

*Beta
12/25*



**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>Tasty Shop II</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/31/24</i>	ID# <i>1734</i>
Establishment address <i>810 W. Center Cross Edinburgh, IN 46124</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>1/10/25</i>
Owner <i>Richard Murray</i>		Summary of Violations: <i>C 1 NC 8 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Richard Murray</i>		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email			
Certified food handler <i>Teresa Hans (No Certificate Provided)</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
415	C		Numerous rodent-like pellets seen under kitchen stove and in back storage room	<i>1/2/25 clean & monitor</i>
112	NC	✓	Frigidaire stove and Daewood (freezer) refrigerator not NSF/ANSI approved	<i>3/28/25</i>
218	NC		(1) Inside top of Daewood freezer is damaged/worn (2) Open end of metal ice scoop damaged/worn	<i>3/28/25 1/8/25</i>
295	NC		Compressor soiled on True two door refrigerator & bar ice bin drain line	<i>1/8/25</i>
411	NC	✓	Inadequate lighting in storage room	<i>2/1/25</i>
430	NC		Floor worn on west end of the bar	<i>2/1/25</i>
431	NC		Public restroom walls are soiled	<i>1/1/25</i>
413	NC		North guest area door, near stage, contains an exterior gap at the	<i>1/10/25</i>

Received by (name and title printed): <i>Richard Murray</i>	Inspected by (name and title printed): <i>Andrew Miller, EMS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>andrewmiller@co.johnson.in.us</i>

NARRATIVE REPORT

Edinburgh

Establishment Name <i>Jasty Shop II</i>	Address <i>810 W. Center Cross</i>	<i>IN</i> <i>46124</i>	Inspection Date <i>12/31/24</i>
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
<i>324</i>	<i>NC</i>		<i>lower interior left corner</i>	<i>1/10/25</i>
			<i>① One toilet in women's restroom is out of service</i>	<i>1/15/25</i>
			<i>② Kitchen four bay sink lacks an air gap on the drain piping</i>	<i>I</i>
			<i>① Note: New owner as of March 2024.</i>	
			<i>② Need Chlorine + Oust test papers</i>	
			<i>③ Note: Please email Certified Food Handler Certificate</i>	

Received By (Name & Title) <i>[Signature]</i>	Inspected By (Name & Title) <i>Andrew Miller, EHS</i>	Page <i>2</i> of <i>2</i>
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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

Beltm
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>Town-Mart 1</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-23-24</i>	ID# <i>2828</i>
Establishment address <i>983 E. 775 S. Ste B. 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>1-3-25</i>
Owner <i>Paramjeet Guraya</i>		Summary of Violations: <i>C 0 NC 2 R -</i>	
Owner address <i>5947 W. SR 135 Trafalgar, IN 46181</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in charge <i>Mami - manager</i>			
Responsible person's email <i>pguraya13@gmail.com</i>			
Certified food handler <i>Karen Kaur (Serv Safe exp) 11/20/28</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
<i>295</i>	<i>NC</i>		<i>① microwave interior soiled ② cafe tango frozen coffee machine & frazil frozen fruit drink machine spouts soiled ③ Pepsi soda machine nozzles soiled</i>	
<i>177</i>	<i>NC</i>		<i>milk jugs stored on floor in walk-in cooler</i>	

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

*Bekm
12/13*

Based on an inspection this day, the item(s) noted below identify violations of 110 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>Tungo Asian Grocery</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/2/24</i>	ID# <i>2657</i>
Establishment address <i>640 US 31 Ste E 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>Yes</i>	Release Date <i>12/12/24</i>
Owner <i>Nia Bechung</i>		Summary of Violations: <i>C 2 NC 8 R 7</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Nia Bechung</i>			
Responsible person's email			
Certified food handler <i>Nia Bechung (Sen Safe EXP 2/27/28)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
139	c	✓	<p>① Four containers of Bitter Melon were cooked at a personal residence</p> <p>② Seven containers of Soybean Steam were cooked at a personal residence</p> <p>③ Three packages of "Pork" found frozen were cut at a personal residence</p>	Corrected Removed products from retail sale.
146	NC	✓	<p>The following items were repackaged and lacked a net weight:</p> <p>① Dried Fish ② Chingit ③ Baibing ④ Dried Rep ⑤ Dried Shrimp ⑤ Dried Mushroom ⑥ Hmaung</p>	12/12/24
228	NC	✓	Five upright refrigeration units are not easily movable	1/2/25

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

NARRATIVE REPORT

Greenwood

Establishment Name: Jungo Asian Grocery Address: 640 US 31 Ste E. 416/42 IN Inspection Date: 12/2/24

Section#	C	NC	R	REMARKS	TO BE CORRECTED BY
411		NC	✓	Overhead lights out in grocery area and storage room	12/25/24 I
430		NC	✓	Ceiling tiles in dish area are stained, and are not smooth and easily cleanable	12/25/24
399		NC			12/25/24
431		NC	✓	Employee restroom mechanical vent cover is sealed	12/4/24 I
291		NC		No chlorine test strips are provided	12/4/24 I
413		NC	✓	Front entry/exit doors are not tight-fitting at center bottom	12/25/24
334	✓			Three bay sink and one bay preparation sink lack an air gap on the drain piping	12/25/24 I
118		C		The person-in-charge could not demonstrate the requirements of 410-IAC 7-24D, Indiana Retail Food Establishment Sanitation Requirements.	12/2/24 I

NOTE: ✓ = repeat violation from last inspection

Received By (Name & Title): [Signature] Inspected By (Name & Title): Andrew Miller, EHS Page 2 of 2



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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 Vita of New Whiteland	Telephone Number () Establishment () Owner	Date of Inspection 12-19-24	ID# 2858
Establishment address 532 Country Gate Dr. New Whiteland, IN 46184	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 Vita of New Whiteland LLC		Summary of Violations: C 2 NC 0 R —	
Owner address 350 Westfield Rd. Suite 210 Noblesville, IN 46034	Menu Type (See back of page) 1 2 3 4 X 5		
Person in charge Heather Daniels			
Responsible person's email josiah.marx@vitaneuwhiteland.com			
Certified food handler Heather Daniels exp Jan 2025			

• 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
191	C		deli items in prep flip top cooler near oven date markings past 7 days, some food lids labeled with ^{up} correct in correct names	12/19
294	C		3 bay sink sanitizer solution less than 150 ppm, manufacturer's recommendation is 200-400 ppm	I
Notes: ① no paper towels provided at hand washing sink next to ice machine ② clear + white bins storing potatoes + onions have an excessive amount of small flies inside. Bins use is being discontinued.				

Received by (name and title printed): Heather Daniels	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): <i>Heather Daniels</i>	Inspected by (signature): <i>Mia Papageorge</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
12/18

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>Wendy's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/10/24</i>	ID# <i>2003</i> 779
Establishment address <i>747 S. SR 135 Greenwood 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>12/20/24</i>
Owner		Summary of Violations: <i>C 0 NC 6 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Renique Lacy</i>			
Responsible person's email			
Certified food handler <i>Renique Lacy</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC	✓	(1) Mop sink atmospheric vacuum breaker is leaking (2) Mop sink faucet lacks a supply of cold water	1/10/25
218	NC		Flry scoop is cracked	12/11/24
431	NC	✓	Floor is soiled inside walk-in freezer, under three bay sink and behind deep fryers	12/20/24
295	NC	✓	Guest area drain line for freestyle machine is soiled	
430	NC		Cove base damaged/missing behind deep fryers	1/10/25
399	NC		Flights repair needed near fryer drive-up window (#2) and others areas of the facility	
			Note: See maker and both Freestyle machines lack an air gap on the drain line	1/10/25

Received by (name and title printed): <i>Renique Lacy</i>	Inspected by (name and title printed): <i>Andrew Miller, EPH</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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 <i>Center Grove M.S North.</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/3/24</i>	ID# <i>1090</i>
Establishment address <i>202 N. Morgantown rd Greenwood IN 46143</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date
Owner <i>Center Grove Community School Corp.</i>		Summary of Violations: <i>C <u>0</u> NC <u>0</u> R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 <u>✓</u> 3 4 5</i>	
Responsible person's email			
Certified food handler <i>Melody Wray 5/22/29</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violation during inspection.</i>	
			<i>Thank you!!</i>	

Received by (name and title printed): <i>- Melody Wray - Mgr.</i>	Inspected by (name and title printed): <i>Paul Betica ETS</i>
Received by (signature): <i>Melody Wray</i>	Inspected by (signature): <i>Paul Betica</i>
cc:	cc:



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

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

*Before
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>North Grove E.S</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/3/24</i>	ID# <i>797</i>
Establishment address <i>3288 W. Fairview ^{Greenwood} rd 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>—</i>	Release Date
Owner <i>Center Grove Comm. School Corp.</i>		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R</i>	
Owner address		Menu Type (See back of page) <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Heather Geilker 5/8/29</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>No violation during inspection. Thank you!!</i>	

Received by (name and title printed): <i>Heather Geilker</i>	Inspected by (name and title printed): <i>Paul Betton EHS</i>
Received by (signature): <i>Heather Geilker</i>	Inspected by (signature): <i>Paul Betton</i>
cc:	cc:

