


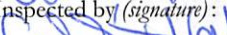
460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

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

Establishment name <b>Edinburgh United Methodist Church</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12-21-22</b>	ID# <b>2180</b>
Establishment address <b>104 W Campbell St. Edinburgh</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>12-31-22</b>
Owner <b>104 W Campbell St.</b>		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>X</u> 3 <u>    </u> 4 <u>    </u> 5 <u>    </u>	
Certified food handler <b>Sherry Wilson (EXP 4/10/24)</b>			

- 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): JASON HUGA PASTER		Inspected by (name and title printed): CASS HALL
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

rev 12 8 22  
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 <b>Eneadinas max market</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12 1 22</b>	ID# <b>23418</b>
Establishment address <b>50 US 31 Whiteland</b>	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 <b>12-8</b>	Release Date <b>12 11 22</b>
Owner		Summary of Violations:  <b>C 5 NC 18 R 0</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
256			Provide thermometer and completely	
177	NC		Wrap all meat - long white freezer	
411	NC		Provide working lights in wait station	
218	NC		Replace worn door seal on glass door cooler	
431	NC		Clean the floor in wait station and bar	
439	C		Store all cleaning products away from food	
425	NC		Hang up brooms and dustpans	
297	NC		Clean the inside of all coolers in the bar area (mug / beer etc)	
324	NC		Repair hand sink drain in bar - provide	
346	NC		soap and paper towels too	
347	NC			

Received by (name and title printed):

Inspected by (name and title printed):

Jenni Er Warner

Received by (signature):

Inspected by (signature):

JW 346 4376

cc:

cc:

cc:

## NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Eredivina's Mexican Market			50 US 31 46/84	12-1-22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
187	C		Observed Sour Cream inside the Flip top Cooler @ 45°F ↳ Other food products temperatures ranged from 45°F - 51°F	
187	C		Observed the air ambient temperature @ 46°F ↳ many food products ranged from 57°F - 46°F	
187	C		Observed rice hold holding @ 119°F ↳ must be 135°F or greater.	Corrected.
218	NC		Flip top door gasket is split/worn	
344	C		Kitchen hand sink should not be blocked. ↳ Should be used for hand washing only	
346	NC		Observed no hand soap at kitchen hand sink	
347	NC		Observed no paper towels at kitchen hand sink.	
190	NC		Observed shrimp thawing in a container of water at room temperature with no running water	
324	NC		Observed a leak at the 3 bay sink faucet connection.	
177	NC		Food and Single Use Items in Basement storage room not 6" off floor.	
430	NC		Kitchen floor needs repainted.	
295	NC		prep table shelf is soiled/rusty.	
			Note: cloths need to be stored in sanitizer bucket when wet/in use. Note: lids are needed for bulk food items	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2



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Received by (name and title printed): <b>X Fernando Romo</b>		Inspected by (name and title printed): <b>Jayne Miller</b>
Received by (signature): <b>X [Signature]</b>		Inspected by (signature): <b>[Signature]</b>
CC:	CC:	3173464369

Page 1 of 1



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Five star food services (Avalign)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2471</i>
Establishment address <i>2121 South Tech dr</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
Owner		Summary of Violations:	
Owner address		C <u><i>✓</i></u> NC <u><i>✓</i></u> R <u><i>✓</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u><i>✓</i></u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): Jamie Otney		Inspected by (name and title printed): Paul Belton EHS
Received by (signature): Jamie Otney		Inspected by (signature):
cc:	cc:	cc:



460 N. MORTON ST. STE A 12  
FRANKLIN, IN 46131  
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Establishment name <i>Five star food services (Dayton prelight)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2483</i>
Establishment address <i>500 Commerce Parkway</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>—</i>
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>0</i> R <i>0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Chuck Nelson</i>		Inspected by (name and title printed): <i>Paul Betiku etts</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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


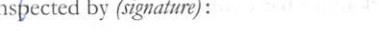
Buku  
12/14

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Five star pool services (Dra &amp; Co)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2470</i>
Establishment address <i>500 Commerce parkway w dr.</i>	Purpose: 1. <u>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:	
Owner address		C <i>0</i> NC <i>0</i> R <i>0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>2</i> <i>✓</i> 3 4 5	
Certified food handler			

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[illegible]

Received by (name and title printed): Dianne Clayton		Inspected by (name and title printed): Paul Blevins Ebs
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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Establishment name <i>Five star food services (Food etc)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2477</i>
Establishment address <i>650 Commerce parkway</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>—</i>
Owner		Summary of Violations:	
Owner address		C <u><i>0</i></u> NC <u><i>0</i></u> R <u><i>0</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u><i>✓</i></u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Joe Burichant</i>	Inspected by (name and title printed): <i>Paul Belieu EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc: <i>[Signature]</i>	cc: <i>[Signature]</i>






