Betty 11/7

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: Old Town Atrium	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 11-4-22	ID#: 2131
Establishment address: 2 N Madison AV	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO	Release Date: 11 14 22
Owner: Greenwood		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 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"

Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted today	
			Thank you!	

Received by *(name and title printed)*: Kim Hogan

Received by *(signature)*:

Inspected by *(name and title printed)*: Jennifer Warner

Inspected by *(signature)*: JW 3464376

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

Betsy 11/7

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: Old Town Brewing	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection: 11-4-22	ID#: 2317
Establishment address: 147 S Madison Av	Purpose: (1) Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO	Release Date: 11 14 22
Owner: Greenwood		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 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"

Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted today	
			Thank you!	

Received by *(name and title printed)*: KYLE THOMAS

Inspected by *(name and title printed)*: Jennifer Warner

Received by *(signature)*:

Inspected by *(signature)*: JW 3466376

cc: | cc: | cc:

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: Papa Johns Pizza	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 11/4/22	ID#: 716
Establishment address: 135 S State Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO	Release Date: 11/14/22
Owner		Summary of Violations: C 0 NC 4 R 1	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)*: 1 2 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"

Section #	C/NC	R	Narrative	To Be Corrected by
174	NC		Label foods not in original packaging	11/4/22
295	NC		Cooler up front soiled inside	11/4/22
257	NC		no thermometer found in cooling unit	11/5/22
402	NC	✓	Walk in cooler floor soiled and covered with boxes	11/4/22
			NOTE: - Change dish water - Dont block emergency exit	

Received by *(name and title printed)*: X Anthony Emerson MD

Received by *(signature)*: X Anthony Emerson

Inspected by *(name and title printed)*: Jaycie Blanford

Inspected by *(signature)*: Jaycie Blanford

cc: | cc: | cc:

BEAM 11/7

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: PARKHURST DINING	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 11/3/22	ID#: 2273
Establishment address: FRANKLIN, IN	Purpose: (1) Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date: 11/13/22
Owner: PARKHURST DINING		Summary of Violations: C 0 NC 4 R	
Owner address:			
Person in charge: DEVA DUNCAN			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 3 (4 X) 5	
Certified food handler: DEVA DUNCAN			

- 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
399	NC	R	FLOOR WORN IN AREA B'	12/28/22
431	NC	R	FLOOR NOT CLEAN NEXT TO WALL IN KITCHEN	11/10
256	NC	R	THERMOMETER NOT PROVIDED IN REFRIGERATED "CATERING COOLER", AND PIZZA OVEN AREA	CORRECTED 11/3
431	NC	R	DRAIN LINE AND DRAIN NOT CLEAN UNDER SOFT DRINK STATION	11/10
NOTE		R	SOAP DISPENSER BROKEN PIZZA OVEN AREA	11/8
NOTE		R	MECHANICAL DISHMACHINE NOT IN USE (WORK ORDER ON BOOSTER HEATER)	✓
NOTE			SOME SOFT DRINK UNITS NOT IN USE (WORK ORDER)	✓

Received by *(name and title printed)*: DEVA DUNCAN General Manager
Received by *(signature)*: Deva Duncan

Inspected by *(name and title printed)*: Bob Smith EAS
Inspected by *(signature)*: Bob Smith

cc: | cc: | cc:

Belem 11/21

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: PIZZA HUT	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 11/14/22	ID#: 2183
Establishment address: 440 N MORTON [illegible] FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: ✓	Release Date: 11/24/22
Owner: QUALITY HUTS SUPPLY, LLC		Summary of Violations: C 0 NC 9 R	
Owner address:			
Person in charge: MICHAEL WILLIAMS			
Responsible person's email:		Menu Type (See back of page): 1 2 3 4 5	
Certified food handler: JACOB ELDRIDGE (SERVSAFE 10/30/27 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"

Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	✓	INSIDE OF PIZZA PREPARATION REFRIGERATOR NOT CLEAN	11/26/22
295	NC	✓	WALK-IN COOLER SHELVING NOT CLEAN	11/26
431	NC	✓	FLOOR NOT CLEAN IN KITCHEN	11/26
431	NC	✓	WALL NOT CLEAN IN AREAS OF KITCHEN	11/26
399	NC	✓	FLOOR AND WALL WORN IN AREAS OF KITCHEN	12/26
411	NC	✓	LIGHT OUT ON PIZZA OVEN EXHAUST HOOD	11/20
411	NC	✓	SOME CEILING LIGHTS OUT, NOT PROVIDED IN KITCHEN	11/20
351	NC	✓	WOMEN'S RESTROOM WASTE CONTAINER WITH LID NOT PROVIDED	11/18
347	NC	✓	DISPOSABLE TOWELS NOT PROVIDED FOR HANDSINK IN DISHWASHING AREA	11/15

Received by (name and title printed): Michael Williams	Inspected by (name and title printed): Bob Smith EH
Received by (signature): Michael Williams	Inspected by (signature): Bob Smith
cc:	cc:
cc:	cc:

Belen 11/21

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: Popeyes Louisiana Kitchen	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection: 11-14-22	ID#: 2329
Establishment address: 270 N SR 135 Greenwood	Purpose: (1) Routine	Follow-up: NO	Release Date: 11 24 22
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	C 0 NC 4 R 0	
Responsible person's email	5. Temporary	Menu Type *(See back of page)*	
Certified food handler	6. HACCP	1 2 3 4 X 5	
	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
297	NC		Clean the silver racks inside walk in cooler	Walk
431	NC		Work on floor cleaning throughout - especially under equipment	
399	NC		Provide missing baseboard tile by map sink	by
425	NC		Clean dustpans daily	
			Thank you!	

Received by *(name and title printed)*: Erika Agnew
Received by *(signature)*: Erika Agnew

Inspected by *(name and title printed)*: Jennifer Warner
Inspected by *(signature)*: JW 3464376

cc: | cc: | cc:

Betsy 10/28

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: Puesto Vallarta	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 10/19/22	ID#: 1313
Establishment address: 893 E Main St	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up	Release Date: 10/29/22
Owner: Greenwood, IN		Summary of Violations: C 0 NC ____ R ____	
Owner address:			
Person in charge:			
Responsible person's email:		Menu Type *(See back of page)*: 1 ____ 2 ____ 3 X 4 ____ 5 ____	
Certified food handler: Pablo Bernal			

- 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
245	NC		Wet wiping clothes in the kitchen are not stored in sanitizer solution	10/19/22
413	NC		Back door does not shut tight. Threshold	-
			Note:	
			* (1) steak stored above salsa in the kitchen refrigerator.	

Received by *(name and title printed)*: Pablo Bernal

Received by *(signature)*:

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

Inspected by *(signature)*: Terry D Bayless

cc: | cc: | cc:

BLKM 11/3

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: RASCAL's FUN ZONE	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 11/2/22	ID#: 665
Establishment address: 629 US 31 N WATERLOO, IN	Purpose: 1. Routine (2. Follow-up) 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	~~Follow-up~~ YES	Release Date: 11/12/22
Owner: R & C VENTURE		Summary of Violations: 7 C 2 NC [illegible] R	
Owner address:			
Person in charge: TONY HARRELL			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 3 4 5	
Certified food handler: NOT CURRENT TONY HARRELL SERVSAFE EXP. 9/13/22 SECTION 118 C			

- 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
187	C	R	DETERMINE TEMPERATURE OF POTENTIALLY HAZARDOUS FOOD (HOT DOGS, CHEESE) NOT 41°F OR LESS IN FRONT AREA SMALL REFRIGERATOR HOT DOGS NOT 41°F OR LESS IN BACK ROOM REFRIGERATOR (WAS 44-46°F)	TO BE DISCARD 11/2
239	NC	R	SINGLE SERVICE FOOD CONTAINERS (BOXES) NOT STORED OFF FLOOR IN BACK HALL STOCK AREA	11/7
~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~
218	NC	R	DOOR GASKET WORN (PIZZA AREA) SMALL REFRIGERATOR	12/10
295	NC	R	BACK ROOM - BOTTOM OF ICE CREAM CHEST FREEZER NOT CLEAN	11/7
291	NC	R	CHEMICAL TEST STRIPS NOT PROVIDED FOR AMMONIA CHLORIDE SANITIZER	11/7
295	NC	R	BACK ROOM (LG) UPRIGHT REFRIGERATOR/FREEZER NOT CLEAN INSIDE/NOT EASILY MOVEABLE	11/7
~~328~~	NC			
431	NC	R	MENS RESTROOM CEILING EXHAUST VENT COVER NOT CLEAN	11/7

Received by *(name and title printed)*: Tony Harrell, General Manager	Inspected by *(name and title printed)*: Bob Smith
Received by *(signature)*: [signature]	Inspected by *(signature)*: [signature]
cc:	cc:
cc:	

Before 11/30

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: Red Sun	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 11/23/22	ID#: 1809
Establishment address: 3100 Meridian Park Dr	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: NO	Release Date: 12/3/22
Owner		Summary of Violations: C 0 NC 2 R 0	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)*: 1 2 3 X 4 5	
Certified food handler: Yonghui Huang EXP: 3/29/2024			

- 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
195	NC		Build up on ice machine	11/30/22
402	NC		Floor soiled under and around ice machine	11/30/22
			NOTE: Hot holding food needs to be @ 135°F or above	11/23/22
			Cooling procedure: place in walk in uncovered until 41°F	

Received by *(name and title printed)*: X Mike Huang

Received by *(signature)*: X

Inspected by *(name and title printed)*: Jayce Miller

Inspected by *(signature)*: Jayce Miller

cc: | cc: | cc:

Betsy 12/2

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: Rivery	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection: 11 30 22	ID#: 1824
Establishment address: 299 w main st Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: No	Release Date: 12 10 22
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 X 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"

Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted today	
			Thank you!	

Received by *(name and title printed)*: Arnold Garcia	Inspected by *(name and title printed)*: Jennifer Warne
Received by *(signature)*:	Inspected by *(signature)*: JW 3464396
cc:	cc:
cc:	cc:

Belkey 11/21

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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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: RFD FRANKLIN	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 11/16/22	ID#: 2241
Establishment address: 55 W MADISON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date: 11/26/22
Owner: LOSA McDANIEL-TAILEY		Summary of Violations: C 0 NC 2 R	
Owner address:			
Person in charge: BEN WILDER		Menu Type *(See back of page)*: 1 2 3 (4) 5	
Responsible person's email:			
Certified food handler: LOSA McDANIEL-TAILEY			

- 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
NONE			STRAWBERRIES / SEVERAL MOLDY IN CONTAINERS IN WALK-IN COOLER	DISCARD MOLDY STRAWBERRIES
324	NC	→	WATER PONDING ON FLOOR AROUND MECHANICAL DISHMACHINE	→ CLEANED UP 11/16
411	NC	→	(1) LIGHT OUT ON EXHAUST HOOD IN KITCHEN	→ 11/21
NONE		→	MECHANICAL DISHMACHINE HOT WATER SANITIZATION TEMPERATURE ADEQUATE (160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 170°F)	OK

Received by *(name and title printed)*: Ben Wilder
Received by *(signature)*: Ben Wilder

Inspected by *(name and title printed)*: Bob Smith EHS
Inspected by *(signature)*: Bob Smith

cc: | cc: | cc:

BEKM 11/21

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: RICHARD'S KITCHEN BRICK OVEN PIZZA	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 11/15/22	ID#: 1089
Establishment address: 229 SOUTH 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: 11/25/22
Owner: RICHARD GOSS		Summary of Violations: C 0 NC 8 R	
Owner address:			
Person in charge: MICHAEL MORRISON			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 (3) 4 5	
Certified food handler: RICHARD GOSS (SERVSAFE EXP 9/5/26)			

- 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
218	NC	R	KITCHEN – WALK-IN COOLER DOOR GASKET WORN/SPLIT	12/15/22
399	NC	R	WALL UNDER WALK-IN COOLER DOOR WORN	12/28
347	NC	R	DISPOSABLE TOWELS NOT PROVIDED AT KITCHEN HANDSINK	11/17
431	NC	R	FLOOR NEXT TO WALL, BAR AREA NOT CLEAN	11/24
218	NC	R	METAL TABLE IN KITCHEN RUSTED	
431	NC	R	RESTROOM CEILING EXHAUST COVERS NOT CLEAN (DUSTY)	11/24
174	NC	R	BULK FLOUR IN PLASTIC CONTAINER NOT LABELED AS TO CONTENTS	corrected 11/15/22
257	NC	R	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0–220°F OR DIGITAL TYPE NOT AVAILABLE	11/20

Received by *(name and title printed)*: Michael Morrison

Received by *(signature)*:

Inspected by *(name and title printed)*: Bob Smith EHS

Inspected by *(signature)*: Bl Sm

cc: | cc: | cc:

Betsy 11/30

JOHNSON COUNTY HEALTH DEPARTMENT
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Establishment name: RITTERS FROZEN CUSTARD	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 11/22/22	ID#: 2370
Establishment address: 351 N MORTON FRANKLIN, IN	Purpose: 1. Routine	Follow-up: —	Release Date: 12/2/22
Owner: FRANKLIN CUSTARD ~~Jones~~	2. Follow-up	Summary of Violations:	
Owner address:	3. Complaint		
Person in charge: BRIANNA RUND	4. Pre-Operational	C 0 NC 2 R	
Responsible person's email:	5. Temporary	Menu Type *(See back of page)*	
Certified food handler: ALEX JONES (5/16/27 EXP)	6. HACCP	1 2 3 4 5	
	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"

Section #	C/NC	~~R~~	Narrative	To Be Corrected by
431	NC	R	FLOOR NOT CLEAN IN AREA OF BACK ICE MAKER, CUSTARD MACHINE	11/27/22
399	NC	R	WALL WORN IN AREA OF BACK ICE MAKER	12/30/22
(NC)		R	FEW SMALL FLIES SEEN AROUND FLOOR DRAINS BACK ICE MAKER/CUSTARD MACHINE	CONTROL

Received by *(name and title printed)*: Brianna L. Rund

Received by *(signature)*: Brianna Rund

Inspected by *(name and title printed)*: Bob Smith EHS

Inspected by *(signature)*: Bob Smith

cc: | cc: | cc: