



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.

- 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):
MIKE ROBISON

Inspected by (name and title printed):

inspected by (name and title printed):
Paul Belpu EHS

Received by (signature):

Received by (signature): 

Inspected by (signature):

inspected by (signature):

cc:

cc:

CC



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Received by (name and title printed):

Inspected by (name and title printed):

Kristi Dixon

Terry D. Bayless

Received by (signature):

Inspected by (signature):

ceived by (signature):
Krusti Dixon

by (signature): Tom J. Foley Jr.

CC:

CC:

CC



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Received by (name and title printed):

4 Marion Gipson Gm

Received by (signature):

Received by (signature): 

cc:

CC:

Inspected by (name and title printed):

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

Inspected by (signature):

pected by (signature):
Henry D. Bayless

cc



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Establishment name WILLOW CAFE (JMH)	Telephone Number () Establishment () Owner	Date of Inspection 9/14/23	ID# 2235
Establishment address 1125 W JEFFERSON ST. FRANKLIN, WI	Purpose: 1. Routine	Follow-up —	Release Date 9/24/23
Owner JMH	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C O NC O R	
Owner address			
Person in charge SANDY BIDDLE	Menu Type (See back of page)		
Responsible person's email			
Certified food handler SANDY BIDDLE	1 2 3 4 5		
(1126128 EXP. SERVSAFE)			

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Received by (name and title printed):

Received by (signature):

cc: Sandy Biddle

cc:

cc:

Inspected by (name and title printed):

pected by (name and the printer):
Bob SMITH ETS

Inspected by (signature): *[Signature]*

CC:



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Establishment name WING STOP	Telephone Number () Establishment () Owner	Date of Inspection 9/25/23	ID# 2630
Establishment address 1172 N MARTIN ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) VIPUL PATEL	Follow-up —	Release Date 10/14/23
Owner	Summary of Violations:		
Owner address	C 1 NC 1 R —		
Person in charge	Menu Type (See back of page)		
Responsible person's email	1 2 3 (P) 4 5		
Certified food handler VIPUL PATEL (SERVSAFE 10/19/23 EXP)			

- 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 (signature):

1

111

Inspected by (name and title printed):

Inspected by (signature):

10



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Establishment name <i>Wing Stop</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/14/23</i>	ID# <i>2734</i>
Establishment address <i>207 S. Madison Ave</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	Release Date
Owner	Summary of Violations:		
Owner address	<i>C O NC O R</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Raghavendar Anthem</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
11/24/28			

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Received by (name and title printed):

Raghavendar Anthem

Received by (signature):

- Ruf -

CC:

cc:

Inspected by (name and title printed):

Paul Betrice Etts

Inspected by (signature):

Paul Belica

dc:



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Establishment name <i>yoko hama</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/1/23</i>	ID# <i>1573</i>
Establishment address <i>67 N. Madison Ave Greenwood</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	Release Date
Owner	Summary of Violations:		
Owner address	C <u>0</u> NC <u>3</u> R _____		
Person in charge	Menu Type (See back of page)		
Responsible person's email			
Certified food handler <i>Scott-Bowen</i>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		

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Section #	C/NC	R	Narrative	To Be Corrected by
245	NC		Wet wiping not stored in sanitizing cloth solution	9/7/23
239	NC		Rice stored in standing water scoop	9/7/23
310	NC		Exhaust filters are soiled -	2 wks

Received by (name and title printed):

Received by (name and title printed): Yuchun L. Baum

Received by (signature):

Received by /signature): 

cc:

CC:

Inspected by (name and title printed):

ected by (name and title printed):
Terry D. Bay/ES

Inspected by (signature):

selected by (signature): Amy D. Bayless

cc



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Establishment name <u>Indian Creek Middle/High</u>	Telephone Number <u>(School)</u>	Date of Inspection <u>9-14-23</u>	ID# <u>426</u>
Establishment address <u>803 W Indian Creek Dr.</u>	() Establishment () Owner		
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <u>9-24-23</u>
Owner address	Summary of Violations:		
Person in charge	C <u>O</u> NC <u>O</u> R <u> </u>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <u>1. JES DAVIS (exp. 5/17/26)</u>	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		

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Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

CC3

CC



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Establishment name Indian Creek Elementary/Intermediate School	Telephone Number 720-432-1100	Date of Inspection 9-14-23	ID# 618
Establishment address 1000 S Indian Creek Dr.	() Owner	10:09 am.	
Owner	Purpose: 1. Routine	Follow-up YES	Release Date 9-24-23
Owner address	2. Follow-up	Summary of Violations:	
Person in charge	3. Complaint	0	
Responsible person's email	4. Pre-Operational	C	NC
Certified food handler Chandra McIntosh (EX 5/11/23)	5. Temporary	1	R
	6. HACCP	Menu Type (See back of page)	
	7. Other (list)	1 2 X 3 4 5	

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Received by (name and title printed):

Inspected by (name and title printed)

Received by (signature):

Inspected by (signature):

CC:

CCS



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Establishment name 150m Elementary	Telephone Number 402-464-1111	Date of Inspection 9/27/23	ID# 393
Establishment address 50 E Broadway	(<input type="checkbox"/>) Establishment (<input type="checkbox"/>) Owner		
Owner Greenwood, IN	Purpose: <ol 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 0 NC 0 R		
Responsible person's email	Menu Type (See back of page)		
Certified food handler David Gard	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):

Received by (name and title printed):
x DawnGard Manager

Received by (signature):

ived by (signature):

CC:

CC

Inspected by (name and title printed):

Terry Bayle 35

Inspected by (signature):

spected by (signature):
Long D. Day, Jr.

cc:



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Establishment name Northeast Elementary	Telephone Number () Establishment () Owner	Date of Inspection 9/29/23	ID# 395
Establishment address 99 Crestview Dr. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>for</i>	Follow-up	Release Date 10/10/23
Owner <i>for</i>	Summary of Violations: C O NC D R		
Owner address			
Person in charge			
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>Teri Shinn</i>	1 2 3 4 5		

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Note: clean walk-in cooler
compressor unit

Received by (name and title printed):

Terri Shinn

Received by *(signature)*:

✓ Susan Friend

cc:

CC:

Inspected by (name and title printed):

Sierra Bay (last)

Inspected by (signature):

~~Henry D. Baker~~

CC



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Received by (name and title printed):

Inspected by (name and title printed).

Received by (signature):

Inspected by (signature):

cc:

CCS

CC



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Establishment name <i>Our Lady of Greenwood</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/25/23</i>	ID# <i>396</i>
Establishment address <i>394 S. Meridian</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) <hr/>	Follow-up	Release Date
Owner <i>Greenwood Inn</i>	Summary of Violations:		
Owner address			
Person in charge	C <input type="radio"/> NC <input type="radio"/> R <hr/>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>Susan Tester 3925</i>	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		

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Received by (name and title printed):

4. Christine D. Crowley

Received by (signature):

by (signature):  Chester D. Crowe

CC:

CC2

Inspected by (name and title printed):

Temporary D. Berryless
acted by (signature):

Inspected by (signature):

cted by (signature):
Henry D. Bayless

CC



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Received by (name and title (printed):

Received by (signature):

CC:

CC:

Inspected by (name and title printed) *[Signature]*

Elizabeth Schultz
Inspected by (Signature):

Inspected by (Signature):

Elizabeth Schulte

CC

317-346-4373