



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

Establishment name 101 Meat Shop	Telephone Number () Establishment () Owner	Date of Inspection 6-5-24	ID# 2658
Establishment address 11 Declaration Dr. Greenwood 46143	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 Yes	Release Date 6-15-24
Owner		Summary of Violations: C <u>2</u> NC <u>1</u> R <u>0</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			
Responsible person's email			
Certified food handler Singh Ajmer Servsafe exp. 11-25-28			

- 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): <i>Singh</i>		Inspected by (name and title printed): <i>Caleb Fleener</i>
Received by (signature):		Inspected by (signature): <i>Caleb Fleener</i>
cc:	cc:	cc:

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
2	Limited menu (<i>1 or 2 main items</i>). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli or seafood departments. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requiring cooking, cooling and reheating are limited to 1 or 2 potentially hazardous foods.
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5	Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.



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

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
[Signature]		CASS, Hall
Received by (signature):		Inspected by (signature):
[Signature]		CASS, Hall
cc:	cc:	cc:
		Mia Papageorge

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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 AFC Sushi@Kroger #864	Telephone Number () Establishment () Owner	Date of Inspection 6-20-24	ID# 2301
Establishment address Greenwood 46143 2200 Independence Dr.	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6-30-24
Owner Advanced Fresh Concepts Franchise Corps		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>—</u>	
Owner address 19700 Mariner Ave Torrance, CA 90503		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 permits@AFCSUSHI.com			
Certified food handler			

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[illegible]

Received by (name and title printed): Cecily Liney		Inspected by (name and title printed): Mia Papageorge
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:

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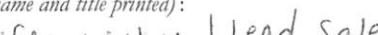





Office 317-346-4365 Fax 317-736-5264

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.

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Received by (name and title printed): Jennifer Kirby / Lead Sales	Inspected by (name and title printed): MaPageorge, EHS
Received by (signature): 	Inspected by (signature): 
cc: 	cc: 

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Betsy
6/24

Johnson County Health Department
460 N. Morton St., Ste. A, Franklin, IN 46131
Phone: (317) 346-4365, Fax: (317) 736-5264
Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) 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	Alc Emporium Greenwood		telephone	317-300-1561		Date of Inspection	6/19/2024	
Establishment address	997 East County Line Rd., Ste B					Summary of Violations 1 C, 2 NC, 0R		
Owner	Kwiatkowski & Brown					Follow-up	Yes	
Person - in - Charge	Adam Alc82greenwood615@gmail.com		Certified Food Handler		Leah		Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification #	2280		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"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
415	C		Observed small flies in back store room around CO ₂ canisters & water heaters	6/19/24
216	NC		Bare wood observed in the mop room and the back prep/storage room. Bare wood is not smooth, easily cleanable, or durable. Observed squeegee handles in disrepair and no longer smooth & easily cleanable. Unsealed particle board observed stashed between CO ₂ canisters - discarded.	6/22/24
402	NC		Floors are not easily cleanable in the following areas: CO ₂ canisters, water heaters, beneath inverted milk crates, & 15" space between wall and walk in cooler in back prep/storage room.	6/19/24
393	NC		NOTE: Outside dumpster shall remain closed when there is food waste inside and the drain plug on both dumpsters is missing. The drain plug is required by law to deter rodent activity.	
336	C		NOTE: Observed a y-valve (downward shut off) connected to mop sink with a green hose and white hose affixed to the valve. Atmospheric Vacuum Breakers (AVB) are approved for use under atmospheric pressure conditions - not under continuous pressure - which the splitter valve creates. Note: AVB not approved for continuous pressure	7/1/25

Adam,
Establishment Representative

Inspected by: Elizabeth Schisse, EFHS
(317) 346-1373 eschisse@co.johnson.in.us

Adam T. H.

Elizabeth Senisse



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name Alenore camp	Telephone Number () Establishment () Owner	Date of Inspection 6/14/24	ID# 644
Establishment address 4605 S. Alenore Dr. Fairfax VA	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 6/14/24	Release Date
Owner CAPITOL DISTRICT CHRISTIAN NEWS		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address FOLLOW STAIR	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Person in charge LINDA RICE			
Responsible person's email			
Certified food handler LINDA RICE (SCRIP) 1/18/26			

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[illegible]

Received by (name and title printed):

✶ Linda Rice

Received by (signature):

✶ Linda Rice

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

Bel mtd

CC:

CC:

CC:

MENU TYPE

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Establishment name ANTILOGY	Telephone Number () Establishment () Owner	Date of Inspection 6/11/24	ID# 2663
Establishment address 5867 N SR 135 GREENWOOD LA	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/21/24
Owner WILLIE ROEGNER		Summary of Violations: C 1 NC 1 R —	
Owner address		Menu Type (See back of page) 1 1 2 1 3 4 X 5	
Person in charge SARAH REDMAN			
Responsible person's email			
Certified food handler WILLIE ROEGNER			

- [illegible]

Page 1 of _____

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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name APPLE BEE'S	Telephone Number () Establishment () Owner	Date of Inspection 6/10/24	ID# 687
Establishment address 700 N MORTON ST, FRANKLIN TN	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 6/20/24
Owner MICHAEL KACHARIES		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge MICHAEL KACHARIES			
Responsible person's email			
Certified food handler MICHAEL KACHARIES			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC	X	THERMOMETER NOT SEEN IN MID REFRIGERATOR	6/18/24
431	NC	X	KITCHEN, BAR FLOOR NOT CLEAN UNDER EQUIPMENT, NEXT TO WALL, FLOOR	6/18
399	NC		GROUT WORN IN AREAS OF KITCHEN	
			MELTAMINAC DISINFECTANT HOT WATER SANITIZATION RINSE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE - (WAS 169°F)	OK

Received by (name and title printed): Michael Rachelries	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Michael D. Kall	Inspected by (signature): Bob Smith
cc:	cc:

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Establishment name Applebee's Neighborhood Grill & bar	Telephone Number () Establishment () Owner	Date of Inspection 6-3-24 4 pm	ID# 1063
Establishment address 874 SR 135 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 6-13-24
Owner Apple Indiana I, LLC		Summary of Violations: C 0 NC 1 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge Brittany			
Responsible person's email Dallas Lawson 11-1-28			
Certified food handler			

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[illegible]

Received by (name and title printed): Brittany Salisbury	Inspected by (name and title printed): Elizabeth Senisse
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc: 317-346-4373

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Establishment name Asian Chao	Telephone Number () Establishment () Owner	Date of Inspection 6-7-24	ID# 1912
Establishment address 1251 US Hwy 31 N. Spc 240 Greenwood	Purpose: 1. Routine	Follow-up	Release Date 6-17-24
Owner Antonio Lomoriello	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 4 R 0	
Owner address		Menu Type (See back of page)	
Person in charge Keichandiuska - manager		1 2 3 ✓ 4 5	
Responsible person's email			
Certified food handler Keichandiuska Pibernus (ServSafe Exp 7/17/28)			

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[illegible]

Received by (name and title printed): Heichanadiuska Pibernus		Inspected by (name and title printed): Mialapageorge /	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	

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Establishment name Aspen Trace	Telephone Number () Establishment () Owner	Date of Inspection 6-21-24	ID# 1794
Establishment address 3154 South St. Rd. 135 GND	Purpose: 1. Routine	Follow-up NO	Release Date 7-1-24
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	C <u> I </u> NC <u> I </u> R <u> P </u>	
Responsible person's email	5. Temporary		
Certified food handler Jackie Carlton exp. 6-13-28	6. HACCP	Menu Type (See back of page)	
	7. Other (list)		
		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> X </u> 5 <u> </u>	

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[illegible]

Received by (name and title printed): Juan Villanueva

Inspected by (name and title printed):
Caleb Fleener

Received by (signature):

Inspected by (signature): *Calvin Fleming*

CC:

CC:

CC:

MENU TYPE

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Establishment name Astral of Franklin	Telephone Number () Establishment () Owner	Date of Inspection 6/3/24	ID# 2569
Establishment address 1375 Nicole Dr. Franklin, IN 46131	Purpose: 1. Routine	Follow-up NO	Release Date 6/13/24
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge Chris Nowacki	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Kirsten McCommon 3/21/29	6. HACCP		
	7. Other (list)		

- 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): Chris Nowacki Director of DivILB		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): Chris Nowacki		Inspected by (signature): Andrew Miller	
cc:	cc:	cc:	

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
2	Limited menu (<i>1 or 2 main items</i>). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli or seafood departments. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requiring cooking, cooling and reheating are limited to 1 or 2 potentially hazardous foods.
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5	Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.



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

Bklyn
6/12

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 BAYMONT	Telephone Number () Establishment () Owner	Date of Inspection 6/12/24	ID# 10000 2648
Establishment address 2122 HOLIDAY LN FRANKLIN, IN	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/22/24
Owner KUMAR PATEL		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 <u>4</u> 5 <u>—</u>	
Person in charge ROBIN ALBERTS			
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
<u>NOTE</u>			(1) MEDICINE STORED IN REFRIGERATOR IN BREAKFAST BAR (NOT ISOLATED)	<u>corrected</u> <u>6/12</u>
295	NC		TOP OF UNDER COUNTER REFRIGERATOR NOT CLEAN	<u>6/15</u>
347	NC		DISPOSABLE TOWELS NOT AVAILABLE AT HANDSINK	<u>corrected</u> <u>6/12</u>
291	NC		CHEMICAL TEST STRIPS FOR CHLORINE SANITIZER NOT AVAILABLE	<u>6/20</u>
256	NC		BACK ROOM - CHEST FREEZER AND UPRIGHT	<u>6/20</u>
228	NC		FREEZER NOT PROVIDED WITH THERMOMETERS AND THESE UNITS ARE NOT EASILY MOVABLE	<u>7/20</u>
			SMALL REFRIGERATOR THERMOMETER NOT SEEN (BREAKFAST BAR)	<u>6/20</u>
431	NC		BACK ROOM - FLOOR NOT CLEAN	<u>6/25</u>
<u>NOTE</u>			ICE BUILT UP IN CHEST FREEZER	<u>6/20</u>

Received by (name and title printed): Robin Alberts	Inspected by (name and title printed): Bob Smith ENT
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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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 Big Lots	Telephone Number () Establishment () Owner	Date of Inspection 6/5/24	ID# 1840
Establishment address 1538 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
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
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): L. Paul Pyles		Inspected by (name and title printed): Terry D. Barless
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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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 Blue Cactus Taco + Tequila Bar	Telephone Number (317) 914-8819	Date of Inspection 6-21-24	ID# 2349
Establishment address 46131 188 W. Jefferson St. Franklin	() Owner	Follow-up —	Release Date 7-1-24
Owner Jose Murillo	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C 0 NC 4 R 3	
Person in charge Jose Murillo	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 2 3 4 X 5	
Certified food handler Ismael Murillo	5. Temporary		
servsafe exp 3/17/26	6. HACCP		
	7. Other (list)		

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[illegible]

Received by (name and title printed): Jose musillo	Inspected by (name and title printed): MaPapaGeorge, EHS
Received by (signature): Jose musillo	Inspected by (signature): [Signature]
cc:	cc:

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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6/19

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

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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.

ID# 2463 Date of Inspection 6/13/24 Release Date Follow-up Summary of Violations: C NC 5 R Menu Type (See back of page) 1 2 3 4 5		Telephone Number Establishment Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Signature name 380 N Morton St 46131 Address Person in charge Responsible person's email Food handler
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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"

Item #	C/NC	R	Narrative	To Be Corrected by
77	NC		Sealed gun nozzle at bar area is certified 6/17	6/17
31	NC		Main drain at 3-bay sink & mechanical dish washer is clogged.	6/20
31	NC		Water stored by water softener area on the floor. Stagnant water needs to be cleaned.	6/18
44	NC		Small wing this area infested by mop sink area.	6/18
300	NC		Went in women's restroom is clogged.	6/17
			NOT: Mechanical dish washer that rose temperature is okay (1) sanitizers buckets are safe spacing	

Received by (name and title printed): Patrick Whitaker General Manager	Inspected by (name and title printed): Paul Bettin #815	Received by (signature): 	CC:
--	--	------------------------------	-----

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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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 BURGER KING #7447	Telephone Number () Establishment () Owner	Date of Inspection 6/7/24	ID# 569
Establishment address 1079 N MORTON ST. FARM KEN, IN	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 6/17/24
Owner PREMIER FOODS		Summary of Violations: C 1 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ALLEN FISHER			
Responsible person's email			
Certified food handler ANA BAKES (245496 EXP 10/1/28)			

- 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
257	NC	→	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT AVAILABLE/PROVIDED	6/8/24
256	NC	×	THERMOMETER NOT SEEN IN WALK-IN FREEZER	6/15
431	NC	✓	FLOOR NOT CLEAN NEXT TO WALL IN KITCHEN / STOCK ROOMS	6/20
336	C	⊗	① MOP SINK FAUCET "Y" VALVE WITH SHUT OFFS CONNECTED TO FAUCET - ALSO SER HOSE WITH SPRAY NOZZLE ATTACHED - (ATMOSPHERIC BREAKER NOT ADEQUATE)	8/1

Received by (name and title printed): * Allen Fisher	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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BEA 7110



- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed):	Inspected by (name and title printed): Cassi Ham
Received by (signature): Jure Beebe	Inspected by (signature): Cassi Ham
cc:	cc: Mia Papageorge

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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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

Belen
6/27

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 CASEY'S General Store	Telephone Number () Establishment () Owner	Date of Inspection 6/24/24	ID# 2005
Establishment address 3048 N MORTON 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 7/1
Owner		Summary of Violations: (2) C 1 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 (3) 4 5	
Person in charge LA DONNA CATHOUN			
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
187	C	(C)	INTERMEDIATE Food TEMPERATURES OF MEAT PRODUCTS, CHEESE, EGGS 48°F-50°F NOT AT 41°F OR LESS IN DISPLAY REFRIGERATOR	ITEMS removed 6/24/24
245	NC	X	FLOOR IN WALK-IN FREEZER NOT CLEAN	7/1
218	NC	X	DOOR GASKET WORN/SPLIT ON PIZZA PREPARATION REFRIGERATOR	7/24
431	NC	X	FLOOR IN AREAS OF KITCHEN, BACK SOFT DRINK STATION NOT CLEAN	7/1
(NOTE)		X	WALK-IN FREEZER DOOR (FROZEN STAT) WILL NOT OPEN	✓
257	NC	X	THERMOMETER NOT ACCURATE, NOT ADEQUATE FRONT ICE CREAM FREEZER	7/1
392	NC	X	OUTSIDE DUMPSTER TRASH ON GROUND -	6/28
394	NC		DUMPSTER LID NOT CLOSED.	
336	C	X	HOSE ATTACHED TO mop SINK FAUCET WITHOUT ANTI-SIPHON DEVICE	7/20

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

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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Establishment name Casey's General Store	Telephone Number () Establishment () Owner	Date of Inspection 6-13-24	ID# 1523
Establishment address 214 S. 135		Follow-up	Release Date 6-23-24
Owner trafalgar 46181	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Corey Garrison (3/18/25)			

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

Received by (name and title printed): Holley Garrison		Inspected by (name and title printed): Cass Hall
Received by (signature): Holley Garrison		Inspected by (signature): Cass Hall
cc:	cc:	cc:

MENU TYPE

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JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Betsy
7/10

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 Chicago's Pizzeria	Telephone Number () Establishment () Owner	Date of Inspection 6-27-24	ID# 367
Establishment address 2 N SR 135 Bargersville	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 7-7-24	Release Date
Owner		Summary of Violations: C <u>0</u> NC <u>11</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 Richie Perkins (exp. 9/2/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	①	Interior of ice machine is soiled	7/1/24
431	NC		Floor, walls, ceiling are soiled in kitchen	
295	NC	②	"true" cooler interior fan is dusty	7/4
		③	few shelving unit soiled/rusty	
		④	Walk-in cooler floor, shelving, ceiling not clean	
425	NC	*	Brooms/mops not hung up off floor	7/2
295	NC	*	shelf units by 3 compartment sink faucet not clean	7/4
394	NC	*	some trash on ground by dumpster in enclosure	7/2
431	NC	*	ceiling exhaust covers not clean in	7/2
309	NC		Restrooms, does not appear to be functioning in women's restroom	
239	NC	*	mechanical dishmachine dish racks not stored off floor	6/28
257	NC	*	metal stem probe type thermometer 0-200F 6/29 or digital	
291	NC	*	"QUAT" chemical test papers not available	7/1

Received by (name and title printed): Katrina Buchner manager	Inspected by (name and title printed): Bob Smith/Cass Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

MENU TYPE

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Belmont
6/24

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 Chili's Grill & Bar	Telephone Number () Establishment () Owner	Date of Inspection 6/20/24	ID# 2291
Establishment address 1281 US 31 N Greenwood IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 6/30/24
Owner Brinker		Summary of Violations: C 3 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Dave Kleinknight			
Responsible person's email (See Safe Exp)			
Certified food handler Marnu Todd (8/7/24)			

• 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
344	C		Hand sink in ready to eat zone was storing metal trays	Corrected
399	NC		Shout repair needed near ice maker and deep fryers	7/10/24
439	C		Sanitizer bucket was stored above ready-to-eat chicken products	Corrected
187	C		Zone 3 Preparation table/cooler contained the following internal temperatures (1) Shredded cheese 48°F (2) Shredded lettuce 49°F Note: Exterior thermometer read "Hi 65.5"	Corrected Moved food and iced product down
218	NC		(1) Over (kitchen) mechanical ventilation vent/cover was damaged (2) Top shelf on mobile cart was broken (3) Large deep fryer basket was damaged	7/8/24

Received by (name and title printed): David E Kleinknight Asst Mgr	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
2	Limited menu (<i>1 or 2 main items</i>). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli or seafood departments. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requiring cooking, cooling and reheating are limited to 1 or 2 potentially hazardous foods.
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5	Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.

NARRATIVE REPORT

[illegible]

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 <u>Circle K</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>6/3/24</u>	ID# <u>153</u>
Establishment address <u>10 N. Morton & Franklin, IN</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <u>6/13/24</u>
Owner		Summary of Violations: <u>C 0 NC 2 R</u>	
Owner address		Menu Type (See back of page) <u>1 2 ✓ 3 4 5</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): X DOWNHILL SLEDGE	Inspected by (name and title printed): Terry D Bayless
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
cc:	cc:

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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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
6/10

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 CIRCU K 121	Telephone Number () Establishment () Owner	Date of Inspection 6/7/24	ID# 686
Establishment address 2105 E KING 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 6/17/24
Owner		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 4 5	
Person in charge Michelle Smith			
Responsible person's email			
Certified food handler			

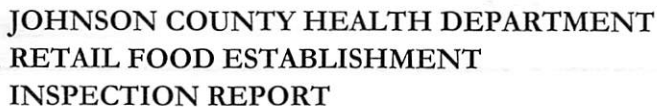
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC		Narrative	To Be Corrected by
256	NC	Ⓚ	THERMOMETER NOT CONSPICUOUSLY LOCATED IN SMALL CHEST FREEZER IN STOCK ROOM	6/10/24
431	NC	Ⓚ	FLOOR SURFACE NOT CLEAN IN AREAS OF STOCK ROOM, WALK-IN COOLER, BACK OF OF SLUSH UNIT, NEXT TO WAZZES	6/15
431	NC	Ⓚ	(1) RESTROOM CEILING FAN COVER NOT CLEAN	6/15
295	NC	Ⓚ	WALK-IN COOLER CONDENSER FAN UNIT JUST BUILT UP / NOT CLEAN	6/15

Received by (name and title printed): Michelle Smith	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Michelle Smith	Inspected by (signature): Bob Smith
cc:	cc:

MENU TYPE

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FRANKLIN, IN 46131
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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.

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[illegible]

Received by (name and title printed): A. G. Dille		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): A. G. Dille		Inspected by (signature): Terry D. Bayless	
cc:	cc:	cc:	

MENU TYPE

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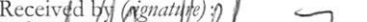
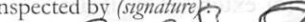
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name COFFEE HOUSE FIVE	Telephone Number () Establishment () Owner	Date of Inspection 6/17/24	ID# 1813
Establishment address 41 W MONROE ST. 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 6/17/24
Owner		Summary of Violations: C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
Owner address		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"/>	
Person in charge MICHELLE PETERS			
Responsible person's email			
Certified food handler Brian Peters			

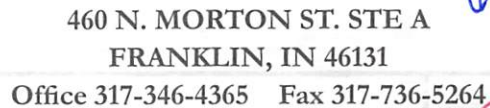
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Michelle Peters	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature): 
cc:	cc:

MENU TYPE

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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>Community Health Network Rehabilitation</i>	Telephone Number) Establishment	Date of Inspection <i>6/14/24</i>	ID# <i>2234</i>
Establishment address <i>607 Greenwood Springs dr. TN 46173</i>	Owner	Follow-up <i>—</i>	Release Date
Owner	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 3 ✓ 4 5</i>	
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
297	NC		Soda gun nozzles are soiled. (M4)	6/14/24
			NOTE: ① backflow preventer test date 1-9-23. An inspection is due	
			② please make sure all employees are wearing hair net.	

Received by (name and title printed): Sharon Larkin's		Inspected by (name and title printed): Paul Betiku Ets
Received by (signature): 		Inspected by (signature): Paul Betiku
cc:	cc:	cc:

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
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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
6/27

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 Crow & Clover Café	Telephone Number (317) 215-4758	Date of Inspection 6-26-24	ID# 2646
Establishment address 916 E. Main St. Ste 112 Greenwood 46143	(310) 347-2332	Follow-up —	Release Date 7-6-24
Owner Elissa McKee	Purpose: 1. Routine	Summary of Violations: C 0 NC 7 R 4	
Owner address 6484 E. 350 N. Franklin, IN 46131	2. Follow-up		
Person in charge Elissa McKee	3. Complaint	Menu Type (See back of page) 1 2 3 X 4 5	
Responsible person's email Crowandclovercafe@gmail.com	4. Pre-Operational		
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
112	NC	R	upright Whirlpool freezer is not commercial grade	
216	NC	R	wooden boards lining shelving unit next to walk-in cooler, not smooth & easily cleanable	
310	NC	R	public restroom vent dusty	
352	NC	R	employee restroom door not self-closing	
239	NC		2 boxes of single service items not stored 6" off the ground in back storage room	
392	NC		dumpster lid open	
255	NC		ambient air thermometer in Whirlpool freezer inaccurate	
Notes: ① hand washing sink shall be equipped with soap & an acceptable hand drying device at all times within close proximity of sink				
② light shield missing in walk-in cooler				
③ baked goods' (peanut butter protein balls, PB bars, oats, & pudding) labels do not have address of company				

Received by (name and title printed): Elissa McKee	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:

MENU TYPE

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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


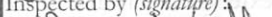
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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 Culvers	Telephone Number () Establishment () Owner	Date of Inspection 6-25-24	ID# 2171
Establishment address 1142 N Emerson Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 7-5-24
Owner 		Summary of Violations: C 0 NC 1 R	
Owner address 		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge John Schock			
Responsible person's email 			
Certified food handler John Schock (exp. 7/13/25)			

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

Received by (name and title printed): John Schoone General Manager.		Inspected by (name and title printed): Cass Hall
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

MENU TYPE

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JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Belton
6/24

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 Culver's	Telephone Number () Establishment () Owner	Date of Inspection 6/24/24	ID# 2383
Establishment address 191 Granville dr, Franklin, IN 46131	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7/4/24
Owner		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Steve Webster			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
244	C		mechanical dish machine chemical sanitizer less than 50ppm.	6/24
218	NC		① Heavy ice buildup on walk in fridge fan unit. ② Four door freezer has one torn or split door seal. ③ Astro Blender covers (2) cracked/damaged. ④ Clean fry scoops (2) and in-use scoops (2) cracked.	6/24
245	NC		Inside top of ice maker soiled. Self-serve soda drains soiled.	6/24
411	NC		Lights out in walk-in freezer	7/4
431	NC		Floor of walk-in freezer soiled	6/30
413	NC		Back door not sealing properly	7/8
NOTE:			Air gaps needed on water heater + softer drain lines and drive up ice bin drain line.	7/15

Received by (name and title printed):

X Steve Webster

Received by (signature):

X [Signature]

Inspected by (name and title printed):

Andrew Miller / Evan Probst

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

MENU TYPE

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Establishment name CYPRESS RUN GOLF COURSE	Telephone Number () Establishment () Owner	Date of Inspection 6/24/24	ID# 766
Establishment address 7265 ST RD 44E FRANKLIN, TN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/4/24
Owner		Summary of Violations:	
Owner address		C 0 NC 1 R	
Person in charge LESLIE TIEDAM ANNU		Menu Type (See back of page)	
Responsible person's email		1 2 3 4 5	
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:

MENU TYPE

1	Pre-packaged non-potentially hazardous foods. Limited preparation of non-potentially hazardous foods.
2	Limited menu (<i>1 or 2 main items</i>). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli or seafood departments. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requiring cooking, cooling and reheating are limited to 1 or 2 potentially hazardous foods.
3	Extensive handling of raw ingredients. Preparation process includes the cooking, cooling and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous food. Advance preparation for next day service is limited to 2 or 3 items. Retail food operations include deli and seafood departments.
4	Extensive handling of raw ingredients. Preparation process includes the cooking, cooling and reheating of potentially hazardous foods. A variety of processes require hot and cold holding of potentially hazardous food. Food processes include advanced preparation for next day service. Category would also include those facilities whose service population is highly susceptible.
5	Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.