



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95. S. Drake Rd.

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

BKMY  
9-25

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>Athen's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/6/24</i>	ID# <i>105</i>
Establishment address <i>1800 Northwood Plaza Franklin IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>9/16/24</i>
Owner <i>Tom Filis 46131</i>		Summary of Violations:  <i>C 2 NC 8 R</i>	
Owner address	Menu Type (See back of page)  1 2 3 4 <input checked="" type="checkbox"/> 5		
Person in charge <i>Tom Filis</i>			
Responsible person's email			
Certified food handler <i>Tom Filis (Serv Safe Exp 3/1/28)</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
415	C		① Numerous live small winged insects seen in bar area ② Numerous live flies seen in dish area and preparation area	9/6/24
431	NC		Numerous dead flies were seen near compressed air tanks at back alley door	9/6/24
295	NC		Inside walk-in cooler floor soiled inside refrigerator freezer	9/10/24
187	C		The following internal product temperatures were measured in Puffer-Hubbard five door cooler ① Dry meat 50°F ② Raw trieye steak 48°F	Adjusted therm on unit Please monitor temps daily
430	NC		① Wall near preparation area hand sink is deteriorated ② Ceiling tiles in guest dining room contain stains from what	11/1/24

Received by (name and title printed): <i>Tom Filis</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: <i>[Signature]</i>

NARRATIVE REPORT

Franklin, IN

Establishment Name			Address	Inspection Date
Athens			1800 North wood Plaza 46131	9-6-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
433	NC		appears to be from moisture tilet mop not hung to air dry	10-10-24 9-6-24 ↓
218	NC		One microwave contains a hole completely through the heating part of the unit	9-10-24 ↓
173			Observed Raw Chicken Stored above ready to eat food inside walk-in cooler	9-6-24 ↓
295	NC	①	Sides + interior of equipment is soiled.	9-6-24 ↓
324	NC	② ✓	Diet Cola Soda Nozzle is soiled spray nozzle and hose attached to a water line lacks a backflow device	9-16-24 ↓
355	NC		Furn does not have a dedicated mop sink with hot & cold water and plumbed to a drain	12-11-24 ↓
<p>Note:</p> <p>① Observed P.H.F. stored in<sup>th</sup> bottom of old salad cooler, ambient air temp observed @ 50°F owner stated they just got a delivery in P.H.F. shall not be stored in old salad cooler</p> <p>② Owner stated they will start to detail clean the cookline equipment first</p>				
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
			Andrew Miller, EHS Cassidy	



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Betsy  
9-9

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>Bay Horse Inn</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9-6-24</b>	ID# <b>1999</b>
Establishment address <b>1468 W Stones Crossing</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>9-16-24</b>
Owner <b>Greenwood 46143</b>		Summary of Violations:  C <u>0</u> NC <u>0</u> R _____	
Owner address	Menu Type (See back of page)  1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	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
			<b>NO Items Noted @ time of inspection.</b>	
			<b>Notes:</b>	
			<b>① interior of ICE machine is soiled.</b>	

Received by (name and title printed): <b>Shayna Hays</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:



JOHNSON COUNTY HEALTH DEPARTMENT  
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Belk 9.25

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Establishment name <i>Big Red's Place</i>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/20/24</i>	ID# <i>2397</i>
Establishment address <i>124 E Main Cross 46124</i> <i>Edinburgh, IN</i>		Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>9/30/24</i>
Owner <i>Willard Hadley</i>			Summary of Violations:   <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>		
Person in charge <i>Willard Hadley</i>				
Responsible person's email <i>(ServSafe Exp: 2/26/29)</i>				
Certified food handler <i>Colleen Mankin</i>				

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		<i>Fans located in dish area and kitchen contain soiled fan covers</i>	<i>9/28/24</i>
430	NC		<i>Floor damaged/deteriorated in back storage room under two slider door cooler on wheels</i>	<i>9/28/24</i>
112	NC		<i>Some refrigeration units in basement are not NSF/ANSI approved</i>	<i>12/1/25</i>

Received by (name and title printed): <i>Willard Hadley</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Willard Hadley</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Establishment name <b>Blue Cactus Taco + Tequila Bar</b>	Telephone Number (317) 914-8819	Date of Inspection 9/16/24	ID# 2349
Establishment address 188 W. Jefferson St. Franklin, IN 46131	( ) Owner	Follow-up —	Release Date 9/26/24
Owner <b>Jose Murillo</b>	Purpose: 1. <u>Routine</u>	Summary of Violations:  C <u>1</u> NC <u>4</u> R <u>3</u>	
Owner address 167 Ridgewood Meadows Franklin, IN 46131	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>X</u> 5 <u>  </u>	
Certified food handler <b>Ismael Murillo</b> ServSafe exp 3/17/26			

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C		many flies seen in the bar, kitchen, and dishwashing room	9/16
295	NC		fans in walk-in cooler dusty	9/20
216	NC	R	shelving near bulk ingredients and 3 door drink cooler lined with cardboard	9/16
218	NC	R	table under stove rusty	9/20
393	NC	R	dumpster drain plug not provided	
			Notes: (1) sanitizer not adequate in 3 bay sink at bar	corrected
			(2) back door open	corrected
			(3) wet sanitizing rags/cloths shall be stored in a bucket w/ sanitizer solution	

Received by (name and title printed): <b>Ismael Murillo</b>	Inspected by (name and title printed): <b>Mia Page George, EHS</b>
Received by (signature): <i>Ismael Murillo</i>	Inspected by (signature): <i>Mia Page George</i>
cc:	cc:



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Bob Evans  
9-27

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 Bob EVANS	Establishment address 900 N MORTON ST. FRANKLIN, IN	Owner KATE JACKSON	Owner address KATE JACKSON	Person in charge KATE JACKSON	Responsible person's email KATE JACKSON (be usare)
Telephone Number ( ) Establishment	Establishment Number ( ) Owner	Purpose 1. Routine	Follow-up —	Release Date 10/14/24	Summary of Violations: C 0 NC 8 R
Date of Inspection 9/25/24	ID# 2134	Menu Type (See back of page) 1 2 3 4 5			

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• To Be Corrected by

Section #	C/NC/R	Narrative
324 NC	X	WATER LEAK NOTED ON 3 COMPARTMENT 10/5/24 STUCK FRUIT
839 NC	X	some DISTRICTS NOT STAYED OFF FLOOR MINIMUM OF 6 INCHES IN DISTURBING AREA
H31 NC	-	FLOOR IN AREA NEXT TO WTR NOT CLEAN 10/1
895 NC	-	EXHAUST HOOD FILTERS NOT CLEAN 10/1
895 NC	S	a door UPBRIGHT REGISTER ON PREPARATION 2ND NOT CLEAN ON OUTSIDE
895 NC	A	BISCUIT WARMER NOT CLEAN INSIDE 9/29
190 NC	(C)	PROCOOKED TURKEY ON WTR - IN COLOR SHELF STATION DAMPER/TURBO 77°F AFTER 3 1/2 HOURS IN REGISTER 9/25 TURKEY NOT SEAL/CUT IN A TOUCH OF BLS THICKNESS - NOT A QUICK CHILL METHOD FLOOR UNDERSEAT CUSTOMERS DINING AREA NOT CLEAN

Received by (name and title printed): Kate JACKSON	Inspected by (name and title printed): General Manager Bob SMITH
Received by (signature): <i>Kate Jackson</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Bekon  
10-2

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>Cafe Euclid</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/30/24</i>	ID# <i>2605</i>
Establishment address <i>357 Euclid Ave Greenwood IN 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/10/24</i>
Owner <i>Paul Jaquin</i>		Summary of Violations:  <i>C 0 NC 7 R</i>	
Owner address	Certified food handler <i>Gardan Wilhoit (SenSafe Exp 7/9/27)</i>	Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Paul Jaquin</i>			
Responsible person's email			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC		No ambient air thermometer seen in two door prep table	10/1/24
431	NC	✓	Mechanical exhaust system in kitchen is soiled and one bulb is out	10/31/24
411	NC	✓	Various single service items were stored on the basement floor	10/8/24
NC	177	✓	No Quat test strips provided	10/5/24
NC	291	✓	North and South exterior doors are not self-closing	10/15/24
NC	413	✓	Small drink stoppers not protected from consumer contamination while stored at the front drink counter	Corrected

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



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*Bekm  
4-25*

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Establishment name <i>Candlewood Suites</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/12/24</i>	ID# <i>1376</i>
Establishment address <i>1190 N. Graham Rd.</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 <i>Greenwood IN</i>		Summary of Violations:  C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input checked="" type="checkbox"/> 2 _____ 3 _____ 4 _____ 5 _____	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Recommend beverage cooler be kept 38-40°F</i>	

Received by (name and title printed): <i>Keith Ibrance Jr General Manager</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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*Bekson 9-25*

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Establishment name <i>CIRCLE K</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/18/24</i>	ID# <i>1182</i>
Establishment address <i>MAIN ST GREENWOOD</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>9/27/24</i>
Owner <i>MAC'S CONVICTION STORES LLC</i>		Summary of Violations:  <i>C 4 NC 6 R —</i>	
Owner address		Menu Type (See back of page)  <i>1 2 <del>X</del> 3 4 5</i>	
Person in charge <i>VALERIE GONZALEZ</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
394	NC		OBSERVED AN OPEN DUMPSTER LID	9/18/24
295	NC		OBSERVED SOILED NOZZLES ON THE Polar Pop machine	9/18/24
431	NC		OBSERVED A SOILED FLOOR DRAIN IN SODA ROOM	9/27/24
324	NC		OBSERVED LEAKING PIPES IN SODA ROOM - WORK ORDER	<del>9/27/24</del>
431	NC		OBSERVED SOILED OUTSIDE OF SODA DISPENSING MACHINE	9/27/24
257	NC		DID NOT OBSERVE THERMOMETERS IN THE REFRIG - IN REFRIGERATORS BEHIND THE SERVICE LINE	9/27/24 <u>CORRECTED</u>

Received by (name and title printed): <i>x Valerie Gonzalez</i>	Inspected by (name and title printed): <i>KEVIN R. PAUL EHS</i>
Received by (signature): <i>x Valerie Gonzalez General Manager</i>	Inspected by (signature): <i>K-R Paul</i>
cc:	cc:



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*Betsu  
9-30*

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Establishment name <i>Circle K 4702288</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/26/24</i>	ID# <i>1183</i>
Establishment address <i>800 N. US 31 Greenwood 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 <i>10-6-24</i>
Owner <i>Mac's Convenience Stores LLC</i>		Summary of Violations:  <i>C 0 NC 2 R —</i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Abby Pool - ASM</i>		1 <u>2</u> 3 4 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>297</i>	<i>NC</i>		<i>customer self-serve soda nozzles soiled</i>	<i>9/26</i>
<i>431</i>	<i>NC</i>		<i>① floor under soda boxes in back storage soiled</i>	<i>9/30</i>
			<i>② floor next to wall under functioning True® freezer soiled</i>	<i>1</i>
			<i>Notes ① PP flat lids and cups (single service items) not stored 6 inches off of ground - corrected</i>	
			<i>② flies observed in back storage area</i>	

Received by (name and title printed): <i>Abby Pool</i>	Inspected by (name and title printed): <i>Mia Parageorge, EHS</i>
Received by (signature): <i>Abby Pool</i>	Inspected by (signature): <i>Mia Parageorge</i>
cc:	cc:



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Establishment name <i>COFFEE HOUSE 5</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/17/24</i>	ID# <i>1813</i> <del>2335</del>
Establishment address <i>373 MARKET PLAZA GREENWOOD</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>9/27/24</i>
Owner		Summary of Violations:  <i>C 0 NC 2 R —</i>	
Owner address		Menu Type (See back of page)  <i>1 2 X 3 4 5</i>	
Person in charge <i>HEIDI JENSEN</i>			
Responsible person's email			
Certified food handler <i>HEIDI JENSEN exp. 7/5/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
257	NC		<i>- NO THERMOMETER OBSERVED IN THE REACH-IN REFRIGERATOR ON THE LINE.</i>	
257	NC		<i>- NO THERMOMETER OBSERVED IN THE REACH-IN PORTION OF THE FLIP TOP REFRIGERATOR IN THE PREP AREA.</i>	
			<i>- SANITIZER OBSERVED AT 300 PPM</i>	

Received by (name and title printed): <i>HEIDI JENSEN</i>	Inspected by (name and title printed): <i>KEVIN R. FAXUS EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*9-25*

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Establishment name <b>COMPASS PARK / BISTRO</b>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/11/24</b>	ID# <b>2787</b>
Establishment address <b>FRANKLIN, IN (6905 STATE)</b>		Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>9/21/24</b>
Owner <b>COMPASS PARK</b>			Summary of Violations:  <b>C <u>0</u> NC <u>0</u> R <u>0</u></b>	
Owner address		Menu Type (See back of page)  <b>1 <u>2</u> <u>3</u> 4 5</b>		
Person in charge <b>DREW BRUGGEMAN</b>				
Responsible person's email				
Certified food handler <b>JOHN PATCHON</b>				

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Section #	C/NC	R	Narrative	To Be Corrected by
			<del>VIOLATIONS</del> NO VIOLATIONS NOTED	

Received by (name and title printed): <b>DREW BRUGGEMAN, Director</b>	Inspected by (name and title printed): <b>Bob Smith EMS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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9-25*

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Establishment name <b>Dairy Queen</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9-17-24</b>	ID# <b>2760</b>
Establishment address <b>99 US 31S. Whiteland, IN 46184</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>9-27-24</b>
Owner <b>Samir Patel</b>		Summary of Violations:  <b>C 1 NC 4 R 1</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>Miah Pauley - assistant manager</b>		1 2 3 <b>X</b> 4 5	
Responsible person's email			
Certified food handler (ServSafe exp) <b>Samir Patel (2/16/28)</b>			

- 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
324	C		① 3 bay sink floor drain not adequate to handle volume of ware washing - water overflows drain and leaks onto the floor	ASAP
			② chemical dispensing tubes (clear, thin) leaking at up 3 bay sink	
355	NC	R	③ employee stated dirty mop water is dumped into 3 bay sink for disposal, no mop service sink provided	ASAP
297	NC		interior top of ice machine soiled	9-17
431	NC		① floor by commercial filter for cooking oil soiled	9-18
			② floor under drive-thru soda station soiled	
			③ floor under fryers soiled	
430	NC		① freezer door threshold not secure to floor, exposing unsealed floor	9-20
			② ice build up around freezer door	
Note: Quaternary ammonia sanitizer solutions shall have ~200ppm in 3 bay sink & sanitizer buckets				

Received by (name and title printed): <b>Miah Pauley</b>	Inspected by (name and title printed): <b>Mia Papageorge, EHS</b>
Received by (signature): <i>Miah Pauley</i>	Inspected by (signature): <i>Mia Papageorge</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  
10/14

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>DALES FAMILY RESTAURANT</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/18/24</b>	ID# <b>2524</b>
Establishment address <b>W JEFFERSON 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>9/28/24</b>
Owner <b>(DEVIN BELKMAN)</b>		Summary of Violations: <b>C 0 NC 8 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>SARAH Ladd</b>		1 2 3 <b>4</b> 5	
Responsible person's email			
Certified food handler <b>SARAH Ladd</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC	(X)	OUTSIDE DUMPSTER - LID NOT CLOSED	9/20/24
393	NC		DRAIN PLUG NOT INSTALLED	10/11
<del>413</del>	<del>NC</del>	<del>(X)</del>	<del>BACK DOOR NOT CLOSING TIGHTLY</del>	<del>10/2</del>
218	NC	(X)	WALK-IN FREEZER DOOR DOES NOT CLOSE TIGHTLY	10/2
239	NC	(X)	ICE SCOOP STORED ON TOP OF ICE MAKER BETWEEN USE / NOT IN BUCKET	corrected (9/18)
431	NC	(X)	FLOOR IN AREAS OF KITCHEN NEXT TO WALK NOT CLEAN	9/25
431	NC	(X)	SOME CEILING PANELS NOT CLEAN / DUSTY IN KITCHEN	9/25
431	NC	(X)	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	9/25
411	NC	(X)	CEILING LIGHT OUT IN KITCHEN	10/2

Received by (name and title printed): <b>Sarah Ladd manager</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Sarah Ladd</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
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*Best  
9-26*

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Desperation Depot</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/24/24</b>	ID# <b>2028</b>
Establishment address <b>3522 S US 31 Franklin, IN 46131</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10/4/24</b>
Owner <b>Jammy + Jimmy Swallows</b>		Summary of Violations:  <b>C 0 NC 8 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 <input checked="" type="checkbox"/> 4 5</b>	
Person in charge <b>Robert Dale</b>			
Responsible person's email			
Certified food handler <b>Tammy Swallows</b>			

- 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
385	NC		Dumpster (exterior) contains a lid that is half missing.	10/31/24
112	NC		Some refrigeration and freezer units are not NSF/ANSI approved.	12/1/25
295	NC		Exterior sides of cooking equipment are soiled.	10/1/24
431	NC		Kitchen floor soiled around deep fryers and walk-in-cooler floor.	10/1/24
250	NC		Thermometers not seen in some basement chest freezers.	10/1/24
218	NC		Holiday chest freezer stored outside and unblocked contained a heavily damaged interior lid.	9/24/24 Bring food inside, remove freezer
430	NC		Basement ceiling tiles missing, moldy and/or damaged.	10/31/24 freezer
190	NC		Previously cooked sausage gravy covered with a lid measured 63°F while inside the walk-in-cooler.	Corrected

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



**JOHNSON COUNTY HEALTH DEPARTMENT  
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Beky  
9-25

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>Dollar Tree</i>	Telephone Number <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	Date of Inspection <i>9/3/24</i>	ID# <i>1261</i>
Establishment address <i>787 S. Madison</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>2 wks</i>	Release Date
Owner <i>Greenwood</i>		Summary of Violations:  C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner address <i>I</i>		Menu Type (See back of page)	
Person in charge		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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>2.4</i>			<i>Drink fountain is soiled. - lime - rust</i>	

Received by (name and title printed): <i>Elizabeth White Merc MGR</i>	Inspected by (name and title printed): <i>Terry Bayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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Betsy  
9-13

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 <b>Domino's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9-9-24</b>	ID# <b>1847</b>
Establishment address <b>1211 N Madison Ave</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>9-19-24</b>
Owner <b>Greenwood 46142</b>		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"
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Section #	C/NC	R	Narrative	To Be Corrected by
347	NC		Observed NO paper towels @ employee restroom hand sink	
<p>NOTES: top of flip top cooler where wings are stored observed 43°F/44°F - cooler needs turned down or repaired.</p>				

Received by (name and title printed): <b>Jonathan Parr</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:



**JOHNSON COUNTY HEALTH DEPARTMENT  
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460 N. MORTON ST. STE A  
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*Beky  
9-25*

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>Donatus</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/12/24</i>	ID# <i>2509</i>
Establishment address <i>2260 S US 31 Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>JN</i>		Summary of Violations:  C <input type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address	Menu Type (See back of page)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge			
Responsible person's email			
Certified food handler <i>Mary Manning</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>+ Christina Burden</i>	Inspected by (name and title printed): <i>Terry D Payne</i>
Received by (signature): <i>+ Christi Burden</i>	Inspected by (signature): <i>Terry D Payne</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT  
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*Best  
9-13*

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 <b>Die's Walk</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9-9-24</b>	ID# <b>1628</b>
Establishment address <b>2080 S SR 135</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>9-19-24</b>
Owner		Summary of Violations: <b>C 0 NC 4 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>X</u> 5 <u>  </u>	
Responsible person's email			
Certified food handler <b>Need by 12-27-24</b>			

- 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	X		Observed a plastic container with a lid of chicken & corn chowder @ 45°F date marked 9-8-24 located in walk-in cooler	Recommend discard.
334	X		Ice machine drain line lacks an air gap	9-16-24
431	NC		Floors, walls, & ceiling are soiled in kitchen	10-31-24
295	NC		Equipment are soiled in kitchen ↳ Shelves, hood system etc	
297	NC		Bar soda nozzle is soiled in snack area	9-10-24
218	NC		True single door cooler in snack area door gasket is split/worn	9-23-24
			Notes: ① true single door cooler in snack room ambient air temp @ 42 → needs turned down ② 1 light out in hood system	

Received by (name and title printed): <b>Blake Clevenger</b>	Inspected by (name and title printed): <b>Cassi Hall</b>
Received by (signature): <i>Blake C. Clevenger</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:



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

86 WEST COURT STREET  
FRANKLIN IN 46131  
Office 317-346-4365 Fax 317-736-5264

*Bkml  
A 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>El Potro Mexican Restaurant</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>9/20/24</i>	ID# <i>2147</i>
Establishment address <i>8002 S. Nineveh Rd Nineveh IN 46164</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>9/30/24</i>
Owner <i>Juan Quezada</i>		Summary of Violations:  C <u>1</u> NC <u>8</u> R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 <u>✓</u> 4 _____ 5 _____	
Person in charge <i>Augustin Bravo</i>			
Responsible person's email			
Certified food handler <i>Augustin Bravo (ServSafe Exp: 5/7/26)</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
411	NC		Overhead light out in dry storage area and bulbs inside some refrigeration units are not working	10/1/24
190	NC		Previously cooked queso (made today) covered with clear film measured 46°F / 47°F while inside the true two door cooler	Corrected
218	NC	✓	Door seals torn on prep table and drawers for undercounter cooler	10/30/24
404	NC		① Cove base loose near hand sink in women's restroom ② Cove base missing at Northeast dish area wall	10/30/24
295	NC		Bar soda gun soiled	9/20/24
294	C		Mechanical dish machine contained less than 50ppm of chlorine	Called for repair

Received by (name and title printed): <i>Muriel Aguilar</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Augustin Bravo</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

