

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. Telephone Number Date of Inspection Establishment name Establishment address

10 N. Morton Grankin) Establishment 3/26/25 153 () 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 Menu Type (See back of page) 7. Other (list) 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" Narrative Section # C/NC R To Be Corrected by capinet under the coffee station 295 Ne Floors in the storage and food prep areas are solled 431



95 S. DRAKE ROAD FRANKLIN IN 46131

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Establishment name C: Cle K # 4762395 Establishment address 989 Us 31 Wh Haland, In Owner Owner address Person in charge Responsible person's email				Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 3/24/25 Follow-up Release Date Summary of Violations: C_O_NC_3_R_ Menu Type (See back of page)		
Certified foo	d handle	r			123	45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		N THE NARRATIVE BELO	W AS "R"	
Section #	C/NC	R	and to the rough a real state of the vice of any	Narrative	Semestrate Ages of Albert	To Be Corrected by	
431	Na		wall-cooled floor No so ap at +2 and men's room		n tran-		
<i>430</i>	PC bulani i	flactor of the state of the sta	wall 13 not 6 e/ectrie a/ p enous or particular and a position of the control of	inished by inels - Ere initial majerial and continues are	the est s neitherent was to entle	Harensive hund Inzardous i pop advancud pret	
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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 parrative portion of this report.

Establishment		Telephone		Date of Inspection
CVS Pharmacy #28		3/20/2025		
Establishment address			Summary of Violations	(
402 Marketplace Dr	Greenwood, IN 46	6142	0	C, 0 NC
Owner			Follow-up	Release Date
Hook-St	iperx LLC		No	3/30/2025
Email- indy	gaff@aol.com			
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Christina Gaffney- manager	N	J/A		1- Limited menu
Establishment Identification #	County	District	Routine	
1460	Johnson	D5		

- 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:
			Note- excessive amount of dead insects observed on the ground of the upstairs storage area back end	
			Facility will close April 23, 2025	

Astablishmed Representative

Impected by: Mia Papageorge, EHS (317) 868-8818 <u>mpapageorge@co.johnson.i</u>



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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×-	Telephone Number	Telephone Number	
	317-535-7587		3/24/2025
	•	Summary of Violations	:
Whiteland, IN 4618	4	2	C, 6NC
		Follow-up	Release Date
Vhiteland Sunrise Gr	roup	No	4/3/2025
dairyqueen@gmail.c	om		00 - 100
Certified food handler		Purpose	Menu Type
Jinit Patel Serv	Safe exp 10/15/29		3-Extensive handling
County	District	Routine	
Johnson	D5		
	Whiteland Sunrise Gradairyqueen@gmail.c Certified food handler Jinit Patel Serv County	Whiteland, IN 46184 Whiteland Sunrise Group dairyqueen@gmail.com Certified food handler Jinit Patel Serv Safe exp 10/15/29 County District	Whiteland, IN 46184 Whiteland Sunrise Group dairyqueen@gmail.com Certified food handler Jinit Patel Serv Safe exp 10/15/29 County District Summary of Violations Policy 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	Narrative	To Be Corrected by:
355	NC	R	Employee stated dirty mop water is disposed of into 3 bay sink. No mop service sink provided	3/24/25
430	NC	R	Walk-in freezer floor threshold is unsealed wood with slight ice buildup around freezer door	3/30/25
187	C		The following internal food temperatures were observed for holding food products in and above the food prep cooler: 4 containers of sliced and shredded cheeses at 50°F, cut tomatoes at 47°F, cooked bacon at 70°F	3/24/25
191	С		Date marking absent on ready-to-eat time temperature control foods (hot dogs and queso) in the food prep cooler and walk- in cooler	3/24/25
218	NC		Door gaskets split on several cooler and freezer units	4/1/25
			Shelving rusty in the walk- in cooler	
295	NC		Front and back of the fan unit in the walk-in cooler dusty	3/26/25
297	NC		Kitchen and front of house soda nozzles soiled	3/24/25
431	NC		Floor under shelving in walk-in cooler soiled	3/30/25
			Floor next to wall behind the ice machine soiled	

Jinit

maker



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

			reduitements. The time mint for correct.	on or each violation to op	oution in the interest Parent	1
Establishme PAZE Establishme	ent name 252 F	-An	MILY ROSTAURANT	Telephone Numbe () Establishme	The state of the s	= 2524
Locabilitie	in acidic	30		() Owner	0///	
Owner	Sei	CK	SON ST. FAMKLIN, IN	Purpose: 1. Routine	Follow-up Release	e Date
				2. Follow-up	Summary of Viola	ions:
Owner addr	ress			3. Complaint		
				4. Pre-Operationa	dang mili ing mang ing pagka	
Person in ch	narge	LOSIG	Hamilassembly, also restablished cooked.	The season with the first reality.	ALTHOUGH THE THE STREET AND ASSOCIATION OF THE STREET, AND	13.
PH	2IP	EURO)	2Add	6. HACCP	production products are an	(plusterses es
Responsible	person's	email		7. Other (list)	Menu Type (See)	pack of page)
Certified for	od handh	7	LADO BERUSARO EX	P 2027)	123(4 2 5_
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392	NC	1	1 Eds NOT CLOSED			3/6
218	NC	75	door gasket worn		SERATOR	21/21
	<u> </u>		LOCATED ACROSS From			
431	NC	*	FLOOR NOT CLEAN		HUL -UNDER	39
	1			Etten, u	IORN IN AREA	
295	MC	×		e maker	NOT CLERN	3/9
2111	NC	4			OT IN KITCHEN	3/14
431	NC	~	CEILING TILES/SOME	OUSTY, NO	T CLOAN IN KII	THEN 3 19
245	NC	1	Some METAL SHELL	THE DU KITC	HEN NOT CLEAR	N 319
295	NC	0	BOX FAN IN OTSHRO	ON /COURR N	IOT CLEAN, DUSTY	38
218	NC	1	WALK-IN FREEZE	R door does		4/4
Acres of			TIGHTLY			1
399	NC	-	FLOOR BASE COUTING	MISSING I	n Anats	414
218	INC.	17	WACK-IN COOLER SH	ENINS MARI	NG, NOT CLEBEN	319
295	WC 8	8	FLOOR NOT CLAPA			
431	nc	-	RESTROOM MACHENICHE			3/8
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Received by	(signatur):) Zelil		Inspected by (signature)	>
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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 name

Denny's #726]

Establishment address

1253 5. for 12 Park BIVOL Greenwood Purpose:

1. Routine) Establishment 3/5/25 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 Menu Type (See back of page) 7. Other (list) Certified food handler craig Predemora 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 impres well for maintained at utensils Mot 239 NC Received by (name and title printed): Received by (signatur,



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Establishman	t address 99 /	V.	buelo us 31 whiteland IN en a loss a selección paragrapa bates paragrapa de marga paragrapa de marga se pa	4. Pre-Operational 5. Temporary	Date of Inspection 3/24/25 Follow-up Release Summary of Violati C NC Menu Type (See be	Date ons:
Certified food	handler	AN	2 ARAGOZA		123_ ×	45
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-	C/NC	-	are rookaji, cooling andidalinguiju eli per	Narrative	ealthe of each microlibra	To Be Corrected by
430	Selection virtue		damaglo of Grillarea	ase board; HISSING- ANG THE GIS MAINLY-	vidling of art in reden	isstensive h hatesslous i sedvanced pr ssusceptible.
Received by (016	el	inted): 10 2evag025 1 1 30039 cc:		ed by (name and title printed) [Lss-] Ad by (signature): [My] [My]	Bay less



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



Retail Food Establishment Inspection Report

establishment	telephone		Date of Inspection		
El Beso	317-535-3355		3/19/2025		
Establishment address So. Grove	3 lud.		Summary of Violations	-	
Establishment address So. Grove, 2993 Fulmer Drive,	Bargersville IN 46	5106	0C6NC		
Owner			Follow-up	Release Date	
Michelle	e Michaelis		Yes	3/29/2025	
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
Maribel Munoz	Maribel Mu	moz (7/20/25)	D	4-Extensive handling	
Establishment Identification #	County	District	Routine		
2380	Johnson	D5			

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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
415	NC		Observed one dead cockroach at the mop sink area. Establishment is in the process of working with Picket Fence Pest Control Bugs-Be-Gone and Marquez pest control solutions LLC (last inspected on 3/6/25)	3/26/25
218	NC		Observed the following internal food temperatures inside flip top cooler: - Raw chicken @ 42*F - Raw Steak @ 42*F - Raw chorizo @ 43*F Ambient air temperature was observed at 42*F	3/19/25
177			Observed plastic containers of cut onions and cilantro stored in ready to eat cut peppers and tomatoes containers located in the flip top cooler	3/19/25
218	NC		 Observed a broken metal strainer with a handle Observed a bolt/screw missing for the produce flip top lid Coca-cola cooler door gasket is split/worn Bulk yellow bucket (appeared to contain sugar) lid is broken 	3/26/25
216	NC		 Observed the microwave stored on wooden blocks Observed dish machine table legs stored on wooden blocks Observed plastic wrap around the metal holder for order receipts along the cookline Not water proof or easily cleanable 	3/26/25
431	NC		- Exhaust hood system is soiled - Flip top cooler door gaskets are soiled	3/26/25
177	NC		Bulk tortilla chips are not covered/protected from potential contamination	3/20/25

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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Establishment address Establishment address Sall Bearing do: 46131 Owner	Telephone Number () Establishment () Owner Purpose: 1. Routine	Date of Inspection ID# 03/4/25 2481 Follow-up Release Date Summary of Violations:		
Owner address Person in charge Responsible person's email Certified food handler	4. Pre-Operational 5. Temporary			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		1 Z Z	45	
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Received by (name and title printed): Danielle Phillips + HR Manager Received by (signature): Cancelle M Phillips cc: ce:	Ra	ed by (name and title printed): When Beti Cu ed by (signature): When Betivel	Ettr	



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



Buran

establishment		Date of Inspection		
Four Seasons	317-859-1985	-859-1985 3/24/20		
Establishment address		•	Summary of Violation	s
1140 N State Road 1	35, Greenwood IN	V 46142		OC2NC
Owner			Follow-up	Release Date
George	Potamousis		No	4/4/2025
Person - in - Charge	Certified Food Handl	er	Purpose:	Мени Туре
Margarita	Nick 1	Potamousis	37	4-Extensive handling
margaritabg@comcast.net	Routine			
Establishment Identification #	District			
324	Johnson	D5		

- 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:
218	NC		 Observed a plastic broken/damaged container with cut potatoes stored in it located in the walk in cooler Bulk sugar container lid is broken/damaged 	
430	NC		 Observed a hole in the wall above the three bay sink Grout is missing in many areas of the kitchen 	
			Notes: 1. Observed the following internal food temperatures inside flip top cooler - Cut sausage at 54*F, employee stated the sausage was cooked and then cut around 8:00 a.m. and is cooling in the cooler - Shredded cheese at 43*F Recommend to turn cooler down or repair 2. Continue to detail clean	







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Establishme			Telephone Number	Date of Inspection	ID#
Frede	du's Ex	ozenCustard + Steakburger	() Establishment	2, 20	
Establishme	ert address	osci jedinara i se si gen	() Owner	3-6-25	2393
2306	N. Mo	rtonSt. Franklin, IN 46131	Purpose:	Follow-up Release	e Date
Owner			d. Routine	3-	16-25
Eric Co	ماه		2. Follow-up	Summary of Violat	ions:
Owner add	ress	66223	3. Complaint	The second second of the Control	more batter
7111 W	151st	St. Stell 2 Overland Park, KS		- Comment of the comment	In obtave
Person in cl	harge	unity all appress facility of the and popular and	5. Temporary	c O NC	R
Beth	Sti	nson - GM	6. HACCP	graf Sc gardous graena	- prévensus rec
Responsible	e person's e	email	7. Other (list)	Menu Type (See l	back of page)
eric.	cole	emmcustard.com			
Certified fo	od handler	COVUS OFO DXD		123 \	45
Detr	1 0+	inson 9/20/28			
• CRITICAL	ITEMS AR	E IDENTIFIED IN THE CHECKLIST AND NAR ED FROM PREVIOUS INSPECTIONS ARE DENOTEI		IN THE NARRATIVE BELOW	AS "R"
Section #			Narrative	III III WAAANITYE BEEGW	To Be Corrected by
431	NC	floor under dish			3-7-25
131	1.00	4 1001 Officer Glist	That Gara Sanea		and A
	T.	Notes: O hot dog	s hat held past 4	hours	discarded
10		when usi	ne time as public	health contro	THE WAR
		2 bulk sug	s hot held past 4 ng time as public par not labeled r	rext to	corrected
100		grill-use	d-as-prep-table sauce surface to	<u> </u>	
	-	3 Cheese	sauce surface to	emperature	
	1	at 130°F	•		
	e botani s	and cooling and materials of Profit can use	o to wilded they have and street eve	feliling of the majordiers	t serolo cesello
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95 S. DRAKE ROAD FRANKLIN IN 46131 Office 317-346-4365 Fax 317-736-5264

27 24 Indiana Patail Food

Establishmer #	t name	391	A	Telephone Number () Establishment	Date of Inspection	ID#
Establishmer			Greenwood	() Owner	3/3/25	2106
	Wir	rd /	norst Way IN	Purpose:	Follow-up Release	se Date
Owner			(6	1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint	A or I may when I we	
				4. Pre-Operational	and some some and	
Person in cha	arge	TEQUE	books a testri c ted to single meal called. P	5. Temporary	C O NC	2 R
				6. HACCP	director colong car	
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle			,	123	45
• CRITICAL I	TEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	1 - 2	
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Section #	C/NC	R	Straight Straight Straight Straight Spirite	Narrative	In order that was no straight	To Be Corrected by
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Telephone Number Date of Inspection Establishment name Great Wall Establishment address) Establishment 3-26-25 2021 46131) Owner 1840 Northwood PIZ Dr Franklin IN Purpose: Follow-up Release Date 1. Routine Li Yang Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 1067 Oakleaf Rd. Franklin, IN 46131 Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) nenwy Lin @ me. com Certified food handler Sew Sall exp 3 7 4 · 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 Section # C/NC R Narrative 112 NC upright cooler residential, not NSF/ANSI whenever no Honger 49Forbelow 216 3-28-25 NC storage some shelving in The back. Goth wexcessive amount of oil stored between fryer & woks above ready - to-eat chicken & 3-26-25 vegetables in walk-in cooler NC bulk white in a redients (salt, sugar) 9 ready - to-eat time no date markings seen m Tabeled + stoned separately from customer foce Demployees Shall The kitchen Received by (name and title printed): Inspected by (name and title printed): Received by (signature):



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1. Routine) Owner Follow-up Release Date 3/13/25 1001 Owner 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 Marise Herrera Rivero 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 Section # C/NC R Narrative when replaced is 3/3/23 342 NU very good! Received by (name and title printed): ingise B. Heren Pizero cc:



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Establishmer	nt name			Telephone Number	Date of Inspection	ID#
		Da	1040 11	() Establishment		15#
Establishmer	nt addres	s	men House	() Owner	3-10-25	2558
1251 U	SHU	143	31N Greenwood, IN46142	Purpose:	Follow-up Releas	
Owner				1. Routine	- 3-	20-25
Zheny	10 V	Jer	9	2. Follow-up	Summary of Violat	ions:
Owner addre		vine e	en Frankling I and a servener in the land	3. Complaint	Charly more more Pr	
1015 0	swe	301	Rd Carmel, IN 46032	4. Pre-Operational	standard design	aleby operation
Person in cha	arge			5. Temporary	CNC_	R_O
Responsible	100	101	young Chen - Owner	6. HACCP	To prince a contract on the	in castoonig
				7. Other (list)	Menu Type (See l	pack of page)
Certified foo	d handle	r	@gmail.com Jen (ServSafe exp)		1 2 3 %	4 5
Shuiy	ang	C	nen (3/13/28)			1 10
• CRITICAL'I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION(-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	N THE NARRATIVE BELOW	IS "R"
Section #	C/NC	STATE OF THE PARTY.		Narrative		To Be Corrected by
191		K	ready to eat, potenti	ally hazardous -	foods	3-19-25
	100		(pork belly sauces) without da	le markers	
297	NC	R	in Walk-th cooler	1		
218	NC	R	soda nozzles soile		1 - 0 (4 3 10	3-15-25
218	100	K	blue lids used to st	bre dances in h	Jack-Iri	0 13 25
			coo co cacvinged			
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Page 1 of

Establishment Saintation Requirements. 11	ie time mint for correction of each viol		A STATE OF THE PARTY OF THE PAR	
Establishment name			Date of Inspection	ID#
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

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Johnson County Health Department 460 N. Morton St., Ste. A, Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



establishment BBQ	Steaks & Sweets"	elephone		Date of Inspection		
establishment BBQ Huckuby's Smokehouse Caterin	78518995	3/21/2025 4p				
Establishment address	•		Summary of Violations	Summary of Violations		
1140 N SR 135, ST	E I-L, Greenwood, IN 4	6142	0 C,	, 3 NC, 0 R		
Owner			Follow-up	Release Date		
Ca	ırl Huckaby		No	3/31/2025		
Person - in - Charge	Person - in - Charge Certified Food Handler			Menu Type		
Carl Huckaby			Routine	4-Extensive handling		
Establishment Identification #	County	District				
2503	Johnson	D5				
	Chef@the	Toodguys.net				

- 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"

187	С	 Note: Cole Slaw at 45*F, Cottage Cheese at 46*F at 4:26pm in flip-top cooler. Food product in bottom at 40*F. Product is uncovered and in plastic pans.	3/21/25
218	NC	Hood Filters not snug. Walk-in-cooler ceiling is leaking. Owner is working with company to remedy issue.	3/30/25
179	NC	Sneeze Guards not provided over sauces offered to the consumer.	3/21/25