



**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

*Belmi  
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>Marathon Mini Mart</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/4/24</i>	ID# <i>1430</i>
Establishment address <i>2120 East King St Franklin 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 <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>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"
- 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>334</i>	<i>NC</i>		<i>Soda and ice maker drain must have a 1" air gap.</i>	<i>30 days</i>
<i>239</i>	<i>NC</i>		<i>Drink cups on the counter are not protected.</i>	<i>11/6/24</i>
<i>295</i>	<i>NC</i>		<i>Cabinet for drink cup storage is soiled.</i>	<i>11/6/24</i>
<i>431</i>	<i>NC</i>		<i>Storage room floor is soiled.</i>	<i>11/6/24</i>

Received by (name and title printed): <i>X</i>	Inspected by (name and title printed): <i>Temp 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

*Betsy  
11/10*

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>MI ABUELTO</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/4/24</b>	ID# <b>2460</b>
Establishment address <b>2797 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>11/14/24</b>
Owner		Summary of Violations: <b>5</b> C <u>0</u> NC <u>5</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 <b>GARCIA CERNA</b>			
Responsible person's email			
Certified food handler <b>GARCIA CERNA (SERVSAFE 3/17/26 EXP)</b>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
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Section #	C/N/C	Repeated	Narrative	To Be Corrected by
(NOTE)			ROCK ROACH SOEN ON WALL ABOVE MECHANICAL DISHWASHER	CONTROL 11/9/24
399	NC	*	COVERING LOOSE, WALL COVERING LOOSE IN AREAS OF KITCHEN	11/30
324	NC	*	LEAK NOTED ON HANDSINK DRAIN	corrected 11/4
218	NC	*	DOOR GASKET WORN / SPLIT ON UPRIGHT SOLE COOLER	12/4
216	NC	A	ALUMINUM FOIL USED TO LINE SHELF STOCK ROOM	11/24
431	NC		WALL/FLOOR NOT CLEAN IN AREAS OF DISHWASHING AREA	

Received by (name and title printed): <b>Bulmaro Garcia C.</b>	Inspected by (name and title printed): <b>Bob Smith EHS.</b>
Received by (signature): <i>Bulmaro Garcia C.</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:





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PHONE: 317-346-4365 FAX:317-736-5264  
*Betsy 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 <b>NEW KUMO JAPANESE RESTAURANT</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/7/24</b>	ID# <b>1821</b>
Establishment address <b>1051 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>11/17/24</b>
Owner <b>YI LI</b>		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>  </u> 4 <u>X</u> 5 <u>  </u>	
Person in charge <b>YI LI</b>			
Responsible person's email			
Certified food handler <b>YI LI (SERVSAFE EXP 5/2/29)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
215	NC		→ SIDE OF GRILL / deep FRYER NOT CLEAN	11/11/24
<b>NOTE</b>			→ PHYSICAL GAP NOT PROVIDED ON MECHANICAL DISHWASHER	11/24

Received by (name and title printed): <b>YI LI</b>	Inspected by (name and title printed): <b>Bob Smith BHS</b>
Received by (signature): <i>YI LI</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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✓  
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>On the Border</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/18/24</i>	ID# <i>1522</i>
Establishment address <i>867 US31N Greenwood, 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 <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>    </u> 4 <u>    </u> 5 <u>    </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Angie Dakes</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>431</i>	<i>NC</i>		<i>floor under the bar is soiled.</i>	

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





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*Batz*  
*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>Papa John's Pizza</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/4/24</i>	ID# <i>595</i>
Establishment address <i>597 Banta St. Franklin IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>10-14 days</i>	Release Date <i>11/14/24</i>
Owner		Summary of Violations:  C <u>0</u> NC <u>2</u> R <u>0</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>L Amorisia Pollard 2024</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>mobile cart is spoiled</i>	<i>11/4/24</i>
			<i>No hot water at the prep area</i>	<i>10 days</i>
<i>324</i>	<i>NC</i>		<i>hand sink</i>	
			<i>other notes: no thermometers noted in the pizza maker/cooker.</i>	

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



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*Belton  
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 <b>FRANKLIN College (PARKHUST DINING)</b>	Telephone Number Establishment Owner	Date of Inspection <b>11/7/24</b>	ID# <b>2273</b>
Establishment address <b>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>11/17/24</b>
Owner <b>PARKHUST DINING</b>		Summary of Violations:  C <u>1</u> NC <u>4</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>★</u> 5 <u>—</u>	
Person in charge <b>DEVA DUNCAN</b>			
Responsible person's email			
Certified food handler <b>DEVA DUNCAN</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	★	DRAIN NOT CLEAN IN FRONT SERVING AREA UNDER SOFT DRINK STATION NOT CLEAN	11/10/24
411	NC	★	SEVERAL LIGHTS OUT ON EXHAUST HOOD	11/15
399	NC	★	FLOOR TILE WORN IN AREA	12/10
431	NC		FLOOR NOT CLEAN NEXT TO WALL BEHIND EQUIPMENT IN KITCHEN	11/12
189	C	★	INTERNAL TEMPERATURE OF MILK IN SMALL REFRIGERATOR @ PIZZERIA CAFE 45°F NOT AT 41°F OR LESS	11/8
			MECHANICAL DISINFECTANT SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 161°F)	(OK)

Received by (name and title printed): <b>DEVA DUNCAN</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:





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✓✓  
Bethy  
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>Rally's # 7208</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11-19-24</i>	ID# <i>2287</i>
Establishment address <i>839 US 31 N 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>YES</i>	Release Date <i>11-29-24</i>
Owner <i>Checkers Drive - In Restaurants Inc</i>		Summary of Violations: <i>1 C 2 NC 2 R</i>	
Owner address <i>4300 W. Cypress St. Ste 600 Tampa, FL 33607</i>		Menu Type (See back of page) 1 ___ 2 ___ 3 <i>X</i> 4 ___ 5 ___	
Person in charge <i>Angela Kay - manager</i>			
Responsible person's email			
Certified food handler <i>Elena Gaynor (SewSafe exp) (10/2/28)</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>346</i>	<i>NC</i>		<i>no soap provided at kitchen handsink</i>	<i>11/19</i>
<i>431</i>	<i>NC</i>		<i>floor next to wall soiled throughout facility especially - under soda boxes, under ice machine around drive - thru windows, behind soda machine</i>	<i>11/21</i>
<i>205</i>	<i>C</i>		<i>wide spatulas w/ blue handle have chipped metal</i>	<i>11/19</i>
<del><i>187</i></del>	<i>C</i>		<i>cold-held cheese slices on propline have an internal temperature of 48°F - shall be 41°F or less ↳ time used as public health control, corrected</i>	<del><i>11/19</i></del>

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



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Beta  
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>Roscoe's Curbside Tacos</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/12/24</i>	ID# <i>2525</i>
Establishment address <i>640 S. Madison Ave</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>TOWN: GREENWOOD, IN</i>		Summary of Violations:  C <u>0</u> NC <u>0</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 <u>✓</u> 3 _____ 4 _____ 5 _____	
Responsible person's email			
Certified food handler <i>L Matthew Kennicut</i>			

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

Received by (name and title printed): <i>L Chris Henderson</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Chris Henderson</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:





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

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>Sarku Japan</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11-26-24</i>	ID# <i>1041</i>
Establishment address <i>1251 US 31 N. VC-05 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>SAR Castleton Food Inc</i>		Summary of Violations:  <i>4 mp</i> C <input type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address <i>7650 Birchmount Rd. Markham Ontario CANADA</i>		Menu Type (See back of page)  <i>1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___</i>	
Person in charge <i>Xiu Lu - assistant manager</i>	Responsible person's email		
Certified food handler <i>Ru Bin Zhang servsafe exp 6/22/25</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>431</i>	<i>NC</i>		<i>floor around grease trap soiled</i>	<i>11-26</i>
<i>324</i>	<i>NC</i>		<i>single sink next to 3 bay sink leaking underneath onto the floor</i>	<i>12-1</i>
			<i>floor around greas up</i>	<i> </i>
<i>295</i>	<i>NC</i>		<i>inside top of ice machine soiled</i>	
<i>216</i>	<i>NC</i>		<i>shelving in walk-in cooler very rusty</i>	<i>1/1/25</i>

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



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Betsey 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>SPEEDWAY</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/21/24</i>	ID# <i>858</i>
Establishment address <i>130 ST RD 135 Trafalgar</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 <u>1</u> NC <u>3</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			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>The cabinet under the drink station is soiled</i>	<i>11/26</i>
<i>431</i>	<i>NC</i>		<i>The floor by the bag n box storage is very dirty</i>	<i>11/26</i>
<i>334</i>	<i>C</i>		<i>There is no air gap on the ice bin/ soda drain- The drain hose/line must not extend into the drain-</i>	<i>Next inspect.</i>
<i>426</i>	<i>NC</i>		<i>The back storage areas are very disorganized and soiled.</i>	<i>12/3/24</i>

Received by (name and title printed): <i>Jacklyn Webber</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>Jen Allen</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:





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*Beky  
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>11/7/24</i>	ID# <i>1299</i>
Establishment address <i>12 Trafalgar Square</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>Trafalgar, IN</i>		Summary of Violations:  <i>C 0 NC / R</i>	
Owner address	Menu Type (See back of page)  <i>1 2 x 3 4 5</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Hiren BHARATI SHA I</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>334</i>			<i>Drinks + ice dispenser drain does not have an air gap</i>	<i>30 days</i>

Received by (name and title printed): <i>L Patel Vishu Rajesh Kumar</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:



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*Before 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>11/7/24</i>	ID# <i>1862</i> <del>1872</del>
Establishment address <i>8004 Nineveh Rd Nineveh, 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 <u>1</u> NC <u>1</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>DHRUV PATEL</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	Approved Narrative	To Be Corrected by
<i>441</i>	<i>C</i>		<i>proper insecticides not used in the restaurant. Remove spectruicide and home use Raid-sprays</i>	<i>11/7/24</i>
<i>334</i>	<i>NC</i>		<i>The drink and ice dispenser drain does not have an one inch air gap.</i>	<i>30 days</i>

Received by (name and title printed): <i>T Dhruv 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:



*Befor 11/12*



**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 <i>Subway</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/7/24</i>	ID# <i>2414</i>
Establishment address <i>788 E. Main St Greenwood</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>11/12/24</i>
Owner <i>CHITU PATEL</i>		Summary of Violations:  <i>C <del>0</del> NC <del>0</del> R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 <del>X</del> 3 4 5</i>	
Person in charge <i>JACK PATEL</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>No VIOLATIONS or ISSUES TO REPORT</i>	

Received by (name and title printed): <i>X Sandil Patel</i>	Inspected by (name and title printed): <i>KEVIN R PAULS EHS</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: