

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

Establishment Saintation Requirements. The time mint for correction	on or each violation to specifical	I the manner F	1	
Establishment name	Telephone Number	Date of Inspection	ID#	
TACO BYLL 35305	() Establishment	and the	2316	
Establishment address	() Owner	11/7/24	9 210	
115 GrANUTCLO; FRANKLIN, IN	Purpose:	Follow-up Release	Date	
Owner	1. Routine	- 19/	17124	
	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	-)	C_ONC_	3 _p	
WICHITA HAMBLIN	5. Temporary	CNC		
	6. HACCP	M. T. (Co. l.	10 of to 100)	
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)	
Certified food handler . / SORA /SAFR		To	5	
Certified food handler ELITABETH NELMI (SERUSAFE)		123	55	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV.	E COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH.		THE NARRATIVE BELOW AS	"R"	
Section # C/NC R	Narrative		To Be Corrected by	
	BZ WORN, NOT	-	REPLACE 12/10	
			CLOAN 11/10	
BACK ROOM Are	A -	THE PARK ASSESSED.	North Stay	
		- Or 1- 1 (A)-1-4	,	
431 NC & FLOOR NOT CLEN	BEHIND EQU	IN KETZHAN	11/12	
NEXT TO WAZL	BEHAND EQU	temont		
or PREPARATIO	N ARCA			
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Received by (name and title printed):	Inspected	by (name and title printed):		
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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

JOHNSON COUNTY HEALTH DEPARTMENT

FRANKLIN, IN 46131

95 S DRAKE RD PHONE: 317-346-4365 FAX:317-736-5264

Establishment Sanitation Requirements. The time limit	t for correction of each violation is specified	d in the narrative portion of this report.		
Establishment name NOVERNS Establishment address Care	Telephone Number () Establishment () Owner	Date of Inspection ID#		
Owner Owner address Person in charge	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Release Date Summary of Violations:		
Responsible person's email Certified food handler	6. HACCP 7. Other (list)	Menu Type (See back of page)		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AN VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DE				
Section # C/NC R NO IHMS Y	Narrative Oted Gtime of	To Be Corrected by		
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95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 Heten 1212

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Establishmen	1	-	8:00	Telephone Number	Date of Inspection	ID#	
Establishmen	nt addres		EV12	() Establishment () Owner	1-26-24	1843	
20	5.7	X	locton St. Flanking	Purpose:	Follow-up Releas	e Date	
Owner		,		1. Routine	1 - 1/2	6-14	
				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational		,	
Person in ch	Person in charge			5. Temporary	CO_NC R		
HALL W				6. HACCP			
Responsible person's email				7. Other (list)	Menu Type (See l	back of page)	
Certified food handler)	1 × 2 3	45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
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			inspection.				
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Received by	(signature)		Sattrus	Inspected	l by (signature):	Decision 1	
cc:	vice	ч,	cc:	cci	Brand		
				CC: V			



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365

BUM 120 /24

FAX: 317-736-5264

E 11:1						an of each violation is speem			
Establishme	- 1		2.00		OF HER DE	Telephone Number	Date of Inspection	ID#	
		16	912			() Establishment	11-19-24	(2)11	
Establishme	nt addres	s)	2 \ 0	Gree	mood.	() Owner	11/1/1/21	0110	
100	()	S	515	100000		Purpose:	Follow-up Release	Date	
Owner						1. Routine	- 11-2	9-24	
						2. Follow-up	Summary of Violation		
Owner addr	ess					3. Complaint			
						4. Pre-Operational			
Person in charge									
r crson in ch	arge					5. Temporary	C NCO	R	
Responsible	n ama a n'a	o ail	1000			6. HACCP	(0.1	1 6	
Responsible	persons	eman				7. Other (list)	Menu Type (See ba	ick of page)	
Certified foo	d handle		-				./		
Cerunea 100	d Handle.						13	_45	
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN T	THE CHECKLIST	AND NARRATIVE	COLUMNS MARKED "C"			
						"SUMMARY OF VIOLATIONS" AND	D IN THE NARRATIVE BELOW AS	"R"	
Section #		-			The latest territory and the second second	Varrative		To Be Corrected by	
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100	BIT Y		7 0.7					and the same	
			THE STREET	TEN OF BUILDING		THE PROPERTY OF			
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		1000							
Received by	(name and	title pr	inted):			Inspe	ected by (name and title printed):		
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Received by	(signature)	:				Inspe	ected by (signature)	MEDICAL PROPERTY.	
and	المال	CE	in	_	\rightarrow		JUDY VIOLI		
cc:	3		C	ec:		cc:	- 4		



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

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

Establishment Sanitation Requirements. The time lin	nt for correction of each violation is specifie	ed in the narrative portion of this report.
Establishment name MN16 BARO	Telephone Number () Establishment	Date of Inspection ID#
Establishment address	Nineven) Owner	11/20/24 /932
1012 Country Kd 1155.	// Purpose:	Follow-up Release Date
Owner		No 11/30/24
Gregory Schall	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	c_0_NC_2_R
Gregory Schall	6. HACCP	
Responsible person's email Sen'S	afe 7. Other (list)	Menu Type (See back of page)
Certified food handler Certified food handler Schall 3/23	7/26	12345
• CRITICAL TEMS ARE IDENTIFIED IN THE CHECKLIST A	ND NARRATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE I	,	IN THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
218 NC Refrigerate	ion) doon neals	ton) 1/30/25
al 1 cm/	some I linita	1/1/2
190 NC Previously	cooked Dalla	al Corrected
arain-	Coursed with	Valid 1
1 1 me	asured TOOF IN	hile
enside	the FWE one	door
, cooler		
139 4 Various	home based	Kemoved
products 1	Te bread, back	ls items
Slasoning	a packets, Il	ramana from
nut line	ad yeast no	els, retail
mac and	cheese gooly	sale
Conbream	d sausage 10	ressing 1
converge	dressing wit	the state of
Sausage	0	<i>Y</i>
7		
Received by (same and titlesprinted):	A	ndrew Miller Els
Received by (signature):	Inspec	ndrew Miller
GARGE SCHALL	\mathcal{C}	narew Trukker
сс:	сс:	



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

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

Establishmer	nt name			Telephone Number	ID#	
Yokohama			1a	() Establishment	11/14/24	1573
Establishmer	nt addres	S		() Owner	1(/17/29	100
	67	N	Greenwood, IN	Purpose:	Follow-up Release	Date
Owner			Con a constant	1. Routine	11/	25/24
			Billingood, IN	2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint	*= #	
				4. Pre-Operational		
Person in ch	arge			→ ^	CNCS	S D
r crson in ch	arge			5. Temporary	CNC	2 K
Responsible	6. HACCP ponsible person's email 7. Other (list) Menu Type (See) (C 1	1 C
Responsible	persons	emai		7. Other (list)	Menu Type (See ba	ick of page)
Certified foo	d handle	r				
Commence of the Commence of th			Bennett		123_×	_45
		-	DENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"		
• VIOLATION(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	i"R"
Section #	C/NC	R		Narrative		To Be Corrected by
392(a)	NC	-			osed -	11/15/24
439car	C	STATE OF	-over the counter dr	ugs and meds	are being	NEXT
(2) (A)		1.07	- stored on a kitche	in shelf with	food items	inspect.
431	NL			TOTAL TOTAL CONTROL OF THE PARTY OF THE PART	id 11	
			the prep kitche			
431	NC			the kitchen		11/2/24
			equipment are suite	d. tryers, stove	e and	
0			2-door prep cooler	1 110	1/	
324	NC		- The ide machine	e and the icu	g bin/	
		_	Soda drains imp	scoperly extend	1110	1
295	110		the drain (no a	lir gap, minimul	n inaaj	
1 1X10 54.34.F	NC		11 C T 1 C T	in the baseme	nf 15	
295	NC	70	- The beer Gooles	in the baseme	2/11 /2	
295	NC	-	Freezer handles a	and light switch	plate.	
210	100			110 TISHA SWITCH	12/4/6	
431	NC	-		helving are sol	Hed Lagt	
17.	110		the waitress 50			—
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Received by	(signature)):	2		d by (signature):	1
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460 N. MORTON ST. STE A 12 FRANKLIN, IN 46131

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

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Cent	er C	nove	ES			() Establishmen	1.126	10 11	1100	
Establishme	ent address	3		0		() Owner	11/20/	14	408	
2455	s S m	lorge	mfown	rd		Purpose:	Follow-up	Release	Date	
Owner	coree	netoo	d, In	1 4614	3	1. Routine				
2455 S. Morgan fown rd Owner Crelen wood, I'm 46143 Center Conve Community School Corp.			2. Follow-up	Summary of	Violatio	ns:				
Owner addr	ess				1	3. Complaint				
						4. Pre-Operational		(×	
Person in ch	narge	chnerte	ng - Ima	+ esquagao	Le Jewy 19	5. Temporary	c_8	NC_K) R	
Lu be	milliad, t	71.2005 L	is a limpa del	la l	es andredicte	6. HACCP	to discontinuity	profile a	almitrixe	
Responsible	e person's	email				7. Other (list)	Menu Typ	Menu Type (See back of page)		
Certified for	od handler	u L	awson	9/8	127.		12_>	_3	_45	
• CRITICAL	ITEMS AR	E IDENTI	FIED IN THE	CHECKLIST AN	D NARRATIVI	E COLUMNS MARKED "C"				
VIOLATION	N(S) REPEAT	TED FROM	PREVIOUS INSP	PECTIONS ARE D	ENOTED IN THI		AND IN THE NARRATIVE	BELOW AS	"R"	
Section #	C/NC	R				Narrative		ľ	To Be Corrected by	
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101 11 6	Pictoria	with the	1/12	wolf	on the	ing mexicali	an	- 0000	CONTRACT	
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Received by			710	aws,		T.	spected by (signature):	pu L	- MA	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Listabilisiiiii	ciit Oaiii	tutio.	requirements. The time mint for correction	or enem violation to op	1	1		
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49,00	W	. /	Stones Coruma 46143	Purpose:	Follow-up Release	se Date		
Owner			1	1. Routine	- I			
			0	2. Follow-up	Summary of Viola	tions:		
Owner addre	ece	-		3. Complaint	,			
Owner addre	233							
				4. Pre-Operationa	C NC	0 -		
Person in ch	arge			5. Temporary	C NC NC	R		
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Responsible	person's	emai	dons trender in reduce it specificans it so	7. Other (list)	Menu Type (See	back of page)		
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			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	_		Narrative		To Be Corrected by		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishm	ent Sani	tatio	n Requirem	ents. The	time iimi	it for correcti	on of each violation is s	specified i		n of tins report.	
Establishme	nt name		-bog wr	for section	1.151617	e - Englie	Telephone Numb	per	Date of Inspection	ID#	
Cente	v Cv	WL	- HS				() Establishment		1 / /	407	
Establishme	nt addres	S			Λ		() Owner		11/20/24	401	
2711	SIM	lon	ganton	m ro	l.		Purpose:		Follow-up Release Date		
Owner		0				(1. Routine				
				2. Follow-up		Summary of Viola	tions:				
Owner address					3. Complaint						
							4. Pre-Operation	nal	~		
Person in ch	arge						-1 ^	ııaı	C = NC	$\mathcal{O}_{\mathbf{p}}$	
r erson in en	large						5. Temporary		CNC_	K	
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Responsible	person s	emai	Igrosova ten ve t				7. Other (list)		Menu Type (See	back of page)	
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						ND NARRATIV	E COLUMNS MARKED "C	."			
							HE "SUMMARY OF VIOLATION		THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R					Narrative			To Be Corrected by	
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JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

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

Establishmer	nt name		The state of the s	Telephone Number	Date of Inspection	ID#		
Establishment name Edinhugh Middle/Hish School Establishment address 300 5 Keeley St. Owner				() Establishmer	11-25-24	397		
Establishmer	nt addres	S	1	() Owner	11 20	,		
300	5 /	Lee	les st.	Purpose:	Follow-up Releas	se Date		
Owner			y	1. Routine	NB 12	5-24		
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
			,	4. Pre-Operationa	ıl d	1		
Person in charge				5. Temporary	$c \not \!$	P NC P R		
				6. HACCP	/			
Responsible	person's	email	्त रहाता । १८ मा निकास विकास	7. Other (list)	Menu Type (See l	back of page)		
Certified foo	-1 handle				_			
	e List		Hollenheck exp. 1-9-2	8	123	45		
The second secon			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
-			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
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Received by	(signature)): 	JII CIN CM C 11	I I	Inspected by (signature):	ew deed		
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JOHNSON COUNTY HEALTH DEPARTMENT HAND LAND STANKLIN, IN 46131
PHONE: 317-346

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

Establishme	nt name		School and the second of the s	Telephone Numb	er Date of Inspection	ID#
Easts	ide	El	ementery School Grass oft.	() Establishm	ent	Coll
Establishmen	nt addres	Š	y	() Owner	11-25-24	00 1
810 F	= M	2/4	Crace of	Purpose:	Follow-up Releas	e Date
Owner		NI.	4 600 012	1. Routine	No 12-	5-24
				2. Follow-up	Summary of Violat	AND DESCRIPTION OF THE PARTY OF
Owner addre	0.00			- ^	building of violati	
Owner addre	255			3. Complaint		
				4. Pre-Operation	nal	D 1
Person in charge				5. Temporary	C P NC_	()_R_()_
The grant of the second				6. HACCP	,	
Responsible person's email			processor of the second of the	7. Other (list)	Menu Type (See l	ack of page)
Certified foo					1 2 × 3	4 5
Lacy Trimpe servsafe exp. 7-1.			impe servsafe exp. 7-15	7-29	123	_43
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		1	
• VIOLATION	(S) REPEAT	ΓED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIVE BELOW	ıs "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			Nothing to Note			
	UUJEREL				a ber a gestaller i de la companya d	The State of
- 301 (90)	ang vari	U.II	NEXT.		no service and services	E CONTRACTOR OF THE PROPERTY O
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8						
	-			=		
	allo					
			12		Lo and Medica	
						en l
						1
2						
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Received by	(name and	title p	rinted):	all	Inspected by (name and title printed)	: -
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460 N. MORTON ST. STE A (1) FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#
I Mich Creph Middle!	Establishment		1101
Establishment address School	4011	11-18-24	47.10
802 INTINGO CREEK DC	Purpose:	Follow-up Release	Date
Owner	1. Routine	- 11-	28-24
	2. Follow-up	Summary of Violati	
Owner address	3. Complaint	,	
	4. Pre-Operational		
Person in charge	-	c_O _{NC_}	\sim
Lisa Davis	5. Temporary	CNC	
Responsible person's email	6. HACCP	N. T. (C. 1	-1 -C+ \
responsible person's cinali	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler (SewSale exp)		12 × 3	
Lisa Davis (6/7/26)		12_/_3	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	S "R"
Section # C/NC R	Narrative		To Be Corrected by
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460 N. MORTON ST. STE A 11/10/24 FRANKLIN, IN 46131

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

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Establishme		_	1.		Telephone Numb	per Date of Inspec	tion ID#		
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Establishme	nt addres	s		Elementary/ Intermediatescho	Owner)	11-10 2	-9 610		
1000	S. I	n	Lian C	creek Or.	Purpose:	Follow-up R	delease Date		
Owner					1. Routine		11-28-24		
					2. Follow-up	Summary of V	Summary of Violations:		
Owner addr	ress				3. Complaint	4 5 -			
					4. Pre-Operational	nal			
Person in charge					5. Temporary	cN	$C \bigcirc NC \bigcirc R $		
(ha	ndr	0	Murt	Wal	6. HACCP 7. Other (list)		Menu Type (See back of page)		
Responsible						Menu Type			
Certified food handler (handra MUV+10 W 5/16/27						12 ×	12 × 345		
O		-	ENTIFIED IN	THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C				
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	S INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIVE B	ELOW AS "R"		
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Establishment Sanitation Requirements. The time limit for correction	on of each violation is specific	ed in the narrative portion	of this report.	
Establishment name	Telephone Number	Date of Inspection	ID#	
mapple Cirone E-5	() Establishment	11/20/24	100	
Establishment address progeraville	() Owner	11/20124	709	
Establishment address 3623 W. Whiteland Jul 46lolo. Owner Community	Purpose:	Follow-up Release	Date	
Owner Community	1. Routine	-		
Center Orrove Community	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
	4. Pre-Operational		7	
Person in charge	5. Temporary	C NC NC	R	
but being the form of the product of the partial and	6. HACCP	exclusion and made legal		
Responsible person's email	7. Other (list)	Menu Type (See ba	Menu Type (See back of page)	
Gers Lessions 1 de la	bollis i en an a a a	requiremercoclane.		
Certified food handler Olivencia 9/1/26		123	_45	
	E COLUMNS MARKED "C"			
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Section # C/NC R	Narrative		To Be Corrected by	
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Milise Odineva		IQUI Betocu		
сс: сс:	cc			
			Page 1 of	

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

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Listabilisiiii	ciic Sain	ation it	requirements. The time mint for correct	ction of each violation is specified			
Establishme Mad	nt name	a	rove Es W Gongerwille, IN	Telephone Number () Establishment	Date of Inspection		
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	1 N	200	N / 46106		Follow-up Release Date		
Owner				1. Routine			
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Owner addr	ess			3. Complaint			
				4. Pre-Operational	C		
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Responsible	person's	email	us trant a vastrice transplement seems.	7. Other (list)	7. Other (list) Menu Type (See back of page		
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			TIFIED IN THE CHECKLIST AND NARRAT M PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
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