



**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
6/3*

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 <i>Sam's club</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/30/24</i>	ID# <i>486</i>
Establishment address <i>1101 Windhorst Way Greenwood IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>6/5/24</i>
Owner		Summary of Violations: <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>X Peyton Powell</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>239</i>	<i>NC</i>		<i>Cups on the front counter at the cafe are not protected from consumer contamination.</i>	<i>5/30/24</i>
			<i>* Note: seals are torn the pizza cooler. (cafe)</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:



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*Beta
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>Shan - E - Punjab Indian Grocery</i>	Telephone Number Establishment () Owner	Date of Inspection <i>5-8-24</i>	ID# <i>2724</i>
Establishment address <i>247 South St. rd. 135 GWD</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>5-16-24</i>
Owner		Summary of Violations: <i>C 1 NC 3 R</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			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>216</i>	<i>NC</i>		<i>Cardboard lining many shelves, not easily cleanable</i>	
<i>110</i>	<i>NC</i>		<i>Observed cut produce stored in cooler not approved by HD</i>	
<i>269</i>	<i>C</i>		<i>Observed no 3-bay sink for dish washing</i>	
<i>146</i>	<i>NC</i>		<i>Labels for repackaged bag leaves lacked business address and quantity/weight</i>	
			<i>ServSafe is needed within 6 months of kitchen opening</i>	

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



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Betsy
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 Smallcakes Cupcakery & Creamery	Telephone Number (317) 881-6990	Date of Inspection 5-31-24	ID# 1966
Establishment address 1279 N. Emerson Ave D, Greenwood, IN 46143	() Owner	Follow-up —	Release Date 6-9-24
Owner Veronica Atkinson	Purpose: 1. Routine	Summary of Violations: C 1 NC 3 R	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge Hanna Kirby - front cashier	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email emersonsmallcakes@gmail.com	4. Pre-Operational		
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
439	C		① cleaning products stored above open boxes of single service items in storage closet	5-31-24
			② floor cleaner & degreaser stored on floor under oven next to icing	corrected noticing of rease
177	NC		① prep tables storing flour cupcake mixes and chilling and frosting not keeping those products 6 inches off the floor	6-7-24
			② food not 6 inches off the floor on shelving units between the back door & mop sink	
324	NC		handsink drain pipes leak onto floor	6-14-24
425	NC		mop not hung to dry in between uses	5-31-24
			Note-dumpster lid open	
			ice cream scooper not properly stored in between uses	

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



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Beky
S/M

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>South of Chicago pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>05/16/24</i>	ID# <i>1948</i>
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		<i>C 0 NC 4 R</i>	
Owner address		Summary of Violations:	
Person in charge		<i>C 0 NC 4 R</i>	
Responsible person's email		Menu Type (See back of page)	
Certified food handler		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <input checked="" type="checkbox"/> 5 <u> </u>	

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Section #	C/NC	R	Narrative	To Be Corrected by
299	NC		<i>① Floors ^{in oven} are oven area is soiled. ② Floor soiled in three-bay sink area.</i>	<i>5/21/24</i>
295	NC		<i>① Upright hot temperature hold is soiled. ② Upright double door freezer is soiled.</i>	<i>↓</i>
218	NC		<i>Door gasket is worn in one cooler unit with 3 doors.</i>	<i>5/28/24</i>
411	NC		<i>lights out by oven area.</i>	<i>↓</i>
			<i>NOTE: (i) please keep up with cleaning floors & walls. (ii) please make sure not to mix food product inside the bins at holding temp. stations. (iii) Make sure all scoop handles are inverted to avoid touching food products.</i>	

Received by (name and title printed): <i>Edward Cobb</i>	Inspected by (name and title printed): <i>paul Betiku EHS</i>
Received by (signature): <i>Edward Cobb</i>	Inspected by (signature): <i>paul Betiku</i>
cc:	cc:



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Betsy Slag

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>Speedway # 6215</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/23/24</i>	ID# <i>358</i>
Establishment address <i>130 St. Rd. 135 Trafalgar, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: <i>C <input type="checkbox"/> NC <input type="checkbox"/> R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations</i>	

Received by (name and title printed): <i>Johna Milburn</i>	Inspected by (name and title printed): <i>Terry Burgess</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betina 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>Speedway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/13/24</i>	ID# <i>2493</i> 1212
Establishment address <i>1975 E. Main St Greenwood Ind 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		Summary of Violations: <i>C / NC / R /</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 3 4 5</i>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>297</i>	<i>MC</i>	<i>✓</i>	<i>soda nozzles are soiled.</i>	<i>5/15/24</i>
<i>139</i>	<i>C</i>		<i>couple of BBQ sauce boxes are expired.</i>	<i>Asap.</i>
<p>NOTE: <i>i</i> please make sure there are air gaps in drains at slurpee & soda machines. <i>ii</i> No atmospheric vacuum breaker shut offs at mop sink door <i>iii</i> Walk-in cooler at drink den needs to be closed properly</p>				

Received by (name and title printed): <i>Doris Madie</i>	Inspected by (name and title printed): <i>Paul Betina SFS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Befm
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 Starbucks Coffee	Telephone Number () Establishment () Owner	Date of Inspection 5-8-24	ID# 1172
Establishment address 2279 N Morton St	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 5-18-24
Owner		Summary of Violations: C 0 NC 6 R	
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
324	NC		Observed AFB Renkins @ mop sink	5-22-24
341b	NC		Observed no hand soap @ front hand sink	5-8-24
342	NC		Observed hand sink located at the front hot water @ 74°F	5-22-24
177	NC		Observed food products & single use items not stored 6" off the floor located in storage room & walk-in freezer.	5-10-24
385	NC		Observed dumpster lid not closed.	5-8-24
393	NC		Observed no drain plug for dumpster.	5-8-24
<p>Note: ① floor under equipment needs cleaned ② dumpster area needs cleaned</p>				

Received by (name and title printed): Allison Dishman	Inspected by (name and title printed): Cross Hall
Received by (signature): <i>Allison Dishman</i>	Inspected by (signature): <i>Cross Hall</i>
cc:	cc:



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Betty
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 Starbucks # 13949	Telephone Number () Establishment () Owner	Date of Inspection 5/21/24	ID# 1290 13949 (AM)
Establishment address 311 S. SR 135 Greenwood, IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 5/31/24
Owner Starbucks Corporation		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 <input checked="" type="checkbox"/> 3 4 5	
Person in charge Kassidy Staples			
Responsible person's email			
Certified food handler Kassidy Staples			

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Section #	C/NC	R	Narrative	To Be Corrected by
356	NC		Backflow preventer on domestic water line last tagged and/or inspected on 5-8-2020	5/31/24 I
324	NC		Pump attached to main shutoff has visible leak	5/31/24
256	NC		No ambient air thermometer(s) seen in two (2) under-counter coolers	5/21/24 I
431	NC		Floor soiled and apparent spills near front safe and drain, as well as general open floor area	5/26/24 I
			NOTES: mop sink faucet appears not to be lead-free	6/1/24

Received by (name and title printed): Kassidy Staples	Inspected by (name and title printed): Evan Probst Andrew Miller, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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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 Starbucks # 66 775	Telephone Number (463 277 7978)	Date of Inspection 5-21-24	ID# 2811
Establishment address 189 E. Worthsville Rd. Greenwood 46143	(206 594 7273)	Follow-up —	Release Date 5-31-24
Owner Corporate	Purpose: 1. Routine	Summary of Violations:	
Owner address PO Box 34442 Tax-2 Seattle, WA 98124	2. Follow-up	C 0 NC 2 R —	
Person in charge Alyssa Neace - Shift lead	3. Complaint	Menu Type (See back of page)	
Responsible person's email US1939619@starbucks.com	4. Pre-Operational	1 2 3 <input checked="" type="checkbox"/> 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
295	NC		bottom of upright milk cooler soiled corrective action - employee stated cooler is cleaned weekly	5-21-24
431	NC		Floor under equipment soiled	5-21-24
Note:			no paper towels at backroom hand sink	corrected

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



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*Bel
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>Subway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/23/24</i>	ID# <i>1299</i>
Establishment address <i>12 Trafalgar Square</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>6/2/24</i>
Owner <i>Trafalgar, IN</i>		Summary of Violations: C <u>1</u> NC <u>3</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <i>Hiren Bhambhani 2029</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>chicken Teriyaki is not being maintained 41°F ~ [Serving Line]</i>	<i>5/23/24</i>
	<i>NC</i>		<i>The back door threshold is rusted</i>	<i>-</i>
<i>411</i>	<i>NC</i>		<i>- Lighting is not adequate in the walk-in cooler "Very dark"</i>	<i>-</i>
<i>347</i>	<i>NC</i>		<i>- No paper towels in the men's room. e</i>	<i>5/24/24</i>

Received by (name and title printed): <i>X</i> <i>Vishu Patel</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>X</i> <i>Vishu Patel</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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*Bekm
5/23*

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Establishment name <i>Subway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/22/24</i>	ID# <i>1429</i>
Establishment address <i>2110 E. King St. Franklin, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>6/11/24</i>
Owner		Summary of Violations: <i>C 1 NC 1 R</i>	
Owner address	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Person in charge	Certified food handler <i>X Hiren Bhara+bhai Patel</i>		
Responsible person's email	Responsible person's email		

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>324</i>	<i>NC</i>		<i>Kitchen - Drink dispenser leaks</i>	<i>6/4/24</i>
<i>334</i>	<i>C</i>		<i>The kitchen drink dispenser doesn't have an air gap on the drain-</i>	<i>6/4/24</i>

Received by (name and title printed): <i>A. Patro</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>A. Patro</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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Bekah 5/29

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Establishment name Subway	Telephone Number () Establishment () Owner	Date of Inspection 5/23/24	ID# 1911
Establishment address 321 N. US 31 New Whiteland, IN	Purpose: 1. Routine	Follow-up	Release Date 6/2/24
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>1</u> NC <u>1</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> </u> 5 <u> </u>	
Certified food handler J Ismael Montes	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Cold cuts on the refrigerated service are not maintained 41°F or below.	5/23/24
324	NC		Dra. n s for the soda and ice dispensers don't have air gaps.	Next inspection 4 mos

Received by (name and title printed): J Ismael Montes	Inspected by (name and title printed): Terry D Bayless
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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

*Belm
5/28*

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 The Suds	telephone	Date of Inspection 5/24/2024
Establishment address 350 Market Plaza, Greenwood, IN 46142	Summary of Violations 0 C, 5 NC, 0 R	
Owner John Wagner	Follow-up No	Release Date 6/4/2024
Person - in - Charge John Wagner	Certified Food Handler John Wagner, 7/18/2028 24257733	Purpose: Routine
Establishment Identification # 1364	County Johnson	District D5
		Menu Type 3-Extensive handling

- 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:
246	NC		Observed employee touch face/hat with gloved hand and then grab the cheese slices to put back into the cooler. Cheese slices discarded.	corrected
414	NC		Outer openings open.	5/24/24
234	NC		In-use ice cream scoops in pan with standing water.	corrected
250	NC		Single-service plastic forks offered to the customer in opposite directions.	corrected
190	NC		Chili dog sauce above 135° F in foil covered, metal pans with an inverted sheet pan on top of all three of them. Chili sauce was just made. Proper cooling includes leaving the container loosely covered until the product is at or below 41° F	corrected

Elizabeth Senisse

John Wagner, Owner
Establishment Representative

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



**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

*Best
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 Supreme Produce	Telephone Number () Establishment () Owner	Date of Inspection 5-8-24	ID# 2742
Establishment address 5961 N SR 135 Greenwood	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 5-18-24
Owner		Summary of Violations: C NC 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			

- 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
187	C		Observed a medium bowl of cut Honey dew with a 5/9/24 best by date "enjoy by" located in produce walking cooler @ 5:30p ↳ shall be 41°F or less.	recommend discard. P.H.F
324	NC		3 bay sink leaks @ the drain line connections.	

Received by (name and title printed): mf	Inspected by (name and title printed): Cassi Hall
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
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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 The Sycamore	Telephone Number () Establishment () Owner	Date of Inspection 5-17-24	ID# 1983
Establishment address 7070 W Whiteland Rd.	Purpose: 1. Routine	Follow-up -	Release Date 5-27-24
Owner 461000	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C 0 NC 0 R	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 2 X 3 4 5	
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted @ time of inspection	
			• final dish machine rinse observed in adequate range	

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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
 FRANKLIN, IN 46131
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*Belkm
5/22*

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 TACO BELL	Telephone Number () Establishment () Owner	Date of Inspection 5/21/24	ID# 159
Establishment address 1579 N MORTON FRANKLIN IN	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) <i>EXP 3/24/24</i>	Follow-up —	Release Date 8/1/24
Owner		Summary of Violations: C <u>1</u> NC <u>1</u> R <u>—</u>	
Owner address		Menu Type (See back of page)	
Person in charge CALEB STEVENS		Menu Type (See back of page)	
Responsible person's email		Menu Type (See back of page)	
Certified food handler CALEB STEVENS	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

• 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
392	NO		OUTSIDE DUMPSTER - LID NOT CLOSED	5/23/24
336	C		SPLITTER VALVE INSTALLED ON MOP SINK FAUCET	8/1

Received by (name and title printed): CALEB STEVENS	Inspected by (name and title printed): BOB SMITH B15
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

Bekm
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 TACO BELL	Telephone Number () Establishment () Owner	Date of Inspection 5/24/24	ID# 2023
Establishment address 211 N US 31 NEW WINDLELAND	Purpose: 1. Routine	Follow-up (YES)	Release Date 6/4/24
Owner TACO BELL OF AMERICA	2. Follow-up	Summary of Violations: C 1 NC 3 R	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge RICKY Dodson	4. Pre-Operational	1 2 3 4 5	
Responsible person's email	5. Temporary		
Certified food handler RICKY Dodson (6/7/25 EXP SERVARE)	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
200	C	<input checked="" type="checkbox"/>	"QUAT" SANITIZER NOT DETECTED ON DISHWASHER AFTER SANITIZATION STEP	corrected 5/24
211	NC	<input checked="" type="checkbox"/>	LIGHT INTENSITY NOT ADEQUATE IN WALK-IN FREEZER (LESS THAN 20 FOOT CANDLES)	6/10
256	NC	<input checked="" type="checkbox"/>	WALK-IN COOLER - THERMOMETER NOT SOON, DOOR GASKET WORN/SPLIT	6/11
431	NC	<input checked="" type="checkbox"/>	FOOD PREPARATION AREA - FLOOR NOT CLEAN UNDER EQUIPMENT, NEXT TO WALK FLOOR DRAIN NOT CLEAN (WOOD TABLE LOG STOPPED ON TOP OF DRAIN COVER)	6/11
(NOTE)		<input checked="" type="checkbox"/>	INTERNAL TEMPERATURE OF CHEESE, CUT TOMATOES 43°F NOT AT 41°F OR LESS	5/25

Received by (name and title printed): Ricky Dodson	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:

Betsy
517
✓



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 Tequila House		telephone	Date of Inspection 5/14/2024
Establishment address 50 US31 South, Whiteland, IN 46184		Summary of Violations 1 C, 6 NC	
Owner Francisco Lopez		Follow-up Yes	Release Date 5/24/2024
Person - in - Charge Jose & Aurelia	Certified Food Handler Natividad Salazar 4/12/26 20131272	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 2709	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:
187	C		Raw Beef at 48° F, and Raw Shrimp at 47° F at 3pm, observed in the top of the flip top cooler to the left of the flat top grill in the kitchen.	5/14/24
424	NC		Bed/sleeping quarters observed in the basement/storage room.	5/14/24
174	NC		Bulk food product not labeled.	5/14/24
218	NC		Bulk Rice in-use utensil damaged.	5/15/24
324	NC		Bar 3-bay faucet leaks.	5/20/24
382	NC		Outside Dumpster stored on grass.	5/20/24
243	NC		Unwrapped, single-use straws located on bar are not protected from contamination	5/14/24

A - G
 Aurelia
 Establishment Representative

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



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
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 TOMO Japanese	Telephone Number () Establishment () Owner	Date of Inspection 5/13/24	ID# 2839
Establishment address 1874 Northwood plaza Franklin IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R _____	
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 Jim Chen 6/17/2027			

- 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 violation during inspection</i>	

Received by (name and title printed): JIN CHEN	Inspected by (name and title printed): Paul Betton ets
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
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Betsy 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 Tried & True	Telephone Number () Establishment () Owner	Date of Inspection 2:30 pm 5-13-24	ID# 2016
Establishment address 2800 S SR 135 Ste. 100, Greenwood, IN 46143	Purpose: 1. Routine	Follow-up Yes	Release Date 5-23-24
Owner	2. Follow-up	Summary of Violations: 4 C NC 9 R	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge Cody	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 X 5 <u> </u>	
Responsible person's email	5. Temporary		
Certified food handler Cristian Delgado (exp. 1-10-24)	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
187	C		Observed previously cooked chicken wings @ 44°F located in walk in cooler date marked 5/12/24	Recommend discard all P.H.F in temp danger zone
187	C		Observed previously cooked eggs (chopped) @ 48°F located in 2 door flip top cooler.	Temp danger zone
303	C		Observed no sanitizer in bar dish machine.	5-13-24
218	NC		True 2 door freezer ambient air temperature observed @ 34°F Located in South Side Storage area.	5-15-24
295	NC		top interior of the machine is soiled.	5-15-24
430	NC		grout repair is needed throughout kitchen & walk-in cooler - Observed standing water.	6-13-24
336	C		Spray nozzle on hose end fastened to mop sink faucet w/ Atmospheric Vacuum Breaker	5-13-24
414	NC		Front doors & garage door open w/out using air curtain	5-13-24
324	NC		Hot water not provided @ Dish room hand sink	5-15-24
384	NC		Dumpster lid open & contains trash	5-13-24
345	C		Bar hand sink filled w/ clear plastic drink dispenser making access not readily available	5-13-24

Received by (name and title printed): Cody Almond	Inspected by (name and title printed): Elizabeth Senisse
Received by (signature): <i>Cody Almond</i>	Inspected by (signature): <i>Elizabeth Senisse</i>
cc:	cc: <i>Wendy Wall</i>

ESenisse@co.johnson.in.us

NARRATIVE REPORT

Establishment Name <i>Fried & True Alehouse</i>			Address <i>2800 S SR 135</i>	46143	Inspection Date <i>5-13-24</i>
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
<i>346</i>	<i>NC</i>		<i>Bar handsink has no soap</i>	<i>5-13-24</i>	
<i>199</i>	<i>NC</i>		<i>Observed containers of fish thawing @ room temperature located across from handsink.</i>		
<i>190</i>	<i>NC</i>		<i>Observed plastic containers greater than 4" of previously cooked chicken wings @ 47°F with a lid located in walk-in cooler</i>		
			<i>You may make written comments - fax, mail, email</i>		
Received By (Name & Title)			Inspected By (Name & Title)		Page <i>2</i> of <i>2</i>
<i>[Signature]</i>			<i>Elizabeth Senisse</i> <i>Cass J Hall</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

*Belm
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>Urban Air Adventure Park</i>	Telephone Number <i>(317) 207-10920</i> <i>(765) 346-5260</i>	Date of Inspection <i>5-13-24</i>	ID# <i>2104</i>
Establishment address <i>1172 N. Main St. Franklin, IN 46131</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>5-23-24</i>
Owner <i>Nichole Rains</i>		Summary of Violations: <i>C 1 NC 1 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Clara Havener - manager</i>		1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email <i>nichole@urbanairfranklin.com</i>			
Certified food handler <i>N/A</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>439</i>	<i>C</i>		<i>chemical spray bottles stored with single service items, possible spray contamination</i>	<i>5/13</i>
<i>255</i>	<i>NC</i>		<i>minimelts ice cream freezer ambient air thermometer not functioning</i>	<i>5/20</i>

Received by (name and title printed): <i>Clara Havener General Manager</i>	Inspected by (name and title printed): <i>Mia Papageorge</i>
Received by (signature): <i>Clara Havener</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc: