


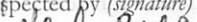


460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name <i>valle vista Golf Conference</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/14/23</i>	ID# <i>248</i>
Establishment address <i>755 E. Main St.</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:	
Owner address		C <i>0</i> NC <i>0</i> R <i>—</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>Nike Robison 12/25/25</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): MIKE ROBINSON		Inspected by (name and title printed): Paul Belton #11
Received by (signature): 		Inspected by (signature): 
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 Wendy's	Telephone Number () Establishment () Owner	Date of Inspection 9/15/23	ID# 625
Establishment address 490 N. Morton St Franklin, IL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 9/25/23
Owner		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler certified employee left 3 mos.			

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

Received by (name and title printed): X Kristi Dixon		Inspected by (name and title printed): Terry D. Bayless
Received by (signature): X Kristi Dixon		Inspected by (signature): Terry D. Bayless
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 <i>White Castle</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/15/23</i>	ID# <i>1366</i>
Establishment address <i>1129 W. Morton St. Franklin, IN</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>9/25/23</i>
Owner		Summary of Violations: <i>C 0 NC 4 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>X Sharon GIPSON</i>			

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

Received by (name and title printed): ✓ Sharon Gipson GM		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): ✓ Sharon Gipson		Inspected by (signature): Terry D. Bayless	
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 WILLOW CAFE (JMH)	Telephone Number () Establishment () Owner	Date of Inspection 9/14/23	ID# 2235
Establishment address 1125 W JEFFERSON 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 9/24/23
Owner JMH		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>2</u> 4 <u>2</u> 5 <u>—</u>	
Person in charge SANDY BIDDLE			
Responsible person's email			
Certified food handler SANDY BIDDLE	(11/26/28 EXP (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
			<p>MECHANICAL DISHWASHER HOT WATER TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 164°F)</p>	OK
			<p>NO VIOLATIONS NOTED</p> <p>QUICK CHILL METHOD REVIEWED WITH MANAGER</p>	

Received by (name and title printed): A Sandy Biddle		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Sandy Biddle		Inspected by (signature):
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A 9
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 WING STOP	Telephone Number () Establishment () Owner	Date of Inspection 9/25/23	ID# 2630
Establishment address 1172 N MAIN 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 10/4/23
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>1</u> R <u> </u>	
Person in charge VIPUL PATEL		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler VIPUL PATEL (SERVSAFE 10/19/23 EXP)			

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

Received by (name and title printed): VIRAL Patel		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	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>Wingstop</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: 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:	
Owner address		C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Ragharendar Anthem 11/24/28</i>			

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

Received by (name and title printed): Raghavendar Anthem		Inspected by (name and title printed): Paul Betrice #11
Received by (signature): Ruf		Inspected by (signature): Paul Betrice
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 Yoko hama	Telephone Number () Establishment () Owner	Date of Inspection 9/1/23	ID# 1573
Establishment address 67 N. Madison Ave Greenwood	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>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>2</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Scott Bennett			

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

Received by (name and title printed): 2 Yuchun K. Bean		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): 2 [Signature]		Inspected by (signature): [Signature]	
cc:		cc:	



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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 Indian Creek Elementary/Intermediate School	Telephone Number () Owner	Date of Inspection 9-14-23 10:09 am	ID# 678
Establishment address 1600 S Indian Creek Dr.	Purpose: 1. Routine	Follow-up yes	Release Date 9-24-23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C 0 NC 1 R	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 2 X 3 4 5	
Certified food handler Chandra Murtaw (exp 5/1/27)	6. HACCP		
	7. Other (list)		

• 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
			Final dish machine Rinse is OK	
			Note: Traulsen 2 door Stand up Cooler door gaskets are split/worn.	
218	NC		Observed the Air ambient air temperature of the 2 door Traulsen Stand up Cooler between 42°F - 46°F ↳ employee Stated the P.H.F products were prepared & stored in the cooler around 9:30 am. P.H.F needs to be stored on 16 or moved to new unit Unit needs turned down.	

Received by (name and title printed): Chandra Murtlow Cate Manager		Inspected by (name and title printed): Cass Hall / Caleb Fleener	
Received by (signature): 		Inspected by (signature):  / 	
cc:	cc:	cc:	



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"
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Received by (name and title printed): x Dawn Gard Manager		Inspected by (name and title printed): Terry Fay 12/05	
Received by (signature): x Dawn Gard		Inspected by (signature): Terry Fay	
cc:	cc:	cc:	



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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.

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	Follow-up	Release Date 10/10/23
Owner Tol	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Teri Shinn	6. HACCP		
	7. Other (list)		

- 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): ✓ Teri Shinn		Inspected by (name and title printed): Harry Bayless
Received by (signature): x Swam Prasad		Inspected by (signature): Harry Bayless
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 <i>South west Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/29/23</i>	ID# <i>390</i>
Establishment address <i>619 W. Smith Valley Rd.</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>Greenwood, TN</i>		Summary of Violations:	
Owner address		C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
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 <i>Jennifer (unclear)</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): * Jennifer Wrigley - manager		Inspected by (name and title printed): Terry D. Bayless
Received by (signature): * Jennifer Wrigley		Inspected by (signature): Terry D. Bayless
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>Our Lady of Greenwood</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/25/23</i>	ID# <i>396</i>
Establishment address <i>399 S. Meridian</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>Greenwood IN</i>		Summary of Violations: <i>C 0 NC 0 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>John Tester 2025</i>			

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

Received by (name and title printed): Christine D Crowe		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): Christine D Crowe		Inspected by (signature): Terry D Bayless	
cc:		cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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9/25

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>Saints Francis & Clare</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-5-23</i> Am	ID# <i>1531</i>
Establishment address <i>5901 Olive Branch Rd</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>9-15-23</i>
Owner <i>SS Francis & Clare Catholic</i>		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>Crystal Chaverf</i>			
Responsible person's email			
Certified food handler <i>Tanya Rowland</i>			

• 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
			<i>Note: Shelving units shall be a minimum of 6" off the floor for ease of cleaning (the floor)</i>	
			<i>Automatic dish machine appears to be properly sanitizing @ time of inspection</i>	



Received by (name and title printed): <i>Tanya Rowland</i>	Inspected by (name and title printed): <i>Elizabeth Schultz</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Elizabeth Schultz</i>
cc:	cc: <i>317-346-4373</i>