

95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name Simmy John 3 Establishment address 7 3 3 LOQWS Blvd Owner Green woo Owner address Person in charge Responsible person's email	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 3/5/25 Follow-up Release Date 3/7/25 Summary of Violations: C NC R Menu Type (See back of page)		
Certified food handler		12	_45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NATIONAL VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE Section # C/NC R			"R" To Be Corrected by	
Note: Rese	uch in tooks from pot holding move product	or eat 41° t	i gazanasa i jaganasa i jaganasa jaga jaga jaga jaganasa	
	unit			
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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		Date of Inspection		
The Knuckle Sand	wich	317	-422-5767	3/11/2025
Establishment address			Summary of Violation	8
5116 N SR 135, C	Greenwood, IN 4610	06	0C,	1NC, 0R
Owner			Follow-up	Release Date
Lind	a Milton		No	3/21/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Linda Milton	Paige Wier	ringa 6/28/27	Routine	4-Extensive handling
Lcm_cafe57@yahoo.com	2237	76471		
Establishment Identification #	County	County District		
2655	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	R2	Violation Observed:	To be Corrected by:
431	NC		Ceiling vents are slightly soiled in all 3 restrooms	3/13/25
			Reminder: Re-label spray bottles	3/11/25
	in .			
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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



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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		telephone		Date of Inspection
Kroger J #735		317-530-3086		3/26/2025
Establishment address			Summary of Violations	
5961 North SR 135, G	Greenwood IN 46	142	C	C5NC
Owner			Follow-up	Release Date
Kroger Busin	ness License		No	4/6/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Hannah				4-Extensive handling
Hannah.jenkins@stores.kroger.com			Routine	
Establishment Identification #	County	District		_
2008	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:
324	NC		Hand sink located in the produce room leaks at the drain connection	Corrected at time of inspection
218	NC		The following door gaskets are split/worn - Meat walk in cooler door gasket - Grocery walk in freezer door gasket - Private selection deli door gasket	4/16/25
187	C		Observed the following internal food temperatures: - Sliced ham and turkey at 50*F located in the sandwich cooler - Sliced beef baloney @48*F - Sliced roast beef at 51*F located in the cooler behind the sandwich cooler	Recommend discarding PHF
324	NC		Mop sink atmospheric vacuum breaker is leaking	4/25/25
295	NC		 The bottom of the three door cooler where corn is stored is soiled The ceiling around the pick-up walk in cooler 1 is dusty 	3/30/25
218	NC		Lights are out in the hot food warmer Notes: - Few flies in the Starbucks area around the drain - Ensure all thermometers are easily seen	3/30/25
			- Detail clean under all equipment	

Agablis ment Representative

Inspecto G. v. Casai Hall VII S (317) [3-6-17] And I @ April 18 (317)



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		telephone	telephone 317-887-5745		
Kroger J #909		317-887-5745			
Establishment address			Summary of Violation	s	
3100 Meridian Parke	N 46142		OC5NC		
Owner			Follow-up No	Release Date 3/27/2025	
Person - in - Charge Chris Farrar	Certified Food Handle	т	Purpose:	Menu Type 4-Extensive handling	
Establishment Identification #	Johnson	District D5	Routine		
Email: Christopher.farrar@stores.kroger.com			-		

- 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		Dairy Cooler door gasket is split/worn	4/17/25
295	NC		 Customer display coolers where raw meat is stored, shelving racks are soiled The area around the cutting board located on a metal table, located in the meat room, is soiled Two door McCall cooler, located in meat room, door gaskets are soiled 	3/21/25
255	NC		 A few thermometers located in the customer display cooler with cheese are not functioning A few thermometers located in the customer display cooler with produce are not functioning 	3/31/25
410	NC		Chicken hot holding "home chef" display unit light shield not observed	3/19/25
430	NC		Ceiling tiles appear to have water damage located by aisle 17	4/17/25
			Notes: Observed private pre-sliced selection sharp cheddar cheese at 45*F and angus roast beef at 48*F, manager stated the products where prepared and put on the shelves at 11:00 a.m. 3/17/25 Observed a few coolers stocked with products above the "fill line"	×



Inspected by: Cassi Hall, EHS (317) 346-43731 chall@co.johnson.in.us



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 Telephone Number Date of Inspection Le Peep) Establishment 3-10-25 2673 46143) Owner 210 S. Emerson Ave Greenwood, IN Follow-up Release Date Purpose: 3-16-25 1. Routine Ali Hessaraki Owner address Summary of Violations: 2. Follow-up 3. Complaint 1862 Halifax St Carmel IN 46032 4. Pre-Operational 5. Temporary Elia Elainna Elliott - FOH manager 6. HACCP 7. Other (list) Menu Type (See back of page) green wood@le peep indy.com Not provided 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 3-6-25 date marking absent on multiple food products in walk-in cooler & prep cooler 191 hear dish washing area corrective action-all food products stored 24hrs or longer shall have a date marking to indicate when food was prepared container was opened raw chicken stored above pork &salmon in prep cooler near dish washing area CA: raw animal products shall be stored with rawchicken at bottom, then storing food according to final cook temperatures with ready-to-eat food & low & cook temps. stored at the top mechanical dish machine sanitizing at 294 10ppm, 50ppm minimum - no chlorine or quat test strips provided floor next to wall soiled under tables with 431 and near deli slicer Inspected by (name and title printed): Received by (name and title printed) P. Mouth

NARRATIVE REPORT

Establishn	nent N	am	e Address	Inspection Date
Le P			210 S. Emerson Ave Greenwood	3-6-25
Section#	C/NC		REMARKS	TO BE CORRECTED BY
295	NC		interior ice machine & exterior lip of ice machine soiled /dusty	3-8-25
187	C		Steam table foods not at 1350°F	3-6-25
3464	CVIC		no soap provided at ware washing	3-86-25
			hand sink & employee restroom	
257	NC		the mometer not provided	3-10-25
394	NC		thermometer not provided dumpster area not maintained	
			Motes: Dwet rag not stored in a bucke	twith
			Solution Single use coffee filters Stored in employee restro	
			Cloud in PM DI TIME	
= 7			Sibrea in employee reside	1
				5.25%
	- = 1			
			4	
Received By	(Name	Т & С	Inspected By (Name & Title) Mi Apageorge, EHS	Page 2 of 2
State Form 48	3621 (R2	/ 8-0	(5)	



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishmen	t name	0			Telephone Number	er	Date of Inspection	ID#
MILLE	1	1	MADI KOMA		() Establishme	ent	3/25/25	11102
Establishmen	t address	3	OF Greenwin	nd	() Owner		0/25/20	1770
250	S	5	R. 135 1N14/014	7	Purpose:		Follow-up Release	Date /
Owner	,		, , , , , , , , , , , , , , , , , , , ,		1 Routine		Yes 41	4/25
· mi	11				2. Follow-up		Summary of Violatio	ns:
Owner addre	d d				3. Complaint		/	4
o milez maare	ď			ł		.,		
D : 1					4. Pre-Operation	aı	c_5_nc_/	03
Person in cha	irge		minula		5. Temporary		C NC_	<u></u>
rell	CU	IJ	10 II/Urgnaa	_	6. HACCP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 1
Responsible 1	person's o	emai	10 1C 6		7. Other (list)		Menu Type (See ba	ck of page)
0 :0 10	11 11		1 Sevisate		1			
Certified foo	d handler		ston (Exp6/8/2	28	/		123_	45
· CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NAR	RRATIVE	COLUMNS MARKED "C"	Li.		
• VIOLATION	S) REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTE	D IN THE	"SUMMARY OF VIOLATION	S" AND IN T	HE NARRATIVE BELOW AS	"R"
Section #	C/NC	R		1	Varrative		,	To Be Corrected by
109	C		Firm) was	0	dered t	00	lose	In-progress
	12,10	ke[at approxim	ut	ely 12:	38 D	m	Called
357 34-0			due to a sev	waa	e bac	kup	J 1910,7 A 100000	for emerg
			at the thre	2	lay s	ink	23,	service
			floor sink	an	d ell	000	trough	
			Darain en	do	ugh yo	repa	nation)
			area		0 1	1		2 22 7-
187	C		Sliced Chell	sec	ary m	las	unea	call for
			45°F while	<u> </u>	nside t	ne	front	service
1120			counter dis	pla	uy cool	er.	2 10 2	on white
438	C		Joyce Apra	y	1 bottl	م م	were (orrected
1127	A > -	_	mot labele	du_	01	/	13	2/ =/
426	NC		Spent COORIT	rg	mease	(OP)	Janent)	3/25/25
			guas mutea	0 1	on the	$\frac{1}{2}$	2011/20	
225	110		near dump	vie	ro paa	200 5	PO17)	4/1/25
295	NC		anside top	9	, ue	11/10	PUC	7/1/23
190	NC		PAOLIN DILAPIL 6	200	Red DO	20/00	tt:	Couranter
190	NC	-	modeling 6	1701		agno	NIGOR	Corrected
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7-10	100	2	mull			And	VELAL Mill	er FUX
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Y							drew Mu	Woh)
cc:			cc:			cc:	1100	

				NARRATIVE REPORT GYPENN	100d
Establish	ment N	am	e.	Address	Inspection Date
duc	<u>a t</u>	1	Ma.	250 S. SR. 135 /N 46/42	3/25/25
Section#	C/NC	R	U V	REMARKS	TÓ BE CORRECTED BY
			with a	lid inside the	
<u> </u>			walk-in-	- cooler (we)	
295	<u>C</u>		Jable A	licer unit was	3/25/25
430	NC	V	Michigh	1 a DHAINE , DISMI	4/4/25
430	NC	V	mesarat	ion table is	
	(AM)		cracked	I damaged	4-
254	NC	_	Metal	stem probe food	Corrected
			11 MOT	acculate (0)	
			calibrati	ed	
399	NC		Ceiling	tiles above person	4-10-25
		_	overs, a	t front line are	2
218	NC		10000	est torn on one	4-25-25
<u> </u>	NC	┢	don co	DOUGH BULL SALLOW	1 23 23
		T.	talife	are, py min	
245	NC		Sanitize	vrap not in	Corrected
			santiger) bricket (1. e. wet race	
334	<u></u>	<u> </u>	The aux	gap provided on	4-4-25
· .		<u> </u>	stations	101 hin down	
		\vdash	line	ne sur aune	
385	NC	V	Exterior	dumpster dumpster	Am (trash)
		Ļ	lid open	/up	3/25,/2
218	NC	1	wood!	phya paddle is	3/25/25
 -	<u> </u>		cracked		
	-				·
			notes:		
			O Firm	needs training 150P	
			on proper	cooling methods u	sing
			a calibrat	ed food themomete	<i>N</i>
	-	5	Chorine)	test papers novede	, 1
		É	by Rum	had an expiration	J
			date of	7-1-20/9.	
Reseived E		<u>[3</u>]	Juan mg		e drains are
preserved E	y (Name	A	= nainal	Inspected By (Name & Title) (MACLU MUNCH E)	12 Page <u>2</u> of <u>2</u>
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State Form 48621 (R2 / 8-05)

unclogged



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		telephone		Date of Inspection
Luciana's Mexica	n Restaurant	317-743-8925		3/10/2025
Establishment address			Summary of Violations	,
1133 N SR	135, Greenwood IN 46	5142	2	2C 5NC
Owner			Follow-up Yes	Release Date 3/20/2025
Person - in - Charge		Certified Food Handler Daniel Lagunas 10/23/28		Menu Type 4-Extensive handling
Establishment Identification # 2220	County Johnson	District D5	Routine	
Email: leticiatecuapetla@gmail.com				

- 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:
449	C		Observed open rodent bait blocks under storage room shelving	3/10/25
187	С		Observed queso stored in a metal pan with lid located in the two door warmer unit internal temperature at 99°F	Discarded at time of inspection
Note:			Observed one toxic spray bottle not labeled	
190	NC		Observed many potentially hazardous food products cooling in an ice bath without the ice to the top of the product line	corrected
218	NC		Observed one large damaged metal strainer with handle located above three bay sink	3/10/25
431	NC		 Ceiling located above cook line is dusty/soiled Ceiling vent located in storage room is dusty Ceiling vent located in the bar area is dusty Back of the produce walk in condenser is dusty 	3/20/25
310	NC		Hood vents not tight fitting (one is missing)	3/13/25
Note:			Bar in-use utensils stored in stagnant water	
341	NC		Sanitizer is being used in replace of hand soap at the hand sink by the ice machine	3/10/25
Note:			Kitchen dish machine observed in adequate range for hot temperature sanitizing, observed chlorine being used for machine - Hot temperature test kit is needed	

Establishment Representative

Inspected by: Cassi Hall, EHS

(317) 346-4371 <u>chall@co.johnson.in.us</u>

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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishmer	nt name	rpe	it u	Telephone Number	Date of Inspection	ID#	
m	ain :	Sf. (erille	() Establishment	3/26/25	1834	
Establishme	nt addres	S	Greenwood,	() Owner	7	1024	
200	S. EL	mes s	on Ave IN	Purpose:	Follow-up Release Date		
Owner				1. Routine			
				2. Follow-up	Summary of Violati	ons:	
Owner addre			2-22	3. Complaint			
			cooked of president is rader, Retrictional lines assembly. Most products are confer-	4. Pre-Operational	A (I D) I man tenin i Pro		
Person in ch	arge		toode e castacted to single med scrivici	5. Temporary	c 0 NC 3 R		
			or Z p stempally lazanse as boads.	6. HACCP	non grade a saistion	n pakeonid	
Responsible	person's	email		7. Other (list)	ack of page)		
Certified foo	d handle				4 5		
1	MAIL	(CAL		123_X_45		
• CRITICAL	TEMS A	E IDEN	TIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
THE RESERVE OF THE PARTY OF THE	-	-	M PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW A		
Section #	C/NC	R	mero manamana manamana manamana manamana manamana	Narrative	TO AND THE WALL A SHARE THE	To Be Corrected by	
711	E.F.	124	Nick with a	1.1/02 0001	coultrat		
216	NC		Dish washer properly 2001 +	Fables Tiled	caulled serv	1100	
190	140		property 2001 1	TOP PILLETY B	18 761 C 3010	ice	
216			Glass racks in	the bas a	10 (usten)		
219			12017 12017 11	FIRE DUO 11	14		
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	butani	esser il	ag of power distributed and fixed μ		asorq ie wanty a viete	t srobassad - a	
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			410 BE S				
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cc:	71		cc:	cc:	any /		
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95 S. DRAKE ROAD FRANKLIN IN 46131

Page 1 of

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 McDonalds
Establishment address) Establishment 903 14/25) Owner Purpose: Follow-up Release Date 1. Routine 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 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 To Be Corrected by Section # C/NC R mobiler casts in the distinoum are No 295 433 No 431 NO Received by (name and title printed): General Manager Received by (signature): cc: cc:



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

Telephone Number

Date of Inspection

ID#

Establishment name MUJW #132 Establishment address CIPLENIE STATES A CONTROL OF THE ACT OF THE A					Telephone Numbe () Establishme () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operationa 5. Temporary 6. HACCP 7. Other (list)	Fo Su	Date of Inspection 3 /6 /25 636 Follow-up Release Date 3 / 19/25 Summary of Violations: CNC_B_R Menu Type (See back of page)		
Certified foo	od handler	Miller				1_	12345		
• CRITICAL	ITEMS AR	E IDENTIFIED IN			E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS	S" AND IN THE	NARRATIVE BELOW A	s "R"	
Section #	C/NC	R	ras las kras y rilico.	Spirit Committee	Narrative	27 1 - 27.10142	na ing o tang na Bara	To Be Corrected by	
430	NC	Enhau	isted how	ed plate	es are soils	d	to come of a sign	3/11	
431	NC	Couple	of door	int at	are soiled the deli.	at the	doubte	3/10	
218	MC	Deli Worn	Deli walk in cooler entrance door siding is						
309	NC	restro							
411	NC	couple			loor lights a			y · /	
309	NC	(ii) Sea	illed lent moved forel was	e walk.	n Cooler at	t fruit	Strage 1	-,	
431	MC	(isea for	od walk-	in could inside	e walk-in a	ooler	at print	3/18	
336	C		3 a y-	valve C	onnection at	nop	sink at		
Received by	istin	Rutar		awang		Raul	(name and title printed) BIT ICU (signature): BIT ICU		



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



124 m/24

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	x f	telephone		Date of Inspection	
Menards		317-882-2703		3/19/2025	
Establishment address 300) S Marlin Drive 🢪	Summary of Violat		tions 0C0NC	
Owner	Menards	100	Follow-up No	Release Date 3/29/2025	
Person - in - Charge	Certified Food Handler N/A			Menu Type 1- Limited menu	
Establishment Identification # 1245	County Johnson	District D5	Routine		
grwdfrontend@menards.com attention k					

- 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 items noted at time of inspection	
1976			Notes:	
			 A few cans of Old El Paso Red Enchilada Sauce lacks a best by date Observed a dent in the seal of Del Monte Garlic and Herb Chunky Pasta Sauce. 	
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Owner Owner addre	nt addres 236 ess arge person's	s Z	Cocumanda Cocumana and conduction of the conduct	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 ID# 3/24/25 223 Follow-up Release Date Summary of Violations: C_O_NC_2_R_ Menu Type (See back of page)	
Certified foo	d handle	hle	, mother		123	45
3- FT.	ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	e "summary of violations" and : Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
Section #	C/NC	K	parameter de la calabacte de l	TVAITAUVC	vergie ower i sig	To be contested by
112	He		small chesy freezes	is not app	proved	38 (30 1000)
188	NL		Rehead abili sauce	+ akili to	165 07	
	bullout	ffen	the cooking coving and refreshing or note or portrained by hereaftons food. I good pic.			to a vision and a vision of the
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