



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.

- 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): <i>Raithlyn Anderson</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>	
Received by (signature): <i>Raithlyn Anderson</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 <i>NORA'S KNOTTY RIME GRILL</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/15/19</i>	ID# <i>1614</i>
Establishment address <i>524 E OLD PLANK Rd BARGERSVILLE</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>5/25/19</i>
Owner <i>RONALD MANIS</i>	Summary of Violations:		
Owner address			
Person in charge <i>Brenda BEATTY</i>	C <i>0</i> NC <i>8</i> R <i>—</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>Brenda BEATTY (SERUSA Fe EXP 6/15/23)</i>	1 <i>—</i> 2 <i>—</i> 3 <i>—</i> 4 <i>4*</i> 5 <i>—</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	Narrative	To Be Corrected by
<i>NOTE</i>	<i>0</i>	(1) FREEZER UNIT IN STOCK ROOM AREA BEING USED FOR BREAD (NON POTENTIALLY FOOD STORAGE) (~50°F)	<i>✓</i>
425	NC	ROOMS NOT HUNG UP OFF FLOOR	<i>5/20/19</i>
414	NC	BACK DOOR PROPPED OPEN	
431	NC	FLOOR, WALL, CEILING NOT CLEAN IN AREAS OF KITCHEN	<i>5/22</i>
112	NC	RESIDENTIAL TYPE (non commercial) STOVE IN USE IN KITCHEN	<i>7/1</i>
399	NC	WALL TORN IN AREAS OF KITCHEN	<i>7/1</i>
197	NC	UPRIGHT FREEZER IN GRILL AREA AMBIENT AIR 200°F NOT AT 0°F OR LESS	<i>5/11</i>
218	NC	DOOR GASKETS WORN/SPLIT ON SMALL UPRIGHT FREEZER IN BACK PART OF KITCHEN UPRIGHT FREEZER IN GRILL AREA	<i>7/1</i>
228	NC	SMALL UPRIGHT FREEZER IN BACK OF KITCHEN, FREEZER IN GRILL AREA, UPRIGHT FREEZER 2nd BLDY ROOM NOT EASILY MOVED/NOT <i>NOTE</i> <del>REMOVED</del> CONSUMER ADVISORY FOR FOOD NOT SEEN	<i>7/1</i>

Received by (name and title printed): <i>Brenda Beatty</i>	Inspected by (name and title printed): <i>Bob Smith</i>
Received by (signature): <i>Brenda Beatty</i>	Inspected by (signature): <i>Bob Smith</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 <b>Olive Garden</b>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5-28-19</b>	ID# <b>227</b>	
Establishment address <b>1274 US 31 N, Greenwood 46142</b>		Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>6-8-19</b>	
Owner			Summary of Violations:		
Owner address					
Person in charge					
Responsible person's email					
Certified food handler + multiple others <b>Gregory Tuzzio Exp 02/21/21</b>					
<ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>					
Section #	C/NC	R	Narrative		To Be Corrected by
324	NC		Hand sink in break room loose from wall with seal broken. Stabilize, then reseal hand sink to wall.  Note: Debris under storage shelving in salad/liquor walk-in-cooler. Clean out debris.		
Thank you!					

Received by (name and title printed):

Wesley Johnson  
Principal

Received by (signature):

ref: Key to the cc:

661

881

Inspected by (name and title printed):

Amber Terhune, BH

Inspected by (signature):

Inspected by (signature): Amber Gabure

227



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.

Received by (*name and title printed*):

Abbi Egbert

Inspected by (name and title printed):

Amber Terhune, EHS  
Inspector (signature):

Received by (signature):

SP:  CC: 

Inspected by (signature):

Almira 'Jahme'   
cc:

cei

cc:

cc



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
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.

Received by (*name and title printed*):

 Jessica Pees

Received by (signature):

+ ~~feel~~

cc;

CC2

Inspected by (name and title printed):

Terry D Bayless

Inspected by (signature):

Tony D. Buzbee

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>Planetary Brewing</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>5/29/19</i>	ID# <i>19411</i>
Establishment address <i>188 S Madison Green, NC</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	Release Date <i>6/9/19</i>
Owner	Summary of Violations:		
Owner address			
Person in charge	C <input type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input 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):

*(name and title printed):*  
Sarah Flowers

Inspected by (name and title printed):

Inspected by (name and title printed):  
Jennifer Warner

Received by (signature):

ceived by (signature):  Sarah Flowers

Inspected by (signature):

Inspected by (signature):

---

221

225

23



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

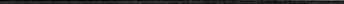
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <u>Popeyes Louisiana Kitchen</u>	Telephone Number <u>(504) 861-1234</u>	Date of Inspection <u>5/15/19</u>	ID# <u>2013</u>
Establishment address <u>270 N Spring Green Rd</u>	Establishment <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Other	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)  	Follow-up <u>NO</u> Release Date <u>5/25/19</u>
Owner	Summary of Violations:		
Owner address			
Person in charge	<u>C (O) NC (O) R (O)</u>		
Responsible person's email			
Certified food handler	Menu Type (See back of page)  <u>1 (O) 2 (O) 3 (O) 4 (X) 5 (O)</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): Sara Weisse Manager  
Received by (signature): S. Weisse

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

Received by (signature): 

Inspected by (signature):

cc:

CC3

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.

Received by (name and title printed):

Received by (name and title printed):  
**Brooke Boles**

Received by (signature):

Received by (signature): 

Inspected by (name and title printed):

Inspected by (name and title printed):  
Amber Tershune, DRS

Inspected by (signature):

Inspected by (signature): Amber Jackson

CCS

CC

CCW



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Phone 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.

Received by (name and title printed): <i>Charles Sherman II</i>	Inspected by (name and title printed): <i>Jeffrey Warner</i>
Received by (signature): <i>Charles Sherman II</i>	Inspected by (signature): <i>dr 346 43710</i>
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 <b>Root 2 Rise</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>5/22/19</b>	ID# <b>2166</b>
Establishment address <b>916 E Main St, Ste 112, Greenwood 46143</b>	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 <b>NO</b>	Release Date <b>6/2/19</b>
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			
Certified food handler <b>Elaine Elliott Exp 3/19/23</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> X 4 <input checked="" 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):

Elaine Elliott

Received by (signature):

ived by (signature): 

CC:

cc:

Inspected by (name and title printed):

Inspected by (name and title printed):  
Amber Terhune, EHS

Inspected by (signature):

Inspected by (signature):  
Ambra Zelkune

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>Smoky Bones #7557</i>	Telephone Number (317) 859-6499	Date of Inspection 5/15/19	ID# 1338
Establishment address 780 US 31 N. Highway Greenwood, IN 46142	( ) Owner	Follow-up Yes Release Date 5/25/19	
Owner <i>BBQ Integrated, Inc</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 12 R	
Owner address		Menu Type (See back of page)	
Person in charge <i>Tifini Barney</i>		1 2 3 4 <input checked="" type="checkbox"/> 5	
Responsible person's email <i>Tifini Barney SenSafe Exp: 0</i>			
Certified food handler <i>Sarah Trubble</i>	10/31/20		

• 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	✓	Floors, walls and ceilings soiled in various areas of the facility	5/25/19 1
411	NC	✓	Light out in mechanical exhaust hood system and in island bar cooler	5/25/19 1
295	NC	✓	Inside deep fryers are soiled.	5/27/19
318	NC	✓	① Interior door inserts for Victory Coolers 13 and Freezer 12 were damaged ② Inverted metal pan holding up salad preparation table	6/15/19 1 1
		③	Door gasket worn on pull out refrigeration unit below gas grill	6/15/19 1
		④	Bus Station on dirty side of mechanical dish unit contains a cracked and separated sink along the back lip/edge	6/15/19 1
		⑤	Faucets leak from connections at bar four bay sink	6/15/19 1
399	NC	✓	Grout repair needed in bar dish area kitchen area & server soda station	6/15/19 1
430	NC	✓	Ceiling tiles missing and damaged	5/25/19

Received by (name and title printed):

<i>Tifini Barney</i>	Received by (signature): <i>Tifini Barney</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
cc:	cc:	cc:

Received by (signature):

*Andrew Miller*

## NARRATIVE REPORT

Greenwood

Establishment Name			Address	IN 46142	Inspection Date
<u>Smokey Bones #7557</u>			780 US 31 N. Highway		5/15/19
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
218	NC		(previously wet) in women's restroom The mechanical dish unit hot water booster is fallen down from the table and is held up with a dish rack	5/25/19	1
295	NC		Inside top of ice maker soiled	5/26/19	
324	NC	✓	① Water dripping from a connection behind ice maker ② Main drain pipe for mechanical dish unit appears to have a hole(s) ③ Vacuum breaker for faucet leaks in dish area ④ Kitchen dipper well contains an apparent water leak	5/26/19	
431	NC		Dish area contains a strong foul off odor	5/15/19	1
295	NC		① Underside of Bus Station is soiled and under shelving in kitchen (above soups/sauces)	5/15/19	1
324	NC		Floor drain below hand sink by kitchen salad preparation table needs cleaned	5/15/19	1
<p>* Notes: Firm shall conduct any/all plumbing repairs on or before May 26, 2019</p> <p>* Firm shall conduct grout and/or tile repair in the facility on or before 6/15/19</p> <p>Firm may be subject to a fine(s) if the two asterisked items on this report are completed by the dates specified on this inspection report.</p>					
Received By (Name & Title)			Kitchen	Inspected By (Name & Title)	
X <u>Virginia Barney</u> Manager				Andrew Miller, EHS	Page <u>2</u> of <u>2</u>



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Phone 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.

Received by (*name and title printed*):

\* Market

Received by (signature):

Received by (Signature): Clark

cc:

cc:

Inspected by (name and title printed):

Terry D Bayless, EHS

Inspected by (signature):

Tony D. Bay, Jr.

---

Page 1 of 1



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>Speedway #1319</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/17/19</i>	ID# <i>158</i>
Establishment address <i>701 W. Adams Franklin, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <i>5/27/19</i>
Owner <i>Speedway LLC</i>	Summary of Violations:		
Owner address	<i>C 0 NC 6 R</i>		
Person in charge <i>Andrea Roberts</i>	Menu Type (See back of page)		
Responsible person's email	<i>1 2 3 4 5</i>		
Certified food handler <i>N/A</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	*	FLOOR NOT CLEAN IN BACK STOCK, 3 compartment sink, PREPARATION AREA, BACK BACK-IN COOLER	5/25/19
399	NC	*	WALL DAMAGED - PREPARATION, 3 compartment sink area	7/1
425	NC	*	Brooms NOT HUNG UP OFF FLOOR	5/20
218	NC	*	DOOR GASKET WORN/SPILT ON 2 DOOR, 1 DOOR REFRIGERATOR IN PREPARATION/ AREA SMOOTHIE/milkshake SMOKED FREEZER UNIT	6/17
324	NC	*	MENS RESTROOM TOILET SEAT NOT OPEN FRONT TYPE	6/1
430	NC	*	INSIDE CABINET SHELF UNDER CUSTOMER	5/25
431			SINK NOT CLEAN	

Received by (name and title printed):

*Andrea L. Roberts LAM*

Received by (signature):

*SL*

cc:

cc:

Inspected by (name and title printed):

*Bob Smith EAT*

Inspected by (signature):

*BS*

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>Starbucks</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>5 31 19</i>	ID# <i>1109</i>
Establishment address <i>1035 E Main St</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list)</li></ul>	Follow-up <i>No</i>	Release Date <i>6 11 19</i>
Owner <i>Greenwood</i>		Summary of Violations:	
Owner address			
Person in charge		C <i>0</i> NC <i>0</i> R <i>0</i>	
Responsible person's email		Menu Type (See back of page)	
Certified food handler		1 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 <i>✓</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"

Received by (name and title printed): Richelle K Brown RKB	Inspected by (name and title printed): Jennifer Warner
Received by (signature):	Inspected by (signature): JW 346 4376
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

6-3-19 rev

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>Steak N Shake</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5 20 19</i>	ID# <i>620</i>
Establishment address <i>247 W Smith Valley Rd Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>6-3</i>	Release Date <i>5 30 19</i>
Owner address	Summary of Violations:		
Person in charge	<i>C O NC 10 R C</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	<i>1 2 3 X 4 5</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
425 NC			clean and organize nap sink area	
425 NC			Remove cutter from the office	
431 NC			clean the walls in freezer and walls in cooler floor - remove food soil buildup	
297 NC			clean the inside of the ice machine bin - mold buildup	
290 NC			clean the 3 bay sink	
431 NC			Remove food soil buildup on kitchen floors under all equipment	
431 NC			Remove mold on wall behind dishmachine	
324 NC			Repair leaking faucet on prep sink	

Received by (name and title printed):

*Dustin Hoagland Restaurant Manager*

Received by (signature):

*Jessie Warner*

Inspected by (name and title printed):

*Jessie Warner*

Inspected by (signature):

*JW 346 4370*

cc:

cc:

cc:

## NARRATIVE REPORT

Received By (Name & Title)

Received By (Name & Title)	Inspected By (Name & Title)
Dustin Hoagland Restaurant manager	Jennifer Warner

Inspected By (Name & Title)

Page 2 of 2



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Phone 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.

Received by (*name and title printed*):

KUSHAL PATEL

Inspected by (name and title printed):

Amber Terhune, PHS

Received by (signature):

Kushal Patel

Inspected by (signature):

inspected by (signature): Amber Gehwe

---

881

881

667



**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Phone 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.

Received by (name and title printed):

HAE Lee

Received by (signature):

Ad B

ccii

CC

Inspected by (name and title printed):

Amber Terhune, EHS

Inspected by (signature):

Ambar Zuhur

ccc



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.

- 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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CCS

66

cc



**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Phone 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 <b>TACO BELL #2679</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>5/21/19</b>	ID# <b>159</b>
Establishment address <b>1579 N MORTON ST. FRANKLINTV</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  _____	Follow-up <b>—</b>	Release Date <b>6/1/19</b>
Owner <b>TACO BELL OF AMERICA</b>	Summary of Violations:  <b>C 0 NC 4 R _____</b>		
Owner address  _____			
Person in charge <b>MACION HYATT</b>			
Responsible person's email  _____			
Certified food handler <b>Brooke Tow (SERVSAFE 2/27/03)</b>	Menu Type (See back of page)  <b>1 2 3 4 5</b>		

- 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):

65

CC

Inspected by (name and title printed):

Inspected by *(signature)*:

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.

Received by (name and title printed):

Hayla Davis

Received by (signature):

John D. Miller

Inspected by (name and title printed):

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

Inspected by (signature):

inspected by (signature):  
Amber Johnson

691

221

14



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.

Received by (name and title printed):

Hayla Davis

Received by (signature):

ived by (signature):  
Walter B.

CC:

CC

Inspected by (name and title printed):

Amber Terhune, EHS

Inspected by (signature):

inspected by (signature):  
Amber Zehner

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

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.

Received by (name and title printed):

Received by (name and title printed):  
Paula Davis

Inspected by (name and title printed):

Amber Terhune, EK

Received by (signature):

Received by (signature): 

Inspected by (signature):

Inspected by (signature): Amber Jeffries

CCS

CC

65



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed):

4 Biling Chey

Inspected by (name and title, twenty-four)

ted by (name and title printed):  
Terry D Bayless

Received by (signature):

✓ Biling Chen

Inspected by (signature):

ed by (signature):

CCS

ccii

1



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>Texas Roadhouse</u>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <u>5 28 19</u>	ID# <u>1281</u>
Establishment address <u>270 Martin Dr Greenwich</u>	Purpose: <ol style="list-style-type: none"> <li><input checked="" type="radio"/> 1. Routine</li> <li><input type="radio"/> 2. Follow-up</li> <li><input type="radio"/> 3. Complaint</li> <li><input type="radio"/> 4. Pre-Operational</li> <li><input type="radio"/> 5. Temporary</li> <li><input type="radio"/> 6. HACCP</li> <li><input type="radio"/> 7. Other (list) _____</li> </ol>	Follow-up <u>No</u>	Release Date <u>6 8 19</u>
Owner	Summary of Violations:		
Owner address	<span style="border: 1px solid black; padding: 2px;">C</span> <u>0</u> NC <u>3</u> R <u>0</u>		
Person in charge			
Responsible person's email	Menu Type (See back of page)		
Certified food handler	<span style="border: 1px solid black; padding: 2px;">1</span> <u>2</u> <u>3</u> <u>4</u> <u>X</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):

Received by (signature):

Inspected by (name and title printed):

Inspected by (signature):

cc;

CC:

CC