

95 SOUTH DRAKE ROAD FRANKLIN, IN 46131 PH: 317-346-4365

JAD Y

PH: 317-346-4365 FAX: 317-736-5264

Establishment name	Telephone Number	Date of Inspection	ID#
3 Agaves Mexican Grill & Bar	() Establishment	01/70/08	2
Establishment address	() Owner	01/30/25	2610
11 Declaration Dr. Green wood, IN 46143	Purpose:	Follow-up Release	Date
Owner	1. Routine		09/25
Francisco Garcia Lopez	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
514 Lawndale Dr. Plainfield, IN 46168	4. Pre-Operational		
Person in charge	5. Temporary	C_2_NC_2	R
Carlos Velarde	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See be	ick of page)
trancisco del meson@hotmail.com	and we have		
Certified food handler Sew Safe exp Francisco Garcia Lopez 4/8/26		123	_4 <u></u> 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	"R"
	Narrative		To Be Corrected by
173 C VThe que so sauce was ste	red under raw gro	undbeef	corrected
in the walk-in cooler.	0		
L sour cream also st			
294 C - Sanitizer bucket near di	rink station at Opp	om chlorine.	corrected
256 NC - Walk-in cooler thermosto			2-10-25
257 NC Thermometer not provided	in white upright fr	igid Aire	ASAP
residential freezer.	, 0		
Notes O Ready-to-eat	time temperature	ontrol	
foods Kept in t	he facility for long	yer .	
than 24 hou	rs shall be date i	narked.	
@ Bulk foods shal	I be labeled if not	- in	
	wher Some labels		
weating off co	ntainers.		
Received by (name and title printed):	Inspected	by (name and title printed)	- 10
Carlos Velavel	\mathcal{M}	19 tapageo	rge, EHS
Received by (signature):	Inspected	by (signature):	0
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сс:	cc:	1.0 Q1 M	
	11/1	ya Hadly	Page 1 of



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

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Establishmer	nt name		11 1	Telephone Number	Date of Inspection	ID#
A Be	Her		omorrow Health &	() Establishment	1/3/25	2786
Establishmer	it addres	s	omorrow Health & Wellness, LLC hower Dr. Edinburgh IN 46124 ryant & Erin Padget	() Owner	1-12-	2100
4055	. Eis	en	hower Dr. Edinburgh	Purpose:	Follow-up Releas	
Owner			, IN 46124 J	1. Routine	No	/13/25
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Owner addre	ess	-	74111	3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	C_Ø_NC_	OR O
Ru	che	1	Bryant	6. HACCP		
Responsible	person's	emai	Sen Safe	7. Other (list)	Menu Type (See l	back of page)
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Certified foo			1 1 1 2	 	12 \sqrt{3}	4 5
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			Section 1 and 1 an			
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment	name			^	, ~	Telephone Number	Date of Inspection	ID#
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Establishment	addres	S				() Owner	1/1/3 10,5	2000
970	N	6700	RYON f	= 1960 K	LIN, IN	Purpose:	Follow-up Release	se Date /
Owner						1. Routine	Follow-up Release	125-125
						2. Follow-up	Summary of Viola	tions:
Owner addres		-				3. Complaint		
Person in charge						4. Pre-Operationa	the manual of	
						5. Temporary	CONC_	O R
NGUN	IT	712	UAT				ran resourantem แต่เกม	DB1 8835 DYSQ
Responsible p	erson's	email				7. Other (list)	Menu Type (See	back of page)
Certified food	Ν.	FT P	LUAT.		NSAR 7/14/28 IST AND NARRATI	EVE COLUMNS MARKED "C"	123	
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95 S. DRAKE ROAD FRANKLIN IN 46131

betan 1.21 75 Office 317-346-4365 Fax 317-736-5264

Establishment name AFC Sush; Establishment address 5961 N State 12d, 135 Owner Owner address Person in charge Responsible person's email Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R				Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection - 7 - 2 5 Follow-up Release 7 - - Summary of Violation C	nns:
Certified foo	od handle	r	30 x 3		123	4 <u>X</u> 5
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name AFC Sushi @ Kroger #864T Establishment address 46143 2200 Independence Dr. Green wood, IN Owner Advanced Fresh Concepts Franchise Corps Owner address 19700 Mariner Ave Torrance, CA 90503 Person in charge Zing Heisung Responsible person's email		Summary of Violatio	nns:
Certified food handler (Serv Safe exp) 12/5/27 • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIN	VE COLUMNS MARKED "C"	123	4 <i>P</i> 5
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	"R"
Section # C/NC R No violations of	Narrative	- Alle different and different	To Be Corrected by
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Received by (signature):		ed by signature):	/
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LIC. # 687

ROUTING

NARRATIVE REPORT

(6) c/(6) NC (1) XM, 15

Establish APP U				Inspection Date
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT	
		$\vdash \vdash$	95 S DRAKE RD FRANKLIN, IN 46131	
				2 9
431	NC	A	FLOOR NOXT TO WALL JUNDER EQUIPMENT	1/15/25
			IN ATTERS OF BAR, KIRKEN NOT CLAN	
256	NC	$\left \cdot \right $	AtermomeTER NOT SEEN IN MIDPREP	1/10
0.50	102		STATION	1710
			•	2
324	NC.	4	LEAK NOTED ON 2 COMPRETMONT PREPS	INK 1/30
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399	nc.		Some COVING PAROUT WORN IN KIRHEN	3//
<i>J.</i> ()				,
<i>3</i> 92	NC	9	OUTSTOP DUMPSTER - LID does NOT FIT -	71/20
394	NCZ	2	TROHTZY, SOME GARBAGE LOEN ON.	21/10
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State Form 4		100		



Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



establishment	200	telephone		Date of Inspection
Archer's M	eats	317-881-9300		1/28/2025
Establishment address	•		Summary of Violations	
259 S. Meridia	n St Greenwood IN 461	43	1	C4NC
Owner			Follow-up	Release Date
Λ	rcher Family		Yes	2/7/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Chris				1- Limited menu
Establishment Identification #	County	District	Routine	100 miles
472	Johnson	WR		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
402	NC		The walls and ceiling in the cold storage room are not easily cleanable	
431	NC	R	The dry storage room needs detailed cleaning to remove any insulation or construction material that is not in its proper place or hanging.	
430	NC	R	The dry storage room in not in good repair. Observed hanging insulation and construction material that shall be removed. Observed evidence of water leaks on the wood ceiling.	
426	NC	R	Observed unnecessary items in the dry storage room and the storage room on the north side of the building with its own designated entrance.	
136	С	R	Observed evidence of smoking inside the building. Employee's shall smoke in designated areas only. Please check the Greenwood Ordinance for smoking in restaurants.	



95 S. DRAKE ROAD FRANKLIN IN 46131

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.

Establishme		1-	-10	Telephone Numbe	r Date of Inspection	ID#
BI		-	005	() Establishme	nt 1/17/25	2047
Establishme				() Owner	11.700	100
1800	E	K.	INGST. FRANKLIN, IN	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	(49S) 1/	27/25
^				2. Follow-up	Summary of Violat	ions:
Owner addr				3. Complaint		
				4. Pre-Operationa	rg = 4 - 2 - 1/2/10	Listin La Junitali
Person in ch	arge	NI SA	range of the control	5. Temporary	c 3 NC	O R
KA	714	N	Oc ZARN	6. HACCP	and the committee of the	pureses to
Responsible				7. Other (list)	Menu Type (See	back of page)
				(,	71-(71 67
Certified for	od handle	er	COOPER SERVEARE)		123	4 <u>X</u> 5
• CRITICAL				E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS	" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative	JIL P. DRIDENIN WALKENING	To Be Corrected by
200	C	25	CHZORING NOT del			1/18/25
				VITIZATION	RAUSO	
1110			AT MECHANICAL OF			11127
413	NC	_	West STOP DOOR CLE		Ken	1127
895	wc	1	1000000	= (2) POPICH	1 - 1100	1/23
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095	NC	×	FLOOR AND SHELL	This nint i	DIOHN, ITHI	1125
0/7	100	Shere	WASK IN COOLER	Municipal some merchants and	all are the mains a huneralist	11013
191	0	-	BBA MORT, CHICKEN	N WINGE	Precooked	1/18
	- Viria	rs-ta		K - IN coo L		seq hearnight
				d) NOT OA		ralquidaesne ()
431	NC	4	WORL MECHANICI	82 EXHAU	IST COVER	1/37
- Jacobia			NOT CLEAN ABOVE IN			
431	NC	0		clean in	ALERS OR	(repair 2/10
		_	KARHEN, FLOOR I	N BAR NOT	clerto, PLOOI	P. Jacobs Inc.
			grown worn, ware	coving wor	en, MISSING	(CLOPPY) 1/25
		716.00	In KITCHED, BAS		e not cleren,	nd withmall
D 11	/	1 44		CLORN	Tanana ata 1 har Grama and titla tainta	7).
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NARRATIVE REPORT

Establish			Address 1800 E KING-T- FRANKLIN FO	Inspection Date
Section#			REMARKS	TO BE
		Ш		CORRECTED BY
			ONO SORP PRIVADED AT (1) HANDSTOCK	1/18/25
347	me	1	AN KITCHEN, DISPOSIBBLE TOWERS NOT PROUTDED AT (1) HANDSAUK IN KATCHEN	7.
U38	c		3 PRAY BOTTLES OF CLOANERS NOT	1/18
1.30		\cap	LABICO DU BAR	11.0
211	WC		(2) LIGHTS OUT ON EXHAUST HOOD	1/25
		Н	IN RITCHEN	,
239	NC	8	SISHRACK NOT STORED OFF FLOOR	1/18
295	or C	-	TO P INSIDE OF TO MAKE NOT	1/23
			COAN	
218	NC	7		K 2115
			SHOLF COATING WORN	0 1/20-
239	NC.	-	BASEMENT - BODD SINGLE DERIKE ITAL	5 1125
			MINIMUM OF 6 INCHES	
		_	ANTIOUNIUM OF BUILDES	
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State Form 48621 (R2 / 8-05)

Manager



95 S. DRAKE ROAD FRANKLIN IN 46131

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.

Telephone Number Date of Inspection Braggy Coffee # 1130 Establishmen address) Establishment 1-28-25) Owner 56 S. Marlin Dr. Greenwood, IN 46142 Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary Abigail Jewell-Shift lead 6. HACCP 7. Other (list) Menu Type (See back of page) 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" To Be Corrected by Narrative Section # C/NC R at ~50°F, holding cut strawberries with internal 2-1-25 259 NC metal tables connect & under side of connection table ledge 295 NC ote: Plastic bin stored under 3 bay sink to catch over flowing water - employee states problem was fixed Inspected by (name and title printed): Received by (name and title printed): Papageorge EHS Received by (signature): cc:



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

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

Establishmen		1 011			Telephone Number	Date of Inspection ID#
B/3	11111111	rennon	se wood 119		() Establishment	1/9/25 1344
Establisamen	AAC 9	· Circles	IN parone	101 0	() Owner	
	US E	7 Com	46	142	Purpose:	Follow-up Release Date
Owner					1. Routine 2. Follow-up	
					N 00 000 00 00	Summary of Violations:
Owner addre	ess				3. Complaint	1
					4. Pre-Operational	α
Person in ch	arge			That is	5. Temporary	C
	1.1			111	6. HACCP	The state of the s
Responsible	person's er	nail	1919		7. Other (list)	Menu Type (See back of page)
Certified foo	d handler					1234_V_5
• CRITICAL	ITEMS ARE	IDENTIFIED IN	THE CHECKLIST AND	NARRATIVE	E COLUMNS MARKED "C"	
						AND IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R]	Narrative	To Be Corrected by
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name BP Gas Station Establishment address IZ5 N Morton St. Franklin Owner Owner Owner address Person in charge Responsible person's email Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI			rten St. Franklin jatur, harafi sahar orteangan ambanca the analysis analysis and salasis stress for the contraction and the results of the contraction of the contr	4. Pre-Operational 5. Temporary	Summary of Violat	2 R
Certified foo	d handler	r			12×_3	_45
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310	NC	iei,	Clean restreem vent	berein Sico beneral mupos esembles de la como de la com	er out in an and nomiting	J-14-25
		3103	and bound to the sublette garders	ruses and generally booth a	maineganwayae gililay	THE ACT OF THE PARTY OF THE PAR
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Received by	(signature)	: <	СС:	Inspect	eed by (signature).	



95 S. DRAKE ROAD FRANKLIN IN 46131

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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. Telephone Number Date of Inspection Establishment name Bob Evans Restaurant #1426) Establishment 1-28-25 2133) Owner 159 South Marlin Dr Greenwood, IN 46142 Purpose: Follow-up Release Date 2-8-25 1 Routine Summary of Violations: Bob Evans Restamants LLC
Owner address 2. Follow-up 3. Complaint 8111 Smith's Mill Rd New Albany, OH 43054 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) ber. 0426@bobevans.com Certified food handler Ser Sale exp Anaie Mcelrou 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" To Be Corrected by Narrative Section # C/NC R 2-1-25 431 NC. R-walk-in cooler floor soiled walk-in freezer floor soiled, littered with food debris dish blue metal shelving rusty & chipping blue 218 NC paint onto clean dishes 231 NC aspected by (name and title printed): ia Papageorge, EHS cc:



95 S. DRAKE ROAD FRANKLIN IN 46131

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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 address O 79 M MORTON FRANKUM Purpose: Routine 2 2 3 3 Complaint 4 Pre-Operational Person in charge 5 Temporary 6 HACCP 7 Other (list) Menu Type (See back of page) Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: Follow-up Release Date 2 3 3 Certified food handler Purpose: P	9
Owner address Owner address Owner address Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email Certified food handler ANNA BAKE Countries 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 Correct	1
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336 CX "Y" VAZUE INSTAZIED ON MOP SINK 3/11	125
H31 WL = FLOOR NOT CLEAN NPXT TO WAZL 1/28 IN ANORS OF KITCHEN, STOCK ROOM ANORS	8
218 NI A LATCH NOT PROVIDED FOR WAZK-IN 2/15	
228 NL & NUCO WINET NOT BASILY MOVERBLE NOT 3/1	
309 N & WORENS RESTROOM - WETLING MECHANICAL 21)	1)
324 NC + TO DOT PUNCTION ME 211	
(1) DEACH-IN REFRIGORATOR NOT IN USO REPAIR MAR. ADUTSON UNIT NOT FUNCTIONING ROMOUP 3//	TR OR
Received by (name and title printed): Bob Smith EHS	
Received by (signature): Inspected by (signature):	
cc: cc:	,

95 S. DRAKE ROAD FRANKLIN IN 46131

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 Telephone Number Date of Inspection The Burger Poet
Establishment address
175 N Morton St. Franklin) Establishment) Owner 2. Follow-up Summary of Violations: Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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" Narrative To Be Corrected by Section # C/NC R ATHE STEM PROBE TYPE THERMOMETER