



**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  
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 <b>Dairy Queen</b>	Telephone Number (317) 535-8587 (731) 438-1951	Date of Inspection <b>1-18-24</b>	ID# <b>2760</b>
Establishment address <b>99 S. US 31 Whiteland, IN 46184</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up _____	Release Date <b>1-28-24</b>
Owner <b>Khushbu Patel</b>		Summary of Violations:  <b>C 1 NC 2 R 1</b>	
Owner address <b>15740 Millwood Dr. Noblesville, IN 46060</b>	Responsible person's email <b>d946184@gmail.com</b>	Menu Type (See back of page)  <b>1 2 3 <input checked="" type="checkbox"/> 4 5</b>	
Person in charge <b>Shawn R. manager</b>			
Certified food handler <b>Samir Patel exp 2/16/28</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"

Section #	C/NC	R	Narrative	To Be Corrected by
334	C	R	air gap of one inch or greater required under 3-bay sink	1-28-24
425	NC		mop must be hung	1-20-24
254	NC		observed thermometer showing incorrect temperature in topping cabinet cooler #1	1-20-24
Note: recommend larger opening on floor for water to drain under 3 bay sink - easily cleanable				

Received by (name and title printed): <b>Shawn Ramirez Store manager</b>	Inspected by (name and title printed): <b>Mia Papageorge / Caitlyn Fleener</b>
Received by (signature): <i>Shawn Ramirez</i>	Inspected by (signature): <i>Mia Papageorge / Caitlyn Fleener</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

Betsu  
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 <b>Denny's # 8559</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/16/24</b>	ID# <b>2745</b>
Establishment address <b>4982 N 350E Whiteland IN 44184</b>	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>1/26/24</b>
Owner <b>Hia Rest. Partners LLC</b>		Summary of Violations:  <b>C 3 NC 4 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 <input checked="" type="checkbox"/> 4 5</b>	
Person in charge <b>Rosa Sears</b>			
Responsible person's email	<b>ServSafe Exp. 8/2/28</b>		
Certified food handler <b>Rosa Sears 8/2/28</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"

Section #	C/NC	R	Narrative	To Be Corrected by
399	NC		Grout repair needed in kitchen, front server area, sewer soda station	5-1-24 I
431	NC		Floor/wall juncture soiled in front server area	1-20-24 I
324	C		Drain lines for soda station ice bin lack an air gap	2-16-24 I
336	C		Mop sink faucet with atmospheric vacuum breaker (AVB) contain a y-value with shutoffs and a hose to a wall chemical dispenser	3-1-24 I
303	C		Mechanical dishwasher was not sanitizing immediately after cleaning	Corrected I
430	NC		Interior walls of walk-in-cooler contain peeling grey paint (i.e. flakes)	5-1-24 I
411	NC		Interior ceiling light (LED) for walk-in-freezer is damaged	2-16-24 I

Received by (name and title printed): <b>Rosa Sears Rest manager</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <i>Rosa Sears</i>	Inspected by (signature): <i>Andrew Miller</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

Beta  
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 <b>Domino's Pizza</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/15/24</b>	ID# <b>1845</b>
Establishment address <b>1713 N. Morton St.</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>1/25/24</b>
Owner <b>Franklin, IN</b>		Summary of Violations:  <b>C 0 NC 1 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 <b>X</b> 3 4 5	
Responsible person's email			
Certified food handler <b>Sarah Lavelly</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"

Section #	C/NC	R	Narrative	To Be Corrected by
345	NC		Kitchen hand sink is soiled.	1/15/24
			* Keep towels in restroom dispenser	

Received by (name and title printed): <b>J JAN HEID</b>	Inspected by (name and title printed): <b>Terry D Bayless</b>
Received by (signature): <i>Jan Heid</i>	Inspected by (signature): <i>Terry D Bayless</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

Patm  
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>EDIBLE ARRANGEMENTS</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1.12.24</i>	ID# <i>2420</i>
Establishment address <i>997 E Co Ln Rd Ste A</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>1.22.24</i>
Owner		Summary of Violations: <i>C 4 NC 4 R —</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge <i>KENZI ANDERSON</i>			
Responsible person's email			
Certified food handler <i>KATE JAVOY Completed 2/25/21</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>295</i>	<i>NC</i>		<i>ICE MACHINE IS SOILED ON INSIDE</i>	
<i>226</i>	<i>NC</i>		<i>ICE MACHINE DRAIN HOSE IS DRAWING INTO THE HAND SINK. - DRAIN HOSE IS ALSO BELOW THE WATER LINE</i>	
<i>336</i>	<i>NC</i>		<i>- <del>DRAIN HOSE</del> - HOSE AT THE UTILITY SINK IS BELOW THE WATER LINE</i>	
<i>257</i>	<i>NC</i>		<i>- NO THERMOMETER OBSERVED IN THE 2 RESIDENTIAL CHEST FREEZERS</i>	
			<i>NOTE: RESIDENTIAL CHEST FREEZERS WILL NEED TO BE UPGRADED TO COMMERCIAL GRADE IF/WHEN: - FACILITY REMODEL - CHANGE OF OWNER SITIP - CLEAN SLICERS MINIMUM OF EVERY 4 HOURS</i>	

Received by (name and title printed): <i>X Mikenzie Anderson</i>	Inspected by (name and title printed): <i>KEVIN R. PAUL</i>
Received by (signature): <i>X Mikenzie Anderson</i>	Inspected by (signature): <i>K-R Paul</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

*Bekm  
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 <b>Energy Spot 360 Center Grove</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>1/12/24</b>	ID# <b>2696</b>
Establishment address <b>5891 S SR135 Greenwood</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>1-22-24</b>
Owner		Summary of Violations:  <b>C 2 NC 2 R 0</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>2</u> X 3 <u>2</u> 4 <u>0</u> 5 <u>0</u>	
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
336	C		Hose in mop sink shall not be touching bottom of sink; potential for backflow problems	Corrected
430	C		Hand soap stored above single use items	Corrected
346	NC		No soap provided at hand sink	
244	NC		Ice scoops shall not be stored in ice cooler	
NOTE: Quent test strips can not be used due to getting wet. Need new strips				

Received by (name and title printed):	Inspected by (name and title printed): <b>Caleb Fleener</b>
Received by (signature): <i>Ariana RLMM</i>	Inspected by (signature): <i>Caleb Fleener</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

Betsy  
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 <b>Freddy's Frozen Custard + Steakburgers</b>	Telephone Number <b>(317) 786-3237</b>	Date of Inspection <b>1-16-24</b>	ID# <b>2393</b>
Establishment address <b>2306 N. Morton St. Franklin, IN 46131</b>	( ) Owner	Follow-up	Release Date <b>1-26-24</b>
Owner <b>Eric Cole</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <b>C 0 NC 4 R 1</b>	
Owner address <b>7111 W. 151<sup>st</sup> St. #112 Overland Park, KS 66223</b>		Menu Type (See back of page)  <b>1 2 3 <input checked="" type="checkbox"/> 4 5</b>	
Person in charge <b>Shelby Ham manager</b>			
Responsible person's email <b>eric.cole@mccustard.com</b>			
Certified food handler <b>Teresa Mitchell exp 2027</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"

Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Rice machine soiled, needs shield inside	1-18-24
			Side of fryers soiled	
430	NC		glove missing by custard pick up station	2-1-24
229	NC		Spatula observed with rough edges	
431	NC		floor by walk-in cooler soiled	
			Notes	
			• recommend separating spatulas & lids above 3 bay sink	
			• observed trash can in women's restroom broken	
			• observed a y-valve connection at mop sink	

Received by (name and title printed): <b>Shelby Ham</b>	Inspected by (name and title printed): <b>Mia Page / paul Betsy</b>
Received by (signature): <i>Shelby Ham</i>	Inspected by (signature): <i>Mia Page / paul Betsy</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

*Beltran 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 <b>Golden Corral</b>	Telephone Number <b>(317) 360-8200</b>	Date of Inspection <b>1-24-24</b>	ID# <b>2575</b> <del>2527</del>
Establishment address <b>160 Marlin Dr. Greenwood, IN 46142</b>	Owner	Follow-up <b>YES</b>	Release Date <b>2-3-24</b>
Owner	Purpose: <b>1. Routine</b>	Summary of Violations:  <b>C 7 NC 18 R 6</b>	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge <b>Roger Thomas</b>	3. Complaint	1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <input checked="" type="checkbox"/>	
Responsible person's email	4. Pre-Operational		
Certified food handler <b>Dan Johnson</b> Servsafe exp. <b>2027</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

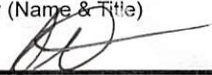
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		ceiling lights in salad bar area are out / NOT FUNCTIONING	1-31-24
218/187	C		walk-in cooler behind salad bar had an ambient air temperature of 45°F, chopped tomatoes & eggs that were prepared yesterday at 4:56pm had a temp. of 45°F NOT AT 41°F OR LESS	1-31-24
425	NC		saw mops and brooms in back of kitchen not hung up off floor's surface	1-25-24
239	NC		food utensil stored between tables in kitchen area	I
239	NC		dish racks not stored minimum of 6 inches off ground in dish washing area	I
335	C		back flow prevention device testing tag not current. Tag read "Next inspection date 1/10/23"	2-7-24
218	NC		chicken fryer leaking oil from drain	I
294	C		sanitization temperature not adequate at mechanical dishwasher NOT AT 160°F OR MORE (WAS 155°F)	1-24-24

Received by (name and title printed): <b>Roger Thomas</b>	Inspected by (name and title printed): <b>Mia Papageorge / Bob Smith</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i> <b>Andrew Miller, EHS</b>
cc:	cc: <b>Mia Papageorge / Bob Smith</b>



## NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Golden Corral			1160 Marlin Dr. Greenwood, IN 46142	1-24-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
193	C		Salad bar products placed out at approximately 11am lacked a time sticker as an employee was observed placing time stickers out at approximately 12:10 pm	Corrected
187	C	✓	① Cooked spicy chicken legs measured 131°F and 126°F for cooked chicken livers (AM) while on the hot water table ② Carving ham measured 123°F while on the hot bar	Corrected
334	C		① Water softener and salt bulk bin lacked an air gap on the drain lines ② Server area soda ice bin drains lacked an air gap	2-7-24
295	NC		Clean tongs and utensils were found soiled	Corrected
295	C		① Table dicer blades were soiled ② Manual can opener blade and table mount were soiled	1/24/24
411	NC	✓	Overhead light out above produce sink (AM)	
399	NC	✓	Plout repair needed to tiles in taco bar area	2-7-24
430	NC	✓	Floor in walk-in-cooler for meat room is worn/damaged	2-7-24
430	NC	✓	Counter top is cracked at salsa station	2-7-24
324	NC	✓	Meat room sink faucet neck leaks, near walk-in-cooler	2-7-24
324	NC		Produce faucet neck leaks	2-7-24
431	NC		Floor and raised edge are soiled under taco bar	1-25-24
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 3
 Bob Smith EHS			Andrew Miller EHS Bob Smith EHS Mia Papayevy EHS	







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  
1/23/23

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>The Grill bar</b>	Telephone Number (317) 738-19936 (317) 501-6383	Date of Inspection 1-22-24	ID# 143
Establishment address <b>138 E. Jefferson St. Franklin, IN 46131</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2-1-24
Owner <b>Larry Hughes</b>		Summary of Violations:  C <u>1</u> NC <u>16</u> R <u>    </u>	
Owner address <b>296 Carriage Ct. Franklin, IN 46131</b>	Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u>    </u> 4 <input checked="" type="checkbox"/> 5 <u>    </u>	Person in charge <b>Whitney Sharp</b>	
Responsible person's email		Certified food handler <b>Manila Hughes</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"

Section #	C/NC	R	Narrative	To Be Corrected by
257	NC		thermometer not seen in upright freezer, chest freezer, <del>beer cooler where milk is stored</del>	1/30
228	NC		the following coolers/freezers are not easily moveable: upright freezer, chest freezer in the back, upright freezer behind bar	2/22
289	NC		by 3 compartment sink, only one dishcart provided	2/22
191	C		pre-cooked ground meat in walk-in cooler not date marked	1/22
431	NC		floors worn & not clean in the following areas: basement, behind the bar, inside walk-in cooler	1/31 clean 3/30 repair
295	NC		inside of walkin cooler not clean - floor & shelving corroded, fans, walls not clean	1/31
393	NC		drain plug not provided for dumpster	2/17
218	NC		door gaskets split in the following areas: small refrigerator on grill line, upright cooler on grill line	2/22
425	NC		mop observed not hung up	1/24
295	NC		inside top of ice machine not clean	1/24
355	NC		mop service sink not provided	3/30
324	NC		water in restrooms observed at 125.8°F, not between 100°-120°	1/24
309	NC		mechanical exhaust in restrooms not functioning	2/17
295	NC		observed soiled towels in beer chest cooler in which milk is stored	1/24

Received by (name and title printed):

**Whitney Sharp**

Inspected by (name and title printed):

**Bob PATTERNS** Mia Papageorge

Received by (signature):

*[Signature]*

Inspected by (signature):

*[Signature]* Mia Papageorge

cc:

cc:

cc:



