



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 parative portion of this report.

Establishment name		Telephone Number		Date of Inspection	
New Hope Churc	h	317-888-4673		3/20/2025	
Establishment address			Summary of Violations	:	
5307 W Fairview Rd	Greenwood, IN	46142	3C, 3NC		
Owner			Follow-up	Release Date	
New Ho	pe Church		Yes	3/30/2025	
Email-jparker@	becomehope.con	1		997 94-01-4h (1-00-01-01-01-01-01-01-01-01-01-01-01-01	
Person in charge	Certified food handler		Purpose	Menu Type	
James/Jim Parker		2-Limited menu			
Establishment Identification #	County	District	Routine		
2732	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	Narrative	To Be Corrected by:
109	С		Observed a sewage back up onto the floor located at the 3 bay sink (at the sanitize bay) Establishment is closed due to the sewage backup. Establishment may reopen when our office observes the issue is corrected.	3/20/2025
431	NC		Three bay sink drains are soiled	3/22/2025
173	С		Observed ground beef stored above drinks and pans of nacho cheese sauce located in the "Maxx Cold" two door cooler Kitchen manager stated the food products are the mobile units- Alley Cat Street Foods	3/20/2025
415	C		Rodent droppings observed in pantry on the floor next to the wall	3/20/2025
291	NC		No ware washing food grade sanitizer and test strips observed	3/22/2025
295	NC		Plastic white containers that store the clean wiping cloths are soiled Tongs stored in kitchen soiled	3/22/2025
			Notes:	
			 Kitchen vendor use schedule shall be created and implemented ASAP It is unknown when the grease trap was last serviced Ensure the floor under the equipment is getting cleaned 	

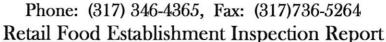
Janesh. Puh

Inspected by Mia Papageorge, LHS
(317) 868-8818 mpapageorge@co.johnson.in.us

Cook: Hall



Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131





Restaurant	telephone 317-888-8595		Date of Inspection 3/20/2025	
		Summary of Violations		
35, Greenwood IN	16142	1C3NC		
		Follow-up	Release Date	
)05@yahoo.com		Yes	3/29/2025	
Certified Food Handler	ertified Food Handler		Menu Type	
Jessica Che	Jessica Chong (4/10/28)		4-Extensive handling	
County	District	Routine		
Johnson	D5			
	005@yahoo.com Certified Food Handler Jessica Che	317-888-8595 317-888-8595 35, Greenwood IN 46142 005@yahoo.com Certified Food Handler Jessica Chong (4/10/28) County District	317-888-8595 Summary of Violations Summary of Violations Summary of Violations Summary of Violations Summary of Violations	

- 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:						
			Observed broken fryer baskets							
218	NC		Observed a broken metal strainer with a handle	3/30/25						
		_	Flip top cooler door gaskets are worn							
			Establishment is soiled in areas throughout the kitchen (floors, walls, and							
431	NC		ceiling)	3/25/25						
401	NC		The exhaust hood system is soiled	3/23/23						
			Three bay sink floor drain is soiled							
295	NC	VC.	In use containers for seasonings are soiled	3/20/25						
293			The blue bucket located in walk in cooler is soiled	0/20/20						
173	C	C	C	C	С	C	C		Observed raw chicken stored above duck sauce located inside walk in	3/20/25
170			cooler	0/20/20						
			Observed employee take a wet rag out of the hand sink and wipe food							
Notes:			contact surfaces							
			All dishes shall be washed, rinsed, and sanitized in the three bay sink							





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 partative portion of this report

Establishment name		Telephone Number		Date of Inspection	
Nire Event Co	enter	317-401-3362		3/27/2025	
Establishment address			Summary of Violations:		
740 E Main St S	te C Whiteland, IN 46	5184	0C, 0NC		
Owner			Follow-up	Release Date	
N	like Wood		No	4/7/2025	
Email- bailey	@nireeventcenter.com	1			
Person in charge	Certified food handler		Purpose	Menu Type	
Bailey Wood	N	J/A		1- Limited menu	
Establishment Identification #	County	District	Routine		
2910	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	Narrative	To Be Corrected by:
			No violations observed	
			Note- rodent like droppings seen in the mop sink closet near traps	ASAP

Boily Local

Inspected by Mia Papageorge, EHS

(317) 868-8818 mpapageorge@co.johnson.in.us



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Page 1 of _1

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. # 406 Greenwood, IN 46143 Establishment name Telephone Number Date of Inspection) Establishment) Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary ramberlain 6. HACCP 7. Other (list) Menu Type (See back of page) Coffified food handler 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 399 NC 218 NC Received by (name and title printed): indsed Chamberlain cc:



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishme		tatioi	n Requirements. The time limit for correcti	Telephone Number	Date of Inspection	ID#
4		16.	Bacalas	() Establishment		
Establishme	nt addres	S	g Border	() Owner	3/17/25	1522
			US 31W Er		Follow-up Releas	a Data
Owner	867		U331W IN	Purpose: 1. Routine	Follow-up Releas	e Date
Owner					Summary of Violat	iona
		_		2. Follow-up	Summary of Violat	ions:
Owner addr				3. Complaint	Allege at 126 or	
Sec.	hn Lens	0.016	real assembly. Mass produces are apple-	4. Pre-Operational	111890fachaustup820	
Person in ch	arge		foods is no piet of to single meal service. Pro-		C O NCD	R
100 000 0			or a potentially national is inocise.	6. HACCP	phenographic confi	processes rec
Responsible	person's	email		7. Other (list)	Menu Type (See b	pack of page)
0 10 10	11 "				-	
Certified for			Meu		123	4 7 5
X I	-		The state of the s	TE COLUMNIC MARKED IICII		
		,	ENTIFIED IN THE CHECKLIST AND NARRATIV FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	AS "R"
Section #	-	-	ROM PREVIOUS INSI ECTIONS ARE BENOTED IN TH	Narrative	PUZZENIA WIN IO MUREI	To Be Corrected by
Section #	C/ITC	-	sometale bod the burned dispress to g	mplon blos and a successful expension	orgin planer i sala	100000000000000000000000000000000000000
			ande dels and sunface life, surriversive life above		4. 36 S va basuini si con	
	2		No VIO/4	4:019		
			1.8 1.0/4	11010		
- Indicate	Marin n-	to the last				
· 4		* X				
4						
		Heri	the distington and earliering of poses	e. Prendedon process modules	edine of the merche	a relative in
	bulant's	3223	ong bod 1 . Lical sumbawan silenta sed ya g	aubled blommar - risuper absent	with the groups of sale-	The Amenda
	1119	18, 11	at firms, lacilities where service population	er ace. Categore we ald also nech	The treat and mounting	and passesses - s
						takings sust
	-					
		-				and the same of th
		\vdash				
	-		8 1		7 7 7 7	
		\vdash			- K	
		1178	roo kaalijan igi — silmi saadaan saa floval	tingo) odeni simor se to domini san	morganisms. In public	distance di Bio
Received by	(name and	l title f	brinted):	Inspected	d by (name and title printed)): 5 5 5
1 X	Mist	ru	manson		erry 7 Bay	/
Received by	(signature,):)	21		d by (signature):	and the same of th
X	Mi	AL	as Monor	Tu	us & Ban /Ls	n/
cc:			CC:	сс:	1	
				I	100	



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.

Telephone Number Date of Inspection Establishment name THE ORIGINAL CHICAGO PEZZA & CURRY) Establishment 3/5/25 Establishment address) Owner 153 HOLIDAY PLACE FRANKLIN, IN Purpose: Follow-up Release Date 25 (. Routine) Summary of Violations: 2. Follow-up Owner address 3. Complaint JASHANGSOT KAUR 4. Pre-Operational 5. Temporary 6. HACCP Menu Type (See back of page) Responsible person's email 7. Other (list) Certified food handler STN9H 20 RUSAFE 6/23/25 EXP 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 SANITIZER NOT DETECTED ON DISHURTO CORROCTED 3 COMPARTMENT SINK - NODEMINAL ORDERSONO FLANCIONATION DE HORDEN FOR DEPERSONAL CONTROL OF THE PROPERTY OF THE PANS NOT CLEAN INSTOR OF UNUSON 295 STOWE FLOOR NOT CLEAN NEXT TO WALL, NC EQUIPMENT IN KITIZHEN 392 NC OUTSIZE DUMPSTER LAD NOT CLOSSE FROZEN CHICKEN THANDIG IN PAN AT ROOM VE PROCENTURE (68°F) NOT UNDER 199 RUNNING WATER OR IN WALK IN COOLER 3/10 HOOD FILTER OUSTY/NOT NC NIN'TH FOOD PROCESS CONTAINER HAPPED CHIPPED Repeter NC 3/10 AND ORACKED Inspected by (pame and title printed): Received by (name and title printed) 546 * Jashanbuert Kaul Received by (signature): Inspected by (signgture) 1 Jashanbylet



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name Pa Po John's Pozzz # 387 Establishment address S 97 Banta Franklin IN Owner Owner Owner address Person in charge Responsible person's email			anta Franklin IN	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 3/20/25 Follow-up Release Date Summary of Violations: C NC R Menu Type (See back of page)	
Certified foo	Ar	111	15a Pollard		123	_45
	ITEMS AI	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIV OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	AL RESIDENCE OF THE PARTY OF TH
Section #	C/NC	R		Narrative	Carlo San Carlo Carlo San San Carlo	To Be Corrected by
256	HL NC		Thermometer 13 / 2-Door up right			corrected
	outpray	0875 I	note; sy do	appears that or is broken, closer	the result of not unique	La de la composición del composición de la composición de la composición de la composición del composición de la composición de la composición de la composi
			and subtifut against the gainst the colored	limbo ortron gar progenter finisso en	nariozus var 10 gedin	
Received by	Ja	cok	rinted): OGUNNO	•	ed by (name and title printed 12 rry D, Be ed by (signature):	yless
Received by	signature	C			huy D Buy	less
cc:			cc:	ce:		



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

Retail Food Establishment Inspection Report

BUM 1

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	
Papa John's Pizza #	1036	317-882-7272		3/26/2025	
Establishment address			Summary of Violations	3	
295 S State Road 13	5, Greenwood IN	46142	0C9NC		
Owner			Follow-up	Release Date	
Papa Joh	n's USA INC		Yes	4/6/2025	
Person - in - Charge	Certified Food Handler	Γ	Purpose:	Menu Type	
kayleraubree@icloud.com				2-Limited menu	
Establishment Identification #	County	District	Routine		
716	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:
187	C		Observed boneless chicken wings in a plastic container located in the flip top cooler at 53*F - Employee stated they forgot to put the container of chicken wings back into the cooler after preparing an order. They stated the chicken wings were left out for 20 mins.	3-26-25
347	NC		Observed no paper towels at the back hand sink	3-26-25
414	NC		East exterior door is not protected by potential rodents - Daylight was observed	4-26-25
218	NC		Flip top cooler handles are loose and a few are missing	3-30-25
411	NC		Observed a light out in the exhaust hood system	4-26-25
430	NC		Floor is damaged/worn in many areas	4-26-25
431	NC		Establishment is soiled in many areas (under equipment, shelving units, door gaskets, interior of the cooler, etc.)	4-7-25
431	NC		Employee restroom toilet is soiled	3-26-25
352	NC		Employee restroom door not self-closing	4-7-25
291	NC		Did not observed sanitizer test strips	3-27-25

Musseer Jums

God Libert



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishme 30 Owner Owner addr Person in ch Responsible	Antiddres S. U: Atta	s 3 an	ing Whiteland, IN Whiteland, IN 1418 y Wessel Messel	Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 3/31/25 2906 Follow-up Release Date 10/25 Summary of Violations: C		
Certified foo	od handle	r		_	1 2_ 1/3	_45	
	(S) REPEA	TED F	ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND II Narrative		5 "R" To Be Corrected by	
218	NC	М	DOON seals to	orn/solit	on	4/27/25	
0,10	100		three door pe	ma prep	aration	1	
138	NC		Kitchen empl	oyee lack	eed a	3/31/25	
347	NC	9)	no paper tow	els provid	led	3/31/25	
291	NC	ritain Sass	no Chlorine s kit available	anitizer to		4/1/25	
	22		atmospheric i	raculum b	reaker	Pump	
			study.			System	
		1103	pagina a bangulungan, yukta - jala - dayar t	and the second proof as	nobelgalisar be grabia	Lucianosti	
Received by	Har	M	rinted): WESSE	Ar	ed by (name and title printed)	Ver, EHS	
Received by	(signature)): ~	Wysl	Inspect	ed by (gignature): NANU M	Deg	
CC.				CC.		The state of the s	



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishmer			100	Telephone Number	Date of Inspection	
2000	erto	,	Vallasta	() Establishment	The state of the s	ID#
Establishmer				`	3/15/25	1513
Establishmen			Green	Vocal () Owner		
0	893		E. Main &	Purpose:	Follow-up Relea	se Date
Owner				1. Routine		
1				2. Follow-up	Summary of Viola	tions:
Owner addre	SS		e to "Tarell I when or because it of	3. Complaint	929 manifement land District	
				4 D. O	The second secon	والمستوالية
			ustinety to strate meal service. P			
					uni co-midoga galoui	
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
				• • • • • • • • • • • • • • • • • •		71.87
Certified foo			200, 0, 90		1 2 3 ~	<u></u>
× Ang	tone	V	lus		1	
	I have been a second		ENTIFIED IN THE CHECKLIST AND NA	ARRATIVE COLUMNS MARKED "C"		
• VIOLATION	S) REPEA	TED FI	ROM PREVIOUS INSPECTIONS ARE DENOT	ED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	THE RESERVE OF THE PARTY OF THE
Section #	C/NC	R	Mod to manager two states of the	Narrative	and any and the British	To Be Corrected by
439	C	327	The malcer	ckaper improp	مده ای	
T Lab			stored on top	of the ice	machine	
					/ /	
295	NI		Kitchen can	openes is soil	led-	
715			8.1 15.1	1 1	1 1. 0	
315	NL		Exhaust filter	in the exha	nd don7	
	- 7		1 17 71g PM	in The Cana	1153 31000	
		-			S. S. S. L. L. L.	5 1 2 5 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0.00		ELREI		Propramary andress melados the eva-		The second second second
	gunden.	H all		es require per und roldsimiding of por rice: Cresportwenta alsoancide cim		in re-heorgabul
1 2	1. 3. 3.	2 2	The state of the s	THE ACCORDING MESSAGER RELEASE STATES		susceptible
			<u> </u>			
Total Control						
		\vdash				
		\vdash	1			
				142		The same of the same of
		1145	tan poor in Summa the Amyor to be	enterentation of financial floors	dina orask udiomenic	1
Received by	(name and	-		Inspe	cted by (name and title printed)	a):
Received by	(signature):		Inspe	cted by (signature):	2/
Min	Joine	6 L	ten		Jones +	Day I
cc:			cc:	cc:		/
	-	-				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. Telephone Number Date of Inspection Establishment name Rally's #7208
Establishment address) Establishment 2287 3-10-25) Owner 839 US 31N Green wood, IN 46142 Follow-up Release Date Purpose: 3-20-25 Owner 1. Routine) Summary of Violations: Checkers Drive In Restaurants Inc 2. Follow-up 3. Complaint 4300 W Cypress St Ste 600 Tampa, FL 33607 4. Pre-Operational 5. Temporary Angela Kay - manager
Responsible person's examil 6. HACCP 7. Other (list) Menu Type (See back of page) 208@checkers.com Serv Safe exp 3 > 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 Narrative Section # C/NC R 3-15-25 431 NC floor next to wall soiled under north drive through drink station date marking absent on ready to eat potentially 19 hazardous foods (mayonhaise, tartar savce) in Walk-incooler & cult Strawberries in 1/2 cooler below slushie machine Ote: ice build up in back Slushie machine Inspected by (name and title printed): Received by (name and the printed): Mia Papageorge, EHS 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.

Telephone Number Date of Inspection Establishment name Establishment address
640 5. Martison Greenwood) Establishment 3/10/25) 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 matthew KEAN GULT 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 set hot water to 110°F Received by (name and title pointed): Received by (signature JAMES Toursey cc: