



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

Establishment name Sam's club #6325	Telephone Number () Establishment () Owner	Date of Inspection 3/5/25	ID# 486
Establishment address 1101 Windhurst Way Greenwood, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>5</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u>2</u> 4 <u> </u> 5 <u> </u>	
Certified food handler Damaris Ortiz Perez			

- 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		Cafe towel dispenser is jammed.	3/6/25
256	NC		No thermometer was observed in the pizza prep cooler	3/6/25
431	NC		The floor under the drink dispensers is soiled.	3/12/25
346	NC		No towels or soap are available at the produce area hand sink	3/5/25
347	NC			
187	C		The demo room refrigerator is not maintaining foods - pepperoni and cheese at 41°F or below - Unit was at 48°F. Discontinue using it-	3/5/25

Received by (name and title printed):

L Damaris Ortiz Perez

Received by (signature):

104

CC:

CC:

Inspected by (name and title printed):

Tuesday	TD Bayless
---------	------------

Inspected by (signature):

King D Bunker

CC:



Betsy
3/19

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 110 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 Scooter's Coffee		Telephone 317-868-8178		Date of Inspection 3/18/2025	
Establishment address 1730 N Morton St Franklin, IN 46131			Summary of Violations 0 C, 1 NC		
Owner Wendy Drew Email- jworr13@gmail.com			Follow-up Choose an item.		Release Date 3/28/2025
Person - in - Charge Ella LaBarge - shift lead		Certified Food Handler N/A		Purpose: Routine	
Establishment Identification # 2764		County Johnson	District D5	Menu Type 2-Limited menu	

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Sec#	C/NC	R	Narrative	To be Corrected by
174	NC		Protein powder not in original container without label	3/18/25
			Notes: 1. Tongs and spatula used at oven that touch time temperature control foods changed out every 7 hours (in the middle of opening hours) 2. Wet rags outside of a sanitizing solution bucket seen throughout facility on kitchen counters	

Ella LaBarge
Establishment Representative

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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Bulm
3/17

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 Speedway #1212	Telephone Number () Establishment	Date of Inspection 3/15/25	ID# 2493
Establishment address 1975 E Main St Greenwood In 46142	() Owner	Follow-up —	Release Date
Owner Speedway LLC	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>1</u> NC <u>2</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <u>✓</u> 4 5	
Person in charge			
Responsible person's email			
Certified food handler Patricia Bruns 4/27/28			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		floor around the floor in both men's & women's restroom are sorted 3/18 floor in back storage is sorted & inside walk-in cooler.	
297	NC		Couple of soda nozzles are sorted	ASAP
336	C		there's a y-valve connection extended connected 3/19 to water faucet at the mop sink	
NOTE: (1) please make sure bulk food to be discarded are separated inside the walk-in cooler. (2) food temperatures are okay (3) please disconnect leaking bib & replace with a new bib.				

Received by (name and title printed): Patricia Bruns	Inspected by (name and title printed): Paul Bettu EHS
Received by (signature): <i>Patricia Bruns</i>	Inspected by (signature): <i>Paul Bettu</i>
cc:	cc:

Patricia.Bruns@7-11.com



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

Bekam
3/13

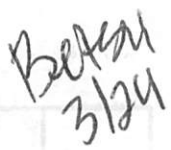
✓

Establishment name <i>Speedway #6215</i>	Telephone Number () Establishment	Date of Inspection <i>3/7/25</i>	ID# <i>358</i>
Establishment address <i>130 St. Rd 135</i>	() Owner		
Owner <i>Travis J</i>	Purpose: <u>1. Routine</u>	Follow-up	Release Date
Owner address	2. Follow-up	Summary of Violations:	
	3. Complaint		
Person in charge	4. Pre-Operational	C <u>0</u> NC <u>1</u> R <u> </u>	
Responsible person's email	5. Temporary	Menu Type (See back of page)	
	6. HACCP		
Certified food handler	7. Other (list)	1 <u> </u> 2 <u>1</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	

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[illegible]

Received by (name and title printed): + Sarah Barrett		Inspected by (name and title printed): Terry Boyless
Received by (signature): + [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:





95 S. DRAKE ROAD
FRANKLIN IN 46131
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Establishment name Subway #20355	Telephone Number () Establishment () Owner	Date of Inspection 3/7/25	ID# 1429
Establishment address 2110 East King St Franklin Ave	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		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Hiren BHARATBHAI Patel X Navjit Kaur			

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[illegible]

Received by (name and title printed): X HIREN PATEL		Inspected by (name and title printed): X P. Day / cgs
Received by (signature): X [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:

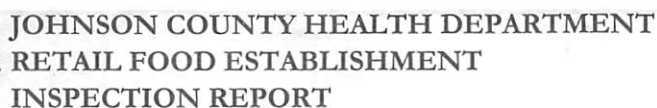


Buku
3113



- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): A. D. Brown, Pk1 / owner		Inspected by (name and title printed): Terry D Bayliss	
Received by (signature): A. D. Brown		Inspected by (signature): Terry D Bayliss	
cc:	cc:	cc:	



95 S. DRAKE ROAD
FRANKLIN IN 46131
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Establishment name Subway #13871	Telephone Number () Establishment () Owner	Date of Inspection 3/3/23	ID# 1911
Establishment address New 321 N. US 31 Whiteland	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner IN		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler X Israel Montes			

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[illegible]Received by (*name and title printed*):

Inspected by (name and title printed):

Received by (signature): _____

Inspected by (signature):

CC:

CC:

CC:

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 #5870	Telephone Number () Establishment () Owner	Date of Inspection 3/26/25	ID# 2441
Establishment address 924 W. Marten Franklin	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler ✓ Hiren Patel			

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[illegible]

Received by (name and title printed): X Mehul		Inspected by (name and title printed): Terry D Bayless
Received by (signature): X Mehul		Inspected by (signature): Terry D Bayless
cc:	cc:	cc:



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

Bulky
3/27

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	Supreme Produce @ Kroger 735		telephone	317-530-3086	Date of Inspection	3/26/2025	
Establishment address	5961 North SR 135, Greenwood IN 46143			Summary of Violations		0C2NC	
Owner	Supreme Service Solutions INC			Follow-up	No	Release Date	4/6/2025
Person - in - Charge	Certified Food Handler			Purpose:	Menu Type		4-Extensive handling
Establishment Identification #	2742		County	Johnson	District	D5	Routine

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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
218	NC		Observed a broken plastic lid used for the bulk cut watermelon	
324	NC		Hand sink leaks at drain connection	Corrected at time of inspection
			Note: Bulk cut watermelon observed at 42°F	

Establishment Representative

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



Beth
3/19

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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 Supreme Produce @ Kroger 909	telephone 317-887-5745	Date of Inspection 3/17/2025
Establishment address 3100 Merifian Parke Dr., Greenwood, IN 46142	Summary of Violations 1 C, 0 NC, 0 R	
Owner Supreme Service Solutions, INC.	Follow-up No	Release Date 3/27/2025
Person - in - Charge Van Lian Mung	Certified Food Handler Van Lian Mung 24338353 8/5/2028	Purpose: Routine
Establishment Identification # 2743	County Johnson	District D5
Menu Type 4-Extensive handling		
Email Christopher.Farrar@Stores.Kroger.com vanlianhmung12@gmail.com		

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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
187	C		Cut watermelon at 47°F at 1:20pm. Employee states the watermelon was cut this morning at 7:30am and that they are not done processing it. The watermelon was being processed in the chilled room, not the walk-in-cooler. Using an infrared thermometer, the whole watermelon temped at 47°F, located in the chilled room. Recommend pre-chilling the produce to be processed the day before in the walk-in-cooler & not allowing product to be in the chilled room longer than one (1) hour.	3/17/25
187			Supreme Produce cut produce in pre-packaged containers displayed in reach-in-cooler located by the front entrance observed being held at 47°F as measured by placing thermometer between two (2) packages. The ambient air temperature thermometer in the unit read 48°F. Please see photos	3/17/25

Establishment Representative

Inspected by: Elizabeth Sennisse, LPHS
(317) 346-4673 esennisse@ccjh.org

Pass: Hall



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Belen
3/7

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>Sweet Soup Market</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/4/25</i>	ID# <i>2449</i>
Establishment address <i>300 Tracy Rd. New Whiteland, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <i>0</i> NC <i>2</i> R	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>2</i> <i>3</i> 4 5	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>microwave is soiled</i>	<i>3/6/25</i>
<i>295</i>	<i>NC</i>		<i>trap sink is soiled</i>	<i>3/6/25</i>
			<i>note: drain under the</i>	
			<i>3-bay sink splatters- taper</i>	
			<i>the drain pipe</i>	

Received by (name and title printed): <i>+ Karen Frankenberg Manager</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Karen Frankenberg</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc: