



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

Betsy
11/29

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>101 Meat Shop</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-24-24</i> <i>1:50 P.M.</i>	ID# <i>2658</i>
Establishment address <i>11 Declaration Dr Greenwood 46143</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>YES</i>	Release Date <i>2-4-24</i>
Owner		Summary of Violations: <i>C 3 NC 3 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 X 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Singh Aimer ServSafe exp. 11-25-28</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
<i>436</i>	<i>C</i>		<i>Observed live bird located in kitchen area</i>	
<i>436</i>	<i>C</i>		<i>Observed what appeared to be 3 live chickens in a box in kitchen area</i>	
<i>438</i>	<i>C</i>		<i>All spray bottles must be labeled</i>	<i>Corrected</i>
<i>416</i>	<i>NC</i>		<i>Observed what appeared to be a dead mouse in a trap</i>	
<i>146</i>	<i>NC</i>		<i>Label repackaged meat</i>	
			<i>↳ NOTE: include safe handling instructions</i>	
<i>216</i>	<i>NC</i>		<i>Non Food Contact Surfaces (NFCS) shall not be easily cleanable no cardboard</i>	
<i>187C</i>			<i>NOTE: Observed meat products inside display cooler between <i>46°F - 50°F</i> - manager stated products were made around <i>1:41 P.M.</i> shall be <i>41°F</i> or less</i>	

Received by (name and title printed): <i>Amer Singh</i>	Inspected by (name and title printed):
Received by (signature):	Inspected by (signature):
cc:	cc: <i>[Signature]</i>



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Bekah
1/29

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 AFC Sushi	Telephone Number () Establishment () Owner	Date of Inspection 1-29-24	ID# 1675
Establishment address 3100 Meridian Park Dr	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2-9-24
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 ___ 4 X 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
174	NC		Observed bulk food not labeled	
254	NC		Food thermometer not functioning.	
			Notes: Observed carb meat cold holding @ 42°/43° ↳ turn cooler down.	

Received by (name and title printed):	Inspected by (name and title printed): Cass Hall
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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Betsy
1/29

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Establishment name AFC Sushi	Telephone Number () Establishment () Owner	Date of Inspection 1-26-24	ID# 2006
Establishment address 5961 N SR 135 Greenwood	Purpose: 1. Routine	Follow-up NO	Release Date 2-8-2024
Owner	2. Follow-up	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u> Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational		
Responsible person's email	5. Temporary		
Certified food handler Thawng Hup servsafe exp. 1-18-2026	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			No items to note Thank You	

Received by (name and title printed):	Inspected by (name and title printed): Caleb Fleener
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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Belen
1/19

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>American Legion</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/9/24</i>	ID# <i>167</i>
Establishment address <i>334 US 31 & Greenwood</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>48 hrs or 30 days</i>	Release Date <i>1/19/24</i>
Owner <i>IN</i>		Summary of Violations: <i>C 0 NC 6 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 <i>X</i> 3 4 5	
Responsible person's email			
Certified food handler <i>Raymond Miller</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		-water lines against the wall under the 3-bay sink are very soiled.	2/9/24
218	NC		-Exhaust filters in the kitchen hood are not tight fitting -	↓
430	NC		- The ceiling tiles in the kitchen are not smooth and cleanable	
295	NC		- the plastic breading containers are soiled	
295	NC		The ice maker shield is st soiled.	1/12/24
431	NC		- the floor under the 3-bay bar sink is dirty	↓

Received by (name and title printed): <i>+TERESA Daugherty</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Teresa Daugherty</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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Beta 1/18/24

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 Auntie Anne's	Telephone Number () Establishment () Owner	Date of Inspection 1-3-24	ID# 722
Establishment address 1251 N US 31 Greenwood	Purpose: 1. Routine	Follow-up —	Release Date 1-13-24
Owner	2. Follow-up	Summary of Violations: C 0 NC 4 R	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge	4. Pre-Operational	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email	5. Temporary		
Certified food handler Jennifer Hadley (exp 4/13/28)	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
342	NC		Observed front hand sink hot water @ 54°F ↳ shall be 100°F - 120°F	
218	NC		Stand up 2 door "true" cooler door gaskets are split/worn.	
226	NC		Observed wooden board affixed to floor located by back door, appears porous.	
295	NC		Interior of a few front cabinets are soiled ↳ under 16 bin, etc.	
351	NC		Observed no covered waste receptacle in employee restroom ↳ toilet needs cleaned.	
			Notes: ① Don't block hand sink in back room. ② Sanitizer solution shall be 200 ppm.	

Received by (name and title printed): Lanay Mayle	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>Lanay Mayle</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:

③ Clean under equipment.



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*Butch
1/18/24*

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Establishment name <i>Auntie Anne's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-3-24</i>	ID# <i>2012</i> 7071
Establishment address <i>1251 N US 31 Greenwood</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>1-13-24</i>
Owner		Summary of Violations: <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>174</i>	<i>NC</i>		<i>Label bulk food containers</i>	
			<i>Notes: 1) Remove unused equipment in back storage room</i>	
			<i>2) One light out in back room</i>	
			<i>3) Ceiling tiles missing.</i>	

Received by (name and title printed): <i>Margaret Stivers</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>Margaret Stivers</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



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Becky
1/9/24

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 Sonoco Flexible Packaging	Telephone Number () Establishment () Owner	Date of Inspection 1/9/24	ID# 2229
Establishment address 6502 US 31 Edinburgh IN 46124	Purpose: 1. Routine	Follow-up No	Release Date 1/19/24
Owner	2. Follow-up	Summary of Violations: C 0 NC 3 R	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge Debbie Buck	4. Pre-Operational	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
228	NC		Two Pepsi Coolers and one Market C Cooler (reach-in) are not easily movable (i.e. on wheels/casters) and	1/29/24
295	NC	①	the inside bottom and shelving (plastic) are soiled	1/12/24
		②	Interior top of microwaves are soiled	Corrected
430	NC		Some ceiling tiles in break room are damaged from being previously wet (approximately 4)	1/21/24
		①	Notes: Emergency exit door in break room starting to rust/deteriorate at both interior bottom of the door frame	
		②	Inside top of "Mtn Dew" one door cooler interior top is iced over Please monitor	

Received by (name and title printed): Michael Leuck	Inspected by (name and title printed): Andrew Miller
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beth
 1116

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 Benjamin's Coffee house & Bakeshop	Telephone Number (317) 868 8686 (317) 625 8104	Date of Inspection 1-9-24	ID# 2555
Establishment address 49 E. Court St. Franklin, IN 46131	Purpose: 1. Routine	Follow-up No	Release Date 1-19-24
Owner Andrea Brewer	2. Follow-up	Summary of Violations:	
Owner address 799 S. Main St. Franklin, IN 46131	3. Complaint	C 2 NC 2 R 0	
Person in charge Anna Boyd manager	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email benjaminscoffeehouse@gmail.com	5. Temporary	1 2 ✓ 3 4 5	
Certified food handler Andrea Brewer exp 2/12/27	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		bacon in prep cooler had a temperature of 49°F at 1:08pm, had been prepped the night before & stayed in prep cooler all night - was dis recommended discarding	1/10/24
191	C		Prepared bacon + chicken salad not date & time marked	
297	NC		Soda nozzles soiled	
254	NC		thermometer in large fridge in back of kitchen showing incorrect temperature	

Received by (name and title printed): Anna Boyd	Inspected by (name and title printed): Mia Papageorge
Received by (signature): <i>Anna Boyd</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:



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Betsy
2/11

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>KYLE FOODS / Box burger</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/30/24</i>	ID# <i>26410</i>
Establishment address <i>3413 STELLA DR Greenwood</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>2/8/24</i>
Owner <i>BRANDON KYLE</i>		Summary of Violations: <i>C 1 NC 2 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 X 3 4 5</i>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>- ICE MACHINE IS SOILED INSIDE</i>	<i>2/8/24</i>
<i>257</i>	<i>NC</i>		<i>- NO THERMOMETER OBSERVED IN THE CHEST FREEZER</i>	<i>COMPLETED</i>
			<i>- PLUMBING</i>	
<i>336</i>	<i>C</i>		<i>- NO BACKFLOW PREVENTION DEVICE ON MAIN WATER LINE</i>	<i>2/8/24</i>
			<i>- NO AIRGAP OBSERVED ON THE 3 BAY AND PREP SINK</i>	<i>2/8/24</i>
			<i>NOTE: CHEST FREEZER IS NOT COMMERCIAL GRADE</i>	
			<i>- COMMERCIAL GRADE WILL BE REQUIRED:</i>	
			<i>- IF YOU REPLACE THE UNIT</i>	
			<i>- IF YOU UPGRADE/REMODEL THE FACILITY</i>	
			<i>- CHANGE IN OWNERSHIP</i>	

Received by (name and title printed): <i>EMAILED COPY TO BRANDON 1.30.24 KRP</i>	Inspected by (name and title printed): <i>KEVIN R PAULIN EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Bellevu
1/19

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>Buffalo wild wings</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>01/16/24</i>	ID# <i>2163</i>
Establishment address <i>2330 N Morton St Franklin IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date
Owner <i>46131</i>		Summary of Violations: <i>C 2 NC 4 R</i>	
Owner address	Menu Type (See back of page) <i>1 2 3 4 V 5</i>		
Person in charge			
Responsible person's email			
Certified food handler			

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

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Section #	C/NC	R	Narrative	To Be Corrected by
294	C		Insufficient sanitizer at 3-bay sink & sanitizer buckets.	1/23/24
411	NC		There are some lights out at the hood.	
431	NC		NEP sink area is soiled	
	NOTE		↳ There are stagnant water in this area	
239	NC		Dish rack is on the floor.	1/19/24
303	C		Mechanical dish hot temperature is at 155°F ↳ this should be at least 160°F	
174	NC		One spray bottle not labelled	
	NOTE		(i) Back flow prevention reset test date 3/24'	
			(ii) Stagnant water by water heater will be taken care of by a contractor week of 15-20/2024.	
			main drains are soiled. please clean main drains.	
			(iii) please clean vents in women's rest room.	
			(iv) please clean floors & walls in cooking area.	
			(v) please store food utensils handles up	
			(vi) No shut-offs at atmosphere vacuum breaker.	
			(vii) please make sure ranch pump is re-configured for easy cleaning.	

Received by (name and title printed): <i>Reese Lot Department manager</i>	Inspected by (name and title printed): <i>Paul Bellevu/Mia Parageorge</i>
Received by (signature): <i>Reese Lot</i>	Inspected by (signature): <i>Paul Bellevu (Mia Parageorge)</i>
cc:	cc:



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Back 1/24

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 Burger King	Telephone Number () Establishment () Owner	Date of Inspection 1/23/24	ID# LP 2324
Establishment address 891 US 31 N	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/3/24
Owner white lead, IN		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 4 5	
Responsible person's email			
Certified food handler Brandy Hawkins			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	The floor mats in the freezer and cooler are very soiled. Replace!	1/30/24
431	NC		The floor and drain under drink dispenser are soiled.	1/30/24

Received by (name and title printed): Brandy Selke GM	Inspected by (name and title printed): Terry D Bayless
Received by (signature): <i>Brandy Selke</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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*Best
1/16*

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>Casey's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1.12.23</i>	ID# <i>2726</i>
Establishment address <i>2105 E County Line Rd</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>1.22.23</i>
Owner <i>La Donna Calhoun</i>		Summary of Violations: <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge <i>La Donna Calhoun</i>	<i>Jessica Rose</i>		
Responsible person's email			
Certified food handler <i>LaDonna 1.7.26</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>136</i>	<i>NC</i>		<i>- OBSERVED A PERSONAL ITEM STORED IN WALK IN REFRIGERATOR (DRINKS)</i>	<i>CORRECTED</i>
<i>431</i>	<i>DC</i>		<i>- THE FLOOR IN CABINET FLOOR UNDER THE ICED TEA DISPENSOR IS SOILED</i>	<i>CORRECTED</i>
<i>336</i>	<i>NC</i>		<i>- OBSERVED CHEMICAL DISPENSER HOSES BELOW THE WATER LINE: - VEGETABLE SINK - 3 BAY SINK</i>	<i>CORRECTED</i>
			<i>- SANITIZER IN 3-BAY OBSERVED BETWEEN 200-400 ppm</i>	

Received by (name and title printed): <i>X Jessica Rose Kitchen Manager</i>	Inspected by (name and title printed): <i>KEVIN R PAULIN</i>
Received by (signature): <i>X Jessica Rose</i>	Inspected by (signature): <i>K-R Paulin EHS</i>
cc:	cc:



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 FRANKLIN, IN 46131
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Betson 1129

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>Center Grove Dairy Queen</i>	Telephone Number <i>() Owner</i>	Date of Inspection <i>1-10-24</i> <i>4p</i>	ID# <i>2770</i>
Establishment address <i>330 S SR 135 46142</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>1-20-24</i>
Owner <i>Khushbu Patel</i> <i>2-16-28</i>	Owner address	Summary of Violations: <i>C 0 NC 3 R 0</i>	
Person in charge		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible person's email	Certified food handler <i>Matt Kraus 11-21-24</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>324</i>	<i>NC</i>		<i>Hand sink by WIF is in disrepair - Working to replace</i>	<i>2-28-24</i>
<i>216</i>	<i>NC</i>		<i>Wood pallet used in WIF as dunnage rack - Ordered today</i>	<i>2-10-24</i>
<i>note</i>			<i>Paper towels @ front hand sink not easily obtained w/out contaminating</i>	<i>1-10-24</i>
<i>431</i>	<i>NC</i>		<i>WIF floor is soiled</i>	<i>1-31-24</i>

Received by (name and title printed): <i>Shantana</i>	Inspected by (name and title printed): <i>Elizabeth Schultz</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Elizabeth Schultz</i>
cc:	cc: <i>317-346-4373</i>



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Beth
1/8/24

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 CHICAGO'S PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 1/8/24	ID# 1131
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/18/24
Owner MORRIS		Summary of Violations: C <u>0</u> NC <u>7</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge BETH MORRIS		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler BETH MORRIS			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	<input checked="" type="checkbox"/>	WALL NOT CLEAN BEHIND PIZZA PREPARATION REFRIGERATOR	1/11/24
218	NC	<input checked="" type="checkbox"/>	DOOR GASKET WORN/SPLIT ON PIZZA DOUGH REFRIGERATOR	2/1
138	NC	<input checked="" type="checkbox"/>	SOME EMPLOYEES NOT WEARING HAIR RESTRAINTS	1/9
NC			INTERVAL TEMPERATURES OF COITAGE corrected CHEESE/MACARONI SALAD, POTATO SALAD, 18 AT PIZZA BAR ~43°F NOT AT 41°F OR LESS	
228	NC	<input checked="" type="checkbox"/>	LARGE "TRUP" REFRIGERATOR ACROSS FROM PIZZA BAR NOT EASILY MONITORED	2/20
431	NC	<input checked="" type="checkbox"/>	SHelf INSIDE CABINET UNDER "COKE" SOFT DRINK STATION NOT CLEAN	1/13
190	NC	<input checked="" type="checkbox"/>	PREWARMED CHEESE IN PLASTIC COVERED CONTAINERS PLACED ON SHelf IN WACK-IN COOLER - NOT A QUICK CHILL METHOD	corrected 1/18
431	NC	<input checked="" type="checkbox"/>	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	1/12

Received by (name and title printed): Beth Morris	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Beth Morris</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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Bekm
2/8

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>Coffee House Five</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/31/24</i>	ID# <i>2656</i>
Establishment address <i>10 Plummer Ave. Bargersville IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: <i>C 0 NC 0 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 3 4 5</i>	
Responsible person's email			
Certified food handler <i>*Lara Archibald</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>* Note: label all spray bottle cleaners</i>	

Received by (name and title printed): <i>Lara Archibald</i>	Inspected by (name and title printed): <i>Terry Bayless</i>
Received by (signature): <i>Lara Archibald</i>	Inspected by (signature): <i>Terry Bayless</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Bekal
1/11/16

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 Crow & Clover	Telephone Number () Establishment () Owner	Date of Inspection 1-11-24	ID# 2646
Establishment address 2646 916 E. Main St. Greenwood 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1-21-24
Owner		Summary of Violations: C 0 NC 6 R 0	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 X 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler Elissa McKee			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	C		Observed mop sink located in backroom spray nozzle stored below floodline.	
216	NC		Observed wooden boards lining shelving units inside walk-in cooler ↳ not smooth & easily cleanable, appears not water proof.	
352	NC		employee restroom door not self-closing. Public restroom hand sink; not sealed to wall.	
310	NC		Both restroom exhaust vents are dusty. Note: light shield missing in walk-in cooler. ⓐ Baked goods in Standup cooler needs name & address of company.	
425	NC		han observed mops sitting in mopsink	
257	NC		observed no thermometer in 3 coolers	
112	NC		observed a whirlpool house freezer, tag stated household freezer	

Received by (name and title printed): Elissa McKee	Inspected by (name and title printed): Mia Papageorge
Received by (signature): 	Inspected by (signature):
cc:	cc: Cass Hall



**JOHNSON COUNTY HEALTH DEPARTMENT
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*Betsy
1/24*

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>Culver's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/19/24</i>	ID# <i>2382</i>
Establishment address <i>191 Granville Dr. Franklin IN 46131</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>YES</i>	Release Date <i>1/29/24</i>
Owner <i>Ashley Mitchell</i>		Summary of Violations: C <u>1</u> NC <u>7</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <u>✓</u> 5 _____	
Person in charge <i>Ashley Mitchell</i>			
Responsible person's email			
Certified food handler <i>Ashley Mitchell</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		apparent water leak behind stuck washer/dryer unit	1/20/24
218	NC	✓	① Astro Blender covers (2) are cracked ② Fry scoops are cracked/damaged ③ Condiment cooler hinged lid rubs the interior of the top cover	1/26/24
295	NC	✓	Inside top of the large ice maker is soiled	1/19/24 Clean!!
218	NC		Hinged lid covers for Heath and Oreo Cookie Pieces are cracked/damaged	1/23/24
187	C		① Chocolate and Vanilla liquid, custard in hoppers measured 45°F at approximately 3:10 pm. Hoppers were noted "off" and not under refrigeration ② Cole Slaw and Mashed Potatoes in two pull out drawer cooler measured 43°F and 42.8°F.	Discarded Corrected Corrected Moved to another cooler
218	NC		Two drawers cooler contained ice build-up	cooler

Received by (name and title printed): <i>Jimmy Jenkins General Manager</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:

NARRATIVE REPORT

Establishment Name	Address	Inspection Date		
Culvers	191 Grandville Dr. Franklin IN 46131	1/19/24		
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			near the interior fan (behind pull out drawers)	I
Note 3			RP Backflow unit tested on 10/18/23	
413	NC		Tilet door rules the bottom threshold plate	1/25/24
295	NC	✓	Rear of walk-in-cooler evaporator is soiled	1/20/24 I
Received By (Name & Title)	Inspected By (Name & Title)			Page 2 of 2
Jimmy Jenkins	Andrew Miller, EHS			



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Beky 1/18/24

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 CVS #6653	Telephone Number () Establishment () Owner	Date of Inspection 1/5/24	ID# 796
Establishment address 39 US highway 31 Whiteland, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 1/15/24
Owner		Summary of Violations: C 0 NC 0 R -	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No items noted</i>	
			<i>Note: backflow prevention last inspected 9/23/23</i>	

Received by (name and title printed): Tina Sanders	Inspected by (name and title printed): Mia Papageorge
Received by (signature): <i>Tina Sanders</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc: