

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.

- 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
		0	NO VIOLATIONS OBSERVED	
		1	MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 172°F)	OK

Received by (name and title printed): *Chastity Suggett Cook	Inspected by (name and title printed): BOB SMITH EHS
Received by (signature): Chastity Suggett	Inspected by (signature): Bob Smith
cc:	cc:


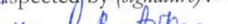
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name Center Grove ES	Telephone Number () Establishment () Owner	Date of Inspection 10/26/22	ID# 408
Establishment address 2455 S. Morgantown Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner Greenwood, Inc 46142		Summary of Violations: C 0 NC 0 R 0	
Owner address		Menu Type (See back of page) 1 — 2 ✓ 3 — 4 — 5 —	
Person in charge			
Responsible person's email			
Certified food handler Courtney Lawson 9/8/27			

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[illegible]

Received by (name and title printed): Courtney Lawson	Inspected by (name and title printed): Paul Betton EHS
Received by (signature): 	Inspected by (signature): 
cc:	cc:

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

Establishment name <i>Center grave H/S</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/26/22</i>	ID# <i>407</i>
Establishment address <i>2217 S. Morgantown rd</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 <i>Greenwood TM 46143</i>		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 <u> </u> 2 <i>✓</i> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Alicia Snyder 4/10/23</i>			

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[illegible]

Received by (name and title printed): Alicia Snyder Manager	Inspected by (name and title printed): Paul Beltrami EHS
Received by (signature): Alicia Snyder	Inspected by (signature): Paul Beltrami
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Establishment name <i>Center Grove Middle sc</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/26/22</i>	ID# <i>1040</i>
Establishment address <i>4900 W. stones Crossing 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 <i>Curranbrook Tel, 46143</i>		Summary of Violations:	
Owner address		C <i>Ø</i> NC <i>1</i> R <i>Ø</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 <i>Jennifer Herrington 10/16/25</i>			

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[illegible]

Received by (name and title printed): Jennifer Herrington		Inspected by (name and title printed): Paul Belikov ECTS
Received by (signature): Jennifer Herrington		Inspected by (signature): Paul Belikov
cc:	cc:	cc:



Barry
10/10

17-73 ✓

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): Melody Wray MANAGER		Inspected by (name and title printed): Paul Betton LHS	
Received by (signature): Melody Wray		Inspected by (signature): Paul Betton	
cc:	cc:	cc:	



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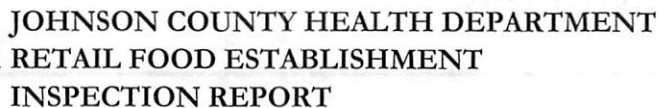
Establishment name Maple Grove ES	Telephone Number () Establishment () Owner	Date of Inspection 10/26/22	ID# 409
Establishment address 3623 W. Whiteland Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner Bongersville IN 46006		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</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 Melissa Olivenera 9/7/26			

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[illegible]

Received by (name and title printed): Melissa Oliveria		Inspected by (name and title printed): Paul Betru Etk	
Received by (signature): Melissa Oliveria		Inspected by (signature): Paul Betru	
cc:	cc:	cc:	





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Received by (name and title printed): Yvonne Cook MGR		Inspected by (name and title printed): Paul Botton EHS
Received by (signature): Yvonne Cook		Inspected by (signature): Paul Botton
cc:	cc:	cc:



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Establishment name Sugar Grove ES	Telephone Number () Establishment () Owner	Date of Inspection 10/7/22	ID# 705
Establishment address 4135 W. Smith Valley Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date
Owner Orlenwood, Inc 46142		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>	
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 Kimberly Brown Exp 4/10/25			

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[illegible]

Received by (name and title printed): <i>Kimberly Brown</i>		Inspected by (name and title printed): <i>Paul Betker EHS</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

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Establishment name <i>Walnut Grove ES</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/26/22</i>	ID# <i>2286</i>
Establishment address <i>4079 N. 500 W. Bangersville Tel 46106</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: C <i>⊙</i> NC <i>⊙</i> R <i>⊙</i>	
Owner address		Menu Type (See back of page) 1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Trace Jessup</i> <i>serv safe</i> <i>Exp. 3/13/24</i>			

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[illegible]

Received by (name and title printed): o TERESA MITCHELL	Inspected by (name and title printed): paul Betiku EHS
Received by (signature): o 	Inspected by (signature): paul Betiku
cc:	cc:

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 Clark Elementary	Telephone Number () Establishment () Owner	Date of Inspection 10/25/22	ID# 412
Establishment address 5764 E. 700 N. 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 No	Release Date 10/4/22
Owner C PCSC		Summary of Violations: C 0 NC 0 R 0	
Owner address		Menu Type (See back of page) 1 2 ✓ 3 4 5	
Person in charge Lina Mekkes			
Responsible person's email			
Certified food handler Lina Mekkes			

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[illegible]

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



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[illegible]

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

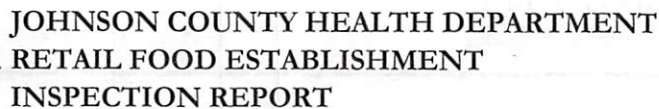
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Establishment name <i>Grassy Creek Elementary</i>	Telephone Number <i>(317) 535-2989</i>	Date of Inspection <i>10/24/22</i>	ID# <i>1100</i>
Establishment address <i>2111 Sheek Rd. Greenwood, IN 46143</i>	() Owner	Follow-up <i>No</i>	Release Date <i>10/4/22</i>
Owner <i>CPSCS</i>	Purpose: <u>1. Routine</u>	Summary of Violations:	
Owner address	2. Follow-up	C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge <i>Kandy Dotte / AFSC</i>	3. Complaint	Menu Type (See back of page)	
Responsible person's email <i>SenSafe (AM)</i> <i>Exp. 7/10/27</i>	4. Pre-Operational	1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Kandy Dotte</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

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[illegible]

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



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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 Ray Crowe Elementary	Telephone Number () Establishment () Owner	Date of Inspection 10/24/22	ID# 2496
Establishment address 1300 Ray Crowe Way IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 11/4/22
Owner CPSC		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge James Beck		Menu Type (See back of page)	
Responsible person's email (ServSafe Exp: 6/10/26)		1 <u>2</u> <input checked="" type="checkbox"/> 3 <u>4</u> <u>5</u>	
Certified food handler James Beck			

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[illegible]

Received by (name and title printed): James Beck mgr.		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Jim Beck		Inspected by (signature): Andrew Miller
cc:	cc:	cc: