





**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  
7/31

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.

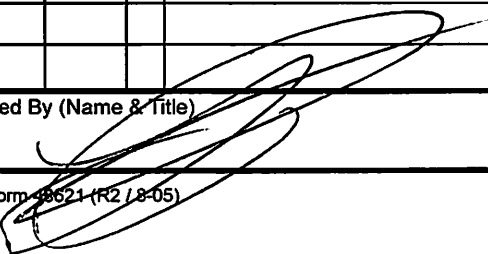
Establishment name <b>Homerun Burger</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/30/24</b>	ID# <b>2830</b>
Establishment address <b>1599 N. Morton St. Franklin, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>YES</b>	Release Date <b>8/9/24</b>
Owner		Summary of Violations:  <b>C 3 NC 16 R —</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 ✓ 4 5</b>	
Person in charge <b>Gregory Pirkel</b>			
Responsible person's email			
Certified food handler <b>Gregory Pirkel (State Food Safety exp) 5/4/29</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
187	C		cheese sauce hot held on assembly line internal temperature @ 130°F	7/30/24
430	NC		① south entry door rubs against door frame ② walk in freezer has heavy ice build up ↳ employee stated this is a common occurrence ③ south drive thru window heavily rubs against bottom of window sill, creating small metal shavings	8/10/24 8/10/24
244	NC		single service items stored in employee restroom	7/30/24
239	NC		single service items stored on the floor throughout establishment	
174	NC		bulk sugar container near North drive thru window not labeled	
234	NC		styrofoam cup used to scoop bulk sugar, stored in sugar container	
411	NC		lights not functioning in walk-in cooler & freezer due to light shield being full of water	8/10/24

Received by (name and title printed): <b>Gregory Pirkel</b>	Inspected by (name and title printed): <b>Mia Page / Andrew Miller</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:

## NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Homerun Burger			1599 N. Morton St.	7/30/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			Franklin, IN 46131	
425	NC		Brooms & a squeegee not hung up and stored in the mop sink basin	7/30/24
334	C		No air gap provided on drain line for one	8/3/24
139	C		soda ice bin South soda station ice bin contained a magnet, a hair, and unknown white debris	7/30/24 Drain & Clean
399	NC		Ceiling tile contained cuts and was damaged near south drive-up window	8/5/24
413	NC		Air curtains not turned on for walk-up window and South drive-up window	Corrected
112	NC		"Krib Bling" small chest freezer not NSF/ANSI approved	8/8/24 Remove
256	NC		lacked an ambient air thermometer	
295	NC		and contained spilled food debris	7/30/24
227	NC		Two deep fryers are not easily movable, (i.e. on wheels/casters)	8/21/24
431	NC		Mechanical exhaust hood filters are soiled above flat top grill	7/30/24
218	NC		Flat top grill was missing the front cover in area of temperature control knobs	Corrected
388	NC		Dumpster pad (exterior) contained trash and debris (i.e. tent)	8/1/24
*Note: Remove film/covering on Regency stainless steel table bottom shelf				
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
			Mia Page, EHS	





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Betsy  
7/18

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Establishment name <b>JOHNSON COUNTY JAIL</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/17/24</b>	ID# <b>419</b>
Establishment address <b>1091 HOSPITAL BL FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>7/27/24</b>
Owner <b>JO. C. GOV'T</b>		Summary of Violations:  <b>C 1 NC 1 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>TAMMARA ZIELENIUK</b>		1 <u>2</u> <u>3</u> 4 5	
Responsible person's email			
Certified food handler <b>(UNKNOWN)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
336	C	*	MOP SINK FAUCET HAS SPLITTER VALVE WITH HOSES CONNECTED	8/17/24
<del>218</del> 218	NC	*	INSIDE OF MICROWAVE DOOR PAINT WORN	9/1
<b>(NOTE)</b>		*	MECHANICAL DISHMACHINE HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE WIPER SURFACE (WAS 164°F)	<b>(OK)</b>
<b>(NOTE)</b>		*	MECHANICAL DISHMACHINE FINAL RINSE GAUGE LESS THAN 15 PSI (NOT 15-25 PSI)	

Received by (name and title printed): <b>Tammara Zieleniuk - Cook</b>	Inspected by (name and title printed): <b>Bob Smith ETS</b>
Received by (signature): <i>Tammara Zieleniuk</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Establishment name <b>K-Town Korean BBQ &amp; Hot Pot</b>	Telephone Number <b>(317) 300-1306</b> <b>(917) 689-8833</b>	Date of Inspection <b>7-2-24</b>	ID# <b>2739</b>
Establishment address <b>878 US 31 Greenwood, IN 46142</b>	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>7-12-24</b>
Owner <b>Baoxiang Huang</b>		Summary of Violations:  <b>C 3 NC 3 R 2</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>Erlangga - manager</b>		1 2 3 4 <b>X</b> 5	
Responsible person's email <b>baoxiang1987@hotmail.com</b>			
Certified food handler <b>Bao Xiang Huang (Sew Safe exp 1/5/27)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
E187	C	R	the following internal temperatures were taken at the hot pot bar at 2:30pm: lobster balls 50°F, sprouts 50°F, tofu 45°F, cut watermelon 45°F. ice is added hourly, and employee stated cooler unit was recently repaired	7-2-24
173	C		raw marinating meat stored above ready to eat soy sauce hot pot sauce in walk-in cooler	7-2-24
344	C		2 handwashing sinks blocked	
112	NC	R	2 large white residential or home style chest freezers are not NSF/ANSI approved	12-1-24 remove ASAP
295	NC		the following interior equipment is soiled: ① dice machine ② large, white, leftmost chest freezer in the back	7-7-24 8-1-24
430	NC		floor worn throughout kitchen area	
			Note: meat slicer shall be washed, rinsed, & sanitized every 4 hours	

Received by (name and title printed): <b>Erlangga Thien</b>	Inspected by (name and title printed): <b>Mia Papageorge, EHS</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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*Belton 7/10*

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Establishment name <i>Kacey's Pizza Spot</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7/3/24</i>	ID# <i>2644</i>
Establishment address <i>89 N. US 31 Whiteland, IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>P Prof + 2 WKS</i>	Release Date <i>9/13/24</i>
Owner		Summary of Violations:  C <u>1</u> NC <u>4</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 <i>Raj Beer Kaur</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>324</i>	<i>C</i>		<i>The handsink in the sandwich shop is out of order.</i>	<i>7/10/24</i>
<i>(2)(5)</i>				
<i>324</i>	<i>NC</i>		<i>The toilet tank lid is missing in the employee restroom.</i>	<i>7/10/24</i>
<i>(a)(2)</i>				
<i>430</i>	<i>NC</i>		<i>The block wall by the steamer unit is soiled with mold.</i>	<i>7/10/24</i>
<i>245</i>	<i>NC</i>		<i>The blue towel on the sandwich cooler is not stored sanitizer solution.</i>	<i>7/3/24</i>
<i>(b)(2)</i>				
<i>346</i>	<i>NC</i>		<i>No hand soap is available at the pizza area handsink / mop sink.</i>	<i>7/3/24</i>
			<i>* other notes:</i>	
			<i>mice droppings were noted in the cabinet under the drink dispensers.</i>	
			<i>clean the area and a rectrack will be made for current activity.</i>	

Received by (name and title printed): <i>Michelle Moran</i>	Inspected by (name and title printed): <i>Kerry D Boyless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy  
7/18

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Establishment name <i>Marathon Express Mart</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7-11-24</i>	ID# <i>2628</i>
Establishment address <i>90<sup>th</sup> SR 135 Bargersville IN</i>	Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>7-21-24</i>
Owner <i>46106</i>		Summary of Violations: <i>No Score</i>	
Owner address		C <u>  </u> NC <u>  </u> R <u>  </u>	
Person in charge <i>Sanjay Patel</i>		Menu Type (See back of page)	
Responsible person's email <i>(SewSafe Exp: 7/19/26)</i>		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler <i>Enna Betancourt Singh</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Firm shall do the following:</i>	
			<i>① South exterior security light is hanging by the electrical wires</i>	<i>ASAP</i>
			<i>② Southwest exterior corner of the building contains damage to the blocks and the blocks are not properly sealed; including Northwest exterior corner</i>	↓
			<i>③ Remove Body Armor cooler not in-use</i>	↓
			<i>④ Menu Restroom</i>	↓
			<i>    A Ceiling near vent damage with mold like substance present</i>	↓
			<i>    B Holes in wall near hand sink</i>	↓
			<i>    C No hand soap</i>	↓
			<i>    D No paper towels</i>	↓
			<i>    E No hand wash signage</i>	↓

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



# NARRATIVE REPORT

Establishment Name <b>Marathon Express</b>	Address <b>90<sup>th</sup> SR 135 Bargeroville IN 46106</b>	Inspection Date <b>7-11-24</b>
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			Maet	
			(5) Women's Restroom (A) Holes in wall above hand sink (B) Rug (carpeted) on floor near toilet (C) No covered waste can (6) Ceiling tile stained in hallway before mens restroom (7) Band overhead ballast not working (8) Remove non used 1dw one door cooler (9) Egg Salad Sandwich 51°F at 2:45 pm Turkey + Cheese, with Crackers 45°F while inside H.T. Hackley one door cooler (10) No thermometer seen in H.T. Hackley one door cooler (11) and ambient air of this unit was 49°F at 2:41 pm (12) Single use cups not placed or dispensed in a holder (13) Undercounter tub drain not accessible for cleaning, for soda (14) stations, and soda (AM) (15) Remove new but unused single door cooler. If used, this cooler needs wheels/casters (16) No probe food thermometer (17) No paper towels @ kitchen hand sink (18) No quat sanitizer test kits (19) Remove Home Defense Insect Killer (1.33 gal) for "Residential Use Only" (20) Three bay sink bottom plumbing held up with leverage racks and lacks an air gap	↓

Received By (Name & Title) 	Inspected By (Name & Title) <b>Andrew Miller, EHS</b>	Page <b>2</b> of <b>3</b>
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*Belany  
7/25*

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>Marco's Pizza</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7-18-24</i>	ID# <i>2318</i>
Establishment address <i>5816 S SR 135</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>7-28-24</i>
Owner		Summary of Violations:  <i>C 0 NC 2 R</i>	
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 <i>Patrick Bridges (exp. 7/22/28)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>Floor under oven is soiled.</i>	
<i>218</i>	<i>NC</i>		<i>① Walk-in cooler door gasket is split/worn ② true stand up, single door gasket is worn (cooler)</i>	
			<i>Note: ① Chicken wings in flip top cooler observed @ 42°F / 43°F ↳ shall be 41°F or less.</i>	

Received by (name and title printed): <i>Nikki Ogo</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:





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*Belton  
7/30*

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Establishment name <i>McDonald's</i>	Telephone Number <i>317 738 4471</i>	Date of Inspection <i>7-26-24</i>	ID# <i>1555</i>
Establishment address <i>2080 E. King St. Franklin, IN 46131</i>	<i>812 799 3724</i>	Follow-up <i>—</i>	Release Date <i>8-6-24</i>
Owner <i>Ball Management Group Inc</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <i>C 0 NC 4 R 3</i>	
Owner address <i>312925<sup>th</sup> St. #374 Columbus, IN 47203</i>		Menu Type (See back of page)  <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>Holden Stevenson - assistant manager</i>			
Responsible person's email <i>lisa.carter@us.stores.mcd.com</i>			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>	<i>0</i>	<i>Self serve ice chutes @ soda station soiled</i>	<i>8-1</i>
		<i>R</i>	<i>top exterior of mechanical dish unit soiled</i>	
<i>324</i>	<i>NC</i>	<i>R</i>	<i>mop sink faucet has a T-valve attached to a wall-mounted chemical dispenser</i>	<i>8-6</i>
<i>430</i>	<i>NC</i>	<i>R</i>	<i>north stall in women's restroom rubs door frame</i>	<i>—</i>
<i>255</i>	<i>NC</i>		<i>freezer thermostat not accurate</i>	<i>8-1</i>
			<i>↳ work order submitted</i>	
<i>433</i>	<i>NC</i>		<i>mop not hung to dry in between uses</i>	<i>corrected</i>
<i>Note</i>				
<i>234</i>	<i>NC</i>		<i>ice scoop stored in ice bin with handle in ice</i>	<i>corrected</i>
<i>Note</i>				

Received by (name and title printed): <i>Holden Stevenson</i>	Inspected by (name and title printed): <i>Mia Papageorge, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:









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Establishment name <b>MI ABUELITO</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/5/24</b>	ID# <b>2319</b>
Establishment address <b>377 E JEFFERSON, FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>(yes)</b>	Release Date <b>7/15/24</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>10</u> R <u>    </u>	
Owner address		Menu Type (See back of page)	
Person in charge <b>ERIC DIAZ</b>			
Responsible person's email			
Certified food handler <del>ERIC DIAZ</del> <del>SERVAPE</del> <b>JOSE FRANCISCO</b> <sup>CAMERON A</sup> <del>SERVAPE</del> <sup>EXP. 5/7/26</sup>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<b>(NOTE)</b>			DISH WARE STORED IN HANDSINK IN BAR AREA (PITCHER)	corrected 7/5/24
<b>(NOTE)</b>			MOP SINK FAUCET NOT PROVIDED WITH ATMOSPHERIC BREAKER (ANTI-SIPHON DEVICE) (HOSE NOT ATTACHED)	8/1
197	NC		WALK-IN FREEZER - ICE BUILT UP TEMPERATURE NOT AT 0 DEGREES OR LESS (WAS 35°F) (FOOD ITEMS NOT FROZEN)	7/10
177	NC		SOME FOOD PACKAGES NOT STORED OFF FLOOR IN WALK-IN COOLER, WALK-IN FREEZER	7/8
218	NC		SHELF COATING WORN IN WALK-IN COOLER	9/1
295	NC	*	BACK OF WALK-IN COOLER CONDENSER NOT CLEAN	7/10
291	NC	*	CHEMICAL TEST PAPERS NOT PROVIDED	7/10
399	NC	*	FLOOR IS WORN TILE MISSING WALL COVERING MISSING - BY 3 COMPARTMENT SINK, SOFT DRINK CONTAINERS	9/1

Received by (name and title printed): <b>Eric Diaz</b>	Inspected by (name and title printed): <b>Bob Smith EDCS</b>
Received by (signature): <i>Eric Diaz</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:





