



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

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Betsy
10/19

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 New Hope Church	Telephone Number (317) 888 4673 <small>Establishment Owner</small>	Date of Inspection 10-14-24	ID# 2732
Establishment address 5307 W. Fairview Rd. Greenwood, IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10-24-24
Owner New Hope Church		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>—</u>	
Owner address 5307 W. Fairview Rd. Greenwood, IN 46142		Menu Type (See back of page) 1 <u>—</u> 2 <u>✓</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge Jim Parker - facilities director			
Responsible person's email info@becomehope.com			
Certified food handler N/A			

- 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
			No violations observed	
			Note ① Alley Cat two door cooler contains metaluminum pan of cooked chicken and one pan of white sauce without date markings	
			② Alley Cat white chest freezer contains frozen fries - un covered & unwrapped, must be covered inside freezer	

Received by (name and title printed): Jim Parker Facilities Director	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): <i>Jim Parker</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Beckm
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 THE MINT / NORMA JEANS	Telephone Number) Establishment () Owner	Date of Inspection 10/22/24	ID# 2251 2409N
Establishment address 40 N WALKER 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 11/2/24
Owner MOORE INVESTMENTS & HOLDINGS LLC		Summary of Violations: C <u>0</u> NC <u>9</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge COLE WOOTTON		Certified food handler HEATHER WENNINGS (SERUSAFE 7/22/24) (EXPIRES 1) 2 3 4 5	
Responsible person's email			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC	*	2 LIGHTS ARE OUT ON EXHAUST HOOD	10/28/24
H31	NC	*	FLOOR NOT CLEAN IN AREAS OF KITCHEN, BAR, BASEMENT	11/1
411	NC	*	LIGHT INTENSITY NOT ADEQUATE IN ONE RESTROOM (LESS THAN 20 FOOT CANDLES)	11/1
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	11/1
346	NC	*	BAR HANDSINK, HANDSOAP, DISPOSABLE TOWELS NOT PROVIDED	10/28
347	NC	*	TOWELS NOT PROVIDED	
399	NC	*	FLOOR WORN AROUND ICE MAKER	12/20
239	NC	*	BOX OF STYROFOAM FOOD CONTAINERS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN BASEMENT	11/25
256	NC	*	CHEST FREEZER IN BASEMENT - NO THERMOMETER SEEN	11/28
NOTE			KITCHEN - SMALL REFRIGERATOR AMBIENT AIR 50°F (POTENTIALLY HAZARDOUS)	Food not in unit
NOTE			HOSE ATTACHED TO MOP SINK FAUCET WITH "Y" SHUT OFF VALVES	11/1 (will remove)
NOTE			SERUSAFE PERSON EXPIRES	

Received by (name and title printed): Cole Wootton	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Cole Wootton</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Betsy
10/14

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

Establishment name <i>Olive Garden</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/3/24</i>	ID# <i>227</i>
Establishment address <i>1274 US 31 Greenwood, IN</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/13/24</i>
Owner <i>46142</i>		Summary of Violations: C <u>0</u> NC <u>3</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <u>✓</u> 5 _____	
Person in charge <i>Steve Perillo</i>			
Responsible person's email			
Certified food handler <i>Steve Perillo</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floor is soiled under server soda station near bar area.	10/3/24 ↓
218	NC		① Pasta cooking baskets contain damaged/peeling top handle covers	10/4/24 ↓
			② Lid was cracked on mobile ingredient bin storing white sauce	10/13/24 ↓
			③ Calamari shaker basket was damaged	Corrected ↓
			④ Round pasta cooking basket was damaged on the exterior top	Corrected ↓
295	NC		Kitchen Mechanical exhaust vent on the clean side of the dish machine was soiled (interior).	10/6/24 ↓

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



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*Belton
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>Panda Express #1546</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10-14-24</i>	ID# <i>1265</i>
Establishment address <i>331 S. SR 135 Ste A. 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>—</i>	Release Date <i>10-24-24</i>
Owner <i>Panda Express Inc</i>		Summary of Violations: <i>C 0 NC 1 R —</i>	
Owner address <i>1683 Walnut Grove Ave Rosemead, CA 91770</i>	Responsible person's email	Menu Type (See back of page) <i>1 2 3 <u>X</u> 4 5</i>	
Person in charge			
Certified food handler <i>Joseph Thang (See Safe exp) 11/10/28</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>294</i>	<i>NC</i>		<i>Sanitizer solution bucket under kitchen back area hand washing sink concentration not adequate ~25ppm, shall be ~150-200ppm</i>	<i>10-14-24</i>
			<i>Notes: ① employees shall change gloves & wash hands when switching tasks</i>	
			<i>② in-use utensils shall be washed, rinsed, & sanitized at least every 4 hours</i>	

Received by (name and title printed): <i>Joseph Thang</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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10/14*

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Establishment name PENN STATION	Telephone Number () Establishment () Owner	Date of Inspection 10/8/24	ID# 1242
Establishment address 1143 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/18/24
Owner HOOSIER PS INC.		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ALLY PRINE			
Responsible person's email			
Certified food handler ALLY PRINE SERVAFO EXP 3/1/29			

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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC		BOX OF POTATOES NOT STORED OFF FLOOR A MINIMUM OF 6 INCHES	10/12/24
174	NC		2 PLASTIC BULK FOOD CONTAINERS (SUGAR) NOT LABELED AS TO CONTENTS CON SHELF BY 3 COMPARTMENT SINK	10/10

Received by (name and title printed): ALLY PRINE	Inspected by (name and title printed): BOB SMITH EHS
Received by (signature): <i>ally prine</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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10/23

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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 POE QUALITY MEATS	Telephone Number () Establishment () Owner	Date of Inspection 10/22/24	ID# 1278
Establishment address 1108 W 200 N FRANKLIN, IN	Purpose: <ol style="list-style-type: none"> 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 KEEGAN POE		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge Keegan Poe		1 <u>2</u> 3 <u>4</u> 5 <u>5</u>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			NO VIOLATIONS	

Received by (name and title printed): Keegan Poe	Inspected by (name and title printed): Bob SMITH EHS
Received by (signature): <i>Keegan Poe</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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95 S DRAKE RD
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10/19*

Office 317-346-4365 Fax 317-730-5204

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 RICHARD'S KITCHEN	Telephone Number () Establishment () Owner	Date of Inspection 10/16/24	ID# 1089
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/26/24
Owner RICHARD GOSS		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>X</u> 5 <u> </u>		
Person in charge MIKE MORRISON			
Responsible person's email			
Certified food handler RICHARD GOSS (SERVSAFE EXP 9/5/24)			

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Section #	C/NC	R	Narrative	To Be Corrected by
291	NC	*	CHLORINE TEST PAPERS NOT AVAILABLE	10/19/25
295	NC	*	BACK OF WALK-IN COOLER CONDENSER FAN NOT CLEAN	10/24
399	NC	*	WALL UNDER WALK-IN COOLER DOOR WORN	12/1
295	NC	*	KITCHEN SHELVING RUSTY AND NOT CLEAN	CLEAN 10/24 - REPAIR 11/1
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	10/20
			REPEATED NOTE * SOME FOOD NOT REHEATED TO 165°F PRIOR TO PLACING IN WARMER AT PIZZA PREPARATION AREA	corrected 10/16
295	NC	*	ICE BUILT UP IN BEER WALK-IN COOLER	10/20

Received by (name and title printed): Michael Morrison	Inspected by (name and title printed): Bob Smith
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Betsu
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>SS Francis & Clare of Assisi Saints Francis & Clare Cath. Ch.</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10-29-24 9:10am</i>	ID# <i>1531</i>
Establishment address <i>5901 Olive Branch Rd 46143</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>11-10-24</i>
Owner		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Crystal Chavez 7/17/29</i>			
Responsible person's email			
Certified food handler <i>Crystal Chavez 2594597 7/17/29</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>no violations observed @ the time of inspection</i>	
			<i>Automatic Dish machine appears to be adequately sanitizing @ time of inspection</i>	



Received by (name and title printed): <i>Crystal Chavez</i>	Inspected by (name and title printed): <i>Elizabeth Senisse</i>
Received by (signature): <i>Crystal Chavez</i>	Inspected by (signature): <i>Elizabeth Senisse</i>
cc:	cc: <i>317 346 4373</i>



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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95S. Drake Rd.
460 N. MORTON ST. STE A
FRANKLIN, IN 46131

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

Bekm
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>Sabzi Mandi + Tadka</i>	Telephone Number <i>(317) 300-1123</i>	Date of Inspection <i>10-1-24</i>	ID# <i>2829</i>
Establishment address <i>894 US Hwy 31N Greenwood 46142</i>	<i>(661) 926-4018</i>	Follow-up <i>—</i>	Release Date <i>10-10-24</i>
Owner <i>Ravinder Kaur Shokar</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 1 R —</i>	
Owner address <i>106 Kinnick Dr. Greenwood, IN 46143</i>		Menu Type (See back of page) <i>1 2 3 <u>X</u> 4 5</i>	
Person in charge <i>Harjap Dhillon</i>			
Responsible person's email <i>Kscpa2000@gmail.com</i>			
Certified food handler <i>N/A</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
190	NC		<i>cooked cauliflower and sauces cooling at room temperature on black shelving unit in prep area south of kitchen</i>	<i>corrected-ice bath</i>
439	C		<i>cleaning products stored above potatoes on black shelving unit in prep area south of kitchen</i>	<i>corrected</i>
229	C		<i>prep table in hallway near walk-in cooler units has a chipped covering, not smooth or easily cleanable</i>	<i>10-10-24</i>
			<i>Notes: (1) Doven hood vents soiled</i>	
			<i>(2) food being held cold shall always be stored in a cold unit with an internal temperature of 41°F or less</i>	
			<i>(3) Soap & paper towels shall be at each handwashing station</i>	

Received by (name and title printed): <i>HARJAP SINGH DHILLON</i>	Inspected by (name and title printed): <i>Mia Papageorge, EHS</i>
Received by (signature): <i>Haj/Sir Dhillon</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:



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*Belam
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Establishment name <i>Sam's Club</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/10/24</i>	ID# <i>486</i>
Establishment address <i>1101 Windhorst Way Greenwood, IN</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>14-21 days</i>	Release Date <i>10/20/24</i>
Owner		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>X</u> 4 <u>-</u> 5 <u>-</u>		
Person in charge			
Responsible person's email			
Certified food handler <i>+ DAVID FERREY</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by	
			- Cafe		
431	NC		walk-in cooler floor is soiled. E build-up encrusted	<i>10/24/24</i>	
431	NC		Floor drain is soiled.	}	
431	NC		Floor surface by the bag n box is soiled.		
			- Bakery		
431	NC		Floor under the dishwasher - is soiled.		
			- MEAT PREP ROOM		
347	NC		No hand towels at the handsink. Dispenser is empty.		
			- H.M.S. "Home meal Solutions"		
345	C		The handsink is very soiled.		<i>10/10/24</i>
295	NC		The seal for the 3-bay sink is moldy.		
			- Patisserie		
347	NC		Hand towel dispenser is not properly used.	↓	
			- PAY strict attention to hand washing stations! Soap, towels and hot water!		

Received by (name and title printed): <i>X DAVID FERREY FAM</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Establishment name <i>Scooter's Coffee</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10-7-24</i>	ID# <i>2764</i>
Establishment address <i>1730 N. Morton St. Franklin, IN 46131</i>	Purpose: <ol style="list-style-type: none"> <u>Routine</u> Follow-up Complaint Pre-Operational Temporary HACCP Other (list) 	Follow-up	Release Date <i>10-17-24</i>
Owner <i>Edot Enterprises LLC</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 X 3 4 5</i>	
Responsible person's email			
Certified food handler <i>Stephanie Dulworth (SewSafe exp) 7/8/29</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations observed</i>	

Received by (name and title printed): <i>Ella LaBarge</i>	Inspected by (name and title printed): <i>Mia George / Bob Smith</i>
Received by (signature): <i>Ella LaBarge</i>	Inspected by (signature): <i>Mia George / Bob Smith</i>
cc:	cc:



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Establishment name <i>Social of Greenwood</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/17/24</i>	ID# <i>1594</i>
Establishment address <i>550 Polk St</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>—</i>	Release Date <i>10/27/24</i>
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Person in charge <i>Andrea Sutherland</i>			
Responsible person's email			
Certified food handler			

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- 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
			<ul style="list-style-type: none"> - Retail Food items that are catered - Do not use reusable plateware or silverware - Cook check temp of each meal w/ probe thermometer - Residential freezer and refrigerator/freezer does have thermometers: - These 2 units total must be upgraded to commercial grade if/when: - Change of ownership - remodel - the unit breaks down 	
			<i>G/O</i>	

Received by (name and title printed): <i>Andrea Sutherland</i>	Inspected by (name and title printed): <i>Kevin R Pauls Eds</i>
Received by (signature): <i>Andrea Sutherland</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Byron
 10/29



JOHNSON COUNTY HEALTH DEPARTMENT
 RETAIL FOOD ESTABLISHMENT
 INSPECTION REPORT

Office 317-346-4365 Fax 317-736-5204

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>SPEEDWAY 8527</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/29/24</i>	ID# <i>738</i>
Establishment address <i>1350 US 31 S</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>11/9/24</i>
Owner <i>SPEEDWAY LLC</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>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge <i>MARIA RODRIGUEZ</i>			
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		THE DOOR GASKET ON ENTRANCE DOOR TO DRINK COOLER IS IN DISREPAIR	11/9/24
256	NC		DID NOT OBSERVE A THERMOMETER IN THE ICE CREAM COOLER	11/1/24
297	NC		OBSERVED SOILED NOZZLES IN THE FRAPPE MACHINE	10/30/24
431	NC		THE FLOOR BEHIND THE SHELVING IN THE SODA ROOM IS SOILED	11/9/24
410	NC		PROTECTIVE CASE OF CEILING LIGHTS ⁽²⁾ IN SODA ROOM IS IN DISREPAIR	11/9/24
430	NC		1 CEILING PANEL IS MISSING IN THE SODA ROOM	11/9/24
415	C		OBSERVED SEVERAL FLYING INSECTS IN THE SODA ROOM	11/9/24
177	NC		OBSERVED SINGLE SERVICE ITEMS IN THE STORAGE ROOM BEING STORED ON THE FLOOR NOT 6" OR MORE ABOVE THE FLOOR.	11/9/24 CORRECTED
			# WORK ORDER SUBMITTED FOR PEST CONTROL - NO DRIP DISINTEGRATORS	JUST RESOLVED
			# WORK ORDER SUBMITTED FOR SODA LEAKS	

Received by (name and title printed): <i>M. MYRA RODRIGUEZ</i>	Inspected by (name and title printed): <i>KEVIN R PAULIN EHS</i>
Received by (signature): <i>M. Myra Rodriguez</i>	Inspected By (signature): <i>K.R.P.</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

Beky
 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>STARBUCKS 7990</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>10/17/24</u>	ID# 1109 <u>1109</u>
Establishment address <u>1035 E. MAIN ST</u>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u> </u>	Release Date <u> </u>
Owner <u>STARBUCK'S CORPORATION</u>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
			→ OBSERVED SOLID FLOORS ON SERVING LINE APPEAR TO BE FROM DAILY USE AS FLOORS UNDER/BEHIND EQUIPMENT APPEAR CLEAN	
			- Temps Monitored By Corp. - THERMOS PRESENT	
			no items to report	

Received by (name and title printed): <u>Thackerville senior</u>	Inspected by (name and title printed): <u>KEVIN R. PAUL EHS</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
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

*Before
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. **2737**

Establishment name <i>Subway 21337</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/17/24</i>	ID# 2352 <i>534</i>
Establishment address <i>337 WESTERN BLVD</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>10/27/24</i>
Owner	Summary of Violations: C <i>0</i> NC <i>3</i> R <i>0</i>	Menu Type (See back of page)	
Owner address		1 <i>0</i> 2 <i>0</i> 3 <i>3</i> 4 <i>0</i> 5 <i>0</i>	
Person in charge <i>PRIVANKA</i>			
Responsible person's email			
Certified food handler			

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

Section #	C/NC	R	Narrative	To Be Corrected by
<i>297</i>	<i>NC</i>		<i>- THE SOAP DISPENSER IN THE DINING ROOM IS SOILED WHERE THE ICE IS DISPENSED</i>	<i>10/19/24</i>
<i>346</i>	<i>NC</i>		<i>- NO HAND SOAP OBSERVED IN THE MEN'S REST ROOM</i>	<i>10/17/24</i>
<i>324</i>	<i>NC</i>		<i>- THE SINK ADJACENT TO THE 3 BAY SINK DOES NOT HAVE ANY PLUMBING FROM THE DRAIN TO THE FLOOR DRAIN - WATER DIRECTLY DISCHARGES FROM THE SINK TO THE FLOOR DRAIN</i>	<i>11/17/24</i>

Received by (name and title printed): <i>X - Privanka</i>	Inspected by (name and title printed): <i>KEVIN R FAVRE EHS</i>
Received by (signature): <i>X - Privanka</i>	Inspected by (signature): <i>KRF</i>
cc:	cc:



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

Betsy
10/23

✓✓ 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 <i>Subway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/18/24</i>	ID# <i>1911</i>
Establishment address <i>321 N. 31 New Whiteland, 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 <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler <i>X Ismael Morales</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>"Perfect"</i>	

Received by (name and title printed): <i>X Ismael Morales</i>	Inspected by (name and title printed): <i>Terry D Farless</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

✓✓

Betsy
10/23

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>Subway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/18/24</i>	ID# <i>1429</i>
Establishment address <i>E. King Street, Franklin</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>[Signature]</i>		Summary of Violations: C <u> 1 </u> NC <u> 0 </u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Narjit Kaur</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>336</i>	<i>C</i>		<i>breaker no vacuum is installed on the top side hose can connection</i>	

Received by (name and title printed): <i>A. Patel</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**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

*BKEM
10/11/14*

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>Subway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/8/24</i>	ID# <i>669</i>
Establishment address <i>373 S SR 135</i>	Purpose: <input checked="" type="radio"/> 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 <i>COOPER VAN VALKENBURG</i>		Summary of Violations: <i>C NC R -</i>	
Owner address	Menu Type (See back of page) 1 _____ 2 _____ 3 <i>K</i> 4 _____ 5 _____	Person in charge <i>COOPER VAN VALKENBURG</i>	
Responsible person's email		Certified food handler <i>KEVIN WEAVER exp. 2/12/25</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>No items to report</i>	

Received by (name and title printed): <i>X Cooper Van Valkenburg</i>	Inspected by (name and title printed): <i>Kevin R Paulin EHS</i>
Received by (signature): <i>X CW</i>	Inspected by (signature): <i>Kevin R Paulin</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Betsy
10/14

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

Establishment name SUBWAY (WAZ-MART) #42293	Telephone Number () Establishment () Owner	Date of Inspection 10/4/24	ID# 1923
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/14/24
Owner DHRUV PATEL		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>3</u> 4 <u> </u> 5 <u> </u>	
Person in charge VICKY			
Responsible person's email			
Certified food handler DHRUV PATEL (SERVSAFE EXP 6/4/26)			

- 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
H31	NC		FLOOR DRAIN NOT CLEAN	10/8/24

Received by (name and title printed): A [Signature]	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): [Signature]	Inspected by (signature): Bob Smith
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

Return 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 Supreme Produce	Telephone Number () Establishment () Owner	Date of Inspection 10-1-24	ID# 2744
Establishment address 2200 Independence Dr. Greenwood 46143	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 10-10-24
Owner Supreme Service Solutions Inc.		Summary of Violations: C 1 NC 0 R	
Owner address TX 75234		Menu Type (See back of page)	
Person in charge 14043 Distribution Way Farmers Branch,		1 2 3 4 5	
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
187	C		honeydew melon in walk-in cooler @ 50°F	ASAP

Received by (name and title printed): Left report onsite	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature):	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

*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>Sweet Scoops</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/30/24</i>	ID# <i>2449</i>
Establishment address <i>300 Tracy Rd, New Whiteland</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>JN</i>		Summary of Violations: C <u>0</u> NC <u>2</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
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			

- 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>324</i>	<i>NL</i>		<i>Drinks dispensers drain must have a 1" air gap.</i>	
<i>411</i>	<i>NC</i>		<i>more lighting is required in the walk-in cooler</i>	

Received by (name and title printed): <i>Karen L. Frankenger</i>	Inspected by (name and title printed): <i>Tony D. Bayless</i>
Received by (signature): <i>Karen L. Frankenger</i>	Inspected by (signature): <i>Tony D. Bayless</i>
cc:	cc: