



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

Belton
7/17

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 SARKU JAPAN	Telephone Number () Establishment () Owner	Date of Inspection 7/13/23	ID# 1041
Establishment address 1251 US31 VLIUS GREENWOOD, IN	Purpose: 1. Routine	Follow-up -	Release Date 7/23/23
Owner SAR CASTLETON food, INC	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>7</u> R	
Person in charge DIANA MAWIKERE	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler RU BIN ZHANG (6/22/25) PERISAFE	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"

Section #	C/NC	R	Narrative	To Be Corrected by
324	NC	→	WATER LEAK NOTED IN FRONT SINK AND BACK 3 COMPARTMENT SINK	7/23/23
395	NC	←	FLOOR IN WALK-IN COOLER NOT CLEAN	7/25
232	NC	⊙	METAL TABLE SHELF IN BACK PREPARATION AREA CORRODED/RUSTY	8/11
138	NC	⊙	HAIR RESTRAINT (HAIR NET, CAP/VISOR) NOT WORN BY EMPLOYEE IN BACK PREPARATION AREA	7/14
2 328	NC	⊙	2 DOOR FREEZER - DOOR GASKET WORN/PLT	8/13
2 348	NC	→	HANDLE OF ICE SCOOP IN CONTACT WITH ICE - FRONT ICE BIN	corrected 7/13/23
431	NC	⊙	FLOOR DRAINS NOT CLEAN	7/30
NOTE			DICHLORUAS PEST STRIP USED IN KITCHEN AREA, FRONT AREA	(Remove) 7/30

Received by (name and title printed): DIANA MAWIKERE	Inspected by (name and title printed): Bob Smith ENT
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Betsy
7/18

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>Smoothie King</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/13/23</i>	ID# <i>2347</i>
Establishment address	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>7/23/23</i>
Owner		Summary of Violations: <i>C</i> <i>0</i> <i>2</i> <i>0</i> <i>R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>Some equipment soiled - inside and out on vent</i>	<i>7/15/23</i>
<i>734</i>	<i>NC</i>		<i>Not properly storing in use utensils - banana scoops held in bath</i>	<i>7/13/23</i>
			<i>NOTE: If ice scoop is stored IN ice be sure the handle is NOT touching any ice at any time.</i>	
			<i>* Certified food handler certificate needs to be accessible for inspection.</i>	

Received by (name and title printed): <i>X Madie McDaniel (Shift Lead)</i>	Inspected by (name and title printed): <i>Jayue Miller</i>
Received by (signature): <i>X madie mcdaniel</i>	Inspected by (signature): <i>Jayue Miller</i>
cc:	cc: <i>3173464369</i>



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Betsy
7/19

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>Social of Greenwood</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/19/23</i>	ID# <i>1594</i>
Establishment address <i>550 Paul 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 <i>7/29/23</i>
Owner <i>Greenwood Sq. Citizens Center</i>		Summary of Violations: <i>C 1 NC 3 R</i>	
Owner address <i>1</i>		Menu Type (See back of page) <i>1 2 <u>Y</u> 3 4 5</i>	
Person in charge <i>Andrea Sutherland</i>			
Responsible person's email			
Certified food handler <i>N/A</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
257	NC		- No thermometer observed in the upright freezer.	7/29/23
291	NC		- No chemical test kit observed	7/29/23
336	C		- No anti-siphon device observed on the mop sink.	8/29/23
239	NC		- Single use items not stored 6" or more off floor	7/21/23
<i>lx</i>	<i>NOTE</i>	<i>11</i>	<i>1 Chemical spray bottle not labeled.</i>	<i>Corrected on site</i>

Received by (name and title printed): <i>x Andrea Sutherland</i>	Inspected by (name and title printed): <i>Kevin R. Paulin / Bob Smith</i>
Received by (signature): <i>x Andrea Sutherland</i>	Inspected by (signature): <i>K. R. Paulin / Bob Smith</i>
cc:	cc:



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*Beky
7/5*

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>Steak n Shake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/3/23</i>	ID# <i>1081</i>
Establishment address <i>2088 N. Morton St</i>	Owner <i>Franklin, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>30 Days</i>
Owner address	Person in charge	Release Date <i>7/13/23</i>	Summary of Violations: <i>C 1 NC 4 R</i>
Responsible person's email	Certified food handler <i>X no certified food handler</i>	Menu Type (See back of page)	1 2 3 <i>X</i> 4 5

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>Pasta and sliced tomatoes are not being maintained at 41°F or below in the cooking line refrigerator.</i>	<i>7/3/23 move product</i>
<i>431</i>	<i>NC</i>		<i>floor areas under the line equipment is soiled - [grease + spilled food]</i>	<i>7/14/23</i>
<i>218</i>	<i>NC</i>		<i>- Refrigeration on the line is not working - Ice is being used to cool foods. Discontinue this practice -</i>	<i>7/14/23</i>
<i>295</i>	<i>NC</i>		<i>- The walk-in freezer door is soiled around the handle -</i>	<i>7/3/23</i>
<i>324</i>	<i>NC</i>		<i>No hot water at the men's rest room sinks -</i>	<i>-</i>

Received by (name and title printed): <i>X Chacie Roberts</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
7/11/11

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Establishment name Subway	Telephone Number () Establishment () Owner	Date of Inspection 7/16/23	ID# 1862
Establishment address 8004 S. Nineveh Rd.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 7/16/23
Owner Nineveh, IN		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 X 3 4 5	
Responsible person's email			
Certified food handler x Duruv Patel			

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Section #	C/NC	R	Narrative	To Be Corrected by
			note: disconnect the hose from the mop sink	
			repair mop sink at bottom,	

Received by (name and title printed): x Luvish Patel	Inspected by (name and title printed): Terry D Bayless
Received by (signature): x Luvish Patel	Inspected by (signature): Terry D Bayless
cc:	cc: