



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

95 SOUTH DRAKE ROAD
FRANKLIN, IN 46131
PH: 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 The NY Slice	Telephone Number () Establishment () Owner	Date of Inspection 1-23-25	ID# 2333
Establishment address 1201 Greenwood Park E. Dr 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 2-3-25
Owner Daniel Frost		Summary of Violations: C 1 NC 1 R —	
Owner address		Menu Type (See back of page) 1 2 3 <u>X</u> 4 5	
Person in charge Daniel Frost			
Responsible person's email			
Certified food handler Daniel Frost (ServSafe exp) 1/26/27			

- 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		no date marking for greek dressing (salad) in upright Pepsi cooler, kept for ~7 days	1-24-25
216	NC		cardboard lining dry food storage shelves @ hot held	corrected
			Notes: (1) in-use utensils, pizza slicer & sauce ladles, shall be either washed, rinsed, & sanitized every 4 hours or stored in water held at 135°F	
			(2) food storage containers shall be visibly clean	

Received by (name and title printed): Daniel Frost	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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BUSH
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 OLD TOWNE BIERHALL & GOURMET CO.	Telephone Number () Establishment () Owner	Date of Inspection 1/23/25	ID# 2310
Establishment address E COURT ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 905	Release Date 2/3/25
Owner RHODE/CUNNINGHAM		Summary of Violations: C 1 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge SARAH BARNHART			
Responsible person's email			
Certified food handler N/A			

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Section #	C/NC	R	Narrative	To Be Corrected by
200	C		CHLORINE (SANITIZER) NOT DETECTED ON DISHWASHER AFTER FINAL SANITIZATION RINSE AT MECHANICAL DISHWASHER	1/26/25
234	NC		RINSE TEMPERATURE 117°F NOT AT 130°F OR MORE	1/25
257	NC		PROBE TYPE METAL STEM PROBE THERMOMETER REGISTERING 0-230°F OR DIGITAL TYPE NOT PROVIDED	1/28
347	NC		DISPOSABLE HAND TOWELS NOT PROVIDED AT HANDSINKS BY 3 COMPARTMENT SINKS	1/24
351	NC		COVER FOR WASTE CONTAINERS NOT PROVIDED IN RESTROOMS	1/27
295	NC		WALK-IN COOLER - COILING NOT CLEAN IN AREA	1/27
411	NC		AREA / LIGHT INTENSITY NOT ADEQUATE IN AREA	2/3
			NOTE - MECHANICAL EXHAUSTS DO NOT APPEAR TO BE FUNCTIONING IN RESTROOM	CHECK 1/28

Received by (name and title printed): Sarah C Barnhart - Bartender	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Sarah C Barnhart</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:

Betsy
2/17



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 Pizza Hut		telephone 317-888-7500	Date of Inspection 1/31/2025	
Establishment address 1022 US 31			Summary of Violations 0 C 3 NC	
Owner			Follow-up No	Release Date 2/10/2025
Person - in - Charge Greg Mickelson		Certified Food Handler Greg exp 11/15/27		Purpose: Routine
Establishment Identification # 1691 2184		County Johnson	District	Menu Type 2-Limited menu

- 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:
394	NC		Observed the lid for the grease dumpster on the ground not covering the unit.	2/7/25
431	NC		Observed of puddle of what appears to be water on the floor in the walk in cooler.	1/31/25
410	NC		Observed a Y valve attached to the fixture for the mop sink	2/28/25

Establishment Representative

Inspected by: Kevin Paulin, EHS
 (317) 346-4373 kpaulin@co.johnson.in.us



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INSPECTION REPORT**

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*Bekem
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 <i>Popeyes</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/15/25</i>	ID# <i>2763</i>
Establishment address <i>1251 US HWY 31 GREENWOOD</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>1/25/25</i>
Owner <i>IN</i>		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 3 X 4 5</i>	
Responsible person's email			
Certified food handler <i>MAEY BATISTA</i>			

- 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
<i>324</i>	<i>NC</i>		<i>maintain hot water 100°F at all hand sinks Must reach temp in 30 sec.</i>	<i>1/16/25</i>
<i>451</i>	<i>NC</i>		<i>The floor drain under the front counter is soiled.</i>	<i>1/15/25</i>
			<i>note: New steam unit is leaking</i>	

Received by (name and title printed): <i>MAEY BATISTA</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc: <i>[Signature]</i>	cc: <i>[Signature]</i>



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Bekah
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 RICHARD'S BRICK OVEN PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 1/17/25	ID# 1089
Establishment address 229 S. MAIN 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 1/27/25
Owner R. GOSS		Summary of Violations: C <u>0</u> NC <u>8</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge MICHAEL MORRISON			
Responsible person's email			
Certified food handler RICHARD GOSS SERVSAFE			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC	A	SINGLE SERVICE CUPS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES - KITCHEN	1/19/25
239	NC	A	CLEANED PITCHERS STORED ON TOWEL IN KITCHEN, FOOD CONTAINERS STORED ON TOWEL - BAR	1/20
324	NC	-	SINK UNDER DISHWASHER CLOGGED/NOT DRAINING PROPERLY	1/18
431	NC	-	FLOOR NOT CLEAN IN AREAS OF KITCHEN	1/27
399	NC	-	WALK IN FROZER FLOOR WORN	→ 3/1
(NOTE)			WALK-IN COOLER DOOR DOES NOT CLOSE TIGHTLY	1/30
304	NC	X	MECHANICAL CEILING EXHAUST NOT FUNCTIONING RESTROOM	
309	NC	X	BAR - THERMOMETER NOT SEEN IN CHEST	
256			TYPE REFRIGERATOR (GAL MILK SELL BY 1/16/25)	
295	NC	0	METAL SHELVING IN KITCHEN NOT CLEAN	

Received by (name and title printed): Michael Morrison	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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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 Sabzi Mandi & Tadka	Telephone Number () Establishment	Date of Inspection 1-31-25	ID# 2837
Establishment address 894 US 31 N. Greenwood, IN 46142	() Owner	Time 1:00pm	
Owner Rajvinder Shokar	Purpose: <u>1. Routine</u>	Follow-up Yes	Release Date 2-10-25
Owner address 106 Kinnick Dr. Greenwood, IN 46143	2. Follow-up	Summary of Violations: C 6 NC 9 R 8	
Person in charge Harjap Dhillon	3. Complaint	Menu Type (See back of page)	
Responsible person's email dhillonharjap80@gmail.com	4. Pre-Operational	1 2 3 4 X 5	
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
191	C	R	ready-to-eat foods in reach-in & walk-in cooler units observed without date markings	1-31-25
189	C	R	ready-to-eat foods in walk-in cooler not cooled to proper temperatures within proper time periods • gravy at 68°F after 4 hours • mashed vegetable at 47°F after overnight • rice at 52°F ↳ corrective action - IDOH proper cooling methods paper given	1-31-25 discarded
415	C	R	fruit flies surrounding onion storage in grocery area	1-31-25
177	NC	R	food stored on floor around sales floor & back areas of grocery store	2-1-25
430	NC	R	tight (up) walk-in freezer observed with excessive ice build up around condenser unit	I
346	NC		soap not provided at middle kitchen handwashing sink	corrected
347	NC	R	paper towels not provided at middle kitchen handwashing sink	I
438	C	R	toxic & poisonous chemical spray bottles not labeled	I
439	C		toxic cleaning chemicals stored above potatoes & chick peas	I

Received by (name and title printed): HARJAP DHILLON	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): <i>Harjap Dhillon</i>	Inspected by (signature): <i>Mia Papageorge</i>
cc:	cc:



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INSPECTION REPORT**

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*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>Starbucks #66775</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1-23-25</i>	ID# <i>2811</i>
Establishment address <i>189 E. Northsville Rd. 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>—</i>	Release Date <i>2-3-25</i>
Owner		Summary of Violations: C <u>0</u> NC <u>1</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>Alyssa Neace - shift supervisor</i>			
Responsible person's email			
Certified food handler <i>N/A</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>interior bottom of milk/creamer coolers soiled</i>	<i>1-25-25</i>
<i>347</i>			<i>Notes: ① paper towels shall be provided at all hand washing sinks always ② food products shall be stored 6" or more off the ground ③ mechanical dish machine shall be used after verifying a maximum rinse temperature of ~160°F, depending on machine type</i>	
<i>177</i>				
<i>284</i>				

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

