

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>The Nest Event Center</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-31-19</i>	ID# <i>2124</i>
Establishment address <i>400 Byrdway</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>6/1/19</i>
Owner <i>Greenwood</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 3 4 5</i>	
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): Kaitlyn Anderson		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Kaitlyn And		Inspected by (signature): JW 3464376
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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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 NORA'S KNOTTY RIVE GRILL	Telephone Number () Establishment () Owner	Date of Inspection 5/15/19	ID# 1614
Establishment address 524 E OLD PLANK RD BARGERSVILLE, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/25/19
Owner RONALD MANIS		Summary of Violations: C <u>0</u> NC <u>8</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>★</u> 5 <u>—</u>	
Person in charge BRENDA BEATTY			
Responsible person's email			
Certified food handler BRENDA BEATTY (serusafe exp 6/15/23)			

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Section #	C/NC/R	Narrative	To Be Corrected by
NOTE	Ⓢ	(1) FREEZER UNIT IN STOCK ROOM AREA BEING USED FOR BREED (NON POTENTIALLY Food Storage) (~50°F)	✓
425	NC	Ⓢ BROOMS NOT HUNG UP OFF FLOOR	5/20/19
414	NC	Ⓢ BACK DOOR PROPPED OPEN	
431	NC	Ⓢ FLOOR, WALL, CEILING NOT CLEAN IN AREAS OF KITCHEN	5/22
112	NC	Ⓢ RESIDENTIAL TYPE (NON COMMERCIAL) STOVE IN USE IN KITCHEN	7/1
399	NC	Ⓢ WALL WORN IN AREAS OF KITCHEN	7/1
197	NC	Ⓢ UPRIGHT FREEZER IN GRILL AREA	5/11
		AMBIENT AIR 20°F NOT AT 0°F OR LESS	
218	NC	Ⓢ DOOR GASKETS WORN/SPLIT ON SMALL UPRIGHT FREEZER IN BACK PART OF KITCHEN	7/1
		UPRIGHT FREEZER IN GRILL AREA	
228	NC	Ⓢ SMALL UPRIGHT FREEZER IN BACK OF KITCHEN, FREEZER IN GRILL AREA, UPRIGHT FREEZER	7/1
NOTE	Ⓢ	LAUNDRY ROOM NOT EASILY MOVABLE LAUNDRY ROOM NOT EASILY MOVABLE/NOT A CONSUMER ADVISORY FOR FOOD NOT SEEN 6/1	

Received by (name and title printed): Brenda Beatty	Inspected by (name and title printed): Bob Smith EPH
Received by (signature): Brenda Beatty	Inspected by (signature): Bob Smith
cc:	cc:



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



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[illegible]Page 1 of 1

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


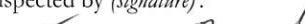
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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 Pan Station	Telephone Number () Establishment () Owner	Date of Inspection 5/9/19	ID# 802
Establishment address 255 S. H. Rd 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 5/19/19
Owner		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler Terr, Earls 2019			

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[illegible]

Received by (name and title printed): + Jessica Rees		Inspected by (name and title printed): Terry D Bayless
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 Planetary Brewing	Telephone Number () Establishment	Date of Inspection 5/29/19	ID# 1941
Establishment address 188 S Madison Greenwood	() Owner	Follow-up	Release Date 6/9/19
Owner	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>1</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 <u>4</u> 5 <u>5</u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Sarah Flowers		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Sarah Flowers		Inspected by (signature): JW 3464376
cc:	cc:	cc:

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Establishment name <i>Popeyes Louisiana Kitchen</i>	Telephone Number	Date of Inspection	ID#
Establishment address <i>270 N 51235 Greenwood</i>	Establishment Owner	<i>5 15 19</i>	<i>2013</i>
Owner	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 25 19</i>
Owner address		Summary of Violations:	
Person in charge		<i>C 0 NC 0 R 0</i>	
Responsible person's email		Menu Type (See back of page)	
Certified food handler		<i>1 2 3 4 X 5</i>	

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[illegible]

Received by (name and title printed): Sara Weiss Manager		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): Sara Weiss		Inspected by (signature): JW 3464370	
cc:		cc:	

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Establishment name Rascals Fun Zone	Telephone Number () Establishment () Owner	Date of Inspection 5-30-19	ID# 665
Establishment address 46184 629 US 31 N, Whiteland	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 6-10-19
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Tony Harrel Exp 9/13/22			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	-	Debris/soilage buildup under 3-bay sink and next to ice machine. Clean, then reveal baseboard to wall (next to ice machine).	
			Note: Outdoor beverage station okay to use. Keep machine covered when not in use (covered at time of inspection). Clean soda nozzles, drip tray, and soda dispensing side of unit before each use.	
			Thank you!	

Received by (name and title printed): Brooke Boles		Inspected by (name and title printed): Amber Terhune, BRS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name Reverry	Telephone Number () Establishment () Owner	Date of Inspection 5 28 19	ID# 1824
Establishment address 299 W main St	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 8 19
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Charles Sherman II</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Charles Sherman II</i>		Inspected by (signature): <i>dw 346 43710</i>
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

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Establishment name Root 2 Rise	Telephone Number () Establishment () Owner	Date of Inspection 5/22/19	ID# 2166
Establishment address 916 E Main St, Ste 112, Greenwood ⁴⁶¹⁴³	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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Elaine Elliott Exo 3/19/23			

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[illegible]

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



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INSPECTION REPORT

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

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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
411	NC	✓	Lights out in mechanical exhaust hood system and in island bar cooler	5/25/19
295	NC	✓	Inside deep fryers are soiled	5/27/19
218	NC	✓	Interior door inserts for Victory Cooler 13 and Freezer 12 were damaged	6/15/19
			(2) Inverted metal pan holding up salad preparation table	5/25/19
			(3) Door gasket worn on pull out refrigeration unit below gas grill	6/15/19
			(9) Bus Station on dirty side of mechanical dish unit contains a cracked and separated sink, along the wrist lip/edge	6/15/19
		✓	(6) Faucets leak from connections at bar four bay sink	6/15/19
399	NC	✓	Drout repair needed in bar dish area, kitchen area, server soda station	6/15/19
430	NC	✓	Ceiling tiles missing and damaged	5/25/19

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

NARRATIVE REPORT

Greenwood

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



460 N. MORTON ST. STE A
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[illegible]Page 1 of 1



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INSPECTION REPORT

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Establishment name SPEEDWAY #1319	Telephone Number () Establishment () Owner	Date of Inspection 5/17/19	ID# 158
Establishment address 701 W. ADAMS FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/27/19
Owner SPEEDWAY LLC		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ANDREA ROBERTS			
Responsible person's email			
Certified food handler N/A			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	(X)	FLOOR NOT CLEAN IN BACK STOCK, 3 COMPARTMENT SINK, PREPARATION AREA, BACK WALK-IN COOLER	5/25/19
399	NC	(X)	WALL DAMAGED - PREPARATION, 3 COMPARTMENT SINK AREA	7/1
425	NC	(X)	BROOMS NOT HUNG UP OFF FLOOR	5/20
218	NC	(X)	DOOR GASKET WORN/SPLIT ON 2 DOOR, 1 DOOR REFRIGERATOR, IN PREPARATION AREA, SMOOTHIE/MILK SHAKE SMALL FREEZER UNIT	6/17
324	NC	(X)	MENS RESTROOM TOILET SEAT NOT OPEN FRONT TYPE	6/1
431	NC	(X)	INSIDE CABINET SHELF UNDER CUSTOMER SINK NOT CLEAN	5/25

Received by (name and title printed): Andrea J. Roberts LAM	Inspected by (name and title printed): Bob Smith
Received by (signature): 	Inspected by (signature):
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name Starbucks	Telephone Number () Establishment () Owner	Date of Inspection 5/31/19	ID# 1109
Establishment address 1035 E Main St	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 6/11/19
Owner Greenwood		Summary of Violations: C 0 NC 0 R 0	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 4 5	
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Richelle K Brawn RKB		Inspected by (name and title printed): Jerrin W. Warr
Received by (signature):		Inspected by (signature): JW 346 4376
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

6-3-19 rev
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 Steak N Shake	Telephone Number () Establishment () Owner	Date of Inspection 5 20 19	ID# 6246
Establishment address 247 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 6-3	Release Date 5 30 19
Owner		Summary of Violations: C 0 NC 10 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			

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Section #	C/NC	R	Narrative	To Be Corrected by
425	NC		Clean and organize mop sink area	
425	NC		Remove clutter from the office	
431	NC		Clean the walls in freezer and walk 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 dish machine	
324	NC		Repair leaking faucet on prep sink	

Received by (name and title printed): Dustin Hoagland Restaurant manager	Inspected by (name and title printed): Jennifer Warner
Received by (signature): <i>Dustin Hoagland</i>	Inspected by (signature): <i>JW 346 43710</i>
cc:	cc:

NARRATIVE REPORT

[illegible]

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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 Subway	Telephone Number () Establishment () Owner	Date of Inspection 5-22-19	ID# 1240
Establishment address 1251 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 6-2-19
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input 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 Kushal Patel Exp 1/22/24			

- 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): KUSHAL PATEL		Inspected by (name and title printed): Amber Terhune, DHS
Received by (signature): Kushal Patel		Inspected by (signature): Amber Terhune
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 Sisters Korean Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 5-22-19	ID# 2143
Establishment address 916 E Main St, Greenwood 46143	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 _____ 4 <input checked="" type="checkbox"/> 5 _____	
Certified food handler Donald Lockhart Exp 12/19/23			

- 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"


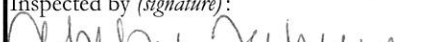
[illegible]

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



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): DANA MARIETTA		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
Office 317-346-4365 Fax 317-736-5264


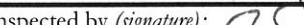
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name TACO BELL #2679	Telephone Number () Establishment () Owner	Date of Inspection 5/21/19	ID# 159
Establishment address 1579 N MORTON ST. FRANKLIN, IL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/1/19
Owner TACO BELL OF AMERICA		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge MAGION HATT			
Responsible person's email			
Certified food handler BROOKE TOW (SERVSAFE 2/27/23)			

- 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): MARION HUAT	Inspected by (name and title printed): Bob Smith EA
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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"

[illegible]

Received by (name and title printed): Hayla Davis		Inspected by (name and title printed): Amber Terhune, EHS
Received by (signature): Hayla Davis		Inspected by (signature): Amber Terhune
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.

[illegible]

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 Target Starbucks	Telephone Number () Establishment () Owner	Date of Inspection 5-23-19	ID# 940
Establishment address 8915 S State Road 135, Greenwood	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up no	Release Date 6-3-19
Owner 46143		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input 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 checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Wesley Felton Exp 2024			

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

[illegible]

Received by (name and title printed): Haley Davis		Inspected by (name and title printed): Amber Terhune, EHS
Received by (signature): Haley Davis		Inspected by (signature): Amber Terhune
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.

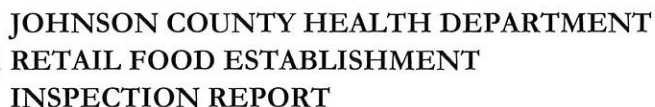
Establishment name Taste of China	Telephone Number () Establishment () Owner	Date of Inspection 5/21/19	ID# 1959
Establishment address 989 N. US 31	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 5/31/19	Release Date 5/31/19
Owner Whiteland		Summary of Violations: C <u>0</u> NC <u>7</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 Jian - Wang			

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

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Door handles are soiled on the reach-	5/21/19
			in cooler	
295	NC		upright	
295	NC		chest freezer is soiled	5/28/19
			lighting is poor in the kitchen	
112	NC		chest freezer is not commercial	
			equipment	
392	NC		out side dumpster is not closed	5/21/19
295	NC		back screen door is soiled	5/28/19
216	NC		Egg roll containers are soiled	5/21/19
			may need new ones	

Received by (name and title printed): Biling Chen	Inspected by (name and title printed): Terry D Bayless
Received by (signature): Biling Chen	Inspected by (signature): Terry D Bayless
cc:	cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name Texas Roadhouse	Telephone Number () Establishment () Owner	Date of Inspection 5 28 19	ID# 1281
Establishment address 210 Martin Dr Greenville	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:	
Owner address		C <u>0</u> NC <u>3</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Certified food handler			

- [illegible]

Page 1 of _____