

95 S. DRAKE ROAD FRANKLIN IN 46131

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

		ation	Requirements. The time limit for correction			
Establishmer			1 41000	Telephone Number	Date of Inspection	ID#
S	am's		club # 6325	() Establishment	3/5/25	486
Establishmer	nt address			() Owner	1/1/23	
	101	11/5	adhorst Way Greenwood,	Purpose:	Follow-up Releas	e Date
Owner		007	1 N	1. Routine		
			<i>y</i> /	2. Follow-up	Summary of Violat	ions:
0 11	-			^		
Owner addre	ess			3. Complaint	al two marks of the	
	13/2	. ret	hazoop var spehov, polič, vir. marze mani	4. Pre-Operational	randrungasi booli sa so	ווארוצעט לבון
Person in ch	arge			5. Temporary	C_1_NC_	5 R
				6. HACCP	dispug cooking, cooking	реоседеся кес
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
				Security of the second second second second second		
Certified foo	od handle	r	6 1 D1		1 2 3	2 4 5
T	Dam	ari	5 Unitiz Perez			
• CRITICAL				E COLUMNS MARKED "C"	120 7.00	
• VIOLATION	(S) REPEA	TED FR	OM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	project of the state of the sta	Narrative	THE REAL WORLD SHILLS	To Be Corrected by
		-37			Care Con hashesten	
347	NC		care towal dispens	es is Ignimee	el-	3/6/25
256	NL		No thermometor	es is Innomee was observed	in the	3/6/25
	Fr. 3	9	1. 2.210 NOA 100	201		
431	NC		The floor under	the drink o	1. spensers	3/12/25
BATT-			is soiled.			
t t				-/ //		
346	NC		No towalgot sout a	ise available	at the	3/5/25
347	He	Bath	produce area has	ad siak	ndl ie g of nuv ingredjen	dibreneral .
	Libbania	Seep >	ng of potentially recorded stood for a post pro-	utilodible, or see and boldu	ode. I vinety of proce	di avobassari)
187	9	d ai ia	The demo soom	reprigerator	is not	3/5/23
			maintaining food	5 - pepperoni	and cheese	susceptibles
			at 410+ or be	210 W- Uni	t was at 4	8 %.
and the second			Discontinue u	ising H		
		-				
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cc:			cc:	cc:	/	

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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 partiative portion of this report.

Establishment		Telephone		Date of Inspection
Scooter's Coffe		3/18/2025		
Establishment address	Summary of Violations			
1730 N Morton S	0 C	, 1 NC		
Owner	Follow-up	Release Date		
Wer	ndy Drew		-Choose an	3/28/2025
Email- jwor	item.			
Person - in - Charge	Certified Food Handle	er	Purpose:	Menu Type
Ella LaBarge - shift lead		N/A		2-Limited menu
Establishment Identification #	County	District	Routine	
2764	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
174	74 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	

Cla Laborye

Establishment Representative

Inspected by: Mia Papageorge, EAIS
(317) 868-8818 mpapageorge@co.john.m.in.us



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name Shell Food mast Establishment address 2151 N. Meston St Franktn Owner Owner Owner address Person in charge Responsible person's email				-	Date of Inspection 3/17/25 Follow-up Release Date Summary of Violations: C _ O NC _ 3 R_		
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)	
Certified foo	d handle	r			1 2 4 3	45	
			ENTIFIED IN THE CHECKLIST AND NARRATIV		IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R	oten to gapanoe one groups and apec and	Narrative	in markin wer an Milahu	To Be Corrected by	
295 177 239	NC NC		The microwave over 13ulk bug of suga Drink cup holders	is soiled. It must be co	osed	3/17/25	
	briant 4Ffg	ualis Se se Se se		containe operates indudes ses ferente no addonil notas svi co Coroce or crous also litel	concideraria Aciaba	Banascoustu	
	46	Ling	e i i i i i i i i i i i i i i i i i i i	the transfer of viola	miles gui via te patic	1 - Ramonali	
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Patricia. Brons@7-11. Com

95 S. DRAKE ROAD FRANKLIN IN 46131

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection	ID#7493
Speedway #1212	() Establishment	a 1-1	2110
Establishment address	(.) Owner	3 5 25	2443
1975 E. Main & arkenwood In	46 Perpose:	Follow-up Release	Date
Owner	1. Routine		
Speedway LL C	2. Follow-up	Summary of Violation	ons:
Owner address U	3. Complaint		
er proposes as assert et Result tops operations	4. Pre-Operational	na (1 or 2 spect rooms). The	
Person in charge company and analysis representation of the company of the compan	and the state of the state of the state of the state of	c_1_Nc_2	R
outerfalls for a suicels,		equirence consince crann	
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
	7. Giller (tisty	Mena Type (See Su	iene of puge,
Certified food handler fatricia Bruns 4/21/2	7-8	123_	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAME	RRATIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED		The state of the s	
Section # C/NC R	Narrative	Taligagili wat to galeria	To Be Corrected by
Blook Organized Hore		The Confederation	1
431 NC Offor in both men	or & women's nemo	om me sorted	3/18
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wall-in cooler.			
000 110 100000 000 000		stable	K-AD
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Patricia Bruns	07	ed by (name and title printed): Gul Blt [C	u EHS
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Fahricia Home	1,40	ed by (signature):	
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Spled way #6215 Establishment address 130 54. Red 135 Owner Trud 1/301 5 Owner address Person in charge Responsible person's email Certified food handler				4. Pre-Operational 5. Temporary	Menu Type (See	tions: / R back of page)
Certified foo	d handler				12_13	45
1.0			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	AS "R"
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishmen 12 Owner Owner addre Person in cha	Su at address Praf	maqui Jara Jara	instant of Michigan and Section	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Released Summary of Viola	tions:
1.31	TEMS AF	RE IDE	N Pa Yel ZuZ9 INTIFIED IN THE CHECKLIST AND NARRATION OM PREVIOUS INSPECTIONS ARE DENOTED IN THE	VE COLUMNS MARKED "C" HE "SUMMARY OF VIOLATIONS" ANI	123	45
Section #	DATE OF THE PARTY OF	_	And to Summer the summer Summer out	Narrative	diagram and a gight	To Be Corrected by
187	C	High L	nod ni ganesaar ba , guilaga ,gallego ndi	maintained	e line at 41°F Deppers I	3/17/25
	ericis:	Lace	Note:	The walk-in	H-14 morning	och anokaysad je g benanybe su um mos
		1002		Thron others golden acceptance		
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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.

Establishme	nt name	vā -	1 = 20355 151 King St Frankling	Telephone Number () Establishment	Date of Inspection	ID# 1424
Establishme	nt addres	S	Frankling	Owner	3/7/25	17724
2	118	E	ast Kingst In	Purpose:	Follow-up Releas	se Date
Owner	·			1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addre		-		3. Complaint		
				4. Pre-Operational	(Rott Z. distar steptis) - Pro-	
Person in ch	arge	es in-m-	and street the first transcript of the Pro- Adalis restricted to single transcript of the Pro-	ACCURATE STREET, AND ASSESSED ASSESSED.	CO NC	R
	0 11045				regime cookung, coo ing	per stansonal
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle Na v	r	Horen BHARATBH	al Parel	12X_3	45
			ENTIFIED IN THE CHECKLIST AND NARRAT ROM PREVIOUS INSPECTIONS ARE DENOTED IN 1		IN THE NARRATIVE BELOW	AS "R"
Section #	-	-	истеовиць, соогладаны тейсания от рове	Narrative	manuscript, was to gained	To Be Corrected by
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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) Establishment 3/12/25 1862) Owner Purpose: Follow-up Release Date Owner 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 To Be Corrected by Section # C/NC R 239

BUM 3/7



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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. Date of Inspection Telephone Number Establishment name) Establishment SUBWAY 1911 Whiteland,) 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 non-market source about a fertile or best transfer a sho 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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 No violetions Received by (name and title printed): cc: cc:



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 3/26/25) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler

1111CEN Patel 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 properly cool foost best and street pres 3kol23 190 NG Received by (signature):



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.

)-3086 Summary of Violatio Follow-up	0C2NC Release Date
Follow-up	0C2NC Release Date
	Release Date
	1.10.10.00
No	4/6/2025
Purpose:	Menu Type
355	4-Extensive handling
istrict Koutine	
D5	
	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?	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





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
Supreme Produce @	Kroger 909	317-887-5745		3/17/2025
Establishment address	Summary of Violat	tions		
3100 Merifian Parke	1	C, 0 NC, 0 R		
Owner			Follow-up	Release Date
Supreme Se	No	3/27/2025		
Person - in - Charge	Certified Food Handler	Purpose:	Menu Type	
Van Lian Mung	Van I	ian Mung		4-Extensive handling
	2433835	3 8/5/2028	Routine	
Establishment Identification #	County	District		
2743	Johnson	D5		
Email				
Chris	topher.Farrar@Stores.Ki	oger.com vanlianhn	nung12@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:
187	С		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



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name				Telephone Number	Date of Inspection	ID#	
E - 1111	7 64	et >	cosp Market	() Establishment	3/4/25	2449	
Establishment address New				() Owner	1	r	
Establishment address New 300 Tracy Rd. Whiteland, IN				Purpose:	Follow-up Release Date		
Owner				1. Routine			
		-		2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint	Complaint		
				4. Pre-Operational	or seriood department		
Person in ch	arge	THE RESERVE OF THE PERSON NAMED IN	ade e cemer de la superioridad service	5. Temporary		CONCZR	
				6. HACCP	processes equireing cooking could		
Responsible person's email				7. Other (list)	Menu Type (See back of page)		
Certified food handler					1245		
• VIOLATION	(S) REPEAT	TED FROM	IFIED IN THE CHECKLIST AND NARRAT PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A		
Section #	C/NC	R	Troughthrough management September 2	Narrative	COLORDINA MARCAN MARKATO	To Be Corrected by	
295	No	2111 9-21	milso-wave is	soiled	are as Can beginni d'ail-	3/6/23	
Z95	ME		Map siNC is so:	led		3/6/23	
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