



**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

*Belky
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>Sabri Mandi</i>	Telephone Number () Establishment () Owner	Date of Inspection 12-3-24	ID# 2837 2829
Establishment address 894 US Hwy 31 N Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 12-13-24
Owner Ravinder Kaur Shokar		Summary of Violations: C <u>5</u> NC <u>5</u> R <u>3</u>	
Owner address 106 Kinnick Dr. Greenwood, IN 46143		Menu Type (See back of page)	
Person in charge Harjap Dhillon		1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Responsible person's email Kscpa2000@gmail.com			
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
191	C	R	ready to eat foods in reach-in & walk-in cooler units observed without date markings (cooked & prepared vegetables, cauliflower balls)	12/3
187	C		Hot held sambar @ 100°F, rice @ 127°F, panner @ 47°F shall be 135°F or higher Cold held panner @ 47°F shall be 41°F or less - rice recommended to be discarded to person in charge	12/3
415	C		excessive amount of fruit flies at onion storage in grocery area	12/3
438	C		toxic & poisonous chemical spray bottles not labeled	12/3
136	C		open & exposed employee food & drink in kitchen	12/3
190	NC	R	potatoes just cooked cooling at room temperature covered with a lid	
177	NC	R	food stored on floor around sales floor & back areas of restaurant (soaking chickpeas & grocery items)	
430	NC		walk-in freezer observed w/ excessive ice buildup	
411	NC		light out in walk-in freezer, not functioning	
347	NC		no paper towels provided in employee restroom	

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



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*Belknap
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 Sip Cocktails on Main	Telephone Number (317) 652-4400	Date of Inspection 12-27-24	ID# 2796
Establishment address 250 W. Main St. Greenwood 46142	(317) 538-6732	Follow-up —	Release Date 1-7-25
Owner Richard Payne	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C <u>1</u> NC <u>1</u> R <u>0</u>	
Person in charge Daniel J. Slater	3. Complaint	Menu Type (See back of page)	
Responsible person's email danslater2420@gmail.com	4. Pre-Operational	1 <u>2</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Certified food handler N/A	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
294	C		improper manual & mechanical dish cleaning & sanitization observed • 3bay sink sanitizer compartment at 0ppm quat • dish machine max temperature at 99.7°F, <10ppm chlorine	1-1-25
297	NC		ice machine soiled	1-1-25
204			Notes: ① cleaning spray stored with utensils ② the bar handsink without splashguard with ice bin within an area of potential contamination	corrected

Received by (name and title printed): DANIEL J. SLATER	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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*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 <i>Sisters Korean Restaurant</i>	Telephone Number <i>(317) 300-1174</i>	Date of Inspection <i>12-27-24</i>	ID# <i>2893</i>
Establishment address <i>46143 916 E Main St. Ste 210 Greenwood, IN</i>	() Owner	Follow-up <i>—</i>	Release Date <i>1-7-25</i>
Owner <i>Nam I Yimchang</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 3 NC 7 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>Nam I Yimchang</i>			
Responsible person's email <i>nam2199@gmail.com</i>			
Certified food handler <i>6 months to receive certification</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
191	C		<i>date marking not observed for ^{up} food prepared</i>	<i>12-31-24</i>
173	C		<i>raw meat stored above vegetables in walk-in cooler</i>	<i>corrected</i>
216	NC		<i>cardboard & newspaper used throughout facility to line equipment & store utensils</i>	<i>12-31-24</i>
291	NC		<i>sanitizer test strips not provided</i>	<i>1-7-25</i>
257	NC		<i>food thermometer not provided</i>	}
			<i>thermometer not provided in prep, flip top cooler near 3 bay sink</i>	
346	NC		<i>soap not provided in employee restroom</i>	}
234	NC		<i>in-use utensils stored improperly in stagnant water (70°F), not being washed, rinsed, & sanitized every 4 hours or stored in water held at 135°F</i>	
174	NC		<i>bulk ingredients not in original container not labeled near kimchap prep table</i>	}
129	C		<i>employees observed not washing hands & changing gloves when changing tasks</i>	

Received by (name and title printed): <i>NAM I YIM-CHANG</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:



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*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 SPEEDWAY #1319	Telephone Number () Establishment () Owner	Date of Inspection 12/30/24	ID# 158
Establishment address 701 W ADAMS ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12/30/24
Owner [Signature]		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page)	
Person in charge RACHEL THARP		1 ___ 2 <u>3</u> 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC	*	THERMOMETER NOT SEEN IN 2 DOOR FREEZER IN (BACK ROOM) AND ICE CREAM CHEST FREEZER	12/24/24
431	NC	*	FLOOR NOT CLEAN IN AREAS OF BACK ROOM AND WALK-IN FREEZER	12/27
431	NC	*	FLOOR NOT CLEAN IN AREAS OF BACK ROOM WALL COVING LOOSE IN AREAS OF BACK ROOM	12/27
431	NC	*	MENS RESTROOM CEILING EXHAUST COVER NOT CLEAN	12/27
295	NC	*	CABINET SHELVES NOT CLEAN UNDER SOFT DRINK STATION	12/27

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

LIC. # 2327

NARRATIVE REPORT

(0)C / (2)NC

BUSS 11/2/25 ✓

Establishment Name STARBUCKS	Address 153 GRANVILLE DR. FRANKLIN, IN	Inspection Date 12/20/24
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
292	NC	2	LID NOT CLOSED ON OUTSIDE DUMPSTER	12/22/24
431	NC	1	FLOOR NEXT TO WALL UNDER COUNTER NOT CLEAN	12/27/24
			<p>NOTE MECHANICAL DISINFECTANT HOT WATER SANITIZATION TEMPERATURE ADEQUATE (MORE THAN 160°F) (WAS 166°F)</p>	OK

Received By (Name & Title) ADAM DROTAR	Inspected By (Name & Title) Bob Smith EHS <i>/Bob Smith</i>	Page <u>1</u> of <u>1</u>
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John Filler



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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>Steak N Shake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12-17-24</i>	ID# <i>709</i>
Establishment address <i>103 N SR135 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>1-5-25</i>
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> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Bryce Bradley 8/9/27</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
297	NC		Multi-drink soda head @ drive thru is slightly soiled	12-17-24
431	NC		Floor @ drive-thru is excessively wet. There appears to be a leak	12-17-24
431			Floor is soiled	
431			3 bay sink basins are soiled	
451			Toxic spray bottle observed on food prep table	
			Grease is dripping onto cloths & table beneath grill	Corrected
Please focus on cleaning & Water leak				

Received by (name and title printed):

Donald Phillips

Received by (signature):

Donald Phillips

cc:

Inspected by (name and title printed):

Elizabeth Senisse

Inspected by (signature):

Elizabeth Senisse

cc:



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Betsy
1219

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>Subway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/3/24</i>	ID# <i>2441</i>
Establishment address <i>924 N. Morton Franklin</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 1 R</i>	
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>J Hiren Patel</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>347</i>			<i>Hand sink towel dispenser is not operable -</i>	<i>12/3/24</i>

Received by (name and title printed): <i>J MEHOK NAJ</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>J Mehok</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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*Bellevue
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>Swagat Indian Cuisine</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>12/18/24</i>	ID# <i>2337</i>
Establishment address <i>11 Declaration Dr 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>Yes</i>	Release Date <i>12/28/24</i>
Owner <i>Sukhwinder Singh Ste R+S.</i>		Summary of Violations: C <u>3</u> NC <u>9</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>Sukhwinder Singh Serv Safe</i>			
Responsible person's email <i>EXP</i>			
Certified food handler <i>Anita Saini 2/22/29</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC	✓	Guest area dining room ceiling tiles are stained from what appears to be moisture	1/18/24
334	C	✓	Jet spray nozzle at dish sink hangs below the table flood rim	12/18/24
218	NC	✓	Refrigeration door seals torn on some units	1/18/24
352	NC		Back door is not self-closing	1/18/24
218	NC		floor mounted grease trap lid is severely deteriorated	1/2/24
431	NC		Grease trap in form contains solidified debris	Corrected
245	NC		Wet rag not stored in sanitized	Corrected
295	C		Manual can opener blade is soiled	Corrected
415	C		Numerous what appeared to be cockroaches were seen	Called Pest Control

Received by (name and title printed): *inve Sukhwinder Singh* Inspected by (name and title printed): *Andrew Miller, EH*

Received by (signature): *[Signature]* Inspected by (signature): *[Signature]*

cc: _____ cc: _____ cc: _____

