



**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
1-24-25*

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>Eden Cafe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-24-25</i>	ID# <i>2539</i>
Establishment address <i>111 S Walnut St.</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up <i>No</i>	Release Date <i>2-4-25</i>
Owner		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 X 2 3 4 5</i>	
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>Nothing to Note</i>	

Received by (name and title printed):	Inspected by (name and title printed): <i>Caleb Fleener</i>
Received by (signature): <i>[Signature]</i> <i>owner</i>	Inspected by (signature): <i>[Signature]</i> <i>Caleb Fleener</i>
cc:	cc:



**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
1-29-25



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>Eolinburgh Pixy</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-29-25</i>	ID# <i>1524</i>
Establishment address <i>111 S. Walnut St.</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>2-4-25</i>
Owner		Summary of Violations: <i>C 0 NC 0 R 0</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>Nothing to Note</i>	

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): <i>Caleb Fleener</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Caleb Fleener</i>
cc:	cc:

LTC #

2038

(ROUTINE)

Permit 1.6.25

(1)C (9) NC

NARRATIVE REPORT

Establishment Name E2 PUEBLO	Address 1904 NORTHWOOD PLAZA FRANKLIN, IN	Inspection Date 1/3/25
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
415	C	X	NUMEROUS SMALL FLIES SEEN IN BACK BAR, AROUND HANDSINK AND ICE BIN FLOOR DRAIN	CONTROL 1/10/25
431	NC	X	FLOOR DRAINS NOT CLEAN IN BACK BAR	1/10
324	NC	X	BACK BAR - HOT WATER NOT PROVIDED AVAILABLE AT HOT WATER FAUCET OF 3 COMPARTMENT SINK	1/10
324	NC	X	BACK BAR BEER DRAINAGE TUBE OUTLETTING ON TOP OF GROUND	1/5
399	NC	X	FLOOR WORN IN AREAS OF KITCHEN	2/10
431	NC	X	FLOOR NOT CLEAN NEXT TO WALK BEHIND EQUIPMENT, UNDER SHELVING IN KITCHEN AND WALK-IN COOLER IN BACK	1/12
218	NC	X	DOOR GASKET WORN - 3 DOOR REFRIGERATOR IN KITCHEN	2/10
256	NC		THERMOMETERS NOT SEEN IN BACK ICE CREAM FREEZER, WALK-IN COOLER IN BACK (OUTSIDE THERMOMETER NOT FUNCTIONING)	1/8
309	NC	X	FRONT RESTROOM/NO MECHANICAL EXHAUSTS/POWDER	3/1
346	NC	X	NO SOAP BACK RESTROOM HANDSINK (MENS)	1/4

Received By (Name & Title) Hecker RM	Inspected By (Name & Title) Bob SMITH / Bob SMITH	Page <u>1</u> of <u>1</u>
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**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
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>Energy Spot 360 Center Grove</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-21-25</i>	ID# <i>2696</i>
Establishment address <i>5891 N State Rd. 135 46143</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		Summary of Violations: <i>C <u>0</u> NC <u>0</u> R <u>0</u></i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___	
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>Monitor temps</i>	
			<i>Nothing to Note</i>	

Received by (name and title printed): <i>Allison Gill</i>	Inspected by (name and title printed): <i>Caleb Fleming MYLAHADLEY</i>
Received by (signature): <i>Allison Gill</i>	Inspected by (signature): <i>Caleb Fleming Myla H</i>
cc:	cc:



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
1-22-25
✓

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 ENZO'S PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 1/21/25	ID# 1537
Establishment address 1700 N MORTON 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 7/31/25
Owner		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge FERNANDO ROMO			
Responsible person's email			
Certified food handler FERNANDO ROMO (SERVSAFE EXP 7/29/24)			

- 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
193	C	*	PRE MADE PIZZA STORED/HELD ON SERVING LINE IN PERPETUAL TEMPERATURE 76°F NOT AT 135°F OR MORE, TIME/TEMPERATURE CHART NOT PROVIDED	1/23/25
234	NC	⊗	FEW MOUSE DROPPINGS ON SHELF IN DINING ROOM SOFT DRINK CABINET - ✓ HANDLE OF ICE SCOOP IN CONTACT WITH ICE AT DRIVE THRU SOFT DRINK STATION ICE BIN	corrected 1/21
177	NC	⊗	BOX OF LETTUCE NOT STAY OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN COOLERS	1/24
190	NC	⊗	PRE COOKED AND COVERED LASAGNA ON METAL TABLE IN KITCHEN IN PERPETUAL TEMPERATURE 101°F / QUICK CHILL METHOD NOT BEING CONDUCTED	corrected 1/21
324	NC	⊗	LEAK NOTED ON 3 COMPARTMENT SINK FAUCET	2/4/25
(NOTE)			GLASSY BOTTLE OF CLEANER NOT LABELED	corrected 1/21
174	NC	⊗	BULK FLOUR CONTAINER IN WHICH PRODUCT STORED ON LABELS	1/22
(NOTE)		*	MECHANICAL DISTRIBUTING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 172°F)	OK

Received by (name and title printed): Fernando Romo Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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

*Beth
11/8/25*

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>Geri Girl Bakery</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/3/25</i>	ID# <i>2381</i>
Establishment address <i>109 W. Main Cross St. Edinburg IN</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>1/13/25</i>
Owner <i>Carrie Davies 46124</i>		Summary of Violations: <i>C 0 NC 1 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Carrie Davies</i>			
Responsible person's email <i>(Serv Safe Exp)</i>			
Certified food handler <i>Carrie Davies 9/25/28</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
404	NC		<i>love base is missing behind restroom sink</i>	<i>2/4/25</i> <i>↓</i>
			<i>Notes:</i>	
			<i>(1) Kitchen ceiling not smooth and easily cleanable</i>	
			<i>(2) Huber lacks a designated mop sink as it doubles as the restroom hand sink</i>	
			<i>(3) Employee restroom door not self-closing</i>	

Received by (name and title printed): <i>Carrie Davies</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Carrie Davies</i>	Inspected by (signature): <i>Andrew Miller</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

*Betsy
1-23-25*

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 Getgo	Telephone Number () Establishment () Owner	Date of Inspection 1/21/25	ID# 2320
Establishment address 2182 us 31 Greenwood, IN	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: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 ✓ 3 4 5	
Responsible person's email			
Certified food handler Melissa Pyles			

- 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
431	NC		The floor drain under the 3-bay sink is soiled	1/28/25
295	NC		The counter under the soda dispenser is soiled.	1/28/25

Received by (name and title printed): Melissa Pyles	Inspected by (name and title printed): Terry D Bayless
Received by (signature): <i>Melissa Pyles</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

95 SOUTH DRAKE ROAD
FRANKLIN, IN 46131
PH: 317-346-4365
FAX: 317-736-5264

*Belton
1-24-25*

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>H2 Nutrition</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-23-25</i>	ID# <i>2838</i>
Establishment address <i>53 S. Madison Ave. Greenwood, 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 <i>2-3-25</i>
Owner <i>Megan Harlow</i>		Summary of Violations: C <u>0</u> NC <u>0</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>Megan Harlow</i>			
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>No violations observed at time of inspection</i>	
			<i>Notes: ice machine white interior piece's edge soiled</i>	

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



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

Bretton
1/8/25

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 Hangry Joe's	Telephone Number () Establishment () Owner	Date of Inspection 1/7/25	ID# 2884
Establishment address 200 Paris Dr. Franklin IN 46131	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 1/17/25
Owner Chintu Patel		Summary of Violations: C <u>0</u> NC <u>5</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 Roger Gordy			
Responsible person's email			
Certified food handler Roger Gordy (A FSC EXP 3-1-29)			

• 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
404	NC		Cove base missing on three sides below kitchen metal cabinet storing soda station	2/7/25
295	NC		Floor behind kitchen metal cabinet storing soda station contains dressing packets, bags, debris, etc.	1/7/25
218	NC		Handsink by back door is bent/damaged	1/25/25
309	NC		Restroom mechanical ventilation is not operable	1/17/25
385	NC		Dumpster (exterior) lid (1 of 2) was not closed	1/7/25
			① Notes: Raw chicken in old walk-in cooler measured 42°F / 43°F while ambient air was 40°F	
			② Ambient air in old walk-in-freezer 41°F was 42°F and raw shelled eggs measured 42°F (AM)	
			③ Plumber to be onsite tomorrow	

Received by (name and title printed): ROGER GORDY	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 SOUTH DRAKE ROAD
FRANKLIN, IN 46131
PH: 317-346-4365
FAX: 317-736-5264

Becky
1-17-25

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 Homerun Burger + Fries	Telephone Number () Establishment () Owner	Date of Inspection 1-13-25	ID# 2830
Establishment address 1599 N. Morton St. Franklin, IN 46131	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 1-23-25
Owner		Summary of Violations: C 5 NC 7 R 3	
Owner address		Menu Type (See back of page)	
Person in charge Sierra Clem - AGM		1 2 3 <u>4</u> 5	
Responsible person's email			
Certified food handler N/O			

• 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
187	C		the following food temperatures were taken at the cold-holding food prep line: blue cheese @ 52°F, mayo @ 44°F, & coleslaw @ 48°F corrective action - more ice was added under food containers on the line	ASAP
345	C		hand washing sink near entry door used for purposes other than hand washing - 2 potatoes observed stored in sink	ASAP
192	C		cheese, sliced and roasted red peppers in walk-in cooler date marked as 12/22, 7 days past 7 day allowance	ASAP
415	C		many small flies observed	ASAP
239	NC	R	single service items stored on floor	ASAP
431	NC		floor next to wall soiled throughout facility	1-20-25
324	NC		produce sink plumbing in disrepair	"
430	NC	R	excessive ice build up in walk-in freezer	2-1-25
295	NC		vent hoods above fryers & grill top excessively soiled	ASAP
191	C		nacho cheese sauce & chili in walk-in cooler w/o date marking	ASAP

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

NARRATIVE REPORT



Establishment Name		Address		Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		metal shelving next to fryers soiled	1-14-25
204	NC	R	metal-like shavings observed at south drive thru window	"
Notes: (1) air curtain not turned on				
(2) ice cream machine not in use at time of inspection				
Received By (Name & Title)		Inspected By (Name & Title)		Page 2 of 2

Received By (Name & Title)
Ken Ch AGM

Inspected By (Name & Title)
Mia Papageorge, EHS



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

*Belmont
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>HOUSTON CUPBOARD CANDY, SNACKS, ICE CREAM</i>	Telephone Number Establishment () Owner	Date of Inspection <i>1/31/25</i>	ID# <i>1949</i>
Establishment address <i>370 E JEFFERSON ST. FRANKLIN, IN</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>2/10/25</i>
Owner <i>SMITH</i>		Summary of Violations: C <i>0</i> NC <i>0</i> R <i>0</i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>CAMERON SMITH</i>		1 <i>2</i> 3 4 5	
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>X</i>	<i>NO VIOLATIONS OBSERVED</i>	

Received by (name and title printed): <i>Cameron D Smith owner</i>	Inspected by (name and title printed): <i>Bob Smith EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

LIC. 2787

BKSM 1/6/25

(3)C (4)NC ✓

Indiana Masonic Home BISTRO

NARRATIVE REPORT

Establishment Name BISTRO / COMPASS PARK	Address FRANKLIN, IN	Inspection Date 1/2/25
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	1/10/25
431	NC	*	FLOOR UNDER ICE MAKER, DISINTEGRATED NOT CLEAN	1/8
295	NC	*	INSIDE OF HEAT CABINET NOT CLEAN	1/8
228	NC	*	FRONT REFRIGERATOR ON SERVING LIMP NOT EASILY MOVABLE	1/30/25
			MECHANICAL DISINTEGRATED HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OF MORE ON PLATE/UTENSIL SURFACE	(OK)

Received By (Name & Title) Drew Bruggeman	Inspected By (Name & Title) Bob Smith / Bob Smith EHS	Page 1 of 1
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95 S. DRAKE ROAD
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Beky
1-29-25

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 Jersey Mike's Greenwood	Telephone Number () Establishment () Owner	Date of Inspection 1-28-25	ID# 2601
Establishment address 1675 W Smith Valley Rd Greenwood, IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2-8-25
Owner David Craigie		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner address 6145 W. Broken Arrow Ct New Palestine, IN 46163		Menu Type (See back of page) 1 ___ 2 ___ 3 <u>✓</u> 4 ___ 5 ___	
Person in charge Kyle Jarvis - AGM			
Responsible person's email dcraigie1964@gmail.com			
Certified food handler David Craigie (See Safe exp) 2/19/29			

• 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
347	NC		no paper towels provided at kitchen hand sink Note: some ice build on walk-in freezer ceiling	corrected

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

*Belpm
1/8/25*

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 JOHNSON COUNTY JAIL	Telephone Number () Establishment () Owner	Date of Inspection 1/2/25	ID# 419
Establishment address 1091 HOSPITAL RD FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/12/25
Owner JOHNSON COUNTY		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge KATHERINE BARNABY			
Responsible person's email			
Certified food handler KATHERINE BARNABY			

- 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
			NO VIOLATIONS OBSERVED	
			MECHANICAL DISHWASHER HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 164°F)	OK

Received by (name and title printed): Katherine L. Barnaby	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Katherine L. Barnaby</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc: