



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

Bekman
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 DALES' FAMILY RESTAURANT	Telephone Number () Establishment	Date of Inspection 12/23/24	ID# 2524
Establishment address 1071 W JEFFERSON ST. FRANKLIN, IN	() Owner	Follow-up	Release Date 1/3/25
Owner BEIKMAN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>8</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge SARAH LADD		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible person's email			
Certified food handler SARAH LADD			

- 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
324	NC	X	LEAK NOTED ON MECHANICAL DISH/WASHING DRAIN	12/31/24
399	NC	X	CEILING TILES - SOME NOT INSTALLED IN STOCK ROOM AREA	12/31
399	NC	X	FLOOR TILE WORN EXPOSED IN AREA OF KITCHEN	1/10/25
431	NC	X	CEILING UNITS/TILES - SOME NOT CLEAN	12/31
394	NC	X	OUTSIDE DUMPSTER LID NOT CLOSED	12/24
295	NC	X	INSIDE TOP OF ICE MAKER NOT CLEAN	12/28
431	NC	X	FLOOR NOT CLEAN IN AREAS OF KITCHEN	12/28
(NOTE)		X	AIR GAP NOT SEEN ON 3 COMPARTMENT SINK AND ICE MAKER	1/10/25
431	NC	X	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	12/31

Received by (name and title printed): Sarah Ladd	Inspected by (name and title printed): Bob Smith / A MILLER
Received by (signature): Sarah Ladd	Inspected by (signature): Bob Smith
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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*Belm
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>Demaree Crossing</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/12/24</i>	ID# <i>2142</i>
Establishment address <i>1255 Demaree Rd. IN 46143 Greenwood</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>12/22/24</i>
Owner <i>Nexcore</i>		Summary of Violations: <i>C 1 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Julia Berry - ED</i>			
Responsible person's email			
Certified food handler <i>William Nelson</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	✓	① Table mixer neck and shield are soiled ② inside top of ice maker is soiled	12/12/24
324	NC		① Water leak noted on piping near top right of mechanical dishwasher	12/22/24
295	C		Mechanical slicer is soiled near ^{AM} sharpening stone. Unit was noted "clean" and covered with a bag.	Corrected

Received by (name and title printed): <i>Julia Berry, ED</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
INSPECTION REPORT

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

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

*Before
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>Dominos Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-30-24</i>	ID# <i>1848</i>
Establishment address <i>8843 South US 31</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>1-9-25</i>
Owner		Summary of Violations: <i>C</i> <input checked="" type="checkbox"/> <i>NC</i> <input checked="" type="checkbox"/> <i>R</i> <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler <i>Juanita Hermen exp. 2027</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Nothing to Note at time of inspection</i>	

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



**JOHNSON COUNTY HEALTH DEPARTMENT
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Betsy
12/19

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Establishment name <i>Donatos</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/3/24</i>	ID# <i>2509</i>
Establishment address <i>2260 S. US 31 Greenwood, IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: <i>C 0 NC 3 R</i>	
Owner address	Menu Type (See back of page)		<i>1 2 3 4 5</i>
Person in charge			
Responsible person's email			
Certified food handler <i>L Mary Manning</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>433</i>	<i>NC</i>		<i>- Hang mops up to dry -</i>	<i>12/3/24</i>
<i>426</i>	<i>NC</i>		<i>- Area behind the proofer is cluttered.</i>	<i>12/5/24</i>

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


ID# 1628

SCORE: ✓

C5 NC5 RO

Person 11/2/25

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Dye's Walk			2080 S. SR 135	12-28-24
Section#	C/NC	R		TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
415	C		Observed mouse like droppings in the employee bathroom and on top of dish machine	12-28-24
141	C		observed moldy fruits & vegetables in walk freezer	12-28-24
141	C		observed moldy containers holding PHF	12-28-24
438	C		observed a spray bottle bottle without labeling	12-28-24
137	C		Flip top cooler by the sink not holding temps <ul style="list-style-type: none"> ① shredded cheese @49° ② blue cheese @45° ③ cucumbers @45° 	12-28-24
430	NC		observed racks soiled in the kitchen	1-26-25
324	NC		Dish machine faucet is leaking	1-28-25
415	NC		observed fly like insects in the kitchen	1-18-25
430	NC		observed walk in freezer leaking ice	1-16-25
426	NC		observed ice ice machine broken with no ice	1-26-25
Follow-up is needed				
ServSafe: Blake Cleverger 4-25-29				
Received By (Name & Title)			Inspected By (Name & Title)	
			Calvin Elmer	
				Page 1 of 1



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*Begin
11/2/25*

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Establishment name <i>El Petro Mexican Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/23/24</i>	ID# <i>2147</i>
Establishment address <i>8002 S. Nineveh Rd. Nineveh, IN 46164</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>1/2/25</i>
Owner <i>Juan Quezada</i>		Summary of Violations: <i>C 1 NC 6 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Javier Munoz</i>			
Responsible person's email			
Certified food handler <i>Agustin Bravo (SeniSafe) (Exp: 5/7/26)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC	✓	Overhead light out in dry storage area bulb out in two door freezer on platform	1/10/25
218	NC	✓	Refrigeration door seals torn on some units	1/23/25
404	NC	✓	Cove base loose/off wall near handsink in womens restroom and at North dish area wall	1/23/25
218	NC	✓	wash gauge on mechanical dish machine was approximately 115°F	1/3/25
430	NC	✓	Self-closing device not attached at back kitchen door	1/10/25
219	NC		Broken bulb exposing filament inside true two door cooler	12/23/24
187	C		Queso on warmer table measured 119°F	Corrected
			Note: Bar ice bin contains direct drain connection to three bay sink	

Received by (name and title printed): <i>Javier Munoz</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>JAVIER MUNOZ</i>	Inspected by (signature): <i>Andrew Miller</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>El Toro Bravo of Greenwood</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/3/24</i>	ID# <i>2603</i>
Establishment address <i>172 Melody Ave 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>NO</i>	Release Date <i>12/23/24</i>
Owner		Summary of Violations: <i>C 1 NC 9 R 1</i>	
Owner address	Responsible person's email <i>(SenSate Exp)</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Miguel Delgado</i>		Certified food handler <i>Miguel Delgado 3/24/27</i>	

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Section #	C/NC	R	Narrative	To Be Corrected by
375	C		An employee was noted dumping a mop bucket with water containing bubbles (i.e. sewage) on the alley side pavement	12/3/24
199	NC	✓	Raw beef (two logs) was thawing in stagnant water inside of the two bay sink	Corrected
218	NC		Paper towel was used as a drain stopper at the two bay sink	12/5/24 Need Stopper
216	NC		aluminum foil is used as shelving liners/covers	12/4/24 remove
295	NC		Compressor for the four drawer undercounter cooler is "heavily" soiled	12/3/24
218	NC		Inside bottom of two door Cool Front Cooler contains pooled water	12/5/24

Received by (name and title printed): <i>Miguel Delgado</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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Office 317-346-4365 Fax 317-736-5264

Esenisse @ co. johnson. in. us

Beky
12/9

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>Flap Jack's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-9-24</i>	ID# <i>8am 1505</i>
Establishment address <i>2991 Fulmer Dr. 46106</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
Owner <i>Tom</i>		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Tom</i>		1 ___ 2 ___ 3 ___ 4 <u>p</u> 5 ___	
Responsible person's email			
Certified food handler <i>Tom</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
234	NC		Butter Spatula & Scoop observed in Stagnant 95°F water. Recommend tng crockpot to hold water at 135°F or higher.	12-9-24
415	C		Note: Numerous flies around mop sink.	
399	NC		Floors, walls, & ceiling shall be smooth & easily cleanable to deter pests. Recommend repairing grout, & holes & seal mop sink to wall.	12-10-24
216	NC		Cardboard observed and lining a shelf, to under cutting board, & under slicer	12-9-24
			Note: Paint Spray can observed on top of ice maker	moved
			White pest control strip to the right & above the dish machine is not approved for use in food facility	Thank You

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): <i>Elizabeth Senisse</i>
Received by (signature): <i>Tom Lasaru</i>	Inspected by (signature): <i>Elizabeth Senisse</i>
cc:	cc: <i>317 346 4373</i>

You may make comments - email, fax or mail Page 1 of 1



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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 Great Wall	Telephone Number (317) 736-15538	Date of Inspection 12-18-24	ID# 2021
Establishment address 1840 Northwood Plz. Dr. Franklin, IN 46131	(317) 308-0096	Follow-up -	Release Date 12-28-24
Owner Li Yang	Purpose: <u>1. Routine</u>	Summary of Violations: C 1 NC 4 R 3	
Owner address 1067 Oak Leaf Rd. Franklin, IN 46131	2. Follow-up	Menu Type (See back of page)	
Person in charge	3. Complaint	1 2 3 <input checked="" type="checkbox"/> 4 5	
Responsible person's email	4. Pre-Operational		
Certified food handler Li Yang Sew Safe exp 3/3/25	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	✓	door handle missing from back, upright freezer	1/1/25
112	NC	✓	front left upright cooler residential, not NSF/ANSI commercial approved	
216	NC	✓	cardboard lining prep table next to fryers	12-20
187	C		egg rolls & chicken skewers in upright residential cooler had an internal temperature of 44°F	corrected
421	NC		first aid supplies, nasal spray & mouthwash, stored above food on dry storage shelf next to walk-in cooler	12-18
			Notes: (1) interior of microwave soiled	
			(2) knives stored in between prep table & cooler	corrected
			(3) rice sitting out @ room temp @ 76°F	corrected
			(4) personal food shall be stored separately, below food for customers	
			(5) persons in kitchen shall wear hair restraint	

Received by (name and title printed): Nengwu. Lin	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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*Betsy
12/19*

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Establishment name <i>Hi Way Lanes</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-5-24</i>	ID# <i>2835</i>
Establishment address <i>900 N Merton St. Franklin 46131</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>12-15-24</i>
Owner		Summary of Violations: <i>C <u>Ø</u> NC <u>Ø</u> R <u>Ø</u></i>	
Owner address		Menu Type (See back of page) <i>1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Brent Phillips exp 2-5-28</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Nothing to Note</i>	

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



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*Beta
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>Hokkaido Ramen House Indpls Inc</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-27-24</i>	ID# <i>2558</i>
Establishment address <i>1251 US Hwy 31N #100 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>1-7-24</i>
Owner <i>Zhengyu Weng</i>		Summary of Violations: <i>C 3 NC 3 R 6</i>	
Owner address <i>46237 7216 Henderickson Ln. Indianapolis, IN</i>	Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>		
Person in charge <i>Andy/Xiao Min Chen</i>			
Responsible person's email <i>hokkaido1251@gmail.com</i>			
Certified food handler <i>Shuiyang Chen (ServSafe exp) 3/13/28</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
191	C	R	<i>ready to eat potentially hazardous foods (eggs, ^{raw} pork belly, broth, & sauces without date markers</i>	<i>12-27-24</i>
187	C	R	<i>the following food temperatures were taken at the boba station: whole milk @ 47°F, cheese foam @ 46°F & boba @ 67°F</i>	
415	C	R	<i>small flies observed near dish washing area</i>	
297	NC	R	<i>soda nozzles soiled</i>	<i>12-31-24</i>
218	NC	R	<i>blue lids damaged used to store tea in boba station cooler</i>	
234	NC	R	<i>in-use knife stored between warm table & flip top cooler</i>	<i>corrected</i>
			<i>Notes: hood vents dusty</i>	
			<i>(2) heavy ice build up in walk-in freezer</i>	
			<i>(3) ice machine soiled</i>	
			<i>(4) 3 bay sink drain heavily soiled</i>	

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



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*Becky
12/19*

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Establishment name Homerun Burger & Fries	Telephone Number () Establishment () Owner	Date of Inspection 12-18-24	ID# 2830
Establishment address 1599 N. Morton 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 12-28-24
Owner Ratyneshwar Jha		Summary of Violations: C 3 NC 10 R 10	
Owner address 11501 Expedition Trail Louisville, KY 40291		Menu Type (See back of page)	
Person in charge Shawn Lewis - GM		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email homerunburger.rm@gmail.com			
Certified food handler Not provided			

• 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	R	① south entry door rubs against the door frame ② walk-in freezer & cooler have heavy ice buildup ③ south drive thru windows rubbing against frame to create metal-like shavings	12/31/24
239	NC	R	single service items stored on floor in back room	
174	NC	R	bulk sugar clear bin near north drive thru window not labeled	corrected
413	NC	R	air curtains not turned on for walk-up window & south drive thru window	corrected
187	C	R	coleslaw on prep line had a temperature of 51°F	corrected
438	C	R	cleaning chemical spray bottle not labeled	12-18
297	NC		soda nozzles soiled	corrected
431	NC	R	mechanical exhaust hood filters above flat top grill soiled	
227	NC	R	Two deep fryers not easily moveable & pepsi cooler not easily moveable	12/31/24
295	NC	R	food debris in residential, small chest freezer	↓

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



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

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

*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 <i>Indy's Frozen Yogurt</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-5-24</i>	ID# <i>2223</i>
Establishment address <i>1251 US 31 N Greenwood</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>12-15-24</i>
Owner		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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

Section #	C/NC	R	Narrative	To Be Corrected by
<i>218</i>	<i>NC</i>		<i>Door gaskets split on Delfield Refrigerator</i>	

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