



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Beth
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 <i>Johnny Carino's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/26/25</i>	ID# <i>2059</i>
Establishment address <i>920 US 31N Greenwood, IN 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>Yes</i>	Release Date <i>3/8/25</i>
Owner <i>Greenwood Fry, LLC</i>		Summary of Violations: <i>C 1 NC 10 R 1</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 <input checked="" type="checkbox"/> 4 5</i>	
Person in charge <i>Maria Gonzalez</i>			
Responsible person's email			
Certified food handler <i>Miriah Bennett</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
431	NC		Dining room air return vents are soiled	3/8/25
356	NC		Firm's backflow preventer on the main domestic water line lacked an inspection tag.	3/15/25
284	NC		Rinse gauge on mechanical dish machines read approximately 125°F. Unit is a high temperature dish unit.	3/1/25
399	NC		Peeling paint on walls in dish area, mop sink	3/19/25
303	C		Mechanical dish machine not sanitizing dishes immediately after cleaning	2/26/25
295	NC		Bar soda gun and holder is soiled	2/26/25
324	NC		Kitchen three bay sink leaks from far left underneath gasket	3/19/25
295	NC		Broken glass inside bar glass chiller/cooler	2/26/25
218	NC		One deep fryer basket is damaged	2/20/25

Received by (name and title printed): <i>Maria Gonzalez</i>	Inspected by (name and title printed): <i>ANDREW MILLER EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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95 S. DRAKE ROAD
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Office 317-346-4365 Fax 317-736-5264

Bulky
2/14

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 KING BUFFET	Telephone Number () Establishment () Owner	Date of Inspection 2/3/25	ID# 2041
Establishment address 2239 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 2/13/25
Owner EM CHEN		Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge EM CHEN			
Responsible person's email			
Certified food handler EM CHEN			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	X	WALK IN COOLER SHELVING WORN, NOT CLEAN	2/20/25
295	NC	X	CLEAN	
229	NC	-	BULK FOOD CONTAINER (PLASTIC) CHIPPED	2/20
399	NC	X	FLOOR WORN, NOT CLEAN IN AREAS OF KITCHEN	3/1
431	NC	-	KITCHEN	
206	NC	X	KITCHEN SHELVING - SOME CORRODED	2/20
324	NC	X	HANDSINK FAUCET LEAKS IN FRONT SUSHI AREA	2/18
411	NC	X	(1) LIGHT OUT ON EXHAUST HOOD IN KITCHEN	2/20

Received by (name and title printed):

Em Chen

Inspected by (name and title printed):

Bob Smith ETS

Received by (signature):

Em Chen

Inspected by (signature):

Bob Smith

cc:

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

*Belm
2/4*

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 2A COCINA MEXICANA RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 2/3/25	ID# 1673
Establishment address 912 N MORDEN FRANKLIN, IN	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/13/25
Owner ALBERTO SIXTO MERI		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u> </u>	
Person in charge ALBERTO SIXTO MERI		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> <u>4</u> 5 <u> </u>	
Certified food handler ALBERTO SIXTO M (7/29/25 EXP)			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	MC	R	LEAK NOTED AT 2 COMPARTMENT SINK FAUCET	2/13/25
177	MC	R	BAG OF ONIONS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN BKEK STOCK AREA	2/5/25

Received by (name and title printed): Alberto Meri	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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95 S. DRAKE ROAD
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*Belton
2/14*

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 LITTLE CAESARS PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 2/3/25	ID# 2685 2685
Establishment address 906 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/13/25
Owner FARID FATEMALLY		Summary of Violations: C <u>0</u> NC <u>2</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge SAFALTA		1 <u> </u> 2 <u> </u> 3 <u>3A</u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
413	NC	*	BACK DOOR CLOSURE BROKEN	2/15/25
411	NC	*	(1) LIGHT OUT ON EXHAUST HOOD	2/15

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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

Arrived 11:15 am

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

Bekm
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 <i>Long John Silver's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/27/25</i>	ID# <i>2167</i>
Establishment address <i>291 Independence Dr</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>3/9/25</i>
Owner <i>Greenwood, IN 46143</i>		Summary of Violations: <i>3</i> <u>NC</u> C <u>R</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>2</u> 3 <u>4</u> 5	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
392	NC	5	Dumpster lid was up & trash seen around dumpster enclosure	3/1/25
431	NC		Shelving underneath microwave is heavily soiled.	3/2
399/431	NC/NC		Walls are worn in areas of kitchen & not clean.	3/3
431	NC		Floor underneath ice-machine, kitchen area not clean.	3/3
431	NC		Floor is dirty in both bathrooms	3/3
295	NC		Floor inside walk-in cooler & freezer is soiled. Shelving inside walk-in cooler not clean.	3/3
191	C		No date marking on fish container inside walk-in cooler	2/28
218	NC		Walk-in freezer door closure not properly sealed	3/15
295	NC		Compartment area where coleslaw is stored in the front area is soiled.	3/3
295	NC		Prep sink is soiled & filled with unused debris water.	3/1
324	NC		Toilet flush lever is leaking/not functioning properly in men's restroom.	3/15
324	NC		Prep sink faucet is leaking	3/15
336	C		Y-valve connected to the mop sink & hoses are attached.	3/15

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): <i>Paul Berticus / Bob Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Paul Berticus / Bob Smith</i>
cc: <i>[Signature]</i>	cc:

NARRATIVE REPORT

Establishment Name <i>Long John Silver's</i>	Address <i>2191 Independence dr Greenwald TN 36143</i>	Inspection Date <i>2/27/25</i>
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Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
<i>421</i>	<i>MC</i>		<i>Main drain at soda machine station is cotted.</i>	<i>3/1/25</i>
<i>415</i>	<i>C</i>		<i>Gnats are observed around soda machine station in the lobby.</i>	<i>3/3</i>

Received By (Name & Title) 	Inspected By (Name & Title) <i>Paul Betiku / Bob Smith</i>	Page <u><i>2</i></u> of <u><i>2</i></u>
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State Form 48621 (R2 / 8-05)

Betsy
2/13



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 Love's Travel Stop # 451		telephone 317-535-8741	Date of Inspection 2/11/2025	
Establishment address 5115 N 300 E Whiteland			Summary of Violations 0 C 0 NC	
Owner Zack Miller			Follow-up No	Release Date 2/21/2025
Person - in - Charge Zack Miller		Certified Food Handler		Purpose: Routine
Establishment Identification # 1518		County Johnson	District	Menu Type I- 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:
			No Violations to report	

BUSM
2/1/25



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 Loves Travel Stop #451 Arby's		telephone 317-535-8741	Date of Inspection 2/4/2025
Establishment address 5115 N 300 E Whiteland		Summary of Violations 0 C 2 NC	
Owner		Follow-up No	Release Date 2/21/2025
Person - in - Charge Sam Hilliard	Certified Food Handler Sam Hilliard exp 12/7/26		Menu Type 1- Limited menu
Establishment Identification # 1519	County Johnson	District	Purpose: Routine

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
410	NC		Observed a broken lightbulb in the hood above the friers.	2/21/25
430	NC		The ceiling in the dish room above the mop sink is in disrepair	2/21/25



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FRANKLIN IN 46131
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*Beck
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 MATT'S MEATS	Telephone Number () Establishment () Owner	Date of Inspection 2/21/25	ID# 2711
Establishment address 90 W JEFFERSON ST. FRANKLIN IN	Purpose: 1. Routine	Follow-up —	Release Date 3/3/25
Owner MATTHEW LAWYER	2. Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>—</u>	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Certified food handler	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
1		A	NO VIOLATIONS OBSERVED	✓

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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
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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 MI ABUELITO #3	Telephone Number () Establishment () Owner	Date of Inspection 2/4/25	ID# 2460
Establishment address 2797 N MORTON ST, FRANKLIN IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/14/25
Owner SUAAN QUESADA		Summary of Violations: C 1 NC 4 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge BULMARO GARCIA			
Responsible person's email			
Certified food handler BULMARO GARCIA (SEPUSAFP CE/NA 3/17/26 EXP)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	Ⓢ	Narrative	To Be Corrected by
344	C	→	SOILED DISHWARE/PAN STORED IN HANDSINK	CORRECTED 2/4/25
324	NC	Δ	LEAK NOTED ON MOP SINK FAUCET	2/10/25
392	NC	×	DUMPSTER LID NOT CLOSED	2/6
324	NC	×	LEAK NOTED ON HANDSINK DRAIN	2/10
256	NC	R	THERMOMETER NOT OBSERVED IN ONE UPRIGHT FREEZER	2/6

Received by (name and title printed): Bulmaro R Garcia	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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

*Betku
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>Mi Jefe</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/4/25</i>	ID# <i>1639</i>
Establishment address <i>106 S. DR 135 Trafalgar 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 2 NC 2 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 <input checked="" type="checkbox"/> 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Jose Ciron</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
139	C		Open food materials are not covered inside walk-in cooler. @ couple of food materials are not covered at temp holding station.	ASAP ↓
177	NC		couple of food items are not off the ground inside walk-in cooler.	2/5/25
334	C		NO backflow prevention at mop sink. hose is extended inside the mop sink	↓ corrected
297	NC		Base part of soda nozzles are soiled	ASAP
			NOTE (i) mechanical dish washer sanitizer is okay (ii) please hang hand held utensils on the rack.	

Received by (name and title printed): <i>Norberto Zaragoza</i>	Inspected by (name and title printed): <i>Paul Betiku EHS</i>
Received by (signature): <i>Norberto Zaragoza</i>	Inspected by (signature): <i>Paul Betiku</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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95 S. DRAKE ROAD
FRANKLIN IN 46131
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*Belton
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 MILLIES ICE CREAM CO.	Telephone Number () Establishment () Owner	Date of Inspection 2/21/25	ID# 2683
Establishment address 910 W JEFFERSON ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3/3/25
Owner SAMANTHA ANGEL		Summary of Violations: C <u>0</u> NC <u>3</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 5	
Person in charge SAMANTHA ANGEL			
Responsible person's email			
Certified food handler <u> </u>			

• 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
256	NC	2	THERMOMETER NOT OBSERVED IN ICE CREAM CHEST FREEZER	corrected 2/21/25
431	NC	A	EMPLOYEES RESTROOM CEILING EXHAUST COVER NOT CLEAN	2/28
254	NC	2	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F NOT ACCURATE	corrected CALIBRATED 2/21

Received by (name and title printed): Samantha Angel manager on duty	Inspected by (name and title printed): Bob Smith BHS
Received by (signature): <i>Samantha Angel</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:

*Betsy
2/26*



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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establishment Nana's Daylight Donuts		telephone 402-515-4058	Date of Inspection 2/27/2025	
Establishment address 2245 Sheek Rd.			Summary of Violations 1 NC 0 C	
Owner Pailin Men & Chheng Ming			Follow-up No	Release Date 3/9/2025
Person - in - Charge Eng Kim		Certified Food Handler	Purpose: Routine	Menu Type: 1- Limited menu
Establishment Identification # 2579	County Johnson	District		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
422	NC		Observed personal food items being stored with retail food items and not labeled as personal.	3/1/25



*Bokm
2/13*

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Establishment Nannie's Kitchen - <i>Grace Assem. of God Church</i>		Telephone 317-657-4998	Date of Inspection 2/11/2025
Establishment address 6822 N US 31 <i>Whiteland</i>		Summary of Violations 0 C 1 NC	
Owner Jerrine Brooks		Follow-up No	Release Date 2/21/2025
Person - in - Charge Joe Ashbrook	Certified Food Handler Jerrine Brooks exp 8/23/27		Purpose: Routine
Establishment Identification # 2624	County Johnson	District	Menu Type 1- Limited menu

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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
291	NC	R	Did not observe chemical test strips for the sanitizer.	2/21/25



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Beltan
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 New Kumo Japanese Restaurant	Telephone Number Establishment () Owner	Date of Inspection 2/4/25	ID# 1821
Establishment address 1051 W Jefferson St - Franklin, IN	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 2/14/25
Owner YI LI		Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner address	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Person in charge YI LI	<ul style="list-style-type: none"> • 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" 		
Responsible person's email			
Certified food handler YI LI (SERVSAFE EXP. 5/2/29)			

Section #	C/NC	R	Narrative	To Be Corrected by
			NO VIOLATIONS OBSERVED	✓

Received by (name and title printed): YI LI	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): YI LI	Inspected by (signature): Bob Smith
cc:	cc:

Bekm
2/13



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

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 <i>Noodles and Company</i>	Telephone Number () Establishment	Date of Inspection <i>2-11-25</i>	ID# 2706
Establishment address <i>2182 N. Morton St. Franklin, IN 46131</i>	() Owner	Follow-up <i>-</i>	Release Date <i>2-21-25</i>
Owner <i>The Noodle Shop Co - Colorado Inc</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>-</u>	
Owner address <i>520 Zang St. Ste D. Broomfield, CO 80021</i>		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>Doug Adock - manager</i>			
Responsible person's email <i>jennifer.m@noodles.com</i>			
Certified food handler <i>Doug Adock (State Food Safety exp) 7-5-28</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>No violations observed</i>	
			<i>Notes: duct tape on sharp metal edge of protein table</i>	

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