



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  
5/10

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 <b>Hokkaido Ramen House</b>	Telephone Number <b>(317) 893-4233</b> <b>(317) 999-5983</b>	Date of Inspection <b>5-10-24</b>	ID# <b>2558</b>
Establishment address <b>1251 US Hwy 31 N #100 Greenwood 46142</b>	Purpose: <b>1. Routine</b>	Follow-up <b>YES</b>	Release Date <b>5-20-24</b>
Owner <b>Zhenyu Weng</b>	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	<b>C 5 NC 9 R -</b>	
Person in charge <b>Carol</b>	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email <b>hokkaido1251@gmail.com</b>	5. Temporary	1 2 3 <b>X</b> 4 5	
Certified food handler <b>email by 5-13-24</b>	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
173	C		raw chicken stored above soy sauce & bok choy in walk-in cooler	5-10
187	C		the following food temperatures were taken at boba station: whole milk @ 45°F, cheese foam @ 44°F, & boba @ 79°F	
295	C		meat slicer soiled	
303	C		observed employee not sanitizing dishes after washing & rinsing	
415	C		small flies at mop sink, hand washingsink, and boba station	5-16
297	NC		soda nozzles soiled - Diet Coke & Mr. Pib	5-11
431	NC		dish machine floor drain and soda nozzle floor drain soiled	5-16
204	NC		observed front hand sink without splash guard with utensils within an area of potential contamination	5-24
218	NC		2 door reach-in cooler at boba station has an ambient air temperature of 44°F	5-16

Received by (name and title printed): <b>Shuiping Chen</b>	Inspected by (name and title printed): <b>Mia Papageorge EHS</b>
Received by (signature): <i>Shuiping Chen</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc: <i>Cass</i>

# NARRATIVE REPORT

Establishment Name <b>Hakhaibo Ramen House</b>			Address <b>1251 N US 31 Greenwood 46142</b>		Inspection Date <b>5-10-24</b>
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
347	NC		Observed no paper towels @ hand sink located by 3 bay sink.	5-10-24 I	
219	NC		Observed many blue lids, used for plastic containers, damaged/broken located in walk-in cooler (storing food products)	5-12-24 I	
431	NC		Floor soiled under equipment (soda station, coolers, etc.)	5-16-24 I	
254	NC		Both probe metal steam thermometers observed not accurate.	5-10-24 I	
234	NC		Observed the following in-use utensils stored improperly: (1) Knife stored between warm table & flip top cooler (2) Stir spoons stored in stagnant water (3) Ice scoop stored on ice maker/machine.	5-11-24 I	
Notes: (1) label all bulk food containers					
Received By (Name & Title) <i>M. Wilson</i>			Inspected By (Name & Title) <i>Cassidy Hall</i>		Page <u>2</u> of <u>2</u>







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  
5/23

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>KENTUCKY FRIED CHICKEN</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/20/24</b>	ID# <b>2244</b>
Establishment address <b>2401 N MORTON ST. FRANKLIN IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>5/30/24</b>
Owner <b>— EYM</b>		Summary of Violations:  <b>C 1 NC 7 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>TAPANGA SMITH</b>		1 2 <b>3</b> 4 5	
Responsible person's email			
Certified food handler <b>TAPANGA SMITH</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	#	Narrative	To Be Corrected by
413	NC	X	FRONT DOOR CLOSURE BROKEN (DOOR NOT SELF-CLOSING)	5/30/24
324	NC	o	PLUMBING PIPES LEAKING AT SINK COMPARTMENT SINK	5/30
336	C	<	SPLITTER VALVE CONNECTED TO MOP SINK FAUCET	5/30
256	NC	o	THERMOMETER NOT SEEN IN WALK-IN FREEZER	5/26
411	NC	X	LIGHTS OUT IN STOCK ROOM AND ABOVE CHICKEN HOOD EXHAUST HOOD	6/10
324	NC	X	LEAK NOTED ON PREP SINK FAUCET	6/2
295	NC	o	EXHAUST HOOD FILTERS NOT CLEAN ABOVE DEEP FRYER	5/26
324	NC	X	MENS RESTROOM - URINAL OUT OF ORDER (RESTROOM POSTED DO NOT USE)	6/4

Received by (name and title printed): <b>Smith</b>	Inspected by (name and title printed): <b>Bob Smith BHS</b>
Received by (signature): <i>Smith</i>	Inspected by (signature): <i>Bob Smith</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

*Beky Smith*

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>KFC</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/13/24</b>	ID# <b>2245</b>
Establishment address <b>1293 N SR 135 Greenwood 46042</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>5/23/24</b>
Owner		Summary of Violations: <b>C 1 NC 4 R 3</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 X 5</b>	
Person in charge <b>Brian &amp; Taylor</b>			
Responsible person's email			
Certified food handler <b>Elena Graynor (exp 10/21/28)</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
193	C	X	Observed no time stamp/mark @ the raw chicken batter station.	Corrected
324	NC	X	Hand sink drain line leaks	5-15-24
402	NC	X	Broken floor tiles & missing grout	6-13-24
346	NC		Soap not provided in men's restroom	5-13-24
430	NC		Walk in cooler - floor sections sag & ceiling/wall joint is not smooth & easily cleanable	6-13-24
			Ice machine is broken	

Received by (name and title printed): <b>Taylor Monday</b>	Inspected by (name and title printed): <b>Elizabeth Senisse</b>
Received by (signature): <i>Taylor Monday</i>	Inspected by (signature): <i>Elizabeth Senisse</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

*Belm  
5/17*

*CHall@Co.johnson.in.us*

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>Kroger</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5-15-24</i> <i>8:40am</i>	ID# <i>434</i>
Establishment address <i>3100 Meridian Park Dr</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>5-25-24</i>
Owner		Summary of Violations:  <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 X 5</i>	
Person in charge <i>Abby</i>			
Responsible person's email			
Certified food handler			

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

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
<i>324</i>	<i>NC</i>		<i>Water leak from faucet just outside Northern-most door of Dairy Display Walk in Cooler</i>	<i>5-25-24</i>
<i>H31</i>	<i>NC</i>		<i>Floor drain soiled by the northern-most door of Dairy display Walk-in-cooler</i>	<i>5-15-24</i>
<i>430</i>	<i>NC</i>		<i>Seafood- Atmospheric Vacuum breaker top is busted</i>	<i>6-1-24</i>
			<i>Y value observed on mop sink faucet with a Atmospheric Vacuum breaker</i>	
			<i>Y valves create "continuous pressure," Atmospheric Vacuum breakers are approved only under Atmospheric conditions. Remove Y valve or install a vacuum breaker approved for use under continuous pressure.</i>	
<i>218</i>	<i>NC</i>		<i>Observed the ambient air temperature of 1 door prep-cooler located in deli area</i>	
			<i>64.4°F</i>	

Received by (name and title printed): <i>Abby Jones</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc: <i>[Signature]</i>	cc: <i>Elizabeth Senisse</i>

You may make written comments - fax, mail, email



**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  
5/10

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 <b>Kroger</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5-6-24</b>	ID# <b>2008</b>
Establishment address <b>5961 N SR 135 Greenwood</b>	Purpose: <b>1. Routine</b>	Follow-up <b>—</b>	Release Date <b>5-16-24</b>
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>6</u> R <u>   </u>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u>   </u> 2 <u>   </u> 3 <u>   </u> 4 <u>X</u> 5 <u>   </u>	
Certified food handler	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
431	NC	①	Walk-in cooler located in pick-up area closest to the door, ceiling & condenser is soiled/dusty	
		②	Walk-in cooler, where milk is stored, condenser & ceiling is soiled/dusty	
411	NC		Walk-in cooler located in pick-up area on right side, light is out	
218	NC		Walk-in freezer "Grocery freezer" door gasket is split/worn. Meat walk-in also split	
218	NC		"SAF-t-grip" board located in cheese area is damaged	
425	NC		mops located @ mop sink, not hung up	
218	NC		handle/patch for meat cooler walk-in appears to be damaged	
NOTE			All produce thermometers need reset.	

Received by (name and title printed): <b>Nick Klein</b>	Inspected by (name and title printed): <b>Cassi Hall</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <b>Caleb Flemer</b>





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

*Butter  
5/27*

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>LA COCINA</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/21/24</b>	ID# <b>1673</b>
Establishment address <b>912 N MORTON FRANKLIN, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>6/1/24</b>
Owner <b>ALBERTO SIXTO MERT</b>		Summary of Violations:  <b>C 0 NC 5 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4X 5</b>	
Person in charge <b>MANUEL DELAUNA</b>			
Responsible person's email			
Certified food handler <b>ALBERTO SIXTO MERT (7/29/25 EXP) (TRANSFERR)</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
324	NC	⊗	HOT WATER NOT AVAILABLE AT KITCHEN HANDSINK	6/1/24
245	NC	⊗	INSIDE TOP OF ICE MAKER NOT CLEAN	5/22
256	NC	⊗	PREPARATION AREA - REACH - IN REFRIGERATOR NO THERMOMETER SEEN	5/26
431	NC	*	FLOOR IN AREAS OF KITCHEN NOT CLEAN	5/29
<b>(NOTE)</b>			(1) SPRAY BOTTLE NOT LABELED AS TO CONTENTS	5/22
324	NC	⊗	CONDENSER DRAINS INTO PLASTIC PAN FROM WALK-IN COOLER, NOT INTO DRAIN OUTLET	7/1

Received by (name and title printed): <b>[Signature]</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <b>[Signature]</b>	Inspected by (signature): <b>Bob Smith</b>
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

*Bestm  
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 <i>La Herradura 2</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5-21-24</i>	ID# <i>2259</i>
Establishment address <i>226 S SR 135 46/06</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>5-31-24</i>
Owner		Summary of Violations:  <i>C 2 NC 4 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>Juan Quezada (exp 9/27/24)</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 following internal food temperatures inside flip top cooler (1) Sour Cream @ 44°F (2) Shredded Cheese @ 44°F (3) Red Sauce (stored on bottom) @ 47°F</i>	<i>Recommend discard all P.H.F</i>
<i>173</i>	<i>R</i>		<i>Observed scallops stored on top of many containers/boxes of Land O Lakes butter located inside walk-in cooler.</i>	
<i>345</i>	<i>C</i>		<i>Observed a spoon &amp; empty container of chicken bouillon stored inside hand sink located by cookline.</i>	<i>5-21-24</i>
<i>324</i>	<i>NC</i>		<i>Hand sink located by cookline leaks @ faucet connection (plastic tied @ connection)</i>	<i>5-28-24</i>
<i>136</i>	<i>R</i>		<i>Observed an employee drink stored above prep-table.</i>	
<i>297</i>	<i>NC</i>		<i>Bar soda nozzle observed very soiled.</i>	<i>5-22-24</i>

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

# NARRATIVE REPORT

Establishment Name <i>La Herradura 2</i>			Address <i>126 S SR 135 4606</i>	Inspection Date <i>5-21-24</i>
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
<i>234</i>	<i>NC</i>		Observed the following m-use utensils stored improperly ① knife stored in joint of flip top cooler ② scoops for bulk seasoning stored with handle in food product	<i>5-21-24</i>
<i>257</i>	<i>NC</i>		Observed no probe food thermometer ② whole milk & 1/2 of chocolate milk @ 45% located in Coca-Cola cooler recommend discard. p.H. 1=	
<i>187</i>			Notes: ① hood system filters not tight fitting ② 3 bay sink located in bar lacks an air gap/break ③ mini-melts ice cream freezer door is damaged ④ bar m-use utensils stored in blue liquid <del>to be</del>	
Received By (Name & Title) <i>[Signature]</i>			Inspected By (Name & Title) <i>Cassie Hall</i>	Page <i>2</i> of <i>2</i>



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  
5/23

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 <i>Leng John Silver's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/17/24</i>	ID# <i>2167</i>
Establishment address <i>2191 Independence Dr.</i>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date
Owner		Summary of Violations:  <i>No score.</i>	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
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
			- Dumpster area <del>is</del> soiled.	5/22
			- one side panel of dumpster not closed	5/22
			- trash observed in dumpster area.	5/22
			- Leak on front sink faucet.	5/24
			- Shelving underneath microwave is heavily soiled.	5/24
			- walls are worn in areas of kitchen. <b>NOT CLEAN</b>	
			- floor underneath the ice-maker & other areas not clean.	
			- Men's restroom doesn't have disposable towels	5/18
			- Walk-in cooler door closure is not functioning properly; not allowing door to shut properly	5/22
			- three bay sink is leaking on sink basin drain	5/27
			- the prep sink drain is leaking	5/27
			- the ceiling light is out in the kitchen area.	5/22
<del>299</del> etc			- soda nozzles are soiled at customer service area	5/24
			- compartment area where coleslaw is stored in the front area is soiled.	5/22

Received by (name and title printed): <i>Shelby Harris</i>	Inspected by (name and title printed): <i>Paul Betticourt / Bob Smith</i>
Received by (signature): <i>Shelby Harris</i>	Inspected by (signature): <i>Paul Betticourt / Bob Smith</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

*By km  
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>McDonald's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/23/24</i>	ID# <i>1451</i>
Establishment address <i>706 West Trafalgar Pointe Way Trafalgar</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>APR 2014</i>	Release Date <i>6/2/24</i>
Owner		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		1 <u>    </u> 2 <u>    </u> 3 <u>    </u> 4 <u>7</u> 5 <u>    </u>	
Responsible person's email			
Certified food handler <i>+ Cassandra King</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>Foot</i>	
<i>295</i>	<i>NC</i>		<i>- food bins for tray are soiled</i>	<i>6-6-24</i>
<i>431</i>	<i>NC</i>		<i>- The walk in freezer is heavily soiled (floor)</i>	 ↓
<i>431</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>- The floors under the flat-top grills are heavily soiled-</i>	
<i>218</i>	<i>NC</i>		<i>- the fry freezer has a heavy build-up of frost</i>	
<i>138</i>	<i>NC</i>		<i>- All employees are not wearing hair restraints</i>	
<i>295</i>	<i>NC</i>		<i>- Soda nozzles at the dining area dispenser are soiled-</i>	
<i>324</i>	<i>NC</i>		<i>- Soda dispenser drain is clogged-</i>	
			<i>* water pressure is much improved!</i>	

Received by (name and title printed): <i>+ Cassandra King</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>+ Cassandra King</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

*Belton 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 <b>Mave's Grill Express Mexican Food, LLC</b>	Telephone Number <b>(317) 560-5859</b> <b>(812) 533-3799</b>	Date of Inspection <b>5-20-24</b>	ID# <b>2705</b>
Establishment address <b>89 E. Jefferson St. Franklin, IN 46131</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>5-30-24</b>
Owner <b>Mariela Rodriguez</b>		Summary of Violations:  <b>C 0 NC 3 R 3</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>Mariela Rodriguez-owner</b>		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Responsible person's email <b>mavesgrill.latinfood@gmail.com</b>			
Certified food handler <b>Mariela Rodriguez Silva (Serv Safe exp 12/22/25)</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
112	NC	R	chest freezer in downstairs storage room not commercial grade / NSF approved	6-20-24 
177	NC	R	single door freezer in downstairs storage room not on wheels/legs/castors	
411	NC	R	light intensity does not appear adequate by three bay sink	
Notes: ① ceiling tiles in downstairs storage area appear to have water damage, be missing, or covered with cardboard				
② utensils stored in hand washing sink - corrected				
③ some salsas kept stored past 24hrs without date marking				
④ can opener soiled				
⑤ soda machine drain without 1in minimum air gap				

Received by (name and title printed): <b>Mariela Rodriguez</b>	Inspected by (name and title printed): <b>Mia Papageorge EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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

*Before 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 <b>McDonald's</b>	Telephone Number <b>(317) 738-4471</b> <b>(812) 799-3724</b>	Date of Inspection <b>5-20-24</b>	ID# <b>1555</b>
Establishment address <b>2080 E. King St. Franklin, IN 46131</b>	Purpose: <b>1. Routine</b>	Follow-up <b>—</b>	Release Date <b>5-30-24</b>
Owner <b>Ball Management Group Inc.</b>	2. Follow-up	Summary of Violations:  <b>C 0 NC 7 R —</b>	
Owner address <b>3129 25<sup>th</sup> St. #374 Columbus, IN 47203</b>	3. Complaint		
Person in charge <b>Travis Wininger - Supervisor</b>	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email <b>lisa.carter@us.stores.mcd.com</b>	5. Temporary	1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler <b>Travis Wininger (ServSafe exp) 10/27/27</b>	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
295	NC	R	① self-serve soda station nozzles (soda & ice) are soiled	5-20-24
			② inside top of ice maker, behind cashier, is soiled	
			③ top exterior of mechanical dish unit is soiled	
431	NC	R	Floor throughout establishment heavily soiled	
324	NC	R	mop sink faucet has a T-valve attached to a wall-mounted chemical dispenser	5-27-24
430	NC	R	women's North stall door rubs the door frame	
411	NC		light out inside walk-in freezer	
425	NC		mops not hung up in between uses	5-20-24
234	NC		ice scoop stored in ice bin with handle in ice	

Received by (name and title printed): <b>Travis Wininger Supervisor</b>	Inspected by (name and title printed): <b>Mia Papageorge, EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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

*Beky 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 <i>Mallow Run</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5-17-24</i>	ID# <i>1117</i>
Establishment address <i>109164 W Whiteland Rd. 46106</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 <i>5-27-24</i>
Owner		Summary of Violations:  C <u>0</u> NC <u>1</u> R <u>    </u>	
Owner address		Menu Type (See back of page)  1 <u>    </u> 2 <u>X</u> 3 <u>    </u> 4 <u>    </u> 5 <u>    </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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

Section #	C/NC	R	Narrative	To Be Corrected by
<i>177</i>	<i>NC</i>		<i>Observed a bulk box labeled "clear plates" with spoons stored in downstairs employee restroom.</i>	
			<i>Establishment lost partial power to building effecting some cooler units, lights, &amp; dish machine</i>	
			<i>• Establishment moved all pHE to a cooler unit functioning in adequate temp range</i>	
			<i>• Establishment will use 3 bay sink (with sanitizer &amp; test strips) to wash, rinse, &amp; sanitize dishes</i>	
<i>411</i>	<i>NC</i>		<i>Walk-in cooler light is out &amp; light shield not observed</i>	

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





