



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

Establishment name CASEY GENERAZ STORE	Telephone Number () Establishment () Owner	Date of Inspection 5/15/19	ID# 2005
Establishment address 6531 FRANKLIN, IN	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)	Follow-up 5	Release Date 5/25/19
Owner CASEY MARKETING		Summary of Violations: C 0 NC 0 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Jennifer Bower			
Responsible person's email			
Certified food handler Jennifer Bower			

- 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 (signature): Jennifer Bower Store Manager

<p>cc: <i>Thompson, David</i></p>	
cc:	cc:

cc:

Bob Smith 875

al Snj

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 Charlene's Angels	Telephone Number () Establishment () Owner	Date of Inspection 5-15-19	ID# 1723
Establishment address 5800 W Smith Valley Rd, Greenwood	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up no	Release Date 5-25-19
Owner 46142		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>	
Certified food handler N/A			

- 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]

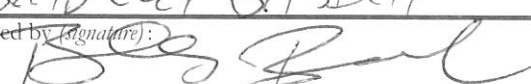
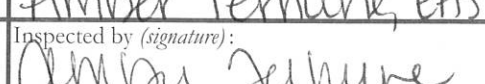
Received by (name and title printed): Darlene Ison		Inspected by (name and title printed): Amber Terhune, EHS
Received by (signature): Darlene Ison		Inspected by (signature): Amber Terhune
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

86 WEST COURT STREET
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 Cheesecake Factory		Telephone Number () Establishment () Owner		Date of Inspection 5-30-19		ID# 1291	
Establishment address 1251 US 31 N, Greenwood 46142		Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up no		Release Date 6-10-19	
Owner				Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>			
Owner address							
Person in charge							
Responsible person's email		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <input checked="" type="checkbox"/> 5 _____					
Certified food handler + Multiple others Bradley Basich Exp 11/30/21							
• 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 violations noted at time of inspection. Thank you!				
Received by (name and title printed):			Inspected by (name and title printed):				
BRADLEY BASICH			Amber Terhune, EHS				
Received by (signature):			Inspected by (signature):				
							
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 <i>Chicago Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/24/19</i>	ID# <i>367</i>
Establishment address <i>260 N. S.R. 135 Bargersville IN 46106</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>6/3/19</i>
Owner <i>Ron Eppler</i>		Summary of Violations: <i>C 0 NC 6 R 2</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 ✓ 5</i>	
Person in charge <i>J.R. Delph</i>	<i>(SewSafe)</i> EXP: <i>5/27/20</i>		
Responsible person's email			
Certified food handler <i>Richie Perkins</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"

Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	① Floors, walls, ceilings soiled in various areas	6/15/19
			② Floor drain for dish unit is soiled	5/27/19
295	NC	✓	Various metal shelving are soiled in dish area, walk-in-cooler, etc	6/15/19
385	NC		Dumpster lid open	5/24/19
297	NC		Soda nozzle dispensing parts soiled at self-serve soda station	5/24/19
138	NC		Three kitchen employees lacked hair restraints	5/24/19
255	NC		No working thermometer in far left side of Traulsen two door reach-in cooler	5/24/19
			Notes: Firm has bought a new preparation table, HATCO warmer, some new walk-in-cooler shelving, and a new mobile table for dough sheeting.	

Received by (name and title printed): <i>J.R. Delph</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



460 N. MORTON ST. STE A
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Establishment name Chicago Pizza w/ a Twist	Telephone Number () Establishment () Owner	Date of Inspection 5-22-19	ID# 2265
Establishment address 440143 997 E County Line Rd, Ste P, Greenwood	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up no	Release Date 6-2-19
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Jagdeep Singh Exp 3/16/24			

- 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): Jagdeep Singh		Inspected by (name and title printed): Amber Terhune, EHS	
Received by (signature): Jagdeep Singh		Inspected by (signature): Amber Terhune	
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 Chili's Bar & Grill	Telephone Number () Establishment () Owner	Date of Inspection 5-28-19	ID# 17305
Establishment address 1281 N US 31, Greenwood 46142	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 6-8-19
Owner		Summary of Violations: C 0 NC 1 R 1	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Chris Short Exp 4/11/21 Mico Klokoc Exp 7/25/20			

• 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
430	NC	✓	- Bottom left of door frame inside walk-in-cooler missing part of metal frame. Repair. - Debris (grease) build up on fry wall by hot well baseboard tile breaking down. Repair and/or replace tile and clean debris.	
			Notes: Keep an eye on Delfield reach-in-cooler across from beverage station in front kitchen. Top of unit with lifting door food product at or below 41°F. Inside unit ambient air measuring 45°F = shredded cheese same temperature. Cooler full of food product at time of check. - Watch drain plumbing under 4-bay sink in bar area = slight drip. End of tubing originally elevated, causing constant drip.	
			Thank you!	

Received by (name and title printed): Mico Klokoc	Inspected by (name and title printed): Amber Terhune, EHS
Received by (signature): Mico Klokoc	Inspected by (signature): Amber Terhune
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 CHICK Fil-A	Telephone Number () Establishment () Owner	Date of Inspection 5-22-19	ID# 179
Establishment address 1251 N US 31, Greenwood 46142	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up no	Release Date 6-2-19
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Certified food handler Stephanie Kendrick Exp 11/2/19 Richard Johnson Exp 5/18/22			

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[illegible]

Received by (name and title printed): Samir Powell		Inspected by (name and title printed): Amber Terhune, EHS
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:



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 <i>China Wok</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/21/19</i>	ID# <i>2168</i>
Establishment address <i>200 S Emerson Ave</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>5/22/19</i>	Release Date <i>5/31/19</i>
Owner		Summary of Violations: C <u>1</u> NC <u>5</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" *NI = Next inspection*
- 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		shrimp and chicken are not maintained at 41°F in the reach-in cooler	5/21/19
295	NC		Bulk food containers are soiled	5/21/19
	NC		mop sink is soiled	5/21/19
270	NC		3" bay sink is not set up properly	
191	NC		ports and egg rolls are not date marked in the walk-in cooler	5/21/19
112	NC		(4) freezer units are not approved equipment	N.I.
				3 mos.

Received by (name and title printed): <i>LING CHEN</i>	Inspected by (name and title printed): <i>Terry D. Byrless</i>
Received by (signature): <i>Ling Chen</i>	Inspected by (signature): <i>Terry D. Byrless</i>
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 OTOMPZ	Telephone Number () Establishment () Owner	Date of Inspection 5/24/19	ID# SEASIDE OTOMP.
Establishment address FRANKLIN STRAWBERRY FESTIVAL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) MORTIS	Follow-up ←	Release Date
Owner WILLIE RIDDLE		Summary of Violations:	
Owner address		C NOV R	
Person in charge WILLIE RIDDLE		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> 3 4 5	
Certified food handler WILLIE RIDDLE			

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[illegible]

Received by (name and title printed): X Willie J. Riddle	Inspected by (name and title printed): Bob Smith
Received by (signature): ✓ Willie J. Riddle	Inspected by (signature): Bob Smith
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>Circle K</u>	Telephone Number () Establishment	Date of Inspection <u>5/14/19</u>	ID# <u>609</u>
Establishment address <u>349 N. Morton Franklin, IN</u>	() Owner	Follow-up	Release Date <u>5/24/19</u>
Owner <u>Y6131</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	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>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): + Holly Bartley		Inspected by (name and title printed): Terry D. Byness
Received by (signature): Holly Bartley		Inspected by (signature): Terry D. Byness
cc:	cc:	cc:

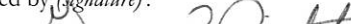



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name Coffee Connection #1 (Mt Pleasant)	Telephone Number () Establishment () Owner	Date of Inspection 5-29-19	ID# 11634
Establishment address 381 N Bluff Rd, Greenwood 46142	Purpose: ①. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up no	Release Date 6-9-19
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge			
Responsible person's email			
Certified food handler N/A			

- 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): Guy L. Quinnett		Inspected by (name and title printed): Amber Terhune, EHS
Received by (signature): 		Inspected by (signature): 
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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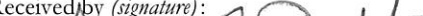
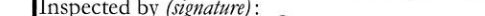
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Coffee Connection #2 (Mt Pleasant)	Telephone Number () Establishment () Owner	Date of Inspection 5-29-19	ID# 1692
Establishment address 407 N Bluff Rd, Greenwood 46142	Purpose: <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up no	Release Date 6-9-19
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>	
Certified food handler N/A			

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[illegible]

Received by (name and title printed): Guy L. Quinette		Inspected by (name and title printed): Amber Terhune, EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



460 N. MORTON ST. STE 1
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 <i>Company Kitchen - Cat Rend</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>52819</i>	ID# <i>2114</i>
Establishment address <i>751 International Dr</i>	Purpose: <input checked="" type="radio"/> 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>6 8 19</i>
Owner		Summary of Violations: <i>C 0 NC 0 R 0</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			

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[illegible]

Received by (name and title printed): Brian Schwabe EHS Manager		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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 <i>Franciscan Company Kitchen Alliance AZ</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5 16 19</i>	ID# <i>2113</i>
Establishment address <i>1040 Sierra Greenwood</i>	Purpose: <input checked="" type="radio"/> 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>5 26 19</i>
Owner <i>Suite 400</i>		Summary of Violations:	
Owner address		<i>C 0 NC 0 R 0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 2 X 3 4 5</i>	
Certified food handler			

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[illegible]

Received by (name and title printed): Lindsay Green Billing Specialist		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





460 N. MORTON ST. STE A
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Franciscan Community Kitchen Alliance (C)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-14-19</i>	ID# <i>2101</i>
Establishment address <i>1040 Sierra Suite 1500</i>	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)	Follow-up <i>NO</i>	Release Date <i>5-20-19</i>
Owner <i>Greenwood</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			
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"

[illegible]

Received by (name and title printed): JOHN KREIMER - OPERATIONS ANALYST		Inspected by (name and title printed): Jenni Sert Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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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 Company Kitchen - DIA	Telephone Number () Establishment () Owner	Date of Inspection 5/17/19	ID# 2172
Establishment address 500 Commerce Plwy Greenwood	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)	Follow-up NO	Release Date 5/27/19
Owner		Summary of Violations: C 0 NC 0 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
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"

[illegible]

Received by (name and title printed): <i>Gloria Bray</i>		Inspected by (name and title printed): <i>Kenneth Warner</i>
Received by (signature): <i>Gloria Bray</i>		Inspected by (signature): <i>KW 3464376</i>
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 Company Kitchen	Telephone Number () Establishment () Owner	Date of Inspection 5/16/19	ID# 2116
Establishment address 421 N Emerson Greenway	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up no	Release Date 5/20/19
Owner		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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"

[illegible]

Received by (name and title printed): <i>Robert P Scott</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Robert P Scott</i>		Inspected by (signature): <i>JW 346 4376</i>
cc:	cc:	cc:




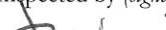
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Company Kitchen Nairobi</i>	Telephone Number () Establishment	Date of Inspection <i>5/17/19</i>	ID# <i>2115</i>
Establishment address <i>850 Graham Rd Greenwood</i>	() Owner	Follow-up <i>NO</i>	Release Date <i>5/27/19</i>
Owner	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)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u>0</u> 2 <u>0</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
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"

[illegible]

Received by (name and title printed): Kyle Grady, OPS MANAGER		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected 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 <i>Company Kitchen Uita</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/17/19</i>	ID# <i>2117</i>
Establishment address <i>482 Chaney Dr Greenwood</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>5/27/19</i>
Owner		Summary of Violations: <i>C 0 NC 0 R 0</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			

- 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): <i>Fred Denison</i>		Inspected by (name and title printed): <i>John F. Warner</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
cc:	cc:	cc:



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

Establishment name Company Kitchen United	Telephone Number () Establishment	Date of Inspection 5/17/19	ID# 2118
Establishment address Natural Foods	() Owner	Follow-up no	Release Date 5/27/19
Owner Greenwood	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)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge Terry Hamblin		1 <u>2</u> 3 <u>4</u> 5	
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"

[illegible]

Received by (name and title printed): <i>TERRY HAMBLIN</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>JW 3464376</i>
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 COURT STREET CAFE RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 5/17/19	ID# 2232
Establishment address 39 E COURT ST, FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (Yes) 5/27/19	Release Date
Owner Sherry Young		Summary of Violations: C <u>1</u> NC <u>6</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge Sherry Young			
Responsible person's email			
Certified food handler SHERRY YOUNG (SUSAN)			

• 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	door gasket, split/worn upright freezer, 2 door refrigerators	6/17
228	NC	R	some refrigerated units not easily moveable	7/1
431	NC	R	FLOOR NOT CLEAN IN AREAS OF KITCHEN	6/1
256	NC	R	Thermometers not seen in small refrigerator, chest freezer, large 2 door refrigerator	5/25
187	(C)	R	INTERNAL food temperatures in kitchen refrigerator potentially hazardous food 46°F NOT AT 41°F or less	5/18
190	NC	R	cooked/cooled quiche wrapped in upright refrigerator (62°F - 69°F) NOT QUICK CHILLED	(corrected 5/17)
295	NC	R	unused refrigerator not clean inside	5/20
			* MECHANICAL DISINFECTION HOT WATER SANITIZATION temperature, OKAY 160°F or more on PLATE/UTENSIL SURFACE	OK



Received by (name and title): SHERRY YOUNG	Inspected by (name and title printed): Rob Smith EXT
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Dil Smith</i>
cc:	cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name Culver's	Telephone Number () Establishment () Owner	Date of Inspection 5-22-19	ID# 2171
Establishment address 1142 N Emerson Ave, Greenwood	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up no	Release Date 6-2-19
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Certified food handler Owners have - certificate not available			

- 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]

Crystal Pinkston

CC:

Amber Terhune, EHS

Amir Zuhre

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 CYPRESS RUN GOLF COURSE	Telephone Number () Establishment () Owner	Date of Inspection 5/20/19	ID# 766
Establishment address 7265 ST RD 44E FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/30/19
Owner RH WEST MGMT CORP		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge LISA TIEDMAN			
Responsible person's email			
Certified food handler LISA TIEDMAN (CFPM 4/15/19)			

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

Received by (name and title printed): Lisa Tiedemann Managing Member		Inspected by (name and title printed): Bob Smith
Received by (signature): Lisa Tiedemann		Inspected by (signature): Bob Smith
cc:	cc:	cc: