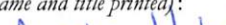
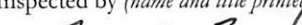
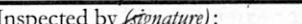
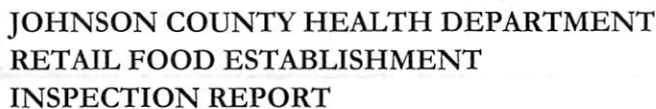


460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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.

- 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):  ✓ Leslie Hicks	Inspected by (name and title printed):  Terry D Bayless
Received by (signature):  ✓ 	Inspected by (signature):  
cc:	cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name Northeast Elementary	Telephone Number () Establishment () Owner	Date of Inspection 3/16/22	ID# 395
Establishment address 99 Crestview Dr	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner Greenwood, IN		Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </u>	
Owner address			
Person in charge		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler Jenny Hammons			

- 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): + Jenny Hammons		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): + [Signature]		Inspected by (signature): [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 CG MS N	Telephone Number () Establishment () Owner	Date of Inspection 03/4/22	ID# 406
Establishment address 202 N Morgantown rd IN, 46142	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>10</u> NC <u>0</u> R <u>✓</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 Melody Wray			

- 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): Melody Wray		Inspected by (name and title printed): Paul Betten EHS	
Received by (signature): Melody Wray		Inspected by (signature): Paul Betten	
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

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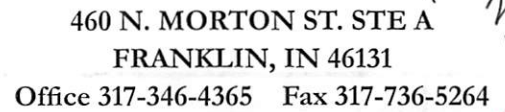
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Maple Grove FS	Telephone Number () Establishment () Owner	Date of Inspection 03/8/22	ID# 409
Establishment address 3623 W. Whiteland Barbersville, IN 46106	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: C <u> </u> NC <u> </u> R <u> </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 Oliveira			

- 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): Melissa Olivencia		Inspected by (name and title printed): Paul Belter EHS	
Received by (signature): Melissa Olivencia		Inspected by (signature): Paul Belter	
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

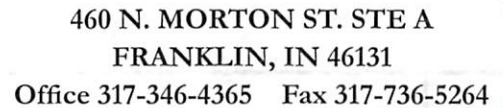
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. ✓

Establishment name <i>Pleasant Grove FS</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/8/22</i>	ID# <i>454</i>
Establishment address <i>5199 W Fairview Rd Greenwood IN 46142</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: <i>C</i> <i>0</i> <i>NC</i> <i>0</i> <i>R</i> <i>0</i>	
Owner address		Menu Type (See back of page) <i>1</i> <i>2</i> <i>✓</i> <i>3</i> <i>4</i> <i>5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Yvonne Cook</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): Yvonne Cook		Inspected by (name and title printed): Paul Schku Eitz
Received by (signature): Yvonne Cook		Inspected by (signature): Paul Schku
cc:	cc:	cc:

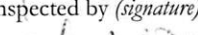




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- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed): TERESA MITCHELL		Inspected by (name and title printed): Paul Brier ELS
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

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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>Break-o-Day Elementary</i>	Telephone Number <i>(317) 535-3206</i>	Date of Inspection <i>3/8/22</i>	ID# <i>414</i>
Establishment address <i>900 Sawmill Rd Whiteland IN 46184</i>	() Owner	Follow-up <i>No</i>	Release Date <i>3/18/22</i>
Owner <i>C PCSC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Denise Rice</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Denise Rice</i>	<i>EXP: 1/15/27</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): Denise Rice	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Denise Rice	Inspected by (signature): Andrew Miller
cc:	cc: 317-346-4380

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>Whiteland Community High School</i>	Telephone Number <i>(317) 535-3144</i>	Date of Inspection <i>3/8/22</i>	ID# <i>416</i>
Establishment address <i>300 Main St. Whiteland, IN 46184</i>	() Owner	Follow-up <i>No</i>	Release Date <i>3/18/22</i>
Owner <i>CPCSC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Niki Devos / Donna Magness</i>			
Responsible person's email <i>SenSafe</i>			
Certified food handler <i>Donna Magness 5/31/2024</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

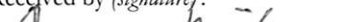
Received by (name and title printed): Donna Magness Asst Mgr.		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): D. Magness		Inspected by (signature): Andrew Miller	
cc:	cc:	cc:	

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 Whiteland Community High School North	Telephone Number (317) 535-3854	Date of Inspection 3/4/22	ID# 1619
Establishment address 222 Tracy St. Whiteland, IN 46184	Owner ()	Follow-up No	Release Date 3/14/22
Owner CPCSE	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C ☒ NC ☒ R ☒	
Person in charge Craig Niehaus	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐	
Certified food handler Kim Combs	5. Temporary		
	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Craig Niehaus AFS D		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 		Inspected by (signature): Andrew Miller
cc:	cc:	cc: