



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
ffice 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>Edinburgh United Methodist Church</i>	Telephone Number () Establishment () Owner	Date of Inspection	ID# <i>2180 8240</i>
Establishment address <i>104 W Campbell St.</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="radio"/> 1. Routine<input type="radio"/> 2. Follow-up<input type="radio"/> 3. Complaint<input type="radio"/> 4. Pre-Operational<input type="radio"/> 5. Temporary<input type="radio"/> 6. HACCP<input type="radio"/> 7. Other (list) _____	Follow-up <i>-</i>	Release Date <i>12-31-22</i>
Owner address	Summary of Violations: <i>C 0 NC 3 R _____</i>		
Person in charge	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Responsible person's email			
Certified food handler <i>Sherry Wilson (exp 4/10/24)</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"

Received by (name and title printed):

1 by (name and title printed): JASON HUGH PASTOR

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

CCS

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 Enedinas mex Market	Telephone Number () Establishment () Owner	Date of Inspection 12/12/22	ID# 2348
Establishment address 50 US 31 Whiteland	Purpose: 1. Routine	Follow-up 12-8	Release Date 12/11/22
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 5 NC 18 R 0	
Owner address			
Person in charge			
Responsible person's email		Menu Type (See back of page)	
Certified food handler		1 X 2 X 3 X 4 X 5 X	

• 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
256			Provide thermometer and completely	
177	NC		Wrap all meat - long white freezer	
411	NZ		Provide working lights in wait station	
218	NC		Replace worn door seal on glass door cooler	
431	NZ		Clean the floor in wait station and bar	
439	C		Store all cleaning products away from food	
425	NZ		Hang up brooms and dustpans	
297	NZ		Clean the inside of all coolers in the bar area (mug / beer etc)	
324	NC		Repair handsink drain in bar - provide	
341b	NZ		Soda and paper towels too	
347	NZ			

Received by (name and title printed):

Inspected by (name and title printed):

Jennifer Warner

Received by (signature):

Inspected by (signature):

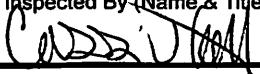
JW 316 4376

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Enerding's Mexican Market			50 US 31	4/6/84
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
187	C		<p>Observed Sour cream inside the flip top cooler @ 45° ↳ Other food products temperatures ranged from 45° - 51°</p>	
187	C		<p>Observed the air ambient temperature @ 46° ↳ Many food products ranged from 51° to 46°</p>	
187	C		<p>Observed rice held holding @ 119° ↳ must be 135° or greater.</p>	Corrected.
218	NC		Flip top door gasket is split/worn	
344	C		Kitchen hand sink Should not be blocked.	
346	NC		<p>Should be used for hand washing only Observed no hand soap at kitchen hand sink</p>	
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.	
<p>Note: Cloths need to be stored in Sanitizer bucket when wet/in use.</p> <p>Note: Tids are needed for bulk food items</p>				
Received By (Name & Title)			Inspected By (Name & Title)	Page 1 of 1
				



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Received by (*name and title printed*):

Received by (name and title printed): X Fernando Romo

Received by (signature).

4

83

Inspected by (name and title printed):

inspected by (name and title printed):
Janine Miller

Inspected by (signature)

inspected by (signature) -
Barry Miller

3173464369



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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.

Establishment name <i>Five star food Services (Avalign)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2421</i>
Establishment address <i>2121 South Creek dr</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="radio"/> 1. Routine<input type="radio"/> 2. Follow-up<input type="radio"/> 3. Complaint<input type="radio"/> 4. Pre-Operational<input type="radio"/> 5. Temporary<input type="radio"/> 6. HACCP<input type="radio"/> 7. Other (list) _____	Follow-up <i>ND</i>	Release Date
Owner	Summary of Violations:		
Owner address			
Person in charge	C <i>0</i> NC <i>0</i> R <i>0</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <i> </i> 2 <input checked="" type="checkbox"/> 3 <i> </i> 4 <i> </i> 5 <i> </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"

Received by (name and title printed):

Jamie Otten

Received by (signature):

ved by (signature):

CC:

CC:

Inspected by (name and title printed):

Paul Belton EHS

Inspected by (signature):

CC:



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Establishment name <i>Five star food services (Dayton freight)</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. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <i>—</i>	Release Date <i>—</i>
Owner	Summary of Violations:		
Owner address	<i>C P NC D R D</i>		
Person in charge			
Responsible person's email			
Certified food handler	Menu Type (See back of page) <hr/> <i>1 2 V 3 4 5</i>		

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Received by (name and title printed):

(name and title printed):
Chuck Nelson
(signature):

Inspected by (name and title printed):

inspected by (name and title printed):
Paul Blitkus etts

Received by (signature):

[Signature]: 

Inspected by (signature):

cc:

CC:

CC



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Establishment name <i>Five star food services (Ara & Co)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2470</i>
Establishment address <i>807 commerce parkway w dr.</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) _____	Follow-up <i>-</i>	Release Date
Owner	Summary of Violations:		
Owner address	<i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/></i>		
Person in charge			
Responsible person's email			
Certified food handler			

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Received by (name and title printed):

Received by (signature): Dinner Slayton

Received by (signature):

Received by (signature): 

CC:

CC:

Inspected by (name and title printed):

Paul Belvoir Etts

Inspected by (signature):

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
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12/14
Betty

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 (Food exec)</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: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 	Follow-up <i>✓</i>	Release Date <i>_____</i>
Owner <i>_____</i>	Summary of Violations: <i>_____</i>		
Owner address <i>_____</i>			
Person in charge <i>_____</i>	C <i>0</i> NC <i>0</i> R <i>0</i>		
Responsible person's email <i>_____</i>	Menu Type (See back of page)		
Certified food handler <i>_____</i>	1 <i> </i> 2 <i> </i> 3 <i> </i> 4 <i> </i> 5 <i> </i>		

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Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC2



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Bekm
12/11

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 (Federz)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2478</i>
Establishment address <i>2157 Stairie way</i>	Purpose: <ol style="list-style-type: none"> 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	<i>C D NC O R D</i>		
Person in charge	Menu Type (See back of page)		
Responsible person's email	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified food handler			

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Received by (name and title printed):

Received by (name and title/position):
Jeremy Warren Senior Manager

Inspected by (name and title printed):

Paul Betke EHS

Received by (signature)

Received by (signature):


Inspected by (signature):

CC:

CC:

CC



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Establishment name <i>five star food services (milwaukee tool)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2473</i>
Establishment address <i>2198 southtech dr.</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) _____	Follow-up <i>-</i>	Release Date
Owner	Summary of Violations:		
Owner address	<i>C O NC O R O</i>		
Person in charge	Menu Type (See back of page)		
Responsible person's email	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified food handler			

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Received by (*name and title printed*):

• Drake White

Received by (signature):

Received by (signature): 

Inspected by (name and title printed):

Paul Betiku Elts

Inspected by (signature):

CC:

CC:

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
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Establishment name <i>Five Star Food Services (National Park)</i>	Telephone Number <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	Date of Inspection <i>12/13/22</i>	ID# <i>2472</i>
Establishment address <i>2011 South Tech Dr.</i>	Purpose: <ul style="list-style-type: none"><input type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) _____	Follow-up <i>✓</i>	Release Date
Owner	Summary of Violations:		
Owner address	<i>C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></i>		
Person in charge	Menu Type (See back of page)		
Responsible person's email	<i>1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></i>		
Certified food handler			

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Received by (name and title printed): <i>Jason Small</i>	Inspected by (name and title printed): <i>Paul Belieu EHS</i>	
Received by (signature): <i>gSle</i>	Inspected by (signature):	
CC:	CC:	CC:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Establishment name Neovia #2 (five star food services)		Telephone Number	Date of Inspection	ID#
Establishment address 850 Graham rd		(<input type="checkbox"/>) Establishment (<input type="checkbox"/>) Owner	12/13/22	2517
Owner		Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <hr/>	Follow-up	Release Date
Owner address		Summary of Violations:		
Person in charge		C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Responsible person's email		Menu Type (See back of page)		
Certified food handler		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

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Received by (name and title printed):

Karen Chasteen

Received by *signature*):

Received by [unclear].
John Chaffee

CC:

CC:

Inspected by (name and title printed):

Paul Bettinetti

Inspected by (signature):

CC2



JOHNSON COUNTY HEALTH DEPARTMENT
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Establishment name <i>Five stars food services (potney bones)</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: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) _____	Follow-up <i>—</i>	Release Date
Owner	Summary of Violations:		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (*name and title printed*):

Received by (name and title printed): Ariane Christy

Inspected by (name and title printed):

Paul Béatrice Ette.

Received by (signature):

by (signature):

Inspected by (signature):

CC:

CC:

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
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Establishment name <i>Five Star food services (Ryder)</i>	Telephone Number () Establishment () Owner	Date of Inspection	ID#
Establishment address	<i>12/13/22 2499</i>		
Owner	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) _____	Follow-up —	Release Date
Owner address	Summary of Violations:		
Person in charge	C <i>D</i> NC <i>D</i> R <i>D</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

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Received by (name and title printed):

Shelby Gallier GLM

Inspected by (name and title printed):

Paul Bettis 875

Received by (signature):

Received by (signature): Shy W. Sh

Inspected by (signature):

CC:

CC:

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
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12
ce 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>Fresh Pots Coffee Bar</i>	Telephone Number () Establishment () Owner	Date of Inspection	ID#
Establishment address <i>221 W Main St Greenwood</i>		<i>12/22</i>	<i>7433</i>
Owner	Purpose: <ul style="list-style-type: none"><input checked="" type="radio"/> 1. Routine<input type="radio"/> 2. Follow-up<input type="radio"/> 3. Complaint<input type="radio"/> 4. Pre-Operational<input type="radio"/> 5. Temporary<input type="radio"/> 6. HACCP<input type="radio"/> 7. Other (list) _____	Follow-up <i>NO</i>	Release Date <i>12/11/22</i>
Owner address	Summary of Violations:		
Person in charge	<i>C O NC O R O</i>		
Responsible person's email	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
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>No items noted today</p> <p>Thank you!</p>	

Received by (name and title printed):

Received by (name and title printed): Hanna Stinnett
Received by (signature): Hanna Stinnett

Received by (signature):

Received by (signature): Hanna Stine

cc:

CC:

Inspected by (name and title printed):

Inspected by (name and title printed):
Jennifer Warner
Inspected by (signature):
JW 3464376

Inspected by (signature):

Inspected by (signature): JW 3464376

CC3



JOHNSON COUNTY HEALTH DEPARTMENT
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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 Crafton Creek	Telephone Number () Establishment () Owner	Date of Inspection 12/14/22	ID# 1782
Establishment address 410 E Main St Greenwood IN 46142	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 	Follow-up ND	Release Date 12/26/22
Owner	Summary of Violations:		
Owner address			
Person in charge Charles Bryant	C 0 NC 3 R 0		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 2 3 4 5		

- 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"

Received by (name and title printed):

Received by (name and title printed): **Orishan A. Figueroa**
Received by (signature):

Received by (signature):

cc: [Signature] cc:

cc:

CC:

Inspected by (name and title printed):

Paul Bettens 2013

Inspected by (signature):

Paul Botosai

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

Betka
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 <i>Creeks Pizzeria</i>	Telephone Number () Establishment () Owner	Date of Inspection	ID#
Establishment address <i>1642 Olive Branch</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>NO</i>	Release Date <i>12/30/22</i>
Owner _____	Summary of Violations:		
Owner address _____	C <u>1</u> NC <u>2</u> R <u>1</u>		
Person in charge _____	Menu Type (See back of page)		
Responsible person's email _____	1 <u>2</u> 3 <u>4</u> 5 <u> </u>		
Certified food handler <i>Jason Tapp</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
411	NC	✓	① One light out by oven ② insufficient light inside walk-in cooler NOTE: Technicians won't be working on it in couple of days	12/22
255	NC		Refrigerator cooler by three-bay sink temperature is at 42°F	12/29
187	C		Internal temperature of chicken & cinnamon NOTE: Inside the cooler at (12/9/22) is at 45°F. Food materials are transferred into a different cooler	1
			NOTE: ① Holding temperature for marinara is at 129°F - Increase hot holding temperature. ② Mechanical dish washer temperature & sanitizer are good	

Received by (name and title printed):

Heather Klein

Received by (signature):

Heather Klein

cc:

cc:

Inspected by (name and title printed):

Paul Betka EHS

Inspected by (signature):

Paul Betka

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A

FRANKLIN, IN 46131

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

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

Establishment name Kroger J-735	Telephone Number () Establishment () Owner	Date of Inspection 12/8/22	ID# 2008
Establishment address 5961 N SR 135	Purpose: 1. Routine	Follow-up	Release Date 12/18/22
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 25 NC 5 R 1	
Owner address			
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"

Received by (name and title printed):

7 Chuck Norris

Received by (signature):

Received by (signature): 

cc:

CC:

Inspected by (name and title printed):

(155) Hall

Inspected by (signature):

Inspected by (signature):


CC2