Retest 5/2

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: Ale Emporium	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4 26 22	ID#: 2280
Establishment address: 997 E Co Line Rd Greenwood	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO / Release Date: 5 6 22	
Owner		Summary of Violations: C 0 NC 2 R 0	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)*: 1 2 3 4 X 5	
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
399	NC		Repair/replace missing baseboard material throughout kitchen & dish	
399	NC		Floor on coveline is showing signs of wear/pitting - resurface to have smooth cleanable surface	
Note			Turn water on a 2 sinks in bar area - need to be functional	
			Thank you!	

Received by *(name and title printed)*: Leah Blankenship General Manager	Inspected by *(name and title printed)*: Jennifer Warner
Received by *(signature)*: Leah Blankenship	Inspected by *(signature)*: JW 3464376
cc:	cc: / cc:

Betsy 4/19

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: Alpha	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4-18-22 2:30p	ID#: 2423
Establishment address:	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: No.	Release Date: 4-28-22
Owner:		Summary of Violations: C 0 NC 2 R 0	
Owner address:			
Person in charge:			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 3 X 4 5	
Certified food handler: Elizabeth Eng Men Trial 5-11 26			

- 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
146	NC		Food items (Frozen Peas & Shoots) not properly Labeled.	
177	NC		Food product stored on pallet in back room making floor not easily cleanable.	

Received by *(name and title printed)*: Julie Sin

Received by *(signature)*:

Inspected by *(name and title printed)*: Elizabeth Schuler

Inspected by *(signature)*:

cc: | cc: | cc:

Betty 4/26

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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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.

Establishment name: Greenwood American legion Post #152	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/21/22	ID#: 167
Establishment address: 334 South US 31, Greenwood	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO	Release Date: 5/1/22
Owner		Summary of Violations: C 0 NC 1 R	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)*: 1 2 X 3 4 5	
Certified food handler: Raymond Miller (exp 12/14/25)			

- 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
431	NC		floor under equipment in kitchen and bar soiled.	4-28-22
Note. 3			No date markings observed on some of the food products in the reach in cooler by grill	
			Note: Milk in reach in cooler has a best by date of 4/17/22	
			Note: light sheild broken by hand sink	

Received by *(name and title printed)*: X TAMMY SCHWARTZENBERGER

Received by *(signature)*: X

Inspected by *(name and title printed)*: CDS. Hall / Paul Betton

Inspected by *(signature)*: CDS. Hall / Paul Betton

cc: | cc: | cc:

317-346-4371

Betsy 4/4/22

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: ANN'S RESTAURANT	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/4/22	ID#: 104
Establishment address: 77 W MONROE 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: 4/14/22
Owner: DOUGHERTY		Summary of Violations: C 0 NC 1 R ___	
Owner address:			
Person in charge: MERIKA CRAWLEY			
Responsible person's email:		Menu Type *(See back of page)*: 1 ___ 2 ___ 3 ___ 4 (R) 5 ___	
Certified food handler: — — MERIKA CRAWLEY			

- 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
174	NC		SOME CONTAINERS OF BULK FOOD — NO LABEL OF FOOD PRODUCT ON CONTAINER	4/7/22

Received by *(name and title printed)*: Merika Crawley General Manager

Received by *(signature)*:

Inspected by *(name and title printed)*: Bob Smith EHS

Inspected by *(signature)*:

cc: | cc: | cc:

BKay 4/11/22

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: Aspen Trace	Telephone Number: 535-3344	Date of Inspection: 4-1-22	ID#: 1794
Establishment address: 3154 SR 135 46143	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: No	Release Date: 4-11-22
Owner: CarDon & Associates		Summary of Violations: C 0 NC 0 R	
Owner address			
Person in charge		Menu Type *(See back of page)*: 1 2 3 4 (5)	
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
			No violations observed @ the time of inspection	

Received by *(name and title printed)*: Jackie Carlton

Received by *(signature)*: Jackie Carlton

Inspected by *(name and title printed)*: Elizabeth Schultz

Inspected by *(signature)*: Elizabeth Schultz

cc:

cc:

cc: 317-346-4373

Bekah 4/4/22

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: BAAM Energy	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/1/22	ID#: 2510
Establishment address: 1032 US 31 S Greenwood	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: Yes	Release Date: 4/10/22
Owner		Summary of Violations: C 1 NC 0 R	
Owner address			
Person in charge: X		Menu Type *(See back of page)*: 1 2 X 3 4 5	
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
187	C		Popping boba read 44°F in reach in cooler observed whipped cream in same cooler	4-8-22
			Note: make sure to change sanitizer through out the day	
			Note: baseboard / coving missing off the side wall of restroom	
			Thank you!	

Received by *(name and title printed)*: X Lindsay Heck
Received by *(signature)*: X Lindsay Heck
Inspected by *(name and title printed)*: Cassi Hall
Inspected by *(signature)*: Cassi Hall

cc: | cc: | cc:

317-346-4371

Before 4/11

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: Bar Louie	Telephone Number: (317) 215-5400 Establishment ( ) Owner	Date of Inspection: 4/6/22	ID#: 1926
Establishment address: 1251 US 31 Greenwood IN 46143	Purpose: 1 Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list)	Follow-up: No	Release Date: 4/16/22
Owner: Frank Sweeney		Summary of Violations: C 0 NC 4 R	
Owner address:			
Person in charge: Megan Cherry		Menu Type (See back of page): 1 2 3 4 ✓ 5	
Responsible person's email:			
Certified food handler: Megan Cherry			

- 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
324	NC	✓	Hot water at prep line hand sink was 142°F	4/11/22
431	NC	✓	Floors and floor drains soiled in some areas	4/11/22
210	NC	✓	(1) Bottom drop plate for ice maker broken/cracked on both ends	5/6/22
			(2) Left metal plate for hinges on ice maker lid broken into two pieces	
295	NC	✓	(1) Inside bottom cabinet of deep fryers and wheels soiled	4/11/22
			(2) Soda guns at bar are soiled	
			Notes: Minor grout repair needed at dish area and bar area	

Received by (name and title printed): Megan Cherry
Received by (signature): Megan Cherry

Inspected by (name and title printed): Andrew Miller EHS
Inspected by (signature): Andrew Miller

cc: | cc: | cc:

Betsy 4/21

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: Buckford Asst. Living	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4 20 22	ID#: 1759
Establishment address: 3021 Stella Dr Greenwood	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO / Release Date: 4 30 22	Summary of Violations: C 0 NC 0 R 0
Owner			
Owner address			
Person in charge			Menu Type *(See back of page)*: 1 2 3 X 4 5
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
			No items noted today.	
			Thank you!	

Received by *(name and title printed)*: [signature]

Inspected by *(name and title printed)*: Jennifer Warner

Received by *(signature)*:

Inspected by *(signature)*: JW 346 4376

cc: | cc: | cc:

BuKM 4/19

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: BIG Woods of Franklin	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/18/22	ID#: 2047
Establishment address: 1800 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: ~~Cleaning~~	Release Date: 4/28/22
Owner: BIG Woods		Summary of Violations: C 0 NC 9 R	
Owner address:			
Person in charge: Teresa Halloran			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 3 (4 X) 5	
Certified food handler: Teresa Halloran			

- 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
431	NC	R	FLOOR NOT CLEAN IN AREAS OF WALK-IN COOLER, OUTSIDE WALK-IN FREEZER, KITCHEN - NEXT TO WALL AND UNDER EQUIPMENT	4/26/22
399	NC	R	WALL WORN IN AREAS OF KITCHEN, WALL COVING LOOSE AND MISSING IN AREAS, FLOOR TILE MISSING IN AREAS	6/1
411	NC	R	LIGHTS OUT IN WALK-IN COOLER, CEILING OF KITCHEN, EXHAUST HOOD	5/1
324	NC	R	PART OF DRAIN PIPE MISSING ON ONE HANDSINK IN KITCHEN	~~4/28~~ 4/28
256	NC	R	SEVERAL REFRIGERATORS IN KITCHEN - ~~THERMOMETERS~~ NOT CONSPICUOUSLY LOCATED	(CORRECTED 4/18)
174	NC	R	FISH BATTER (SEASONED FLOUR) BULK CONTAINER	CORRECTED 4/18
229	NC	R	NOT LABELED, PLASTIC LID CRACKED/WORN →	5/1
228	NC	R	2 DOOR REFRIGERATOR IN KITCHEN - MISSING WHEELS / PLASTIC TUB USED TO SUPPORT REFRIGERATOR	5/18
295	NC	R	METAL TABLES IN KITCHEN - SHELVING NOT CLEAN	4/26

Received by *(name and title printed)*: Teresa Halloran, General Manager	Inspected by *(name and title printed)*: Bob Smith EHS
Received by *(signature)*:	Inspected by *(signature)*:
cc:	cc:
cc:	cc:

Betsy 4/13

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: Bluff Creek Golf	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/12/22	ID#: 820
Establishment address: 2710 Old State Rd 37 South, Greenwood	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO YES	Release Date: 4/22/22
Owner		Summary of Violations: C 1 NC 0 R	
Owner address			
Person in charge: X		Menu Type *(See back of page)*: 1 2 X 3 4 5	
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
415	C		Observed rodent droppings in cabinet under the hot dog roller	4-15-22
			2 single use items need to be thrown away	4-12-22
			Note: replace broken thermometers in fridge + freezer	

Received by *(name and title printed)*: X CHAD KELLER, MGR

Inspected by *(name and title printed)*: Cassi Hall

Received by *(signature)*: X

Inspected by *(signature)*: Cassi Hall

cc: | cc: | cc:

317-346-4365

Betty 4/4/22

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: Bob EVANS #453	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/1/22	ID#: 2134
Establishment address: 900 N MORTON ST FRANKLIN, IN	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date: 4/11/22
Owner: Bob EVANS		Summary of Violations: C 0 NC 8 R ____	
Owner address:			
Person in charge: JOHN WHITMAN			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 3 (4) 5	
Certified food handler: JOHN WHITMAN (ServSafe)			

- 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
431	NC	R	FLOOR NOT CLEAN IN AREAS OF KITCHEN, DISHWASHING, WALK-IN COOLER, WALK-IN FREEZER	4/6/22
(NOTE)		→	DUMPSTER AREA - CIGARETTE BUTTS ON GROUND	— 4/4
295	NC	R	UTENSIL DRAWER NOT CLEAN	
295	NC	R	INSIDE TOP DRIP EDGE OF ICE MAKER NOT CLEAN	— 4/6
295	NC	R	SIDES OF GRILL, KITCHEN METAL SHELVES NOT CLEAN	— 4/6
138	NC	R	HAIR RESTRAINTS (CAPS/VISORS/HAIR NETS) NOT WORN BY EMPLOYEES IN KITCHEN PREPARATION AREA	4/4
295	NC	R	~~EQUIP~~ 2 DOOR REFRIGERATOR FRONT CONDENSOR FILTER NOT CLEAN IN KITCHEN	4/6
295	NC	R	BISCUIT DRAWER NOT CLEAN	— 4/6
431	NC	R	RESTROOM - WOMENS CEILING EXHAUST COVER NOT CLEAN	4/6
(NOTE)			MECHANICAL DISHMACHINE FINAL SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 170°F)	(OK)

Received by *(name and title printed)*: John Whitham

Received by *(signature)*:

Inspected by *(name and title printed)*: Bob Smith EHS

Inspected by *(signature)*: Bl Sm

cc: | cc: | cc:

Beth 4/21

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Establishment name: Burger King #844	Telephone Number: (317) 881-2209 (Manager) ( ) Owner	Date of Inspection: 4/20/22	ID#: 1658
Establishment address: 714 US 31 S. Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: No	Release Date: 4/30/22
Owner: Carols, LLC		Summary of Violations: C 0 NC 2 R	
Owner address:			
Person in charge: Joe Benedict		Menu Type *(See back of page)*: 1 2 3 ✓ 4 5	
Responsible person's email:			
Certified food handler: Joe Benedict (ServSafe Exp: 9/29/25)			

- 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
431	NC		(1) Rubber mats inside walk-in freezer are soiled	5/10/22
			(2) Air return vents in kitchen are soiled (2)	I
295	NC		Guest area soda dispensing part and neck soiled	Corrected I

Received by *(name and title printed)*: [illegible]
Received by *(signature)*: Joe Benedict

Inspected by *(name and title printed)*: Andrew Miller, EHS
Inspected by *(signature)*: Andrew Miller

cc: | cc: | cc:

Betsy 4/26

JOHNSON COUNTY HEALTH DEPARTMENT
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Establishment name: Center Grove Church	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/21/22	ID#: 2189
Establishment address: 2340 S State Rd 135, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO	Release Date: 5/1/22
Owner		Summary of Violations: C 0 NC 1 R	
Owner address			
Person in charge: x Laurie Hummel		Menu Type *(See back of page)*: 1 2 X 3 4 5	
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
411	NC		One light out observed for hood	5-1-22
			Thank You!	

Received by *(name and title printed)*: x Laurie Hummel
Inspected by *(name and title printed)*: Cassi Hall

Received by *(signature)*: x Laurie M Hummel
Inspected by *(signature)*: Cassi Hall

cc: | cc: | cc:

317-346-4371

Beth 4/19

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: CHICAGO'S PIZZA	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/18/22	ID#: 1131
Establishment address: 1047 west Jefferson ST. FRANKLIN, IN	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date: 4/28/22
Owner		Summary of Violations: C 0 NC 7 R ____	
Owner address			
Person in charge: BETH MORRIS			
Responsible person's email		Menu Type *(See back of page)*: 1 ____ 2 ____ 3 (circled) 4 ____ 5 ____	
Certified food handler: ~~ROBERT EDWARDS~~ CHASE KOAN			

- 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
218	NC	(circled)	DOOR GASKETS WORN / SPLIT ON PIZZA PREPARATION 3 DOOR REFRIGERATOR, AND 3 DOOR UPRIGHT REFRIGERATOR	5/18/22
425	NC	(circled)	MOP/BROOMS NOT HUNG UP OFF FLOOR	4/23
431	NC	(circled)	FLOOR IN AREAS NEXT TO WALL, UNDER EQUIPMENT NOT CLEAN	4/23
434	NC	(circled)	CEILING TILES DUSTY/NOT CLEAN IN AREAS OF KITCHEN / DISHWASHING AREA	4/23
295	NC	(circled)	INSIDE TOP OF ICE MAKER NOT CLEAN	4/20
228	NC	(circled)	UPRIGHT (SLIDING GLASS DOOR) REFRIGERATOR NOT EASILY MOVEABLE	5/18
431	NC	(circled)	MENS RESTROOM CEILING EXHAUST COVER DUSTY/NOT CLEAN	4/23

Received by *(name and title printed)*: Beth Morris

Received by *(signature)*: Beth Morris

Inspected by *(name and title printed)*: Bob Smith EHS

Inspected by *(signature)*: Bob Smith

cc: | cc: | cc:

Betsy 4/1/21

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: Chicago Pizza	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4 18 22	ID#: 2355
Establishment address: 2245 Sheek Rd Greenwood	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO	Release Date: 4 28 22
Owner		Summary of Violations: C 1 NC 2 R 0	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)*: 1 2 3 4 5	
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
238	NC		Remove soiled aprons in dough prep area - launder them	
310	NC		clean the exhaust hood	
			Thank you!	

Received by *(name and title printed)*: Noah Eppie

Inspected by *(name and title printed)*: Jennifer Warner

Received by *(signature)*:

Inspected by *(signature)*: JW 346 4376

cc: | cc: | cc:

Betsy 4/19

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: CHILI'S	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/14/22	ID#: 2292
Establishment address: 2299 N MAIN ST. FRANKLIN, IN	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date: 4/24/22
Owner:		Summary of Violations: C 0 NC 8 R ____	
Owner address:			
Person in charge: MARK THOMPSON			
Responsible person's email:		Menu Type *(See back of page)*: 1 ___ 2 ___ 3 ___ 4 (circled) ___ 5 ___	
Certified food handler: MARK THOMPSON			

- 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
431	NC		FLOORS NOT CLEAN IN AREAS OF KITCHEN, WALK-IN COOLER, BAR, FLOOR DRAINS	4/20/22
295	NC		BACK EXHAUST HOOD FILTERS NOT CLEAN	4/20
399	NC		WALL COVING WORN IN AREAS OF KITCHEN	6/20
411	NC		SOME LIGHTS OUT ON BACK EXHAUST HOOD, SOME KITCHEN CEILING LIGHTS OUT	4/20
324	NC		RESTROOM HANDSINK MENS/WOMENS HAVE LEAK AT FAUCETS	5/1
425	NC		SOME MOPS/BROOMS NOT HUNG UP OFF FLOOR	4/18
~~218~~ 295	NC		DOOR GASKET NOT CLEAN - 2 DOOR UPRIGHT FREEZER	4/16
218	NC		FOOD BUILT UP INSIDE FRONT KITCHEN REFRIGERATOR	4/18
NOTE			WOMENS RESTROOM CEILING VENT COVER NOT CLEAN	4/16

Received by *(name and title printed)*: MARC THOMPSON	Inspected by *(name and title printed)*: Bob Smith EHS
Received by *(signature)*:	Inspected by *(signature)*: Bob Smith
cc:	cc:
cc:	cc:

Bekah 4/4/22

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: Ching Garden 2 / Asian Hibachi + Sushi	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/1/22	ID#: 2031
Establishment address: 5893 SR 135 Greenwood, IN 46143	Purpose: 1. Routine 2. ~~Follow-up~~ 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	Follow-up: NO	Release Date: 4/11/22
Owner		Summary of Violations: C 0 NC 2 R 1	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)*: 1 ___ 2 ___ 3 ___ 4 X 5 ___	
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
431	NC	✓	Floor drains under stove and 3-bay soiled	4/5/22
130	NC		Don't block hand sink + used for handwashing only	4/1/22
			NOTE: No phones on cutting board!!	

Received by *(name and title printed)*: X Laina Cheng

Received by *(signature)*: X

Inspected by *(name and title printed)*: Jaycie Blanford / Paul Bethke

Inspected by *(signature)*: Jaycie Blanford

cc: | cc: | cc:

Betsy 4/26

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	Telephone Number	Date of Inspection	ID#
Circle K	( ) Establishment ( ) Owner	4/14/22	153

Establishment address	Purpose:	Follow-up	Release Date
10 N. Morton St. Franklin, IN	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*		4/24/22

Owner	Summary of Violations:
	C 0 NC 2 R

Owner address	Person in charge	Responsible person's email	Certified food handler	Menu Type *(See back of page)*
				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"

Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floor in the back office area is soiled.	4/16/22
431	NC		Floor under front counter is so soiled.	↓
			* The store is much improved!	

Received by *(name and title printed)*:	Inspected by *(name and title printed)*:
↓ DAVID DEVORE	Terry D Faulkner
Received by *(signature)*:	Inspected by *(signature)*:
	Terry D Faulkner

cc:	cc:	cc:

Betsy 4/13

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: Circle K #4700055	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/12/22	ID#: 1303
Establishment address: 9400 State Rd 144, 46151	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO	Release Date: 4/22/22
Owner		Summary of Violations: C 0 NC 2 R	
Owner address			
Person in charge: x		Menu Type *(See back of page)*: 1 2 X 3 4 5	
Responsible person's email			
Certified food handler: Terri Neading (exp 12/16/26)			

- 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
431	NC		Back Stock room floor is soiled ↳ needs clean ↳ Observed dead rodents in traps	
431			Mop Sink Soiled	
177	NC		Single use items not stored 6" off ground in back stock room	
			NOTE: Observed ice build up in walk-in freezer	

Received by *(name and title printed)*: x David Shinn Mgr	Inspected by *(name and title printed)*: Cassi Hall
Received by *(signature)*: x David Shinn	Inspected by *(signature)*: Cassi Hall
cc:	cc:
cc:	cc:

317-346-4371

Bakery 4/21

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	Telephone Number	Date of Inspection	ID#
Circle K	( ) Establishment ( ) Owner	4 18 22	1927
Establishment address: 2114 Shelbyville Rd Greenwood	Purpose: (1) Routine	Follow-up: NO	Release Date: 4 28 22
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Summary of Violations: C 0 NC 4 R 0	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)*: 1 2 X 3 4 5	
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
426	NC		Clean and organize back room - items need to be off the floor	ASAP
425	NC		Hang up all mops brooms and dustpans	
431	NC		Clean the floor drain in between BIB racks	
431	NC		Clean the walk in cooler floor - mainly side	ASAP
			Thank you!	

Received by *(name and title printed)*: Joa Jones

Received by *(signature)*:

Inspected by *(name and title printed)*: Jennifer Warner

Inspected by *(signature)*: JW 346 4376

cc: | cc: | cc:

Before 4/19

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: Culver's	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/18/22	ID#: 2171
Establishment address: 1142 N. Emerson Ave Greenwood IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: No	Release Date: 4/28/22
Owner: Micheal Filosi		Summary of Violations: C 0 NC 3 R	
Owner address:			
Person in charge: Wilbert Baber		Menu Type *(See back of page)*: 1 2 3 ✓ 4 5	
Responsible person's email: ServSafe			
Certified food handler: Wilbert Baber EXP: 1/26/27			

- 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
295	NC		Exterior top of mechanical dish machine was soiled	4/19/22
324	NC		Hot water temperature at hand sink in preparation area was 128°F	4/28/22
218	NC		① Strainer with handle was damaged at fry station	4/24/22
			② Interior of cooler at bottom was "heavily" iced over for sandwich cooler unit	

Received by *(name and title printed)*: Wilbert Baber
Received by *(signature)*: Wilbert Baber EH

Inspected by *(name and title printed)*: Andrew Miller, EHS
Inspected by *(signature)*: Andrew Miller

cc: | cc: | cc:

BetM 5/2

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

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: CYPRESS RUN GOLF COURSE	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 4/27/22	ID#: 766
Establishment address:	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date: 5/7/22
Owner: LISA TIEDEMANN		Summary of Violations: C 0 NC 3 R	
Owner address:			
Person in charge: LISA TIEDEMANN		Menu Type *(See back of page)* 1 2 X 3 4 5	
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
256	NC	X	THERMOMETERS NOT CONSPICUOUSLY LOCATED IN SOME REFRIGERATOR / FREEZER UNITS	CORRECTED 4/27
295	NC	X	MICROWAVE NOT CLEAN INSIDE	5/1
NOTE		X	ICE MAKER NOT IN USE (NOT CLEAN INSIDE)	5/10
112	NC	X	STOVE/OVEN NOT COMMERCIAL TYPE	8/22

Received by *(name and title printed)*: Lisa Tiedemann OWNER	Inspected by *(name and title printed)*: Bob Smith EHS
Received by *(signature)*: LT	Inspected by *(signature)*: Bob Smith
cc:	cc:
cc:	