



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131  
Office 317-346-4365 Fax 317-736-5264

Betsy  
2/3

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>Caseys General Store #2582</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1-22-25</i>	ID# <i>1114</i>
Establishment address <i>210 W. Center Cross St. IN 46124</i>	Purpose: <u>1. 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>2-1-25</i>
Owner <i>Corporate</i>		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>Graci Parkhurst</i>			
Responsible person's email			
Certified food handler <i>Jina Blaker (NRFSP Expired) Not Employed</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
413	NC		Front/main double entry/exit doors are not tight-fitting at the center bottom when the doors are closed	2-22-25
256	NC		Thermometer not seen in mobile ice cream freezer (chest)	1-28-25
295	NC		Soda drain line is soiled that empties into the mop sink	1-25-25
177	NC		① Shelving (white) inside walk-in cooler is not a minimum of six inches off the floor ② Inverted soda racks are used for shelving inside the walk-in freezer	2-8-25
431	NC		Kitchen area floors, walls, and ceiling soiled	2-3-25
218	NC		Thermometer over thermometer in HATCO hot food cabinet was not adequate (read 200°F but was 158°F per health department thermometer)	1-25-25

Received by (name and title printed):

Inspected by (name and title printed):

*Graci Parkhurst*

*Andrew Miller, EHS*

Received by (signature):

Inspected by (signature):

*Graci Parkhurst*

*Andrew Miller*

cc:

cc:

cc:

*317-346-4380*

NOTE:

Three bay sink contains a direct drain connection.



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131  
Office 317-346-4365 Fax 317-736-5264

Belkin  
2/13

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>Chicago's pizza</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>01/29/25</i>	ID# <i>2355</i>
Establishment address <i>2245 sheet rd STE E Greenwood IN 46143</i>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date
Owner		Summary of Violations:  <i>C 1 NC 4 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 ✓ 3 4 5</i>	
Person in charge			
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
<i>309</i>	<i>NC</i>		<i>vent's inside men's, women's &amp; family restroom is soiled.</i>	<i>2/13</i>
<i>324</i>	<i>NC</i>		<i>water leak observed behind ice machine.</i>	<i>2/6</i>
<i>431</i>	<i>NC</i>		<i>Walk-in cooler floor is soiled.</i>	<i>2/13</i>
<i>295</i>	<i>NC</i>		<i>Bottom part of one upright cooler with double slide door is soiled.</i>	<i>2/13</i>
<i>334</i>	<i>C</i>		<i>air gap needed at mop sink</i>	

Received by (name and title printed): <i>Jacob Cook</i>	Inspected by (name and title printed): <i>Paul Belkin LHS</i>
Received by (signature): <i>Jacob Cook</i>	Inspected by (signature): <i>Paul Belkin</i>
cc:	cc:









Beth  
1-29-25



**Johnson County Health Department**  
 460 N. Morton St., Ste. A, Franklin, IN 46131  
 Phone: (317) 346-4365, Fax: (317)736-5264  
**Retail Food Establishment Inspection Report**

Based on an inspection this day, the item(s) noted below identify violation(s) 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 <b>Center Grove Dairy Queen</b>	telephone	Date of Inspection 1/27/2025
Establishment address 330 S SR 135, Greenwood, IN 46142	Summary of Violations <b>0 C, 2 NC, 1 R</b>	
Owner PATEL	Follow-up No	Release Date 2/6/2025
Person - in - Charge Ramona Napier	Certified Food Handler Khushbu Patel 2/16/28	Purpose: routine
Menu Type 3-Extensive handling	Establishment Identification # 2770	County Johnson
	District D5	

- 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:
190	NC		Gravy at 57° F at 3:39pm observed in a covered Lexan® pan in walk-in cooler. Not date marked. Employee states the gravy was made this morning at 10am & establishment discards leftover gravy at end of day. Employee states their day dots are on order.	correcting
430	NC	R	Hole in wall beneath 3-bay sink. Baseboard in disrepair to the left of the mop sink. Outside PVC sewer line clean out is in disrepair.	2/15/25
			<a href="mailto:napierramona@gmail.com">napierramona@gmail.com</a> <a href="mailto:shantanu.patel8@gmail.com">shantanu.patel8@gmail.com</a>	

*Ramona Napier* *Elizabeth Senisse*

Establishment Representative

Inspected by: Elizabeth Senisse, REHS  
 (317) 346-4373 [esenisse@co.johnson.in.us](mailto:esenisse@co.johnson.in.us)





*Bickm  
1-29-25*



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

Based on an inspection this day, the item(s) noted below identify violation(s) 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 <b>DAVE &amp; BUSTERS</b>	telephone <b>317-534-6540</b>	Date of Inspection <b>1/15/2025 2:33pm</b>
Establishment address <b>1251 US HWY 31 S UNIT F1, GREENWOOD, IN 46142</b>	Summary of Violations <b>0 C, 0 NC, 0 R</b>	
Owner <b>DAVE &amp; BUSTER'S OF INDIANA INC</b>	Follow-up <b>No</b>	Release Date <b>1/25/2025</b>
Person - in - Charge <b>Richard</b>	Certified Food Handler <b>Alex Ventura Santiago 9/15/26 21013463</b>	Purpose: Routine
Menu Type <b>4-Extensive handling</b>	Establishment Identification # <b>2388</b>	County <b>Johnson</b>
	District <b>D5</b>	

- 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:
415	€	X	Note: Small flies observed in the mop sink area. Recommend removing unnecessary items from around the mop sink, (i.e. Unused chemical dispenser boxes) in order to allow access for cleaning.	1/31/25
			Food temperatures taken were within acceptable limits.	
			Automatic dish machine observed to be operating correctly at the time of inspection.	
			<a href="mailto:Richard.davis@daveandbusters.com">Richard.davis@daveandbusters.com</a>	

Establishment Representative

Inspected by: Elizabeth Serrisse, EHS  
 (317) 346-4373 [eserrisse@co.johnson.in.us](mailto:eserrisse@co.johnson.in.us)



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

Bekm  
1-21-25

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>Alenny's #8559</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>1/17/25</i>	ID# <i>2745</i>
Establishment address <i>4982 N. 350 E. Whiteland IN 46184</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>1/27/25</i>
Owner		Summary of Violations:  <i>C 1 NC 5 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge <i>Lane Rogers - GM</i>			
Responsible person's email <i>(SewSafe Exp)</i>			
Certified food handler <i>Rosa Sears (8/2/28)</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
399	NC	✓	Grout repair needed in areas of the facility	2/17/25
431	NC	✓	Floor drain soiled in corner for mechanical dish machine	1/22/25
430	NC	✓	Cove base is missing near ice maker	1/27/25
234	NC	✓	Hot water in pans for scoops was 130°F and 128°F	1/17/25
415	C	✓	Numerous small lived winged insects were seen in the dish area	1/18/25
232	NC		Floor drain located in the corner is not constructed to allow for easy cleaning and to facilitate maintenance, fused for the mechanical dish machine	AM 2/20/25

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

Betsy  
 11/7/25



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 <b>Desi Bazaar</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>12/2/25</b>	ID# <b>2325</b>
Establishment address <b>916 E. Mam St. Greenwood IN 46143</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>1/12/25</b>
Owner <b>Lakshmi Johal</b>		Summary of Violations  <b>C 3 NC 4 R</b>	
Owner address	Responsible person's email <b>(NRFSP) Exp</b>	Menu Type (See back of page)  <b>1 2 3 ✓ 4 5</b>	
Person in charge		Certified food handler <b>Jas Karan Singh 2/15/26</b>	

- 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
146	NC		Repackaged whole in shell peanuts in sandwich bags lacked a name of business, net weight, etc	1/5/25
334	C		No air gap provided on drain piping for three bay sink	1/25/25
291	NC		No Chlorine test papers available	1/2/25
411	NC		Inadequate lighting noted above three bay sink	1/25/25
187	C		Cheese product internal temperature was 51°F while in the top well of the single door preparation table	1/2/25
303	C		Three bay was not set-up to sanitize dishes after cleaning	Corrected
413	NC		West double entry/exit doors not tight-fitting along the bottom	

Received by (name and title printed): <b>NARINDER S SHER GILL</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:















