



**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 11/20/24

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

Establishment name <i>Waukey Queen Trafalgar</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/19/24</i>	ID# <i>2017</i>
Establishment address <i>1 Trafalgar Square Trafalgar IN 46181</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>11/29/24</i>
Owner <i>Shakil Hasan</i>		Summary of Violations: <i>C 1 NC 1 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Shakil Hasan</i>			
Responsible person's email			
Certified food handler <i>Edward Hatcher</i> <i>SenSafe Exp 6/30/35</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
112	NC	✓	Holiday chest freezer not NSF/ANST approved	<i>06/1/25</i>
430	NC	✓	Filoon drain for ice maker is not easily accessible	<i>6/1/25</i>
431	NC	✓	Interior basin of mop basin is soiled	<i>11/26/24</i>
431	NC	✓	Inverted beverage racks are used as shelving in firm	<i>6/1/25</i>
295	C		Soiled tongs and strainer with handle was found inside a metal drawer at the preparation table	Corrected
426	NC		Unused microwave is storing extra/spare equipment parts	<i>12/1/24</i>
295	NC		Three bay sink drain (hub) is soiled	<i>11/26/24</i>
431	NC		Filoon soiled in areas of the facility	<i>11/28/24</i>
218	NC		Ice buckets (2) are cracked at	<i>11/25/24</i>

Received by (name and title printed): <i>Shakil</i>	Inspected by (name and title printed): <i>ANDREW MILLER, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

NARRATIVE REPORT

46181

Establishment Name			Address	Inspection Date
Dairy Queen Trafalgar 1			Trafalgar IN	11/19/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		the top or open end inside back ledge of kitchen three door prep table is soiled	↓ 11/26/24
256	NC		ambient air thermometers not seen in some front. quest area refrigeration units	↓ 11/20/24
218	NC		Storage cabinet of near ice maker is supported held up by what appears to be inverted metal cups Unit appears to be missing a leg.	↓ 6/1/25 Firm to remodel 6-2025
<p>Note: Owner stated firm to remodel on or before June, 2025.</p>				
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
[Signature]			Andrew Miller, EMS	



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

beta
12/2

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>Danielle's Popcorn</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-26-24</i>	ID# <i>2855</i>
Establishment address <i>1251 US 31N F12A Greenwood, IN 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>12-6-24</i>
Owner <i>Danielle Jernigan</i>		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>—</u>	
Owner address <i>4319 W. Clara Ln PMB 281 Muncie, IN 47304</i>	Menu Type (See back of page) 1 <u>—</u> 2 <u>0</u> 3 <u>X</u> 4 <u>—</u> 5 <u>—</u>	Menu Type (See back of page)	
Person in charge <i>Willow Wisdom - employee</i>			
Responsible person's email <i>hello@daniellespopcorn.com</i>			
Certified food handler <i>Danielle Jernigan (See safe exp) 5/7/26</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>291</i>	<i>NC</i>		<i>Sanitizer test strips not provided</i>	<i>11-26</i>
<i>234</i>	<i>NC</i>		<i>in-use utensil stored in bulk sugar with handle touching sugar</i>	<i>1</i>
			<i>corrective action - handle shall be above food product</i>	
<i>174</i>	<i>NC</i>		<i>bulk sugar not labeled</i>	
			<i>Note: food products stored in blue plastic tote on the floor</i>	
			<i>↳ shall be stored 6 inches or higher off the floor</i>	

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



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JJ
Before 12/2

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 Denny's	Telephone Number () Establishment () Owner	Date of Inspection 11/18/21	ID# 2793
Establishment address 1253 South Park Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 11/28/21
Owner Greenwood #N		Summary of Violations: C <u>0</u> NC <u>4</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler Vanessa Grocco			

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Section #	C/NC	R	Narrative	To Be Corrected by
234	NC		in use utensils such as butter and ice cream scoops must be stored in water at 135°F	11/18/21
334	NC		Drink and ice dispenser lines drain lines must not extend into the open drain. They must have a 1/16 inch air gap	Next inspect. 3 mos.
430	NC		The walk-in cooler water wall is not smooth and cleanable	Next inspect.
295	NC		The employee restroom door is soiled. [inside area]	11/20/21

Received by (name and title printed): X Vanessa Grocco	Inspected by (name and title printed): Terry D. Bayless
Received by (signature): X Vanessa Grocco	Inspected by (signature): Terry D. Bayless
cc:	cc:



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

Beta 12/13

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

Establishment name <i>Denny's # 8559</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/25/24</i>	ID# <i>2745</i>
Establishment address <i>4982 N 350 E Whiteland IN 46184</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>12/5/24</i>
Owner		Summary of Violations: <i>C 1 NC 4 R 4</i>	
Owner address	Responsible person's email <i>ServSafe</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Lane Rogers General Mgr</i>		Certified food handler <i>Rosa Sears Exp 8/2/20</i>	

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>399</i>	<i>NC</i>	<i>✓</i>	<i>Grout repair needed in several areas</i>	<i>12/31/24</i>
<i>431</i>	<i>NC</i>	<i>✓</i>	<i>Floor drains soiled in areas</i>	<i>11/25/24</i>
<i>430</i>	<i>NC</i>	<i>✓</i>	<i>Tile cove base is missing near ice maker</i>	<i>12/31/24</i>
<i>234</i>	<i>NC</i>	<i>✓</i>	<i>Hot water in pan for scoops measured 129°F</i>	<i>corrected</i>
<i>415</i>	<i>C</i>		<i>Numerous small lived winged insects were seen in the dish area</i>	<i>11/25/24</i>

Received by (name and title printed): <i>Lane Rogers</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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Bakery 11/18

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>Dollar Tree #09748</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-18-24</i>	ID# <i>2788</i>
Establishment address <i>1105 IN SR 135 Trafalgar 46181</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up <i>NO</i>	Release Date <i>11-20-24</i>
Owner		Summary of Violations: <i>C 0 NC 1 R 0</i>	
Owner address		Menu Type (<i>See back of page</i>)	
Person in charge		1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>425</i>	<i>NC</i>		<i>Hand mops to dry</i>	<i>11-18-24</i>

Received by (<i>name and title printed</i>):	Inspected by (<i>name and title printed</i>): <i>Caleb Fleener</i>
Received by (<i>signature</i>): <i>[Signature]</i>	Inspected by (<i>signature</i>): <i>[Signature]</i>
cc:	cc:



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*Betsy
11/18*

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Establishment name <i>Dunkin Donuts</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-18-24</i>	ID# <i>2407</i>
Establishment address <i>120 W Smith Valley Rd GWD 46142</i>	Purpose: <u>1. 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>11-28-24</i>
Owner		Summary of Violations: <i>C 0 NC 1 R 1</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <i>X</i> 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>Sandip Patel exp 1-26-24</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>218</i>	<i>NC</i>		<i>One of cookers has no door gasket employee stated it is being replaced today 11-18-24</i>	<i>11-18-24</i>
<i>473</i>	<i>NC</i>		<i>Back emergency exit door not latching. needs to be closed with no day light to prohibit rodent.</i>	<i>11-28-24</i>

Received by (name and title printed):	Inspected by (name and title printed): <i>Caleb Fleener</i>
Received by (signature): <i>RAAIA</i>	Inspected by (signature): <i>Caleb Fleener</i>
cc:	cc:



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*Betsy
11/18*

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. V

Establishment name FRANKLIN DUCK PIN BOWLING	Telephone Number () Establishment () Owner	Date of Inspection 11/15/24	ID# 2285
Establishment address 27 W MONROE 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 11/25/24
Owner		Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge MAGGIE HAGAN			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC	<input checked="" type="checkbox"/>	STAGLE SERVICE CUPS IN SINKS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN BASEMENT STOCK ROOM	11/20/24
431	NC	<input checked="" type="checkbox"/>	BASEMENT RESTROOMS CEILING EXHAUST COVERS NOT CLEAN	11/20
399	NC	<input checked="" type="checkbox"/>	UPSTAIRS RESTROOM - CEILING TILES NOT SMOOTH	12/28

Received by (name and title printed): Maggie Hagan	Inspected by (name and title printed): Bob Smith BRS
Received by (signature): <i>Maggie Hagan</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Betsy
11/6*

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 FRIEND'S DINER	Telephone Number () Establishment () Owner	Date of Inspection 11/4/24	ID# 0202
Establishment address 989 US31 WHITELAND IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/14/24
Owner Perez		Summary of Violations: C 0 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 (A) 5	
Person in charge RUBEN PEREZ			
Responsible person's email			
Certified food handler RACHEL PEREZ			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC	*	THERMOMETER NOT SEEN IN MEAT CHEST FREEZER 3 DOOR LARGE FREEZER	11/9/24
218	NC	*	3 DOOR LARGE FREEZER - DOOR GASKET WORN/SPLIT	12/4
291	NC	*	CHEMICAL TEST STRIPS FOR "QUAT" SANITIZER NOT AVAILABLE	11/11
174	NC	*	CANNAMON SUGAR IN SMALL PLASTIC CONTAINER NOT LABELED	corrected 11/4
431	NC	*	FLOOR NOT CLEAN IN AREAS, BEHIND GRILL & DEEP FRYER	11/7
295	NC	*	SHELVING NOT CLEAN BY DEEP FRYER	11/7
411	NC	*	LIGHT INTENSITY NOT ADEQUATE IN AREA OF KITCHEN	11/24
(NOTE)		*	FEW SMALL FLIES SEEN IN KITCHEN, mens RESTROOM	corrected
187	C	(A)	PREPARED COOLED POTATOES IN SMALL REFRIGERATOR INTERNAL TEMPERATURE 44°F NOT 41°F OR LESS	

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



**JOHNSON COUNTY HEALTH DEPARTMENT
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INSPECTION REPORT**

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

Bottom 12/2

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 Fruitful Frog	Telephone Number () Establishment () Owner	Date of Inspection 11-25-24	ID# 2866
Establishment address 114 E. Jefferson St. Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12-5-24
Owner Ann Buie		Summary of Violations: C 0 NC 0 R —	
Owner address 1220 N. Harvey Rd. Greenwood, IN 46143		Menu Type (See back of page)	
Person in charge Ann Buie - owner		1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Responsible person's email ann@fruitfulfrog.com			
Certified food handler Ann Buie 360 ^{Leannz} _{Seave} exp 6/6/29			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations observed</i>	
			<i>cut, prepped</i>	
			<i>Note: celery had internal temperature of 45°F</i>	
			<i>cut pineapple & pooled oranges had internal temperature of 44°F</i>	
			<i>↳ all stored in upright Avantco cooler (temp 38°F)</i>	

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



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*Burn
11/12*

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 GARMENT FACTORY EVENTS	Telephone Number () Establishment () Owner	Date of Inspection 11/8/24	ID# 2156
Establishment address 101 E WAYNE 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 11/18/24
Owner GARMENT FACTORY EVENTS LLC		Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge WARREN MIKLOS			
Responsible person's email			
Certified food handler WARREN MIKLOS			

• 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
239	NC	✗	DISH RACKS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES - DISHWASHING AREA	11/10/24
411	NC	✗	LIGHT OUT ON KITCHEN EXHAUST HOOD	11/14
177	NC	✗	FOOD PACKAGES NOT STORED OFF FLOOR MINIMUM OF 6 INCHES - WEST SIDE WALK-IN FREEZER	11/12
177	NC	✗	BAG OF ONIONS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES OUTSIDE OF WALK-IN COOLER	11/10
414	NC	✗	SOUTH BASEMENT EXTERIOR DOOR THRESHOLD - GAP SEEN TO THE OUTSIDE	12/1
394	NC	✗	BAG OF TRASH ON GROUND ON OUTSIDE DUMPSTER ENCLOSURE	11/10
(NOTE)		✗	WATER APPLIANCE CONNECTED TO FAUCET - UPSTAIRS KITCHEN	✓
399	NC	✗	UPSTAIRS KITCHEN - FLOOR TILE WORN IN AREA	12/18
431	NC	✗	MAIN BTR - FLOOR DRAIN NOT CLEAN AND DRAIN TUBE	11/15
(NOTE)		✗	UPSTAIRS - () HANDSINK FAUCET SENSOR NOT FUNCTIONING (MONS)	✓

Received by (name and title printed): Warren Miklos Exec Chef	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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W
Betsy
12/2

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>Hardees</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/19/24</i>	ID# <i>1873</i>
Establishment address <i>1001 US-31 N</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>New Whiteland, IN</i>		Summary of Violations: C <u>0</u> NC <u>4</u> R <u> </u>	
Owner address <i>IN</i>		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

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

Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>The floor by the hot water heater is soiled-</i>	<i>11/19/24</i>
<i>431</i>	<i>NC</i>		<i>sweep out the walk-in freezer</i>	<i>11/19/24</i>
<i>431</i>	<i>NC</i>		<i>Floor is soiled by the drive-up drinks dispenser</i>	<i>11/21/24</i>
<i>334</i>	<i>NC</i>		<i>The drink and ice dispenser stations do not have air gaps at the drains-</i>	<i>3 mos.</i>

Received by (name and title printed): <i>X MARISE HERRERA RIVERA</i>	Inspected by (name and title printed): <i>TERRY D DAYLESS</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
11/20/24

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

Establishment name Johnny Carino's	Telephone Number () Establishment () Owner	Date of Inspection 11/15/24	ID# 2059
Establishment address 920 US 31 N 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 No	Release Date 11/25/24
Owner Greenwood Fry LLC		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 Lexie Schura			
Responsible person's email			
Certified food handler Muriah Bennett			

• 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		Reinforced fiberglass paneling (RFP) is peeling in mechanical dish area & preparation area	11/25/24
399	NC		Floor under both guest area server stations is not smooth and easily cleanable	12/30/24
218	NC		① Table slicer is missing five small metal-like product holders ② Urain insert at dish area jet spray contains holes/damage	12/15/24

Received by (name and title printed): LEXIE SCHURA	Inspected by (name and title printed): ANDREW MILLER, EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Office 317-346-4365 Fax 317-736-5264

W
Bulson
12/2

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>KALEY'S PIZZA SPOT</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/25/24</i>	ID# <i>2644</i>
Establishment address <i>89 N. US 31 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 <i>12/5/24</i>
Owner		Summary of Violations: C <u>0</u> NC <u>6</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 <i>+ RAJBEER KAUR</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>216</i>	<i>NC</i>		<i>The 2-door cooler gasket is torn.</i>	<i>30 days</i>
<i>334</i>	<i>NC</i>		<i>The ice maker in the rear part of the does not have a proper air store gap drain.</i>	<i>Next inspection</i>
<i>334</i>	<i>NC</i>		<i>The drink dispenser does not have a proper air gap drain. The drain hose may not extend into the drain.</i>	<i>Next I</i>
<i>295</i>	<i>NC</i>		<i>The fans in the pizza cooler are soiled.</i>	
<i>345</i>	<i>NC</i>		<i>The pizza area hand sink is soiled</i>	<i>11/26/24</i>
<i>346</i>	<i>NC</i>		<i>No soap was provided.</i>	

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



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

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

Belm 1/14

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 KING BUFFET	Telephone Number () Establishment () Owner	Date of Inspection 11/1/24	ID# 2041
Establishment address 2239 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 4/8	Release Date 11/11/24
Owner EN CHEN		Summary of Violations: C 1 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4X 5	
Person in charge EN CHEN			
Responsible person's email			
Certified food handler EN CHEN			

• 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
399	NC	*	METAL TABLES IN KITCHEN RUSTY, CORRODED	11/30/24
316	NC	*	SHELVING ON WALK-IN COOLER RUSTY, CORRODED	11/20
197	NC	*	UPRIGHT FREEZER - TEMPERATURE 20°F NOT AT 0°F OR LESS	11/4
324	NC	A	LEAKS NOTED AT 3 COMPARTMENT SINK FAUCET AND FRONT SUSHI - HANDSINK	11/15
431	NC	*	FLOOR IN AREAS OF KITCHEN NOT CLEAN, FLOOR/WALL COILING MISSING IN AREAS OF KITCHEN	11/11
209	NC	*	BULK FOOD CONTAINERS (PLASTIC) WORN, CHIPPED & LIDS, NOT CLEAN	11/20
295	NC	*	DISHWARE STORED ON HANDSINK IN KITCHEN	
193	C	*	SUSHI IN CONTAINER AT SUSHI STATION INTERNAL TEMPERATURE 129°F NOT AT 135°F OR MORE, TEMPERATURE CHART NOT PROVIDED VARIATION REQUIRED IF USING PH AS CONTROL (ADJIFIED)	PH WAS 3.0 11/3

Received by (name and title printed): En Chen	Inspected by (name and title printed): WATH VINEGAR BOB SMITH ESQ
Received by (signature): <i>En Chen</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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*Betsy
11/6*

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 LA COCINA	Telephone Number () Establishment () Owner	Date of Inspection 11/4/24	ID# 1673
Establishment address 912 N MORTON 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 11/14/24
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge ALBERTO S. MERI		1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
Responsible person's email			
Certified food handler ALBERTO MERI			

• 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
216	NC	Δ	CARD BOARD USED TO LINE SHELVES IN WALK-IN COOLER	11/8/24
177	NC	=	SOME FOOD CONTAINERS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES ON WALK-IN FREEZER	11/8
			(WRITE) MECHANICAL DISINFECTING SANITIZER STRENGTH WEEK (LESS THAN 50 ppm)	11/6

Received by (name and title printed): Albert S Meri	Inspected by (name and title printed): Bob Smith OHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Belkyn
11/16

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 LITTLE CAESARS	Telephone Number () Establishment () Owner	Date of Inspection 11/14/24	ID# 2685 1820
Establishment address 906 N MORTON FRANKLIN, IN	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up —	Release Date 11/14/24
Owner FARID FAJHALY		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page)	
Person in charge SAFALTA		1 ___ 2 <u>C</u> 3 4 ___ 5 ___	
Responsible person's email			
Certified food handler VIPIN TOMAR (SERVISARE EXP 4/19/29)			

- 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
413	NC	A	BACK DOOR NOT SELF-CLOSING (CLOSURE BROKEN)	11/10/24

Received by (name and title printed): SAFALTA	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): <i>Safalta</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Beck
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>Luce Pizza di Roma</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/12,13/24</i>	ID# <i>1052</i>
Establishment address <i>1251 US 31 N Greenwood</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 <i>11/23/24</i>
Owner <i>Jay</i>		Summary of Violations: <i>C 1 NC 5 R 1</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 3 4 5</i>	
Responsible person's email			
Certified food handler <i>John Gaston</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>295</i>	<i>NC</i>		<i>Ice shield is soiled.</i>	<i>11/16/24</i>
<i>229</i>	<i>C</i>		<i>* Front counter is broken and cracked in numerous places. may be in danger of collapsing - surfaces are not easily cleanable</i>	<i>Jan 30 2025</i>
<i>295</i>	<i>NC</i>		<i>Storage table shelves are soiled</i>	<i>corrected</i>
<i>431</i>	<i>NC</i>		<i>Floor under the ice maker is soiled</i>	<i>11/16/24</i>
<i>112</i>	<i>NC</i>		<i>upright freezer is not approved equipment</i>	<i>-</i>
<i>431</i>	<i>NC</i>		<i>floor area under the pizza oven is soiled.</i>	<i>11/16/24</i>
<i>334</i>	<i>NC</i>		<i>soda dispenser(s) must have a 1" air gap drain.</i>	
			<i>other reminders</i>	
			<i>Keep towels at the hand sinks</i>	
			<i>keep walk-in cooler doors closed.</i>	

Received by (name and title printed): <i>Michael Wright</i>	Inspected by (name and title printed): <i>Terry Pugh</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: