

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

Person in c	nny (ent address) S 3/N	od Fry, LLC ogethouses as some some seems from the seems of the seems	Telephone Number () Establishment () Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C 1 NC 1 Menu Type (See be	0 R 1 ack of page)
Mi		ennett		123	_45
Section 1	L ITEMS ARE I	DENTIFIED IN THE CHECKLIST AND NARRATIV			
Section #		FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND Narrative	IN THE NARRATIVE BELOW AS	To Be Corrected by
431	NC	A STATE OF THE PARTY OF THE PAR		vents	3/8/25
121	1/00	and poiled	10 /amor 10	01002	- L
356	NC	Firm's backlow	preventer on	the	3/15/25
7 1 =		main domestic -	water line	lacked	1
		an inspection tag	·.		1,
284	NC	Rense gauge on	mechanical	dish	3/1/25
		machines I read	approximately	125°F	1
200		Unit is a high	temperature o	ash unit.	- /10/
399	NC	reeling paint on	walls in	dish	3/19/25
303	C	mechanical dish	machine n	at memory	2/26/25
000		sanitaina dupen	immediately	alter	1
	3 - 7 -	Cleaning	-Grandenticky	0	
295	NC	Bar, soda gun	and holder) is soiled	2/26/25
324	NC	Kitchen thrope &		aks	3/19/25
Tiles	1.55	from for left	underneath	gasket	1,14
295	NC	Broken glass	inside la	20	2/26/25
218	WC	glass chiller / co	ooler er basket u	s damaged	2/28/25
Ma	y (nate and titl	Epipered):	Inspec	cted by (name and falle printed):	
Received b	y (signature):	> (1)		ted by (signature): Arew Miller	
cc:	VV	cc:	ce:	, , , , , , , , , , , , , , , , , , , ,	

Greenwood, M 46142 Inspection Date Address Establishment Name Carinos 920 US 31 N. ohnnu TO BE **REMARKS** Section# **CORRECTED BY** 399 Inspected By (Name & Title)

Undrew Meller, ENS Received By (Name # Page 2 of 2

NARRATIVE 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.

Establishme	- 0	0	LEGGT	Telephone Number		Date of Inspection ID#				
16-	129		UFFET	() Establishment	2/3/25	2041				
Establishme			man Zona IVIM: Du	() Owner	97-	40 11				
99	37 1	N	MORTON FRANKLININ	Purpose:	Follow-up Releas					
Owner		. 17		1 (Routine	- 2	113/25				
E	an a	c pro	PN	2. Follow-up	Summary of Viola	tions:				
Owner addr				3. Complaint						
124			goulecof hard. In Altic or benegate as bestic. I Moulece transform on reckl. Live his at form	4. Pre-Operational		Initial their				
Person in ch	narge	ertema	incat us many idea projected cooks of the foods in the foods of the foods of the foods of the foods.	5. Temporary	C_O_NC_(S_{R}				
1	EN (cHe	or 2 potentially hazardous fonds. x		อกได้เจา ซูกรีกระจะสทั้งก่อ	p51 82 5/3907g				
Responsible			The second secon	7. Other (list)	Menu Type (See	back of page)				
				•		-,1.8-7				
Certified for					1 2 3	(4 De) 5				
D	v ex	ten)		1					
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"						
NAME OF TAXABLE PARTY.		TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"				
Section #	OR PERSONAL PROPERTY.	-R		Narrative	SHEMP NAME AND AS ASSESSED.	To Be Corrected by				
318	WC	3	WASK IN COOLER	SHELVING WC	ORN, NOT -	+2120125				
295	NE	7	CLEAN		N 01/1 - 01	2/2				
229	NC	>	BULK FOOD CONTAI	ENOR (PLASTIC	CHIPPED (2/20				
399	No	52	FLOOR WORN, NOT	- CLEAN DN Y	areas of	3/1				
431	NC		KITCHEN			1				
276	NC	4		ug -somo coi		2/20				
324	no	×	HANDSINK FAVO	ET LOAKS IN	FRONT	2/18				
			SUSHI AREA			1				
411	NC	×	(1) LAGHT OUT OF	N EXHAUST	Hood IN	2/20				
	bulanc	19887	KITCHEN	abled bles has toden species	coogle visit. / Little	ed anomical				
	is, yirda	dist.	in all parties are to see liber as with about	omends black (agent) of	ios est tratt set notifica	ali, bubandala ——				
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cc:			cc:	cc:						
)				
			1			Page 1 of				



95 S. DRAKE ROAD FRANKLIN IN 46131

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

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Date of Inspection Establishment name Telephone Number COCINA MOXITAN 24) Establishment ROSTAURAN 213/25 Establishment address) Owner 912 N MORTON FORNKLOW, IN Purpose: Follow-up Release Date

1673 2/13 Owner (. Routine AZBURTO STATO NERT Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary ALBERTU SIXTO MERI 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler HIBERTO STATO N CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC 324 NC LEAK NOTED AT 2 COMPARTMONT SINK FAUCET BHG OF ONIONS NOT STORED OFF FLOOR 177 NC minimum AREA

Received by (name and title printe	rd): Yerl	Inspected by (name and title printed): Bob Sm 184 EHS
Received by (signature):	~	Inspected by (signature)
cc:	cc:	cc:
		T 4 C



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.

Establishin	ent Sam	tation	Requirem	ients. The thi	ic mint for co	offeetion of	each violation is spe	cinca in	the numbers	e portion o	
Establishmer L 1 T	10		esaris	p[22	A.	(Telephone Number) Establishmen) Owner	- 1	Date of Insp	1	3885
906			ORTON	J FCA	nkun,		трозе;]	Follow-up	Release	Date
Owner		50	Thirty.	214		1 \	. Routine				13/25
Market and the Parket		4	ATE HA	Щ			. Follow-up		Summary o	of Violatio	ns:
Owner addre						Destrict Co. Co.	. Complaint	10			
With the Party of	Australia	-	hado ti	The second secon	discounter	-	. Pre-Operational	ol m	c_ O		pa-shirted
Person in ch	-						. Temporary	1 10 11	C	NC_O	R
Responsible			-([-(ab or sunto.			. HACCP		Many To	- (Can ba	ck of page)
responsible	persons	Cilian				'	. Other (list)		Menu Ty	pe (see oa	ck of pages
Certified foo	d handle	r						-	1	(3/2)	45
							LUMNS MARKED "C" UMMARY OF VIOLATIONS"	AND IN T	HE NADRATIV	E BELOW AS	"p"
Section #	C/NC	personage.	TOM FREVIO	US INSPECTION.	ARE DENOTE:		rrative	AND IN TI	TE WARRATTY	THE RESERVE AND ADDRESS OF THE PARTY.	To Be Corrected by
413	NC	英	BAC	K doc	R CL			N		1	2115/25
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411	NC	*	())	Tto HL	TUO	ON	EX HAWT F	tooc)		2/15
		NC-25									
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	HY	-									artifoarisi
		4132	zi i - oglis,	rapin / ta	tuk visar	Joseph Marie	tan to this base on the		La salena	O MILL DELL	David Div.
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Received by	(signature) Sake	ilt	9				Ir	rspected b	Signature):	m D	
cc:				cc:				cc:		-2000	



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

Establishment name	Telephone Number	Date of Inspection ID#		
Long John grives's	() Establishment			
Establishment address	() Owner	2/27/25/2167		
2191 independence de	Purpose:	Follow-up Release Date		
Owner Civil Range Property	1. Routine	Tes 3/9/25		
Crelenwood, 46143	2. Follow-up	Summary of Violations:		
wher address				
whet address	3. Complaint	(124) Promise of (124)		
est les afins barrand, nedonnes un merbour ren?	4. Pre-Operational	many 3 mile abstract		
erson in charge	5. Temporary	C NC R		
- I ali i atrono digo	o. micoi	on qualor gaginpar assumed		
esponsible person's email	7. Other (list)	Menu Type (See back of page)		
ertified food handler		123_V_45		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENG		IN THE NARRATIVE BELOW AS "R"		
Section # C/NC R	Narrative	To Be Corrected by		
392 NC 5 Dumpeter had wa	s up & trash seen ar	ound dumpster 3/1/25		
394 NC 2 enclosure				
13) We shelving underne	. ,			
	n oreas of kitchen	8 not clean 1911 3/3		
131 NC Plan underneath	lle-machine, pitch	en area not "313		
431 WC Ploor is dirty in	n both battroom?	3/3		
	le-m Cooler & free Zer			
		Lean, and selection		
191 C No date marking	000.	role walk in cooler 2/28		
	loor closure not proper	TO COLOR CALL		
295 NC Comportment area	where colesan is st	ored in the Gront 313		
mea is soiled.				
295 M Prep Sont is soile	ed & willed with un+	used debris water. 3/1		
324 MC Drotlet flush leve		etiening property 3/15		
I'm men's restroy		0110		
324 NC Grep sont faucet		3/15		
336 C Y-valve comeeted	of to the map sont &	hoses are 315		
eccived by June and his printed):	Inspec	cted by (name and title printed):		
	La La	Pul Belliku Ests Bob Sm		
eceiveft sy (signature):	Inspec	eted by (signature):		
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NARRATIVE REPORT

Establishr	nent N	ame	Ado	lress	1)	Corenwa	⊏4r/spection l	Date
Long	FU	m	Solver's 210	Wh	dependen	eedr	IN 4614	3 2/2	7/25
Section#	C/NC	R		R	EMARKS			CORRECTE	n.RY
431	MC	П	Main drain at a Gunals are Obsert Station in the lo	soda	maelvine	Station	is solle	1, 311	125
415	C	\Box	Ginals one Obser	ved	pround	Socla	machne	3)3	
1-1-			Station in the to	bbus		-			
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L/				yeur	y primy	1000 8	mry.		
State Form 4	8621 (R2	/ 8-0	5)	- 1	ι				







establishment	4	telephone		Date of Inspection			
Love's Travel S	top # 451	317-535-8741		2/11/2025			
Establishment address	Establishment address						
511	5 N 300 E	telind	0	C 0 NC			
Owner	70111	Sold by	Follow-up	Release Date			
			No	2/21/2025			
Person - in - Charge	Certified Food Hand	er	Purpose:	Menu Type			
Zack Miller			D	1- Limited menu			
Establishment Identification #	County	District	Routine				
1518	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:
			No Violations to report	
				- T





establishment (1) 0 #45	1	telephone		Date of Inspection
Loved Travel Sup Arby's		317-535-8741		2/4/2025
Establishment address	15 N 300 E (1)		Summary of Violations	
51	0	C 2 NC		
Owner		chart	Follow-up	Release Date
			No	2/21/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Sam Hilliard	Sam Hillian	rd exp 12/7/26		1- Limited menu
Establishment Identification #	County	District	Routine	
1519	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:
410	NC		Observed a broken lightbulb in the hood above the friers.	2/21/25
430	NC	er parties i	The ceiling in the dish room above the mop sink is in disrepair	2/21/25
-				



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Page 1 of

Establishment address 90 W Jeffelson W. Franklity Owner MATTHEW LAWYOR Owner address Person in charge Responsible person's email					1. Routine 2. Follow-up 3. Complaint 4. Pre-Operationa 5. Temporary	nt	Date of Inspec	elease 1 3 /3 Violatio	Date Date Ins:		
zeruned rood nandier									1(2/	8	45
100			NTIFIED IN T				VE COLUMNS MARKED "C" THE "SUMMARY OF VIOLATIONS	SII AND IN T	HE NADDATINE DI	CI OW AS !	ID!
Section #	C/NC	NAME OF TAXABLE PARTY.	JM PREVIOUS	INSPECTIO	NS ARE DE	NOTEDINI	Narrative ,	5" AND IN 1	HE NARRATIVE BI	-	o Be Corrected by
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

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

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

Establishmer	(4B)	S	CTO #3 ORTON SY, Frankungen	Telephone Number () Establishment () Owner Purpose:	Date of Inspection 2/4/25 Follow-up Releas				
		+20	QUESADA	1. Routine 2. Follow-up	Follow-up Releas Summary of Violate	the second secon			
Owner addre	on-base	egosg i	cooked as preparal to ecclor. Perail total of the street content of the street of the	3. Complaint4. Pre-Operational5. Temporary	CNC_	Laschnie de L			
Responsible	person's	email	GARCIA of any reserve such and in	6. HACCP 7. Other (list)		Menu Type (See back of page)			
Certified foo	d handle	6	ARCIA CECNA 3/17/28	ERP)	123	335			
100			ENTIFIED IN THE CHECKLIST AND NARRATIVE		N THE NARRATIVE BELOW	AS "R"			
Section #	1			Narrative	on the state were discontinuous	To Be Corrected by			
344	0	4	HANDSLAK	PAN STORED I	20	CORPECTED 214125			
324	NC	A	LEAK NOTED ON	MOPSFOK F	AVOT	2/10/25			
392 324	NC	×	Lenk noved on	CLOSON C	RATIU	2110			
256	NC .	R	THERMOMETER N ONE UPRIGHT FR			2/6			
	e and a second					initial series			
	-	100	is de engrepolitic principal produced on	lipscale was exercised by Tax	matrographs to guide				
Received by BU Received by	mayo	12	rinted):	E	ed by (name and title printed BD MIPM ed by (signature):	2745			
cc:			сс:	сс:		Page 1 of			



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Page 1 of

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Establishment name Telephone Number Date of Inspection) Establishment 6639 Trafalger) 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 JoJe (uxon. 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 No Inspected by (name and title printed): Received by (name and title printed): Norherto



95 S. DRAKE ROAD FRANKLIN IN 46131

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

			The CROAM Co.	Telephone Number () Establishment	Date of Inspection 2/21/25	1D# 2/83		
	addres TO	s FV	ERSON ST. FRANKIN, SN	() Owner Purpose:	Follow-up Releas	Release Date 3/3/25		
Owner SA	mAn	ST3H	A ANGEL	1 Routine 2. Follow-up	Summary of Violat			
Owner addre	ess 100		cooked or the street in their forming a chap	3. Complaint4. Pre-Operational	anning Cool	The state of the s		
	mx		THA ANNGEL	5. Temporary 6. HACCP	CKC_	3 R		
Responsible				7. Other (list)	Menu Type (See	pack of page)		
Certified foo	d handle	=			1(23	45		
• VIOLATION	(S) REPEA	TED F	ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AND DESCRIPTION OF THE PARTY OF		
Section #	C/NC	R		Narrative	TO STATE OF THE STATE OF STREET	To Be Corrected by		
258	NC	24	THERMOMETER I	FROZER	IN	2/21/25		
431	nc	A	EMPLOXORS REST EXHAUST COVER		ING	2/08		
254	NC	4	metter stem propred	BL TYPE THERI	mometerz ATP	COCOCTO 1 CALIBORITA 2/2/		
100	finizar elek	dar.	real and there's also as a supplemental to a sup	ra september and the harder mice. The say work also has	ous: A varietior process paration for night day se	the arcous for		
						. Isaq oma		
Received by	(name an	d title	printed):	. Inspec	ted by (name and title printed	d):		
	nur	itr		er on duty	Bob Smitt ted by (signature);	4 8743		
CC:	W	M	\(\lambda\)	cc:	Bl Smt			
						Page 1 of		





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

establishment		telephone	telephone				
Nana's Daylight	Donuts	402-515-4058	402-515-4058				
Establishment address			Summary of Violations				
			1 NC 0 C				
2245 Sheek Rd.							
Owner			Follow-up	Release Date			
Pailin M	en & Chheng Ming		No	3/9/2025			
Person - in - Charge	Certified Food Handle	т	Purpose:	Menu Type			
Eng Kim			, .	1- Limited menu			
Establishment Identification #	County	District	Routine				
2579	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:
422	NC		Observed personal food items being stored with retail food items and not labeled as personal.	3/1/25
				==
				_



BUMA

establishment	Grace Assem.	telephone		Date of Inspection			
Nannie's Kitc	hen - of God Church	317-657-4998		2/11/2025			
Establishment address			Summary of Violations				
68	land	0	C 1 NC				
Owner		the free control of the control of t	Follow-up	Release Date			
Jer	rine Brooks		No	2/21/2025			
Person - in - Charge	Certified Food Handler		Purpose:	Мени Турс			
Joe Ashbrook	Jerrine Brook	s exp 8/23/27	D	1- Limited menu			
Establishment Identification #	County	District	Routine				
2624	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:
291	NC	R	Did not observe chemical test strips for the sanitizer.	2/21/25
			. 4	
				10.000



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Page 1 of

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Establishmen Wew	nt name	PVI -	TA	DAY	VXCO	R	75772	100	Telephone			Date of	-		-	D#	
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Establishmen			=Core		~ _		122-6	() Own	er							
1051	w	MI	reis	on s	111	(Itm	RELOV	_ /	/ /			Follo	w-up	Release	Date	20-	_
Owner	, , 7	-						1)	. Routine			-		2/1		72	
YI LI							2. Follow-		Summary of Violations:								
Owner addre								0	3. Compla			Dame					
the second as property of the second second as property and the second s							4	4. Pre-Operational			lexisting the research departments. He						
Person in charge							5. Temporary C O NC O R					R					
	11 /			shoot.	Bill Pills	1000 June	musical z		. HACCE			OLD A	ecellin	unistine.	E 308	g mg	
Responsible	person's	email						7	. Other (l	ist)		Menu Type (See back of page)					
Certified foo	d handle		10			0.5		-	, >					- 1	A	2	
Cerunea 100	4/	LI	15	RICH	USIT	1-0 E	EXP.	5/2	(29)			1	_2	3(4.4	3	
• CRITICAL	TEMS AF	E IDEN	TIFIED IN	THE	CHECKI	LIST AN	D NARRAT	TIVE CO	DLUMNS MAR	KED "C"				•			
• VIOLATION	(S) REPEA	TED FROM	A PREVIOU	JS INSPI	ECTIONS	ARE DE	NOTED IN	THE "SI	UMMARY OF VI	OLATION	s" and in	THE NAI	RRATIVE	OWNERS OF TAXABLE PARTY.			
Section #	C/NC	R	and days Share	e de la constant	OL ST		BUAGO S	LICE P	rrative	11(3)29(3)3	, A.	211) 2146 (GWE I	Autuno	То В	e Corre	cted by
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95 S. DRAKE ROAD FRANKLIN IN 46131

Establishmer				Telephone Number	Date of Inspection	ID#
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			ton St. Franklin, IN 46131	Purpose:	Follow-up Releas	and the second second
Owner				1. Routine		-21-25
The Noo	dlest	70p	Co-Colorado Inc	 Follow-up Complaint 	Summary of Violat	ions:
520 Z	ang S	St. 5	Ste D. Broomfield, Co 80021 -manager	4. Pre-Operational5. Temporary6. HACCP	CNC	O_R
Responsible	person's	email	11	7. Other (list)	Menu Type (See l	back of page)
Jennite Certified foo Doug	d handler	an k	(State Food Safety exp) 7-5-28		123	9_45
• CRITICAL	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	AS "R"
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