

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 Establishment name K-Town Korean BBQ & Hot Pot) Establishment 1-31-25 2739) Owner Purpose: Follow-up Release Date 878 US 31 Greenwood, IN 46142 2-10-25 1 Routine Summary of Violations: Bao Xiang Huang 2. Follow-up 3. Complaint 12982 Minden Dr. Fishers, IN 46037 4. Pre-Operational 5. Temporary Erlangga Thien - manager Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) Ktowngreenwood 878@gmail.com 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 Section # C/NC R Narrative main ingredient 1-31-25 rum yum sauce stored in walk-in cooler 324 NC 291 NC reation of mechanical not provided Standard operating procedures shall be available to review for

	The state of the s	State of the state
Erlanoga	title printed): Thio n	Inspected by (name and title printed): Mia Papageorge, EHS
eccived by (orgnature)		Inspected by signature:
200	сс:	сс:

frozen meat not wrapped in

plastic bin for employee use



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

Establishmer Kroge Establishmer 5961	- J- nt address	3	35 te Rol. 135	Telephone Number () Establishment () Owner Purpose:	Date of Inspection	
Owner				1. Routine	No 2.1	
				2. Follow-up	Summary of Violat	ions:
Owner addre	arge	9926. 1500	iert er mep und "eren. Urus faunei desember aben temissen jordustekt de samen sied vroungle michentre. Dr d paten des intrattrous 1001	4. Pre-Operational 5. Temporary	C NC Menu Type (See)	4 R D
Certified foo	d handle		he with the second		13	4_X5
			ENTIFIED IN THE CHECKLIST AND NARRA' ROM PREVIOUS INSPECTIONS ARE DENOTED IN		THE NARRATIVE BELOW	AS "R"
Section #	C/NC	-	e continue and relication of party	Narrative	COLUMN TO SERVE TO SE	To Be Corrected by
218 415 323	NC		area	ole-		2-1-25
431	No	Lair,	TOP of bakery dist	h machine soiled	needs	2-1-25
	bishotic	9850	Sporentials have considered food pro-	asus caquire itor and cold helding		incredons for
	- viris	2 al	e those facilities whose service population	ierytee. Caregor, wundu also vuclude	eveb imreen! noticus	aldenses
Received by Received by	1	2	printed:	Cale	d by (name and title printed	MYLAHADLEY
cc:		/	СС:	S Col	w Elean	- Vicejus to



95 S. DRAKE ROAD \17'V!
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 | ID#

KROGCR	() Establishment	1/15/20	2003
Establishment address	() Owner	1/15/25	0000
970 N MORTON ST. FIA	NKLIN + Purpose:	Follow-up Release	Date/
Owner	1. Routine	Follow-up Release	15/25
	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		A land the same of
Person in charge	5. Temporary	C NC C	R
RUSTY 22TT812	6. HACCP	one i grid to gristup	00 2882 DOM
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler RVSTY LITTELL		123(4 <u>X</u> 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARI	AND NARRATIVE COLUMNS MARKED "C" E DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative	Topy and you resident.	To Be Corrected by
336 C > SPLIT VA	LUP DISTALLOW AT M	10p STAK	1
7 0		ends Below	U 1/25/A
F2000 RI			16
word - meth dept. v	NATION OVERFLOWING ONTO FLO	OR WERS IN	KS V
	TRAIN BELOW SINK OR RSI NOT CLEAN / LEAR	(Noted	1/25
	= Avat	2,0000	1103
	UT ON EXHAUST HOOD	-(delit)	1/25
	FRELZER DOOR GASKE	+ worn,	d svialeuri
door gasket.	S WORN, LOOSE ON BAC.	K HAZL	2/15
		01) BACK	q hazer 754
	WALK-IN COOLER		of independ
	RESTROOM - CLIZING G		1/25
255 NC O THERMOMETE	PS NOT CLEAR GACK	HALL)	1/28
	OBPLAY UNIT AND OT	YER UNITS	7/00
411 NC = LIGHT NOT ON	in door display (RZ	3/R 21)	1/28
4	V		
The state of the s	CREATING AND TRANSPORTED AND AN ACTURE AND AN ACTURE	A SHEET OF WHILE TO SUITA	I. Dring and the
Received by (name and title printed): 1205 M LITTERI	Inspecte	ed by (name and title printed)	
Received by (signature): Pusty file	Inspecte	ed by (signature): Del Sn	
сс:	cc:		
			Page 1 of



95 S. DRAKE ROAD FRANKLIN IN 46131

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

		tatio	n Requirements. The time mint for correction			
Establishme	nt name		21.11	Telephone Number	Date of Inspection	ID#
Kr09 Establishme	er	1-1	369	() Establishment	1-27-25	922
100			101101	() Owner		
2200	Inc	les	vendence Dr. Greenwood, IN	Purpose:	Follow-up Releas	
Owner				1. Routine		-7-25
Froge	r Li	mi	ted Partnership l	2. Follow-up	Summary of Viola	tions:
Owner addr	ess	Zanamar spans		3. Complaint	A Charles and Charles	
5960	W. (as	Heway Dr. Indpls, IN46250	4. Pre-Operational		
Person in ch	arge	3000	A course of the control of between at some 1.	5. Temporary	C_ONC_	2_{R} –
Kon	ner	1	or 2 perentally users have south MDP (6. HACCP	uttelne coolene, routur	
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)
Konn	er.1	Da	an @stores. Kroger. com	Market Paris and Processing Systems and Care Special		
					1 2 3	4 > 5
Konr	1 er	-00	yan	W		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
Section #		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	and the second second second second
	C/NC	esements.	1000	Narrative	-1 -	To Be Corrected by
218	NC		produce cooler not full	y searing when	Shut	1-31-25
213	100		deli walk-in cooler.	Jans dusty		
			Notes: Doleli handi	washing sink 610	cked	corrected
The second			(2) Produce do	r & Walk-in	Froezer	0011001491
			door the	mometers no	t accurate	
	1 1/4		and/or no	+ functioning	}	
	1					
	- 7.4	Light	es this cooling, cooling and in hearing of polici	prise and of consisted as	rətlərgai vəz to griflər	moto di meralikan
	buloni s	2883	figure of the state of the stat		nong to from A valid	insanious in
	71.03	학생.	diade (bose/faciones wisede seivas population	nt sene Linew words. For the	a trabation tormeter days	etd momente
	-	7 (- Jane aptible.
1						
1			A CONTRACTOR OF THE PARTY OF TH			National Control of the Control of t
					- 15 Table	
1	3	11-60		marries Sharry and a second	THE SHIP OF THE STREET	5 1 1 2
Received by	(name and	title j	printed): Konner Logan Store	leader Inspecte	d by (name and title printed) Popage 01	ge, EHS
Received by	(signature)	:	Ven 1 -	Inspecte	d by (signature)	
					INA	
cc:			cc:	cc:		
				5		

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

FRANKLIN, IN 46131

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

Establishme	ent name	10	there is a second of the secon	Telephone Number	Date of Inspection	ID#
La	Herr	ac	dura 2	() Establishmen	1-27-25	2259
Establishme	ent addres	SS	Buspacoville INI	() Owner	1-21-2-	2251
226	S. S.)	7.1	35 46106	Purpose:	Follow-up Releas	se Date
Owner		10	V.	1. Routine	Ves 2	-6-25
Ju	an	(2)	uezada	2. Follow-up	Summary of Violat	ions:
Owner addi			0.072/1/4	3. Complaint	7 -1 - 3	
			7,	4. Pre-Operational		
Person in cl	narge	-		5. Temporary	c + Nc	14R5
Nes	tor		Quezada /	6. HACCP	4.4	s in a
Responsible	e person's			7. Other (list)	Menu Type (See)	back of page)
Certified for Ness	od handle For		ezada (exp 9/27/26)		123	_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW	
Section #	<u> </u>	R		Varrative	11	To Be Corrected by
430	NC	100	Men's restroom ceil	ing contains	previous	2-25-25
640			water damage and	a what ap	plears to be	
218	NC		black mold	calca anda	100001	01 1
295	NC			salsa coole		Cleaned
210	///		air was 52°F and to	HE com pres	SOF UNIT Was	unit
399	NC	1		area ceilin	not smooth	4-30-25
			and easily cleanable	a sa corrig		1
257	NC	1	1	to 2200F)	food	1-27-25
10			thermometer availab			+
430	NC	4	Kitchen and dish	area flo	or contains	2-18-25
221			cracks/damage	, ,	,	
334	C		No air gap provide	ed on bar	ice bin	2-18-25
216	NC			ed as shall	was linear	1-20 25
324	NC		Ti 1 0 1	ed as shel		2-25-25
	7.0		leaks at connection	areas	bay faucet	2-25-25
413	NC		West dinning room		re not tight.	2-25-25
			1:11-	ster botto		V
Received by	(name and	title	printed):		spected by (name and title printed)	EY EUS
Received by	(signature)	=	= Ourgeb 3.	In	spected by (signature):	20er
cc:			cc:		317-346-4	380

Section#		1	NA 2 Address 2265.5R.135 W 46106	1-27-25
			REMARKS	TO BE CORRECTED BY
	_		under the right door	OCKINESTED D.
324	NC		One Stall inside women's restroom	2-8-25
227	NO		was labeled "out of service" from	1
			an apparent missing toliet flush	
			handle	1
187	C		The following internal food temperar	tures Called
	-		were recorded inside the walk-in-	for
			cooler at 1:57 pm.	emergency
			1 Cooked beans 52°F	Service
			(a) Cooked pork 440F	Recommend
			Ambient air of this cooler unit	discard due
			was 460F per outside indicating	to unknown
			thermometer,	amount of t
		-	Person-m-charge was unsure how long cooler was above 41°F.	food was in
187	C	\vdash	Cooler was above 71 1.	danger zone.
101			Salsa made in-house measured 540F while inside the one door Coca-Cola	
		H	Cooler.	
218	NC		Walk-in-cooler evaporator was	Called for
		,	heavily " iced over on the back	emergency/
			side of the unit.	service
438	C	/	Toxic Spray bottles were not labeled	Corrected
			with contents.	1
385	NC	1	Exterior trash dumpster lids open	1-28-25
			due to a large accumulation of	100
			trash was accumulated on top/he	
1			over flowing) inside dumpster enclosure	
431	NC	V	Floor soiled around arease trap	1-28-25
295	NC	•	Prep table door gaskets are soiled	1-29-25
		H	Dunter Para Gladi Vitala	
		١,	DNOTES: Remove fly strips in Kitchen 2) Red dumpster exterior is	
			rusted out on the bottom	
				2.2
			and it is not on pavement or concreted	
Received B	By (Name	&Ti	Inspected By (Name & Title) Marew Miller	Page 2 of 2

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



Bern 1

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

Establishme	nt name		- 11				Tolon	hone Numbe	0.5	Date of In	epection	I mu
Establishing	had	0	7/101	VICI	· One	^	100	Establishme		Date of In	12	ID#
Establishme	nt address		11/2		2/10	01		Owner		1/8	125	1485
997	F	/	alint	ILin	o Kd	Stel	Purpose:			Follow-ut	Release	Date /
Owner		_	DOTTI	Gree	nwood,	IN	1 Rou	tine		1/0	//	18/25
011	1nP	h	0110	4. 66	nwood, 4614	3	2. Foll			Summary	of Violatio	1
Owner addre	ess	ч	W D		1011.		3. Con			•		
/))	Operation	o1		0	
Person in ch	arge						,		aı	(NC	/ p
Chi	1111	-1	n/R	LAIL			6. HA	nporary		· C	NC	
Responsible	person's	email	100	aw	6			er (list)		Manu T	une (See ha	ck of page)
	Percont	•		/	Sens	ate	1 7 0 111	ei (iisi)		Menu 1	ype (see ou	ck of puges
Centified for	d handle	1	10	, /	Ca	11	 			1 2	2 1	<i>1</i> =
Nar	uli	_ '	Tova	M	EXP 10	13/28				12_	3 <u></u> /	45
				\	CKLIST AND							
			ROM PREVIOU	S INSPECT	ONS ARE DENC				S" AND IN T	HE NARRATI		
Section #		R	217179	4 0		1	Varrative	6 1				To Be Corrected by
218	NC		rice	eal	scoo	PA	00	tor	till	N.	21 196 3	1/10/25
			Chi	ps	at	U	Wa	rme	re,	is		///
			aa	reag	lea.							
										- 5		
	-											
											The second	
											Ilou I II	
												19
D : 11		,	· . n								1	
Received by	(name and			4					Inspected	by (name and	title printed):	lax DUS
Received by			Brau	0					Inspectad	by Signature	14/1/1	er, LIIS
	(signature)		> {						/ 01	vi signaiure,	, m.	er, EHS
cc:				cc:					cc:	wu w) / W	

21C. 1110

ROUTIN

AUXILIA (6) C /(2) NC

NARRATIVE REPORT

Establish				Inspection Date
1.0N	9	R	TUPP 1063 W SEFFORSON FRANKLININ	1/7/25
Section#	C/NC		REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131	
431	NC	¥	FLOOR NUT CRAN IN ARORS OF KITCHEN	1/12/25
295	NL	,	SHELVING NOT CLEAN BY 3 COMPARTMENT SINK	1/12
Received By	/ (Name	& Tit	Inspected By (Name & Title) Ahihm Jichya Bob Sm 774 Bol Sm	Page of



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Owner addre	ess person's	email	1 St. Trafalgar 46/81	4. Pre-Operational 5. Temporary	Date of Inspection - 5-25 Follow-up Release No 1-25 Summary of Violation C NC NC Menu Type (See ba	ons: R ack of page)
Certified foo	od handle	er			1_X_23	_45
			NTIFIED IN THE CHECKLIST AND NARRAT		NATIVE NABBATINE DELOW AS	"D"
Section #	-		OM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative		To Be Corrected by
	b opport	288 380	Nothing with a manufacture of policy of policy of policy with the free service service population whose service populations.	es require her and cold holding	red . A surfety of process	Extensive Paradons advanced p
Received by			inted):		cted by (name and title printed):	
Received by	(signature)	eli	20/ cc:	Inspector cc:	cted by (signature): Elemn	



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 Sanitation Requirements. The time limit for correction			
Establishment name	Telephone Number	Date of Inspection	ID#
Lou Malnati's Pizzeria	() Establishment	1 20-20	2576
Establishment address	() Owner	1-28-25	
7915 SR 135 Greenwood, IN 46143	Purpose:	Follow-up Release	Date
Owner	1. Routine	2-	8-25
The Malnati Organization LLC DBA Lou Malnati Owner address	2. Follow-up	Summary of Violation	ons:
Owner address 6 0089	3. Complaint		
900 Busch Parkway Buffalo Grove, IL	4. Pre-Operational	nu (Lor 2 mar Lace).	
Person in charge	5. Temporary	C O NC	
Larry Walden-GM	6. HACCP	on armion somethic	
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
Iwalden @ loumalnatis.com	()	71	71 87
Certified food handler (Sens Sale exp)		1 2 3 9	4 5
Larry Walden (5/30/25)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN		NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN
	Narrative		To Be Corrected by
no violations obser	rved	Euro I anno I anno I anno I a	real (city in the
the cooking, cooling and relicating of potentials	mis, i repulsition p. oc. 38 meludes	aileigni warte uniber	d-avisaarsite -
te or potentially instardous food. I nod processe, includ	HT TITLE	suder it wantery or pre-	i saobuszado
tude those facilities whose service population is highly. I have I	service. Union in would also take	spansion for next day	q hasak Aba
			s susceptible,
Marie and the second se			
		1	
pi de la compania su la compania de la compania del la compania de la compania del la compania de la compania del la compania de la compania de la compania de la compania de la compania del la com	Воздрани уследания по на на вед	of engal way to guillan	dovingues
Received by (name and title printed):	Inspected	by (name and title printed)	
Larry Walden	Min	2 Papageorge	
Received by (signature):	Inspected	by significant of	J UFIS
The wall		Jour Cop	
сс: сс:	cc:		Commence of Street Street
			_ ===
			Page 1 of



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

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

Establishm	ent Sani	tatio	Requirements. The time limit for correct	tion of each violation is specifie	d in the narrative portio	n of this report.
Establishme	nt name			Telephone Number	Date of Inspection	ID#
1	UEG	5	Pizza di Roma	() Establishment	1/24/25	1052
Establishme	nt addres	S		() Owner	17-7	1032
	12	5 i	US 31 N. Greenwood	Purpose:	Follow-up Relea	se Date
Owner			KAL	1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	aroe			5. Temporary	C_O_NC_	5 p
r croon in ch	inge			6. HACCP	C_C NC_	K
Responsible	person's	email		_	Menu Type (See	hach of page)
ксэронзівіс	persons	Cilian		7. Other (list)	Menu Type (See	oack of page)
Certified foo	od handle	r			1 2 3×	, .
L	Tot	n	Gaston		123_^	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431			Floor drain is soi	led - Produce	e siale!	1/26/25
295	NC		Ice maker stield is	led - Production soiled. [insi	de 7	1126/25
1/2	N		ypright fizezenot	approved equipm	ent.	
431	NC		floor behind the	pizza oven	\$ 73	
			dirty!			
218	NC				al badly.	11 1 1 1
1/20	NC		The surface is	not easily a		4 mos
430	IVC		The base boar		OAT	4 mos.
			counter is in	dis repass.		
	THE E		Too much	confusion :		
- AT 1816			100 11000	20/1905/01/		
		I Face	* will go over	the report wh	4,1	The English
		- 7	the segular		turns	
				weese.		
Received for	(marks and)	ti la t	winted).	T	11 / / / /	n
Received by	manue and	Tive p	minea):		ted by (name and title printed	
Received by	(signature)	: .		1/29/25	ted by (signature):	25
7	01/29			1129/23 /J	essy D. Bayle ted by (signature): My D. Bay	loss
cc:	VIII	100	cc:	cc:	my () · lany	V
				1 36.		





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		telephone		Date of Inspection
Marathon E	xpress	317-535-5599		1/30/2025
Establishment address	Summary of Violations			
2710 SR 135 C	GREENWOOD IN 46	5143	0	C 0 NC
Owner			Follow-up	Release Date
	Patel		No	2/9/2025
Person - in - Charge	Certified Food Handle	r	Purpose:	Menu Type
				1- Limited menu
Establishment Identification #	County	District	Routine	
2463	Johnson			

- 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:
				v
			NO Violations to report.	
		-		



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 hum 25

Establishment name MGCO F. ZZA Establishment address White land, IN Owner Owner Owner address Person in charge Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 1/21/25		
Certified food handler Pat 15616 Bridges • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	IVE COLUMNS MARKED "C"	Menu Type (See back of page) 12345		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	Narrative		To Be Corrected by	
No V	i clations "			
Received by (name and title printed): Tyler Wurren Received by (signature):	1.	ed by (name and title printell): d by (signature):	Pay 1 655	
cc: Variance Cc: Cc:	cc:	has the	Cen	

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



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Office 317-346-4365 Fax) 317-750-5204

Listabilistiff	ciit baiii	auon	requirements. The time mint for correct	Y		
Establishmer	nt name	ו דע	HORGASTOWN B	Telephone Number	Date of Inspection	ID#
Establishmer	nt address	S		() Owner	' /	
3697	5	OUT	H MORGASTOWN KS	Purpose:	Follow-up Release	. /
Owner				Routine		19/25
UDAY	Viana A	Ln	PATEL	2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint	1	
3415	D.	n = 1	E14H WAY	4. Pre-Operational		
Person in ch	arge.		EIGH WRY	5. Temporary	C NC_	& R
100	IP F)			7 110	
Responsible			7	6. HACCP	Menu Type (See	hach of page
Responsible	persons	Cilian		7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r				
ocranica 100	a minare				13	45
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			The State of the S			
7 = 1	THEAS.	iric]	Compared the pair of approximation of south	can september property	TO THE POSSIBLE	TVI2000771
gor rou	mdard	93/116/9	No VIOLATIONS		to grow 7 stigot	3 per menter de la companya della companya de la companya della co
			140 0.004110	IDUS 190 THORN IS SEE THE	vier is turner or 2	revide trans
10.544						
						- 3
	netteinne	least.	AND THE RESERVE TO SERVE THE RESERVE THE R	Pice park in more acres in the second	manage of the edition of	whom is it is
1.54			of forest and the same	A She dan a sa	the resistant A should	- Indirected
	ut	lude)	No.		son and mainteness	
						Magnaga I
			1			
				Ś		
Received by	W	1100	rinted):	Inspected	I by (name and title printed	NEUS
Received by	(signature)	id	gy RESol		Doy (signature);) mix Arini
cc:			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.

Page 1 of

Telephone Number Date of Inspection Establishment name mayes GRILL EXPRESS) Establishment 2705 Establishment address

89 E SLFFLRSON FRWKUTN IN) Owner Purpose: 1. Routine Owner Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary ANTONIO TORRES 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler TO RREG SALENAS ANTONIO · 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 SPRAY BOTTLES OF CLEANERS 438 CONTENTS BRO OF RICE NOT STORED OFF FICOR corrected 1/1 KITZHEN FOOD CONTRINCES NOT STURED OFF NC 239 120 BASEMONT STOCK ROOM DV IN BASEMENT STOCK ROOM 218 1/20 CHEMICAL TEST PAPERS NOT AVAILABLE
METAL STEM PROBETYPE THE MOMENTER
REGISTERING O-ZZOF OR DIGITAL TYPE 25 AVA7LAB6 Received by (name and title printed): Inspected by (name and title printed): Antonia TOVYES Bob J'm 1714 Inspected by (signature): Sm



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131 2/3

Establishmer	nt name				Telephone Numb	ber	Date of Inspection	ID#	
111	ona	0	λ		(317)738a44hin				
Establishmer			<u> </u>		(812) 7990372		1-30-25	1555	
2080	F. Ki	nas	it Fran	1Klin, IN 46131	Purpose:		Follow-up Release	Date	
Owner		0			1. Routine			1-25	
Ball Management Grouping					2. Follow-up	1	Summary of Violation	ns:	
Owner addre	ess	//		•	3. Complaint				
31795	25th St	1#	374 C.L.	mbus, IN 47203	4. Pre-Operation	nal			
Person in cha	arge	11	J'I COLUM	novs, 11 7/20,5	5. Temporary		CNCHR Menu Type (See back of page)		
		100	cken-(CAM	6. HACCP	-			
Responsible	nercon's	email			7. Other (list)				
lisa.	conti	on Co	2 114. 1	stores. mcd.com Serv Safe exp	7. Guer (many		mena Type (occ t	of page	
Certified foo	d handler	r	C	serv sale exp			1 2 3 1/2	4 5	
Jain	10 D	le	ren	20/28			1		
				N THE CHECKLIST AND NARRATI					
			ROM PREVIOU	US INSPECTIONS ARE DENOTED IN TI		NS" AND IN T			
Section #	C/NC	R		1 1 1	Narrative			To Be Corrected by	
210	NC		card	board used to T	protect floo	or tro	om grease	2-1-25	
295	NC	R	top &		rease collecto	V (no	Vy STORAGE)		
431	NC	D		t dish macki	he soiled	tations	1. Horad		
901	///	7		th plastic cu					
433	NC	R	mop					1	
				TWO THE STATE OF			732.3		
	- Laboratoria		a tiern:				- 1		
				- 1	IE				
		-							
		-							
		-							
Received by ((name and	title p	rinted):	n n		Inspected b	by (name and title printed):		
7	ime	1	Seeke				Papageorge, E	THS	
Received by	(signature):	: _					oxy(signature):	7	
	1	20	Ker	<u> </u>		-	1/1/		
cc:				cc:		cc:			



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 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. Date of Inspection Telephone Number Establishment name ID#) Establishment 2187 1-27-25) Owner Follow-up Release Date Purpose: 2-7-25 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational 3129 25th St #379 Person in charge $C = \frac{O}{NC} = \frac{Z}{R}$ 5. Temporary 6. HACCP Menu Type (See back of page) 7. Other (list) Certified food handler Sew Safe exp 3 🖊 4 ___5 lennah Gordon 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 431 1-31-25 NC ice cream, soft serve, nozzles spiled with dried, 1-27-25 Note: dish machine not functioning due to missing part Received by (name and title printed): Inspected by (name and title printed): iaPapageorge, EHS



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Decree of the last	-	tano	n Requirements. The time limit for correction			of this report.	
Establishmen			0.4-	Telephone Number	Date of Inspection	ID#	
Melja Establisher	nt addres	S		() Establishment () Owner	01/21/25	2098	
2390	MM	lor	ton St. Fromton IN, 46131	Purpose:	Follow-up Release	e Date	
Owner			46131	1. Routine	- -	-	
			1	2. Follow-up	Summary of Violations:		
Owner addre			conveil or ventural to a boundary of	3. Complaint			
				4. Pre-Operational	Selection of the select	S deb	
Person in ch		and the same of	of day ensured to small-med services for	5. Temporary C / NC / R			
Responsible	person's	emai		7. Other (list)	Menu Type (See b	nu Type (See back of page)	
Certified foo	n O	r W.	ns eap. 2027		123	_4 V 5	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R	the transference per survey survey but	Narrative	The supplied of the	To Be Corrected by	
295	MC	100	walk-in cooler.	one collect insi	ide danny	1/28/25	
1730/483			walk-in cooler.				
33¢	C		Air gap is necled vaking	at mop mink	at dels g	1/24/25	
		Hais	the to king, cooling orderinating of pora-	ast President intended includes	adorgan van to g alfan	d avenoual F	
	bulong	9228	to of posteriors have been been been pro-		and a trainer of proc	i suobassad.	
	yhhy	of all	hide those facilities whose service population	service. Care rewaid as a inc	vib ten tot neut dav	arbanaed p	
7 4 = -						susceptible.	
	-						
1				The second secon	A ALL AND DESCRIPTION OF THE SHAPE OF		
			3				
D : 11			the second party of the second	and the graph same, both and	Controller and Salating	no demonstrate 9	
Received by	Sar	~	Foote 80	Rai	d by (name and title printed) U Blt KW	etts	
Received by	(signature)	R	Re	Tylepected ILA	the by Signature):		
cc:		J	cc:	de:			

LIC. #2319

ROUTTHE

BERORT (0) C (9) NC

			NARRATIVE REPORT	
Establishi				Inspection Date
ntn	and.	T	MEXICAN ROSMUM 377 E JOFFESON FRANKLON, IN	1/3/25
TH	DIEC	\Box	STICKETT STEED THE STEED	TO BE
Section#	C/NC	R	REMARKS	CORRECTED BY
		Н		CORRECTED BY
		\vdash	JOHNSON COUNTY HEALTH DEPARTMENT	
			95 S DRAKE RD	
			FRANKLIN, IN 46131	
				=
				1 ;
392	NC	8	OUTSTOR OUMPSIER LID NOT CLOSED	1/5/25
74	NC	,	BULK SUGAR CONTAINER NOT LABRED	cocrected 1/3
	100		AS TO CONTENTS	20110111
an	*10	ox		permited
190	NC.			COTECTED 1/3
			most and RIO NOT BUING	.,
			conducted	/
218	WC	-	SHELF COATING WORN IN WAZK-IN	2/3
			COOKR	,
399	NC	5	FLOOR WORN/NOT CLOPPN IN PROBS-	-118
H31	WC:	3	OF KITCHEN	2
39	NC			TAI/CONNECTED
- 5-1	100	-	ITO IN ITO MAKER	11/3
27/1		H	LEAK NOTES AT HANDSZAK IN	1/20
324	NC	M		- 1/20
2001			KITCHER	~~
309	8VC	`	WORLDS BESTROOM CETLING MECHAT	HONE
			EXHAUST NOT FUNCTIONING	- 1/10
			COUR OF EXHAUST FAN NOT CLOPN	
		Н		
	-	\vdash		
		82		
	3	(D)	JOSO FIRM CISGO CAMER GOAL SOLUTATE.	
	100	100		CARO
		\vdash	Sepa 5/7/26	EXP
Received B	y (Name	& Ti	1100110	Page T of T
-		0	LEDEZ TONCHOND MITH BUL SMITH	I ago I

Establishr			POTINT	Address 75 Swith MILIPARA	FANKTINA	Inspection Date
Section#	C/NC	Ť	V:01	REMARKS		TO BE CORRECTED BY
			JOH	NSON COUNTY HEALTH DEPARTMENT DRAKE RD		
				NKLIN, IN 46131		
වුණ	C .	~		OF SANITIZER NO		1/9/25
				ON DISTURTION RENSO		
NO	<u>،</u> ه	æ	Few SMBU	LFITOS SOON A	N	CONTROL
H31	ni	7		MEETANICHT dis		2
			KIRHER MEXT TO W	1015 HWASHING	AROR	1/15
174	nc	ъ	(a) BULK	FOOD CONTAIN	leks	1/12
		_	NOT LABELL	AS TO CONTE	NIS	
324	nc	7		10ZZLOAKIA		1/15-
		$\stackrel{'}{\dashv}$	AT Mect	ARNYCHI DISH	MACHAN	<u>'</u>
239	ic	4	STYROFOR	M CUPS NOT A	EDGUNTEL	4 1/14
			AneA	p / Protect 40	1-120101	
D 39	re	X	some di	SHRACKS NOT S	10(D)	corrected
<i>5.5</i> (7	OFF FLOC		7-1-0	719
		$\vdash \vdash$				
						
Received B	y (Name	& Tit	(A) MINO	Inspected By (Name & Title) Bab Smith	ical Smith Et	S Page of

Serusate Exp. 4/11/29