



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Bekm
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 <i>Calo Bell #40441</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/4/25</i>	ID# <i>2638</i>
Establishment address <i>10 Trafalgar Square 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 1 NC 3 R</i>	Menu Type (See back of page)	
Owner address		<i>1 2 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Dasean Thomas 11/5/26</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
347	NC		<i>One hand sink station has no paper towel</i>	<i>Corrected</i>
346	NC		<i>No hand soap at one hand washing station</i>	<i>Corrected</i>
334	C		<i>No airgap at mop-sink</i>	
431	NC		<i>Floors in facility is soiled (customer seating area, food prep area).</i>	
			<i>NOTE: Soda nozzles needs cleaning</i>	
			<i>(u) Sanitizer at 3-boy sink is okay</i>	

Received by (name and title printed): <i>Brylen Macklin</i>	Inspected by (name and title printed): <i>Paul Belika LHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Belson
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 Twin Peaks	Telephone Number () Establishment () Owner	Date of Inspection 2/19/25	ID# 2697
Establishment address 600 Greenwood Park Drive 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 3/1/25
Owner Corporate		Summary of Violations: C 3 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 ✓ 4 5	
Person in charge Tanner Keane			
Responsible person's email			
Certified food handler Tanner Keane (Serv Safe Exp 5/1/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC	✓	Interior basin of the mop sink is cracked	3/1/25
205	C		Strainer basket for Seasoned Flour is damaged	2/19/25
324	NC		Expo dump sink leaks from underneath gasket.	3/1/25
295	NC		Dish racks for kitchen mechanical dishwasher were stored on the floor.	2/19/25
443	C		Sanitizer buckets at kitchen cookline and bar contained less than 150 ppm of sanitizer (Quat).	2/19/25 Called Eco/ab
399	NC		Minor tile grout repair needed near Manager's Office / Electrical Panel Area.	3/19/25
218	NC		Robot Coupe Food Processor contained a broken piece on top, near handle.	3/1/25
334	C		Kitchen ice maker lacked an air gap on the drain pipe for ice bin.	3/1/25

Received by (name and title printed): TANNER KEANE	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>Tanner Keane</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Belam 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>Village Pantry #5571</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>02/20/25</i>	ID# <i>505</i>
Establishment address <i>899 E - main st - Greenwood, IN 46143</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 1 NC 5 R 4</i>	
Owner address		Menu Type (See back of page)	
Person in charge		<i>1 2 ✓ 3 4 5</i>	
Responsible person's email			
Certified food handler <i>Stephanie Wallace Exp 2029</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>218</i>	<i>NC</i>	<i>✓</i>	<i>One door gasket is worn at walk-in cooler</i>	<i>3/2/25</i>
<i>297</i>	<i>NC</i>	<i>✓</i>	<i>couple of soda nozzles are soiled.</i>	<i>2/25/25</i>
<i>225</i>	<i>NC</i>	<i>✓</i>	<i>Mops are not hunged</i>	
<i>297</i>	<i>NC</i>	<i>✓</i>	<i>Cappuccino machines nozzles are soiled.</i>	
<i>431</i>	<i>NC</i>	<i>✓</i>	<i>There are materials that are not 6" off the ground inside walk-in cooler.</i>	
<i>141</i>	<i>C</i>		<i>few coffee bean are opened & not sealed off</i>	<i>ASAP</i>
			<i>NOTE: (1) I recommend cleaning soda nozzles at least twice a week</i>	
			<i>(2) Wood is used as a replacement for door & windows in facility. I recommend fixing this ASAP</i>	

Received by (name and title printed): <i>Stephanie Wallace</i>	Inspected by (name and title printed): <i>Paul Belton ETS</i>
Received by (signature): <i>Stephanie Wallace</i>	Inspected by (signature): <i>Paul Belton</i>
cc:	cc:



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Establishment name WILLARD	Telephone Number () Establishment () Owner	Date of Inspection 2/5/25	ID# 1868
Establishment address 99 N MAIN 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 2/15/25
Owner TOMY PRIOLA		Summary of Violations: C <u>0</u> NC <u>13</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge TERRY FLYNN			
Responsible person's email			
Certified food handler DUSTIN Liddle (SERVSAFE EXP 3/16/25)			

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Section #	C/NC	R	Narrative	To Be Corrected by
399	NC	<input checked="" type="checkbox"/>	FLOOR, WALL, CEILING WORN AND NOT	6/1/25 (PLAN)
431	NC	<input checked="" type="checkbox"/>	CLEAN IN AREAS OF KITCHEN, BAR, BASEMENT	CLEAN 2/15
228	NC	<input checked="" type="checkbox"/>	SOME EQUIPMENT (REFRIGERATORS, CHEST COOLERS, NOT EASILY MOVABLE)	3/1
218	NC	<input checked="" type="checkbox"/>	WACK IN COOLER FLOOR, SHELVING WORN	6/1/25 (PLAN)
295	NC	<input checked="" type="checkbox"/>	NOT CLEAN FAN GUARD COVER NOT CLEAN	2/15
218	NC	<input checked="" type="checkbox"/>	BACK ROOM (EAST SIDE) TOP INSIDE OF CHEST FREEZERS WORN	3/1
239	NC	<input checked="" type="checkbox"/>	BASEMENT - SINGLE SERVICE ITEMS IN BOXES NOT STORED OFF FLOOR SURFACE MINIMUM OF 6 INCHES, STORED UNDER SEWER DRAIN LINES	2/10
295	NC	<input checked="" type="checkbox"/>	KITCHEN EXHAUST HOOD FILTERS NOT CLEAN	2/15
218	NC	<input checked="" type="checkbox"/>	PIZZA MAKEUP REFRIGERATOR DOOR GASKET WORN	3/1
174	NC	<input checked="" type="checkbox"/>	BULK FOOD CONTAINER OF FLOUR NOT LABELED	corrected 2/15
309	NC	<input checked="" type="checkbox"/>	MECHANICAL EXHAUST NOT FUNCTIONING (WOMEN'S RESTROOM)	
138	NC	<input checked="" type="checkbox"/>	KITCHEN EMPLOYEE WITH FULL BOBPS NOT WEARING BOBPS RESTRAINT	2/7
295	NC	<input checked="" type="checkbox"/>	SOFT DRINK HOLSTER NOT CLEAN	2/7

Received by (name and title printed): JERRY FLYNN	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Jerry Flynn</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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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 HSI NEWSTART CANARY CREEK	Telephone Number () Establishment () Owner	Date of Inspection 2/11/25	ID# 1095
Establishment address 486 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 2/21/25
Owner		Summary of Violations: C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address	Certified food handler CHARITY SUGGETT SERUSAFO (8/8/29 EXP)	Menu Type (See back of page)	
Person in charge CHARITY SUGGETT		1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible person's email	<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" 		

Section #	C/NC	R	Narrative	To Be Corrected by
(note)		<input checked="" type="radio"/>	ONE FREEZER UNIT BEING REPAIRED WHILE CONDUCTING INSPECTION (UNIT NOT IN USE)	✓
(note)		<input checked="" type="radio"/>	MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 169.1°F)	(OK)

Received by (name and title printed): Chastity Suggett	Inspected by (name and title printed): Bob Smith EMS
Received by (signature): Chastity Suggett	Inspected by (signature): Bob Smith
cc:	cc:



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Betsu
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Establishment name CREEKside ELEMENTARY School	Telephone Number () Establishment () Owner	Date of Inspection 2/5/25	ID# 788
Establishment address 1140 E ST RD 44 FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/15/25
Owner F.C.S.C.		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</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 DIANA PORTERFIELD			
Responsible person's email			
Certified food handler DIANA PORTERFIELD (SERVSAFE)			

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Section #	C/NC	R	Narrative	To Be Corrected by
			NO VIOLATIONS OBSERVED	
			MECHANICAL DISINTEGRATING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 171°F)	OK

Received by (name and title printed): Diana Porterfield Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Diana Porterfield</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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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 FRANKLIN COMMUNITY HIGH SCHOOL	Telephone Number () Establishment	Date of Inspection 2/3/25	ID# 402
Establishment address 2600 CUMBERLAND DR. FRANKLIN, IN	() Owner	Follow-up <input checked="" type="checkbox"/>	Release Date 2/13/25
Owner F.C.S.C.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:	
Owner address		C <u>1</u> NC <u>1</u> R <u> </u>	
Person in charge RACHAEL WHEELER		Menu Type (See back of page)	
Responsible person's email		1 <u>2*</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler RACHAEL WHEELER			

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Section #	C/NC	R	Narrative	To Be Corrected by
200	C	<input checked="" type="checkbox"/>	MECHANICAL TRAY WASHING MACHINE FINAL SANITIZATION TEMPERATURE 155.8°F NOT AT 160°F OR MORE	2/4/25
		<input checked="" type="checkbox"/>	MECHANICAL DISMANTLING FINAL SANITIZATION TEMPERATURE 167°F, MORE THAN 160°F ON PLATE/UTENSIL SURFACE	<input checked="" type="checkbox"/> OR
431	NC	<input checked="" type="checkbox"/>	FLOOR ON SIDE OF DRYER AND FLOOR AND FLOOR DRAIN UNDER ICE MAKER NOT CLEAN, <input checked="" type="checkbox"/>	2/9/25

Received by (name and title printed): Rachael Wheeler - Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Rachael Wheeler</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Betsy
2/13

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Establishment name FRANKLIN COMM MIDDLE SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/10/25	ID# 1385
Establishment address 625 GRIZZLY COB DR. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 2/20/25
Owner F.C.S.C.		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge MELINDA SCOTT			
Responsible person's email			
Certified food handler MELINDA SCOTT			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		FLOOR NOT CLEAN UNDER ICE MAKER	2/15/25
			NOTE: SHELF COATING WEARING IN "TRUE" REFRIGERATOR (PASS THRU UNIT) AND BEVERAGE AIR REFRIGERATOR	✓
			MECHANICAL DETERMINATION HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 163.7°F)	Ⓟ

Received by (name and title printed): Melinda Scott Cafeteria Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Melinda Scott</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Bulsey
2/13

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Establishment name <i>UNION ELEMENTARY SCHOOL</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/12/25</i>	ID# <i>404</i>
Establishment address <i>3990 W DIVISION RD. BARGERSVILLE, IN</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 <i>2/22/25</i>
Owner <i>FCSC.</i>		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 checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in charge <i>PEGGY RIGGLES</i>			
Responsible person's email			
Certified food handler <i>PEGGY RIGGLES (SERVSAFE EXP 10/6/26)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>NO VIOLATIONS OBSERVED.</i>	
			<i>* MECHANICAL DISHWASHER NO HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 174.9°F)</i>	<i>OK</i>

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



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Belinda
2/17

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Establishment name WPBB ELEMENTARY SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/6/25	ID# 2405
Establishment address 1400 WPBB CT. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 2/16/25
Owner FCSC.		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 <u>4</u> 5	
Person in charge BELINDA WILLIAMS			
Responsible person's email			
Certified food handler BELINDA WILLIAMS (JERUSALEM)			

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Section #	C/NC	R	Narrative	To Be Corrected by
		<input checked="" type="checkbox"/>	NO VIOLATIONS OBSERVED	✓
		<input checked="" type="checkbox"/>	MECHANICAL DISINFECTING HOT WATER SANITIZATION TEMPERATURE <u>AD EQUALLY</u> 160°F OR MORE ON PLATE/TENSIL SURFACE (WAS 163.5°F)	(PK)

Received by (name and title printed): Belinda Williams Manager	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): Belinda Williams	Inspected by (signature): Bob Smith
cc:	cc: