



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

Breksy
3/28

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 NEATHERY'S BP	Telephone Number () Establishment () Owner	Date of Inspection 3/27/24	ID# 293
Establishment address 9614 SR 144	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/7/24
Owner		Summary of Violations: C φ NC 1 R	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 X 5 ___	
Person in charge TINA POOLE			
Responsible person's email			
Certified food handler LYNN NEATHERY exp 12/7/26			

- 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
			* NOTE *	
			- HOODS ABOVE FRIARS ARE SOILED - SCHEDULED CLEANING 3/31/24	
			- FAUCET ON 3 BAY LEAKS WHEN TURNED ON ONLY - SCHEDULES REPLACEMENT 1x per yr.	
			- SANITIZER OBSERVED @ 400ppm	
295	NC		- SHELVES ABOVE 3 BAY SINK ARE SOILED	
			* BACKFLOW DEVICE TESTED 4/17/23	

Received by (name and title printed): Tina Poole Kitchen Manager	Inspected by (name and title printed): KEVIN PAULIN EHS
Received by (signature): <i>Tina Poole</i>	Inspected by (signature): <i>K-P</i>
cc:	cc:



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*Belton
3/18*

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>Newks Eatery</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>14</i> <i>3/24/24</i>	ID# <i>2105</i>
Establishment address <i>1279 N. Emerson Ave</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>3/24/24</i>
Owner		Summary of Violations: <i>C 0 NC 3 R —</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <input checked="" type="checkbox"/> 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
431	NC		(i) floors of walk-in freezer & cooler are soiled (ii) floors of serving/prep area soiled	3/28
Note:			serving utensils stored near cleaning chemicals	
411	NC		lighting intensity is insufficient	
342	NC		no hot water at hand sink by pizza station	
Note:			(i) grill slats soiled (ii) please keep up cleaning floors & walls	

Received by (name and title printed): <i>MARY NAWERTH</i>	Inspected by (name and title printed): <i>Paul Belton / Mia Papageorge</i>
Received by (signature): <i>Mary Nawerth</i>	Inspected by (signature): <i>Paul Belton / Mia Papageorge</i>
cc:	cc:



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BUTSM
3/28

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 Nineveh Mini Mart	Telephone Number (317) 933-3000	Date of Inspection 3-26-24	ID# 677
Establishment address 8010 S. Nineveh Rd. Nineveh, IN 46164	(317) 966-6806	Follow-up YES	Release Date 4-6-24
Owner Paramjeet Guraya	Purpose: 1. Routine	Summary of Violations: C 2 NC 8 R	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge	3. Complaint	MP	
Responsible person's email pguraya13@gmail.com	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C		rodent droppings in back storage room on shelving in back of room	4-26-24
336	C		hose connected to mop sink without an atmospheric vacuum breaker	4-6-24
392	NC		dumpster lid open	3-26-24
426	NC		unnecessary items stored on western side of building, outside	7-1-24
411	NC		light not adequate in soda box area	
177	NC		soda boxes not stored 6 inches off ground	4-6-24
431			fan in walk-in cooler dusty + dirty	7-1-24
431	NC		floor is soiled under equipment throughout establishment	
402	NC		broken floor tiles throughout establishment	
411	NC		light out in restroom	
347	NC		no paper towels provided in restroom	3-28-24

Received by (name and title printed): Mann	Inspected by (name and title printed): Mia Papageorge
Received by (signature): 	Inspected by (signature):
cc:	cc: Call: JJK



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BHM
3/26

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 Noble Romans Craft Pizzeria & Pub	Telephone Number () Establishment () Owner	Date of Inspection 3-14-24 3:15p	ID# 2505
Establishment address 1990 Northwood Plaza 46131	Purpose: 1. Routine	Follow-up No	Release Date
Owner Paul M obley	2. Follow-up	Summary of Violations: C 0 NC 2 R 0	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge	4. Pre-Operational	1 2 3 C 4 5	
Responsible person's email	5. Temporary		
Certified food handler Ann Domenico 6/13/25	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Hand soap & towel dispensers not affixed to the wall - In disrepair	3-24-24
431	NC		Floor soiled under main dish area & grease trap	3-15-24
			Pizzeria make table shall be lidded during non-peak times (located across from pizza oven)	7-1-25
336	C		Mop sink backsiphonage device is not correct, specifically: The mop sink faucet is equip w/ an atmospheric backsiphonage device (the mushroom) that is approved for use ^{only} under atmospheric conditions. Problem = faucet has a splitter valve attached which creates "continuous pressure". You have 2 options ① Remove splitter valve ② Purchase a backsiphonage device approved for use under "continuous pressure"	



Received by (name and title printed): Ann M Domenico	Inspected by (name and title printed): Elizabeth Senisse
Received by (signature): <i>Ann M Domenico</i>	Inspected by (signature): <i>Elizabeth Senisse</i>
cc:	cc: 317-346-4373

Dish machine sanitizing properly @ time of inspection
Main Backflow inspected 11-2023



