






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

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

Establishment name Starbucks Coffee	Telephone Number () Establishment () Owner	Date of Inspection 8-2-24	ID# 1156
Establishment address 1751 N US 31 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8-12-24
Owner		Summary of Violations: C <u> 0 </u> NC <u> 0 </u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> X </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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

Section #	C/NC	R	Narrative	To Be Corrected by
			 <p>→ final dish machine rinse is OK → 160°F or more</p> <p>NOTES:</p> <p>① Continue to detail clean the floors (under equipment)</p> <p>② Observed a few flies</p>	

Received by (name and title printed): Jennifer Graham		Inspected by (name and title printed): Cassi Hall
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.
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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.

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 Wetzell's Pretzels	Telephone Number () Establishment () Owner	Date of Inspection 8-2-24	ID# 1264
Establishment address 1251 N US 31 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8-12-24
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>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): Janita Peterson		Inspected by (name and title printed): Cassie Ham
Received by (signature): Janita Peterson		Inspected by (signature): Cassie Ham
cc:	cc:	cc: Calvin Demers

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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

BW 8/13

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 BAMA Hoosier Gasway	Telephone Number) Establishment) Owner	Date of Inspection 8-5-24	ID# 2462
Establishment address 560 N SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 8-15-24
Owner		Summary of Violations: C 2 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Ravinder Singh (exp. 3/16/29)			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Observed Pepperoni Pizza Slice not holding @ 101°F → not 135°F or above	
191	C		Observed no date marks on ready to eat ham & Cheese sandwiches located in display cooler	
346	NC		Observed no hand soap @ back room hand sink	
347	NC		Observed no paper towels @ back hand sink	
			• hand sink is soiled	
324	NC		Observed the following leaks ① Back room hand sink leaks @ faucet ② 3 bay sink leaks @ 1st drain connection	
257	NC		Observed no probe food thermometer	
291	NC		① Observed no sanitizer test strips ② Observed no sanitizer for 3 bay sink	

Received by (name and title printed): Vic Svec	Inspected by (name and title printed): Cass Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

MENU TYPE

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NARRATIVE REPORT

[illegible]

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Establishment name RITTER'S FROZEN CUSTOMS	Telephone Number () Establishment () Owner	Date of Inspection 8/6/24	ID# 2321
Establishment address 3219 W County Line Rd 46142	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8/16/24
Owner RITTER'S FROZEN CUSTOMS		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge CHUCK KINLEY			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): X Church Kinley		Inspected by (name and title printed): Kevin R. Paulin EHS	
Received by (signature): X [Signature]		Inspected by (signature): K-R Paulin	
cc:		cc:	

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Belky 8/13

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Establishment name Taco Bell	Telephone Number () Establishment () Owner	Date of Inspection 8-6-24	ID# 1828
Establishment address 3042 Stones Crossing Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 8-16-24
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler Khy Steen Edwards (7/19/27)			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Observed the following areas of kitchen soiled: ① floor under soda station ② soda station floor drain ③ 3-bay sink floor drain ④ floor along the wall under equipment ⑤ both ceiling vents by 3 bays sink & storage area	
324	NC		Appears cold water not functioning @ North hand kitchen hand sink	
			Notes: ① guacamole stored in plastic container @ 42°F/43°F - recommend using a metal container / pan. ② Soda station cabinet (interior) needs cleaned	
Received by (name and title printed):			Inspected by (name and title printed):	
* Khy Edwards RGM			Cassi Hall	
Received by (signature):			Inspected by (signature):	
* [Signature]			[Signature]	
cc:		cc:	cc:	

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Establishment name <u>Town - Mart 1</u>	Telephone Number () Establishment <u>317 966 6806</u>	Date of Inspection <u>8-6-24</u>	ID# <u>2828</u>
Establishment address <u>983 E. 775 S. Ste B Nineveh, IN 46164</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date <u>8-16-24</u>
Owner <u>Paramjeet Guraya</u>		Summary of Violations: <u>C 0 NC 6 R 5</u>	
Owner address <u>5947 W. SR 135 Trafalgar, IN 46181</u>		Menu Type (See back of page) <u>1 2 3 ✓ 4 5</u>	
Person in charge <u>Garry - employee</u>			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): GARY		Inspected by (name and title printed): Mia Page George, EHS	
Received by (signature): GARY		Inspected by (signature): Mia Page George	
cc:	cc:	cc:	Andrew Miller

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Establishment name <i>Supreme Produce</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-7-24</i>	ID# <i>2743</i>
Establishment address <i>3100 Meridian Park Dr.</i>	Purpose: 1. <u><i>Routine</i></u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up	Release Date <i>8-17-24</i>
Owner		Summary of Violations:	
Owner address		C <u><i>1</i></u> NC <u><i>0</i></u> R _____	
Person in charge		Menu Type (<i>See back of page</i>)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 <u><i>X</i></u> 5 _____	
Certified food handler			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Cassi Hall
Received by (signature): Cassi Hall		Inspected by (signature): Cassi Hall
cc:	cc:	cc:

MENU TYPE

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Establishment name <i>Thornton's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/7/24</i>	ID# <i>913</i>
Establishment address <i>1600 US 31 S Greenwood, IN</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:	
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>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): L.M. Ayers		Inspected by (name and title printed): Terry Bayless	
Received by (signature): L.M. Ayers		Inspected by (signature): Terry D. Bayless	
cc:	cc:	cc:	

MENU TYPE

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Establishment name <i>Sweetlee mdfy LLC</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/8/24</i>	ID# <i>1853</i>
Establishment address <i>1251 US 30 N Greenwood, LA 706143</i>	Purpose: <input checked="" type="radio"/> <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: <i>C 0 NC 1 R</i>	
Owner address			
Person in charge		Menu Type (See back of page) <i>1 2 V 3 4 5</i>	
Responsible person's email			
Certified food handler			

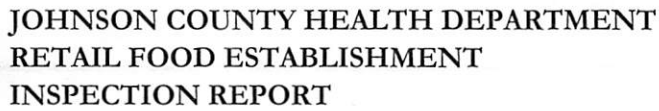
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[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
• Luz Hernandez?		paul Betiku EHS
Received by (signature):		Inspected by (signature):
[Signature]		paul Betiku
cc:	cc:	cc:

MENU TYPE

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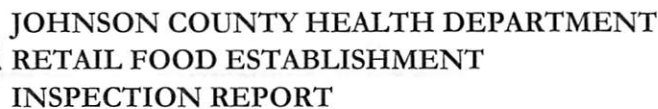
Establishment name Supreme Produce @ Kroger	Telephone Number () Establishment () Owner	Date of Inspection 8-14-24	ID# 2742
Establishment address 5961 N SR 135	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8-24-24
Owner #735		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler			

- [illegible]

CC:

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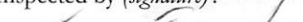
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Taste of China</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/14/24</i>	ID# <i>2302</i>
Establishment address <i>989 N US 31 white land TX</i>	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: C <u>0</u> NC <u>3</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 <i>Qu Zheng</i>			

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

[illegible]

Received by (name and title printed): L Gu Zheng		Inspected by (name and title printed): Terry Boyless
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.
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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.




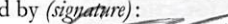
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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

Establishment name Starbucks	Telephone Number () Establishment () Owner	Date of Inspection 8/15/24	ID# 1122
Establishment address 2279 N Morton St.	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 <u>0</u> NC <u>2</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>1</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

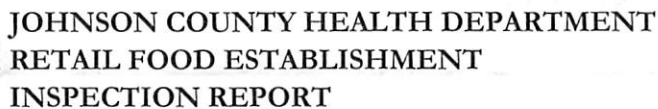
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): Bobbie Parker		Inspected by (name and title printed): Evan Probst	
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.
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Office 317-346-4365 Fax 317-736-5264

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

Establishment name <i>Whiteland Food Mart</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/15/24</i>	ID# <i>2418</i>
Establishment address <i>340 N. U.S. 31 Whiteland</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>IN</i>		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>4</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

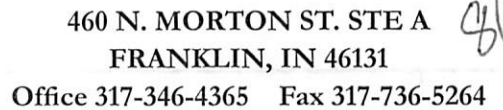
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): x Sonam Preet Kaur		Inspected by (name and title printed): Terry Bayles	
Received by (signature): x [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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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>Village Party</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/19/24</i>	ID# <i>251</i>
Establishment address <i>520 N. Maridian St</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
Owner <i>Greenwood</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>+</u> 3 <u> </u> 4 <u> </u> 5 <u> </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): Stephanie Wallace	Inspected by (name and title printed): Terry D. Day / C45
Received by (signature): Stephanie Wallace	Inspected by (signature): Terry D. Day
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 45
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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 Whiteland Elementary	Telephone Number () Establishment () Owner	Date of Inspection 8/19/24	ID# 415
Establishment address Whiteland 120 Center St. W 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 8/29/24
Owner CPCSC		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address		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"/>	
Person in charge Jennifer Flodder			
Responsible person's email Jennifer Flodder			
Certified food handler Jennifer Flodder			

- 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): Jennifer L. Flodder		Inspected by (name and title printed): Andrew Miller, ERS	
Received by (signature): Jennifer L. Flodder		Inspected by (signature): Andrew Miller	
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 Starbucks Coffee #66775	Telephone Number () Establishment () Owner	Date of Inspection 8-20-24	ID# 2811
Establishment address 46143 189 E. Worthsville Rd. Greenwood, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 8-30-24
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"
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[illegible]

Received by (name and title printed): Anna Case		Inspected by (name and title printed): Mia Papageorge, EHS
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.
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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
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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>Swagat Indian Cuisine</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/20/24</i>	ID# <i>2337</i>
Establishment address <i>11 Declaration Dr. Greenwood, IN 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>8/30/24</i>
Owner <i>Sukhwinder Singh</i>		Summary of Violations: <i>C 2 NC 5 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Sukhwinder Singh</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Anita Saini</i> (Exp. <i>2/22/29</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
430	NC		Guest area dining room ceiling tile is stained from what appears to be previously wet	12/1/24
334	C		Jet spray nozzle at dish sink hangs below the table flood rim	8/30/24 New unit
139	C		Fly swatter was found inside a mobile ingredient bin storing sugar	Corrected
218	NC		Wash gauge on mechanical dish machine was stuck on 110°F	8/28/24
324	NC		Walk-in-cooler evaporator piping was dripping into a tub	8/27/24
295	NC		Walk-in-cooler fan guards are soiled	8/27/24
218	NC		Door seals (3/3) are torn on preparation table	9/30/24
			Notes: ① Wall chemical dispensers	9/1/24

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

MENU TYPE

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Greenwood

Received By (Name & Title)

Inspected By (Name & Title)

Page 2 of 2



460 N. MORTON ST. STE A
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.

Page 1 of 1

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Beam
A 8/77

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): Linda P. Lutz		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): Linda P. Lutz		Inspected by (signature): Andrew Miller	
cc:	cc:	cc:	

MENU TYPE

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Establishment name <i>Clark Pleasant Middle School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8/23/24</i>	ID# <i>1618</i>
Establishment address <i>1354 E. Worthsville Rd Greenwood</i>	Purpose: 1. <u><i>Routine</i></u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>9/2/24</i>
Owner <i>Cpesc</i>		Summary of Violations: <i>C <u>0</u> NC <u>0</u> R <u>0</u></i>	
Owner address		Menu Type (See back of page) <i>1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u></i>	
Person in charge <i>Jina Mekkes</i>			
Responsible person's email <i>AFSC</i>			
Certified food handler <i>Jina Mekkes</i> <i>EXP 3/23/28</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"

[illegible]

Received by (name and title printed): Tina Mekkes manager		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): Tina Mekkes		Inspected by (signature): Andrew Miller	
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


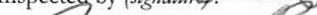
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name Target Store T-1364/Starbucks	Telephone Number () Establishment () Owner	Date of Inspection 8-26-24	ID# 942
Establishment address 8955 S. State Rd. 135 Greenwood, IN 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 —	Release Date 9-6-24
Owner Target Corporation		Summary of Violations:	
Owner address 1000 Nicollet Mall, Minneapolis, MN 55403		C <u>0</u> NC <u>1</u> R <u>—</u>	
Person in charge Amy Griffith - Store Director		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 Amy Griffith ServSafe exp 2029			

- 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): Amy Griffith		Inspected by (name and title printed): Mia Papageorge, EHS	
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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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>Sarku Japan</u>	Telephone Number <u>(317) 743-9665</u> <u>905 474-0710</u>	Date of Inspection <u>8-27-24</u>	ID# <u>1041</u>
Establishment address <u>46142</u> <u>1251 US 31 N. VC-05 Greenwood</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>YES</u>	Release Date <u>9-7-24</u>
Owner <u>SAR Castleton Food Inc</u>		Summary of Violations: <u>C 4 NC 4 R —</u>	
Owner address <u>Ontario, CA</u> <u>7650 Birchmount Rd. Markham</u>		Menu Type (See back of page) <u>1 — 2 — 3 X 4 — 5 —</u>	
Person in charge <u>Diana Mawikere - employee</u>			
Responsible person's email			
Certified food handler			

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

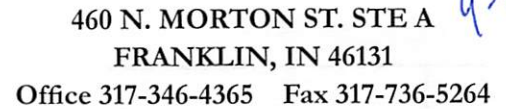
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
415	C		one live and several dead cockroaches seen throughout the kitchen area ↳ last recorded pest control service from Terminex on July 18, 2024, employee states service is done weekly	8-27
303	C		no sanitizer provided, washing of utensil to be used on cook line not observed	
187	C		container of raw chicken sit on prep table had an internal temperature of 46°F	
438	C		cleaning chemical spray bottle not labeled	
324	NC		leak at 3 bays sink drain connection	9-7
433	NC		mops and brooms not hung up to dry in between uses	8-27
431	NC		floor under equipment soiled, a round grease trap, inside of walk-in cooler free soiled	9-7
216	NC		cardboard lining shelves; not smooth/easily cleanable	8-27

Received by (name and title printed): <u>Diana Mawikere</u>	Inspected by (name and title printed): <u>Mia Papageorge, EHS</u>
Received by (signature): 	Inspected by (signature):
cc:	cc: <u>Cassidy</u>

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.



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