED IN THE "SEMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by 1/2 3 1/2 1/2	Mc Dunaly 1	() Establishment	3/22/22	953
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Responsible person's email 7. Other (list) Menu Type (See back of page) 1 2 3 4 5 Certified food bandler 1 4 Juan Kolo Certified food bandler 1 2 3 4 5 Certified food bandler 2 3 4 5 Certified food bandler 1 2 3 4 5 Certified food bandler 2 3 4 5 Certified food bandler 2 3 4 5 Certified food bandler 2 3 4 5 Natrative To Be Corrected by Section # C/NC R Natrative To Be Corrected by in a 3/22/23 3 4 5 To Be Corrected by in a 3/22/23 3 4 5 To Be Corrected by in a 3/22/23 3 4 5 To Be Corrected by in a 3/22/23 3 4 5 To Be Corrected by in a 3/22/23 3 4 5 To Be Corrected by in a 3/22/23 3 4 5 To Be Corrected by in a 3/22/23 3 4 6 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 3 4 7 To Be Corrected by in a 3/22/23 To Be Corrected by in a 3/22/23 To Be Corrected by in a 4/24/24/24 To Be Corrected by in a 4/24/24 To Be Co	Person in charge		C_O_NC_	2R
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection	ID#
Mc Donald's	() Establishment	3/20/23	1451
Establishment address	() Owner	3/00/2	1777
706 w readialgar Pointe Way	Purpose:	Follow-up Release	e Date
Mc Donalds Establishment address 706 w rackalgar Pointe Way Owner Trackly	1. Routine	1/es 3/	36/23
Jul	2. Follow-up	Summary of Violat	ions:
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,	4. Pre-Operational		
Person in charge	5. Temporary	C_D_NC_5	R
La la canada de la	6. HACCP	The Same Same	
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Certified food handler		1 2 3 X	45
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Section # C/NC R	Narrative		The second secon
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishment name M. Donalds Establishment address W. B. Franklin (N. 46(3)) Owner Owner Owner address Person in charge Responsible person's email Thank What Mark Cartified food handler	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 10 23 Follow-up Release Summary of Violation C NC Menu Type (See back) 1 2 3	24 23 ons:
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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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Establishment address 197	Establishme	ent name	1	shoot and usual yillustrand from to		Date of Inspection	ID#
Owner Purposes Follow-up Release Date NU 4 4 23				(3)	() Establishment	0/2//20	2221
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460 N. MORTON ST. STE A 3/4/23 FRANKLIN, IN 46131

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

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Establishment name	11 205	brei il il e i e e i e e e e e e	Telephone Number	Date of Inspection	ID#
Merjer	# 275		() Establishment	03/08/23	2006
Establishment address	s	1 06	() Owner	03/08/23	20 70
Establishment address	M. Mor	ton st	Purpose:	Follow-up Release	Date
Owner			1. Routine	- 3	122/23
			2. Follow-up	Summary of Violati	ons:
Owner address			3. Complaint		
			4. Pre-Operational		
Person in charge				C O NC	2 2
Person in charge			5. Temporary	C NC A	R
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Responsible person's	email		7. Other (list)	Menu Type (See b	ack of page)
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Section # C/NC	R		Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name Mujer Cas Station # 295 Establishment address 2354 N. Morton St Owner Owner Person in charge Responsible person's email				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 [8 2 3 Follow-up Release Summary of Violate C NC NC Menu Type (See 1)	R D back of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishment name	Telephone Number	Date of Inspection	ID#
Meijer # 132	() Establishment		
	() Owner	3/7/23	636
Establishment address 160 S. Merr lin dr. Tyl 46142	Purpose:	Follow-up Release	Date
Owner	1. Routine	- 3/.	21/23
	2. Follow-up	Summary of Violation	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$c \not \in NC 3$	R
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Certified food handler Anne Scruggs.		123	4 1 5
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Establishment Sanitation Requirements. The time limit for co					
Establishment name	Telephone Number () Establishment	Date of Inspection ID#			
Establishment address	() Owner	3-14-23	1586		
SOVE Deflerson St. 46%	Purposes	Follow-up Releas			
Owner	1. Routine	3-	4-23		
	2. Follow-up	Summary of Violat	ions:		
Owner address	3. Complaint				
	4. Pre-Operational		7		
Person in charge	5. Temporary	c NC R			
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Certified food handler EVANCISCO CHAYCIA LODE, T. (C.)	e77 (7/a)	123	_45		
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