95 S. DRAKE ROAD FRANKLIN IN 46131

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

Owner address	ham Rd Graenwood, Isl	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection  2/4/25  Follow-up Release  Summary of Violate  CNCC  Menu Type (See b)	ions:
Certified food handler  • CRITICAL ITEMS ARE IDEN	TIFIED IN THE CHECKLIST AND NARRATIVA	E COLUMNS MARKED "C"	12_X3	45
Section # C/NC R		Narrative		To Be Corrected by
	No the momentum and a demand of the months and a demand of the months are sented and a demand of the months and a demand of the m	se frequence process in using	randunga: van 7c gaithe.	Corrected
Received by (name and title print)  Received by (signature):		Te	red by (name and title printed)  Solved by (signature)  Man Day Man	):



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.

Establishmen	nt name	64	ENERAL STOREN # 240	Telephone Nun  ( ) Establish		Date of Inspection	ID#
Establishmen			2)1	( ) Owner	mene	2/4/25	2005
			RTON FORM KLEN, IN			II In I	- Date
Owner	3 1 -	1110	retor Villerani, 4	Purpose:  1. Routine		Follow-up Release	y AS
Owner						1/2/ -11	1100
				2. Follow-up		Summary of Violati	ions:
Owner addre				3. Complaint	19		nom byarra. I
				4. Pre-Operation	onal	0 5	Selected of Selected
Person in ch	arge	ation	sis resurred to single most service. Pr	5. Temporary	to grant or	CNC_C	) R
LA	VONA	A	m CAZHOUN	6. HACCP	UPS STRE		DECHESSOS TO
Responsible				7. Other (list)		Menu Type (See b	ack of page)
						6	7)
Certified foo	od handle	r			1	123	45
• CRITICAL	ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARI	RATIVE COLUMNS MARKED "	'C"		
• VIOLATION	(S) REPEA	TED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATION	ons" and in ti	HE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R	isto, to antibior this suito or gitt ou	Narrative		DOLLAR DESARE LINESCO.	To Be Corrected by
431	NO	58	FLOOR NUT CLEAR	U AND AREAS	OF K	FICHEN	28/35
3.95	NC	X	FLOOR ON WAZK-	IN ARCERER,	WAZK.	- In cooled	
+			NOT CLEAN, SOFT	- ORINK SYRUP 1	Room		
324	nc	20		TOICET NOT CL			2/6
- Investor		0			- company or ma	and the second second second second	
	F 3	000	1			- //	1
411	MI	3	TIGHT PNTENSIP	Y NOT ADEQ	VATE V	VAZK-DN	3//
			Freezen		50.1.1	2.0	11/2/10
218	NC	1	3	condenser f	-HN I	N WARR -1	-110
	balan	9889	COOLOR	gho southed blockers to to	put Lucque	ods A variety of the	H ALKIDEN AND
177	ne	4	FOOD PACKAGES NO	WALK-DV FO	LOCK LOCK	MINIMU	218
	-		of 6 friches -	WHERE DV FI	We ZEV C	•	
392	NE	_	OUTS I'VE OUMPS TE	OR LED NOT	01050	1. TOASH	2/6
394	NC		SEEN ON GROUND		O ENC	LOSTRE	7
	-		7.0				
1/	TP/)	~	(1) PEZZA WITEMEN	e - work ord	er not	IN USE)	1/
/n0	/	198					
	h	1	00 0	1.	A transfer and	DATEM WAS TO SHEET	A THE STATE OF THE
Received by	(nume di	title t	printed):	Uhain	Inspected	by (name and title printed)	ET
Received by	Someture	1	110,711,00	CIVIL	Inspected b	- 11.1	
La	17	30	no lathour	$\bigcap$	Bu	(Sme)	
cc:			cc:		cc:	3 - 32 24 - 43 10 - 42 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
							<del>-</del>
							Page 1 of





# 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	42020	telephone		Date of Inspection
Casey's	± 39 CO	317-922-0984		2/4/2025
Establishment address	N	10	Summary of Violations	
2105 E	County Line Rd 🦙	logunla	0	C 5 NC
Owner		0-1100-	Follow-up	Release Date
			No	2/14/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Sandy Holobovich			n	1- Limited menu
Establishment Identification #	County	District	Routine	
2726	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:
431	NC		Observed a soiled floor in the Soda room.	2/5/25
295	NC		International Delight cream machine is soiled	2/5/25
295	NC		3 coffee machine nozzles are soiled	2/5/25
431	NC		Cabinet under the International Delight machine is soiled	2/5/25
431	NC		The floor in the kitchen storage room is soiled	2/5/25
		40.4		



# 95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name  Center Grove Church  Establishment address  2340 S. SR 135 Greenwood  Owner  Owner  Person in charge  Responsible person's email			ochericar per sen i umer, restatificad op col associatio in accordance areasociation code a last contra copletiment service P	4. Pre-Operational 5. Temporary	Follow-up Release NO 2-21  Summary of Violate C NC NC	O_R_&
Certified foo	d handle	r			1 / 2 3	_45
Section #	C/NC	-	Nothing of the second of the s	Narrative o Note	m saga ya ka mba	To Be Corrected by
Received by ART Received by	VUR :	DEJ	rinted): BRUYN	1	ed by (name and title printer Me b Phane ed by (signature): MELERW	1):



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name  CHICHGO PIZZA  Establishment address  IOHT W FLEFERSON FINIKLIMAN  Owner  MORRIS BOOHER EPRE  Owner address  Person in charge  BLTS MORRIS  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  2/24 /25  Follow-up Release 3  Summary of Violati  C NC  Menu Type (See b	6   25 ons:
Certified for	ITEMS A	RE ID		E COLUMNS MARKED "C"	123_	55
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	
Section #	-	_		Narrative 1	of the River	To Be Corrected by
138	NC	2	AN KITEHEN	m many or a noun are	BY EMPLOYERS	
295	NC	×	PEZZA OVEN EXAM			2/27
295	ME	>		KITCHEN PROPER	INTON MICH	2/27
			NOT CLEAN			
324	NC	*		15HMAZHINE		0 3/10
431	NC	50	METAL TABLE SHELL	you NOT CON	for pr	2/28
228	NC	×	1 ARge TRUE POFRIS	ORATOR NOT	EASILY	4/1
50 47 1	distant	10089	moveats is	es e-cuite la maid cela holdin	ods. A variety of process	i Subnessel
295	NC	130	WAZK -IN COOLER SI	HELVES NOT CO	ONN, FLOOR	2/28
34			AND WAZE IN ARPA	S OF WACK-I	N TOO LOR NOT	CLAAN
295	NC	*	BOX FAN COVER du.	STY JNOT CLOO	PN .	2 28
431	NC	A	COTLING WENT COVERS	NOT CLOAN &	n distants H	mg 2/28
				HAUST FAN CO	sula to men	5
			nostroom not Class	~~		
			2			
35						
	-	412/2	Second many Starting that Started at 18 1 1710 17	ARTHUR STREET, MARKET PARTY TO THE OWNER, TH	and Among a special and a spec	The state of the s
Received by	(name ar	nd title	printed):	Inspe	cted by (name and title printed) Bob SM N	
Deceived by	(signatur	(e):(Y	Nein	Inspe	cted by (signature): Bol Inte	A Comment
cc:			cc:	cc:	~	
						Page 1 of



#### 95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishmond   28   Owner address   Person in class   Responsible   Responsible   Person   P	ent addres  US  Press  harge	3 d	Greenwood, IN 15. 46/42	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Release Date No 3/2/25  Summary of Violations:		
Certified fo					123_	45	
100 100 100		RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV		N THE NARRATIVE BELOW	AS "R"	
Section #	-	-		Narrative	Harman San was not strained	To Be Corrected by	
399	NC	V	Ofloor tile missing and in kitchen r  Tile cove base m  Area.	near deep fry issing at	er Q \$ A	3/10/25	
431 324	NC		Floor soiled under Bar missing drain drink well.	kitchen ice m piping behind	aKer	3/8/25	
218	NC	History 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 19883 1986 19863 19863 19863 19863 19863 19863 19863 19863 1986	Metal strainer with at fry station	h handle dan shofare en ung normagan miskol li sa har normagan hini odu Maser nogani) sam	adling of nw ingerdient ods. 'A variety of proce	2/21/25	
Received by	0.0			Inspect	ed by (name and title printed	): 	
Received by	1.1	NE STATE OF THE ST	ladd cc:	Inspect  Cc:	drew Miller, ed by (signature): adrew Mille	er EHS	



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.

Establishmer C +	nt name	's		Telephone Number  ( ) Establishment	Date of Inspection	ID# 0 292
Establishmer	nt addres	S	Dam of Franklish Di	( ) Owner		
Owner	1 10	{11	AIN ST. FANKLIN, IN	Purpose:  1. Routine	Follow-up Releas	14/25
Owner addre				2. Follow-up	Summary of Violat	ions:
Owner addre				3. Complaint 4. Pre-Operational	a (1 or 1) with things a re-	1510 Day 114
Person in cha	arge LOD	G	-ASKINS	5. Temporary 6. HACCP	C O NC	7 R
Responsible				7. Other (list)	Menu Type (See b	eack of page)
Certified, foo	d handle	GA	SKINS (35 EXO 7/3)	29)	123(	4 5
CRITICAL I     VIOLATION			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND	) IN THE NARRATIVE BELOW A	.S "R"
Section #		_		Narrative	- ALLEGE OF THE STATE	To Be Corrected by
431	NC	- CE	BLAIND MECHANI	CAZ dISHMA	24714	2/6/25
324	NC	*	LEAN OBSERVED O HANDSTUK FRUCET	on womens	RESTREOM	2/20 Tetter
399	NC	*	FLOOR GROVIEWS	WORN ON A	CORS OF	3//
No	10	4	COFFEE MAKER -	ZEAK ON ZE	VER	2/20
218	NC	1	ZONE 3 REFRIGERAS	TOR door gas	sket worn	3/1
(N)	OTE	<b>*</b>	EXHAUST COVER	estroom me	CHANSERZ	2/6
		22 5	the state of the s	Grand of the state	war to goddin	
Received by	(name and		printed):		Bob Im 177	+ BAB
Received by	(signature		+	Inspe	ected by (signature): Sol	
cc:		-	cc:	cc:		1
THE RESERVE OF THE PARTY OF THE					2 5-	Page 1 of



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

		ation Requirements. The time mint for correction			r or tins report.
Establishme		C 1.	Telephone Number	Date of Inspection	ID#
Chi		Garden	( ) Establishment	2/27/25	1289
Establishme		C1. EC11000007	( ) Owner	7/23	1201
2710	S.	S.R.135 46143	Purpose:		se Date
Owner		71 0	Routine	Ves 3/	9 /25
41	nen	Thi Guo	2. Follow-up	Summary of Violat	ions:
Owner addr	STREET, SQUARE, SQUARE		3. Complaint		
			4. Pre-Operational	A main warms P.	TOUTS DOWN ALL
Person in ch	arge	TOTAL STREET, AND STREET, STRE	5. Temporary	C / NC	8 R
		ni Guo	6. HACCP	erooz wsid on missin	out assauding
Responsible	THE RESERVE THE PERSON NAMED IN	"	7. Other (list)	Menu Type (See l	hack of page)
тевропологе	persons	/ Serwate	7. Other (usi)	Wiena Type (See 8	ruck of puges
Certified foo	od handle			1 2 3 1/	1 5
Zhe	n Zl	i Guo ( Exp 6/10/27)	1	123_V	_43
• CRITICAL	ITEMS AF	E IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	
Section #	C/NC	R	Narrative	Strongstate was to conside	To Be Corrected by
234	No	Bowls without handle	es were used	<i>to</i>	Corrected
-21/5	1. 1	remove ice from a	varmer units		,
218	NC	OTwo strainers with	h handles were	damaged	3/1/25
10-4			Ket is damage		1-1-1
431	NC	Kitchen mechanica	1 exhaust hood	system	3/5/25
		and filters are "hea	vily" soiled		2//-
295	NC	Various refrigeration un	nits are soiled		3/1/25
1110		on the interior	aliens was of	1101	1
419	C	over-the-counter me	eaterne was ste	predles	Corrected
227	10	above two open tra	d restroom	h I can V	3/1/25
adi	NC	Mop Sink basin and		Jana Jina	1/1/25
324	NC	Mop sink atmospheri	the wall break	aker (AVB)	3/1/25
321	140	leaks on faucet	- Vacouri pre	1110	11
431	NC	OKitchen floor is s	oiled		3/1/25
		@ Restroom floor 15 so			2/27/25
295	NC	Toliet is soiled in	restroom		2/27/25
				100	1 1
	NO	TE: Firm needs to calibra	te metal steam t	hermometer	
Received by	(name and	title printed):	Inspec	ted by (name and title printed	
	ens		I An	drew Miller, led by (signature):	EH
Received by	(signature,		Inspec	ted by (signature):	
2	_			drew Miller	
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.

Telephone Number Date of Inspection ) Establishment 267 2-17-25 ) Owner Follow-up Release Date Purpose: 2-27-25 1 Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary Stacey A
Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler imberly Hopgood 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 3-17-25 NC Lamaged vertical door Northwest exterior gutter (horizontal) is leaking and appears damaged 430 NC NOTE: Three bay sink contains a direct drain connection on the drain piping. Received by (name and title printed): andrew Mille 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



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anitation Requirements. The time lim	l for correction of each	violation is specified in	ne narrauve portion of	tuis report.
establishment		telephone		Date of Inspection
Circle K	44700004	317-887-3223		2/4/2025
Establishment address	100	170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 - 170 -	Summary of Violations	
692	S SR 135	140142	0 0	C 2 NC
Owner	914	100000	Follow-up	Release Date
			No	2/14/2025
Person - in - Charge	Certified Food Handle	r	Purpose:	Menu Type
Nicole Conner			n	1- Limited menu
Establishment Identification #	County	District	Routine	
294	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:
	NC	295	Exhaust fan in the rest room is soiled	2/10/25
	NC	431	The floor near the drain in the storage room with the 3-Bay sink is in disrepair.	4/4/25
=				
				-



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 Coffee House Five Establishment address ) Establishment 2/5/25 2656 tablishment address
10 Plummer Ave Bargersville, IN ) Owner Purpose: Follow-up Release Date 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 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 Narrative Section # C/NC R Excellent inspection ! Received by (name and title printed): Terry 7. Bayless Inspected by (signature):



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

Establishmen	nt name		Requirements. The time limit for correct	Telephone Number	Date of Inspection	ID#
COURT STREET CAFE'			RUT CARE'	( ) Establishment	1 ,	
Establishme	nt addres	SS		( ) Owner	2/5/25	2232
39	6	Co	URTSY. FRANKLIN, FON	Purpose:	Follow-up Release	Date
Owner	-			1 Routine	(78) 2°	15/25
5	HPR	PR	t Young	2. Follow-up	Summary of Violati	
Owner addre				manuse .		
Owner addre				3. Complaint	S = (3000 - 10 - 10 - 10	
D : 1	late peta	du	Later of the street street in	4. Pre-Operational	Limber Looses V	1
Person in ch	arge	7	Young	5. Temporary	CNC	) R
-		-	700 19 separtizaria darunaran S	6. HACCP	11 70 70 70 70 70	and
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	المومال		1			
5	HPK	PRY	Toing		13(	4 4 5
• CRITICAL		RE IDE	THE RESIDENCE AND ADDRESS OF THE PERSON OF T	TIVE COLUMNS MARKED "C"		1
• VIOLATION		TED FF	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	s "R"
Section #	.,	_	oragina guiusaan saskigalaa ee saakoos or	Narrative		To Be Corrected by
200	C		SANITIZER (SODIUM	TH POCHLUATO) BU	ACH LORD CH	earthe)
300	1	100	derected on distri			2/6/25
	1		distantitup FIN	AL SANITIZATION	RINSO	
291	NC	Q	CHLORIDIO XOT STRIB			-218
256	Não	M		zeerer - Thern	rometer	2/10
			NOT SOLA			
228	NC	30		SHT REFRIGARATOR	RS NOT	3//
			ENSILY MOVEABLE		1	- 1
218	MC	0		REFRIGERATOR	000P	3/5
2	1.00	0380	GASKOTS WORK	a priibled bit.	200	210
256	NC	do	SMALL PEFRISIA	PATOR IN GRILL	Men-	2110
000	- 40	1			7/07	2/10
295	NC	`	MSEDE TOP OF	ITCE MAKER R	00.	ano
		-	CLEAN			17 -13-00 y 19-34
	0	+				17.17
		$\vdash$			7 27	
	3	11%	pork cultur guines y tal. A contra gradien	or included in the control of the	Company of the Company of the Company	3
Received by	(name an	d title p			ed by (name and title printed)	
		0	SHERRY YOUNG	Bo	b SmITH	
Received by	(signature	ni.		Inspecte	ed by (signature):	
>	X	Ker	if pines	2	LIND	profession to the second
cc:		on other D	0 1 6:	cc:		
						)



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name    Domino's Pizza # 2541     Establishment address   Frank?in     1713 M. Morton # IN   Owner				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#  2/5/25 /845  Follow-up Release Date 2/15/25  Summary of Violations:	
Responsible person's email  Certified food handler  Sarah  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV			Lavaly NTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"	Menu Type (See back of page)  13	
<ul> <li>VIOLATION(</li> </ul>		-	OM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	
Section #	C/NC	R	7 7 7 8	Narrative	ABROUND VIOLET HERE	To Be Corrected by
324 244 244	NC		Kitchen hand sink of Thermonreter is n walk-in eooler Pizza cooler door			2/1/25 2/1/25 37 2/1/25
	Bulania Ma	1140 fo	other Notes: All t	bood hundles	Must be realised to be seen to be	i egistenvi Pauebrussii q bezasaho widagoous
Received by		h	inted):		ted by (name and title printed)  Terry D - Bay  ted by (signature):	less



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

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

Establishme	ont name		Telephone Number	Date of Inspection	7		
Cor	chi hame	24,00 Pat August		Date of Inspection	ID#		
Establishm	ent address	Dur Mayayay	) Establishment	2/7/25	11989		
4000	In Can	H-V/ 11 DI STENI	( ) Owner	1 /	1,101		
7800	W. SMI	th Valley Kd Greenwood	Purpose:	Follow-up Releas			
Owner	1	1 1/1 46/42	1( Routine)	Ves 2	17/25		
00	COD	LOPEZ	2. Follow-up	Symmary of Violat	ionś:		
Owner add	ress		3. Complaint	1'			
-			4. Pre-Operational	1	Q		
Person inje	harge		5. Temporary	c 5 NC	c_5_NcR		
[7]	ason	LDD8Z	6. HACCP				
Responsible	e person's ema	il	7. Other (list)	Menu Type (See b	pack of page)		
	•	(Serv Safe	other (may	inena Type (see s	ment of Puge)		
Certified fo	od handler	LOPZ (EXP 7/5/28)	A-2 1	123	_45		
• CRITICAL	ITEMS ARE II	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	CONTRACTOR OF THE PARTY OF THE			
• VIOLATION	N(S) REPEATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" ANI	O IN THE NARRATIVE BELOW A	AS "R"		
Section #	C/NC R		Narrative	`	To Be Corrected by		
218	NC	Herty dish tale	le for mec	chanical	2/25/25		
	10 17 1027	dish machine con	taiks a br	s hole	new!		
A Majari	a jed za esti	due to a missi	ng garbag	le disposal	table		
438	C	Joxic Spray lo	ttles are	not	Corrected		
		labeled	, ,	1	1,1,		
430	NC	Tile cove base	missing	behend	2/25/25		
	700	mor sink and	in employ	jee restroo	n, 1		
431	NC	Spilled Cookin	g oil was	going	2/7/25		
		into the floor	grain in	pront			
		of this ages	kryen	-1-1:	10/10/10		
413	NC	gilley kitchen	aver in	ot eight-	2/25/25		
1120	10	kitting at the	com ana.	the	0 100100		
430	NC	Vigne about sul	of the lef	ft door	2/25/25		
142	C	Junen closi	W+ (01-100)	in a Lunchelan	11105		
410	10	Santitude Louis	Charles (Chillians)	ne witing	2/1/25		
	a de la constante de la consta	Match than 2	10 som at	mart			
		of Cutting at the	a) ppm as	meat			
284	NC	Louis tomooka	tuno Chami	110.	2/7/25		
Received by	(name and title	printed):	Inspe	cted by (name and title printed)			
2. Le	BFO	ru G	A A	ndrew Mille	r, ENX		
Received by	(signature):		Inspe	cted by (signature)	24)		
In				Marilla I Vall	WU		
ce:		cc:	cc:				
Marine State of			1				

NARRATIVE REPORT

Ste M.

Establish	/ +		Address 11 1/200 Pl	Inspection Date
			wo 4800W. Smith Valley Rd	2/7/25 TO BE
Section#	C/NC	R	REMARKS 146H2	CORRECTED BY
			dish machine temperature was	
04.5	C		118°F(MOT 120°F to 140°F)	
205	<u></u>	-	small deep fryer basket	Corrected
173	C		Raw shelled law were stored	Corrected
			over ready- to-est cheese	
			while inside the two door	
210			Migali Cooler (2) took of	2/25/25
218	NC		m) Musili Coolah	2/25/25
334	C		no alto mor line moted	2/25/25
			on the following equipment	/ /
			arain biping:	
		<u> </u>	(1) Kitcher uce maker	
		$\vdash$	(3) Bar ice bin	
			(3) Server soda Station) ice be	n l
228	NC		Bar two door cooler is not	2/25/25
		L	easily movable (i.e. on wheels/	/ /
			Casteha)	<u> </u>
		┝		
	<u> </u>	$\vdash$		
		├-		
	<u> </u>	╁		
		<del> </del>		
		$\vdash$		
	2			
Received B	(Name	& T	Inspected By (Name & Title)  MATOW MUDDOW, EHS	Page <u>2</u> of <u>2</u>
			ILNIWITHIN IT WOULD, EH 8	<u> </u>



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	l #1	Telephone Number	Date of Inspection	ID#	
Egg Ro Establishment address 640 US 31	Correnwood. IN de	( ) Establishment ( ) Owner	00/6/05	2464	
040 00 81 Owner		1. Routine 2. Follow-up	Follow-up Release Summary of Violatio		
Owner address Person in charge	cooked or prenated to order. Rutal research from a read foods is restricted to smorte measurerdes. Propagator a potentially say adopted to smorte measurerdes. Propagator a potentially say adopted to	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP			
Responsible person's	email	7. Other (list)	. Other (list) Menu Type (See back of		
Certified food handler Folm Kn	som Eyl. 6/8/28		1 2 3 ✓	45	
• CRITICAL ITEMS AR • VIOLATION(S) REPEAT	E IDENTIFIED IN THE CHECKLIST AND NARRATIVI TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	"R"	
Section # C/NC	R	Narrative	THE STATE OF SHIPPING	To Be Corrected by	
431 Ne	main drain at 3-	bom sink is	solled-	2/21/25	
101				1, 1	
295 Ne	left & oight socle	of Ull-maelin	28 mmer		
	when part of the 1	ndeline is so	ted.		
-		, 1	4		
309 NC	Couple of vent n	elds cleaning i	n the	1	
218 NC	to be Clean/ uplace	in Cooler & fi	elrer need	2/10/25	
117 Ne	freezer	the place misocle	walk in	2/12/25	
	le food tems movide	valle-in file	rer needs to		
	MDit: 1) Please Cover (ii) Please fix the (iii) Freshly manage	er needer for (Ce-1	t dry stora	tims neede	
Received by (hame and	tiple printed):	Inspecte Pai	d by (name and title printed): UBUTEM A		
Received by (Newture)	TOHM 1- KWAN	flaul	d by (signature):		
cc:	СС:	/pc:			



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

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

			1	1	1			
Establishmen	nt pame	1	2 400 01	Telephone Number	Date of Inspection	ID#		
El	rol	W	2 Mexican Kestav	rant Establishment	2/17/25	2568		
Establishmen			2 G Edinburgh	( ) Owner	0/1/23	2500		
200 F	=. Ma	in	Cross St. IN 46/24	Purpose:	Follow-up Release	se Date		
Owner		6	,	1. Routine	100 2	/27/25		
( )	am)	(	Juggada	2. Follow-up	Summary of Viola	ions:		
Owner addre	ess			3. Complaint				
			U	4. Pre-Operational				
Person in ch	arge	_		5. Temporary	C_O_NC_	5 R		
Ruol	1	6	Vian ad A	6. HACCP	0 0 110	C S IVC A Property C		
Responsible		email	ulhala	7. Other (list)	Monu Tuno (Caa	Menu Type (See back of page)		
Responsible	persons	ciiiaii	/ Sew Sate Exp	7. Other (usi)	Menu Type (See a	f		
Ceptified for	od handle	1	8/16/29		- 1 2 3 V	4 5		
Kuel	en) (	L/L	102 ada ( 5/16/29)		1			
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
284	NC		dow temperature		ical	2/20/25		
1015 (1017)	VILISHIT	N. IV.	dish machine wa		alure was	///		
0.10	, unsqueet		113,9°F (not 120°F	to 140°F)	nz to San Dominica sorzi	1-1-		
218	NC		Two Chip Strai	new baske	to were	2/21/25		
200			damaged		1 . 100001	3/10/25		
399	NC		Floor ales da	magea nea	r floor	3/10/25		
			grease was an	a will con	ve lase			
-		_	disting unal	r ju spra	y al			
295	NC		Januarier Tariot	- PIMILLI	1. Le Da I api l	d 2/17/25		
430	NC		Habiri lipind	condensate	on inter	/ /		
100	100	72 11 1	Ent Coilibna of	1171 PF- 1 h - 1	capped.	L		
			ase carry so	ware rate	20000	- newsia		
			note: Chlorine	Fest papers	expined	Let new		
			on 1-1-23.	191000	The same of the sa	Prom		
						Osupplier		
						77		
Received by				1	pacted by (name and title printed			
Received by		(%)	uerala	Tag	tn 11PW //11/1EV pegted by, (signature):	, EHS		
Kedelved by	(signature)	3		Ins	Indrew Mel	1004)		
cc:	76		cc:					
				- 1				