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B-121
3/22

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 Papa Johns	Telephone Number () Establishment () Owner	Date of Inspection 3-20-24	ID# 716
Establishment address 2955 SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 3-30-24
Owner		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler Matthew Channing (exp. 1/10/28)			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	C		Observed hand sink leaking @ drain connection (where the sink bay connects to the drain line) onto floor located by 3 bay	3-20-24
324	NC		mop sink leaks @ cold hand sink	4-3-24
347	NC		Observed no paper towels @ the following hand sinks ① hand sink located by 3 bay sink ② employee restroom hand sink	3-20-24
411	NC		A few lights are out/not functioning @ hand system above oven	4-10-24
431	NC		① many floor tiles throughout kitchen are damaged/broken ② Employee restroom door has holes in it.	5-15-24
414	NC		Exterior door by hand sink is not protected from potential rodents ↳ day light was observed.	
Notes: employee stated a plumbing company should be @ the establishment within 20 mins. to repair the leak @ the hand sink				

Received by (name and title printed): Logan Petree	Inspected by (name and title printed): Cass Hall
Received by (signature): Logan Petree	Inspected by (signature): Cass Hall
cc:	cc:



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Betsy 3/22

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 Phyu Phyu Asian Grocery	Telephone Number () Establishment () Owner	Date of Inspection 3-15-24	ID# 2784
Establishment address 3021 Meridian Meadows Rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3-25-24
Owner		Summary of Violations: C 0 NC 3 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
347	NC		Observed no paper towels @ hand sink by 3 bay sink	Corrected
425	NC		mop mat hung up & appeared wet	
146	NC		many food products observed without proper label ① safe handling instructions ② store address ③ proper egg labels ④ if product has 2 or more ingredients, shall be listed on label	
NOTE: egg board license is needed all thermometer shall be easily seen in units.				

Received by (name and title printed):	Inspected by (name and title printed): Cass Hall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: Mia Papageorge



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*Byem
3/11*

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>Pizza King</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3-5-24</i> <i>3:45p</i>	ID# <i>2766</i> <i>2462</i>
Establishment address <i>520 NSR 135</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>3-15-24</i>
Owner <i>Gurvinder Singh</i>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
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>297</i>	<i>NC</i>		<i>Interior surface of ice maker & Pepsi Nozzle are slightly soiled</i>	
<i>218</i>			<i>Note - Hood filters are not tight</i>	
<i>324</i>			<i>Note Hand sink faucet leaks @ base when on.</i>	
			<i>Food temps taken were adequate.</i>	
			<i>Please email your Certified food handler information</i>	

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



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Beky
3/18

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 Pizza Twist	Telephone Number () Establishment () Owner	Date of Inspection 3/14/24	ID# 2738
Establishment address 997 E County Line Rd Greenwood 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 3/24/24
Owner		Summary of Violations: C 2 NC 3 R 2	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Sam Multani			
Responsible person's email			
Certified food handler Chanpreet Saran exp 8/2/28			

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Section #	C/NC	R	Narrative	To Be Corrected by
334	C	<input checked="" type="checkbox"/>	no hose extended below flood rim of mop sink no air gap at mop sink	3/19
425	NC		mop not hung up to dry in between uses	3/19
			hand sink not accessible	3/19
345	C	<input checked="" type="checkbox"/>	hand sink used for other purposes	
177	NC	<input checked="" type="checkbox"/>	food in walk-in cooler stored less than 6" off the ground	3/19
431	NC		floors + walls by 3 bay sink soiled	
Note: (i) organize food materials in upright freezer to avoid cross mixture of food				
(ii) ensure containers are closed in upright freezers + coolers				
(iii) ensure chest freezer is 6" off the floor				

Received by (name and title printed): SAM MULTANI	Inspected by (name and title printed): Paul Borker / Mia Papageorge
Received by (signature): 	Inspected by (signature):
cc:	cc:



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*Betm
3/20*

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>Rally's #7208</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3-15-24</i> <i>11AM</i>	ID# <i>2287</i>
Establishment address <i>839 US 31N 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 <i>3-25-24</i>
Owner <i>Corporate</i>		Summary of Violations: <i>C 1 NC 0 R 1</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 3 X 4 5</i>	
Responsible person's email			
Certified food handler <i>Brittany Schultz</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>193</i>	<i>C</i>		<i>Holding chart used for time as a Public health control not current for chicken Patties/Bites</i>	<i>Corrected</i>
<i>216</i>			<i>Cardboard used: specifically 1) to line shelf below Toppiddle 2) Interior of western hood - Above cooked fries & chicken bites 3) On top of deep fryer</i>	<i>3-15-25 Part on order</i>
<i>216</i>	<i>NC</i>		<i>Cardboard is not smooth & easily cleanable & may attract cockroaches</i>	

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



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Betsy
3/18

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Establishment name RAMA - Hoosier Grubway	Telephone Number () Establishment () Owner	Date of Inspection 12:15 P.M. 3-14-24	ID# 2462
Establishment address 560 N SR 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 3-24-24
Owner		Summary of Violations: C 1 NC 0 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 Ravinder Singh (exp 3/6/29)			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		<p>Observed the following internal temperatures in side "ready when you are" warmer unit.</p> <p>① Pizza @ 99°F ② Jimmy Dean Bacon, Egg, Cheese 102°F ③ Jimmy Dean Cheek Sausage 106°F ④ Peri Peri Express BBQ Ribs 104°F</p> <p>- employee stated the food products were made @ 7:00 am.</p> <p>Discard all P.H.F products.</p>	

Received by (name and title printed): Ru	Inspected by (name and title printed): Cassie Hahn
Received by (signature): <i>Ru</i>	Inspected by (signature): <i>Cassie Hahn</i>
cc:	cc:

