



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
2/10

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 Aspen Trace	Telephone Number () Establishment () Owner	Date of Inspection 2/7/25	ID# 1794
Establishment address 3154 S. SR 135 Greenwood, IN 46143	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 2/17/25
Owner		Summary of Violations: C 3 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 <input checked="" type="checkbox"/> 5	
Person in charge			
Responsible person's email			
Certified food handler Jackie Carlton 6/13/28			

Serv Safe
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
295	C		Inside top of ice maker is "heavily" soiled	2/7/25 ↓
413	NC		Back service dumpster doors near kitchen, are not tight-fitting	2/25/25 ↓
218	NC		Robot Coupe top lid is cracked and damaged (for food processor)	2/18/25 ↓
443	C		Sanitizer bucket with Quat Ammonia contained approximately 0 ppm	2/7/25 ↓
324	NC		Hot water knob at mop sink leaks "heavily"	2/18/25 ↓
295	NC		Salad bar compressor unit is soiled	2/8/25 ↓
336	C		Mop sink vacuum breaker contains a y-value with shut offs.	2/25/25 ↓
			① Notes: Atmospheric vacuum breaker leaks for prep area garbage disposal	2/18/25 ↓
			② Quat sanitizer not concentrated at 3 bay sink	

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



Belen
2/24

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 Aldi #20		telephone 855-955-2534	Date of Inspection 2/21/2025
Establishment address 300 S SR 135 Greenwood		Summary of Violations 5 NC 0 C	
Owner		Follow-up No	Release Date 3/3/2025
Person - in - Charge Dion Jenkins	Certified Food Handler		Purpose: Routine
Establishment Identification # 1826	County Johnson	District	Menu Type 1- 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:
218	NC		Door gaskets on the reach in freezer are in disrepair: door for chicken nuggets	4/21/25
218	NC		Door gasket on the "employee only" entrance to the customer reach in cooler is in disrepair.	4/21/25
399	NC		The bottom level of Fridge "A" is soiled	2/21/25
425	NC		The mop are observed as disorganized and mops are not hung	2/21/25
399	NC		Vents on the vegetable case cooler are soiled	3/3/25



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Buym
217

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 ANN'S RESTAURANT	Telephone Number () Establishment	Date of Inspection 2/6/25	ID# 104
Establishment address 77 W MONROE FRANKLIN, IN	() Owner	Follow-up —	Release Date 2/15/25
Owner	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>—</u>	
Person in charge MERIKA CRAWLEY		Menu Type (See back of page)	
Responsible person's email		1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <input checked="" type="checkbox"/> 5 <u>—</u>	
Certified food handler MERIKA CRAWLEY (SERUSATO)			

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Section #	C/NC	R	Narrative	To Be Corrected by
138	NC		EMPLOYEE IN KITCHEN (LONG HAIR) NOT WEARING FACE MASK HAIR / BEARD RESTRAINT	2/10/25

Received by (name and title printed): Merika Crawley General Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Merika Crawley</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Boken
2/24

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>Arnie's Restaurant</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2-21-25</i>	ID# <i>1401</i>
Establishment address <i>1691 Curry Rd Greenwood, IN 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>Yes</i>	Release Date <i>3/3/25</i>
Owner		Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</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>Elizabeth Cox</i>			
Responsible person's email			
Certified food handler <i>Elizabeth Cox</i> (<i>SenSafe Exp 3/27/29</i>)			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>187</i>	<i>C</i>		<i>The salad preparation table contained the following internal product temperatures</i> <i>① Cut turkey 52°F</i> <i>② Cut Ham 51°F</i> <i>③ Shredded Cheese 53°F</i> <i>④ Bulk cut turkey 49°F</i> <i>* ambient air of this cooler was approximately 49°F at 2:28pm.</i>	<i>Corrected</i> <i>Iced</i> <i>Product</i> <i>on top</i> <i>moved</i> <i>product</i> <i>on bottom</i> <i>to different</i> <i>unit. Called</i> <i>for repair.</i>

Received by (name and title printed): <i>Elizabeth Cox</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Elizabeth Cox</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Betsy
2/7

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 BOJAKS	Telephone Number () Establishment () Owner	Date of Inspection 2/4/25	ID# 1365
Establishment address 377 E JEFFERSON FRANKLIN IN	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 2/14/25
Owner GORE		Summary of Violations: C 1 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge RPNZO SIG NORTINO			
Responsible person's email			
Certified food handler JOHN LAWHAM C.F.S.M.			

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Section #	C/NC		Narrative	To Be Corrected by
392	NC	<input checked="" type="checkbox"/>	LID NOT CLOSED ON OUTSIDE JUMPSTER	2/6/25
187	C	<input checked="" type="checkbox"/>	INTERNAL TEMPERATURE OF POTENTIALLY HAZARDOUS FOOD IN KITCHEN & DOOR REFRIGERATOR DISCARDED -55°F NOT AT 41°F OR LESS (CHEESE, PEPPERONI)	2/4/25
295	NC	<input checked="" type="checkbox"/>	SIDE OF DEEP FRYER/GRILL NOT CLEAN	
431	NC	<input checked="" type="checkbox"/>	FLOOR NEXT TO WALL, UNDER EQUIPMENT IN KITCHEN, BAR NOT CLEAN	
295	NC	<input checked="" type="checkbox"/>	EXHAUST HOOD FILTERS NOT CLEAN IN KITCHEN	
218	NC	<input checked="" type="checkbox"/>	KITCHEN 2 DOOR UPRIGHT REFRIGERATOR DOOR GASKET WORN/SPLIT	
295	NC	<input checked="" type="checkbox"/>	CAN OPENER NOT CLEAN	
399	NC	<input checked="" type="checkbox"/>	WALL BEHIND SOFT DRINK STATION WORN DARNER HAZARD	

Received by (name and title printed): **Renzo Signorino Cook** Inspected by (name and title printed): **BOB SMITH EHS**

Received by (signature): *[Signature]* Inspected by (signature): *[Signature]*

cc: cc: cc:



Johnson County Health Department
 95 S. Drake Rd., Franklin, IN 46131
 Phone: (317) 346-4365

Betsy
217



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 Bonefish Grill		telephone 317-884-3992	Date of Inspection 2/4/2025 2:30pm	
Establishment address 1001 ST RD 135 NORTH • GREENWOOD, IN 46142 BG7502@BonefishGrill.com			Summary of Violations 1C, 5NC, 1R	
Owner BONEFISH GRILL, LLC			Follow-up No	Release Date 2/14/2025
Person - in - Charge Sarah	Certified Food Handler Brian Newlin 6591428 9/16/26		Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 1014	County Johnson	District D5		

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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
187	C		Mango Salsa at 74F on prep line in a plastic Lexan pan at room temperature. Salsa made in house.	2/4/2025
191	NC		Cooked Cavatappi at 48°F on top of eastern-most flip-top deli across from the hand sink, made today at 10am, date marked improperly	corrected
430	NC	X	Floor Grout in disrepair	3/15/25
190	NC		Linguine at 55°F in covered Lexan pan in the Walk-in-Cooler. Made today at 1:56pm. Improper cooling	2/4/25
431	NC		Mold-like substance observed on walk-in-cooler east condenser fins	2/4/25
218	NC		Both walk-in-cooler condensers have large ice build-up and excessive dripping that has the potential to contaminate food. Employees cannot avoid drippage. Recommend a mobile walk-in-cooler until issues are resolved. Maintenance has been notified.	2/4/25
218			Cloth curtain is not easily cleanable & plastic curtain is excessively soiled in food prep	2/4/25
218			Atmospheric vacuum breaker top is busted off	2/15/25
218			Hood filters are not snug	2/4/25
218			1 ceiling tile is ajar just outside the office	2/4/25
431	NC		Bar floor is soiled	2/4/25

Establishment Representative

Inspected by: Elizabeth Senisse, REHS
 (317) 346-4373 esenisse@co.johnson.in.us



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*Beckm
2/26*

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>Buffalo Wild Wings #3342</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/24/25</i>	ID# <i>2129</i>
Establishment address <i>1077 N. Emerson Ave IN Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>3/6/25</i>
Owner <i>Wingmen V, LLC 46143</i>		Summary of Violations: <i>C 0 NC 6 R</i>	
Owner address		Menu Type (See back of page)	
Person in charge <i>Amber Seal</i>		1 2 3 <input checked="" type="checkbox"/> 4 5	
Responsible person's email			
Certified food handler <i>Amber Seal</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Two deep fryer baskets are damaged	3/08/25
399	NC		Kitchen tiles (floor) missing and grout repair needed in dish area and server stations (100 and 200)	3/18/25
218	NC		Bar dish machine leaking on exterior East side	2/27/25
295	NC		Server soda station bottom interior cabinets are soiled	2/24/25
431	NC		Floor under server soda 100 is soiled	2/25/25
399	NC		Rubber-like mat/flooring in keg walk-in cooler is worn/damaged	3/18/25

Received by (name and title printed): <i>Amber Seal</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Amber Seal</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Betiku
2/28

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 Buffalo Wild wings. #3832	Telephone Number () Establishment () Owner	Date of Inspection 2/25/25	ID# 2163
Establishment address 2330 N. Merton St. Franklin IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <u>3</u> R _____	
Owner address	Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <input checked="" type="checkbox"/> 5 _____		
Person in charge			
Responsible person's email			
Certified food handler Lisa Singh exp. 2027.			

• 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		there's stagnant water or water leak by the water softener.	Asap
414	NC		small wing flies are seen in the facility by the ice-machine & the water softener area.	3/03
310	NC		vent in men's restroom is soiled.	—
<p>NOTE: (i) mechanical (hot temp.) dish washer is okay at the final rinse (ii) soda gun nozzles are okay (iii) there's a work order for insufficient light inside walk-in freezer.</p>				

Received by (name and title printed): Lisa Singh	Inspected by (name and title printed): Paul Betiku ETS
Received by (signature): <i>Lisa Singh</i>	Inspected by (signature): <i>Paul Betiku</i>
cc:	cc:



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*Betson
2/7*

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>Burger King #1720</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/6/25</i>	ID# <i>1885</i>
Establishment address <i>765 County line rd Greenwood Ind 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
Owner		Summary of Violations: <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>EFRAIN CONTRERAS Exp 2028</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>309</i>	<i>NC</i>		<i>Vents in both men's & women's restroom is soiled</i>	<i>2/15</i>
<i>421</i>	<i>NC</i>		<i>There's a stagnant water leak on the floor by ice-machine</i>	<i>ASAP</i>
<p><i>NOTE: (i) Men's restroom is starting to get soiled, please clean up debris on the floor.</i></p> <p><i>(ii) I recommend cleaning out soda nozzles every two days.</i></p> <p><i>(iii) Please contact the health department concerning milk-shake & frozen coke/fanta maintenance</i></p>				

Received by (name and title printed): <i>Efrain Contreras</i>	Inspected by (name and title printed): <i>Paul Betson</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
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*Betson
217*

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>Butler Sugar flour coffee</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/4/25</i>	ID# <i>2641</i>
Establishment address <i>105 N. state rd 135 IN, 46181</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
Owner		Summary of Violations: <i>C</i> <input checked="" type="checkbox"/> <i>NC</i> <input checked="" type="checkbox"/> <i>R</i> <input type="checkbox"/>	
Owner address	Menu Type (See back of page) <i>1</i> <input type="checkbox"/> <i>2</i> <input type="checkbox"/> <i>3</i> <input checked="" type="checkbox"/> <i>4</i> <input type="checkbox"/> <i>5</i> <input type="checkbox"/>	Responsible person's email	
Person in charge		Certified food handler <i>Kristyna Voris 12/27</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>No violation during inspection.</i>	
			<i>Thank you!!</i>	

Received by (name and title printed): <i>Kristyna Voris</i>	Inspected by (name and title printed): <i>Paul Betson ETS</i>
Received by (signature): <i>Kristyna Voris</i>	Inspected by (signature): <i>Paul Betson</i>
cc:	cc: