

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 JOHNSON COUNTY JAIL	Telephone Number () Establishment () Owner	Date of Inspection 7/7/23	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 7/17/23
Owner JO. CO. GOVT		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge TIFFANY PRUITT - ROTHMEIER			
Responsible person's email			
Certified food handler KATHERINE BARABY			

- 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): COOK Tiffany Pruitt-Roethamer	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): 	Inspected by (signature): 
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 7/12

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 Kentucky Fried Chicken	Telephone Number Establishment Owner	Date of Inspection 7/10/23	ID# 2245
Establishment address 1293 N SR 135 Greenwood 46142	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 7/20/23	Release Date
Owner		Summary of Violations: C 1 NC 5 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 Destiny Green (278 10/10/24)			

- 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
430	NC		Observed many broken floor tiles throughout kitchen.	8-10-23
218	NC		① Walk-in cooler bottom door gasket is in disrepair → light was observed	7-24-23
			② Observed Delfield cooler Ambient air temperature @ 38°F → shall be 0°F or less	Food products discarded
			③ 3 door delfield cooler door gaskets in disrepair (middle)	7-24-23
			④ Penny penny heating holding units door hinges in disrepair	
411	NC		Exhaust hood light intensity observed @ 10 foot candles → shall be 70 foot candles or more	
193	C		Raw Chicken make station with water & flour coating not time tagged as per SOP's.	corrected
431	NC		Floor & equipment soiled. Please clean thoroughly	7-17-23

Received by (name and title printed): Destiny Green	Inspected by (name and title printed): Cass Hall / Elizabeth Schulte
Received by (signature): <i>Destiny Green</i>	Inspected by (signature): <i>Cass Hall / Elizabeth Schulte</i>
cc:	cc: chall@co.johnson.in.us

317-346-4363

NARRATIVE REPORT

[illegible]

You may make written comments- fax, mail, or email



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
7/12

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 7/11/23	ID# 2003
Establishment address 970 N Morton St Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 7/11/23	Release Date 7/21/23
Owner		Summary of Violations: C NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge BARB Reed			
Responsible person's email			
Certified food handler BARB Reed (SERUSARE) (EXP 2027)			

• 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
107	C		Internal temp of mac-cheese observed at 120° in warmer unit at Deli (not at 135° or more)	7/11/23 Item discarded 7/11
239	NC		Starbucks cups in box not stored off the floor by minimum of 6 inches in back of sushi department	7/12/23
NOTE	✓		Ph log for sushi ^(RTIC) not up to date	corrected 7/11/23
NOTE	✓		sushi cooler ambient air 46°	7/12/23
399	NC		Worn wall in area of back deli department	8/12/23
347	NC		Hand sink in deli and bakery not provided with disposable towels	7/12/23
346	NC		Hand sink in bakery not provided with soap	7/12/23

Received by (name and title printed):

Barb Reed ASL

Inspected by (name and title printed):

Bob Smith / Sidney King

Received by (signature):

Barb Reed

Inspected by (signature):

Bob Smith / Sidney King

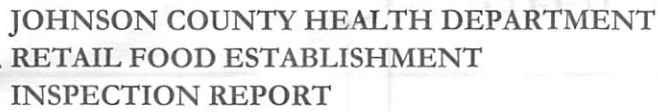
cc:

cc:

cc:

NARRATIVE REPORT

[illegible]



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 KYB Avi	Telephone Number () Establishment () Owner	Date of Inspection 7/27/23	ID# 2280
Establishment address 2625 N. Merton St	Purpose: 1. <u>Routing</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner		Summary of Violations: C <u>0</u> NC <u>0</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			

- 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): Bill White	Inspected by (name and title printed): Paul Betton EHS
Received by (signature): Bill White 7/27/2023	Inspected by (signature): Paul Betton
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

Beky
7/12

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 7-11-23	ID# 2259
Establishment address 226 S SR 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 7-21-23
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>7</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>X</u>	
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
415	C		Observed a few flies throughout kitchen.	8-1-23
			5 Observed fly strips in dish area, not approved for commercial use (removed)	
414	NC		Kitchen back door screen is worn/torn.	7-14-23
190	NC		Observed chicken cooling in ice water inside a plastic container with a lid. (chicken was not stored in a bin that is submerged in ice.) @ 90°F	7-11-23
			Not an approved method of cooling.	
			Note: Observed an open Coca-Cola can stored inside flip top prep cooler (left side) above food product.	
216	NC		Observed fail in the following equipment: ① Warmer table ② Interior of flip top cooler ③ Stove. Not easily cleanable.	7-14-23

Received by (name and title printed): Nestor Quezada	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name La Herradura II			Address 226 S SR 135	Inspection Date 7-11-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
430	NC		Floor throughout kitchen is worn	8-25-23
295	NC		(1) Both 2 door flip top Coolers Shelving racks are soiled/rusty (2) Shelving rack storing clean dishes is soiled/rusty (3) Shelving rack by dish machine is soiled/rusty (4) The following door gaskets are soiled (1) Walk-in Cooler (gasket is worn) (2) Both flip top Coolers.	8-11-23
234	NC		Observed a knife stored in the flip top cooler joint ↳ not a clean surface	7-11-23
218	NC		Observed walk-in cooler freezer ambient temperature @ 100°F ↳ Shall be 0°F or less ↳ observed ice buildup.	8-11-23
<p>Note: Kleen-Off Sulfuric acid Drain opener appears not approved for commercial use.</p> <p>Note: Light out above dish machine</p> <p>Note: All food products shall be stored 6" off ground/floor.</p> <p>Note: hand sink by stove leaks from faucet.</p> <p>Note: Label all spray bottles & bulk containers/bottles.</p>				
Received By (Name & Title) Nestor Quirada			Inspected By (Name & Title) [Signature]	Page 2 of 2



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

Bekm
7/17

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 ROSA	Telephone Number () Establishment () Owner	Date of Inspection 7/14/23	ID# 2019
Establishment address 50 N SR. 135 STE A	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 7/21/23	Release Date 7/24/23
Owner		Summary of Violations: C 2 NC 7 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 JOSEPH TIENEN OR - 11/26/26			

- 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
174	NC		BULK FOOD CONTAINERS ARE NOT LABELED	
256	NC		DID NOT OBSERVE A THERMOMETER IN THE CHEST FREEZER	
			CHEMICAL SPRAY BOTTLES ARE NOT LABELED	
438	C		CHEMICAL SPRAY BOTTLES ARE STORED NEAR OR ABOVE FOOD CONTACT SURFACES - DO NOT STORE NEAR: - Food	
218	NC		UTENSILS NOT IN GOOD REPAIR - 2 STRAINERS - 1 KNIFE	
294	C		SANITIZER - Dish Machine: CHEMICAL LEVEL EQUAL TO OR GREATER THAN 200ppm	

Received by (name and title printed): JUAN MARTIN RODRIGUEZ TORRES	Inspected by (name and title printed): KEVIN R. PAULIN
Received by (signature): J. MARTIN RODRIGUEZ T.	Inspected by (signature): K-R-P
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address		Inspection Date
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
La Rosa			50 N SR 135 46/06		7/14/23
431	NC		① Floor under Shelving units in storage room are soiled. ② Wall located behind dishmachine is soiled.		7-20-23
216	NC		Observed foil lining the bottom of dishmachine ↳ not easily cleanable		7-14-23
295	NC		① Interior of ice machine is soiled. ② Bottom of reach-in Coca-Cola machine by Soda machine is soiled. ③ Green + Silver Shelving racks/units by dish machine are soiled/rusty		7-20-23
324	NC		Observed a leak at the three body sink drain line connection.		7-28-23
218			Observed gaps in hood system		
NOTE: MILK CONTAINERS EXP ON 7/13/23					
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
Juan Martin Rodriguez			Cassie Hall / Kevin R. Brown		



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

Beta
7/21

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 Lundo Mexico, Inc	Telephone Number () Establishment () Owner	Date of Inspection 7/18/23	ID# 1483
Establishment address 997 E. County Line Rd Greenwood IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 7/28/23
Owner Juan Bravo		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge (SewSafe Exp.)			
Responsible person's email Juan Bravo 8/17/27			
Certified food handler Daniel Jovan 7/19/23			

• 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
430	NC		Alley door is deteriorated at the bottom	9/18/23
218	NC		① Middle door gasket torn on preparation table	8/18/23
			② Double oven door bottom metal and fabric seal is damaged	
			③ Walk-in-cooler metal shelving is rusty	
430	NC		Top of Cove base (tile) is pulling away from the North kitchen wall near deep fryer	9/18/23
324	NC		Hot water in men's restroom was 127°F and women's was 135°F.	7/19/23
			Note: Some flies (small and live) were seen in firm.	Range 100°F to 120°F max

Received by (name and title printed): Roberto Rodriguez	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:



EA 7/20



Purpose:

1. Routine

- [illegible]

ected by (name and title printed):
Terry D Bayless
ected by (signature):
Terry D Bayless



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

Beky
7/13

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 Marco's Pizza	Telephone Number () Establishment () Owner	Date of Inspection 7/12/23	ID# 2211
Establishment address 989 N US 31 Whiteland 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 7/22/23
Owner		Summary of Violations: C 0 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 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
431	NC		1B bay sink floor drain soiled note: Sewage odor noted at time of inspection	7/19/23
216	NC		2 Pepsi floor drain soiled observed plastic film attached to exhaust hood system over oven note: not easily cleanable	7/12/23
295	NC		observed soiled utensils on green shelving rack next to cooler (appears to be a clean utensil rack)	
218	NC		12 door flip top cooler top door gaskets are split/worn 2 3 door flip top cooler middle top door gasket are split/worn	7/26/23
174	NC		BEAK food containers and bottles NOT labeled	7/14/23
431	NC		Floor soiled throughout kitchen → equipment, shelving racks, etc.	7/14/23
417	NC		observed red employee aprons not stored in designated area (observed stored on utensil rack)	7/12/23

Received by (name and title printed): Kaiden Peavler	Inspected by (name and title printed): Cass Hall / Sidney King
Received by (signature): 	Inspected by (signature):
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

Butter
7/12

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 Margarita's Grill	Telephone Number () Establishment	Date of Inspection 7-10-23	ID# 1788
Establishment address 11675 W Smith Valley Rd. 46112	Owner Greenwood	Follow-up yes	Release Date 7-20-23
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 4 NC 7 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 Alexandro Perez (7/29/15)			

• 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
187	C		Observed the following internal temperatures inside the 2 door flip top cooler ① Beef @ 48°F ② Sausage @ 48°F ③ Chicken @ 48°F ④ Fish @ 45°F	Discarded @ time of inspection
187	C		① Observed the following internal temperatures inside 2 drawer cooler under flat-top grill ① Beef @ 44°F ② Observed cut watermelon in the bar area @ 48°F	
438	C		Observed a toxic spray bottle not labeled	7-10-23
441	C		Observed a yellow fly strip not approved for commercial use	
295	NC		Interior of ice machine is soiled	7-17-23
216	NC		Observed a plastic film on equipment ↳ not easily cleanable	7-10-23
234	NC		Observed a spatula use to stir queso stored in a metal pan with water	

Received by (name and title printed):

Juan Manny

Received by (signature):

[Signature]

cc:

Inspected by (name and title printed):

Cassi Hall / Elizabeth Schultz

Inspected by (signature):

Cassi Hall / Elizabeth Schultz

cc:

317-346-4373

P-

ESchultz@co.johnson.in.us

NARRATIVE REPORT

Establishment Name			Address		46142	Inspection Date
Margueta Grill			11075 W Smith Valley Rd			7-10-23
Section#	C/NC	R	REMARKS			TO BE CORRECTED BY
			<p>② Observed in use Utensils for Spices Not stored with handles above food products - Lids are needed for Spices & tortilla shells/bowls.</p>			
430	NC	X	Hole on top of grease trap.			7-10-23
190	NC		<p>Equipment in disrepair Improper Cooling. Roughly 4 pans of queso & 54 pans of refried beans observed on prep room table @ 79-81°F @ 3:35p. Product taken out of temperature control @ 1:30pm. You have 2 hours to cool food to 70°F from 135°F (& then an additional 4 hours from 70°F to 41°F or below) Please Keep Temperature Log so we can verify when your food gets to 135°F As that is when the time starts. (If I don't know when it got to 135°F I have to assume it is when you took product out of temperature control)</p>			7-10-23
245	NC		Chlorine sanitizer not observed			7-10-23
431	NC		<p>in cloth wiping cloth bucket Bar floor soiled</p>			<p>7-10-23 50ppm-100ppm</p>
<p>Note: Fire extinguisher shows "Recharge" on wall by</p>						<p>Company files coming out Tuesday</p>
<p>You may make written comments - fax, email, mail.</p>						
Received By (Name & Title)			Inspected By (Name & Title)			Page 2 of 2
<p><i>[Signature]</i> Manager</p>			<p><i>[Signature]</i> Inspector</p>			



Backed
7/11

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

Backed
7/11

- Backed
7/11

Backed
7/11

Backed
7/11



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

Bekm
7/6

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 McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 7/5/23	ID# 1555
Establishment address 2080 E. King St. Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7/15/23
Owner Andy Ball		Summary of Violations: C <u>1</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> </u> 5 <u> </u>	
Person in charge Emanuel Alvarado			
Responsible person's email			
Certified food handler Emanuel Alvarado (Sens Safe Exp: 10/30/26)			

• 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
295	NC		① Self-serve soda station ice shoots are soiled ② Inside top of ice maker, behind cashier, is soiled ③ Drive-up window #2 soda back plate and ice shoot are soiled ④ Top exterior of mechanical dish unit is soiled	7/5/23
431	NC		① Floor under ice maker, behind cashier, is soiled ② Mac Area at drive up window #2 is soiled ③ Floor behind/under Roper washing machine is "heavily soiled" ④ Interior floor of walk-in freezer is soiled ⑤ Large accumulation of ice	7/5/23

Received by (name and title printed): Emanuel Alvarado	Inspected by (name and title printed): Andrew Miller, EHG
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Franklin

Page 2 of 2



A Betty
1/26



- 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"

NOTE: please lean floors & walls
thank you!!

Page 1 of _____



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

Becky
7/13

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 7/12/23	ID# 2319
Establishment address 377 E. Jefferson St Ste B Franklin, IN 46131	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/22/23
Owner Juan Quezada		Summary of Violations: C 1 NC 10 R A	
Owner address		Menu Type (See back of page) 1 2 3 4 A 5	
Person in charge ERIC DILL			
Responsible person's email			
Certified food handler Jose Francisco Camarena exp. 5/7/24			

• 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
414	NC		Observed back door threshold gap	8/1/23
431	NC		Restroom mechanical exhaust not clean	7/15/23
NOTE:			Dichlorvos Fly Strips seen through establishment (not allowed)	7/15
218	NC		Front drink station upright refrigerator door gasket worn/split shelves coating rusting	8/1/23
174	NC		Bulk container of sugar not labeled in kitchen (corrected)	
177	NC		Some containers of food stored on floor in walk-in fridge and freezer as well as in kitchen (must be a minimum of 6 inches off the floor)	7/15/23
229	NC		Some dinner plates chipped in kitchen	
438	C		Spray bottles of cleaner not labeled in kitchen (corrected)	
234	NC		Handle of ice scoop not stored outside of ice maker (corrected at time)	
254	NC		Metal stem probe type food thermometer registering 0-20°	7/15/23
390/431	NC		Floor wet by back water heater, floor tiles worn	7/15/23
174	NC		Bulk containers of salt and pepper not labeled (corrected at time of ins)	

Received by (name and title printed):

ERIC DILL

Received by (signature):

ERIC DILL

cc:

cc:

Inspected by (name and title printed):

Bob Smith / Caitlyn Aegerter

Inspected by (signature):

Bob Smith / Caitlyn Aegerter

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>Mi Jefe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>07/11/23</i>	ID# <i>1639</i>
Establishment address <i>106 S. S.R 135</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: C <i>(X)</i> NC <i>(X)</i> R <i>(X)</i>	
Owner address		Menu Type (See back of page) 1 <i>(X)</i> 2 <i>(X)</i> 3 <i>(X)</i> 4 <i>(X)</i> 5 <i>(X)</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Jose Ciron Exp 2024</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"

[illegible]

Received by (name and title printed): <u>Jose Giron</u>		Inspected by (name and title printed): <u>Paul Beticu Ets</u>
Received by (signature): <u>Jose Giron</u>		Inspected by (signature): <u>Paul Beticu</u>
cc:	cc:	cc: