



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 CASEY GENERAL STORE	Telephone Number # 3499	Date of Inspection 5/15/19	ID# 2005
Establishment address 1531 FRANKLIN, Dr	(<input type="checkbox"/>) Establishment (<input type="checkbox"/>) Owner		
Owner CASEY MARKETING	Purpose: <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 <input checked="" type="checkbox"/>	Release Date 5/25/19
Owner address	Summary of Violations:		
Person in charge JENNIFER BAKER	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 JENNIFER BAKER	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" 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 (signature): Jennifer Power Stone Manager

Inspected by (name and title printed):

Bob Smith 875

Received by (signature):

Received by (signature): Stephen Power

Inspected by (signature):

(signature): 

cc:

CC:

CCS



JOHNSON COUNTY HEALTH DEPARTMENT
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INSPECTION REPORT

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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 44042	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 NO	Release Date 5-25-19
Owner	Summary of Violations:		
Owner address			
Person in charge	C D NC D R D		
Responsible person's email	Menu Type (See back of page)		
Certified food handler N/A	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

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Received by (*name and title printed*):

Darlene Ison

Received by (signature):

ceived by (signature):
Barlene Bon

CC:

CCS

Inspected by (name and title printed):

Amber Terhune EHS

Inspected by (signature):

Inspected by (signature):

CC



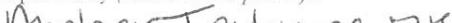
JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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) Responsible person's email Certified food handler + Multiple others Bradley Basich Exp 11/30/21	Follow-up NO	Release Date 6-10-19
Owner address	Summary of Violations:		
Person in charge	C X NC X R X		
Responsible person's email	Menu Type (See back of page)		
Certified food handler + Multiple others Bradley Basich Exp 11/30/21	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 X 5 <u> </u>		

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Received by (name and title printed): <u>BLADY BASIC</u>	Inspected by (name and title printed): <u>Amber Terhune, EHS</u>
Received by (signature): 	Inspected by (signature): 
cc:	cc:
cc:	cc:



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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) <i>ServSafe EXP: 5/27/20</i>	Follow-up <i>No</i>	Release Date <i>6/3/19</i>
Owner <i>Ron Epsle</i>	Summary of Violations: <i>C 0 NC 6 R 2</i>		
Owner address			
Person in charge <i>J.R. Delp</i>			
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>Richie Perkins</i>	1 2 3 4 <input checked="" type="checkbox"/> 5		

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• 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 ② Floor drain for dish unit is soiled	6/15/19 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 Notes: Firm has brought a new preparation table, HATCO warmer, some new walk-in-cooler shelving, and a new mobile table for dough sheeted.	5/24/19

Received by (name and title printed):

J.R. Delp

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Richie Perkins

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:



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Received by (*name and title printed*):

(Name and title printed): Jagdeep Singh

Inspected by (name and title printed):

Amber Terhune, EHS

Received by (signature):

Jagdeep Singh
(signature):
Jagdeep Singh

Inspected by (signature):

Inspected by (signature):
Anton Zelkow

cc:

CC

663



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Establishment name <i>Chili's Bar & Grill</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-28-19</i>	ID# <i>1705</i>
Establishment address <i>128 N US 31, Greenwood 46142</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <i>NO</i>	Release Date <i>6-8-19</i>
Owner	Summary of Violations:		
Owner address	<i>C 0 NC 1 R 1</i>		
Person in charge			
Responsible person's email	Menu Type (See back of page) <i>1 2 3 4 X 5</i>		
Certified food handler <i>Chris Shopt Exp 4/16/21</i> <i>Mico Klokoc Exp 7/25/20</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
470	NC	✓	<p>- Bottom left of door frame inside walk-in-cooler missing part of metal frame. Repair.</p> <p>- Debris (grease) build up on fry wall by hot well = baseboard tile breaking down. Repair and/or replace tile and clean debris).</p> <p>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.</p> <p>- Watch drain plumbing under 4-bay SINK in bar area: slight drip. End of tubing originally elevated, causing constant drip.</p> <p>Thank you!</p>	

Received by (name and title printed): <i>Mico Klokoc</i>	Inspected by (name and title printed): <i>Amber Terhune, EHS</i>
Received by (signature): <i>Mico Klokoc</i>	Inspected by (signature): <i>Amber Terhune</i>
cc:	cc:



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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			
Person in charge	C Ø NC Ø R Ø		
Responsible person's email	Menu Type (See back of page)		
Certified food handler Stephanie Kendrick Exp 11/12/19 Richard Johnson Exp 5/18/22	1 2 3 X 4 5 		

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



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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:		
Owner address			
Person in charge	C <u>1</u> NC <u>5</u> R _____		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>		

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

NJ = 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	R		Shrimp and chicken are not maintained at 41°F in the reach-in cooler	5/21/19
295	NC		Bulk food containers are soiled Mop sink is soiled	5/21/19
270	NC		3rd bay sink is not set up properly	5/21/19
191	NC		Pork 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. Buffless</i>
Received by (signature): <i>+ long chen</i>	Inspected by (signature): <i>Terry D. Buffless</i>
cc:	cc:



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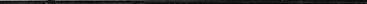
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name CHOMPZ	Telephone Number () Establishment () Owner	Date of Inspection 5/24/19	ID# Seasonal Chompz
Establishment address FRANKLIN STRAWBERRY FESTIVAL			
Owner WILLIE RIDDLE	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) MOPTC	Follow-up	Release Date
Owner address			
Person in charge WILLIE RIDDLE			
Responsible person's email			
Certified food handler WILLIE RIDDLE			

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Received by (name and title printed): Willie J. Riddle

Inspected by (name and title printed): 

Received by (signature): 

Inspected by (signature): 

cc:

cc:

CC



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Establishment name <i>Circle K</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/14/19</i>	ID# <i>609</i>
Establishment address <i>349 N. Morton Franklin, IN</i>	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	Release Date <i>5/24/19</i>
Owner <i>Y6131</i>	Summary of Violations:		
Owner address			
Person in charge	C <u>0</u> NC <u>3</u> R _____		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		

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Received by (*name and title printed*):

Received by (name and title printed):
Holly Bartley

Inspected by (name and title printed):

Terry to Bayless

Received by (signature):

ved by (signature): 

Inspected by (signature):

pected by (signature): Tom J. Bayless

CC

cc*

60



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460 N. MORTON ST. STE A
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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.

Establishment name Coffee Connection #1 (Mt Pleasant)	Telephone Number () Establishment () Owner	Date of Inspection 5-29-19	ID# 1634
Establishment address 381 N Bluff Rd, Greenwood 46142	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up NO	Release Date 6-9-19
Owner	Summary of Violations:		
Owner address	C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>		
Person in charge			
Responsible person's email			
Certified food handler N/A	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"/>		

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Received by (name and title printed):

by (name and title printed):

Inspected by (name and title printed):

inspected by (name and title printed):
Amber Terhune EHS

Received by (signature):

ed by (signature):

Interpreted by (signature):

Inspected by (signature): Amber Johnson

cc:

CCS

66



**JOHNSON COUNTY HEALTH DEPARTMENT
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Establishment name <i>Coffee Connection #2 (Mt Pleasant)</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-29-19</i>	ID# <i>1692</i>
Establishment address <i>407 N Bluff Rd, Greenwood 46242</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>W</i>	Release Date <i>6-9-19</i>
Owner	Summary of Violations: <i>C D NC D R D</i>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>N/A</i>	Menu Type (See back of page) 1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____		

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Received by (*name and title printed*):

GUY L QUINETTE

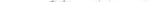
Inspected by (name and title printed):

Amber Terhune EK

Received by (signature) _____

Received by (signature): By 20th

Inspected by (signature):

Inspected by (signature): 

cc:

cc:

CC3



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Received by (name and title printed):

ived by (name and title printed):
Biran Schnebeker EHS Manager

Inspected by (name and title printed):

Inspected by (signature):

Received by (signature):

by (signature): 

Inspected by (signature): 

CC:

CCii

CCS



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Establishment name <u>Company Kitchens</u>	Franciscan Alliance ABC	Telephone Number () Establishment () Owner	Date of Inspection <u>5 16 19</u>	ID# <u>2113</u>
Establishment address <u>1040 Sierra Greenwood</u>				
Owner <u>Suite 400</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>NO</u>	Release Date <u>5 26 19</u>
Owner address			Summary of Violations:	
Person in charge			<u>C</u> <input checked="" type="radio"/> <u>NC</u> <input type="radio"/> <u>R</u> <input type="radio"/>	
Responsible person's email			Menu Type (See back of page)	
Certified food handler			<u>1</u> <u>2</u> <input checked="" type="radio"/> <u>3</u> <u>4</u> <u>5</u>	

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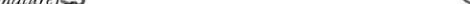
Received by (name and title printed):

Lindsay Green Billing Specialist
Received by (signature):

Inspected by (name and title printed):

Inspected by (signature): Jennifer Warner

Received by (signature):

1 by (signature) 

Inspected by (signature):

Inspected by (signature): DW 3464576

CC

CCS

cc



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Establishment name <u>Company Kitchen</u>	Telephone Number <u>franciscan Alliance ptn</u>	Date of Inspection <u>5-14-19</u>	ID# <u>2101</u>
Establishment address <u>1040 Sierra Suite 1500</u>	() Establishment () Owner		
Owner <u>Greenwood</u>	Purpose: <ol 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>NO</u>	Release Date <u>5-26-19</u>
Owner address	Summary of Violations:		
Person in charge	C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	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):

JOHN KREIMER - OPERATIONS ANALYST

Inspected by (name and title printed):

Jennifer Warner

Received by (signature):

(signature):  cc:

Inspected by (signature):

Inspected by (signature):

CCS

CCS

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.

Establishment name <i>Company Kitchen - DIA</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/17/19</i>	ID# <i>2172</i>
Establishment address <i>500 Commerce Pkwy Greenwood</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) <hr/>	Follow-up <i>No</i>	Release Date <i>5/27/19</i>
Owner	Summary of Violations:		
Owner address			
Person in charge	C <input checked="" type="radio"/> NC <input type="radio"/> R <input checked="" type="radio"/>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	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):

(e printed):
Glenn, Bray.

Inspected by (name and title printed):

Inspected by (name and title printed): Enriqueta Barnes
Inspected by (signature): ENR 3464376

Received by (signature):

spoon, bay

Inspected by (signature):

Inspected by (signature):

CC:

CC:

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

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Establishment name <u>Company Kitchen</u>	Franchisee <u>ESSE</u>	Telephone Number () Establishment () Owner	Date of Inspection	ID#
Establishment address <u>421 N Emerson Greenfield</u>		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 <u>No</u>	Release Date <u>5/20/19</u>
Owner			Summary of Violations:	
Owner address			<u>C 0 NC 0 R 0</u>	
Person in charge				
Responsible person's email			Menu Type (See back of page)	
Certified food handler			<u>1 2 X 3 4 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*):

ed): Robert P. Scott

Inspected by (name and title printed):

Jennifer Warner

Received by (signature):

(signature): 

Inspected by (signature):

Inspected by (signature): JW 346 4376

CC

66

60



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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- 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):

Kyle Gandy / OPS MANAGER

Inspected by (name and title printed):

Inspected by (name and title printed):
Jenifer Warner

Received by (signature):

[Signature]

Inspected by (signature):

Inspected by (signature):

CCS

CC:

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

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Establishment name <u>Company Kitchen Vito</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>5/7/19</u>	ID# <u>2117</u>
Establishment address <u>482 Chaney Ar Greenway</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>NO</u>	Release Date <u>5/27/19</u>
Owner	Summary of Violations:		
Owner address			
Person in charge	C <u>O</u> NC <u>O</u> R <u>O</u>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </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*):

Fred Denier

Received by (signature):

[Signature]

CC:

CC:

Inspected by (name and title printed):

Dear Mr. Warner,

Inspected by (signature):

JW 344 4374

CC2



**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>Company Kitchen United</u>	Telephone Number () Establishment () Owner	Date of Inspection	ID#
Establishment address <u>Natural Foods</u> <u>655 Commerce PKwy</u>		<u>5/17/19</u>	<u>2118</u>
Owner <u>Greenwood</u>	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 <u>No</u>	Release Date <u>5/27/19</u>
Owner address	Summary of Violations:		
Person in charge <u>Terry Hantlin</u>	<u>C</u> <u>O</u> <u>NC</u> <u>O</u> <u>R</u> <u>O</u>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	<u>1</u> <u>2</u> <u>Y</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*):

TERRY HAMPTON

Received by (signature):

66

661

Inspected by (name and title printed):

Jennifer Warner

Inspected by (signature):

Inspected by (signature): JW 3416 4376

69



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 COURT STREET CAFE	Telephone Number () Establishment () Owner	Date of Inspection 5/17/19	ID# 2232
Establishment address 39 E COURT ST, FRANKLIN, IN	Purpose: 1. Routine	Follow-up (Yes)	Release Date 5/27/19
Owner SHERRY YOUNG	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge SHERRY YOUNG			
Responsible person's email			
Certified food handler SHERRY YOUNG (SERUSAFE)			

• 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	NC	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 QUICkLY WRAPPED IN UPRIGHT REFRIGERATOR (62°F-69°F) NOT QUICK CHILLED	(corrected) 5/17
295	NC	R	UNUSED REFRIGERATOR NOT CLEAN INSIDE 7/5/20	

NOTE	Temp Rite Date: _____ Fecha: _____ Emp: _____ Empleado: _____ PASS WHEN BLUE BAR TURNS ORANGE ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA 160°F / 71°C	MECHANICAL DISINTEGRATION HOT WATER SANITIZATION TEMPERATURE, OKAY 160°F OR MORE ON PLATE/UTENSIL SURFACE	OK
-------------	--	--	-----------

Received by (name as:) Sherry Young	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Sherry Young	Inspected by (signature): Bil Smith
cc: cc:	cc: cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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Received by (name and title printed): Crystal Pinkston	Inspected by (name and title printed): Amber Terhune, EHS
Received by (signature): 	Inspected by (signature): 
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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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) <hr/>	Follow-up —	Release Date 5/30/19
Owner R H WEST MGMT CORP	Summary of Violations: C 0 NC 3 R _____		
Owner address			
Person in charge LISA TIEDEMAN	Menu Type (See back of page) 1 2 3 4 5		
Responsible person's email			
Certified food handler LISA TIEDEMAN (CFPM TEST 4/15/19)			

- 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	Narrative	To Be Corrected by
345	NC	NON COMMERCIAL STOVE IN KITCHEN	8/1/19
346	NC	HANDSOAP NOT PROVIDED AT KITCHEN	5/22
411	NC	FEW CEILING LIGHTS OUT IN KITCHEN	5/25

Received by (name and title printed):

~~Lisa Tiedemann~~ Managing Member
Received by (signature):

Received by (signature):

Lisa Gielenmaxx

cc:

CC3

Inspected by (name and title printed):

Bob Smith

Inspected by (signature):

Bob Ford

CC