



**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  
12/18

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>3 Agaves Mexican Grill &amp; Bar</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12-17-24</i>	ID# <i>2610</i>
Establishment address <i>11 Dedaration Dr. Greenwood, IN 46143</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>YES</i>	Release Date <i>12-27-24</i>
Owner <i>Francisco Garcia Lopez</i>		Summary of Violations:  <i>C 1 NC 9 R 4</i>	
Owner address <i>514 Lawndale Dr. Plainfield, IN 46168</i>		Menu Type (See back of page)  <i>1 2 3 4 X 5</i>	
Person in charge <i>Cristina Fuentes - manager</i>			
Responsible person's email <i>francisco delmeson@hotmail.com</i>			
Certified food handler			

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

Section #	C/NC	R	Narrative	To Be Corrected by
173	C	R	raw marinated chicken stored above raw marinated beef in two door cooler	12-17-24
			raw whole beef stored above heads of lettuce in walk-in cooler	
239	NC	R	knife stored incorrectly in between the wall & prescrape sink	
431	NC	R	floor in kitchen is soiled • stagnant water	
324	NC	R	wall water connection under 3 bays sink leaks + drain pipe under 3 bays sink leaks	
297	NC		coca cola soda nozzle at soda machine soiled	
177	NC		lemons & limes stored behind the bar on the floor in a bucket	
295	NC		walk-in cooler fans dusty	
430	NC		walk-in cooler door frame floor metal entrance not connected to floor, difficult to clean	
255	NC		walk-in cooler thermometer not functioning	
295	NC		inside top of ice machine soiled	

Received by (name and title printed): <i>Cristina Fuentes</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:





**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  
12/19

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>101 Meats Shop</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>12-5-24</u>	ID# <u>2658</u>
Establishment address <u>11 Declaration Dr. Greenwood</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>N<sup>o</sup></u>	Release Date <u>12-15-24</u>
Owner		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>0</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			
Responsible person's email			
Certified food handler <u>Singh Ajmer exp. 11-25-28</u>			

- 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
			<u>Nothing to Note at time of inspection</u>	

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



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Betsy  
12/19

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 AFC Sushi@Kroger #864T	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 12-19-24	ID# 2301
Establishment address 2200 Independence Dr. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12-29-24
Owner Advanced Fresh Concepts Franchise Corps		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>—</u>	
Owner address 19700 Mariner Ave Torrance, CA 90503		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 Ceu Ling (Sew Safe exp) 12/15/27			

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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
			No violations observed	

Received by (name and title printed): Ceu Ling	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): duy	Inspected by (signature): Mia Papageorge
cc:	cc:



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FRANKLIN, IN 46131  
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*Belm  
11/2/25*

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>AMERICAN LEGION POST # 205</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/26/24</i>	ID# <i>103</i>
Establishment address <i>1200 PARK AVE FRANKLIN, IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>1/5/24</i>
Owner <i>AMERICAN LEGION</i>		Summary of Violations:  <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 <u>3</u> 4 5</i>	
Person in charge <i>JODIE BEASLEY</i>			
Responsible person's email			
Certified food handler <i>JODIE BEASLEY (SERVSAFE EXP 8/28/24)</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>411</i>	<i>K</i>	<i>*</i>	<i>DILIGHT OUT ON EXHAUST Hood</i>	<i>1/2/25</i>
<i>431</i>	<i>NC</i>	<i>*</i>	<i>DINING ROOM WOMENS ROSTRROOM - CEILING EXHAUST COVER (DUSTY/NOT CLEAN)</i>	<i>12/31</i>

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



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*Belton  
12/19*

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>Ari's Pancake House, LLC</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/3/24</i>	ID# <i>2303</i>
Establishment address <i>2150 Independence Dr IN 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>12/13/24</i>
Owner <i>Margarito Cuenca</i>		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>✓</u> 5 <u>    </u>	
Person in charge <i>M.C.</i>			
Responsible person's email			
Certified food handler <i>M.C.</i>	<i>(Soru Safe)</i> <i>Exp 11/27/28</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
430	NC	✓	Back kitchen/alley door and door frame in severe disrepair	3/3/25
346	NC		No hand soap dispensed from bar area and kitchen hand sinks	12/3/24
411	NC	✓	Kitchen overhead lights (some) not operable.	12/23/24
218	NC		(1) Handle, on Maxx Cold chest freezer (NSF T approved) is broken (2) Some kitchen refrigeration equipment contain doors & seals that are split/torn	1/3/25
324	NC		Center, neck area of the left side facility @ dish sink not capped/plugged	12/6/24
410	NC		One bulb not shield in kitchen mechanical exhaust system	12/6/24

Received by (name and title printed): <i>Margarito Cuenca</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:

LIC # 2648

Belmont 12/25

(1) c (9) inc ✓

NARRATIVE REPORT

Establishment Name BAYMONT INN	Address 2122 HOLIDAY LN FRANKLIN IN	Inspection Date 12/20/24
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Section#	C/N/C	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
392	NC		dumpster lid not closed	12/22/24
394	NC		TRASH SEEN ON GROUND IN DUMPSTER ENCLOSURE	12/22
256	NC		SMALL REFRIGERATOR IN FRONT IN WHICH MILK STORED - THERMOMETER NOT SEEN	12/23
257	NC		METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT PROVIDED	12/24
291	NC		CHEMICAL TEST STRIPS NOT SEEN	12/24
295	NC		2 DOOR REFRIGERATOR - DOOR GASKETS	12/23
218	NS		NOT CLEAN, SHELF COATING IS WORN	1/10/25
438	C		SPRAY BOTTLE OF CLEANER NOT LABELED AS TO CONTENTS	12/22
256	NC		(BACK ROOM) UPRIGHT FREEZER - THERMOMETER NOT SEEN	12/23
431	NC		FLOOR NOT CLEAN IN BACK ROOM	12/24

Received By (Name & Title) Bill Cochran / Bill Cochran	Inspected By (Name & Title) Bob Smith / Bob Smith	Page 1 of 1
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FRANKLIN, IN 46131  
PHONE: 317-346-4365 FAX: 317-736-5264

*Beckm  
11/2/25*

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>BOB EVANS</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12/20/24</b>	ID# <b>2134</b>
Establishment address <b>900 W MORTON ST. FRANKLIN, IN</b>	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 <b>12/30/24</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>7</u> R <u>   </u>	
Owner address		Menu Type (See back of page) 1 <u>   </u> 2 <u>   </u> 3 <u>   </u> 4 <u>   </u> 5 <u>   </u>	
Person in charge <b>MADISON BOOK</b>			
Responsible person's email			
Certified food handler <b>MADISON BOOK (SERVSAFE)</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	*	FLOOR ON AREAS OF KITCHEN, WAIT STATION NOT CLEAN, NEXT TO WALL, UNDER EQUIPMENT	12/26/24
411	NC	*	LEIGHTS OUT IN AREAS OF WALK-IN COOLER	12/30
411	NC	*	LEIGHT OUT ON EXHAUST HOOD	12/30
295	NC	*	SHELVING NOT CLEAN INSIDE REFRIGERATOR NEXT TO DEEP FRYER	12/28
324	NC	*	WATER WORKING ON PIPE UNDER MECHANICAL DISHWASHER	12/30
239	NC	*	SOME DISHRACKS NOT STORED OFF FLOOR	12/23
431	NC	*	RESTROOM CATCHING EXHAUST COVERS NOT CLEAN	12/26
<b>(NCD)</b>			MECHANICAL DISHWASHER HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F ON PLATE/UTENSIL SURFACE	<b>(OK)</b>

Received by (name and title printed): <b>* Madison Book Assistant Manager</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Madison Book</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:





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

*Belen  
11/21/25*

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>Cellars Market</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/27/24</i>	ID# <i>2677</i>
Establishment address <i>63 N. Baldwin St. Bargersville IN 46106</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>1/6/25</i>
Owner <i>Nathan H.</i>		Summary of Violations:  <i>C 0 NC 6 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>F.S.</i>			
Responsible person's email			
Certified food handler <i>Frank DeSantis</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
404	NC		<i>Cove base off wall below three bay sink</i>	<i>1/8/25</i>
431	NC		<i>Floor drain below three bay sink sealed</i>	<i>12/28/24</i>
218	NC		<i>Shelf (bottom) broken on unit across kitchen three bay sink</i>	<i>1/18/25</i>
228	NC	<input checked="" type="checkbox"/>	<i>Three door cooler not easily movable in bakery area</i>	<i>1/27/25</i>
430	NC	<input checked="" type="checkbox"/>	<i>Floor drain not accessible under bakery dish machine</i>	
228	NC	<input checked="" type="checkbox"/>	<i>Beverage air cooler upstairs bar area not easily movable</i>	
<i>Note: Could not verify air gap on bakery <sup>area</sup> dish machines</i>				

Received by (name and title printed): <i>Frank DeSantis</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:



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

*Betsy  
12/18*

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>Charley's Philly Steak</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/17/24</i>	ID# <i>1783</i>
Establishment address <i>1251 US 31 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>No</i>	Release Date <i>12/27/24</i>
Owner <i>Hyang Suh</i>		Summary of Violations:  C <u>0</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Person in charge <i>Hyang Suh</i>			
Responsible person's email			
Certified food handler <i>Elvira Rogel (AFSC Exp 9/8/27)</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>433</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Ulet mop not hung up to air dry</i>	<i>Corrected</i>
<i>295</i>	<i>NC</i>		<i>Inside top of ice maker soiled</i>	<i>12/20/24</i>
<i>334</i>	<i>NC</i>		<i>Ice bin at front line lacks an air gap (for soda station)</i>	<i>12/27/24</i>
			<i>Notes: Beverage lines need secured off floor under front line ice bin</i>	

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



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*Betsy  
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>Chicago's</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/2/24</i>	ID# <i>1584</i>
Establishment address <i>1280 US 31 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>Yes</i>	Release Date <i>12/12/24</i>
Owner <i>Ron Epple</i>		Summary of Violations:  C <u>0</u> NC <u>7</u> R	
Owner address		Menu Type (See back of page)	
Person in charge <i>Nick Epple</i>		1 ___ 2 ___ 3 <u>✓</u> 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	Floor drains soiled under mechanical dish machine & one bay sink	12/25/24
431	NC		(1) Ceiling tiles soiled in dish area	12/25/24
			(2) Wall behind mobile stainless steel work table is "heavily soiled"	12/12/24
			(3) Floor is soiled under mechanical dish machines and behind mobile work table	
			(4) Wall is soiled behind shelf above bags of base mix	12/12/24
218	NC		Two unit wall shelving on clean side of mechanical dish unit are rusty	12/25/24
295	NC		(1) Exterior of the Hobart floor mixer is soiled	12/3/24
			(2) Wall shelving above	

Received by (name and title printed): <i>Taylor Kreider</i>	Inspected by (name and title printed): <i>Andrew Miller, EMS</i>
Received by (signature): <i>Taylor Kreider</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

# NARRATIVE REPORT Greenwood

Establishment Name: Chicago's Address: 1280 US 31 Ste A IN 46142 Inspection Date: 12/2/24

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			(1) Bags of base mix are soiled (2) Conets dough roller unit (entry point) is soiled (3) Door seals soiled on two door preparation cooler (4) Inside bottom of Traulsen four door cooler is soiled (5) Top sneeze guard for buffet pizza line is dusty/soiled	12/2/24
218	NC		Hand blade cover is missing on the Traulsen four door freezer	12/8/24
411	NC		Interior belly appears not operable in Traulsen four door freezer	12/10/24
138	NC		Two kitchen employees lack hair restraints	12/2/24
<p>Notes: Per Mr. Ron Epple owner, firm no longer has a dedicated company/person that cleans this facility.</p>				

Received By (Name & Title): Jaylar Kriger Inspected By (Name & Title): Andrew Miller, EHS Page 2 of 2



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*Bekm  
11/2/25*



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

Establishment name <i>Chicago's Pizza Trafalgar</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12-23-24</i>	ID# <i>2807</i>
Establishment address <i>706 W. Trafalgar Pointe Way, Trafalgar 46181</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>1-3-25</i>
Owner <i>Makenzie Delph</i>		Summary of Violations:  <i>C 0 NC 0 R —</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 X 4 5</i>	
Person in charge <i>Makenzie Delph</i>			
Responsible person's email			
Certified food handler <i>Amber Sprague Sery Safe 6/27/26</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 violations observed</i>	
			<i>Notes: ① ensure dish machine sanitizes at the proper levels before running utensils &amp; dishes through the machine</i>	

Received by (name and title printed): <i>Makenzie Delph</i>	Inspected by (name and title printed): <i>Mia Papageorge, FHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

LIC # 686

By SM 11/2/25

(0)C / (2)NC ✓

# NARRATIVE REPORT

Establishment Name <b>CIRCLE K 121</b>	Address <b>2105 E KING FRANKLIN, IN</b>	Inspection Date <b>12/20/24</b>
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
351	NC		LID / COVER FOR WASTE CONTAINER IN RESTROOM NOT PROVIDED	12/28/24
256	NC		THERMOMETER NOT SEEN IN SMALL CHEST FREEZER IN STOCK AREA	12/28

Received By (Name & Title) <b>Nicole Mitchell / Nicole Mitchell</b>	Inspected By (Name & Title) <b>Bob Smith / Bob Smith EHS</b>	Page <u>1</u> of <u>1</u>
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**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

95 SOUTH DRAKE ROAD  
FRANKLIN, IN 46131  
PH: 317-346-4365  
FAX: 317-736-5264

*Bestm  
12/18*

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>Circle K</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/13/24</i>	ID# <i>1694</i>
Establishment address <i>989 W.S. 31</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>Wkoteland, IN</i>		Summary of Violations:  <i>C 0 NC 3 R</i>	
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			

- 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>216</i>	<i>NC</i>		<i>The micro-wave oven is rusted and worn</i>	<i>Next inspect</i>
<i>431</i>	<i>NC</i>		<i>The floor by the bag n box storage is littered</i>	
<i>295</i>	<i>NC</i>		<i>Drink dispenser shelf is soiled</i>	

Received by (name and title printed): <i>Amy Pennington</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Amy Pennington</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:

*Becky*  
*1/2/25*



**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>Cliffs Bar + Grill</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/31/24</i>	ID# <i>2597</i>
Establishment address <i>Cross Edinburgh, IN 113 E. Main St. 46124</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>1/10/25</i>
Owner <i>Mike + Lynn Patton</i>		Summary of Violations:  <i>C 1 NC 14 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Heather Adkins</i>			
Responsible person's email			
Certified food handler <i>Crystal Weddle</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
218	NC	✓	① Interior shelving for bar one door cooler is rusty.	<i>2/1/25</i>
		✓	② Interior shelving for walk-in-cooler is rusty	
399	NC	✓	Bar floor is worn/damaged	<i>2/1/25</i>
218	NC	✓	Flat top grill is missing the temperature control knobs	<i>1/15/25</i>
228	NC	✓	Some bar refrigeration units are not easily movable	<i>2/1/25</i>
324	NC	✓	The following lacked an air gap ① Bar three bay sink ② Ice machine in utility room	<i>1/10/25</i>
291	NC	✓	No Quat test strips provided	<i>1/3/25</i>
199	NC	✓	The following items were thawing at room temperature in the back storage room: ① Raw chicken wings ② Raw hamburger ③ Cooked taco meat	<i>12/31/24</i>
352	NC	✓	Women's restroom door is not self-closing	<i>1/10/25</i>

Received by (name and title printed): <i>Heather Adkins</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Heather Adkins</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: <i>andrewmiller@co.johnson.in.us</i>



## NARRATIVE REPORT

Establishment Name <b>Cliffs Bar + Grill</b>			Address <b>Edinburgh, 113 E. Main Cross St. W 46124</b>		Inspection Date <b>12/31/24</b>
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
399	NC	✓	East interior brick wall in women's restroom is not smooth and easily cleanable	1/10/25	↓
218	NC	✓	Upright beer cooler is missing two fan covers	2/1/25	↓
			② Walk-in-cooler door gasket is torn		
112	NC	✓	Some storage room refrigeration units are not NSF/ANSI approved.	5/2/25	↓
399	NC	✓	Ceiling tiles in back storage room are missing/worn.	2/1/25	↓
430	NC		Men's restroom door rubs the door frame.	1/10/25	↓
216	NC		Cardboard is used as shelving liners inside the walk-in-cooler	1/2/25	↓
403	NC		Bar ice <sup>bin</sup> <del>mark</del> bin contains a drain line that extends horizontally along the floor and in front of the keg cooler to a floor drain	1/10/25	↓ Condensate pump to floor drain
			NOTE: At time of inspection, the firm was storing cut lettuce, shredded cheese, cut tomatoes, and sour cream at room temperature (at the bar). These items shall be maintained under mechanical refrigeration and/or under proper cold holding techniques	ASAP Table top cold unit etc. or small make/ prep table	
			NOTE: Numerous "repeat" violations.		
			NOTE: Floor is worn near pool table		
Received By (Name & Title) <b>Michelle Adlesio</b>			Inspected By (Name & Title) <b>Andrew Miller, EHS</b>		Page <b>2</b> of <b>2</b>



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

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

*Beam  
1/2/25*

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>COFFEEHOUSE FIDP</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12/23/24</i>	ID# <i>2335</i>
Establishment address <i>41 W MONROE 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>—</i>	Release Date <i>1/3/25</i>
Owner <i>PATRICIA HUGHES</i>		Summary of Violations:  <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>PATRICIA HUGHES</i>			
Responsible person's email			
Certified food handler <i>BRIAN PETERS</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>255</i>	<i>NC</i>		<i>THERMOMETER NOT ACCURATE (BROKEN) IN DOWNSTAIRS UPRIGHT FREEZER</i>	<i>12/28/24</i>

Received by (name and title printed): <i>Patricia Hughes</i>	Inspected by (name and title printed): <i>Bob Smith EHS</i>
Received by (signature): <i>Patricia Hughes</i>	Inspected by (signature): <i>Bob Smith</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

*Beam  
1/2/25*

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>CVS #5408</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>12-26-24</i>	ID# <i>1393</i>
Establishment address <i>5020 N State Rd 135</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>1-6-25</i>
Owner		Summary of Violations:  <i>C 0 NC 1 R 0</i>	
Owner address		Menu Type (See back of page)  <i>1 X 2 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler			

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

Section #	C/NC	R	Narrative	To Be Corrected by
<i>425</i>	<i>NC</i>		<i>maps not hung</i>	
			<i>NOTE: observed many dead fly like insects in storage area</i>	

Received by (name and title printed): <i>Mary McIntyre Operations Manager</i>	Inspected by (name and title printed): <i>Caleb Fleener</i>
Received by (signature): <i>Mary McIntyre</i>	Inspected by (signature): <i>Caleb Fleener</i>
cc:	cc: <i>Hart...</i>