BTKM 3/24

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: Isom Elementary	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection: 3/16/22	ID#: 393
Establishment address: 50 E Broadway	Purpose: (1) Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other *(list)*	Follow-up	Release Date
Owner: Green Wood, IN		Summary of Violations: C 0 NC 0 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: Dinette Gard			

- 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
			Note: Rust and corrision build-up around the dish washer gauges	

Received by *(name and title printed)*: d. Dawn Gard	Inspected by *(name and title printed)*: Terry D. Bayless
Received by *(signature)*: d. Dawn Gard	Inspected by *(signature)*: Terry D Bayless
cc:	cc:
cc:	cc:

Betsy 3/24

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: Greenwood Middle School	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 3/17/22	ID#: 2084
Establishment address: 1584 Averitte Rd. Greenwood, IN	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up:	Release Date: 3/27/22
Owner:		Summary of Violations: C 0 NC 0 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: X Lesli Hicks			

- 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 violations	

Received by *(name and title printed)*: X Lesli Hicks

Received by *(signature)*: X Lesli Hicks

Inspected by *(name and title printed)*: Terry D Bayless

Inspected by *(signature)*: Terry D Bayless

cc: | cc: | cc:

Betsy 3/24

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INSPECTION REPORT

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Establishment name: Northeast Elementary GCSC	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 0 NC 0 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: 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"

Section #	C/NC	R	Narrative	To Be Corrected by

Received by *(name and title printed)*: + Jenny Hammons

Inspected by *(name and title printed)*: Terry D. Bayless

Received by *(signature)*: + Jenny Hammons

Inspected by *(signature)*: Terry D Bayless

cc: | cc: | cc:

Betsy 3/7

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name: CG MS N	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 03/4/22	ID#: 406
Establishment address: 202 N Morgantown rd Greenwood IN, 46142	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 0 NC 0 R ✓	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 2 ✓ 3 4 5	
Certified food handler: Melody Wray			

- 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 violation during inspection.	
			NOTE: Please ironing all mops.	
			thank you!!	

Received by *(name and title printed)*: Melody Wray	Inspected by *(name and title printed)*: Paul Betley EHS
Received by *(signature)*: Melody Wray	Inspected by *(signature)*: Paul Betley
cc:	cc:
cc:	cc:

Betsy 3/10

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: Maple Grove ES	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 03/8/22	ID#: 409
Establishment address: 3623 W. Whiteland Rd Bargersville IN 46106	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date:
Owner:		Summary of Violations: C 0 NC 0 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: Melissa Olivencia			

- 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 violation during inspection	

Received by *(name and title printed)*: Melissa Olivencia	Inspected by *(name and title printed)*: Paul Bettin EHS
Received by *(signature)*: Melissa Olivencia	Inspected by *(signature)*: Paul Bettin
cc:	cc: / cc:

Becky 3/17

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: North Grove ES.	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 3/16/22	ID#: 797
Establishment address: 3280 W. Fairview Rd.	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 Ø NC Ø R Ø	
Owner address:			
Person in charge:			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 ✓ 3 4 5	
Certified food handler: Becky Ross 4/10/23			

- 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 violation during inspection.	
			Thank you!!	

Received by *(name and title printed)*: BECKY ROSS

Received by *(signature)*: Becky Ross

Inspected by *(name and title printed)*: Paul Bettin EHS

Inspected by *(signature)*: Paul Bettin

cc: | cc: | cc:

Beten 3/10

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: Pleasant Grove ES	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 3/8/22	ID#: 454
Establishment address: 5199 N Fairview Rd Greenwood IN 46142	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 0 NC 0 R 0	
Owner address:			
Person in charge:		Menu Type *(See back of page)*: 1 2 ✓ 3 4 5	
Responsible person's email:			
Certified food handler: Yvonne Cook			

- 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 violation during inspection.	
			NOTE: Please clean vent in dry rm storage	

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

Belem 3/17

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: Sugar Creek ES.	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 3/16/22	ID#: 705
Establishment address: 4135 W. Smith Valley	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NE	Release Date: —
Owner		Summary of Violations: C 0 NC 3 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: Kimberly Brown Exp. 4-10-23			

- 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
239	NC		Few plate racks are on the floor.	
218	NC		Door gasket in walk-in ~~cooler~~ freezer is worn	
			- cooler door gasket by ice-machine is worn	
309	NC		Mechanical ventilation in restroom is not functioning	
			NOTE: Inner part of ice-machine is starting to get soiled, it needs cleaning	

Received by *(name and title printed)*: Kimberly Brown

Received by *(signature)*: K B

Inspected by *(name and title printed)*: Paul Belew EHS

Inspected by *(signature)*: Paul Belew

cc: | cc: | cc:

Betsy 3/7

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: CG Walnut Grove	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 3/4/22	ID#: 2286
Establishment address: 4079 N 500 W Bargersville, 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 _____ NC _____ R _____	
Owner address:			
Person in charge:			
Responsible person's email:		Menu Type *(See back of page)*: 1 ___ 2 ✓ 3 ___ 4 ___ 5 ___	
Certified food handler: Teresa Mitchell			

- 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 violation during inspection.	—

Received by *(name and title printed)*: Teresa Mitchell	Inspected by *(name and title printed)*: Paul Bettin Exits
Received by *(signature)*: Teresa Mitchell	Inspected by *(signature)*: Paul Bettin
cc:	cc:
	cc:

Betsy 3/10

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: Break-O-Day Elementary	Telephone Number: (317) 535-3206 Establishment; ( ) Owner	Date of Inspection: 3/8/22	ID#: 414
Establishment address: 900 Sawmill Rd Whiteland IN 46184	Purpose: 1. Routine	Follow-up: No	Release Date: 3/18/22
Owner: CPCSC	2. Follow-up	Summary of Violations:	
Owner address:	3. Complaint		
Person in charge: Denise Rice	4. Pre-Operational	C Ø NC Ø R Ø	
Responsible person's email:	5. Temporary		
Certified food handler: Denise Rice (ServSafe Exp: 1/15/27)	6. HACCP	Menu Type *(See back of page)*	
	7. Other *(list)*	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
			No violations noted per this inspection	

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:
cc: 317-346-4380	

Betsy 3/10

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

- 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 noted per this inspection	

Received by *(name and title printed)*: Donna Magness Asst Mgr.

Received by *(signature)*: D. Magness

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

Inspected by *(signature)*: Andrew Miller

cc: | cc: | cc:

Betsy 317

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

- 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 violations noted per this inspection.	

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