



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
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>Main + Madison Market Cafe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/16/24</i>	ID# <i>2208</i>
Establishment address <i>100 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>9/26/24</i>
Owner <i>Amy Richardson</i>		Summary of Violations: <i>C 0 NC 3 R —</i>	
Owner address <i>7607 Banta Woods Dr. Bargersville, IN 46106</i>	Responsible person's email <i>arichardson@sixtusmanagement.com</i>	Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>Kristin Neal - AGM</i>			
Certified food handler <i>NIA</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
431	NC		Floor under shelves in walk-in cooler soiled	9/20
177	NC		Smoked salmon not stored minimum 6 inches off ground in walk-in cooler	9/17
239	NC		Single service cups & lids not stored minimum 6 inches off ground in basement storage	to ^{up} 9/17
			Notes: (1) Knives + spatula stored in between counter + flip top cooler behind register	
			(2) down ^{up} basement ice machine soiled	

Received by (name and title printed): <i>Kristin Neal</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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*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 <i>Mallow Run</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-9-24</i>	ID# <i>1117</i>
Establishment address <i>19164 W Whiteland Rd</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up <i>-</i>	Release Date <i>9-19-24</i>
Owner		Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </u>	
Owner address	Menu Type (<i>See back of page</i>)		
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
			<i>NO Hems noted @ time of inspections.</i>	
			<i>Final dish machine rinse observed @ 163.4°F</i>	

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



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Bekem
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 Monie's Grill Express	Telephone Number () Establishment () Owner	Date of Inspection 9-11-24	ID# 2705
Establishment address 89 E Jefferson St. Franklin	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9-21-24
Owner		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler Antonio Torres Salinas (1/15/24)			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		① Observed a metal container of rice @ 48°F located in "COVE" cooler in kitchen	recommend discarding P.H.E
			② Observed sour cream @ 46°F located in front server cooler	
174	NC		few bulk containers not labeled on south kitchen wall	9-15-24
177	NC		Observed rice not stored 6" off floor	
431	NC		floor drain for kitchen hand sink & 1/6 machine is soiled	9-17-24
430	NC		Ceiling tiles missing foam in down stairs storage room	9-25-24
177	NC		"Cold Cow Ice Cream Unit" with frozen meat, not easily movable / 6" off floor	9-13-24
			Notes: ① Toxic spray bottle not labeled ② food should be stored in 9 food grade containers ③ store wet wiping cloths in sanitizer bucket	

Received by (name and title printed): [Signature]	Inspected by (name and title printed): CASSI HALL
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:



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*Bekki
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>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/12/24</i>	ID# <i>903</i>
Establishment address <i>2252 US 31 S 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
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> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Keli Bennett</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>324</i>	<i>NC</i>		<i>No hot water at the men's room hand sink, in line is not working heater</i>	<i>9/22/24</i>

Received by (name and title printed): <i>Keli Bennett</i>	Inspected by (name and title printed): <i>Terry D Taylor</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Bekm
10-2*

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Establishment name <i>McDonald's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/26/24</i>	ID# <i>1058</i>
Establishment address <i>2556 S. S.R. 135 Greenwood IN 46143</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/6/24</i>
Owner <i>Paul W.</i>		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>Aaron Sandoval</i>	Responsible person's email <i>(ServSafe Exp 12/7/25)</i>	Menu Type (See back of page)	
Certified food handler <i>Aaron Sandoval</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>218</i>	<i>NC</i>		<i>(1) BIM cooler door not closing tightly</i>	<i>9/26/24</i>
			<i>(2) I keep fryer baskets (fries) were damaged</i>	
<i>295</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>interior top of large ice maker is soiled</i>	<i>9/26/24</i>

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



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*Bulson
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 McDonald's	Telephone Number (317) 738-4471 (812) 799-3724	Date of Inspection 9-30-24	ID# 1555
Establishment address 2080 E. King St. Franklin, IN 46131	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10-9-24
Owner Ball Management Group Inc		Summary of Violations: C 2 NC 3 R —	
Owner address 3129 25th St. #374 Columbus, IN 47203	Menu Type (See back of page) 1 2 3 <u>4</u> 5		
Person in charge Mason Johnson - manager			
Responsible person's email lisa.carter@us.stores.mcd.com			
Certified food handler Mason Johnson ServSafe exp 2029			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		sausage gravy in 2 door fridge near drive thru payment window had internal temperature of 54°F, gravy was placed in fridge around 11am, temp. taken at 4pm	ASAP
295	NC		① top of dish machine soiled ② drive thru soda station counters & surfaces soiled, especially behind tea canisters & baskets of sugar	10-5
431	NC		① floor under drive thru soda station excessively littered with food debris & dirty cups ② floor to surrounding grease collector soiled	
415	NC		many flies observed throughout facility	
433	NC		mop not hung to dry in between uses	
Notes: ① Dain curtain not on at payment drive thru window ② ice scoop not observed at drive thru soda station ice bin				Corrected

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



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Bekay 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>Nailer's Brewing Co.</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/26/24</i>	ID# <i>2159</i>
Establishment address <i>6001 N Hwy 31 Whiteland, IN 46184</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>10/6/24</i>
Owner <i>Steve Harmon</i>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address	Responsible person's email <i>(AFSC Exp:)</i>	Menu Type (See back of page)	
Person in charge <i>Steve Harmon</i>		1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Paul Musgrove (1/29/27)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>218</i>	<i>NC</i>		<i>Door seal torn Cold Master one 10° cooler,</i>	<i>10/31/24</i>

Received by (name and title printed): <i>Steve Harmon Owner</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:



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Belson
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>Noble Romans Craft Pizzeria Pub</i>	Telephone Number Establishment () Owner	Date of Inspection <i>9/30/24</i>	ID# <i>2384</i>
Establishment address <i>2826 S. SR 135 Greenwood IN 46143</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>10/10/24</i>
Owner <i>Noble Romans</i>		Summary of Violations: C <u>0</u> NC <u>7</u> R <u>3</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Travis Arison</i>			
Responsible person's email			
Certified food handler <i>N/A</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	Floors, walls, ceilings, vents (ceiling) and floor drains soiled in various areas	10/11/24
430	NC	✓	Floor drain for self-serve soda station (not accessible)	10/30/24
218	NC	✓	(1) Some refrigeration units contain torn door gaskets (2) Interior left door on Turbo Air cooler near oven, is missing the cover over the insulation	10/11/24
295	NC		Interior and exterior of various equipment are soiled	10/11/24
218	NC		Six leg stainless steel dough room table bottom shelf is not connected to the leg	10/11/24
324	NC		Cap for water line on mechanical dishwasher is leaking	10/13/24
295	NC		Dough room four rack metal shelving is soiled	10/11/24

Received by (name and title printed): <i>Travis Arison General Manager</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:



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Betsu
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 Noodles & Company	Telephone Number (317) 739-4200 (720) 294-9947	Date of Inspection 9-17-24	ID# 2706
Establishment address 2182N. Morton St. Franklin, IN 46131	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 9-27-24
Owner The Noodle Shop Co - Colorado Inc		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>—</u>	
Owner address 80021 520 Zang St. Ste D. Broomfield, CO		Menu Type (See back of page)	
Person in charge Doug Adcock - manager		1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>X</u> 5 <u>—</u>	
Responsible person's email jennifer.m@noodles.com			
Certified food handler Doug Adcock (State Food Safety exp) 7-5-28			

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Section #	C/NC	R	Narrative	To Be Corrected by
			No violations observed	
			Notes: ① floor under equipment soiled ② back handwashing sink leaking	

Received by (name and title printed): Doug Adcock	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): <i>D. Adcock</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:



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Betsy
9-30

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Establishment name O'Charley's # 406	Telephone Number () Establishment () Owner	Date of Inspection 9/27/24	ID# 1111
Establishment address 886 SR 135 S. Greenwood, IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 10/7/24
Owner Corporate		Summary of Violations: C 2 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 ✓ 4 5	
Person in charge Daniel Nuney			
Responsible person's email (SenSafe)			
Certified food handler Dendrey Chamberlain (Exp: 12/4/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC		Floor tile damaged and cove base near back kitchen door, behind ice maker and walk-in-cooler/freezer doors.	10/31/24
303	C		Kitchen mechanical, dishmachine not sanitizing immediately after cleaning.	Call for repair
218	NC		Wall shelving is rusty above preparation sink.	10/31/24
295	NC		Bar ice and soda drains are sealed.	Corrected
187	C		(1) The following internal product temperatures were measured in the four drawer cooler: (A) fish, chicken & beef 43°F to 45°F.	Corrected
			(2) The following internal product temperatures were measured in the two drawer cooler: Ribs 50°F and Cheese slices 51°F.	

Received by (name and title printed): Danill Nunce	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Danill N.M.	Inspected by (signature): Andrew Miller
cc:	cc:



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Belton
9-20

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Establishment name THE ORIGINAL CHICAGO PIZZA & CURRY	Telephone Number () Establishment () Owner	Date of Inspection 9/26/24	ID# 2495
Establishment address 153 HOLIDAY PLACE FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/5/24
Owner SINGH		Summary of Violations: C <u>0</u> NC <u>2</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge GAUR SINGH			
Responsible person's email			
Certified food handler GAUR SINGH SERUSAFO EXP. 6/23/25			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC		OUTSIDE DUMPSTER LIDS NOT CLOSED	CORRECTED 9/26/24
			INTERNAL TEMPERATURES OF POTENTIALLY HAZARDOUS FOODS IN WALK-IN COOLER 42F-43F NOT AT 41°F OR LESS	9/27
431	NC		FLOOR NOT CLEAN UNDER SHELF NEXT TO WALL	9/30

Received by (name and title printed): Gaurajeet Singh	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Gaurajeet Singh</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Bokm
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 Panera Bread #6272		Telephone Number (317) 610-0890	Date of Inspection MP 9-19-24	ID# 2713
Establishment address 2156 N. Morton St. Franklin, IN 46131		(317) 984-1000	Follow-up —	Release Date 9-29-24
Owner Panera LLC	Owner address 63026 1400 S. Highway Dr. Ste. 100 Fenton, MO	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 1 R —	
Person in charge Diana Morgan - GM	Responsible person's email diana.morgan@panerabread.com		Menu Type (See back of page) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Certified food handler Andrew Zook (Serv Safe exp 8/7/25)				

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Section #	C/NC	R	Narrative	To Be Corrected by
297	NC		interior top of ice machine soiled	9-21

Received by (name and title printed): Diana Morgan	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): Diana Morgan	Inspected by (signature): Mia Papageorge
cc:	cc:



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Establishment name Papa John's	Telephone Number () Establishment () Owner	Date of Inspection 9-17-24	ID# 716
Establishment address 295 S SR 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 9-27-24
Owner		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 X 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• 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
218	NC		Observed the ambient air temp of flip top cooler @ 43°F ↳ Pepperoni @ 43°F	
324	NC		map sink leaks @ cold handle	
425	NC		mops + brooms not hung up	
347	NC		NO paper towels observed @ hand sink by 2nd prep sink	
430	NC		floor tiles are worn/missing	
218	NC		flip top cooler handles are loose/missing (one screw is exposed)	
			NOTE: @ Observed a few small flies near map sink @ Detail clean.	

Received by (name and title printed): Matthew Chowning	Inspected by (name and title printed): Cassi Hall
Received by (signature): [Signature]	Inspected by (signature): [Signature]
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
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 Penn Station	Telephone Number () Establishment () Owner	Date of Inspection 9-17-24	ID# 802
Establishment address 255 S SR 135 Greenwood	Purpose: 1. Routine	Follow-up	Release Date 9-27-24
Owner	2. Follow-up	Summary of Violations: C 2 NC 2 R	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge	4. Pre-Operational	1 2 X 3 4 5	
Responsible person's email	5. Temporary		
Certified food handler Malcolm Kallugyer (exp. 3/1/29)	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 the internal temperature of cut fries @ 60°F located in 3 bar cooler across from fryer ↳ ambient air temperature observed @ 53°F	Recommend discarding P.H.F
415	C		Observed many small flies	10-8-24
218	NC		Observed the following internal food temperatures in flip top cooler by grill ① raw chicken @ 43°F ② pepperoni @ 43°F	9-19-24
431	NE		shall be 4°F or less floors & walls are soiled through-out kitchen ↳ under equipment, around mop sink, shelving units,	11-19-24

Received by (name and title printed): Malcolm Kallugyer GM	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
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Office 317-346-4365 Fax 317-736-5264

*Best
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 <i>Pizza Hut</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9-6-24</i>	ID# <i>2184</i>
Establishment address <i>1022 S US 31 Greenwood</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up <i>-</i>	Release Date <i>9-16-24</i>
Owner	Summary of Violations: <i>C 0 NC 2 R</i>		
Owner address	Menu Type (See back of page)		
Person in charge	1 2 3 <i>X</i> 4 5		
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>	<i>①</i>	<i>Floors, walls, & ceiling are soiled throughout kitchen → under equipment</i>	
<i>431</i>		<i>②</i>	<i>3 bay floor drain is soiled.</i>	
<i>177</i>	<i>NC</i>	<i>③</i>	<i>2 door cooler not easily movable ↳ floor under/ground cooler is soiled.</i>	

Received by (name and title printed): <i>Sarah Army</i>	Inspected by (name and title printed): <i>CASSI HALL</i>
Received by (signature): <i>Sarah Army</i>	Inspected by (signature): <i>CASSI HALL</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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FRANKLIN, IN 46131
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*Belam
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 <i>Pizza Hut</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/5/24</i>	ID# <i>2185</i>
Establishment address <i>4800 W. Smith valley Carlenwood IN 46142</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 3 NC 3 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Ashley Fligelman</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>430</i>	<i>NC</i>		<i>Grout & tiles are missing in right corner of walk-in cooler.</i>	<i>9/26/24</i>
<i>431</i>	<i>NC</i>		<i>floor by walk mechanical dish washer & three-by sink is soiled.</i>	<i>9/19/24</i>
<i>142</i>	<i>C</i>		<i>one bottled at hot/cold holding food is not labelled.</i>	<i>ASAP</i>
<i>295</i>	<i>NC</i>		<i>lid handles needs cleaning at holding station.</i>	<i>ASAP</i>
<i>171</i>	<i>C</i>		<i>Employee not using gloves while handling food</i>	<i>ASAP</i>
<i>295</i>	<i>C</i>		<i>cheese scoop handle not placed where it wouldn't touch any food.</i>	<i>ASAP</i>
<p>NOTE: (i) mechanical dish washer sanitizer is okay (ii) scoop food scoop handles should be placed where it's not touching the food. (iii) unmarked food items needs to be properly labelled.</p>				

Received by (name and title printed): <i>Paul Beger</i>	Inspected by (name and title printed): <i>Paul Betiku etts</i>
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

Beltman
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>Road Ranger # 226</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/23/24</i>	ID# <i>915</i>
Establishment address <i>1615 E. Main St Greenwood, IN 46143</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>10/3/24</i>
Owner		Summary of Violations: <i>C 1 NC 14 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Shirley Pruitt</i>			
Responsible person's email			
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
324	C		Automatic hand sink at Subway front line not operable	9/24/24 Corrected (AM)
411	NC		Interior bulb out inside	10/1/24
218	NC		Master Belt two door freezer shelving inside Subway walk-in-cooler is rusty	10/23/24
385	NC		East exterior dumpster is missing the top lids	10/1/24
177	NC		Insulated foam cups are stored on the Subway area utility room	9/23/24
256	NC		No thermometer seen in pizza prep table	Corrected
218	NC		A screw is used as a timer knob on the Baker's Pride pizza oven	10/8/24
388	NC	✓	Approximately 26 semi tires are stored outside the compressor area	10/8/24
426	NC	✓	Various wood pallets, trash and debris are stored in the	↓

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

Beckm
9/30

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>Roku Sushi & Pho</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>9/26/24</i>	ID# <i>2494</i>
Establishment address <i>2800 S. SR 135 Ste 250B Greenwood, IN 46143</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>10/5/24</i>
Owner <i>Leu Cung Thawng</i>		Summary of Violations: <i>C 4 NC 17 R 7</i>	
Owner address	Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>		
Person in charge <i>Leu Cung Thawng</i>			
Responsible person's email <i>(ServSafe Exp)</i>			
Certified food handler <i>Leu Cung Thawng 9/15/26</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
344	C	✓	Dish area hand sink was storing	Corrected
345	C		various equipment and soiled	I
137	NC	✓	No paper towels nor hand soap provided at dish area hand sink	Corrected
433	NC	✓	Wet mops not hung up	9-26-24
413	NC		Alley screen door not sealing at bottom	10-8-24
291	NC		No Quast test strips provided	9-26-24
295	C	✓	Table slicer unit was soiled	Corrected
234	NC	✓	White rice spatula was stored in 78°F container of water	9-26-24
205	C		WOK cooking pan is cracked in two places near handle	9-27-24
218	NC		Two strainers, with handles, are worn	Corrected
			② One deep fryer basket is damaged	9-27-24
431	NC		Kitchen mechanical exhaust system and filters are soiled	10-8-24
177	NC	✓	Food was stored on the	10-1-24

Received by (name and title printed): <i>Leu Cung Thawng</i>	Inspected by (name and title printed): <i>Andrew Miller, EHG</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>317-346-4380</i>

NARRATIVE REPORT

Greenwood

Establishment Name Roku Sushi & Pho	Address 2800 S. S. R. 135 ^{IN} 46143	Inspection Date 9-26-24
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
256	NC		walk-in-freezer floor Ambient air thermometers not seen in kitchen prep table or sushi prep table	9-26-24 L
112	NC		Toaster oven in sushi area contained a label with "Wal-mart and Household use only" This unit is not NSF/ANSI approved	10-8-24 Need commercial unit L
431	NC		① Kitchen air returns are soiled ② Guest area soda drain is soiled	9-27-24 L
138	NC		Sushi employee lacked a hair restraint	Corrected L
295	NC		Compressor unit was soiled at kitchen prep table and sushi prep table	Corrected L
178	NC		Various food items were stored in white single use grocery style bags while in the walk-in-cooler/freezer	10-1-24 L
177	NC		Pre-filled cups of water were stored at the guest area soda station	Corrected L
293	NC		The middle bay of the three bay sink (in kitchen) contained three pairs of personal, tennis shoes.	Corrected Please use only for dishes, etc.
295	NC		Inside top of ice maker and drop plate are soiled	9-26-24

Received By (Name & Title) <i>[Signature]</i>	Inspected By (Name & Title) Andrew Miller, EHG	Page 2 of 2
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