460 N. MORTON ST. STE A  
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Establishment name <i>Five star pool services (Federal)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2478</i>
Establishment address <i>2157 Stacie way</i>	Purpose: 1. <u>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 <u><i>0</i></u> NC <u><i>0</i></u> R <u><i>0</i></u>	
Owner address		Menu Type (See back of page)  1 <u>  </u> 2 <u><i>N</i></u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]



Received by (name and title printed): Jeremy Warren Senior Manager		Inspected by (name and title printed): Paul Betts EHS.
Received by (signature): 		Inspected by (signature):
cc:	cc:	cc:



Betsey  
12/14

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): Drake Whittles		Inspected by (name and title printed): Paul Betiku EITS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:






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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Five star food services (National park)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2472</i>
Establishment address <i>2011 South Tech Dr.</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>0</i> R <i>0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
Certified food handler			

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[illegible]

Received by (name and title printed): Jason Small		Inspected by (name and title printed): Paul Belton EHS
Received by (signature): 		Inspected by (signature):
cc:	cc:	cc:






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.

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Received by (name and title printed): Karen Chasteen		Inspected by (name and title printed): Paul Beten EHS
Received by (signature): 		Inspected by (signature):
cc:	cc:	cc:




460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
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Establishment name <i>Five stars food services (pottery bowls)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2474</i>
Establishment address <i>1415 Collins rd</i>	Purpose: 1. <u>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:	
Owner address		C <u><i>0</i></u> NC <u><i>0</i></u> R <u><i>0</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u><i>✓</i></u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): Ariane Christy		Inspected by (name and title printed): Paul Belieu Etc.
Received by (signature): 		Inspected by (signature):
cc:	cc:	cc:



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Betam  
 12/14  
 5-5264 ✓

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

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

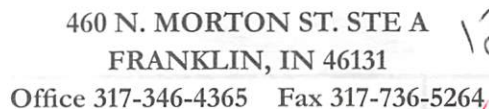
Establishment name <i>Five Star food services (Hydrex)</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2479</i>
Establishment address	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>0</i> R <i>0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
Certified food handler			

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[illegible]

Received by (name and title printed): Shelby Gallier GLM		Inspected by (name and title printed): Paul Betts Ets
Received by (signature): Shelby W. Gallier		Inspected by (signature):
cc:	cc:	cc:





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Received by (name and title printed): Hanna Stinnett	Inspected by (name and title printed): Jennifer Warner
Received by (signature): Hanna Stinnett	Inspected by (signature): JW 3464376
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Burn  
12/19

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 <b>Crafton Peak</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12/14/22</b>	ID# <b>1782</b>
Establishment address <b>410 E Main St Greenwood, IN 46142</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>12/26/22</b>
Owner		Summary of Violations:  <b>C 0 NC 3 R 0</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>Charles Bryant</b>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Unshielded light bulb inside sliding door upright cooler by ice machine	12/22
411	NC		Light inside cooler does not work	1
177	NC		there are materials on the floor inside walk-in cooler	1
			NOTE: (i) make sure cake cooler temperature is at 41°F.	
			(ii) make sure mechanical dish washer sanitizer is between 400 in range of 400 ppm.	
			(iii) make sure cooking materials is out of personal items cooler.	

Received by (name and title printed): <b>Christian A. Figueroa</b>	Inspected by (name and title printed): <b>Paul Betts</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
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Beta  
12/19

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 <b>Creeper's Pizzeria</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12/16/22</b>	ID# <b>2146</b>
Establishment address <b>1642 Olive Branch Greenwood Ind 46143</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>12/30/22</b>
Owner		Summary of Violations:  C <u>1</u> NC <u>2</u> R <u>1</u>	
Owner address		Menu Type (See back of page)  1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler <b>Jason Tapp</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC	✓	One light out by oven ① insufficient light inside walk-in cooler NOTE: ② technicians will be working on it in couple of days	12/22 1
255	NC		Refright cooler by three-bay sink temperature is at 42°F	12/29
187	C		Internal temperature of chicken & cinnamon <del>meat</del> inside the cooler at (12/9/22) is at 45°F. NOTE: ① Food materials are transferred into a different cooler	1
			NOTE: ② Holding temperature for marinara is at 129°F - Increase hot holding temperature ③ <del>mechanical</del> mechanical dish washer temperature & sanitizer are good	

Received by (name and title printed): <b>Heather Klein</b>	Inspected by (name and title printed): <b>Paul Beticu Etc</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



