

95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#
TABERNIFICE CHRISTIAN CHURCH	( ) Establishment	1/21/2	- 2175
Establishment address	( ) Owner	1/3/25	0110
198 N WATER ST. FRANKLIM, IN	Purpose:	Follow-up Release	Date
Owner	(. Routine	2	10/25
TABLERNAGLE CHRISTZAN CHURCH		Summary of Violation	ne.
	2. Follow-up	Summary of violatic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Owner address	3. Complaint	A come man with the	
bur bancardybando are consedered and	4. Pre-Operational	0 2	ab shakazer
Person in charge	5. Temporary	CNC	R
The state of the s	6. HACCP	urnos protoca galista, a	
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
Certified food handler		1 (2)	4 5
			_T
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 IT	N THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative	Magazini wa 10 giniori.	To Be Corrected by
270 NC/A THREE COMPARTINE	NT STANK INGTH	4	8/1/25
ORATIO BORRES NOT	00. 11/-3	wo	
COMPARTMENT STOKE	5 PROBLEGION A	Litter	
112 NC 2 (2) URRIGHT, REFR	TGORATOR FRA	TIERS	8/1
NOT ANSI/NSF Q	MINORCIAZ TY	PPO	1
174 NC (8 SMALL BULK FOOD (SU	19AR, FLOUR) NO	T LABORD	2/10
AS TO CONTENTS OF	CUPBOARD SHELF		1 202 2
NOTE & TagALLON MILK SEL	LBY OFFE OF	AN 30	d501102/3
Worte @ orgiTAL TYPE MOTA	2 STEM PROBE	THErmomet	er ,
NOT FUNCTIONING	O-DAOF PROBET	YPC - PROUTS	ed V
(Note) & SANTERE (SOONUM HY	POCHLORITE (NON SO	ented BLEAZH	) 2/8
OR QUET & TYPE NO	it soon) QUA	T' CHEMICHE	stringuspist in
Test PAPERS SOCI	V CHAVE HUAILA	BE WHEN KETZH	EN DU USO
256 NC X CID REFRISPERTOR /F	nacion theri	momerces	11.
NOT OBSERVED ON	ROFBIGER ARCHOR	FREZER	2/10
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The second secon	The state of the s	The second second	
Received by (name and title printed):	Inspecte	ed by (name and title printed):	6745
Received by (signature):	Inspecte		7
, 18	mopeed	ed by (signature):	2)
cc: cc:	ce:	30	



Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365

FAX: 317-736-5264

Establishment Sanitation Requirements. The time limit for corre	ection of each violation is specified	d in the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
TacoBell #1940	( ) Establishment	1 31 36	2111
Establishment address	( ) Owner	1-31-25	1241
801 US 31 N. Greenwood, IN 46142	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	- 2-	10-25
Taco Bell of America LLC	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
POBON 801000 Ladala IN 111 080	4. Pre-Operational		
POBOX 80 (000 Indpls, IN 4 (0280) Person in charge	5. Temporary	c_O_NC_	2 p l
Courtney Brings - slock lead	6. HACCP	CNC_	K
Courtney Briggs-Shift lead Responsible person's email	7. Other (list)	Menu Type (See l	agh of page)
recopolistic persons entain	7. Other (usi)	Menu Type (See a	ack of pages
Certified food handler   Servsafe exp)		1 2 2 2 2	2 4 5
Courtney Briggs (Servsafe exp)		123_×	<u> </u>
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE 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 NC Rtfloor next to wall u	inder 3 bay sink	soiled	2-4-25
+floor under soda bo	xes by drive thr	u window	
Soiled & littered w	ith food debris		
295 NC + hood vents above.			
+ walk-in cooler f	ans dusty		
l Note a 11.	1 1: 100		
Note: sanitizer co	ncentration les	Sthan	
150ppm qua	t in 3 bay sink		
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		1997	
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Yarl le		reat	y ·
сс:	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.

