



**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

*Beth M
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 JACK'S DONUTS	Telephone Number () Establishment () Owner	Date of Inspection 12/19/24	ID# 2306
Establishment address 219 W JEFFERSON 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 12/29/24
Owner		Summary of Violations: C 0 NC 4 R	
Owner address		Menu Type (See back of page)	
Person in charge NATHAN LOWELL		1 <u>2</u> 3 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
431	NC	→	FLOOR NOT CLEAN IN AREAS OF FRONT AREA, BACK AREA UNDER WOOD PALLETS, SHELVING, EQUIPMENT	12/23/24
295	nc	*	INSIDE OF UPRIGHT REFRIGERATOR NOT CLEAN	12/23
399	nc	*	WALL COVERING MISSING UNDER 3 COMPARTMENT SINK	12/31
256	nc	→	TOP (FREEZER) SECTION OF REFRIGERATOR FREEZER - DOOR NOT CLOSING TIGHTLY, THERMOMETER NOT SEEN IN FREEZER SECTION	12/23

Received by (name and title printed): Nathan Lovell employee	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Nathan Lovell</i>	Inspected by (signature): <i>Bob Smith</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
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>Jimmy John's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/2/24</i>	ID# <i>2209</i>
Establishment address <i>980 N. Morton Franklin Ind</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: <i>C 0 NC 2 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 <i>X No certificate</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>216</i>	<i>NC</i>		<i>Racks in the make-up cooler are worn.</i>	
<i>177</i>	<i>NC</i>		<i>Paper sack of sugar is stored directly on the floor under the -grain dispenser-</i>	

Received by (name and title printed): <i>Karen Canine</i>	Inspected by (name and title printed): <i>Kevin D. Payless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Betm
1219*

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Establishment name <i>Jockamo</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/3/24</i>	ID# <i>1540</i>
Establishment address <i>401 Market Plaza 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 <i>Mic McGrath</i>		Summary of Violations: C <u>0</u> NC <u>5</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Jack Clark</i>		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>✓</u> 5 <u> </u>	
Responsible person's email			
Certified food handler <i>Jack Clark</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
112	NC	✓	Thompson upright freezer not NSF/ANSI approved and the interior bottom is damaged	1/25/25
218	NC		Inside top of ice maker is soiled and refrigeration door seals	1/25/25
295	NC		Exterior top of ice maker appears to have a leak	12/5/24
218	NC		Some refrigeration door seals are torn/split	12/30/24
399	NC		Shout repair needed in kitchen and dish area and some floor tiles missing in dish area	1/3/25


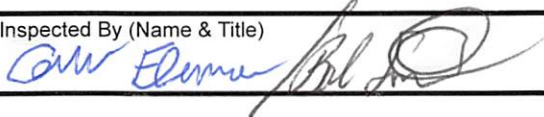
Received by (name and title printed): <i>JACK CLARK GENERAL MANAGER</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Jack Clark</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

ID# 1896

SCORE:

C-I NCLZ R 7 11/21/25

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Johnson's BBQ			82 S Baldwin st. Bergersville	12-27-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			95 SOUTH DRAKE ROAD FRANKLIN, IN 46131 PH: 317-346-4365 FAX: 317-736-5264	
431	NC	✓	Floors walls, ceilings, throughout facility are soiled	1-10-25
324	NC	✓	Kitchen hot water at hand sink not working	1-10-25
411	NC	✓	Walk-in cooler light intensity not adequate	1-10-25
309	NC	✓	Restroom exhaust cover is soiled	12-28-24
324	NC	✓	Restroom is out of order/closed	-
411	NC		Light intensity in employee restroom not adequate	1-10-25
438	C		Spray bottles not labeled	12-27-24
412	NC	✓		
239	NC		Single service plastic cups not stored 6 inches off of floor	12-27-24
239	NC		Shelving racks soiled/rusty	1-2-25
426	NC	✓	Many unnecessary items ↳ Ice machine	1-10-25
431	NC		Box fan in kitchen needs cleaned	12-28-24
394	NC		Box Maintain area ↳ outside cleaned	1-10-25
392	NC	✓	Dumpster lid can not close needs replaced.	1-10-25
191	C		Pre-cooked and cooled meat in walk-in not date marked.	12-28-24
Follow-up is needed if progress is not made permit will be not be issued.				
Received By (Name & Title)			Inspected By (Name & Title)	
				
			Page <u>1</u> of <u>1</u>	



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Betsy
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 BBO+ K-Town Korean Hot Pot	Telephone Number () Establishment () Owner	Date of Inspection 12-27-24	ID# 2739
Establishment address 878 US 31 Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12^{MP} 1-7-25
Owner Baoxiang Huang		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>2</u>	
Owner address 12982 Minden Dr. Fishers, IN 46037		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
Person in charge Erlangga Thien - manager			
Responsible person's email baoxiang181987@hotmail.com			
Certified food handler Bao Xiang Huang (serv safe exp 1/5/27)			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC	R	food debris & build up observed on & below shelving above tables across from walk-in units	1-1-25
324	NC	R	drain pipe under hand sink next to mop sink leaking & pooling water on floor underneath	1
Notes: (1) sanitizer rags not stored in sanitizer bucket				
(2) time used as public health control for quail eggs & tofu				
(3) kimchi, fruit, & dessert not cooler functioning, time used as public health control				

Received by (name and title printed): Erlangga Thien	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Belson
12/18*

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Establishment name <i>Kimu Asian Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/11/24</i>	ID# <i>1544</i>
Establishment address <i>1280 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 <i>12/21/24</i>
Owner		Summary of Violations: <i>C 2 NC 6 R 4</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>+ Pau Piang</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
117	C	✓	The restaurant did not have an assigned person-in-charge.	12/11/24
187	C	✓	The ground pork in the kitchen refrigerator was not maintained 41°F or below.	12/11/24
112	NC	✓	The white chest freezer is not approved kitchen equipment	when replaced
324	NC	✓	The hot water handle is broken on the kitchen hand sink	12/21/24
245	NC	✓	men's room light switch soiled	12/21/24
		✓	Pass thru kitchen door soiled	
177	NC		Pans of food stored directly on the kitchen floor [shrimp - pasta - etc]	12/11/24
190	NC		Aluminum pan of long rice was improperly cooling at room temperature	12/11/24
	NC		Exhaust hood lights are not shatter-proof.	12/21/24
334	NC		The ice bin drain does not have a proper air gap	12/31/24
* Continued violations will be fined!				

Received by (name and title printed): <i>+ Pau Lam Piang</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:



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*Bekky
12/19*

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Establishment name Kroger J #864	Telephone Number () Establishment () Owner	Date of Inspection 12-19-24	ID# 922
Establishment address 2200 Independence Dr. Greenwood 46143	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12-29-24
Owner Kroger Limited Partnership 1		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>—</u>	
Owner address 5960 W. Castleway Dr. Indpls 46250		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge Keely Cook - Assistant Store Leader			
Responsible person's email			
Certified food handler Keely Cook			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations observed</i>	

Received by (name and title printed): Keely Cook	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*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 THE LOCAL GRIND	Telephone Number () Establishment () Owner	Date of Inspection 12/30/24	ID# 2351
Establishment address 25 N MAIN 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 1/9/25
Owner EMILY WORLEY		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge ETHAN LEE			
Responsible person's email			
Certified food handler EMILY WORLEY (E FPM) (EXP 2/1/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	<input checked="" type="checkbox"/>	door gasket worn/split in front small refrigerator	1/15/25
250	NC	<input checked="" type="checkbox"/>	small refrigerator - thermometer not seen	1/5/25
218	NC	<input checked="" type="checkbox"/>	ice built up in upright freezer temperature 15°F not 0°F or less	1/5 1/3
355	NC	<input checked="" type="checkbox"/>	mop sink not seen	1/25
399	NC		ceiling peeling in restroom	1/25
431	NC		wall behind griddle not clean	1/5

Received by (name and title printed): Ethan Lee	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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*Belk M
12/18*

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Establishment name <i>McAlister's Deli</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/11/24</i>	ID# <i>2311</i>
Establishment address <i>2378 N. Morton St. IN</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>12/21/24</i>
Owner <i>Southern Rock Restaurants</i>		Summary of Violations: C <u>0</u> NC <u>5</u> R _____	
Owner address		Menu Type (See back of page)	
Person in charge <i>James Rochefort</i>		1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Responsible person's email			
Certified food handler <i>James Rochefort</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		The following areas were found soiled: walk-in-cooler floor, behind large ice maker, kitchen under equipment	12/25/24
399	NC		Grout repair needed in dish area	1/11/25
218	NC		Some refrigeration door gaskets are torn/split	1/11/25
295	NC		Inside refrigeration units are soiled	12/25/24
218	NC		Inside top of ice maker appears to contain cracks/damage	1/11/25

Received by (name and title printed): <i>James Rochefort manager</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>James Rochefort</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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*Bottom
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>Nijira International</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/3/24</i>	ID# <i>2790</i> 2500
Establishment address <i>100 N SR 135 Market Ste B7</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>12/13/24</i>
Owner <i>Eli Essegbey Greenwood IN 46142</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>Eli Essegbey</i>			
Responsible person's email			
Certified food handler <i>None</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC		<i>Ceiling in cutting area, dish area and employee restroom not smooth and easily cleanable</i>	<i>1/3/25</i>
430	NC		<i>Restroom door rubs the door frame</i>	<i>12/25/24</i>
352	NC		<i>Alley side door not self-closing</i>	<i>12/25/24</i>
218	NC		<i>No paper towel holder on</i>	<i>12/8/24</i>
347	NC		<i>paper towels provided at dish area hand sink</i>	<i>12/8/24</i>
433	NC		<i>Wet mop not hung to air dry</i>	<i>12/10/24</i>
118	C		<i>Firm lacks a certified food employee</i>	<i>12/31/24</i>
334			<i>Three bay sink lacks an air gap on the drain piping</i>	<i>12/31/24</i>

Received by (name and title printed): <i>Eli Essegbey</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: <i>317-346-4380</i>



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*Bekem
11/2/25*

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Establishment name <i>Nineveh Mini Mart</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-23-24</i>	ID# <i>677</i>
Establishment address <i>8010 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>—</i>	Release Date <i>1-3-245</i>
Owner <i>Paramjeet Guraya</i>		Summary of Violations: <i>C 1 NC 8 R 9</i>	
Owner address <i>5947 W. SR 135 Trafalgar, IN 46181</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Muskan -employee</i>			
Responsible person's email <i>pguraya13@gmail.com</i>			
Certified food handler <i>NIA</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
415	C	R	rodent droppings in back storage room on shelving in back of room	12-23
426	NC	R	unnecessary items stored in backroom	1-1-25
411	NC	R	lighting not adequate in soda box area	
336	NC	R	mop sink lacks back siphonage	
431	NC	R	floor soiled under equipment throughout establishment	
430	NC	R	cabinet for front area sinks contains damage and is supported by wood/blocks	
227	NC	R	Pepsi two door beverage cooler not easily moveable (ie on wheels/casters)	
413	NC	R	front entry/exit doors are not tight-fitting at the bottom when closed	
347	NC	R	no paper towels accessible at frontcounter hand sink	
Notes: ① ice build up in Good Humor ② ice cream freezer ② soda nozzle dispensing parts soiled				

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



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Betsy
12/18

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Establishment name D'Charley's #406	Telephone Number () Establishment () Owner	Date of Inspection 12/10/24	ID# 1111
Establishment address 886 SR 135 S, Greenwood IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 12/20/24
Owner Corporate		Summary of Violations: C 1 NC 2 R	
Owner address	(Serv Safe) EXP 3/14/25 (Serv Safe) expired 12/1/25	Menu Type (See back of page) 1 2 3 4 5	
Person in charge Cindy Griffiths			
Responsible person's email			
Certified food handler Lindsey Chamberlain			

• 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
187	C	✓	The following internal product temperatures were measured in the four drawer cooler (1) fish and raw beef 45°F to 46°F	12/10/24
218	NC		Four drawer cooler contained a large build-up of ice on the interior rear	12/10/24
399	NC	✓	Floor tile damaged and cover base missing near back door, behind ice maker, kettle area, deep fryer area and at left exterior side of the walk-in-cooler door; including some grout repair in areas	1/25/25

Received by (name and title printed): Cindy Griffiths	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>Cindy Griffiths</i>	Inspected by (signature): <i>Andrew Miller</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

*Belton
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 ORIGINAL CHICAGO PIZZA & CURRY	Telephone Number () Establishment () Owner	Date of Inspection 12/23/24	ID# 2495
Establishment address 153 HOLIDAY PLACE FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/3/24
Owner SINGH		Summary of Violations: (5) 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>(2)</u> 4 <u> </u> 5 <u> </u>	
Person in charge GAURUJEET SINGH			
Responsible person's email			
Certified food handler GAURUJEET SINGH (SERVSAFE)			

- 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
347	NC	*	DISPOSABLE TOWELS NOT PROVIDED IN RESTROOM	CORRECTED 12/23/24
392	NC	*	LID NOT CLOSED ON OUTSIDE DUMPSTER	12/26
295	NC	*	SHELVEING NOT CLEAN IN WALK-IN COOLER	12/26
256	NC	*	THERMOMETERS NOT SEEN IN CHEST FREEZERS	12/28
191	C	*	PRECOOKED AND COOLED POTENTIALLY HAZARDOUS FOODS MADE MORE THAN 24 HOURS PRIOR NOT DATE MARKED (ON WALK-IN COOLER SHELVES)	CORRECTED 12/23/24
291	NC	*	CHEMICAL TEST PAPERS NOT AVAILABLE	12/29

Received by (name and title printed): * Gaurujeet Singh	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): * Gaurujeet Singh	Inspected by (signature): Bob Smith
cc:	cc: