



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

Beth
5/23

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 CHICAGO PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 5/21/24	ID# 1131
Establishment address 1047 W JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 405	Release Date 6/1/24
Owner BETH MORRIS		Summary of Violations: C <u>2</u> NC <u>5</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge BETH MORRIS		1 _____ 2 _____ 3 <u>3</u> 4 _____ 5 _____	
Responsible person's email			
Certified food handler CHASE KEAN			

- 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
324	NC	⊗	HANDSINK IN KITCHEN HOT WATER PRESSURE LOW	6/1/24
187	C	⊗	INTERNAL TEMPERATURE OF COTTAGE CHEESE, MACARONI SAZAD, POTATO SAZAD EGGS 44°F-46°F NOT AT 41°F OR LESS	5/21/24
138	NC	⊗	HAIR RESTRAINT (CAP VISOR HAIR NET) NOT WORN BY EMPLOYEE IN KITCHEN	5/24
399	NC	⊗	FLOOR WORN, NOT CLEAN IN AREAS UNDER EQUIPMENT, NEXT TO WALL	REPAIR 8/1
431	NC			CLEAN 6/1
336	C	⊗	MOP SINK FAUCET HAS SPLITTER VALVE ATTACHED	8/1
431	NC	⊗	CEILING EXHAUST FAN COVERS NOT CLEAN IN RESTROOMS	6/1

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



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Belem 5/31

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 ORIGINAL PIZZA AND CURRY	Telephone Number () Establishment	Date of Inspection 5/29/24	ID# 2495
	() Owner	Follow-up: — Release Date: 6/8/24	
Establishment address 153 HOLIDAY PLACE FRANKLIN IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 1 R	
Owner NACH SINGH			
Owner address ,			
Person in charge GURJEET SINGH		Menu Type (See back of page)	
Responsible person's email 		1 ___ 2 ___ 3 <u>4</u> 5	
Certified food handler GAURAV JEET SINGH (SERVISOR)			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC	✓	OUTSIDE JUMPSTER LID NOT CLOSED	5/31/24

Received by (name and title printed): GURJEET SINGH	Inspected by (name and title printed): BOB SMITH EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belm
5/23*

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 Chicago's Pizza Trafalgar	Telephone Number (317) 648-4630	Date of Inspection 5-20-24	ID# 2807
Establishment address 706 W Trafalgar Pointe Way 46181	() Owner	Follow-up →	Release Date 5-30-24
Owner Makenzie Delph	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C 1 NC 1 R 0	
Person in charge Makenzie Delph	3. Complaint	Menu Type (See back of page)	
Responsible person's email delphkenzie@gmail.com	4. Pre-Operational	1 2 3 X 4 5	
Certified food handler N/A	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		gasket, on lift top topping cooler, coming off lid	5-27-24
187	C		The following internal food temperatures were taken at the salad bar: sliced hard boiled eggs @ 45°F, potato salad @ 43°F, sliced tomatoes @ 48°F, & cottage cheese @ 41°F	5-20-24
			corrective action- manager shall hold TCS food in metal containers instead of current plastic containers	
			Note- spray bottles not labeled	corrected

Received by (name and title printed): Makenzie Delph	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): <i>Makenzie Delph</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:



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Belton 6/13

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>China Wok</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/30/24</i>	ID# <i>2417</i>
Establishment address <i>200 S EMERSON GREENWOOD, IN</i>	Owner	Follow-up <i>15-20 Days</i>	Release Date <i>6/9/24</i>
Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>1</u> NC <u>6</u> R <u> </u>	
Person in charge		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>X Wen Hai LHM</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		- Floor under the deep fryers is very soiled-	6/13/24
431	NC		- Floor surfaces behind the cooking line equipment are soiled-	↓
295	NC		- The back door screen is soiled-	
295	NC		- The bulk seasoning shelves are soiled.	
295	NC		The storage shelf shelf under the 3-bay sink is soiled-	
268	NC		- The walk-in cooler shelf frames are rusted and worn badly-	
187	C		Pan of egg rolls - pork + chicken are not maintained at 41°F or below in the reach-in refrigerator	5/30/24

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



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*Bevin
5/28*

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 CHILI'S	Telephone Number () Establishment () Owner	Date of Inspection 5/24/24	ID# 2292
Establishment address 2299 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/4/24
Owner		Summary of Violations: C 0 NC 2 R	
Owner address	Menu Type (See back of page) 1 2 (3) 4 5		
Person in charge CHRIS Redman			
Responsible person's email			
Certified food handler CHRIS Redman (SERVSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	AK	*	WALL COUING WORN/MISSING IN AREAS OF KITCHEN	7/20/24
431	MC	x	FLOOR NOT CLEAN IN AREAS, UNDER SOME EQUIPMENT/NEXT TO WALL	5/31

Received by (name and title printed): Chris Redman GM	Inspected by (name and title printed): Bob Smith BHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Betsy
5/10*

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>Circle K</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-8-24</i>	ID# <i>609</i>
Establishment address <i>349 N Morton St. Franklin</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>5-18-24</i>
Owner		Summary of Violations: <i>C 0 NC 0 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
			<i>NO items noted @ inspection.</i>	

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



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Bekm 5/24

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>COMPASS Park Bistro</i>		Telephone Number () Establishment () Owner	Date of Inspection <i>5/23/24</i>	ID# <i>1882</i>
Establishment address <i>690 State Street, Franklin IN</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>—</i>	Release Date <i>6/3/24</i>
Owner <i>COMPASS PARK</i>			Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page)		
Person in charge <i>DREW BRUGGEMAN</i>		1 <u> </u> 2 <u> </u> 3 <input checked="" type="checkbox"/> 4 <u> </u> 5 <u> </u>		
Responsible person's email				
Certified food handler <i>DREW BRUGGEMAN @SERVSAFE (11/28 exp)</i>				

- 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
<i>112</i>	<i>NC</i>		<i>Refrigerator in basement non-commercial</i>	<i>11-23</i>
<i>411</i>	<i>NC</i>		<i>Appliance bulb out in basement freezer (not adequate lighting)</i>	<i>6-15</i>

Received by (name and title printed): <i>DREW BRUGGEMAN - Food Services Director</i>	Inspected by (name and title printed): <i>Bob Smith EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Beky
5/10

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>County Charm</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/8/24</i>	ID# <i>1767</i>
Establishment address <i>3177 Meridian park dr.</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
Owner <i>Greenwood, IN 46182</i>		Summary of Violations: <i>C <u>0</u> NC <u>6</u> R</i>	
Owner address	Menu Type (See back of page) <i>1 2 <u>✓</u> 3 ↓ 4 5</i>	Responsible person's email	
Person in charge		Certified food handler	
Responsible person's email		Certified food handler	

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Section #	C/NC	R	Narrative	To Be Corrected by
112	NC		One milk cooler (milk whirl pool) is not NSF approved	5/30
430	NC		One upright cooler needs handle.	5/15
295	NC		One upright cooler with double doors in the back storage is soiled	5/13
431	NC		Mop sink area need is soiled.	
431	NC		Drain by mechanical dishwasher is soiled	
295	NC		from inside one upright cooler that stores juice is dirty	
			NOTE; <i>Ⓢ</i> Caulking is need by mop sink area	

Received by (name and title printed): <i>Tiffonee Schoff</i>	Inspected by (name and title printed): <i>Paul Betiku EHS</i>
Received by (signature): <i>Tiffonee Schoff</i>	Inspected by (signature): <i>Paul Betiku</i>
cc:	cc:



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*Bevan
5/31*

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 COURT STREET CAFE	Telephone Number () Establishment () Owner	Date of Inspection 5/29/24	ID# 2232
Establishment address 39 E COURT ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/8/24
Owner SHERRY YOUNG		Summary of Violations: C <u>0</u> NC <u>5</u> R	
Owner address		Menu Type (See back of page)	
Person in charge SHERRY YOUNG		1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler SHERRY YOUNG			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	⊗	(1) UPRIGHT 2 DOOR REFRIGERATOR - DOOR GASKETS WORN/SPLIT	7/1/24
218	NC	⊗	UPRIGHT 2 DOOR REFRIGERATORS NOT EASILY MOVABLE	7/1
138	NC	*	HAIR RESTRAINT (HAIRNET, CAP, VISOR) NOT WORN BY SOME EMPLOYEES	6/2
410	NC	*	SOME COILING FLUORESCENT LIGHTS PROTECTIVE END CAPS NOT INSTALLED	6/15
218	NC	*	INSIDE OF MECHANICAL DISHWASHER LAMP SHADE BUILT UP	6/8
(NOTE)	*		TOILET SEAT NOT OPEN FRONT TYPE	✓
(NOTE)	*		MECHANICAL DISHWASHER HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE (WAS 160.7°F)	(OK)

Received by (name and title printed): SHERRY YOUNG OWNER	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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**460 N. MORTON ST. STE A
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*Bellevue
5/10*

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>5/08/24</i>	ID# <i>1971</i>
Establishment address <i>320 S.R 135 Greenwood, IN 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>-</i>	Release Date
Owner		Summary of Violations: <i>C 0 NC 2 R 2</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>309</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Mechanical ventilation in employee restroom does not work</i>	<i>5/15</i>
<i>310</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>vent at employee restroom is dusty</i>	<i>↓</i>

Received by (name and title printed): <i>Katelynn Fulbright</i>	Inspected by (name and title printed): <i>Paul Betick ETS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy
5/23

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 Dairy Queen	Telephone Number (317) 736-6821	Date of Inspection 5-20-24	ID# 118
Establishment address 480 N. Morton St. Franklin 46131	(317) 557-8788	Follow-up —	Release Date 5-30-24
Owner Joe Napier	Purpose: 1. Routine	Summary of Violations: C 1 NC 2 R —	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge Nichol Nicole Helton - SM	3. Complaint	1 2 3 <input checked="" type="checkbox"/> 4 5	
Responsible person's email joenapier79@gmail.com	4. Pre-Operational		
Certified food handler N/A franklindairyqueen@gmail.com	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
334	C		direct plumbing connection from 3bay sink drain to wall, no airgap	July 2025
218	NC		shelving in upright freezer, by fryers, rusting	6-1-24
295	NC		interior of topping cooler soiled	5-20-24
			Note - back flow prevention is physically blocked by shelving and without tag	

Received by (name and title printed): Nicole Helton SM	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



*Belmont
5/28*

Johnson County Health Department
460 N. Morton St., Ste. A, Franklin, IN 46131
Phone: (317) 346-4365, Fax: (317)736-5264
Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) 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 DAVE & BUSTERS		telephone 317-534-6540	Date of Inspection 5/23/2024	
Establishment address 1251 US HWY 31 S UNIT F1, GREENWOOD, IN 46142			Summary of Violations 1 C, 4 NC, 1 R	
Owner DAVE & BUSTER'S OF INDIANA INC			Follow-up No	Release Date 6/2/2024
Person - in - Charge Jesus Ventura	Certified Food Handler Alex Ventura Santiago 9/15/26 21013463		Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 2388	County Johnson	District D5		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
415	NC	R	Observed small flies in bar and mop sink areas	6/21/24
324	NC		Hand washing station located across from one-bay prep-sink is not functioning	6/5/24
346	NC		No soap observed at the hand washing station located on the west end of the bar No soap observed at the hand washing station located by the soda station	5/23/24
347	NC		No paper towels observed at the hand washing station located by the soda station	5/23/24
336	C		Splitter valve observed on mop sink faucet with atmospheric vacuum breaker (AVB). One hose attached with a spray nozzle affixed to the end creating a potential backsiphonage condition because the spray nozzle creates continuous back pressure which the AVB is not approved for.	5/23/24
			Notes: - Bar soda nozzles need cleaned - Hang all mops up to dry	

Establishment Representative

Inspected by: Elizabeth Senisse, EHS
 (317) 346-4373 esenisse@co.johnson.in.us
 Cassi Hall, EHS



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Belton 6/7

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 Donatos	Telephone Number () Establishment () Owner	Date of Inspection 5/30/24	ID# 2509
Establishment address 2260 S. US 31 Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 6/3/24	Release Date 6/9/24
Owner		Summary of Violations: C <u>1</u> NC <u>1</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 X Mary Manning			

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- 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
413	NC		Back door is not closed tight -	
187	C		Foods not maintained at 41°F or below on the sand wick refrigerator Ham, tomatoes + chicken nuggets Ambient temperature shows 53°F inside the unit-	5/30/24

Received by (name and title printed): Steve Burden	Inspected by (name and title printed): Terry D Bayless
Received by (signature): <i>Steve Burden</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

Betsy 5/29

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>El Beso</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5-28-24</i>	ID# <i>2380</i>
Establishment address <i>2993 S. Grove Blvd.</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>6-7-24</i>
Owner <i>Maribel Munoz</i>		Summary of Violations: C <u>1</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <u>X</u> 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <i>Maribel Munoz (exp. 7/20/25)</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>187</i>	<i>C</i>		<i>Observed the internal temp of 21-gallon fat milk @ 45°F located in beverage air cooler.</i>	
<i>295</i>	<i>NC</i>		<i>hood system/filters are soiled.</i>	
<i>218</i>	<i>NC</i>		<i>flip top cooler with raw meat left door gasket is split/worn. (top + bottom)</i>	
			<i>Notes:</i>	
			<i>① Observed hot water @ handwashing sinks @ 175°F ↳ recommend 100°F - 120°F for hand washing.</i>	
			<i>② Dish machine sanitizer level observed @ 10 ppm → 100 ppm - 50 ppm ↳ water appeared over 125°F</i>	
			<i>③ walk-in cooler needs organized (food storage)</i>	

Received by (name and title printed): <i>Maribel Munoz</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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*Bekm
4/3*

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 Freedom Springs Concession	Telephone Number (317) 884-2078 (317) 881-4545	Date of Inspection 5-30-24	ID# 1879
Establishment address 850 West Stop 18 Rd Greenwood, IN 46143	Purpose: 1. Routine	Follow-up —	Release Date 8^{MP} 6-9-24
Owner City of Greenwood		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address 100 Surina Way Greenwood, IN 46143	2. Follow-up	Menu Type (See back of page) 1 <u>✓</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge Michele Dickey	3. Complaint		
Responsible person's email	4. Pre-Operational		
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
			<i>No violations observed</i>	

Received by (name and title printed): Annette Michele Dickey	Inspected by (name and title printed): Mia Pageorge, EHS
Received by (signature): <i>Michele Dickey</i>	Inspected by (signature): <i>Mia Pageorge</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

*Belay
6/5*

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>Fusion</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/30/24</i>	ID# <i>2106</i>
Establishment address <i>1101 Windhorst Way Greenwood 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	Summary of Violations: C <u>0</u> NCD <u>0</u> R <u>0</u>	Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>ZALIAN</i>			

- 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
			<i>No violations</i>	

Received by (name and title printed): <i> Peyton Powell</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:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Becky 5110

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. AM

Establishment name <i>Golden Corral</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/6/24</i>	ID# <i>2575</i>
Establishment address <i>160 S. Marler In Greenwood IN 46142</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>5/16/24</i>
Owner		Summary of Violations: <i>(12)</i>	
Owner address		C <u>2</u> NC <u>12</u> R	
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			

• 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
<i>218</i>	<i>NC</i>		<i>① Door seal torn on Entree one door reach-in-cooler (prep area)</i>	<i>6/6/24</i>
			<i>② Spatulas worn on mixing end</i>	<i>Corrected</i>
			<i>③ Slicer guard worn on table unit Jim meat room</i>	<i>5/18/24</i>
<i>193</i>	<i>C</i>		<i>Time sticker for salad bar products (i.e. cut melons, cut lettuce) not accurate/current</i>	<i>5/6/24</i>
<i>415</i>	<i>C</i>		<i>Three live cockroaches were seen in mop room</i>	<i>5/6/24</i> <i>Call Pest Control</i>
<i>411</i>	<i>NC</i>		<i>Overhead lights out inside walk-in-cooler</i>	<i>5/8/24</i>
<i>295</i>	<i>NC</i>		<i>Dessert bar interior cabinets are soiled (bakery bar area)</i>	<i>5/8/24</i>
<i>309</i>	<i>NC</i>		<i>Mechanical exhaust not functioning properly in dish room (food dish machine)</i>	<i>5/8/24</i>
<i>399</i>	<i>NC</i>		<i>Shout repair needed in salad area, et</i>	<i>6/6/24</i>
<i>402</i>	<i>NC</i>		<i>Tile covering not sealed in kitchen preparation area</i>	<i>6/1/24</i>

Received by (name and title printed): <i>Edward Ball</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Greenwood

Establishment Name		Address		Inspection Date
Golden Corral		160 S. Marlin Dr. ^{IN} 46142		5/6/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
324	NC		① Meat walk-in cooler drip pan leaking water room	5/10/24
			② Pipes leaking on clean side of mechanical dish machine	
430	NC		Walk-in freezer floor and entry ramp worn/damaged	6/1/24
431	NC		① Wall above ready-to-eat fried chicken & meat loaf soiled	5/6/24
			② Floor drain soiled under one bay sink	
430	NC		North exterior of building contains holes/gaps in the siding/covering	5/10/24
138	NC		Employee (kitchen) lacked a hair restraint	Corrected
413	NC		Exterior main doors are not sealing at center bottom	6/6/24
Notes: Hot box warmer unit did not have an ambient air thermometer.				

Received By (Name & Title)

[Signature]

Inspected By (Name & Title)

Andrew Miller, EHS
[Signature]



JOHNSON COUNTY HEALTH DEPARTMENT
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Belmont
5/31

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 Great Wall	Telephone Number (317) 736-5538	Date of Inspection 5-29-24	ID# 2021
Establishment address 1840 Northwood Plz Dr. Franklin	(317) 308-0096	Follow-up —	Release Date 6-8-24
Owner Li Yang	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C 0 NC 4 R 2	
Person in charge Li Yang	3. Complaint	Menu Type (See back of page)	
Responsible person's email	4. Pre-Operational	1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Certified food handler Li Yang exp 3/3/2025	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
413	NC		back wooden screen door not tight-fitting	6-15
216	NC		shelving units by back door lined with cardboard	6-1
218	NC	R	door handle missing from back, upright freezer	6-29
112	NC	R	refrigeration units not NSF/ANSI commercial approved	I
			Note: ① improper cooling at room temperature observed for rice	corrected
			② can opener fixed to table not in use	

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): Mia Papo-George, EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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INSPECTION REPORT

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Betsy
5/24

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 GREEK'S PIZZERIA & TAPP Room	Telephone Number () Establishment () Owner	Date of Inspection 5/23/24	ID# 1909
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 6/3/24
Owner JASON TAPP		Summary of Violations: C 2 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge JASON TAPP / LILAH MYERS			
Responsible person's email			
Certified food handler JASON TAPP			

- 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
336	C	<input checked="" type="checkbox"/>	"V" VALVE INSTALLED ON MOP SINK FAUCET	7/1/24
218	NC	<input checked="" type="checkbox"/>	DOOR GASKETS WORN/SPLIT ON SEVERAL UPRIGHT REFRIGERATOR, FREEZERS	6/23
187	C	<input checked="" type="checkbox"/>	PIZZA prep REFRIGERATOR - INTERNAL Food TO TEMPERATURE OF POTENTIALLY HAZARDOUS Foods 45°F-48°F NOT AT 41°F OR LESS (cheese, meat, chicken)	Be discarded
411	NC	<input checked="" type="checkbox"/>	some LIGHTS OUT ON EXHAUST HOOD AND 3 mechanical disassembling AREA	6/10
256	NC	<input checked="" type="checkbox"/>	THERMOMETER NOT SEEN - SMALL FREEZER UNIT IN KITCHEN	5/29
218	NC	<input checked="" type="checkbox"/>	PLASTIC CONTAINER IN REFRIG - IN REFRIGERATOR CHIPPED/WORN	5/29
399	NC	<input checked="" type="checkbox"/>	FLOOR WORN IN AREA OF KITCHEN	7/1
291	NC	<input checked="" type="checkbox"/>	"QUAT" SANITIZER TEST STRIPS NOT SEEN	6/2

Received by (name and title printed): Lilah Myers, manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Before 5/17
✓

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>Crest3 Pizzeria</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/16/24</i>	ID# <i>2146</i>
Establishment address <i>1642 Olive Branch Greenwood, IN 46143</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
Owner <i>Jason Tapp.</i>		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			

- 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
<i>218</i>	<i>NC</i>		<i>One chest freezer door does not have gasket</i>	<i>5/24/24</i>
<i>295</i>	<i>NC</i>		<i>Inner top of ice-machine is soiled.</i>	<i>5/20/24</i>
<i>112</i>	<i>NC</i>		<i>one small chest freezer inside storage not NSF approved</i>	<i>5/29/24.</i>
<p><i>NOTE: (i) please get a screen for opening in triple door cooler unit</i> <i>(ii) mechanical sanitizer dishwasher sanitizer is good.</i></p>				

Received by (name and title printed): <i>Heather Klein mgr</i>	Inspected by (name and title printed): <i>Paul Bitiken EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: