



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

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

*Bulson  
2/17*

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>Lanekwood Suites</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2/4/25</i>	ID# <i>1376</i>
Establishment address <i>1190 N. Graham Rd Greenwood, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:  C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address	Menu Type (See back of page)	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge			
Responsible person's email			
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"

Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No thermometer in the beverage</i>	<i>Corrected</i>

Received by (name and title printed): <i>K. VAVOANI DUMAS</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:



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Bekson  
2/17

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 <b>CASEY'S GENERAL STORE #3499</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/4/25</b>	ID# <b>2005</b>
Establishment address <b>3048 N MORTON FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Clean-up</b>	Release Date <b>2/14/25</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>8</u> R <u>    </u>	
Owner address	Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u>(X)</u> 4 <u>    </u> 5 <u>    </u>		
Person in charge <b>LA DONNA M CALHOUN</b>			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/N/C	R	Narrative	To Be Corrected by
431	NC	X	FLOOR NOT CLEAN IN AREAS OF KITCHEN	2/8/25
295	NC	X	FLOOR IN WALK-IN FREEZER, WALK-IN COOLER NOT CLEAN, SOFT DRINK SYRUP ROOM	
324	NC	-	MENSA RESTROOM TOILET NOT CLEAN	2/6
411	NC	(X)	LIGHT INTENSITY NOT ADEQUATE WALK-IN FREEZER	3/1
218	NC	X	DE BUILT UP ON CONDENSER FAN IN WALK-IN COOLER	2/10
177	NC	-	FOOD PACKAGES NOT STORED OFF FLOOR MINIMUM OF 6 INCHES - WALK-IN FREEZER	2/8
392	NC	-	OUTSIDE DUMPSTER LID NOT CLOSED, TRASH	2/6
394	NC	-	SEEN ON GROUND WITHIN THE ENCLOSURE	
			(1) PIZZA WRITER - WORK ORDER (NOT IN USE)	✓

Received by (name and title printed): <b>LaDonna M. Calhoun</b>	Inspected by (name and title printed): <b>Bob Smith ETS</b>
Received by (signature): <i>LaDonna Calhoun</i>	Inspected by (signature): <i>Bob Smith</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 Casey's # 3928		telephone 317-922-0984	Date of Inspection 2/4/2025
Establishment address 2105 E. County Line Rd Greenwood		Summary of Violations <b>0 C 5 NC</b>	
Owner		Follow-up No	Release Date 2/14/2025
Person - in - Charge Sandy Holobovich	Certified Food Handler		Purpose: Routine
Establishment Identification # 2726	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:
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

Establishment Representative

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



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INSPECTION REPORT**

95 S. DRAKE ROAD  
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Betsy  
2/13

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>Center Grove Church</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2-11-25</i>	ID# <i>2189</i>
Establishment address <i>2340 S. SR 135 Greenwood</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>2-21-25</i>
Owner		Summary of Violations:  <i>C 0 NC 0 R 0</i>	
Owner address	Menu Type (See back of page)  <i>1 X 2 3 4 5</i>		
Person in charge			
Responsible person's email			
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"

Section #	C/NC	R	Narrative	To Be Corrected by
			<i>Nothing to Note</i>	

Received by (name and title printed): <i>ARTAUR DEBRUYN</i>	Inspected by (name and title printed): <i>Caleb Plesner</i>
Received by (signature):	Inspected by (signature): <i>Calw Plesner</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
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Beth  
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 CHICA90 PIZZA	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 2/24/25	ID# 1031
Establishment address 1047 W JEFFERSON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3/6/25
Owner MORRIS / BOONER / EPPE		Summary of Violations: C 0 NC 9 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge BETSY MORRIS			
Responsible person's email			
Certified food handler CHASE KEAN (SERVSAFE)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC		Narrative	To Be Corrected by
238	NC	*	HAIR RESTRAINT NOT WORN BY EMPLOYEES IN KITCHEN	2/26/25
295	NC	*	PIZZA OVEN EXHAUST FILTERS NOT CLEAN	2/27
295	NC	>	DOUGH MACHINE IN KITCHEN PREPARATION AREA NOT CLEAN	2/27
324	NC	*	LEAK NOTED ON DISHMACHINE SPRAY NOZZLE	3/10
431	NC	>	METAL TABLE SHELVING NOT CLEAN IN KITCHEN	2/28
228	NC	*	LARGE "TRUE" REFRIGERATOR NOT EASILY MOVABLE	4/1
295	NC	*	WALK-IN COOLER SHELVES NOT CLEAN, FLOOR AND WALL IN AREAS OF WALK-IN COOLER NOT CLEAN	2/28
295	NC	*	BOX FAN COVER DUSTY/NOT CLEAN	2/28
431	NC	*	CYLING VENT COVERS NOT CLEAN IN DISHWASHING AREA, CYLING EXHAUST FAN COVER IN MEN'S RESTROOM NOT CLEAN	2/28

Received by (name and title printed): Beth Morris	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Beth Morris	Inspected by (signature): Bob Smith
cc:	cc:



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Belted  
2/20

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>Chili's Grill &amp; Bar</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2/19/25</i>	ID# <i>2291</i>
Establishment address <i>1281 US 31 S. Greenwood, IN 46142</i>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>3/2/25</i>
Owner <i>Corp</i>		Summary of Violations:  C <i>0</i> NC <i>4</i> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Person in charge <i>M. Todd</i>			
Responsible person's email			
Certified food handler <i>M. Todd</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>399</i>	<i>NC</i>	<input checked="" type="checkbox"/>	<i>① Floor tile missing under bar drink well and in kitchen near deep fryer</i>	<i>3/10/25</i>
			<i>② Tile cove base missing at Q &amp; A Area.</i>	
<i>431</i>	<i>NC</i>		<i>Floor soiled under kitchen ice maker</i>	<i>2/19/25</i>
<i>324</i>	<i>NC</i>		<i>Bar missing drain piping behind drink well.</i>	<i>3/8/25</i>
<i>218</i>	<i>NC</i>		<i>Metal strainer with handle damaged at fry station</i>	<i>2/21/25</i>

Received by (name and title printed): <i>MARIE TODD</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Bekm  
2/17

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 <b>CHILI'S</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/14/25</b>	ID# <b>0292</b>
Establishment address <b>2299 N MAIN ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/14/25</b>
Owner		Summary of Violations: <b>C 0 NC 4 R</b>	
Owner address	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <b>X</b> 5 ___		
Person in charge <b>KYLEE GASKINS</b>			
Responsible person's email			
Certified food handler <b>KYLEE GASKINS</b> (see report era 7/3/24)			

- 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	*	FLOOR NOT CLEAN AT CORNER BEHIND MECHANICAL DISTURBANCE	2/6/25
324	NC	*	LEAK OBSERVED ON WOMENS RESTROOM HANDSINK <del>FRUIT</del> FRUIT, BACK KITCHEN HANDSINK FRUIT,	2/20
399	NC	*	FLOOR GROUTING WORN IN AREAS OF KITCHEN	3/1
<b>(NOTE)</b>		*	COFFEE MAKER - LEAK ON LEVER	2/20
218	NC	*	TWO REFRIGERATOR DOOR GASKET WORN	3/1
<b>(NOTE)</b>		*	<del>WOMENS RESTROOM MECHANICAL</del> EXHAUST COVER NOT CLEAN	2/6

Received by (name and title printed): <b>Kylee Gaskins</b>	Inspected by (name and title printed): <b>Bob Smith ETS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Bukm  
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 <b>Ching Garden</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/27/25</b>	ID# <b>1289</b>
Establishment address <b>2710 S.S.R.135 Greenwood, IN 46143</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>3/9/25</b>
Owner <b>Zhen Zhi Guo</b>		Summary of Violations:  C <u>1</u> NC <u>8</u> R <u>    </u>	
Owner address		Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u>    </u> 4 <u>✓</u> 5 <u>    </u>	
Person in charge <b>Zhen Zhi Guo</b>			
Responsible person's email <b>(ServSafe)</b>			
Certified food handler <b>Zhen Zhi Guo Exp 6/10/27</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
234	NC		Bowls without handles were used to remove ice from warmer units	Corrected ↓
218	NC		① Two strainers with handles were damaged ② One deep fryer basket is damaged	3/1/25 ↓
431	NC		Kitchen mechanical exhaust hood system and filters are "heavily" soiled	3/5/25 ↓
295	NC		Various refrigeration units are soiled on the interior	3/1/25 ↓
419	C		Over-the-counter medicine was stored above two open trays of cooling noodles	Corrected ↓
227	NC		Mop sink basin and restroom hand sink are not sealed to the wall	3/1/25 ↓
324	NC		Mop sink atmospheric vacuum breaker (AVB) leaks on faucet	3/1/25 ↓
431	NC		① Kitchen floor is soiled ② Restroom floor is soiled + walls	3/1/25 2/27/25
295	NC		Toilet is soiled in restroom	2/27/25

NOTE: Firm needs to calibrate metal steam thermometer

Received by (name and title printed): <b>Zhenzhi</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
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Bekal  
2/18

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>Circle K #4700066</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2-17-25</i>	ID# <i>267</i>
Establishment address <i>200 W. Main Cross St. IN 46124</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>2-27-25</i>
Owner <i>Mac's Conv. Stores LLC</i>		Summary of Violations:  <i>C 0 NC 2 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Stacey Ayers</i>			
Responsible person's email			
Certified food handler <i>Kimberly Hopgood (AFSC Exp 12/21/27)</i>			

• 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
<i>413</i>	<i>NC</i>		<i>Front double entry/exit doors are not tight-fitting at center bottom due to a damaged vertical door seal.</i>	<i>3-17-25</i>
<i>430</i>	<i>NC</i>		<i>Northwest exterior gutter (horizontal) is leaking and appears damaged</i>	<i>3-17-25</i>
			<i>NOTE: Three bay sink contains a direct drain connection on the drain piping.</i>	

Received by (name and title printed): <i>Stacey Ayers Manager</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Stacy Ayers</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

Bulky  
2/17



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



Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Circle K # 4700004		telephone 317-887-3223	Date of Inspection 2/4/2025
Establishment address 692 S SR 135 Greenwood 46142		Summary of Violations <b>0 C 2 NC</b>	
Owner		Follow-up No	Release Date 2/14/2025
Person - in - Charge Nicole Conner	Certified Food Handler		Purpose: Routine
Establishment Identification # 294	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	RP	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

Establishment Representative

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



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Benny  
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 <b>Coffee House Five</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/5/25</b>	ID# <b>Z056</b>
Establishment address <b>10 Plummer Ave Bargersville, IN</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:  C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address	Menu Type (See back of page)  1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___		
Person in charge			
Responsible person's email			
Certified food handler <input checked="" type="checkbox"/>			

- 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
			Excellent inspection!	

Received by (name and title printed): <b>x Maria Ivins</b>	Inspected by (name and title printed): <b>Ferry D. Bayless</b>
Received by (signature): <b>x Maria Ivins</b>	Inspected by (signature): <b>Ferry D. Bayless</b>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
 RETAIL FOOD ESTABLISHMENT  
 INSPECTION REPORT

95 S. DRAKE ROAD  
 FRANKLIN IN 46131  
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*Belton  
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 <b>COURT STREET CAFE'</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/5/25</b>	ID# <b>2232</b>
Establishment address <b>39 E COURT ST. FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>YES</b>	Release Date <b>2/15/25</b>
Owner <b>SHERRY YOUNG</b>		Summary of Violations:  <b>C 1 NC 6 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 <u>V</u> 5</b>	
Person in charge <b>SHERRY YOUNG</b>			
Responsible person's email			
Certified food handler <b>SHERRY YOUNG</b>			

- 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/N/C	R	Narrative	To Be Corrected by
200	C		<del>SANITIZER (SODIUM HYPOCHLORATE) BUREAU LABEL CHANGING</del> <b>NOT DETECTED ON DISTRICT AT MECHANICAL DISINTEGRATING FINAL SANITIZATION RINSE</b>	<b>2/6/25</b>
291	NC		<del>CHLORINE TEST STRIPS NOT AVAILABLE</del>	<b>2/8</b>
256	NC		<del>SMALL CHEST FREEZER - THERMOMETER NOT SEEN</del>	<b>2/10</b>
228	NC		<del>(2) LARGE UPRIGHT REFRIGERATORS NOT EASILY MOVABLE</del>	<b>3/1</b>
218	NC		<del>"TRUE" UPRIGHT REFRIGERATOR DOOR GASKETS WORN</del>	<b>3/5</b>
256	NC		<del>SMALL REFRIGERATOR IN GRILL AREA - THERMOMETER NOT SEEN</del>	<b>2/10</b>
295	NC		<del>INSIDE TOP OF ICE MAKER NOT CLEAN</del>	<b>2/10</b>

Received by (name and title printed): <b>SHERRY YOUNG</b>	Inspected by (name and title printed): <b>Bob Smith</b>
Received by (signature): <i>Sherry Young</i>	Inspected by (signature): <i>Bob Smith</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

*Bulsm  
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>Dominos Pizza # 2541</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2/5/25</i>	ID# <i>1845</i>
Establishment address <i>1713 N. Morton St 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>2/15/25</i>
Owner	Summary of Violations:  C <u>0</u> NC <u>3</u> R <u>    </u>	Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u>X</u> 4 <u>    </u> 5 <u>    </u>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Sarah Laveley</i>			

- 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
<i>324</i>	<i>NC</i>		<i>kitchen hand sink drains slowly</i>	<i>2/7/25</i>
<i>254</i>	<i>NC</i>		<i>Thermometer is not accurate for the walk-in cooler</i>	<i>2/2/25</i>
<i>295</i>	<i>NC</i>		<i>Pizza cooler door handles are dirty [tapping]</i>	<i>2/2/25</i>
			<i>other</i>	
			<i>Notes: All food handlers must wear a hair restraint</i>	

Received by (name and title printed): <i>+ Sarah Laveley</i>	Inspected by (name and title printed): <i>Terry D. Bayless</i>
Received by (signature): <i>Sarah Laveley</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:



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

JOHNSON COUNTY HEALTH DEPARTMENT  
95 S DRAKE RD  
FRANKLIN, IN 46131  
PHONE: 317-346-4365 FAX:317-736-5264

*Burn  
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 <b>Don Cuervo Restaurant</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/7/25</b>	ID# <b>1989</b>
Establishment address <b>4800 W. Smith Valley Rd Greenwood IN 46142</b>	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>2/17/25</b>
Owner <b>Jacob Lopez</b>		Summary of Violations:  C <u>5</u> NC <u>8</u> R _____	
Owner address		Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <input checked="" type="checkbox"/> 5 _____	
Person in charge <b>Jason Lopez</b>			
Responsible person's email			
Certified food handler <b>Jason Lopez (Serv Safe Exp 7/5/28)</b>			

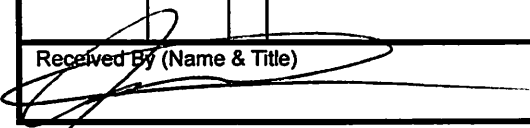
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		Dirty dish table for mechanical dish machine contains a big hole due to a missing garbage disposal	2/25/25 new table
438	C		Toxic spray bottles are not labeled	Corrected
430	NC		Tile cove base missing behind mop sink and in employee restroom	2/25/25
431	NC		Spilled cooking oil was going into the floor drain in front of chip deep fryer	2/7/25
413	NC		alley kitchen door not tight-fitting at bottom and the	2/25/25
430	NC		right door rubs the left door when closing	2/25/25
443	C		Sanitizer bucket (chlorine) with cloth & towel contained sanitizer greater than 200 ppm at meat cutting station	2/7/25
284	NC		low temperature chemical	2/7/25

Received by (name and title printed): <b>Rob F. Cox, Esq.</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

NARRATIVE REPORT

Ste M.

Establishment Name			Address	Inspection Date
Don Cuervo			4800W. Smith Valley Rd	2/7/25
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			dish machine temperature was 118°F (not 120°F to 140°F)	I
205	C		Small deep fryer basket was in severe disrepair	Corrected I
173	C		Raw shelled eggs were stored over ready-to-eat cheese while inside the two door Migali cooler	Corrected I
218	NC		Door seals (2) torn/split on Migali cooler	2/25/25 I
334	C		No air gap was noted on the following equipment drain piping:	2/25/25 I
			① Kitchen ice maker	
			② Bar three bay sink	
			③ Bar ice bin	
			④ Server soda station ice bin	
228	NC		Bar two door cooler is not easily movable (i.e. on wheels/casters)	2/25/25 I
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
			Andrew Muller, EHS	



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  
2/17

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 <b>Egg Roll #1</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>02/06/25</b>	ID# <b>2464</b>
Establishment address <b>640 US 31 Greenwood, IN 46142</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date
Owner		Summary of Violations: <b>C 0 NC 5 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 <input checked="" type="checkbox"/> 4 5	
Responsible person's email			
Certified food handler <b>John Kwan Exp. 6/5/28</b>			

- 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
481	nc		main drain at 3-bay sink is soiled.	2/21/25
295	nc		left & right side of ice-machine & inner upper part of the machine is soiled.	↓
309	nc		couple of vent needs cleaning in the kitchen area.	
218	nc		door seal at walk-in cooler & freezer need to be clean/replaced.	
177	nc		Others are items on the floor inside walk-in freezer (i) food items inside walk-in freezer needs to be covered.	2/12/25
NDIÉ: (i) please cover LED light at dry storage (ii) please fix the cover for ice-machine. (iii) Facility manager needs some time to purchase items needed.				

Received by (name and title printed): <b>John T. Kwan</b>	Inspected by (name and title printed): <b>Paul Belicu ETS</b>
Received by (signature): <b>JOHN T. KWAN</b>	Inspected by (signature): <b>Paul Belicu</b>
cc:	cc:





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

Betau  
2/18

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>El Potro 2 Mexican Restaurant</i>	Telephone Number Establishment ( ) Owner	Date of Inspection <i>2/17/25</i>	ID# <i>2568</i>
Establishment address <i>200 E. Main Cross St. Edinburgh IN 46124</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>2/27/25</i>
Owner <i>Juan Quezada</i>		Summary of Violations:  C <u>0</u> NC <u>5</u> R <u>    </u>	
Owner address	Responsible person's email <i>(Sen Safe Exp)</i>	Menu Type (See back of page)	
Person in charge <i>Ruelen Quezada</i>		1 <u>    </u> 2 <u>    </u> 3 <u>✓</u> 4 <u>    </u> 5 <u>    </u>	
Responsible person's email			
Certified food handler <i>Ruelen Quezada</i>	<i>(8/16/29)</i>		

• 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
284	NC		Low temperature mechanical dish machine wash temperature was 113.9°F (not 120°F to 140°F)	2/20/25 I
218	NC		Two chip strainer baskets were damaged	2/21/25 I
399	NC		Floor tiles damaged near floor grease trap and wall cov. base missing under jet spray at dishwasher	3/10/25 I
295	NC		Large M olcayete bowls were soiled	2/17/25 I
430	NC		Heavy liquid condensate on interior East ceiling of walk-in-cooler	I
			Note: Chlorine test papers expired on 1-1-23.	Get new from supplier

Received by (name and title printed): <i>X Ruben Quezada</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: