



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
11/13

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.

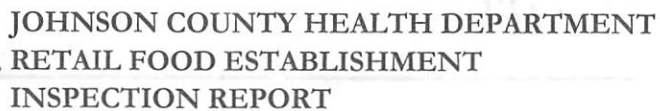
Establishment name JACKS DONUTS	Telephone Number () Establishment () Owner	Date of Inspection 11/9/23	ID# 2306
Establishment address 219 W JEFFERSON ST FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (YES)	Release Date 11/19/23
Owner P. GARUDE		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 <u>4</u> 5	
Person in charge ANDREW FORTENBERRY			
Responsible person's email			
Certified food handler GARUDE(?)			

• 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	*	FLOOR NOT CLEAN IN AREAS OF FRONT AREA, BACK AREA, FLOOR WET under 3 compartment SINK AND AROUND LARGE MIXERS	11/17/23
256	NC	*	THERMOMETER NOT SEEN IN COKE REFRIGERATOR IN WHICH MILK STORED	11/17
(NOTE)		*	PAN WITH STAGNANT WATER STORED under 3 compartment SINK	(check) CLEAN
295	NC	*	UNDERNEATH SIDE OF LARGE MIXERS NOT CLEAN	11/15
346	NC	*	EMPLOYEE RESTROOM - SOAP DISPENSER NOT FUNCTIONING, TOILET NOT CLEAN,	11/11
324	NC	*	CEILING FAN COVER NOT IN PLACE	11/13
431	NC	*	FRONT RESTROOM - ONE CEILING FAN COVER NOT CLEAN	11/13
(NOTE)		*	DEPPER WELL - WATER LEAKING SLOWLY	11/17

Received by (name and title printed): Andrew Fortenberry	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): <i>Andrew Fortenberry</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:


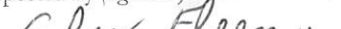


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Establishment name Jersey Mikes	Telephone Number () Establishment () Owner	Date of Inspection 11-20-23	ID# 2601
Establishment address 1675 W Smith Valley Rd.	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11-27-23
Owner		Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed):	Inspected by (name and title printed):
Ice Lewis	Caleb Heers
Received by (signature):	Inspected by (signature):
	
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

A *Beta*
 11/13

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 Jets Pizza	Telephone Number () Establishment () Owner	Date of Inspection 11-6-23	ID# 2296
Establishment address 954 N State Rd 135 Greenwood	Purpose: 1. Routine	Follow-up N	Release Date 11-16-23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>1</u> NC <u>1</u> R <u>1</u>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u>1</u> 2 <u>X</u> 3 <u>1</u> 4 <u>1</u> 5 <u>1</u>	
Certified food handler Jacob McKinney exp 5-10-2028 <i>Server</i>	6. HACCP		
	7. Other (list)		

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[illegible]

Received by (name and title printed): Jacob McKinney		Inspected by (name and title printed): Caleb Fleener
Received by (signature): JMcKinney		Inspected by (signature): Caleb Fleener
cc:	cc:	cc:



Beckon
11/13



Beckon
11/13

- Beckon
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Beckon
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Beckon
11/13



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RETAIL FOOD ESTABLISHMENT
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Bethal
12/14

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 Kacey's Pizza Spot	Telephone Number () Establishment () Owner	Date of Inspection 11/30/23	ID# 2644 282
Establishment address 89 N. 45 31 Whiteland, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/10/23
Owner		Summary of Violations: C <u>1</u> NC <u>4</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Rasheer Kaur			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>N.I. = Next inspect 10/1</i>	
256	NC		- Keep functioning thermometers in refrigerators	12/6/23
			- Blue towels [wiping cloths] must be stored in sanitizer between uses	
291	NC		Sanitizer test strips were not located - [chlorine]	12-2-23
216	NC		- The door gasket on the pizza shop walk-in cooler is damaged - [coming apart]	N.I.
345	NC		- Pizza shop hand sink/mop sink is soiled.	12-1-23
187	C		- Sliced ham in the sandwich shop service refrigerator is not being maintained at 41°F or below.	11/30/23

Received by (name and title printed): Leslie Rodriguez	Inspected by (name and title printed): Terry D Bayless
Received by (signature): <i>Leslie Rodriguez</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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before 11/13

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 KENTUCKY FRIED CHICKEN	Telephone Number () Establishment () Owner	Date of Inspection 11/1/23	ID# 2244
Establishment address 2401 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/11/23
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 McKENZIE AGEER			
Responsible person's email			
Certified food handler McKENZIE AGEER			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	*	CEILING WENT COVERS DUSTY	11/8/23
256	NC	*	THERMOMETER NOT SEEN IN ONE WACK-IN COOLER	11/8
392	NC	*	DUMPSTER LID NOT CLOSED	11/4
411	NC	*	3 LIGHTS ON ONE EXHAUST HOOD NOT FUNCTIONING	11/8
431	NC	*	FLOOR NOT CLEAN NEXT TO WALL IN KITCHEN	11/8
295	NC	*	SITELING IN KITCHEN, WACK-IN COOLER NOT CLEAN	11/8
324	NC	*	OPEN FRONT TOILET SEAT NOT PROVIDED IN MENS RESTROOM	11/8

Received by (name and title printed): McKenzie Ageer	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>McKenzie Ageer</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Beta 1
11/13

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Establishment name King Buffet	Telephone Number () Establishment () Owner	Date of Inspection 11/8/23	ID# 2041
Establishment address 2239 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/18/23
Owner EN CHEN		Summary of Violations: C 0 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge EN CHEN			
Responsible person's email			
Certified food handler EN CHEN			

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Section #	C/NC	R	Narrative	To Be Corrected by
414	NC	*	BACKDOOR SCREEN TORN, DOOR DOES NOT CLOSE TIGHTLY	11/23/23
295	NC	*	BULK FOOD CONTAINERS NOT CLEAN, LID CRACKED	11/14
229	NC	*		
29.5	NC	*	WALK-IN COOLER — FLOOR NOT CLEAN, SHELVING NOT CLEAN	11/20
177	NC	*	SOME FOOD CONTAINERS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN COOLER	11/15
431	NC	*	FLOOR NEXT TO WALL, UNDER EQUIPMENT NOT CLEAN IN KITCHEN	11/15
239	NC	*	BOXES OF SINGLE SERVICE ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN DINING AREA	11/12

Received by (name and title printed): EN CHEN	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): En. Chen	Inspected by (signature): Bob Smith
cc:	cc:

Mia Papageorge



Betsey
11/29



Establishment name Broger J-735	Telephone Number () Establishment () Owner	Date of Inspection 11-28-23	ID# 2008
Establishment address 5961 N SR 135	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12-8-23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>5</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 2 3 4 <u>X</u> 5	
Certified food handler			

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[illegible]

Inspected by (name and title printed):

Inspected by (signature):

CC:

98



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Betsy
12/14

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Establishment name Kroger	Telephone Number () Establishment () Owner	Date of Inspection 11/29/23	ID# 434
Establishment address 3100 Meridian Park Dr	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 12/8/23
Owner Greenwood, IN		Summary of Violations: C 1 NC 3 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Abby Traverse			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			Starbucks	
431	NC		drain under sinks soiled	12/15/23
310	NC		fan in cooling unit soiled - corrected	11/30/23
187	C		cooling unit w/ milk + apple juice running high - milk @ 47°F + thrown out during inspection	corrected
			Kroger	
399	NC		Floors soiled in many areas (deli, meat, etc)	12/31/23
310	NC		fans dusty in pick up cooler - work order in progress ↳ corrected	11/30/23
			NOTE: small winged insects observed in deli	
			All items besides floors corrected during time of inspection	

Received by (name and title printed): Chris Farrar	Inspected by (name and title printed): Jayce Miller EHS
Received by (signature): 	Inspected by (signature):
cc:	cc: 317 346 4369



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Bethany
11/13

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 LA COCAINA	Telephone Number () Establishment () Owner	Date of Inspection 11/9/23	ID# 1673
Establishment address 912 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 Yes	Release Date 11/19/23
Owner ALBERTO SEXTO PERI		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>4A</u> 5 <u> </u>	
Person in charge CARLO CABRERA			
Responsible person's email			
Certified food handler ALBERTO SEXTO N SERVSAFE (7/29/25 EXP)			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC	*	CONDENSATE DRAINAGE FROM WALK-IN COOLER OUTLETS INTO BUCKET NOT INTO DRAIN OUTLET (MAY NEED TO USE PUMP TO GET TO DRAIN)	12/1/23
197	NC	*	TEMPERATURE OF WALK-IN FREEZER 20°F NOT AT 0°F OR LESS	11/13
239	NC	*	HANDLE OF ICE SCOOP IN CONTACT WITH ICE IN FRONT SOFT DRINK STATION HANDLE NOT STORED OUT OF ICE	corrected 11/9
218	NC	*	DOOR GASKET WORN/SPLIT ON PREPARATION/GRILL	12/9
256	NC	*	LIAM REFRIGERATOR THERMOMETER NOT OBSERVED FOR THIS REFRIGERATOR	11/15
(NOTE)		*	ICE MAKER DRAIN DOES NOT HAVE AIR INTO FLOOR DRAIN	11/20
199	NC	*	RAW MEAT IN PAN THAWING WITHOUT RUNNING WATER	corrected 11/9
324	NC	*	WATER STANDING IN FLOOR SINK - NOT DRAINING PROPERLY	12/1

Received by (name and title printed): CARLOS CABRERA	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Carlos Cabrera</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Beckm
11/29

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 LE CROISSANT	Telephone Number () Establishment () Owner	Date of Inspection 11.22.23	ID# 2506
Establishment address	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/2/23
Owner		Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge PEORO VARGAS			
Responsible person's email			
Certified food handler			

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

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Section #	C/NC	R	Narrative	To Be Corrected by
345	NC		- HAND SINK IS NOT ACCESSABLE	
218	NC		- 1 REACH-IN COOLER IS OUT OF SERVICE	11/22/23
			- 1 REACH-IN FREEZER IS OUT OF SERVICE	
			- 1 SANDWICH STATION/FLIP TOP IS OUT OF SERVICE	
			- 1 MIXER IS OUT OF SERVICE	
411	NC		- LIGHT INTENSITY IN KITCHEN IS TOO LOW - OBSERVED	12/2/23
			- 1 LIGHT NOT WORKING	
138	NC		- EMPLOYEE #2 NOT WEARING HAIR RESTRAINTS	11/23/23
431	NC		- STORAGE ROOM IS DISORGANIZED/NOT MAINTAINED	12/22/23
291	NC		- TEST CHEMICAL TEST STRIPS NOT AVAILABLE	11/27/23
			- NEED CHLORINE TEST STRIPS FOR DISHWASHER	
257	NC		- NO METAL TEM/DIGITAL THERMOMETER AVAILABLE	11/27/23
			- TO CHECK INTERNAL FOOD TEMPS.	
431	NC		- GENERAL CLEANING NEEDS TO OCCUR	11/23/23
			- INSIDE FLIPTOP COOLER	
			- WALK-IN COOLER	
			- REACH-IN COOLER	
			- FLOORS, WALLS IN KITCHEN AREA	

Received by (name and title printed): X Pedro Villosa-B	Inspected by (name and title printed): Kevin R. Brown Ets Mialapogage
Received by (signature): X Pedro Villosa-B	Inspected by (signature): K.R.B. Mialapogage
cc:	cc:



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Establishment name <i>Little Caesars Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/20/23</i>	ID# <i>1819</i>
Establishment address <i>620. S US 31 Greenwood</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Dec. 1</i>	Release Date <i>11/30/23</i>
Owner <i>IN</i>		Summary of Violations: C <u>0</u> NC <u>7</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Lisa Whitney 2027</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		- Lights are burnt out in the dough prep area	11/30/23
425	NC		- mops and brooms are not hung up	11/31/23
345	NC		- Black mold was noted restroom hand sink assembly -	11/30/23
431	NC		- The floor sink under the 3-bay sink is soiled	11/22/23
295	NC		- walk-in cooler is soiled. Interior 3-bay sink area	11/30/23
324	NC		- The 3-bay sink area hand sink leaks	11/30/23
411	NC		- one overhead walk-in cooler light is burnt out.	11/30/23

Received by (name and title printed): <i>Lvalene Jewell</i>	Inspected by (name and title printed): <i>Terry D. Dryless</i>
Received by (signature): <i>Lvalene Jewell</i>	Inspected by (signature): <i>Terry D. Dryless</i>
cc:	cc:



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Establishment name <i>Lord's Locker</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-13-23</i>	ID# <i>1329</i>
Establishment address <i>106 E Pearl St.</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up <i>NO</i>	Release Date <i>11-23-23</i>
Owner		Summary of Violations:	
Owner address		C <u><i>/</i></u> NC <u><i>/</i></u> R <u><i>/</i></u>	
Person in charge		Menu Type (<i>See back of page</i>)	
Responsible person's email		1 <u> </u> 2 <u><i>X</i></u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed)

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC:

CC;

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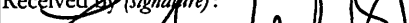

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name Lou Malnati's	Telephone Number () Establishment () Owner	Date of Inspection 11-17-23	ID# 2576
Establishment address 791 S SR 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 11-27-23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</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			

- 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): LARRY WALDEN	Inspected by (name and title printed): CASSI HALL
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

Becky
A 11/20

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 McDonalds	Telephone Number () Establishment () Owner	Date of Inspection 11/16/23	ID# 2187
Establishment address Morton St	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 11/26/23
Owner 		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</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 Kayla Allen			
Responsible person's email 			
Certified food handler Kayla Allen (Exp: 2028)			

- 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 Kayla Allen		Inspected by (name and title printed): Jayce Miller	
Received by (signature): X Kayla Allen		Inspected by (signature): Jayce Miller EHS	
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 MJ ABUELITO 3	Telephone Number () Establishment () Owner	Date of Inspection 11/9/23	ID# 2460
Establishment address 2797 N MORTON & FRANKLIN, FN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/19/23
Owner CORNA		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge BULMARO R GARCIA C.			
Responsible person's email			
Certified food handler BULMARO GARCIA CORNA (SERVSAFE EXP 3/17/26)			

- 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"

[illegible]

Received by (name and title printed): Belmar R Garcia C.		Inspected by (name and title printed): Bob Smith BWS	
Received by (signature): Belmar R Garcia C.		Inspected by (signature): Bob Smith	
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 MILLIE'S ICE CREAM / MATT'S MEATS	Telephone Number () Establishment () Owner	Date of Inspection 11/15/23	ID# 2711 MAT 2683 mitel
Establishment address 90 W JEFFERSON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12/15/23
Owner MATT'S MILLER MATTHEW LAVER / SAMANTHA ANGELO		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Jesse Angelo			
Responsible person's email			
Certified food handler Jesse Angelo SERVISAFE (EXP 5/16/27)			

- 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"

[illegible]

Received by (name and title printed): X JESSE ANGER		Inspected by (name and title printed): Bob SMITH / Mia Papageorge	
Received by (signature): 		Inspected by (signature): Bob Smith / Mia Papageorge	
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 Maruti corner store	Telephone Number () Establishment () Owner	Date of Inspection 11/15/23	ID# 1691
Establishment address 3697 south morgan town	Purpose: 1. <u>Routine</u> 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 <u>0</u> NC <u>1</u> R	
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"
- 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):  Uday		Inspected by (name and title printed): paul Betiku Ets
Received by (signature): 		Inspected by (signature): 
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 Maile's Grill Express	Telephone Number () Establishment () Owner	Date of Inspection 11-13-23	ID# 2705
Establishment address 89 E Jefferson St. Franklin	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 11-23-23
Owner		Summary of Violations: C 4 NC 0 R 1	
Owner address		Menu Type (See back of page) 1 2 3 X 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"

[illegible]

Received by (name and title printed): Mariela Rodriguez	Inspected by (name and title printed): Caleb Fleener
Received by (signature): 	Inspected by (signature): 
cc:	cc: