



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Belton
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 TABERNACLE CHRISTIAN CHURCH	Telephone Number () Establishment	Date of Inspection 1/31/25	ID# 2175
Establishment address 198 N WATER ST. FRANKLIN, IN	() Owner	Follow-up -	Release Date 2/10/25
Owner TABERNACLE CHRISTIAN CHURCH	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations: C 0 NC 4 R	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge ✓	3. Complaint	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible person's email	4. Pre-Operational		
Certified food handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
270	NC	<input checked="" type="checkbox"/>	THREE COMPARTMENT STARK WITH DRAIN BOARDS NOT PROVIDED (2) TWO COMPARTMENT STARKS PROVIDED IN KITCHEN	8/1/25
112	NC	<input checked="" type="checkbox"/>	(2) UPRIGHT REFRIGERATOR/FREEZERS NOT ANSI/NSF COMMERCIAL TYPE	8/1
174	NC	<input checked="" type="checkbox"/>	SMALL BULK FOOD (SUGAR, FLOUR) NOT LABELED AS TO CONTENTS ON CUPBOARD SHELF	2/10
(NOTE)		<input checked="" type="checkbox"/>	1/2 GALLON MILK SELL BY DATE OF JAN 30	discards 2/3
(NOTE)		<input checked="" type="checkbox"/>	DIGITAL TYPE METAL STEM PROBE THERMOMETER NOT FUNCTIONING, 0-220°F PROBE TYPE - PROVIDED ✓	
(NOTE)		<input checked="" type="checkbox"/>	SANITIZER (SODIUM HYPOCHLORITE (NON SCENTED BLEACH) OR "QUAT" TYPE NOT SEEN) 'QUAT' CHEMICAL TEST PAPERS SEEN (HAVE AVAILABLE WHEN KITCHEN IN USE)	2/8
256	NC	<input checked="" type="checkbox"/>	(1) REFRIGERATOR/FREEZER THERMOMETERS NOT OBSERVED IN REFRIGERATOR OR FREEZER SECTION	2/10

Received by (name and title printed):	Inspected by (name and title printed): Bob Smith ETS
Received by (signature):	Inspected by (signature): <i>Bob Smith</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

Belm
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 Taco Bell #1940	Telephone Number () Establishment () Owner	Date of Inspection 1-31-25	ID# 241
Establishment address 801 US 31N. Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 2-10-25
Owner Taco Bell of America LLC		Summary of Violations: C 0 NC 2 R 1	
Owner address PO Box 80600 Indpls, IN 46280		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Courtney Briggs - shift lead			
Responsible person's email			
Certified food handler Courtney Briggs (ServSafe exp 9/26/25)			

- 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	R	floor next to wall under 3bay sink soiled - floor under soda boxes by drive thru window soiled & littered with food debris	2-4-25
295	NC		- hood vents above fryer dusty - walk-in cooler fans dusty	I
			Note: sanitizer concentration less than 150ppm quat in 3bay sink	

Received by (name and title printed): Deonte C. Campbell	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): <i>Deonte C. Campbell</i>	Inspected by (signature): <i>Mia Papageorge</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

Bukam
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 Taco Bell #1940 - #31940 MP	Telephone Number () Establishment () Owner	Date of Inspection 1-27-25	ID# 2023 241
Establishment address 211 N. US 31 New Whiteland, IN 46184 801 US 31 N Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 2-7-25
Owner Taco Bell of America, LLC		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>1</u>	
Owner address PO Box 80600 Indpls, IN 46280		Menu Type (See back of page) 1 ___ 2 ___ 3 <u>✓</u> 4 ___ 5 ___	
Person in charge Morgan Lashley - AGM			
Responsible person's email			
Certified food handler Ricky Dodson (ServSafe exp) 6/7/28			

• 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	✓	drain (up) soda station by drive thru window soiled - floor under soda boxes soiled	1-31-25
324	NC		red ti ^{up} water line under 3 bay sink leaking - spraying water on floor	I
			Notes: ① guacamole on prep line internal temperature at 44-45°F ② hood vents above fryers soiled - gray insulation between baffles observed ③ employees shall wash hands with soap & water before putting on gloves ④ walk-in freezer light not functioning	

Received by (name and title printed): Morgan Lashley	Inspected by (name and title printed): Mia Papageorge, EHS
Received by (signature): <i>Morgan Lashley</i>	Inspected by (signature): <i>Mia Papageorge</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
1-8-25*

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 of <i>Taste of China</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/3/25</i>	ID# <i>2302</i>
Establishment address <i>989 N US 31 Whiteland IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>1/13/25</i>
Owner		Summary of Violations: <i>C 1 NC 5 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 <i>X</i> 4 5	
Responsible person's email			
Certified food handler <i>Qu Zheng</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
410	NC		- Lighting is poor in the walk-in kitchen prep area	
245	NC		- 2 wet wiping cloths not stored in sanitizer solution rolls	1/13/25
157	C		- Cooked chicken and eggs are being stored at room temperature on a kitchen table	1/13/25
430	NC		Kitchen tile floor is chipped and cracked badly.	-
218	NC		Home type chest freezer is cracked. Replace with approved type unit [NSF approved]	3 mos.
295	NC		Sugar container is soiled.	

Received by (name and title printed): <i>X Qu Zheng</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:	cc:

Betsy
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 Tequila House	telephone	Date of Inspection 1/21/2025
Establishment address 50 US31 South, Whiteland, IN 46184	Summary of Violations 0 C, 2NC	
Owner Francisco Lopez	Follow-up No	Release Date 1/31/2025
Person - in - Charge Jose Hernandez	Certified Food Handler Natividad Salazar 4/12/26 20431272	Purpose: Routine
Menu Type 4-Extensive handling	Establishment Identification # 2709	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:
	NC		2 knives stored between the flip-top prep cooler and the wall.	1/21/25
	NC		Observed bagged raw chicken being thawed in stagnant water in 3-bay sink.	corrected
			Note: Wiping cloths bind up the sanitizer and make it ineffective.	1/23/25
			Note: Wastewater drain lines cannot be above food, single-service items, food-contact surfaces, or utensils.	1/21/25

Jose Hernandez
Establishment Representative

Inspected by: Elizabeth Senisse
(317) 346-4373 esenisse@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

Beky
1-10-25

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>Town-Mart</i>	Telephone Number () Establishment	Date of Inspection <i>1/9/25</i>	ID# <i>2270</i>
Establishment address <i>704 W. Trafalgar Pointe Way</i>	Owner <i>Trafalgar, IN 46181</i>	Follow-up <i>Yes</i>	Release Date <i>1/19/25</i>
Owner <i>Paramjeet</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 13 R 5</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 ✓ 4 5</i>	
Person in charge <i>Man</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>187</i>	<i>C</i>		<i>The following items were measured inside the smaller beverage walk-in-cooler</i> ① Naked Blue Machine 15.2 fluid ounce bottle measured <i>049°F</i> ② Naked Mighty Mango 15.2 fluid ounce bottle measured <i>049°F</i> ③ Naked Green Machine 15.2 fluid ounce bottle measured <i>049°F</i> * All three bottles stated "Perishable Keep Refrigerated" on the label	<i>Corrected Removed Products from retail sale and cooler</i>
<i>193</i>	<i>C</i>		<i>Ready-to-eat pizzas for retail sale lacked a time stamp</i>	<i>Corrected</i>
<i>256</i>	<i>NC</i>	<i>✓</i>	<i>No ambient air thermometer</i>	<i>1/9/25</i>

Received by (name and title printed): <i>Man</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Man</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: <i>317-346-4380</i>

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Town Mart			704 W. Trafalgar Pointe Way #6181	1/9/25
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			seen in pizza prep table	I
347	NC	✓	Dippin' Dots Freezer Thompson Chest freezer No paper towels provided at kitchen hand sink	Corrected
291	NC		No Chlorine test papers provided	1/10/25
411	NC	✓	Overhead light out by three bay sink	1/20/25
112	NC	✓	Thompson Chest freezer not NSF/ANSI	1/20/25 Removal
413	NC	✓	South main entry/exit doors not tight-fitting at center bottom	1/28/25
426	NC		North exterior is storing an unused display cooler	1/20/25
431	NC		Foul off odor around floor grease trap	1/19/25
324	NC		One bay sink faucet neck leaks	1/22/25
324	NC		Three bay sink center drain connection leaks	
399	NC		Floor tiles damaged around floor grease trap and at front entry/exit doors	
218	NC		Small beverage cooler evaporator is heavily iced	1/9/25
431	NC		Large beverage walk-in cooler floor is sticky/soiled	
Received By (Name & Title)			Inspected By (Name & Title)	
p. [Signature]			Andrew Miller, EHS	
			Page 2 of 2	



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

*Betsy
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>Village Pantry</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/7/25</i>	ID# <i>250</i>
Establishment address <i>520 N. Meridian St</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>30 Days</i>	Release Date
Owner <i>Greenwood, Ind</i>		Summary of Violations: C <u>0</u> NC <u>6</u> R <u> </u>	
Owner address	Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	Person in charge	
Responsible person's email		Certified food handler	

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Section #	C/NC	R	Narrative	To Be Corrected by
256	NC		No thermometer in the small pizza freezer	<i>2/1/25</i>
218	NC		Trash can in the front counter is in poor repair.	↓
218	NC		1 glass cooler is badly cracked.	
431	NC		The walk-in cooler door is littered and soiled	
431	NC		The back wall in the walk-in cooler is very soiled	
426	NC		the storage room is very cluttered	

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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Belem
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 Vita of New Whiteland	Telephone Number () Establishment () Owner	Date of Inspection 1-27-25	ID# 2858
Establishment address 532 Country Gate Dr. New Whiteland IN 46184	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 2-7-25
Owner Vita of New Whiteland LLC		Summary of Violations: C 2 NC 1 R -	
Owner address 350 Westfield Rd. Suite 210 Noblesville, IN 46032		Menu Type (See back of page) 1 2 3 4 ✓ 5	
Person in charge Heather Daniels			
Responsible person's email joshiah.marx@vita.newwhiteland.com			
Certified food handler Heather Daniels exp Jan 2025			

• 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
415	C		excessive amount of flies/gnats near drain left of dish machine, drain of sink across from fryer & in dry storage room near onions & potatoes	ASAP
187	C		sliced deli ham in flip top prep cooler had an internal temperature of 50°F	1-27-25
216	NC		ground meat thawing in walk-in cooler on absorbant, cardboard-like material	corrected
Note: date markings shall be legible on all ready-to-eat time, temperature controlled food products kept longer than 24 hours at facility				

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

Betsy
217



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 Waffle House #423		telephone 317-882-7992	Date of Inspection 1/31/2025	
Establishment address 1069 E Main St			Summary of Violations 0 C 3 NC	
Owner			Follow-up No	Release Date 2/7/2025
Person - in - Charge Pete Marocco	Certified Food Handler Lydia Beymer exp 10/4/29		Purpose: Routine	Menu Type 1- Limited menu
Establishment Identification # 1676	County Johnson	District		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
433	NC		The area around the mop sink is disorganized and mops need to be hung to dry	2/1/25
295	NC		The floor in the reach in cooler (double stack-bottom unit) is soiled	2/1/25
295	NC		Observed a dark substance on the rear panel of the ice bin under the soda machine on the service line.	2/1/25

Establishment Representative

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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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FRANKLIN IN 46131
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Betty
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 WAL-MART SUPERCENTER #995	Telephone Number () Establishment () Owner	Date of Inspection 1/23/25	ID# 691
Establishment address 2125 N MORTON 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 2/3/25
Owner WAL-MART		Summary of Violations: C <u>1</u> NC <u>3</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 PAOLA SANTIAGO			
Responsible person's email			
Certified food handler PAOLA SANTIAGO (SERVISAPP EX 5/29)			

• 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
4			FLOOR DRAINS NOT CLEAN IN BACK HALL AREA	2/1/25
431	NC		FLOOR NOT IN CLEAN FN AREAS OF BACK HALL, BAKERY, DELI NEXT TO WALL, UNDER EQUIPMENT, WALK-IN UNITS	
411	NC	A	CEILING LIGHT OUT (MEAT ROOM)	2/10
324	NC	—	LEAK NOTED ON FILTRATION UNIT IN RISER ROOM	2/10
336	C		BACK MOP SINK 1/2" SPITTER VALVE CONNECTED TO FAUCET WITH HOSE ATTACHED	2/10
			<u>NOTE</u> SOME EQUIPMENT IN FRONT AREA - NOT EASILY MOVABLE	2/10

Received by (name and title printed): Paola Santiago food/fresh coach	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Paola Santiago</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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

Belem
217

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 White Castle		telephone 317-887-1960	Date of Inspection 1/28/2025	
Establishment address 105 Sheek Rd Greenwood IN 46143			Summary of Violations 0 C 1 NC	
Owner White Castle			Follow-up No	Release Date 2/8/2025
Person - in - Charge Kaitlyn Tindle		Certified Food Handler		Menu Type 4-Extensive handling
Establishment Identification # 446	County Johnson	District Pleasant		
Purpose: Routine				

- 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:
431	NC		Observed soiled floors: Floor near the safe, Floor next to the drive thru soda machine, Floor near the 3 Bay sink.	2/14/25
			NOTE: Sanitizer observed at 400ppm.	



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Belen
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 WHITE CASTLE #56	Telephone Number () Establishment () Owner	Date of Inspection 1/16/25	ID# 1366
Establishment address 1129 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/26/25
Owner WHITE CASTLE		Summary of Violations: C 0 NC 5 R	
Owner address		Menu Type (See back of page)	
Person in charge SHELBY SIZEMORE		1 2 3 4 5	
Responsible person's email			
Certified food handler SITARON GIBSON (SERVSAFE) 2/24/24 EXP			

- 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
324	NC	✗	LEAK NOTED AT 3 COMPARTMENT SINK FAUCET	1/28/25
431	NC	✗	FLOOR DRAIN UNDER 3 COMPARTMENT SINK NOT CLEAN	1/25
411	NC	✗	(1) LIGHT OUT IN WALK-IN FREEZER	1/25
295	NC	✗	PALLETS AND FLOOR UNDER PALLETS NOT CLEAN IN WALK-IN FREEZER	2/11/25
218	NC	✗	LATCH MISSING ON WALK-IN FREEZER DOOR	2/16/25

Received by (name and title printed): Shelby Sizemore	Inspected by (name and title printed): Bob Smith / Caleb Fleener
Received by (signature): Shelby Sizemore	Inspected by (signature): Bob Smith / Caleb Fleener
cc:	cc:

