



**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

*Belem  
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 <i>Camilas 2</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/15/24</i>	ID# <i>2497</i>
Establishment address <i>2245 Sheek Rd Greenwood IN 46143</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>10/25/24</i>
Owner <i>Gerardo Estrada</i>		Summary of Violations:  C <u>1</u> NC <u>7</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>Scotty Flores</i>			
Responsible person's email			
Certified food handler <i>Scotty Flores</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
218	NC		Chip cooking strainer with handle is worn	10/17/24
295	NC		Bow soda gun is "heavily" soiled	10/15/24
324	NC		Three (3) way sink center faucet leaks	10/31/24
218	NC		Top exterior right edge of stainless steel warmer table is cracked/damaged	11/15/24
			(3) Quanco three door prep table door gaskets (2) are split/ torn	
216	NC		aluminum foil and cardboard are used for liners for kitchen shelving	10/16/24
295	NC		Compressor for Quanco three door cooler (prep) is soiled; including door gaskets	10/17/24
284	NC		Wash temperature of the chemical dishmachine was recorded at 112°F, not 120°F.	10/16/24

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

**NARRATIVE REPORT** Greenwood, IN 46143

Establishment Name <i>Camillus 2</i>	Address <i>2245 Sheek Rd Ste J</i>	Inspection Date <i>10/15/24</i>
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
<i>204</i>	<i>C</i>		<i>Interior bottom of the Vulcan oven (unit on bottom) contained pieces of glass from a broken glass panel for the left door. The interior bottom of this unit was storing fajita plates.</i>	<i>Remove glass &amp; fajita plates Install new glass <u>10/29/24</u> I</i>

Received By (Name & Title) <i>[Signature]</i>	Inspected By (Name & Title) <i>Andrew Miller, EHS</i>	Page <i>2</i> of <i>2</i>
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**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>CASEY'S GENERAL STORE</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/25/24</b>	ID# <b>2005</b>
Establishment address <b>3048 N MORTON 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>11/4/24</b>
Owner		Summary of Violations:  <b>C 0 NC 8 R</b>	
Owner address	Menu Type (See back of page)  <b>1 2 3 4 5</b>		
Person in charge <b>JENNIFER LUTTRELL</b>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
394	NC	*	OUTSIDE DUMPSTER - SOME TRASH ON GROUND	10/28/24
324	NC	*	LEAK SEEN ON MOP SINK FAUCET	11/8
<del>431</del>	NC	*	WALL - IN FREEZER, FLOOR NOT CLEAN	10/29
295	NC	*	SOME FOOD PACKAGES NOT OFF FLOOR MINIMUM	
177	NC	*	OF 6 INCHES	10/28
431	NC	*	FLOOR IN AREAS OF KITCHEN, NEXT TO WALL, UNDER EQUIPMENT NOT CLEAN, WALL	11/1
			UNDER 3 COMPARTMENT SINK NOT CLEAN	
431	NC	*	CEILING EXHAUST FAN COVER NOT CLEAN IN RESTROOM	11/1
295	NC	*	FRONT OF 2 DOOR REFRIGERATORS UNDER DELI DISPLAY NOT CLEAN	10/29
431	NC	*	WALL BY OUTSIDE OF WALL - IN FREEZER NOT CLEAN	10/29

Received by (name and title printed): <b>Jennifer Luttrell Assistant Store Manager</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Jennifer Luttrell</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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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>Cedar Creek of Franklin</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/4/24</b>	ID# <b>2778</b> <del>1850</del>
Establishment address <b>1435 Christian Blvd 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>10/14/24</b>
Owner <b>Cedar Creek</b>		Summary of Violations:  C <u>0</u> NC <u>3</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge <b>Carmen Bowling</b>		1 _____ 2 <u>✓</u> 3 _____ 4 _____ 5 _____	
Responsible person's email	<b>(SenSafe Exp 11/7/24)</b>		
Certified food handler <b>Jacyln Fisher</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	① Floor is soiled between the wall and floor drain under the kitchen (dish machine) ② floor drain is soiled under two bay sink	10/5/24
430	NC	✓	① Bottom interior cabinets are damaged in dining room, under faucet, and in kitchen, under faucet. ② Exterior right side of the dump sink cabinet, near floor drain, is damaged/deteriorated	4/8/25
218	NC		Refrigeration door seals are torn/split on some units	11/14/24

Received by (name and title printed): <b>Carmen Bowling, ED</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <i>Carmen Bowling, ED</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

955 Drake Rd  
460 N. MORTON ST. STE A *Betsey 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>Cheesecake Factory</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/9/24</i>	ID# <i>1291</i>
Establishment address <i>1251 US 31 N Greenwood, IN</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 46142</i>		Summary of Violations:  <i>C 0 NC 5 R</i>	
Owner address	Responsible person's email <i>(SenSafe Exp)</i>	Menu Type (See back of page)	
Person in charge <i>Bradley B.</i>		1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
Certified food handler <i>Bradley B.</i>	<i>4/28/26</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC	<input checked="" type="checkbox"/>	Produce and production coolers contain worn and/or peeling paint.	5/5/25 ↓
		<input checked="" type="checkbox"/>	Electrical box near kitchen dish machine was rusty and worn	12/9/24 ↓
295	NC	<input checked="" type="checkbox"/>	Interior and exterior of the fry station and grill fry deep fryers are soiled	10/11/24 ↓
431	NC		Interior ceiling of the walk-in freezer contained heavy condensate	11/1/24 ↓
218	NC	<input checked="" type="checkbox"/>	Bread duck pill protective cover is damaged	10/10/24 ↓
399	NC		Dish area floor contained damaged and buckled tile.	12/1/24 ↓

Received by (name and title printed): <i>BRADLEY BASCH</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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*Betsy  
11/4*

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>Chicago's Pizza</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/28/24</i> <i>3:45p</i>	ID# <i>367</i>
Establishment address <i>2 N SR 135</i> <i>Bargersville.</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>Ron Epple</i>		Summary of Violations:  <i>C 1 NC 2 R 2</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 X 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Richie Perkins</i> <i>9/2/25</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>Salad Bar Temps</i> <i>Pineapple chunks 43°F</i> <i>Potato Salad 49°F @ 49</i> <i>Diced Eggs 45°F 44</i> <i>Mac Salad @ 51°F 51</i>	<i>10-28-24</i> <i>Recommend discarding PHF above 41°F or Below 135°F</i>
<i>187</i>			<i>Single Service Cheese cups - 90°F</i>	
<i>295</i>	<i>NC</i>	*	<i>Interior of ice maker is soiled</i> <i>Shelving units by 3-bay are soiled</i>	<i>10-30-24</i>
<i>431</i>	<i>NC</i>	*	<i>Floor soiled in kitchen, specifically dough corner &amp; under soda &amp; coffee &amp; dish machine area</i> <i>Note: DT soda nozzle appears soiled</i>	<i>10-29-24</i>

Received by (name and title printed): <i>Jaxson High</i>	Inspected by (name and title printed): <i>Elizabeth Senisse</i>
Received by (signature): <i>Jan Hutto</i>	Inspected by (signature): <i>Elizabeth Senisse</i>
cc:	cc: <i>317 346 4373</i>



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95 S DRAKE RD  
FRANKLIN, IN 46131

*Beth  
10/23*

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 <b>CHICAGO PIZZA</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/21/24</b>	ID# <b>1131</b>
Establishment address <b>10417 W Jefferson 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>10/31/24</b>
Owner <b>BETH MORRIS</b>		Summary of Violations:  <b>C 0 NC 5 R</b>	
Owner address	Responsible person's email	Menu Type (See back of page)	
Person in charge <b>BETH MORRIS</b>		1. 2. <b>3</b> 4. 5.	
Certified food handler <b>CHASE KEAN (SERVSAFE)</b>	<b>3/24/29</b> EXP.		

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Section #	C/NC	R	Narrative	To Be Corrected by
228	NC	*	"TRUE" LARGE UPRIGHT REFRIGERATOR ACROSS FROM SAZAD BAR NOT EASILY MOVABLE	12/1/24
431	NC	*	MENS RESTROOM CEILING MECHANICAL EXHAUST COVER NOT CLEAN	10/27
138	NC	(*)	HAIR RESTRAINTS NOT WORN BY SOME EMPLOYEES IN KITCHEN	10/23
399	NC	a	FLOOR TILE WORN IN AREA OF KITCHEN	12/1
413	NC	*	EAST SIDE DOOR DOES NOT CLOSE TIGHTLY	10/29

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

*Beta*  
*10/14*



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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>Chuck-Pil-A</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/7/24</i>	ID# <i>179</i>
Establishment address <i>1251 US 31 N Ste C19 Greenwood IN 46142</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>10/17/24</i>
Owner <i>Reck Johnson</i>		Summary of Violations:  C <u>0</u> NC <u>4</u> R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Person in charge <i>Nora Haydon Serv Safe</i>			
Responsible person's email			
Certified food handler <i>Nora Haydon Exp 2028</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC		① Floor tile needs grout repair in area of three bay sink	11/24/24
			② Floor tile damaged near fry deep fryer and upstairs employee break room area	
218	NC		① Some refrigeration units contains torn/split door gaskets	11/24/24
			② Jet spray at three bay sink contains a damaged metal cover and the right green wall shelf end cap is broken	
431	NC		① The interior of the walk-in-cooler/freezer floor is soiled	10/10/24
			③ Front register area floor under ice bins is soiled	
218	NC		Exterior top hinge on undercounter cooler storing mac & cheese, is rusty/worn	11/24/24

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





JOHNSON COUNTY HEALTH DEPARTMENT  
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 INSPECTION REPORT

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

Belton  
11/4

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>Chili's Grill &amp; Bar</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/30/24</i>	ID# <i>2291</i>
Establishment address <i>1781 US 315 Greenwood, IN 46142</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>11/9/24</i>
Owner <i>Corporate</i>		Summary of Violations:  <i>C 0 NC 1 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			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>399</i>	<i>NC</i>		<i>Floor tile missing under bar ice bin</i>	<i>11/25/24</i>

Received by (name and title printed): <i>MARNIE FOX 6/4</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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460 N. MORTON ST. STE A  
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Beta  
10/14

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Establishment name <i>COLD STONE CREAMERY</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/8/24</i>	ID# <i>2455</i>
Establishment address <i>798 US HWY 31</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>10/18/24</i>
Owner	Summary of Violations:  <i>C <del>0</del> NC <u>5</u> R <u>—</u></i>	Menu Type (See back of page)  <i>1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u></i>	
Owner address			
Person in charge <i>Pam Murphy</i>			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		THE SHELVING IN THE MASTER BILT REACH IN FREEZER IS IN DISREPAIR	10/18/24
218	NL		THE DOOR GASKET ON BOTH DOORS ON THE MASTER BILT REACH IN FREEZER ARE IN DISREPAIR.	10/18/24
431	NC		THE FLOOR BEHIND THE CARPIGIANI MIXER IS SOILED	10/10/24
410	NL		- LIGHT COVER IN THE LEFT SIDE OF THE WALK IN FREEZER IS IN DISREPAIR.	10/18/24
256	NL		- NO THERMOMETER OBSERVER ID THE RESIDENTIAL CHEST FREEZER	10/10/24
			↳ MUST BE UPGRADED TO COMMERCIAL GRADE: - IF ESTABLISHMENT IS REMODELED - IF ESTABLISHMENT OWNERSHIP CHANGES HANDS - IF THE UNIT NEEDS TO BE REPAIRED	

Received by (name and title printed): <i>X Pamela Murphy</i>	Inspected by (name and title printed): <i>KEVIN R. PAULIN EHS</i>
Received by (signature): <i>X Pamela Murphy</i>	Inspected by (signature): <i>KRP</i>
cc:	cc:



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✓✓ 460 N. MORTON ST. STE A  
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Belen  
10/19

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Establishment name <i>COUNTRY NUTRITION</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/17/24</i>	ID# <i>1624</i>
Establishment address <i>1430 OLIVE BRANCH RD</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up _____	Release Date <i>10/27/24</i>
Owner <i>ANDRA NICHOLLS</i>		Summary of Violations:  C <i>0</i> NC <i>0</i> R _____	
Owner address _____	Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 _____ 3 _____ 4 _____ 5 _____		
Person in charge <i>Andra Nicholls</i>	_____		
Responsible person's email _____	_____		
Certified food handler _____	_____		

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No items to report</i>	

Received by (name and title printed): <i>X Andra Nicholls</i>	Inspected by (name and title printed): <i>Kevin R Brown EHS</i>
Received by (signature): <i>X Andra Nicholls</i>	Inspected by (signature): <i>KRB</i>
cc: _____	cc: _____



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*Bevan 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 <i>Counthouse Coneys</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10-10-24</i>	ID# <i>2832</i>
Establishment address <i>49E. Court St. Franklin, IN 46131</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>—</i>	Release Date <i>10-20-24</i>
Owner <i>Heidi and Josh Black</i>		Summary of Violations:  <i>C 0 NC 4 R —</i>	
Owner address <i>1275 Graham Rd. Franklin, IN 46131</i>		Menu Type (See back of page)	
Person in charge <i>Josh Black</i>		<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Responsible person's email <i>counthouseconey@gmail.com</i>			
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
174	NC		bulk sugar not labeled	10-10
295	NC		oven hood vents dusty	10-17
216	NC		Cardboard on grill top used to store in-use utensils in between uses	10-12
239	NC		single service cups stored on the floor near front register	10-11
			Notes: (1) no thermometer provided in white double door chest freezer	corrected
			(2) 3 bay sink chlorine solution < 25ppm	corrected

Received by (name and title printed): <i>Josh Black</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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11/4



**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 <b>Gulivers</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/29/24</b> <b>2:45p</b>	ID# <b>2171</b>
Establishment address <b>1142 N Emerson Ave</b>	Purpose: <b>1. Routine</b>	Follow-up <b>No</b>	Release Date <b>11-10-24</b>
Owner <b>Greenwood</b>	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge <b>Sarah</b>	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler <b>John Schocke 19631518 7-13-25</b>	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
<i>note</i>			<i>Outside dumpster drain plug is missing</i>	

Received by (name and title printed): <b>Sarah Long</b>	Inspected by (name and title printed): <b>Elizabeth Senisse</b>
Received by (signature): <i>Sarah Long</i>	Inspected by (signature): <i>Elizabeth Senisse</i>
cc:	cc: <b>317-346-4373</b>



**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  
11/14*

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 <i>Dairy Queen</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/29/24</i>	ID# <i>192</i>
Establishment address <i>601 W. Main St Greenwood IN 46142</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>11/8/24</i>
Owner <i>Rick Hestand</i>		Summary of Violations:  <i>C 3 NC 18 R 12</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Rick Hestand</i>			
Responsible person's email			
Certified food handler <i>Kelly Hestand</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
413	NC	✓	Northeast exterior door is not tight-fitting	11/20/24
227	NC	✓	Upright coolers/freezers not easily movable	11/20/24
431	NC	✓	Floors soiled under/behind deep fryers	10/30/24
218	NC	✓	Refrigeration door gaskets are soiled and torn	10/30/24
295	NC	✓		11/20/24
404	NC	✓	Cove base missing in back ice maker area	11/20/24
430	NC	✓	Back door rubs the door frame	11/20/24
399	NC	✓	Floor tiles damaged in dish area	12/1/24
324	NC	✓	Three bay sink (bottom drain) piping leaks	11/2/24
324	NC	✓	No air gap provided at three bay sink	11/1/24
324	C	✓	Sump pump in basement appears not operable	10/29/24
415	C		Heavy small live fly/winged	10/29/24

Received by (name and title printed): <i>Nicholas Hestand</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Nick H</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

# NARRATIVE REPORT Greenwood

Establishment Name: Wavy Queen Address: 601 W. Main St. <sup>IN</sup> 46142 Inspection Date: 10/29/24

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			insect activity seen in basement sump pump area and inside kitchen mop sink basin	↓
295	NC	✓	Walk-in-cooler shelving (some) are rusty	12/1/24 ↓
177	NC	✓	Food was stored on walk-in-cooler and freezer floor	11/2/24 ↓
295	NC		Manual can opener blade is soiled	10/29/24 ↓
324	NC		Apparent water pipe is leaking in the basement near steps	11/2/24 ↓
441	C		Approximately seven 1.2 ounce cans of "Hot Shot No Mess Fogger" was labeled "For indoor household residential use only" were found empty while in the basement area	Clean and hire Certified Pest Operator (CPO) ↓
433	NC		Wet mops not hung up	10/29/24 ↓
218	NC		Ice build-up noted inside Sundae ice cream machine, on the right side of the front three bay sink	10/29/24 ↓
431	NC		Floor is soiled under true cooler/freezer unit(s)	10/29/24 ↓
431	NC		Basement interior West wall is heavily soiled with what appears to be spent grease and dead small winged insects.	10/29/24 ↓
			* Notes: Firm is ordered to close at approximately 2:30 ppm for sanitary concerns and pest infestation. Firm may only reopen after follow-up inspection conducted by our office *	* * *

Received By (Name & Title): [Signature] Inspected By (Name & Title): Andrew Miller, EHS Page 2 of 2



JOHNSON COUNTY HEALTH DEPARTMENT  
 RETAIL FOOD ESTABLISHMENT  
 INSPECTION REPORT

460 N. MORTON ST. STE A  
 FRANKLIN, IN 46131  
 Office 317-346-4365 Fax 317-346-4366

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

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 10/11/24

Establishment name <b>DMG Petroleum, Inc.</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/11/2024</b>	ID# <b>2402</b>
Establishment address <b>237 W. Jefferson St.</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <b>Franklin, IN</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			
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	REMARKS	TO BE CORRECTED BY
431	NC	✓	FLOOR UNDER WALK-IN COOLER SINKS NOT CLEAN	10/24/24
291	NC	✓	CHEMICAL TEST STRIPS NOT PROVIDED FOR CHLORINE	10/21
309	NC	2	RESTROOM MECHANICAL VENTILATION NOT FUNCTIONING (NOTE) RESTROOM TOILET SEAT NOT OPEN FRONT TYP	11/1 11/1

Received By (Name & Title) <b>Sanjiv Kumar</b>	Inspected By (Name & Title) <b>Bob Smith</b>	Page <u>1</u> of <u>  </u>
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*Handwritten:* (SANJIV KUMAR)

*Handwritten:* Bob Smith





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

Betsu  
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>Eddie's Lakeview Pizza</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/28/24</i>	ID# <i>2694</i>
Establishment address <i>382 E. Lakeview Dr 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>No</i>	Release Date <i>11/7/24</i>
Owner <i>Andrew Tanner</i>		Summary of Violations:  <i>C 0 NC 5 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Person in charge <i>Amy Colvert</i>			
Responsible person's email			
Certified food handler <i>Andrew Tanner (Sen Safe Exp 5/8/28)</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
430	NC		<i>Drywall damaged in storage room in pizza box area</i>	<i>11/28/24</i>
324	NC		<i>Faucets leak at three bay sink</i>	<i>11/28/24</i>
218	NC		<i>① Fan cover for one door freezer is damaged and loose ② Numerous refrigeration units contain torn split door gaskets</i>	<i>11/28/24</i>
431	NC		<i>Mechanical exhaust hood filters for pizza oven are soiled</i>	<i>11/8/24</i>
295	NC		<i>① Manual can opener blade is soiled ② Soda drain line is soiled; located in beverage-in-box storage area in guest area</i>	<i>10/28/24</i>
			<i>Notes: Three bay sink needs air gap on drain piping</i>	<i>12/1/24</i>

Received by (name and title printed): <i>Amy Colvert</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Amy Colvert</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

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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 <i>E/ Abuelo</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>10/2/24</i>	ID# <i>1833</i>
Establishment address <i>989 N. US 31 Whiteland, IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:  <i>C 0 NC 4 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 <i>4</i> 5	
Responsible person's email			
Certified food handler <i>Alan Zaragoza</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>295</i>	<i>NC</i>		<i>Door handles on the reach-in cooler are soiled</i>	
<i>430</i>	<i>NC</i>		<i>The wall is damaged by the back door. [around the water softener]</i>	
<i>324</i>	<i>NC</i>		<i>The drink dispenser drain does not have an air gap</i>	
<i>382</i>	<i>NC</i>		<i>The area around grease dumpster is soiled. [spilled grease]</i>	
			<i>Further notes - Do not use pest strips [insecticide] in the restaurant facility</i>	

Received by (name and title printed): <i>A Hector</i>	Inspected by (name and title printed): <i>Tim D Bayless</i>
Received by (signature): <i>Heather Henderson</i>	Inspected by (signature): <i>Tim D Bayless</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

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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>EZ PUEBLO</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/1/24</b>	ID# <b>2038</b>
Establishment address <b>1904 NORTHWOOD PLAZA 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>10/11/24</b>
Owner		Summary of Violations: <b>C 0 NC 13 R</b>	
Owner address	Menu Type (See back of page) 1. 2. 3. <b>4</b> 5.		
Person in charge <b>Vanessa Aguirre</b>			
Responsible person's email			
Certified food handler <b>Hector Ramirez (SERVSAFE)</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
257	NC	(R)	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT PROVIDED	10/3/24
309	NC	(R)	FRONT RESTROOMS - MECHANICAL EXHAUST NOT FUNCTIONING	10/15
228	NC	(R)	LOWER METAL SHELF OF TABLE IN KITCHEN LESS THAN 6 INCHES FROM FLOOR SURFACE NEXT TO DEEP FRYER	10/10
239	NC	(R)	KNIFE STORED BETWEEN REFRIGERATOR IN KITCHEN	10/2
256	NC	(R)	THERMOMETER NOT PROVIDED / CONSPICUOUSLY LOCATED IN 2 DOOR AND 3 DOOR REFRIGERATOR IN KITCHEN, BACK ICE CREAM CHEST FREEZER	10/5
218	NC	(R)	DOOR GASKETS WORN KITCHEN 3 DOOR REFRIGERATOR - BACK BAR BEER BOTTLE REFRIGERATOR	10/30
216	NC	(R)	CARDBOARD BOXES USED FOR STORAGE IN KITCHEN (NOT DURABLE)	10/10
431	NC	(R)	FLOOR NEXT TO FLOOR IN AREAS OF KITCHEN NOT CLEAN	

Received by (name and title printed): <b>Vanessa Aguirre</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name EL PUEBLO Address 1904 NORTHWOOD PLAZA FRANKLIN TN. Inspection Date 10/11/24

Section#	C/N/C	R	REMARKS	TO BE CORRECTED BY
324	NC		TILET SEAT NOT OPEN FRONT TYPE BACK WOMENS RESTROOM	10/15/24
347	NC		BACK BAR - DISPOSABLE HAND TOWELS NOT PROVIDED AT HAND SINK	10/2
431	NC		BAR BEER DRAIN, FLOOR DRAIN NOT CLEAN	10/5-
324	NC		3 COMPARTMENT SINK FAUCET LEAKS	10/20
174	NC		PLASTIC CONTAINER OF CINNAMON/SUGAR NOT LABELED	10/3
			NOTE: GAP TO OUTSIDE SEEN AT BACK DOOR THRESHOLD	10/10

Received By (Name & Title) [Signature] Inspected By (Name & Title) Bob Smith EHS Page 2 of 2