



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

Belen  
11/7/22  
✓

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>Panera Bread</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1-5-22</i>	ID# <i>943</i>
Establishment address <i>789 US 31 Greenwood</i>	Purpose: 1. <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other ( <i>list</i> )	Follow-up <i>NO</i>	Release Date <i>1 15 22</i>
Owner		Summary of Violations:  <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type ( <i>See back of page</i> )  <i>1 2 3 <input checked="" type="checkbox"/> 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"

Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No items noted today.</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Megan Lane / Team manager</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Megan Lane</i>	Inspected by (signature): <i>JW 346 4376</i>
cc:	cc:



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Betson  
1/12/22  
✓

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>Papa Johns</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/6/22</i>	ID# <i>595</i>
Establishment address <i>295 N. Morton St. 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>1/16/22</i>
Owner		Summary of Violations:  <i>C 1 NC 3 R 1</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 <i>AMERISA Pollard 2023</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>433</i>	<i>NC</i>		<i>mops are not hung up -</i>	
<i>295</i>	<i>NC</i>		<i>walk-in cooler racks are soiled</i>	<i>1/8/22</i>
<i>392</i>	<i>NC</i>		<i>The outside dumpster lids are not closed</i>	<i>1/6/22</i>
<i>324</i>	<i>C</i>	<input checked="" type="checkbox"/>	<i>Not No hot water is available at the kitchen hand sink</i>	<i>1/20/22</i>
			<i>Note: label all cleaner bottles -</i>	

Received by (name and title printed): <i>Whitney Turner</i>	Inspected by (name and title printed): <i>Terry D. Bayliss</i>
Received by (signature): <i>W Turner</i>	Inspected by (signature): <i>Terry D Bayliss</i>
cc:	cc:





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Beth  
2/2

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>PARKHURST DINING / FRANKLIN COLLEGE</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/31/22</b>	ID# <b>2273</b>
Establishment address <b>101 BRANIGAN BLVD FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>2/9/22</b>
Owner <b>PARKHURST DINING</b>		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>   </u> 3 <u>   </u> 4 <u>X</u> 5 <u>   </u>	
Person in charge <b>DEVA DUNCAN</b>			
Responsible person's email			
Certified food handler <b>DEVA DUNCAN</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	<input checked="" type="checkbox"/>	CRES COR UNIT NOT FUNCTIONING PROPERLY <del>NOT</del> HOT HOLDING NOT FUNCTIONING	2/10/22
324	NC	<input checked="" type="checkbox"/>	HOT WATER TEMPERATURE AT HANDSINK 128°F NOT AT 100°F - 120°F	2/5
324	NC	<input checked="" type="checkbox"/>	garbage disposal gasket worn, leak noted	work order 2/20
<b>NOTE</b>		<input checked="" type="checkbox"/>	(1) PASS THROUGH REFRIGERATOR, OTHER EQUIPMENT NOT IN USE	
<b>NOTE</b>		<input checked="" type="checkbox"/>	MECHANICAL DISINFECTIVE HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATO WAS 170°F	<b>OKAY</b>

Received by (name and title printed): <b>DEVA DUNCAN General Manager</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beta  
1/19/22

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 Pilot 037	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 1-14-22	ID# 746
Establishment address 2962 E 500 N Whiteland	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 1 24 22
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			

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Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted today	
			Thank you!	

Received by (name and title printed): Brandon Evans TCGM	Inspected by (name and title printed): Jennifer Warner
Received by (signature): 	Inspected by (signature): 
cc:	cc:





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Betson  
1/31

Quick Step

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>Marathon Food Mart</i> (Am)	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/26/22</i>	ID# <i>1760</i> <del>1839</del>
Establishment address <i>9431 N Am 621 US 31 Greenwood IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>2/5/22</i>
Owner <i>Lovepreet Khasria 46142</i>		Summary of Violations:  <i>C 2 NC 11 R 4</i>	
Owner address		Menu Type (See back of page)  <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Harry Singh</i>			
Responsible person's email			
Certified food handler <i>N/A</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
297	NC	✓	Soda nozzle caps are soiled	1/28/22
413	NC	✓	Front main doors not sealing along bottom vertical seam/edge when doors are closed	2/22/22
430	NC	✓	Guest area ceiling tile (2' x 4') is damaged (previously wet)	2/8/22
411	NC		Overhead lights out in restroom	2/8/22
431	NC		Floors, walls, ceiling vent in restroom soiled	1/26/22
218	NC	✓	Door seal torn on H.T. Hackney cooler	2/22/22 Call Company!!
430	NC	✓	① Interior cabinets (base) worn below soda/beverage area	3/1/22
			② Mold on wall below Pepsi self-serve soda station (behind air gap for plumbing)	2/22/22
218	NC		Oster microwave damaged (burnt) inside located in guest area	Replace 2/8/22
347	NC		No paper towels at soda/beverage	1/26/22

Received by (name and title printed): <i>UT R. SANDHU</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:









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Belay  
2/2

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>Rosita's Family Pancake</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>01/31/22</b>	ID# <b>2172</b>
Establishment address <b>345 Western Blvd</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>02/08/22</b>
Owner <b>Greenwood, IN 46142</b>		Summary of Violations:  <b>C 3 NC 1 R 1</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 <input checked="" type="checkbox"/> 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Israel Cronicas Exp: 12/1/22</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
334	C	<input checked="" type="checkbox"/>	NO air gap in couple of drains.	02/7/22
294	C		there is not enough sanitizer in the mechanical dish washer	02/7/22
256	NC		NO thermometer seen in one of the cooler unit	02/7/22
191	C		NO date markings on some of the food products in walk-in cooler	02/02/22
NOTE: Make sure to reduce cooler units to at least 38°F. Make sure food thermometer is easily accessible				

Received by (name and title printed): <b>Israel Garcia</b>	Inspected by (name and title printed): <b>Paul Belay EHS</b>
Received by (signature): <i>Israel Garcia</i>	Inspected by (signature): <i>Paul Belay</i>
cc:	cc:

















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Becky  
1/25

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</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1 21 22</i>	ID# <i>175</i>
Establishment address <i>1291 N Madison Av</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>1 31 22</i>
Owner <i>Greenwood</i>		Summary of Violations:  <i>C 0 NC 3 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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Section #	C/NC	R	Narrative	To Be Corrected by
<i>394</i>	<i>NZ</i>		<i>Work on removing trash etc in dumpster enclosure area</i>	
<i>424</i>	<i>NZ</i>		<i>Remove all trash in walk in cooler</i>	
<i>411</i>	<i>NZ</i>		<i>Replace lightbulbs in storeroom area near restrooms</i>	
			<i>Thank you!</i>	

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



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Beta  
1/19/22

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</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1 14 22</i>	ID# <i>738</i>
Establishment address <i>1350 US 31 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)	Follow-up <i>NO</i>	Release Date <i>1 24 22</i>
Owner	Summary of Violations:  <i>C 0 NC 0 R 0</i>	Menu Type (See back of page)  <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No items noted today.</i>	
			<i>Thank you!</i>	

Received by (name and title printed): <i>Nolanda Clark</i>	Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature): <i>Nolanda Clark</i>	Inspected by (signature): <i>JW 3464376</i>
cc:	cc:





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*Belm*  
*1/25*

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</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/24/22</i> <i>1:15p</i>	ID# <i>1649</i>
Establishment address <i>211 S. State Road 135 46106</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>2-2-22</i>
Owner		Summary of Violations:  <i>C 2 NC 3 R</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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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Deli subs, Wraps, & sandwiches customer reach-in-cooler appears to be holding product @ 48°F. Ambient air temperature thermometer provided reads 48°F @ 2pm	1-24-22 (corrective action)
187			Several containers of <del>terrace</del> taquitos @ 43°F in walk-in-cooler	1-24-22
191	C		Hot chili for nachos date marked to expire 1-24-22 @ 8:20am. Observed in hot holding device @ 1:36pm.	1-24-22
191			International Delight half & half creamer date marked to expire 1-21-22. DM states employee changed but did not change date mark.	1-24-22
297	NC		Creamer, Iced Coffee, & Soda machine nozzles are soiled.	1-25-22
216	NC		Store room shelves porous & not 6" off floor Interior cabinets soiled	1-30-22
431	NC		Floors are soiled throughout establishment	1-30-22

Received by (name and title printed): <i>Karen Shroyer</i>	Inspected by (name and title printed): <i>Elizabeth Schulte, Cassi Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>317-346-4373</i>

*439*  
Note: Toxic spray bottle shall not be stored on food prep table.  
Door gaskets shall be in good condition.













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*1/12/22*

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Establishment name <i>Subway</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/10/22</i>	ID# <i>2091</i>
Establishment address <i>1133 N. Emerson Ave Greenwood, 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>1/20/22</i>
Owner	Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>    </u>	Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u>X</u> 4 <u>    </u> 5 <u>    </u>	
Owner address			
Person in charge			
Responsible person's email <i>sharitanu Patel</i>			
Certified food handler <i>J</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations</i>	

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



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Betsy  
1/25



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Establishment name <i>Subway # 7445</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>01/19/22</i>	ID# <i>1270</i>
Establishment address <i>494 N. US 31 Greenwood, IN 46142</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
Owner	Summary of Violations:  <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/></i>	Menu Type (See back of page)  <i>1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___</i>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Autumn Campbell (servsafe exp. 4/10/22)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
	-	-	<i>No violation during inspection.</i>	

Received by (name and title printed): <i>Cheryl</i>	Inspected by (name and title printed): <i>Raul Beltrik EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: