



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

Beth
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 <i>Central 9</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/15/23</i>	ID# <i>391</i>
Establishment address <i>1999 S. US Greenwood, IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>11/25/23</i>
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>+ [Signature]</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
<i>431</i>	<i>NC</i>		<i>wall than beside the hand dryer is soiled.</i>	<i>11/17/23</i>
<i>216</i>	<i>NC</i>		<i>Racks in "CHEF'S" cooler are worn - rust</i>	<i>-</i>
<i>431</i>	<i>NC</i>		<i>The dishroom floor is soiled</i>	<i>11/17/23</i>
			<i>Note: clean drawer handles in the bakery.</i>	

Received by (name and title printed): <i>+ Brian Mendenhall</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>+ [Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Beta
11/15*

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>Center grove Elementary School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/15/23</i>	ID# <i>408</i>
Establishment address <i>2455 S. Morgantown rd Greenwood IN 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner	Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R	Menu Type (See back of page)	
Owner address		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge			
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
			<i>No violations during inspection.</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Courtney Lawson (manager)</i>	Inspected by (name and title printed): <i>Paul Betiku</i>
Received by (signature): <i>Courtney Lawson</i>	Inspected by (signature):
cc:	cc:



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Establishment name <i>Center grove hts</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/15/23</i>	ID# <i>407</i>
Establishment address <i>2717 S. Morgan farm rd</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: <i>C <u> </u> NC <u> </u> R <u> </u></i>	
Owner address	Menu Type (See back of page) 1 <u> </u> 2 <input checked="" type="checkbox"/> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Person in charge			
Responsible person's email			
Certified food handler <i>Alicia Snyder 12/12/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection</i>	
			<i>thank you!!</i>	

Received by (name and title printed): <i>Alicia Snyder Manager</i>	Inspected by (name and title printed): <i>Paul Betica hts</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betku 11/15

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>Center grove MS</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/15/23</i>	ID# <i>406</i>
Establishment address <i>4900 W. Stones Crossing rd</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: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Person in charge			
Responsible person's email			
Certified food handler <i>Jennifer Herrington 10/16/25</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection</i>	
			<i>Thank you!!</i>	

Received by (name and title printed): <i>Valare Miller Food Service Director</i>	Inspected by (name and title printed): <i>paul Betiku EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Becken 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 <i>Center Grove MS N.</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/16/23</i>	ID# <i>1040</i>
Establishment address <i>202 Naorgantown rd</i>	Purpose: <ol style="list-style-type: none"> <u>1. Routine</u> 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 <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Person in charge			
Responsible person's email			
Certified food handler <i>Melody Wray 6/26/24</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection.</i>	

Received by (name and title printed): <i>Melody Wray</i>	Inspected by (name and title printed): <i>Paul Becken EHS</i>
Received by (signature): <i>Melody Wray</i>	Inspected by (signature): <i>Paul Becken</i>
cc:	cc:



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*Before
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 <i>Clark Pleasant Middle School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/20/23</i>	ID# <i>1618</i>
Establishment address <i>1354 E. Worthsville Rd Greenwood IN 46143</i>	Purpose: <ol style="list-style-type: none"> <u>Routine</u> Follow-up Complaint Pre-Operational Temporary HACCP Other (list) 	Follow-up <i>No</i>	Release Date <i>11/30/23</i>
Owner <i>CPCSC</i>		Summary of Violations: C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address	Person in charge <i>Carol Sexton</i>	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 <i>Carol Sexton</i>	<i>(Sen Safe Exp: 3/2/26)</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>Carol Sexton</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Carol Sexton</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Betsy
 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 <i>Grassy Creek Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/20/23</i>	ID# <i>1100</i>
Establishment address <i>2111 Sheek Rd Greenwood, IN 46143</i>	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 <i>No</i>	Release Date <i>11/30/23</i>
Owner <i>C PCSC</i>		Summary of Violations: C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input checked="" type="radio"/>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Kandy Dole</i>		1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible person's email			
Certified food handler <i>Kandy Dole</i>	<i>(AFSC Exp: 9/10/27)</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>Kandy K. Doyle</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Kandy K. Doyle</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Belen 11/15
 ✓ 460 N. MORTON ST. STE A
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Maple grove ES.</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/15/23</i>	ID# <i>409</i>
Establishment address <i>3623 W. Whigland rd Bargersville IN 46106</i>	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)		
Owner Owner address Person in charge Responsible person's email 			
Certified food handler <i>Melissa Olivenera 9/7/26</i>	Follow-up Release Date C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/> Summary of Violations: Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection.</i>	

Received by (name and title printed): <i>Melissa Olivencia manager</i>	Inspected by (name and title printed): <i>Paul Belton ETS</i>
Received by (signature): <i>Melissa Olivencia</i>	Inspected by (signature): <i>Paul Belton</i>
cc:	cc:



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Betsy
 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 <i>North Cove ES</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/16/23</i>	ID# <i>797</i>
Establishment address <i>3280 W. Fairview rd Greenwood IN, 46142</i>	Purpose: <u>1. Routine</u> 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>0</i> NC <i>0</i> R <i>0</i>	
Owner address		Menu Type (See back of page) 1 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 <i>✓</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Heather Geilker 5/31/24</i>			

• 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
			<i>No violation during inspection.</i>	

Received by (name and title printed): <i>Heather Geilker</i>	Inspected by (name and title printed): <i>Paul Beticu</i>
Received by (signature): <i>Heather Geilker</i>	Inspected by (signature): <i>Paul Beticu</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A 1129
 FRANKLIN, IN 46131
 Office 317-346-4365 Fax 317-736-5264

Belen
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 <i>Pleasant Crossing Elementary</i>	Telephone Number Establishment	Date of Inspection <i>12/28/23</i>	ID# <i>1318</i>
Establishment address <i>Whiteland</i>	Owner	Follow-up <i>No</i>	Release Date <i>12/8/23</i>
3030 N. 125 W. IN 46184	Purpose: <u>1. Routine</u>	Summary of Violations:	
Owner <i>C PCSC</i>	2. Follow-up	C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge <i>Sue Shrum</i>	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email	5. Temporary	✓	
Responsible person's email <i>(ServSafe Exp 5/8/24)</i>	6. HACCP		
Certified food handler <i>Sue Shrum</i>	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per inspection</i>	

Received by (name and title printed): <i>Sue Shrum</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Sue Shrum</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Belkin
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 <i>Pleasant Grove ES</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/16/23</i>	ID# <i>454</i>
Establishment address <i>5199 W. Fairview rd Greenwood Ind 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations: <i>C <u>0</u> NC <u>0</u> R</i>	
Owner address		Menu Type (See back of page) <i>1 2 <u>✓</u> 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified Food Handler <i>Kalena Cook #/29/27</i>			

- 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
			<i>No violation during inspection.</i>	

Received by (name and title printed): <i>Vivonne Cook FS. Mang</i>	Inspected by (name and title printed): <i>Paul Belkin EHS</i>
Received by (signature): <i>Vivonne Cook</i>	Inspected by (signature): <i>Paul Belkin</i>
cc:	cc:



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*Beck
11/24*

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>Ray Crowe Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/20/23</i>	ID# <i>2496</i>
Establishment address <i>1300 Ray Crowe Way Greenwood IN 46143</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>11/30/23</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C \emptyset NC \emptyset R \emptyset</i>	
Owner address		Menu Type (See back of page) <i>1 2 \checkmark 3 4 5</i>	
Person in charge <i>Jim Beck</i>			
Responsible person's email			
Certified food handler <i>Jim Beck</i>	<i>(SenSafe Exp 6/10/26)</i>		

• 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
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>James Beck</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Best
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 <i>Sugar Grove elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/16/23</i>	ID# <i>705</i>
Establishment address <i>4135 W. Smith Valley Rd Greenwood IN 46142</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler <i>Kimberly Brown 3/22/28</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
			<i>No violation during inspection.</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Kimberly Brown</i>	Inspected by (name and title printed): <i>Paul Beticu EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belen
11/15*

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>Walnut Grove Es</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/15/23</i>	ID# <i>2286</i>
Establishment address <i>4079 N. 500 W. Bongersville</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>Teresa Mitchell 11/29/27</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
			<i>No violation during inspection.</i>	
			<i>thank you!!</i>	

Received by (name and title printed): <i>Teresa J Mitchell</i>	Inspected by (name and title printed): <i>Paul Betiku ETS</i>
Received by (signature):	Inspected by (signature): <i>Paul Betiku</i>
cc:	cc: