



Bekm
12/11

Johnson County Health Department
95 S Drake Rd., Franklin, IN 46131
Phone: (317) 346-4365, Fax: (317) 736-5264
Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) of **110 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

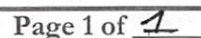
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|--|--|---|---|---|--|
| Establishment C-9 Career Center | | telephone | | Date of Inspection 11/25/2025 | |
| Establishment address 1999 South US 31 Greenwood, IN | | | Summary of Violations 1 pf 3 core | | |
| Owner | | | Follow-up No | | Release Date 12/5/2025 |
| Person - in - Charge | | Certified Food Handler Brian Mendenhall | | Purpose: Routine | Menu Type 4-Extensive handling |
| Establishment Identification # 391 | | County Johnson | District D5 | | |

- **Critical Items are Identified in the Checklist & Narrative Columns Marked "P"**
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | P/PF/C | R? | Violation Observed: | To be Corrected by: |
|----------|--------|----|---|---------------------|
| 286 | core | | Bulk flour lids are soiled. | 11/30/25 |
| | | | | same |
| 443 | core | | The dish table is soiled. | 11/25/25 |
| 306 c | core | | Bakery table drawers are soiled around the handles. | 11/25/25 |
| 431 | pf | | The preparation area hand sink is soiled. | 11/25//25 |
| | | | Hand sink in the Dish room is soiled. | 11/25/25 |
| | | | Notes: test strips for the 3 bay sink appear to be the wrong ones. Check with Eco Lab consultants | |
| | | | 4 door cooler seems to be at improper temp move TC foods to the walk in cooler | |
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| | | | | |
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Establishment Representative


Inspected by: Terry Bayless, EHS
tbayless@co.johnson.in.us





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): Carol Sexton | | Inspected by (name and title printed): Andrew Miller, EHS | |
| Received by (signature): Carol Sexton | | Inspected by (signature): Andrew Miller | |
| cc: | cc: | cc: | |



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.

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| | |
|---|---|
| Received by (name and title printed): Kandy K Doyle | Inspected by (name and title printed): Andrew Miller, EHS |
| Received by (signature): Kandy K Doyle | Inspected by (signature): Andrew Miller |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

Office 317-346-4365 Fax 317-736-5264

7-26 AM

Bekun
11/21

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 Ray Crowe Elementary | Telephone Number () Establishment () Owner | Date of Inspection 11/20/25 | ID# 2496 |
| Establishment address Greenwood 1300 Ray Crowe Way in 46143 | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up No | Release Date 11/30/25 |
| Owner CPCSC | | Summary of Violations: P 0 pf Core C 0 NC 0 K 0 | |
| Owner address | | Menu Type (See back of page) 1 2 ✓ 3 4 5 | |
| Person in charge Veronica Gauthier | | | |
| Responsible person's email | | | |
| Certified food handler Jina Mekkes | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| | | | No violations noted per this inspection. | |
| | | | Note: Mechanical dish unit temperature max temperature on Dish Temp thermometer was 152.2°F and Temp Rite label thermometer indicated 160°F or orange in color. | |

| | |
|---|---|
| Received by (name and title printed): Veronica K Gauthier | Inspected by (name and title printed): Andrew Miller, EHS |
| Received by (signature): Veronica K Gauthier | Inspected by (signature): Andrew Miller |
| cc: | cc: |



Office 317-346-4365 Fax 317-736-5264

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| | |
|---|--|
| Received by (name and title printed): Lauren Jones, Director | Inspected by (name and title printed): Andrew Miller, EHS |
| Received by (signature): Lauren Jones | Inspected by (signature): Andrew Miller |
| cc: | cc: |