



**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

*Bekm
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>Pizza & Liberations</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/27/24</i>	ID# <i>2431</i>
Establishment address <i>75 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 1 NC 4 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 <input checked="" type="checkbox"/> 5</i>	
Person in charge <i>N.H.</i>			
Responsible person's email			
Certified food handler <i>Frank DeSantis</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>216</i>	<i>NC</i>		<i>Rinse gauge needle off the center holder for kitchen dish</i>	<i>1/8/25</i>
<i>431</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>Floors, walls, ceilings, floor drains, sealed in areas</i>	<i>1/8/25</i>
<i>415</i>	<i>C</i>	<input checked="" type="checkbox"/>	<i>Numerous live small winged insects seen at mop sink</i>	<i>1/8/25</i>
<i>795</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>(1) Inside top of ice maker sealed (2) Bar soda gun sealed (1 of 2) (3) Compressors sealed on some refrigeration units</i>	<i>1/8/25</i>
<i>206</i>	<i>NC</i>		<i>Bar high temperature dish machine lacked a working psi gauge.</i>	<i>1/8/25</i>
			<i>Note: Unable to determine if Ecobal dish machine and bar four bay sink contains an air gap on drain piping</i>	

Received by (name and title printed): <i>[Signature]</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:



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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 POPZ PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 12/18/24	ID# 1601
Establishment address 21 SOUTH MORTON 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 12/28/24
Owner CHRIS MADDOX		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge RICHARD LYNCH			
Responsible person's email			
Certified food handler <i>[Signature]</i>			

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Section #	C/NC	*	Narrative	To Be Corrected by
295	NC	*	PIZZA EXHAUST HOOD NOT CLEAN/DUSTY	12/26/24
431	NC	-	FLOOR IN AREAS OF KITCHEN NOT CLEAN (NEXT TO WALL/UNDER EQUIPMENT)	12/26
228	NC	*	SMALL CHEST FREEZER, LARGE UPRIGHT FREEZER NOT EASILY MOVABLE	12/30
295	NC	*	BASE INSIDE PREPARATION REFRIGERATOR UPRIGHT TWO DOOR REFRIGERATOR NOT CLEAN	12/23
431	NC	*	SOME CEILING TILES NOT CLEAN/DUSTY	12/30
411	NC	*	FEW CEILING LIGHTS ARE OUT	12/30
		*		

Received by (name and title printed): Richard Lynch	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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Bekky
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 PROFESSIONAL SMOKE	Telephone Number () Establishment () Owner	Date of Inspection 12/26/24	ID# 2775
Establishment address 76 S. 135 BARDOSVILLE, IN	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 1/5/25
Owner		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>2</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge BRADLEY FISHER			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC	R	THERMOMETERS NOT PROVIDED IN UPRIGHT REFRIGERATOR / FREEZER SECTIONS	12/31/24
413	NC	R	NORTH DOOR NOT SELF-CLOSING	1/5/25

Received by (name and title printed): Bradley Fisher Bartender	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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95 SOUTH DRAKE ROAD
FRANKLIN, IN 46131
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*Bekm
12/10*

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 <i>Puerto Vallarta</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/9/24</i>	ID# <i>1513</i>
Establishment address <i>893 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	Release Date <i>12/19/24</i>
Owner		Summary of Violations: C <u>0</u> NC <u>4</u> R	
Owner address		Menu Type (See back of page) 1 ___ 2 ___ 3 <u>1</u> 4 ___ 5 ___	
Person in charge			
Responsible person's email			
Certified food handler <i>Pablo Bernal Garcia</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
433	NC		Hang maps up to dry Floor drain at waitress station	12/9/24
431	NC		soiled over flow area	12/12/24
177	NC		Ice tea containers are not labeled covered. [Lids are missing]	12/9/24
334	NC		Bar ice bin drain does not have an air gap.	3 mos. 3-9-24

Received by (name and title printed): <i>Pablo Bernal Garcia</i>	Inspected by (name and title printed): <i>Terry D Beyless</i>
Received by (signature): <i>Pablo Bernal Garcia</i>	Inspected by (signature): <i>Terry D Beyless</i>
cc:	cc:

Bit 11/2/25

(0) C / (7) NC ✓

(LIC # 2370)

NARRATIVE REPORT

Establishment Name RITTERS FROZEN CUSTARD	Address 351 N MORTON FRANKLIN, IN	Inspection Date 12/19/24
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
295	NC	*	INSIDE BASE OF UPRIGHT FREEZER NOT CLEAN	12/28/24
399	NC	*	WALL/FLOOR WORN IN AREAS OF	REPAIR 1/20/25
431	NC	*	FROZEN CUSTARD MACHINE/ICE MAKER FLOOR NOT CLEAN IN THIS AREA	12/28
431	NC	*	EXHAUST FAN COVER NOT CLEAN IN RESTROOM	12/26
199	NC	*	FROZEN CUSTARD MIX BEING THAWED IN BUCKETS OF WATER AT ROOM TEMPERATURE	corrected 12/19
256	NC	*	FRONT FROZEN CUSTARD FREEZER THERMOMETER NOT SEEN - SOME PARTS WORN/DUCT TAPED	12/23 1/20
			<u>WATER</u> SPLITTER VALVE INSTALLED ON mop SINK FAUCET	Remove 12/22

Received By (Name & Title) Audrey Clark	Inspected By (Name & Title) Bob Smith / Bal Smith	Page 1 of 1
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