



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 Center Grove H.S.	Telephone Number () Establishment () Owner	Date of Inspection 4/18/24	ID# 4007
Establishment address 2717 S Morgan Town Rd.	Purpose: <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	Summary of Violations:		
Owner address	C ✓ NC ✓ R		
Person in charge			
Responsible person's email			
Certified food handler Alisia Smuder	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"

Received by (name and title printed):

Alicia Spyder Manager
Received by (signature):

Received by (signature):

Alicia J.

CC:

CC:

Inspected by (name and title printed):

Paul Betts

Inspected by (signature):

✓ *Janet Belcher*

ccj



**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>Center Cross M.S. Inc.</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>04/18/24</i>	ID# <i>0040</i>
Establishment address <i>202 Morgantown Rd</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 <input checked="" type="checkbox"/>	Release Date
Owner	Summary of Violations:		
Owner address	<i>C P NC R</i>		
Person in charge			
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"

Received by (name and title printed):

MelodyWay Manager
Received by (signature):

Received by (signature):

cc: *Melody Whaley* cc:

cc:

Inspected by (name and title printed):

Paul Berlin 8/15

Inspected by (signature):

Paul Beldner

95



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*):

melissa Olivera

Received by (signature):

Melissa Oliverio

CC:

CC:

Inspected by (name and title printed):

Paul Betide sets

Inspected by (signature):

Carl Betsch

CC



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
ffice 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):

Heather Geiger

Received by (signature):

Received by (signature): 

cc:

CC:

Inspected by (name and title printed):

Paul Bettie 8/8

Inspected by (signature):

Paul Schlesinger
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.

- 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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC:

1/1



**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>Walnut Grove ES</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/17/24</i>	ID# <i>2286</i>
Establishment address <i>4079 N 500 W Bargersville, IN 46106</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 <i>—</i>	Release Date
Owner	Summary of Violations:		
Owner address	<i>C P NC R</i>		
Person in charge	Menu Type (See back of page)		
Responsible person's email			
Certified food handler	<i>1 2 ✓ 3 4 5</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"

Received by (name and title printed):

TERESA J. Mitchell

Received by (signature):

ved by (signature):  CC:

CC:

CC:

Inspected by (name and title printed):

Paul Betiku sets

Inspected by (signature):

inspected by (signature):
Paul Bittner
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>Break-O-Day Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/22/24</i>	ID# <i>4/14</i>
Establishment address <i>900 Sawmill Rd. Whiteland, IN 46184</i>	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>SenSafe Exp: 1/15/27</i>	Follow-up <i>No</i>	Release Date <i>5/2/24</i>
Owner <i>CPCSC</i>	Summary of Violations: <i>C Ø NC Ø R Ø</i>		
Owner address			
Person in charge <i>Denise Rice</i>			
Responsible person's email			
Certified food handler <i>Denise Rice</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"

Received by (name and title printed):

Received by (name and title printed):
Denise Rie

Inspected by (name and title printed):

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

Received by (signature):

65

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 <u>Clark Elementary</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>4/22/24</u>	ID# <u>412</u>
Establishment address <u>5764 E. 700N. Franklin, IN 46131</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>SenSafe Exp</u>	Follow-up <u>NO</u>	Release Date <u>5/2/24</u>
Owner <u>CPCSC</u>	Summary of Violations: <u>C Ø NC Ø R Ø</u>		
Owner address			
Person in charge <u>Tina Mekkes</u>	Menu Type (See back of page)		
Responsible person's email			
Certified food handler <u>Lynn Davis</u>	1 <u>2</u> <u>3</u> <u>4</u> <u>5</u>		

- 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 Mum and Mr. Primary.
Tina Mekkes

Received by (signature):

Received by (signature): Jina Melches

CC:

CC:

Inspected by (name and title printed):

Andrew Miller, EHS
Approved by (signature):

Inspected by (signature):

Inspected by (signature):
Andrew Miller

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

Bekm
4/26

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 <u>Indian Creek Intermediate JE</u>	Telephone Number <u>(401) 459-1100</u>	Date of Inspection <u>4-26-24</u>	ID# <u>678</u>
Establishment address <u>1000 S. Indian Creek Dr.</u>	Establishment () Owner <u>Emory</u>		
Owner	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 	Follow-up <u>—</u>	Release Date <u>5-6-24</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>Chandia Murtlaw</u> <u>8&P</u> <u>5/16/27</u>	1 <u>2</u> <u>X</u> 3 <u>4</u> <u>5</u>		

- 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):

(name and title printed):
Chandra Murtlow Cafe Manager

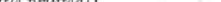
Received by (signature):

copy (signature): 

cc:

CC:

Inspected by (name and title printed):

Inspected by (name and title printed):
MaParageorge / paul Betton
Inspected by (signature): 

Inspected by (signature):

Inspected by (signature):
cc: *Mark Papayorgis / Paul Bebbou*

| 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 <u>Indian Creek High/Middle School</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>4/26/24</u>	ID# <u>426</u>
Establishment address <u>803 West Indian Creek Dr</u>	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 <u>—</u>	Release Date <u>5/6/24</u>
Owner <u></u>	Owner address <u></u>	Summary of Violations:	
Person in charge <u>Lisa Davis</u>	C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>		
Responsible person's email <u></u>	Menu Type (See back of page)		
Certified food handler <u>Lisa Davis EXP 10/7/24</u>	1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		

- 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):
Lisa V. Davis

Inspected by (name and title printed):

Inspected by (name and title printed):
Mia Papageorge Paul Betrice

Received by (signature):

Received by (signature): *Leslie Davis*

Inspected by (signature)

Inspected by (signature) *Mia Papageorge* Paul Betts
cc:

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.

Received by (name and title printed):

Received by (name and title printed): *** Tracy Dringa Corbin / COOK**
Received by (signature):

Received by (signature):

Received by (signature):
Shacy Chimp

cc:

CC

Inspected by (name and title printed):

Cassi Hall
Inspected by (signature):

Inspected by (signature):

Inspected by (signature)
Costa Hall

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131

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 Edinburgh High/Middle School	Telephone Number () Establishment () Owner	Date of Inspection 4-11-24	ID# 397
Establishment address 300 S. Keeley St.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up —	Release Date 4-21-24
Owner	Summary of Violations: C 0 NO 0 R _____		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler Laura White (exp 11/28/28)			
Menu Type (See back of page) 1 2 X 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"

Received by (name and title printed):

Inspected by (name and title printed):

missy Hollenbeck

Cassie Hall

Received by (signature):

Inspected by (signature):

Missy Hollenbeck

~~class staff~~

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

Benton
4/30

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 High School	Telephone Number () Establishment () Owner	Date of Inspection 7/24/24	ID# 392
Establishment address 315 W. Smith Valley Rd	Greenwood, IN	Follow-up	Release Date
Owner	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 		
Owner address	Summary of Violations:		
Person in charge	C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler Alesa Pinto	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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):
Alisa Ponto

Inspected by (name and title printed):

Tesou & Bayless

Received by (signature):

Received by (signature):
X Alessa Proto

Inspected by (signature):

ected 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

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 4/25/24	ID# 2084
Establishment address 1548 Averitt Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Tina Gonfiantini 317-709-1982	Follow-up	Release Date 5/5/24
Owner	Summary of Violations:		
Owner address	C 0 NC 0 R _____		
Person in charge	Menu Type (See back of page)		
Responsible person's email	1 2 X 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"

Received by (*name and title printed*):

← Tina Gonfiantini

Received by (signature):

By (signature):
 Jimi Horfiantoro

CC:

CC

Inspected by (name and title printed):

Terry & Day/2005

Inspected by (signature):
cc: *Sam D. Bay, Esq.*

ccii





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

Bethel
Wyo

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 150 m Elementary	Telephone Number () Establishment () Owner	Date of Inspection 7/22/24	ID# 393
Establishment address 50 E. Broadway Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up	Release Date
Owner	Summary of Violations:		
Owner address			
Person in charge	C 0 NC 0 R _____		
Responsible person's email	Menu Type (See back of page)		
Certified food handler D. M. Gurd	1 2 X 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"

Received by (name and title printed):

✓ Dawn Gandy

Received by (signature):

Received by (signature):
John Saad

CC:

CC:

Inspected by (name and title printed):

Henry Bayless

Inspected by (signature):

ed by (signature): Henry D. Tracy

CC3



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>North East Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/21/24</i>	ID# <i>395</i>
Establishment address <i>99 Crestview Dr. Greenwood, IN</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) <hr/>	Follow-up	Release Date
Owner	Summary of Violations:		
Owner address			
Person in charge	C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R _____		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>Tech shina</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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):

Teri Shin

Received by (signature):

ved by (signature): 

CC:

CC:

Inspected by (name and title printed):

Terry J. Bayless

Inspected by (signature):

pected by (signature):
Henry D. Bay /ss

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

Bethal
A 4/30

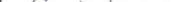
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

- 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):
Christine D Crowe

Received by (signature):

Received by (signature):
 Christine O'Conor

CC:

CC2

Inspected by (name and title printed):

Specified by (name and title printed):
Ferry Baby less

Inspected by (signature):

pected by (signature):
Henry Gray Cur

Page 1 of 1