



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

BUSH
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 Panera Bread #6272	Telephone Number () Establishment () Owner	Date of Inspection 2-4-25	ID# 2713
Establishment address 2156 N. Morton St. Franklin, IN 46131	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 Panera LLC		Summary of Violations: C 0 NC 1 R -	
Owner address 333 SE 2nd Ave #3200 Miami, FL 33131		Menu Type (See back of page) 1 ___ 2 ___ 3 0 4 ___ 5 ___	
Person in charge Jenna Brandau - TLMIC			
Responsible person's email cafe6272@panerabread.com			
Certified food handler Jenna Brandau (ServSafe exp 7/29/29)			

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

Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		① drain cover under 3 bay sink soiled ② top ledge of cabinet doors below front of house soda machine soiled	2-6-25
			Notes: ① hand washing sink by 3 bay sink blocked	corrected
			② one mop not hung up to dry in between uses at mop sink	corrected

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



JOHNSON COUNTY HEALTH DEPARTMENT
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INSPECTION REPORT

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

Betkin
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>Panera Bread #1071</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/5/25</i>	ID# <i>943</i>
Establishment address <i>789 US 31 Greenwood IN 46142</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: C <u>2</u> NC <u>5</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			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Main drain is soiled by 3-bay sink	2/10/25
431	NC		Few areas in the facility is soiled - Floor by racks in bakery area is soiled. ① Serving area floor is soiled	2/19/25
431	NC		Top part in grout area at 3-bay sink is soiled	
295	C		Oven in use at bakery & serving station is soiled.	2/13/25
295	NC		Rack where breads are stored is soiled.	
309	NC		Vents in both women's & men's restroom aren't functioning	
431	NC		Few areas in customer seating area is soiled.	
			NOTE: ① Mechanical dish washer sanitizer is okay ② please make sure air gap at mop sink is satisfactory	

Received by (name and title printed): <i>Andrew Joest</i>	Inspected by (name and title printed): <i>Paul Betkin EHS</i>
Received by (signature): <i>Andrew Joest</i>	Inspected by (signature): <i>Paul Betkin</i>
cc:	cc:



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Bikem
2/110

Parkhurst Dining - Franklin College

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 FRANKLIN COLLEGE (PARKHURST DINING)	Telephone Number () Establishment () Owner	Date of Inspection 2/7/25	ID# 2273
Establishment address BRAMBLE BLVD FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 2/17/25
Owner PARKHURST DINING		Summary of Violations: C 0 NC 6 R	
Owner address	Menu Type (See back of page) 1 2 3 4 X 5		
Person in charge TASHA SMOTHERS			
Responsible person's email			
Certified food handler XXXXXXXXXX CHRISTOPHER BATOR Exp 10/18/27			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	X	FLOOR NOT CLEAN IN SOME AREAS OF KITCHEN UNDER EQUIPMENT, NEXT TO WALL	2/10/25
218	NC	X	WALK-IN COOLER - SHELVING SHELVING	* REPAIR IT, CLEAN 2/10
295	NC		WORN, NOT CLEAN	
324	NC	X	LEAK NOTED ON PRODUCE SINK FAUCET	2/21
399	NC	X	COVER WORN IN AREA OF KITCHEN	OK
(NOTE)		X	HOSE WITH SPRAY NOZZLE CONNECTED TO MOP SINK FAUCET	SMOTHERS BATOR
(NOTE)		X	MECHANICAL DISINTEGRATING HOT WATER SANITATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (160.2°F)	OK
			MECHANICAL EXHAUST IN EMPLOYEE RESTROOMS NOT FUNCTIONING	
309	NC		MECHANICAL EXHAUST IN EMPLOYEE RESTROOMS NOT FUNCTIONING	2/21

Received by (name and title printed): Tasha Smothers Assistant Director of Ops	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Tasha Smothers</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Betsy
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 PENN STATION	Telephone Number () Establishment () Owner	Date of Inspection 2/20/25	ID# 1242
Establishment address 1143 N MORTON 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 3/2/25
Owner		Summary of Violations: C <u>0</u> NC <u>2</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 JADE MOUNTS			
Responsible person's email			
Certified food handler ALLY PRINE (3/1/24 EXP SERVSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		2 PARK OBSERVING ON FAUCET ABOVE 3 COMPARTMENT SINK	3/2/25
138	NC		EMPLOYEE NOT WEARING FACE HAIR RESTRAINT IN FOOD PREPARATION AREA	2/25

Received by (name and title printed): Jade Mounts AGM	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Jade Mounts</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Betson
2/7

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

Establishment name Pho Lai Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 2/5/25	ID# 2022
Establishment address 1000 N Madison Ave Greenwood IN 46142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 2/15/25
Owner	Summary of Violations: C <u>2</u> NC <u>3</u> R _____	Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler K Yaw MYMI Aung exp 2027			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
174/191	C		couple of food containers inside the two open door cooler is not labelled	
139	C		couple of dry food on the rack are not inside a closed container.	
431	NC		Floors in the kitchen area are soiled.	
			Ⓛ floor in the back bathroom area is soiled.	
431	NC		the hood needs cleaning - last cleaning was 2023	
309	NC		Rest room exhaust ventilation is soiled & not functioning properly	
<p>NOTE: (i) please make sure hood is cleaned before follow-up inspection (ii) please clean out water warmer. (iii) please make sure chop-sticks are stored in a clean area. (iv) please make sure dishes are stored in a clean area. (v) Dirty dishes should go inside the 3-bay sink. (vi) Facility manager mentioned hood cleaning company will be contacted 2/6/25.</p>				

Received by (name and title printed): K Yaw M Aung	Inspected by (name and title printed): Paul Betson ETS
Received by (signature): 	Inspected by (signature):
cc:	cc:

(vii) Facility is closed on Monday - I recommend cleaning move on Monday

Beksm
2/17



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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 Phyu Asian Grocery		telephone 317-654-2121	Date of Inspection 2/6/2025
Establishment address 3021 Meridian Meadows Rd. <i>Greenwood</i>		Summary of Violations 0 C 3 NC	
Owner Zing Hnem		Follow-up No	Release Date 2/16/2025
Person - in - Charge Zing Hnem	Certified Food Handler		Purpose: Routine
Establishment Identification # 2784	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:
177	NC		Food being stored not 6" (inches) or more off the floor.	2/7/25
256	NC		Did not observe accessible thermometers in the Chest Freezers or the Reach in coolers.	2/10/25
216	NC	R	Wooden shelving is not water proof and not easily cleanable.	3/7/25

Betsy
2/24



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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 Pilot Travel Center #037		telephone 463-333-6618	Date of Inspection 2/21/2025	
Establishment address 2962 E 500 N Whiteland			Summary of Violations 8 NC 1 C	
Owner			Follow-up No	Release Date 3/3/2025
Person - in - Charge Leann		Certified Food Handler		Purpose: Routine
Establishment Identification # 2962 746		County Johnson	District	

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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
C	200		Observed apples for sale with no utensil for customers to grab the apples and the apples were not individually wrapped.	2/23/25
NC	431		The floor throughout the establishment is soiled.	2/22/25
NC	218		The door gasket on the walk in drink cooler is in disrepair	3/20/25
NC	431		Floor and walls behind the ice machine in the storage room are soiled.	2/23/25
NC	432		Floor tiles in disrepair in the storage room near the floor drain	6/20/25
NC	410		Observed a ceiling light not functioning in the storage room	3/3/25
NC	431		The air return vent in the storage room is soiled	2/23/25
NC	431		The drains under the coffee machines are soiled	2/22/25
NC	295		Observed the soda nozzles as soiled.	2/22/25

Establishment Representative

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



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Retail Food Establishment Inspection Report

Bulm
2/13

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 RED SUN		telephone	Date of Inspection 2/12/2025 3pm
Establishment address 3100 Meridian Park Dr., Ste Q, Greenwood, IN 46142		Summary of Violations 0C, 5NC, 0R	
Owner Mike RedSun46142@gmail.com		Follow-up No	Release Date 2/22/2025
Person - in - Charge Vicky	Certified Food Handler Yonghui Huang 3/28/29 25411994	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 1809	County Johnson	District D5	

- 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:
146	NC		Honey for personal use in an unlabeled glass jar stored on bottom shelf with vinegar and Brook's chili beans.	2/12/25
216	NC		Cardboard lines shelves.	2/12/25
234	NC		In-use cooked-rice scoop stored in pan of water at room temperature. Crock pot just broke.	2/12/25
245	NC		3 wet wiping cloths out of solution on counter top at room temperature. Sanitizer concentration in wiping cloth bucket in insufficient.	2/12/25
257	NC		Ambient air temperature thermometer in Coca-Cola upright reach-in cooler not observed.	2/12/25
112	NC		Vissani reach-in cooler does not appear to be NSF approved.	2/28/25
			Sushi Rice at 81 *F at 3:04pm. Not date marked. Employee states cooked at 1pm today. Recommend always marking the time when the sushi rice is cooked.	2/12/25
			Reminder: Personal items and chemicals shall be stored separate from food & food contact surfaces in a manner that prevents contamination.	2/12/25

Establishment Representative

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

Belm
2/17



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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 Revery		telephone	Date of Inspection 2/4/2025	
Establishment address 299 W Main St. Greenwood IN 46142			Summary of Violations 0C, 5NC, 0R	
Owner		Follow-up No	Release Date 2/14/2025	
Person - in - Charge James	Certified Food Handler Arnold Garcia 2/1/29		Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 1824	County Johnson	District D5		

- 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:
347	NC		Disposable towels out at handsink.	corrected
402	NC		Shelves not 6" off floor in north bar	2/4/25
431	NC		Floor in bars is soiled	2/4/25
245	NC		Wet cloth under black cutting board at main kitchen	2/4/25
324	NC		North bar hand sink faucet leaks when on.	2/15/25
			Walk-in cooler appears to be holding product at 43°F Product shall be held at 41°F or less	2/4/25
			Greenwood@ReveryRestaurantGroup.com	



Betsy
2/7

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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 Speedway #1323		telephone 317-882-1833	Date of Inspection 2/6/2025
Establishment address 1291 N Madison Ave Greenwood		Summary of Violations 0 C 5 NC	
Owner		Follow-up No	Release Date 2/16/2025
Person - in - Charge Clint Cragen	Certified Food Handler		Purpose: Routine
Establishment Identification # 175	County Johnson	District	Menu Type 2-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:
297	NC		Observed soiled back splash and nozzles on the Speedy Premium and International delight machines.	2/7/25
297	NC		Observed soiled nozzles on the soda machine.	2/7/25
433	NC		Observed mops not hung to dry	2/7/25
410	NC		Observed a Y Valve including a cross connection to the chemical dispenser on the fixture for the mopsink.	5/7/25
431	NC		Observed the floor below the 3 Bay Sink soiled.	2/7/25



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*Betsy
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 Steak N Shake	Telephone Number () Establishment () Owner	Date of Inspection 2/20/25	ID# 2444
Establishment address 247 W Smith Valley rd	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up -	Release Date
Owner Greenwood, IN 46142 SOJOCO LLC		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
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 Jamie Kite Exp. 2/11/26			

- 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
218			Door seal at one of the upright door single door freezer is worn.	2/28
194	NC		Ice machine vent is soiled. → servicing company is scheduled for every six months (in 5 weeks).	

Received by (name and title printed): Jamie L Kite	Inspected by (name and title printed): Paul Betica PHS
Received by (signature): <i>Jamie L Kite</i>	Inspected by (signature): <i>Paul Betica</i>
cc:	cc:



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Bukin
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 SUBWAY FRANKLIN WAL-MART	Telephone Number () Establishment () Owner	Date of Inspection 2/20/25	ID# 1923
Establishment address 2125 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 POS	Release Date 2/2/25
Owner DHARUV PATEL		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge PATEL			
Responsible person's email			
Certified food handler DHARUV PATEL SERVSAFE (5/4/26 EXP)			

- 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
H31	NC	<input checked="" type="checkbox"/>	FLOOR NOT CLEAN BY OVEN/PROOFER FLOOR DRAIN NOT CLEAN	2/24/25
228	NC	<input checked="" type="checkbox"/>	OVEN/PROOFER UNIT NOT EASILY MOVABLE OR INSTALLED TO AID IN CLEANING	4/1
187	C	<input checked="" type="checkbox"/>	INTERNAL TEMPERATURES OF MEAT, CHEESE IN PREPARATION REFRIGERATOR 53°F - 58°F NOT AT 41°F OR LESS	2/21
295	NC	<input checked="" type="checkbox"/>	SHELVING IN WASH-IN COOLER NOT CLEAN	2/24
218	NC	<input checked="" type="checkbox"/>	SHELF COATING WORN ON SMALL REFRIGERATOR - DOOR GASKET WORN,	4/1
256	NC	<input checked="" type="checkbox"/>	THERMOMETER NOT SEEN IN SMALL REFRIGERATOR	2/24

Received by (name and title printed): Radhika Patel	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Radhika Patel	Inspected by (signature): Bob Smith
cc:	cc:

Betsy
2/20



Johnson County Health Department
95 S Drake Rd., Franklin, IN 46131
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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 Subway 1959		telephone 317-887-6166	Date of Inspection 2/12/2025	
Establishment address 373 S SR 135 Greenwood			Summary of Violations 0 C 0 NC	
Owner Kevin Weaver			Follow-up No	Release Date 2/22/2025
Person - in - Charge Ken Weaver	Certified Food Handler Kevin Weaver exp 2/19/25		Purpose: Routine	Menu Type 2-Limited menu
Establishment Identification # 1959 609	County Johnson	District		

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- 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	
			Kevin's ServSafe expires on 2/19/25.	

Establishment Representative

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



Belkm
217

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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 Subway		telephone gjwsmith14@gmail.com	Date of Inspection 2/5/2025	
Establishment address 2710 S SR 135 <i>Ste D Greenwood</i>		Summary of Violations 0 C 0 NC		
Owner		Follow-up Choose an item.	Release Date Click here to enter a date.	
Person - in - Charge Greg Smith	Certified Food Handler Greg Smith exp. 6/17/27		Purpose: Routine	Menu Type 1- Limited menu
Establishment Identification # 1339	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:
			No Violations to report	



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

*Betson
2/7*

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

Establishment name <i>Subrosom #7445</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/5/25</i>	ID# <i>1270</i>
Establishment address <i>494 N US 31 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>-</i>	Release Date
Owner		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R</i>	
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 <i>Hiran Patel Exp 2029</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 violation during inspection</i>	
			<i>Thank you!!</i>	

Received by (name and title printed): <i>Dhruv Nai</i>	Inspected by (name and title printed): <i>Paul Beticu EHS</i>
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

*Beky
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>Subway</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/4/25</i>	ID# <i>2091</i>
Establishment address <i>1133 N. EMERSON AVE</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>GREENWOOD IN</i>		Summary of Violations: <i>C 0 NC 3 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Shantanu Patel</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>431</i>	<i>NC</i>		<i>Floor drain is soiled. Produce sink</i>	<i>2/6/25</i>
<i>239</i>	<i>NC</i>		<i>Lid holders are soiled.</i>	<i>↓</i>
<i>245</i>	<i>NC</i>		<i>Cabinet behind soda dispenser is soiled</i>	

Received by (name and title printed): <i>Pamela</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: