



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

Belson  
 10/29

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 7 Brew # 146	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 10/25/24	ID# 2847
Establishment address 1120 N SR 135 Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 11/4/24
Owner 7 Venture, Inc		Summary of Violations:  C <u>1</u> NC <u>2</u> R <u>    </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 Tyler Kelly			
Responsible person's email			
Certified food handler In-progress			

• 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
430	NC		Paper towel dispenser not on wall at main area hand sink	10/28/24
413	NC		Northeast entry/exit door contained an open magnet screen and the door air curtain was not on internal	Corrected
187	C		The following ambient air <sup>(AM)</sup> temperatures were measured inside the walk-in-cooler (1) Skim milk 47°F (2) Half and Half milk 43°F/44°F Note: ambient air of this cooler was 45°F/46°F at 12:42 pm	10/25/24 Leave Air Curtain on

Received by (name and title printed): Tyler Kelly	Inspected by (name and title printed): Andrew Miller EHS
Received by (signature): <i>J Kelly</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:







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460 N. MORTON ST. STE A  
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 Office 317-346-4365 Fax 317-736-5264

Bekah  
 10/11/24

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>American Legion</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/2/24</i>	ID# <i>167</i>
Establishment address <i>334 US 31 S</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	Release Date <i>10/12/24</i>
Owner <i>Greenwood IN</i>		Summary of Violations:  C <u>0</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			

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Section #	C/NC	R	Narrative	To Be Corrected by
347	NC		No hand towels at the kitchen	10/2/24
431	NC		hard sink Floor is soiled behind the	10/9/24
490	NC		kitchen ovens. Along wall base / kitchen ceiling tiles are not	11/1/25
295	NC		smooth and easily cleanable Ice maker drain is soiled	10/9/25
			with mold and crud build up -	
			further	
			Notes: Keep thermometers on	
			all freezers	

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



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. Drake Rd.  
460 N. MORTON ST. STE A *Beth 10/14*  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

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>Applebee's Grill &amp; Bar</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/9/24</i>	ID# <i>563</i>
Establishment address <i>1251 US 31 N L-5 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>10/19/24</i>
Owner <i>Corporate</i>		Summary of Violations:  <i>C 0 NC 4 R</i>	
Owner address	Certified food handler <i>Brittany Salisbury 10/29/27</i>	Menu Type (See back of page)  <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Brittany Salisbury</i>		Responsible person's email <i>(SewSafe Exp)</i>	

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>413</i>	<i>NC</i>		<i>Trash room exterior door trim was not sealing on both sides to the sides of the building</i>	<i>10/19/24</i>
<i>431</i>	<i>NC</i>		<i>Floor drain soiled under kitchen dish machine</i>	<i>10/13/24</i>
<i>399</i>	<i>NC</i>		<i>Floor tile damaged or needs grout repair near kitchen ice maker and server soda station</i>	<i>11/9/24</i>
<i>295</i>	<i>NC</i>		<i>Interior bottom of deep fryers are soiled including the wheels/casters</i>	<i>10/19/24</i>

Received by (name and title printed): <i>Brittany Salisbury</i>	Inspected by (name and title printed): <i>Andrew Miller EHP</i>
Received by (signature): <i>B</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:





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Bukm  
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 <b>APPLEBEES</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/1/24</b>	ID# <b>687</b>
Establishment address <b>700 N MORTON ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>10/11/24</b>
Owner		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>(A)</u> 5 <u>   </u>	
Person in charge <b>MIKE KACHELRIES</b>			
Responsible person's email			
Certified food handler <b>MIKE KACHELRIES</b>			

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Section #	C/NC/R	Narrative	To Be Corrected by
	<b>(NOTE)</b>	<b>FEW FLIES SEEN IN KITCHEN</b>	
<b>431</b>	<b>NC</b>	<b>FLOOR DRAIN IN BAR NOT CLEAN</b>	<b>10/8/24</b>
<b>218</b>	<b>NC</b>	<b>REFRIGERATOR SHELF COATING IN BAR WORN</b>	<b>10/30</b>
	<b>(NOTE)</b>	<b>MECHANICAL DISINFECTING HOT WATER SANITIZATION TEMPERATURE ADEQUATE (≥160°F) ON PLATE/UTENSIL SURFACE (WAS 168°F)</b>	<b>OK</b>

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









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

JOHNSON COUNTY HEALTH DEPARTMENT  
95 S DRAKE RD  
FRANKLIN, IN 46131  
PHONE: 317-346-4365 FAX:317-736-5264

Betsy  
10/28

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 <b>BIG Woods</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/25/24</b>	ID# <b>2047</b>
Establishment address <b>1800 E KING ST. FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>11/4/24</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>8</u> R <u>—</u>	
Owner address		Menu Type (See back of page)  1 <u>—</u> 2 <u>—</u> 3 <u>3</u> 4 <u>4</u> 5 <u>—</u>	
Person in charge <b>KATLYN DeZARN</b>			
Responsible person's email			
Certified food handler <b>(BORUSARE) JAKE COOPER</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	*	WALK-IN COOLER - SHELVING NOT CLEAN	10/29/24
218	NC		FRONT DOOR INSIDE IS WORN	12/1
431	NC	*	FLOOR NEXT TO WALL, UNDER EQUIPMENT IN KITCHEN, BAR AREA NOT CLEAN	11/1
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	11/1
			(NOTE) → SOME KITCHEN CEILING TILES STAINED	
295	NC	*	2 DOOR SALAD COOLER → SHELF COATING	11/30
218	NC		IS WORN, DOOR GASKET NOT CLEAN	10/29
309	NC	*	WOMENS RESTROOM - MECHANICAL EXHAUST NOT FUNCTIONING	10/30
413	NC	*	BACK DOOR NOT SELF-CLOSING	11/15 (ON WORK ORDER)
			(NOTE) KITCHEN, 1 REFRIGERATOR ON PREPARATION LINE - AMBIENT AIR 48°F, POTENTIALLY HAZARDOUS NOT TO BE STORED IN THIS UNIT UNTIL CORRECTED	

Received by (name and title printed): <b>Katlyn DeZarn, Assistant Manager</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:





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460 N. MORTON ST. STE A  
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Office 317-346-4365 Fax 317-736-5264

✓✓

Betsy  
10/19

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 <u>Bluff Creek Golf Course</u>	Telephone Number (317) <sup>Establishment</sup> 422 4736 (317) <sup>Owner</sup>	Date of Inspection <u>10-14-24</u>	ID# <u>820</u>
Establishment address <u>2710 Old SR 37 Greenwood, IN 46143</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date <u>10-24-24</u>
Owner <u>Links Engineering LLC</u>		Summary of Violations:  <u>C 0 NC 6 R —</u>	
Owner address <u>2710 Old SR 37 Greenwood, IN 46143</u>		Menu Type (See back of page)	
Person in charge <u>Judi Treat - employee</u>		1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Responsible person's email <u>bluffcreek.reservations@gmail.com</u>			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		oven hood vents <sup>up</sup> heavily soiled	10-21-24
430	NC		hole in flooring in kitchen	
431	NC		floor under equipment soiled	
257	NC		<sup>up</sup> white chest freezers in golf cart garage observed without thermometers	
218	NC		Frigidaire® white chest freezer in golf cart garage rusty on top & front exterior	
297	NC		interior top of ice machine soiled	
			Notes: ① unsealed wood under unit closest to wall under Larkin® vent system next to fryer ② residential Kenmore® refrigerator & freezer unit in kitchen ③ flies observed in kitchen	

Received by (name and title printed): <u>Judi Treat</u>	Inspected by (name and title printed): <u>Mia Papageorge, EHS</u>
Received by (signature): <u>JTreat</u>	Inspected by (signature): <u>Mia Papageorge</u>
cc:	cc:





**JOHNSON COUNTY HEALTH DEPARTMENT  
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JOHNSON COUNTY HEALTH DEPARTMENT  
95 S DRAKE RD  
FRANKLIN, IN 46131

*Bekm  
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>BOJAK'S</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/8/24</b>	ID# <b>1365</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>—</b>	Release Date <b>10/18/24</b>
Owner <b>GORE</b>		Summary of Violations:  <b>C 0 NC 6 R</b>	
Owner address	Person in charge <b>GREG GALT</b>	Menu Type (See back of page)	
Responsible person's email		1. 2. 3. <b>4</b> 5.	
Certified food handler <del>JOHN</del> <del>SAVANA</del> <b>JOHANNA LAMITAN (CPFO)</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
431	NC <del>R</del>	FLOOR NOT CLEAN IN KITCHEN NEXT TO WALL, FLOOR DRAIN NOT CLEAN	10/15/24
295	NC <del>R</del>	INSIDE TOP OF ICE MAKER NOT CLEAN	10/12
399	NC <del>R</del>	WALL WORN, WET, FLOOR WET	7 repair 11/5
431	NC	BEHIND, UNDER ICE MAKER	clean 10/15
295	NC <del>R</del>	FRONT BAR SOFT DRINK HOLSTER NOT CLEAN	10/9
190	NC <del>R</del>	PRECOOKED WARM CHICKEN STORED IN PLASTIC COVERED CONTAINER IN KITCHEN REFRIGERATOR NOT QUICK CHILL METHOD	corrected 10/8/24

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





Johnson County Health Department  
 95 S. Drake Rd., Franklin, IN 46131  
 Phone: (317) 346-4365

*Beston  
10/14*

**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 <b>Bonfish Grill</b>	telephone <b>317-884-3992</b>	Date of Inspection <b>10/10/2024 2:30pm</b>
Establishment address <b>1001 ST RD 135 NORTH • GREENWOOD, IN 46142</b> <a href="mailto:BG7502@BonfishGrill.com">BG7502@BonfishGrill.com</a>	Summary of Violations <b>1 C, 3 NC, 0R</b>	
Owner <b>BONEFISH GRILL, LLC</b>	Follow-up <b>No</b>	Release Date <b>10/21/2024</b>
Person - in - Charge <b>Greg Oakley</b>	Certified Food Handler <b>Sarah 2026</b>	Menu Type <b>4-Extensive handling</b>
Establishment Identification # <b>1014</b>	County <b>Johnson</b>	District <b>D5</b>
	Purpose: <b>Routine</b>	

- 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		Diced mango at 57° F in top of flip-top deli with salad dressings. All product in flip-top is temping 57° F-58° F. Ambient thermometer reads 62° F. Service has been contacted and all product is being discarded	10/10/24
187			Raw shrimp on improper ice bath at 49° F	corrected
430	NC		Floor Grout in disrepair	10/31/24
410	NC		Light bulbs not shielded in walk-in-cooler	10/11/24
431	NC		Mold-like substance observed on walk-in-cooler interior walls	10/31/24
445	C		House flies observed in back by carbonator	10/11/24
			Reminder: Keep floor sinks flowing so that wastewater does not flood the kitchen floor	10/10/24

Establishment Representative

Inspected by: Elizabeth Senisse, REHS  
 (317) 346-4373 [esenisse@co.johnson.in.us](mailto:esenisse@co.johnson.in.us)

Betsy  
 10/23



JOHNSON COUNTY HEALTH DEPARTMENT  
 RETAIL FOOD ESTABLISHMENT  
 INSPECTION REPORT

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

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 BPO ELKS #1818	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 10/22/24	ID# 106
Establishment address 56 E JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/1/24
Owner BPO ELKS		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge CHRISTY Locke			
Responsible person's email			
Certified food handler CHRISTY RANNEY LOCKE (SERVSAFE (EXP 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
NOTE		*	SEWER ODOR NOTICED AT mop SINK CLOSET	10/22/24 (PLACED WATER IN DRAIN)
431	NC	*	BAR (DOWNSTAIRS) FLOOR NEXT TO WALL NOT CLEAN (FEW SMALL FIBES SEEN)	10/28
309	NC	*	DOWNSTAIRS RESTROOMS - MECHANICAL EXHAUST NOT FUNCTIONING	10/28
NOTE		*	WOOD PALLETS (NOT EASILY CLEANABLE, DURABLE) IN WALK-IN COOLER	10/21
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	10/29
239	NC	*	SOME CLEAN DISHWASH STORED ON TOWELS IN UPSTAIRS BAR	10/29
NOTE			MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE RECORDED = 160° ON PLATE/UTENSIL SURFACE (WAS 165.9°F)	OK

Received by (name and title printed): CHRISTY RANNEY BARMANAGER	Inspected by (name and title printed): Bob SMITH EHS
Received by (signature): Christy Ranney	Inspected by (signature): Bob Smith
cc:	cc:









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Betsy  
10/29

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

Establishment name <i>Buffalo Wild Wings</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/24/24</i>	ID# <i>2129</i>
Establishment address <i>1077 N. Emerson Ave</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>11/3/24</i>
Owner <i>Greenwood IN 46143 Corp</i>		Summary of Violations:  C <u>0</u> NC <u>6</u> R <u>    </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>Jon Jarnagin</i>			
Responsible person's email			
Certified food handler <i>Jon Jarnagin</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
430	NC		Door thresholds loose on chicken and produce walk-in-coolers	11/11/24
399	NC		① without repair needed in dish area (kitchen) and kitchen near deep fryers; and server area #100 ② walls and cover base damage across and around walk-in-freezer	11/28/24
218	NC		Interior door of produce cooler is rusty	12/28/24
413	NC		South entry/exit doors, exterior, are not sealing at center bottom when closed	11/26/24
295	NC		Inside bottom of soda station #100 was soiled and contained a foul off odor	10/25/24
399	NC		Beer walk-in cooler interior flooring is damaged/torn	12/28/24

Received by (name and title printed): <i>Jon Jarnagin AGM</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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JOHNSON COUNTY HEALTH DEPARTMENT  
95 S DRAKE RD  
FRANKLIN, IN 46131

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10/14*

C

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>BURGER KING #7447</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/8/24</b>	ID# <b>569</b>
Establishment address <b>1079 N MORTON ST. 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>10/18/24</b>
Owner <b>PREMIER FOODS</b>		Summary of Violations:  C <u>0</u> NC <u>3</u> R <u>   </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 <b>EFRAN CONTRERAS</b>			
Responsible person's email			
Certified food handler <b>EFRAN CONTRERAS (SERVSAFE EXP 10/1/28)</b>			

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

Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	FLOOR IN AREAS NEXT TO WALK IN KITCHEN, STOCK AREAS NOT CLEAN (UNDER EQUIPMENT, CO <sub>2</sub> TANKS)	10/15/24
256	NC	✓	THERMOMETER NOT SEEN IN WALK-IN FREEZER <del>STREET REFRIG</del> <del>FREEZER ACROSS FROM ALL</del> <del>FREEZER</del> (W/B)	10/12
177	NC	✓	BOX OF ONION RINGS NOT STORED OFF FLOOR - WALK-IN FREEZER	10/10
		✓	<del>REF</del> REFRIGERATOR UNDER ICE CREAM UNIT NOT IN USE	✓

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





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  
Pickett 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>Burger King # 844</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/10/24</b>	ID# <b>1658</b>
Establishment address <b>714 US 31S. Greenwood, IN 46142</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>10/20/24</b>
Owner		Summary of Violations:  C <u>1</u> NC <u>7</u> R _____	
Owner address	Menu Type (See back of page)  1 _____ 2 _____ 3 <u>✓</u> 4 _____ 5 _____		
Person in charge <b>Sabrina Michel</b>			
Responsible person's email <b>(ServSafe Exp. 9/29/25)</b>			
Certified food handler <b>Joe Benedict</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
295	NC	✓	Soda station in guest area soiled	Corrected
430	NC	✓	Northeast exterior top flashing is loose above round VBK sign	10/15/24
431	NC	✓	Floors soiled in kitchen	10/15/24
399	NC		Grout repair needed at cove base at drive-up window and under kitchen soda station	10/30/24
404	NC		Cove base missing near mop sink	10/30/24
415	C		Numerous live small winged insects were seen around mop sink	10/12/24 Clean!!
399	NC		Floor tiles cracked in deep fryer area	10/30/24
324	NC		Drain line for guest area soda station leaks behind right side two door metal cabinet	10/16/24
Notes: Firm needs to increase facility cleaning!!				

Received by (name and title printed): <b>Sabrina Michel Manager</b>	Inspected by (name and title printed): <b>ANDREW MILLER, EHS</b>
Received by (signature): <b>Sabrina Michel</b>	Inspected by (signature): <b>Andrew Miller</b>
cc:	cc: