

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

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

Establishme			2	Telephone Number	Date of Inspection	ID#
an	2700	No.	5. d	() Establishmen	10/15/211	2400
Establishme	_	S	, n, Ste T	() Owner	10/13/27	277/
224	50	ho	ek Kd Greenwood	Purpose:	Follow-up Release	Date
Owner			IN 46143	1 Routine	111	125/24
(70h	MY	K	Esthala	2. Follow-up	Summary of Violati	
Owner addre	n ca	10	a contract		Summary of Violati	ons.
Owner addre	ess			3. Complaint		
			,	4. Pre-Operational		7
Person in ch	arge	_	1 0	5. Temporary	CNC	R
Mis	ttu	. 0	Flores	6. HACCP		
Responsible	person	emai		7. Other (list)	Menu Type (See be	ack of page)
			g gyag ya san sa			/ 8/
Certified for	d handle	4	lores		1 2 3	1 / 5
Scot	tu	1	lores		123	_43
• CRITICAL	ITEMS AR	E ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	0		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW AS	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
219	NC.		Chip cooking its	Miner W	ith handle	10/17/24
/10	1100		IN ILMORN	1	00.000000000000000000000000000000000000	1/1/
295	NC	30-114	Pari roda, gum) 1.	N heavely	" rouled	10/15/24
324	N.C.		Three lenge	rink)	Conten	10/3/124
	700		Rouget leaky		î	1
218	NC		10 Jos extension	right en	ne of	11/15/24
011	100		stachler steel	INTHIN	Jehl	////
			talifo, in cracked	I damaged)	- 1 -
			a) airantes three	dopp) 1	non talto	1
			dom) make to (2)	200, 200	it (ton)	1,
216	NC		aluminum le	il and		10/16/24
210	/00		constrained Un	ho used	Am)	1111
			Dinora Ron Ret	chan show	Dyina	1
295	NC		Commander Roy	Dunty	7	10/17/24
<i>a.</i> 10	,		three door UCI	ofor moi) is soiled	2: / /
			including door	ankets		
284	NC	Security	Wash Temperate	The of the	Chemical	2,
-0/			dupmachine was	1erop de d	2+ 112°F	10/15/24
			not 120°F.	racing c	21101)	11/1
Received by	(name and	title		Ir	aspected by (name and title printed)	: 3 = 1 = 1
Sca	Hu.	T	ones		Andrew Miller.	EHS
Received by	(signature)			Ir	spected by (signature):	
V	Odu	1)	Noch	11	Endrew Mille	
cc:		1	cc:		CC:	V
	0	ν				

Greenwood, IN 46/43 **NARRATIVE REPORT** Establishment Name Address Inspection Date 2245 Sheek Rd Ste J C/NC REMARKS Section# 0 Inspected By (Name & Title)
Undew Miller, EHS Page 2 of 2 State Form 4862 (R2 / 8-05)





JOHNSON COUNTY HEALTH DEPARTMENT \
95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

Establishment name CASEY'S GENERAL STORE	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address		10/25/24	2005
3048 N MORTON FRANKLIN I	Purpose:	Follow-up Release	Date
Owner	(. Routine	- 111	4/24
	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_	Z_R
JENNIFOR LUTTRELL	6. HACCP	De la companya di managara	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler		12_(3_4	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		ND IN THE NARRATIVE BELOW A	s "R"
Section # C/NC R	Narrative		To Be Corrected by
394 NC & OUTS FOR dumps ters	2 - Some TOASH	on ground	10/28/24
	OP STAK FALLE		1118
WALK - IN FREEZER			10/29
177 NCO AR A MICHE	ges NOT OFF I	-look minimus	-10/28
9 01 8 41000	a witchen oher	IT TO WALL,	11/1
431 NC FLOOR IN A MEAS OF		11/AZI	V 1/1
UNDER 3 COMPART		NOT CLERN	
931 NC - CELLING EX HAUST		IOT CLEAN	11/(
IN NESTROOM			
295 MC - pristal OF 2 do		TORS'	10/29
warder delt	LISPLAY NOT	CLEAN	100
	pli	and the second	
431 M = WALL BY OUT	SIDE OF WA	ZK-TN	10/29
431 M = WHEL BY OUT	16814	<u></u>	10/01
10	or car.		
			1
Received by (name and title printed): (INNIHV LUTTEM ASSISTO		pected by (name and title printed)	27/5
Received by (signature):		pected by (signature):	er de el
Alphy hours		Ballma	
сс: сс:	co	:	



460 N. MORTON ST. STE A ON FRANKLIN, IN 46121
ce 317-246

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

Establishme	nt name/)	. 0 1	Telephone Number	Date of Inspection	ID#
('edd	1h)L	70	sek of, tranklin	() Establishment	1 . 1	2778
Establishme	nt addres	s	Franklin, IN	() Owner	10/4/24	1850
1435 (hnis	ti	an Blyd Franklin, IN 46131	Purpose:	Follow-up Release I	Date.
Owner	1000		01100	1. Routine	1	4/24
Code	1h (n n	a V .	2. Follow-up	Summary of Violation	
Owner addre	ess	111		3. Complaint	,	
				•		
Person in ch	- 700			4. Pre-Operational	2 0 30 3	_
/ 1	mln	1	Bowling _	5. Temporary	c <u>0</u> NC <u>3</u>	R
Responsible		emai	0 10 00	6. HACCP	Mary Tara (San lara	1 26 4 200)
·			/Sen/Sate	7. Other <i>(list)</i>	Menu Type (See bac	k of pagej
Certified foo	d handle	r	inher (Exp 11/7/24)		123	45
• CRITICAL	EMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC	R	I	Narrative	Т	o Be Corrected by
431	NC	V	OFLOOD IS soiled	between	the	10/5/24
	1150		wall and flo	or drun	under	/ /
Made 2	Edan	,	the kitchen d	ish machine)	
		V		s soiled w	rder	
1120	1.0		two bay sink			12/25
430	NC	V		n cabinets		1/8/25
			0	ning room,	under	
			faucet, and in	litchen,	unaer	-
			@ Exterior right	side of the	1.100	
-				ar bloor dro	dump	
			is damaged detoris	matod was	uri,	
218	NC			on seals on	e torn/	11/14/24
210	NU		split on some			1/13/27
			A Succession of the succession			
				\cap		
Received by	(name and	title]	printed):	Inspecte	ed by (name and title printed):	
CCU	M) BOWIII CI, EI			EHS
Received by	(signature)		UPLINON FD	/ A1	ed by (signature):	
cc:			CC:	cc:	www jrucces	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1.0



955. Drake Ro 460 N. MORTON ST. STE ADUM FRANKLIN, IN 46131

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

Establishm	ent name		1 1. 1	Telephone Number	Date of Inspection	ID#
Che	esel	a	ke Factory	() Establishment	10/9/24	1291
Establishm	ent addre	SS	IN Greenwood, IN	() Owner	10/1/24	1011
1251	US	3	IN Greenwood, no	Purpose:	Follow-up Relea	se Date /
Owner	Λ		46142	1. Routine		0/19/24
	Im.	00	anto	2. Follow-up	Summary of Viola	
Owner add	ress	N	uic	-		
Owner add	1035			3. Complaint		
				4. Pre-Operational	10	5
Person in c	harge 10	. , ,	B	5. Temporary	cO_Nc	
Person in c	raace	y	D.	6. HACCP	La telescopino II	
Responsible	e person's	emai	Serv Safe Exp	7. Other (list)	Menu Type (See	back of page)
Certified fo	od handle	er			1 2 3	11/5
	adlei		1/28/26		123	4_0_5
		7	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
430	NC	V	Produce and no	duction, coo	Dohn	5/5/25
11.50	100		contrin worn	and I are al	elina	1/1
			paint.	000 000 00	g	. 1
		V	2) Electrical lyon /	near kitchen	1)	12/9/24
			dish) machine was	husty and	worn	1,
295	NC	/	Interior	exterior of	the	10/11/24
			lry station and	mill Styl	door	1
			Donners are	1 soiled	~~~	1.
431	NC	-	Interior ceilis	no of the T	walk-in-	11/1/24
			Preezer contained	I heavy	rondonnato) 4.
218	NC	1	1 Bread duck b	ill protectu	HI COUCH	10/10/24
			is damaged	7	Tarakara Arabah	1.1
399	NC	e Ti	Dish arka floor	contained o	damaged	1 12/1/24
			and bruckled til	e.		1/1
				r.		
Received by	(name and	d title	printed);	Inspect	ted by (name and title printed	d):
15/	AD	(0	Bases	Av	ndrew Mille	r. EHS
Received by	(signature):	71	Inspace	ed by (signature):	100
K	2				wrew Me	ller
cc:			cc:	cc:	more rem	



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

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

Establishment Sanitation Requirements. The time limit for	correction of each violation is specified		of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Micago's VIZLA	() Establishment	10/28/24	214
Establishment address Powyers	We. () Owner	3:45p	201
1 N SLVS	Purpose:	Follow-up Release	e Date
Owner	1. Routine		
Ron Engl.	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge			Z_R 2
Person in charge	5. Temporary	CNC	
	6. HACCP	(0. 1	1 6
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler		1 2 3 X	4 5
Richie Perkins 9/2/	25	123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA	ARRATIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE	ED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
187 (Salad Bar	Temps		10-28-24
Pineapple	Chunks 43°F	Recomm	end 1
Potato Sala	ad 49°F 99, 49	discardi	m PHF
Diced Eggs	4507 44	alinve	ILIOF Or
Mac Schad	@ 51'F 51	00000	1 a low
187 Single Service	Cheese cupo	- 90-F	Beerof
295 NC " Onterior of	ice maker u	o soiled	133 10
Shelvene unit	o by 3-bay ar	e Soiled	10-30-24
431 NC Floor Soiled	in Ritches S	secificalle	10-29-26
dough co	rner, & under	sada 8	
Goges &	dish mach	ne area	
note DT 50	da nozze app	sears so	cled
	00 7.	1,50, but 7a, 117, 1585	
Description of the state of the	Hagner	ted by (name and title printed)	. //
Received by (name and title printed):	Inspec	led by (name and utto primea)	X
Received by (signature)	- Long	ted by (signature):	Denisse
Decerved by ingraming Autoria	Inspec	lita Detta	seniece.
cc: cc:	cci	1 Currier C	1
		17 346 1	+373
			Page 1 of

JOHNSON COUNTY HEALTH DEPARTMENT





JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

			racquirements. The time mint for confection			or time report.
Establishmen	t name	O	8-224	Telephone Numbe () Establishme		ID#
Establishmer	it addres	S		() Owner	10/21/24	1131
104	17 N	1 3	LOFFE (SON SY. FRANKLIK, P	Purpose:	Follow-up Release	Date
Owner				1. Routine	^ _	31/24
	3477	+	ments	2. Follow-up	Summary of Violati	ons:
Owner addre	SS			3. Complaint		
				4. Pre-Operationa		-
Person in cha			M 05	5. Temporary	c	R
	Len		MORRIS	6. HACCP	r garage	
Responsible 1	person's	email	e lat we had I to	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle C HP		KEAN (SERVSARE	3/24/29)	123	55
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE BELOW A	
Section #				Varrative		To Be Corrected by
238	NC	2		POINT REFER		12/1/24
			REPOSS FROM	SAZAD BAR	e NOT	
			EVISALI THO WE FROM			
431	NC	×	mens postroom c	etzere me	CHARICHE	10/27
				NOT CLERN		
138	NCO		HATE RESTRAINTS		r B4 Somo	10/23
7.00				TITCHER	on a lietalia	1
399	NC	8	FLOOR TILL WOR	N IN ATE	A OF KITCHE	12/1
413	1/6	2	EAST STAP doo	R does h	OT CLOSE	10/29
413	NC		TIGHTZY	a outs n	01 (20 30	10/5/
		7	119 18 1-7			
Received by	(name and	title t	winted) · · · · ·	The state of the s	Inspected by (name and title printed)	: 1222
7 Be	M	1	Mocris		Bob Smi	TH EXTS
Received by	(signature	Ne	elč		Inspected by (signature):	90
cc:			cc:		cc:	1
		-				

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



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

		tation Kequirem	ents. The tin	ie limit for correction	on of each violation is sp	secified in the narrative portion	n of this report.
Establishme	nt name	m ()	٨	280 1	Telephone Numbe	Date of Inspection	ID#
Ch	UCK	- oil-	4		() Establishme	in / 1/2/2	1170
Establishme	nt addres	01, 01	ain G	reenwood	() Owner	10/1/29	- 1/7
1251	115:	31 N SH	-C19 1x	146142	Purpose:	Follow-up Relea	se Date
Owner		0 0		1	1. Routine	No 10	1/17/24
Rick (Johnson			2. Follow-up	Summary of Viola	itions:		
Owner addre	ess	7)			3. Complaint		
_		V			4. Pre-Operation:	al	
Person in ch	arge	7.1	7	0	5. Temporary	c_0_nc_	4 R
1/4	STA	, Hay	don	Kery Sofe	6. HACCP		
Responsible	person's	email /		Fin	7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r 4 A		EXP		_	/
-	ora	1 1	don	2028		123_1	45
• CRITICAL	ITEMS AF	RE IDENTIFIED IN	N THE CHECKI	IST AND NARRATIVE	COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED FROM PREVIOU	JS INSPECTIONS			S" AND IN THE NARRATIVE BELOW	THE OWNER OF THE PERSON NAMED IN COLUMN 1/1/1/15
Section #	C/NC	R		\	Narrative		To Be Corrected by
399	NC	Office	or t	ile her	eds grou	t repair	11/24/24
	1 -1100	in	area	T T	hreed l	ay sink	11
		371	000	tile a	amagea	Mear	50 T T T T
		Ku	deep	tryer	and u	staces	
218	NC	200	lemplo	holoso	cation)	11 mita	11/24/24
210	NC	USON t	din)	Frand	/solit d	oor gasket	0
		(2) Set	1 1/1	11/ 17.	three !	au sink	
		0	intro	AS a e	damaged	metal	
		CAN	er a	nd the	right c	neen).	4
	- Andrew	Lous	el st	ell en	a Ocap	is brok	een, -,
431	NC	OThe	unt c	i cours	of the	walk-in-	10/10/24
	H	COOL	Loro.	freezer	gloon	s soiled	- ' Y
		(3) 1/1	ont	regu	an and	a floor	
210		un	ter)	re of	unal,		11/24/24
218	NC	OXU	2ruon	Dintolo	CORPOR	on in a	11/24/24
		ma	CE	00000	11/1/11/1	ity/wor	n) -
		1 11/10	~ 4	Crasse,		2009-1-00	
Received by		d title printed):		(*)		Inspected by (name and title print	ed):
KNOV	a H	aydon	e to			Andrew M	iller EHV
Received by	(signature): Mars	on			Inspected by (signature):	noler
cc:			cc:			сс:	
I			1				



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

PHONE: 317-346-4365 FAX:317-736-5264

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Telephone Number Date of Inspection Establishment) Owner Purpose: Follow-up Release Date Owner 1. Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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" To Be Corrected by Section # C/NC R Narrative 399 NIC Received by (name and title printed): Inspected by (name and title printed): Inspected by (signature):



460 N. MORTON ST. STE A 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 Cold Stole Creamcry Establishment address 798 US HLWY 31 Owner Owner address Person in charge Pan Maryly Responsible person's email Certified food handler				Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas D	18 24 ions:
					125	45
CRITICAL VIOLATION	L ITEMS AF N(S) REPEA	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AN	ID IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative	Sec	To Be Corrected by
218	NC	BC-II	THE SHEWING IN THE MA	ISTER BILT BEAL	tim FREGIER	10/18/24
218	NC	2.7116	THE DOOR GARRET ON BOTH REACH IN FREEZER ARE	Dons on THE M.	ASTER BILT	10/18/24
431	NC		THE FLOOR BEHIND THE	CARPIGIANI	MIXER IS SOLE	10/10/24
410	NL		FREEZER IS IN PHE LER		5 WALK IN	10/10/24
256	NC	i su	- IF ESTABLISHM	- Im Stires	CHAL GRADE! CLED CHANGES HAND	cal pased
Received b	mola	N	minted): Nurphep Mushy cc: T		pecycd by (name and title printed EVID K. FAOL pected by (rignasure)	1.11



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

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

AUDRA NICA	RAXI RD	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection 10/17/24 Follow-up Release 10/2 Summary of Violati C NC	ons:
Certified food handler • CRITICAL ITEMS ARE IDE	NTIFIED IN THE CHECKLIST AND NARRATIV		Menu Type (See b) 1 2 3	_45
VIOLATION(S) REPEATED FR Section # C/NC R	OM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IT Narrative	N THE NARRATIVE BELOW A	To Be Corrected by
	Do Items to Repor		THE STATE OF SHORE STATE OF THE	
Received by (name and title p Received by (signature):	rinted): Nicholls CC:	KE	ed by (name and title printed) A VIII ed by signature):	-/-



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

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

Establishment name				Telephone Number	Date of Inspection	ID#		
Counthouse Coneys Establishment address			Coneys	() Establishment	10-20	2022		
1550				() Owner	10-10-24	2832		
49 E.C	our	t 8	t. Franklin, IN 46131	Purpose:	Follow-up Relea	se Date		
Owner				1. Routine	10.	- 20 - 24		
Heidi and Josh Black			och Black	2. Follow-up	Summary of Viola	tions:		
Owner addre	ess			3. Complaint				
12750	1		Pd Fig. 11 1 1/10/21	4. Pre-Operational				
Person in ch	roe	um	Rd. Franklin, N 46131	5. Temporary	C O NC	4 p -		
Jost				6. HACCP	C_C_NC_	C_O_NC_4_R		
Responsible	nerson's	emai		7. Other (list)	Menu Type (See	hach of page)		
Count	001150	2 0	Mas lines @ Misses	7. Other (usi)	Menu Type (See	oack of pages		
Certified foo	d handle	r	oncys@gmail.com		1 21/2	45		
					123	45		
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
• VIOLATION(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
174	NC		bulksugar not labele	ed		10-10		
295	NC	CH S	oven hood vents dus			10-17		
216	NC		Candboard on grill to	p used to store	in-use	10-12		
			utensils in between					
239	NC		single service cups At	to red on the fl	oor near	10-11		
			Short register					
				. 1 1 1	11 1 1	1 - 1		
			Notes: (Dno thermometer	er provided in W	rute apoble	corrected		
			door chest +		200	corrected		
			(2) 3 bay sink ch	TOVING SOLUTION CO	Koppm	Corrected		
						13		
Received by	(name and	d title	printed):	Inspec	ted by (name and title printe			
	1 30		Job Black	Mic	i Papageorge,	EHZ		
Received by	(signature	10.1	0 6	Inspec	ted by (signature):	The state of		
	(to	7/	2K	- 11	Va Papaguye			
cc:	l		cc:	cc:				

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



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Establishm	ent Sani	tatio	n Requirements. The time limit for corre	ction of each violation is specified	in the narrative portion	on of this report.
Establishment name				Telephone Number	Date of Inspection	ID#
(1/1)	1/16	7		() Establishment	10/29/2	4111
Establishment address			-	() Owner	12:40	50 /
114	7 1	1	Emerson Ave	Purpose:	Follow-up Relea	ase Date
Owner			Greenia		10	1-10-74
Guaran			311 cerus	2. Follow-up	Summary of Viola	ations:
Owner addr	900					
Owner addr	CSS			3. Complaint		
				4. Pre-Operational	\wedge	\cap
Person in ch	arge			5. Temporary	C NC_	
Sar	ah			6. HACCP		~
Responsible	person's	emai	1	7. Other (list)	Menu Type (See	back of page)
Certified for	od handle	r (19631518		123_	45
SOV	JV		JCMOCKE 7-13-2			
			DENTIFIED IN THE CHECKLIST AND NARRAT			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW	
Section #	C/NC	R	0 1 1 1	Narrative	- 1	To Be Corrected by
(1)	1	1	Outside dumps	ter drain 5	plug	
-11	20	/	is missing	9	1	
\		-		J		
				-		
			10 to			
Received by	(name and	l title	printed):	Inspecte	ed by (name and title printe	ed): (
05	wah	_	Long		i Eabeth	Denisse
Received by	(signature):	1	Inspecte	ed by (signature):	0
0	Jarrel		4m/	/9/	inal reth	Denissa
cc:	10		cc:	(cc:	(1) 211	
l			V	ト ス	14-546	-4272



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

PHONE: 317-346-4365 FAX:317-736-5264

			1		remen in the innertance Person	
Establishmen	t name	1.	Julaan	Telephone Number		ID#
nu	<u>Mr</u>		<i>MULLI</i>	() Establishme	10/29/24	192
Establishmen	nt addres	Š	Jain CL Greenwood	() Owner	10/2 1/01)	1/2
1001	W.	11	IWISI IN	Purpose:	Follow-up Release	Date
Owper	b 1	10	Hand 46142	1 Routine	Yes 11	18/24
Ill	K		shara	2. Follow-up	Summary of Violati	øns: /
Owner addre	ess			3. Complaint		
				4. Pre-Operationa	c_3_Nc_	18 12
Person in ch	arge	1.	114.00	5. Temporary	C_O_NC_	10 R 12
KU	K	16	stana	6. HACCP	3	
Responsible	person's	email	1	7. Other (list)	Menu Type (See b	ack of page)
0 10/10					7907	1
Certified foo	d handle	10	stand		123_ <i>V</i>	_45
• CRITICAL	ITEMS A	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS	S" AND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative 0		To Be Corrected by
413	NC	/	northeast exterio	v door is	not	11/20/24
	11920	1019	tight-fitting	, ,	- 1	1, 1
227	NC	V	I listight coole	rs/ freeze	not not	11/20/24
112.		,	easily moval	60000	10/2 /	10/30/24
431	NC	~	des fruers	unacy	enina	1-1-1-1
218	NC	V	Religention dos	n gasket	to 000	10/30/24
295	NC	V	is a lost and to	n guskin	s www	11/20/24
404	NC	V	Cove lase miss	una in	lack	11/20/24
101	700		ice maker area			1 1/
430	NC	1	BACK door rubs	the door	frame	11/20/24
399	NC	~	Floor tiles da	maged in	I dish area	12/1/24
324	NC	eres fi	Three bay sin	k) botto	m drain	11/2/24
- 0.11		ļ.,	signing leaks	/ /		1 1 1 1 1 1
324	NC	V	The air gap pro	vided at	ine bay	11/1/24
324	C	1	Suma Duma in) basemer	it appears	10/29/24
JA 1			not poerable	2000	. 3009/3000	1.1.
415	C		Heavy small	live fly	-/winged	10/29/24
Received by	1	d title	- 11 - 1	0 0	Inspected by (name and title printed) ANCYEN MILLE	7111
Received by		_			Inspected by (signature):	do.
NVC	J 41	۸			Charen / ly	ler
cc:			cc:		сс:	

NARRATIVE REPORT Greenwood

			MARITALITE INC. CITCUITO	7
Establish	ment N	lam	Dulen GOTW. Main St. 46142	Inspection Date
MIL			Jule 1 401 W. Maris - 76/72	/0/29/24- TO BE
Section#	C/NC	R	REMARKS	CORRECTED BY
			insect activity seen in basemer	1. 1
			sums sums area and	
			inside kitchen mos sink basin	4
295	NC	ノ	Walk-Un-Cooler shelving (some)	12/1/24
			are rusty	1
177	NC	~	Frod was stored on walk-in-	11/2/24
			Cooler and freezen floor	1,1
295	NC		morual car openul blade is	10/29/24
			soiled	1,4
<u> 324 </u>	NC		apparent water pipe is leaking	11/2/24
-		Ш	in the basement near steps	<u></u>
441	C		approximately seven 1,2 ounce	Clean and
			Cans of mot shot No Mess Hogger	hive Certifie
			was earlied "For indoor house-	Hest (
			hold residential use only "were	Operator
		<u> </u>	found empty while in the	(CPO)
1100			Virasement area	10/20/20
<u> 433 </u>	NC		Thet mops not hing up	10/29/24
218	NC		ace build-up noted inside	10/29/24
		\vdash	Bundanice cream machine,	
		⊢	on the right side of the	
1101			Pront three bay sink	10/29/24
431	NC		The state of the s	10/29/24
431	110			10/20/24
431	NC	-	basement interior mestruall	10/29/24
	<u> </u>	╁	A STANCE STANCE OF THE STANCE	
•			appears to be spent grease	
		-	insects.	
	† <u> </u>	t^-	Alberto.	
		1	notes: Firm is ordered to close	1/1/
1	1		at approximately 2:30 ppm low	XX
	İ		Sanitary concerns and best	
			inlestion. Furn may only reop	en.
	<u> </u>		after follow-us inspection conduc	
			by our office	
			-00	
Received E	y (Name	& T	Inspacted By (Name & Title) UNDOWN FILE ENS	Page 2 of 2
	<i>τ</i> ν Ψ\	4	Wharem I wells En	-5- 12 - 23
State Form	10004 100			



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

Office 317-346-4365 Fax 3

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Stablishment name DMG Petrolecom Dnc. Stablishment address 237 W Jofferson Dt. where	Telephone Number () Establishment () Owner Purpose: (1. Routine	11110	21/05		
DMG HOLF Person Drc. tablishment address 237 W Jofferson Dt.	() Owner Purpose:	11110	2402		
237 W Jofferson At.	Purpose:	11110	2112406		
237 W Jafferson St.		Follow up Re	10/11/2024 2402		
Timor	1. Routine	ronow-up ixe	elease Date		
Fanklin, 11	1				
	2. Follow-up	Summary of Violations:			
wner address	3. Complaint				
,	4. Pre-Operational				
erson in charge	5. Temporary	c_O_nc_3_r			
See all sylvadience - page as a silving	6. HACCP				
esponsible person's email	7. Other (list)	Menu Type (See back of page)			
ertified food handler		12345			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA		N THE NARRATIVE BE	LOW AS "R"		
Section# C/NC R	TO BE CORRECTED BY				
H31 NC FLOOR UNDER	2	10/24/24			
H31 NC & FLOOR UNDER	WAZK-IN COOLE		10/01/01		
5/11/2000 101 66	E III				
291 NC 7 CHEMIEAL TEST	Fdel	10/21			
FOR CHZOTIME	317413		, , , ,		
309 N. Z RESTROOM MECH	HANCEAC VENTILA	7700	11/1		
NOT FUNCTIONING					
(NOTE) ROSTROOM TUF		2000			
FOUNT MPG			11/1		
	7,				
(2)	Inspected By (Name & Title)	43	Page of		
State Form 48621 (R2 / 8-05)	Day Juna 91	7)	,		

(SANJEV KUMAR)

130B J mx116



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

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

Establishment samtation requirements. The time mint for correction	or each violation is specified i	i the minute portion of	tille reporti			
Establishment name Laklvillu Pizza Establishment address	Telephone Number () Establishment	Date of Inspection 10/28/24	1D# 2694			
382 E. Lakeview Dr Wineven,	Purpose:	Follow-up Release I				
Owner 44/64	1. Routine	/V 0 //	1/24			
anatil Janner	2. Follow-up	Summary of Violation	is:			
Owner address	3. Complaint					
	4. Pre-Operational	1 1	-			
Person in charge	5. Temporary	c 0 NC 5	R			
(Im) (pluert	6. HACCP	nigation of the	lydro y			
Responsible person's email Sensate	7. Other (list)	Menu Type (See bac	k of page)			
Certified food handler Jannew 5/8/28		1234	<u> </u>			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"					
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE						
Section # C/NC R	Narrative	Т	o Be Corrected by			
430 WC Ruywall dama	ged in str	nage	11/28/24			
324 NC Faucets lea	e at three	e bay	11/28/24			
wink.			1,			
218 NC DFan cover for	one door	freezer	11/28/24			
is damaged a	nd loose	0 0	1			
a) numerous re	Sugeration	unds				
contain torn	split doc	n gasket	11/8/24			
431 NC Mechanical le	xhaust ru	and coilla	1 1			
filters for pi	zza oven c	are soiles	10/28/24			
295 NC Of Makual	car oper	w	10/20/24			
(2) Soda drain	Jine III	niled ?				
	erage-in-bo	even,				
1) 00 0100 0000	in mest	area				
swige were	Jac grass	CO COCO	1			
notes: Three e	ray sink m	eeds	12/1/24			
air gap on di	rain sipina		/ 1			
	///		4			
Received by (name and late printed):	Inspecte	ed by (name and title printed):	V, EHS			
Received by (signature):						
cc: cc:	cc:	drew Mille				
			Page 1 of			



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

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

					1			
Establishmer	nt name	1	1/2	Telephone Number	Date of Inspection	ID#		
E	/ Ar	b u	elo	() Establishment	10/2/24	1833		
Establishme				() Owner	10/27			
99	9 1	V.	103 31 Whiteland, In	Purpose:	Follow-up Release	Date		
Owner	/	-		1. Routine	1 1			
				2. Follow-up	Summary of Violation	ons:		
Owner addre	200	-		^	,			
Owner addre	200			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	CONC	7 R		
Em eller			and the first section of the section	6. HACCP	1-2-1			
Responsible	person's	email	netas entre production in a retainb	7. Other (list)	Menu Type (See back of page)			
Certified foo	od handle	r						
	Mun		ZUILLOZA		123\$\$	_45		
	and the same of the same of		ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	S "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
295	NC		Door handles on	the reach - 1.	1 cooler	CALLED TO THE STATE OF THE STAT		
1140	1.74		are soiled			OUNSIDE ST		
430	NC		The wall is a	all is damaged by the				
,			Back door, I'	asound the	water			
			SOFTREE)	,				
		NEWS CO.			, k			
324	NC		The drink disa	gap drain	dons not			
			mare an air	GUP				
					1 /			
78C	NC			round greas.	e alumpste			
100	20 J 200	V05-37	19 301/ed,	I sprilled gre	asel			
			To the second se		To the state of th			
						Comment		
			Further potes		use			
				ips Einsect	i ai de			
			in the	restantant 1	racility			
			_	9				
Received by	1 1			Inspect	ed by (name and title printed)			
<u> </u>			10V	7		y less,		
Received by	(signature)	·A	-11. 1	Inspect	ed by (signature):	S less		
/	IT CEL	ne	Hempler		hung DL	my con		
cc:			cc:	cc:				
l								



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

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

Establishme					Telephone Numb	er	Date of Inspection	ID#	
EZ PUEBZO					() Establishm	ent	10/1/24	2038	
Establishment address					() Owner		10/1/29	3,0	
1904 NORTHWARD PLAZA IN					Purpose:		Follow-up Release I	Date 1	
Owner					Routine		- 10/11/24		
					2. Follow-up		Summary of Violation	ns:	
Owner addre	ess				3. Complaint				
					4. Pre-Operation	ıal			
Person in ch	arge				5. Temporary		CO NC BR		
		A	Agi	ITRRO	6. HACCP		0110		
Responsible				1 FICE .	7. Other (list)		Menu Type (See bac	ek of page)	
1	I				7. Other (1131)		Wiena Type (see out	ic of page)	
Certified foo	d handle	r		000-0- (00)	DIM AND		1 2 3) ₅	
	14	00	1002	RAMIROZ (Sel	NOHARE)		123	3	
• CRITICAL	TEMS A	RE ID	ENTIFIED IN	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	•			
		_	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN TH		IS" AND IN T			
Section #	C/NC	R			Narrative			o Be Corrected by	
257	NC ((A)	me	TAL STEM PRO			mometer	10 (3/24	
			ragis	MRING O-220°	F on otyp	MAL	1914		
300	A 10		700	1 PROVIDES	e maak	Doit	-01	1011	
309	NC (Y	F120	INT ROSTROOM			416	10/15	
228	NC		104		INCTIONING		tn	10/10	
200	4.0	(a)	B) LOWER METAL SHELF OF TABLE AN 10/16 KITCHEN LOSS THAN & INCHES FROM					10110	
			FLOR	OR SUCFATE	NEXT TO	200			
239	NC							10/2	
			IN KTICHEN						
256	NC	NC - THERMOMETER NUT PROVIDED /CONSPICUOUSLY 10/5						105	
LOCATED EN 2 DOOR AND 3 DOOR REFLIGARATION									
			m		•	SOAM	CHEST Freez		
Take the second of the second					10/30				
				GERATOR - BA	CK BHR BO	er e	BOTTLE		
01/	. 10			GERATOR	120151		- DHA - I	10/10	
216	NC	-			USED FOR	2 3 7	oknige In	10/10	
HAZING FLOOR MONT TO FLOOR TO BOOK OF VIRTURION WOT CLOSEN									
Received by (name and title printed): Inspected by (name and title printed):								10/10	
Marussa Aguino							ob Smith	EHS	
Received by (signature):							by (signature):	V \	
- Chaurry						100			
сс: Сс:						cc:			
	U								

NARRATIVE REPORT

Establishment N		Address FRANKLA. 1904 NOTTHWOOD PLAZA IN.	Inspection Date
Section# C/NC		REMARKS	TO BE CORRECTED BY
324 20	TOTLET SEAT	NOT OPEN FRONT TYPE	1015/24
	BRICK Wome	ens nestroom	
247 NG	BRAK RAD	JERN HANDTOWNS	10/2
5,1700	NAT POULS	275 POSABO HAND TOWELS	1013
431 NC	(A) BAR BE	R drain, FLOOR drain NOT	1015-
	1 CUAN	,	
324 NX	\$ 3 COMPRATI	NENT SINK FAURT LEAKS	10/20
174 av	PLASTIL COL	NTAINER OF CINNHONON/SUG	PR (2) 19/2
17700	NOT LABRUSH	THIT CLE OF CHOPPING 19509	7013
(1000)	X gAP TO O	UTSIDE SOON AT BACK	10/00
100	1 door THR	esitoid	ļ , .
			
		·····	
Received By (Name	& Title)	Inspected Ry (Name & Title)	_
	70 m	Inspected By (Name & Title) Bob SMZ(TV EAS)	Page Z of Z
State Form 48521 (R2	/ 8-05)		