Establishment name			Telephone Number	Date of Inspection	ID#
Taco Be Establishment addre	4	# 30265	( ) Establishment	mp 2-1-28-25	1000
Establishment addre	SS	IN 46143	( ) Owner	2-1-	1828
3042 Wes	151	ones Crossing Rd Greenwood	Purpose:	Follow-up Release	Date
Owner		0	1. Routine	_ 2-	8-25
Taco Bell	015	America LC	2. Follow-up	Summary of Violati	ons:
			3. Complaint	ns (I se stronge dessen Pro	n - hairmi
PO Box 8	0(0)	00 Indpls, IN 46280	4. Pre-Operational		
Person in charge	THE STATE		5. Temporary	c O NC	$\frac{3}{R}$
Khrysteer	E	dwards-GM	6. HACCP	ละเกียดว่าสู่แผ่งเจาสู่เกล่า	വ ക്രോളവറ്റി
Responsible person'	s emai		7. Other (list)	Menu Type (See b	ack of page)
rs 03026	5@	tacobell.com			
Certified food hand		Jards (Serv Sufe exp)		123×	45
Khrysteen	tav	0001003			
• CRITICAL ITEMS	ARE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"
Section # C/N	-		Narrative Narrative	arraid at the Austral Australia	To Be Corrected by
295 NC	-	metal shelving where p		ntainers are	1-28-25
A 10		Stored on preplin	le is spiled	THOUTHOU DESCRIPTION	
431 NC	R	+ loors & wall soiled	under soda /	frozen drink	2-1-25
		Station & littered w	with debris		
324 NC	R	North hand sink rig	ht handle ped	al (blue)	2-5-25
	_	not functioning			
	+	<u> </u>			
	Heft	tarong la grappeden hou galeon galeon with s	mbalan saman anar- mila	and the second second and the second second	I watername I
1 bolani	4 9880	ne of porentally lazardous rood: Food pre-			suchazud =
vid	gidei	lace those ficulties whose service populates	once. Caregory would also me	rak veb tkompot eoisgaej.	phoneybs :
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Knrysteen	tic	<i>dwards</i>	M	iaPapageorg	e, EHS
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cof		cc:	cc:		
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#### 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. Date of Inspection Telephone Number Establishment name 2023 Taro Bell #1940 ) Establishment 1-27-25 241 ) Owner Follow-up Release Date Purpose: 2-7-25 1. Routine Summary of Violations: 2. Follow-up Taco Bell of America, LLC Owner address 3. Complaint 4. Pre-Operational PO Box 80600 Indps, IN 46280 5. Temporary Morgan Lashley Responsible Person's email 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Servsale exp 3 4 4 Ricky Dodson · 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 drain (up) Narrative Section # C/NC 1-31-25 431 NC a station by drive thru window soiled bor under soda boxes soiled 324 NC line under 3bay sink notes: 09 vacamole on peop line internal temperature gray insulation between balles observed Bentoques shall wash hands with soap & water before putting on aloves Received by (name and title printed): Morgan Received by (signature): moures



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 Berend's

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 Telephone Number Date of Inspection CHIAR inste ) Establishment 1/3/25 2302 Establishment address whiteland ) Owner N US 31 Follow-up Release Date Purpose: 1/13/75 Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler ZHERG 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 Narrative To Be Corrected by Poor in the walk-in Kitchen No Lighting 75 410 area No analven and eggs hare stored 2 room temperature 430 Kitchen NC cracked badly 218 NC 3 mosi approved 295 NU Received by (name and fitte printed): Inspected by (name and title printed): ) hen Received by (signature) cc: cc:



# 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 partition portion of this report.

establishment		telephone		Date of Inspection
Tequila Hou	ise			1/21/2025
Establishment address	•		Summary of Violations	
50 US31 South	n, Whiteland, IN 4618	4	0	C, 2NC
Owner			Follow-up	Release Date
Frai	icisco Lopez		No	1/31/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Jose Hernandez	Natividad Sa	Salazar 4/12/26 Routine		4-Extensive handling
	2043	31272		
Establishment Identification #	County	District		
2709	Johnson	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 Clijabeth Senisse

Inspected by: Elizabeth Senisse

(3.7) 46-4373 <u>esenisse@co.johnson.in.us</u>



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

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

Establishme	nt name		gir-lage	e aggi eller Mahaganga Zermen	Telephone Number	Date of Inspection	ID#
	7	ho,	tosis		( ) Establishment		and and the
Establishme					( ) Owner	1/2/25	913
160	0 1	15	31 5.	Greenwood, IN	Purpose:	Follow-up Releas	e Date
Owner				4/ //	1. (Routine	a one w up	
					2. Follow-up	Summary of Violat	ions:
Owner addre	ess				3. Complaint	,	
Danca in al					4. Pre-Operational	0 2	
Person in ch	arge				5. Temporary	C_O_NC_C	/R
3 33	200			the time of the file of the officers of	6. HACCP		
Responsible	person's	email			7. Other (list)	Menu Type (See b	pack of page)
C .:C 1.C	11 11						
Certified foo	d handle	r				123	_45
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				I THE CHECKLIST AND NARRATIVES INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE RELOW	S "B"
Section #	C/NC	_	KOM I KEVIOC	S INSTECTIONS INC. DENOTED IN TI	Narrative	III IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIII	To Be Corrected by
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				Neg. 10 20 21 1 12009 EZ SILL CO			
				A THE RESERVE THE PARTY OF THE PARTY.			
				No al	clations -		
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Received by					Inspec	eted by (signature):	/
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cc:				cc:	cc:	/	



# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name			Telephone Num	nber Date of Inspectio	n ID#
	114	2)	-maxt	( ) Establish		
Establishmer	nt address	S	110000	A. A. Owner	1/9/2	5 2270
704	711		GARADARD Poins	te W Purpose:	Follow-up Rele	ease Date /
Owner			To a Ala O part a 11	46/8/1. Routine	Ves /	/19/25
P	201	m	in the degree of	2. Follow-up	Symmary of Vio	
Owner addre	<u>UU</u>	<i>)</i> /(	jell	3. Complaint	7	
o wher addre	200	6	· · · · · · · · · · · · · · · · · · ·	•	1	
D				4. Pre-Operation	onal 2 vo	13 R 5
Person in ch		n	A CONTRACTOR OF THE PARTY OF TH	5. Temporary	CNC	1 <u></u> R <u>U</u>
V V	æ			6. HACCP	(0	1 1 6
Responsible	person's	email		7. Other (list)	Menu Type (Se	ee back of page)
Certified foo	d harelle		28 227		rigurdos Sururii	./
	V/A	_			123_	5
• CRITICAL	ITHMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NA	ARRATIVE COLUMNS MARKED "	C"	
	A TO A STATE OF THE STATE OF TH		ROM PREVIOUS INSPECTIONS ARE DENOTE			OW AS "R"
Section #	C/NC	R	. 1	Narrative		To Be Corrected by
187	C		The follows	na items	were	Correcte
		Total	meabured	unside ?	the	Remove
7 2 -9	VI 1 (20)	3,(=)	smaller be	verage w	alk-in-	Product
			cooler	0		from
			O naked B	lue mach	ine 15.2	retail
			fluid ounce	vottle m	easured	sale,
			0490F	) dot m	1.00 0 = 160	and
			a rakea !	agray 14	0100 15.2	cooler
			Rugie	1 boule	Measur	eq
			(3) habed el	2000 may	h1no, 167	
			eliud oung	o botton	Meaning	
			0490F	e agues "	·	
		X	all three	Lottles 1	tated	
		·	"Perisable K	ces Petral	rated" on	
7			the latel	1 0 8		1
193	C		Ready to es	at pizzas.	for retail	Correcte
001	1.10		sale lacked	a remel	Stamp	1111
256 Received by	(name and	title	no ambiene	aw the	mometer	1/9/25
M	(name and		nemea).		Inspected by (name and title prin	
Received by		_	PAGE 1	7 14	Inspected by (signature):	Her, EHS
	(-B)	1	Non		andrew Mi	0000
cc:		,	cc:		cc:	w.
					317-346-	4380

# **NARRATIVE REPORT**

Establishment Name	Address		, Inspection Date
Joun Mart	704 W. Jr	afolgan Poin	te 1/9/25
Section# C/NC R	REMARKS	Way 46/8	70 BE CORRECTED BY
seen in	auma ase	o talde	<u> </u>
Dissin' O	ato Freezi	er Thomso	on Chest frea
347 NC The pape	r towal	a provide	
at kitch	en hand	Sirk	4
291 NC no Chlor	une rest	papers pro	
411 NC Overhead	ugne our	by thre	a 1/2e/25
1/2 NC / Thom	nson Ch	est freeze	1/20/25
Mot NSF	JANSI.	0 0	Remous
413 NC South m	ain ent		ors 1/28/24
not tight	fitting o		pottom +
416 NC North e	Klerioa i	s storing	1/20/25
431 NC Foul of	ados	Tarrind	Alon 1/13/29
orease in	ap	mumu -	O II
324 NC One Va	is sink of	Paucet new	K 1/22/25
leaks	0		. 1
324 NC Three ba	<del> </del>	enter dra	
399 NC Floor	Cleaps dans	aged aroun	
Bloom on	esse tras	and.	
at loon	t entry	exit door	
218 NC Small &	everage/	cooler	1/9/25
43/ NC JARAN PR	vis he	wely ice	
431 NC Large les	verage U verage U viled	Alki-in-	
Mickey M	i led		
- Sway a			
		-	
		-	
Received By (Name & Title)	Inspected By (Nar	ne & Title)	1 1 2 2
a dan	Undreu	ne & Title) I Mullow, Elf	Page 2 of 2
State Form 48621 (R2 / 8-05)			



95 SOUTH DRAKE ROAD X FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 Botan 5

Establishme			4	Telephone Number	Date of Inspection	ID#
	VIII	64	L Pantry	( ) Establishment	9-1	250
Establishmen	nt addres	s 2	Metr Dian st	( ) Owner	1/7/25	
Committee of the latest designation of the l	0 "	. [		Purpose:	Follow-up Relea	se Date
Owner			Gregnisod IN	1. Routine	1	
			, , ,	2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		,
Person in ch	arge			5. Temporary	C O NC	PR
			1 1 1	6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r			1 <u>2 ¼</u> 3	45
• CRITICAL	ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TR		O IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
- 5.4				. /	//	2/1/25
256	NL			in the smu	( pizzle	
214	211		freezer	Ada Tind	1	
218	NC		7	the word coo	unter is	
218	NC		1 glass coder is be	ndly craekeol		
210	WC		L glass coder is be	and The Ceol		
431	NL			cooler 13/1+	tered and	
	14 -		soiled			
431	NC		The back wall	in the wal	6-111	
			ecoles 13 very	scried	abi Li	Trans.
Ma.						
426	NC		the storage r	som is vest	c/uftered	V
		-				+
		-				
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cc:			cc:	cc:	- /- /	



95 S. DRAKE ROAD FRANKLIN IN 46131

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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Stablishment name Vita of New Whiteland IN 46184 Telephone Number Date of Inspection Establishment name ) Establishment 1-27-25 2858 ) Owner 532 Country Grate Dr. New Whiteland Purpose: Follow-up Release Date VES 1. Routine 2-7-25 Vita of New Whiteland LLC Owner address Summary of Violations: 2. Follow-up 3. Complaint 350 Westfield Rd. Svite 210 Noblesville, 4. Pre-Operational 5. Temporary Heather Daniels 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) usiah. marx@vita newwhiteland.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 flies/gnats near drain 415 dish machine, drath of sink across from Fluer of in dry storage room near onions of 18eliham in flip top prep cooler had 1-27-25 216 around meat thawing in walk-incooler on corrected NC Received by (name and title printed Inspected by (name and title printed): apageorge, EHS Received by (signature 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



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

LIC# 1677

Establishment Name

Section#

431

WAFFLE HOUSE

C/NC R

NC

7	ROUTINE	(p) c	MIC
	NARRATIVE REPORT		1 hour
touse	Address 110 UMBARSER LA	10 FANKLEVIT	Inspection Date
	REMARKS	1	TO BE CORRECTED BY
	JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131		
-LOOR 1 GVIPMEN		ER FRONT	1/15/25
necHan	ICAL DISHMAZHANA	HOT WASON	2
MITTZA	Tron remperstaving	PENSTE	ok
URFACE	more on peately	)	
(F. 3)(T)			

Bob Smith Bul Sm 

mana State Form 48621 (R2 / 8-05)

Received By (Name & Title)



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

Page 1 of

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 ART SUPERCENTER #995 Telephone Number Date of Inspection ) Establishment Establishment address ) Owner 2) 25 N MORTON FMNKLININ Purpose: 1. Routine WAZ-MART Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary PAOLA SANTAGO 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler PAULA SANTAGO (SERUS A FO · 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 Section # C/NC R To Be Corrected by FLOOR ORDINS NOT CLORN IN BACK FLOOR NOT IN CLEBN IN AREAS OF BACK HAZZ, BAKERY, DELI NEXT TO WAZZ, UNDER EQUIPMONT, WAZK-IN UNES COSLING LIGHT OUT (MEAT ROOM) LPAK NOTED ON FILTRATION UNST IN NC RISER ROOM BACK MOP STOUR Y'U SPETTIER VALVE CONNECTED TO FAUCET WATH HOSDS ATTACHED 236 SUME EGUIPMENT ON FRONT APPA-NOT EASTLY MOVERBE Received by (name and title printed): Inspected by (name and title printed): Santiago food/Fresh Coach



# 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	
White Castle		317-887-1960		1/28/2025	
Establishment address			Summary of Violations		
105 Sheek Rd Gr	reenwood IN 4614	3	0 C 1 NC		
Owner			Follow-up	Release Date	
White	e Castle		No	2/8/2025	
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
Kaitlyn Tindle			, .	4-Extensive handling	
Establishment Identification #	County	District	Routine		
446	Johnson	Pleasant			

- 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.	
		-		
			again.	1-1



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.

Hottionomin	CITE OUT		a requiremental and the control of t			
Establishment name WITTE CITS RO #56				Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishment address				( ) Owner	11/10/03	1300
1129	N.	MO	RTON SY. FRONKLIN, IN	Purpose:	Follow-up Release	Date /
Owner				1. Routine	- 1/	26/25
	מת		VASTRE		Summary of Violation	one
-			713122	2. Follow-up	Summary of Violation	ons.
Owner addre	ess			3. Complaint	tracumant The	
				4. Pre-Operational	sent galaborates	• la shamaya
Person in ch		FIRST	tooksisses and complement satisfact. Pre	5. Temporary	C O NC	) R
5H	0294		SIZemoro	6. HACCP	nistri gebito primpi	
Responsible person's email				7. Other (list)	Menu Type (See back of page)	
Certified foo	nd handle	er	(SERVICE)			
SITA			GIBSUN ( a/a4 R4 EXP)		12(3_4)	)45
		Allert Control	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
· VIOLATION			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW AS	s "R"
Section #	THE RESERVE AND ADDRESS OF THE PARTY OF THE			Narrative	The same was a grade of	To Be Corrected by
324	nc	8	LEAK NOTED AT		ent	1/28/25
30.1	1		SINK FAVORT,	3 comprise	the state of the s	1700
431	NC	20	FLOOR DRAIN U	INDER CON 310	modestmon	7 1/25
151	-		SINK NOT CLE.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	15-11-12-1	-	, , , , ,	Constitution of the second		
411	nc	×	(1) LIGHT OUT DO	WBZK-DN FI	2020 R	1/25
295	NC	×	PARLIETS AND FLOO	R UNDER PI	TLLOTS	211/25
a 1			NOT CLEAN ZON	WARK-DU F	-neezete	2001
		Lina.	rated to generate the pale of the state of	obidapierson i acatago, i m	ing the said of th	d avenarelle 👾
218	MC	1	LATCH MISSING	ON WAZK -	In	2/16/25
	108	ri ai	EVEROPE DOOR FI	reerer Jook	epanden – davs	nd viewbol -
						State of the state
4,000	AND DESCRIPTION OF THE PERSON				Aller Services	
		18			The second	
				See a second	100	1
Received by Shel	(name and by Si			Inspecte Bdb	d by (name and titlesprinted):  South Caleb	
Received by	(signature	):		Inspecte	d by (signature): 100	, FA
T Aho	lbu	Xi-	unorl	Bal	Jane / Call	Llenne
cc:	0	- 2	cc:	cc:		3.3.
		***				
						D 4 6

LTC#2630

NARRATIVE REPORT

Establish WJN	ment N	ame	Address 1172 N MRINST. FRANKLIN IN	Inspection Date
W111		100		7/2/23 TO BE
Section#	C/NC	R	REMARKS	CORRECTED BY
		6		
	<u> </u>		JOHNSON COUNTY HEALTH DEPARTMENT  95 S DRAKE RD	
		Н	FRANKLIN, IN 46131	
		$\Box$		1
324	NC.	2	2 PAK NOTED ON HOT WATER	1/10/25
	-		FRUCET ( HOT WATER TURING OFF / NOT AVAILABLE AT HANDSTUK)	
			AVAILABE AT HANDSTUL)	
33 <i>6</i>	c (	\$	HOSE WITH SPRAY NOZZLE CONNECTED	1/15
			TO MOP SINK FRUCT (AVB ATMOSPHERIC BROWNER VACUUM BROAKLER	
			ATMOSPHERIC BROOKER VACUUM BROAKER	
	<u> </u>	$\sqcup$	NOT DESIGNATED FOR CONTINUAL PRESSURE PRPZICATIONS)	
		$\vdash$	VIESSURE (VIPETERATIONS)	
		H		
	<u> </u>			
	<u> </u>	$\dashv$		
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Received E	By (Name	& Tit	Inspected By (Name & Title)  Sm EN + Bol Smulth	Page of
	w	70	May-an   Was SMETH/BOLS/mixed	



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 name Wing Stop  Establishment address  PON S. Madison AVR IN 46143  Owner  Owner address  Person in charge of the stop of th			ecosked in preparco is order. Beral food op mid seamnin, Most products are cookeds: foods is restricted to anglé mest service. Pro ur l'pouer naisy masseus, a resida.	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#  Ol / 29 / 25 2734  Follow-up Release Date  Summary of Violations:  C		
Certified foo	d handle	r			123 V_45		
		TED I	ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE WALK - TA FILLY CLOSED BY HOME	"summary of violations" and it Narrative	To Be Corrected by		
411	NC	timi	One light is out by	1 0	. Exensive handing o row magarities		
	Ming	18	age or patentially leased observed. I god pro- hide ones the bess where stryles population	ibled blackers to it made each	frazhajous i sodas Alvaus et erocc advaneud e eparation for next nay si suscep liste.		
Received by	ni		printed):	Rai	ed by (name and title printed):  UBITICU ETTS  ed by (signature):		
Received by (signature):  cc:  cc:				Lau Sc:	d by (signature): l bct low		



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

FAX: 317-736-5264

BUM

	yata nt address 123 ss	s OL	1531 GIRPWOOD	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	
	fiew	te	not Found	IVE COLUMNS MARKED "C"		
			OM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW AS	
	C/NC	R		Narrative		To Be Corrected by
430	Ne Ne		- Floor surface becoming thipped - Floor is soiled a around the	In the Kitcher and cracked- by the 3-bi-15711 ICE Machine		Look into repairs 1/28/25
Received by (	ama and	title be	J	Transate	11 - 1	
Received by (	SH	eve	in Hyckabel			27/059
cc:	Ng manga	lu	en Huckal	cc:	edfoy (signature): huff Cau	less