



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

Betsy  
3/25

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 <b>Taco Bell #15468</b>	telephone <b>317-889-7625</b>	Date of Inspection <b>3/24/2025</b>
Establishment address <b>153 N State Road 135, Greenwood 46142</b>	Summary of Violations <b>0C3NC</b>	
Owner <b>Taco Bell of America LLC</b>	Follow-up <b>No</b>	Release Date <b>4/4/2025</b>
Person - in - Charge <b>Cheyenne Coble RS015468@tacobell.com</b>	Certified Food Handler <b>Cheyenne Coble 1/6/28</b>	Purpose: <b>Routine</b>
Establishment Identification # <b>640</b>	County <b>Johnson</b>	District <b>D5</b>
		Menu Type <b>2-Limited menu</b>

- 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:
431	NC		1. Floor is soiled throughout kitchen (under shelving, equipment, etc.) 2. Wall is soiled behind the fryer	4/4/25
324	NC		The right pedal at the hand sink located at the cook line is not functioning	4/14/25
218	NC		The door is loose at the two door cooler located on the left side of cold line	4/14/25

Establishment Representative

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



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**

Butter  
3/24



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	Texas Roadhouse	telephone	317-859-8800	Date of Inspection	3/21/2025
Establishment address	270 South Marlin Dr., Greenwood, IN 46142			Summary of Violations <b>0 C, 2 NC, 0 R</b>	
Owner	Texas Roadhouse Holdings, LLC			Follow-up	No
Person - in - Charge	George Hill	Certified Food Handler	Adrianna Lancaster	Purpose:	Routine
Establishment Identification #	1281	County	Johnson	District	D5
Menu Type 4-Extensive handling					
<u>Store_Greenwood@TexasRoadhouse.com</u>					

- 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:
430	NC		Sugar/Flour bin has wheels in disrepair. Floor grout & floor tiles in disrepair in a few area in the kitchen. Concrete under dumpster in disrepair. Fryer baskets in disrepair.	3/22/25
234	NC		In-use utensils stored in stagnant metal pan of water without temperature control.	3/21/25
			Reminder: employees shall store personal drinks in a way that prevents the potential contamination of food, equipment, & food-contact surfaces. Store with a lid & on the lowest shelf away from food, equipment, & food-surfaces.	



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 <b>VFW Post # 5864</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/10/25</b> <b>2/11/25</b>	ID# <b>436</b>
Establishment address <b>1842 Veterans Way</b>	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 <b>Greenwood, IN</b>		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>2</u> 3 <u>    </u> 4 <u>    </u> 5 <u>    </u>	
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"

[illegible]

Received by (name and title printed): + Laura A. Cook		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): + Laura A. Cook		Inspected by (signature): Terry D. Bayless	
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 <b>Walmart #3435</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>3/13/25</b>	ID# <b>1123</b>
Establishment address <b>1133 N. Emerson Ave</b>	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>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>    </u> 3 <u>    </u> 4 <u>    </u> 5 <u>    </u>	
Certified food handler <b>*Secret Pearson</b>			

- 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"

[illegible]

Received by (name and title printed): ✓ Secret Pearson		Inspected by (name and title printed): Terryl D. Payless	
Received by (signature): ✓ Secret Pearson		Inspected by (signature): Terryl D. Payless	
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**

Beta  
3/13

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	Wal-Mart#5483	telephone	317-851-1102	Date of Inspection	3/11/2025
Establishment address	882 S SR 135, Greenwood, IN 46142			Summary of Violations	0C, 2NC, 0R
Owner	Wal-Mart			Follow-up	No
Person - in - Charge	Ktf000p.s05483.us@wal-mart.com			Purpose:	Menu Type
Establishment Identification #	1866			Routine	3-Extensive handling
	County	District			
	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:
410	NC		Light bulbs not shielded in produce C11B cooler.	3/20/25
310	NC		Vents are slightly soiled in Meat Walk-in-cooler	3/20/25
			Note: Deli - Observed establishment not adhering to their standard operating procedure regarding Hot holding of product. Product was marked to discard at 12:30p, and 11:30p, but the product was still there at 1:30p. Product temperatures where at minimum 135°F.	
			Note: Deli automatic dish machine was not in operation at the time of inspection, however there did not appear to be a plan for the verification of the equipment to be adequately sanitized.	

Establishment Representative

Inspected by: Elizabeth Senisse, EHS  
(317) 346-4373 [esenisse@co.johnson.in.us](mailto:esenisse@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**

Betty  
3/17



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 <b>Warrior Nutrition</b>	telephone <b>317-530-9070</b>	Date of Inspection <b>3/14/2025</b>
Establishment address <b>989 North US 31, Whiteland IN 46184</b>	Summary of Violations <b>0C0NC</b>	
Owner <b>Riley Fleshman &amp; Alyx Fleshman</b>	Follow-up <b>No</b>	Release Date <b>3/24/2025</b>
Person - in - Charge	Certified Food Handler <b>N/A</b>	Purpose: <b>Routine</b>
Establishment Identification # 2888 <b>2888</b>	County <b>Johnson</b>	District <b>D5</b>
		Menu Type <b>2-Limited menu</b>

- 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 observed at time of inspection	
			Notes: - Establishment is in the process of relocating the pitcher rinser machine in the 3 compartment sink 1 <sup>st</sup> bay, to be able to wash, rinse, and sanitize dishes.	

Establishment Representative

Inspected by: Cassi Hall, EHS  
(317) 346-4371 [chall@co.johnson.in.us](mailto:chall@co.johnson.in.us)



Betsy  
4/11

✓

**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 <b>Wetzel's Pretzels</b>		telephone <b>317-865-3355</b>		Date of Inspection <b>3/31/2025</b>	
Establishment address <b>1252 N US 31, Greenwood IN 46142</b>			Summary of Violations <b>0C1NC</b>		
Owner			Follow-up <b>No</b>		Release Date <b>4/10/2025</b>
Person - in - Charge <b>Petersonjl@att.net</b>		Certified Food Handler <b>N/A</b>		Purpose: <b>Routine</b>	
Establishment Identification # <b>1264</b>		County <b>Johnson</b>	District <b>D5</b>	Menu Type <b>2-Limited menu</b>	

- 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		Observed a leak at the mop sink hot water handle	
			Notes: <ul style="list-style-type: none"><li>- Continue to detail clean</li><li>- Ensure sanitizer solution is 200 ppm</li><li>- Single use small cups and lids stored under front hand sink drain line</li></ul>	

*[Signature]*

*[Signature]*

Establishment Representative

Inspected by: Cassi Hall, FHS  
(317) 346-43731 [chall@co.johnson.in.us](mailto:chall@co.johnson.in.us)



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 <b>White Land Food mart</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>3/3/25</b>	ID# <b>2418</b>
Establishment address <b>340 US 31 N</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <b>White Land, IN</b>		Summary of Violations:  <b>C 0 NC 1 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 X 3 4 5</b>	
Person in charge			
Responsible person's email			
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"

[illegible]

Received by (name and title printed): A Granger Dinn	Inspected by (name and title printed): Terry D. Bayless
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Bekm  
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 <b>WIN95 ETC.</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>3/6/25</b>	ID# <b>2687</b>
Establishment address <b>2239 N MORTON ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>3/16/25</b>
Owner		Summary of Violations:  <b>C 1 NC 8 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>KEVIN PHILLIPS</b>			
Responsible person's email			
Certified food handler <b>KEVIN PHILLIPS (SERVSAFE)</b>			

- 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
431	NC	*	RESTROOMS MECHANICAL EXHAUST COVERS NOT CLEAN	3/9/25
431	NC	*	FLOOR IN AREAS OF KITCHEN NOT CLEAN, NEXT TO WALLS, UNDER EQUIPMENT	3/12
336	C	*	1" VALVE INSTALLED ON MOP SINK FRUET WITH SHUT OFFS	4/1
177	NC	*	WATER IN FREEZER SOME FOOD PACKAGES	3/9
218	NC	*	NOT STORED OFF FLOOR MINIMUM OF 6 INCHES, DOOR GASKET WORN	4/1
324	NC	*	LOCK NOTED AT PRODUCE SINK FRUET	4/1
295	NC	*	SHELVING IN WALK IN COOLER NOT CLEAN	3/12
295	NC	*	SHELVING IN KITCHEN NOT CLEAN	3/12
218	NC	*	DOOR GASKETS WORN, SPLIT ON 2 DOOR FREEZER AND UPRIGHT REFRIGERATOR BY DEEP FRYERS	4/1

Received by (name and title printed): <b>Kevin Phillips Mgr</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





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

Establishment name <b>Zaxby's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>3/6/25</b>	ID# <b>2125</b>
Establishment address <b>254 Marlin dr. Greenwood Ind 46143</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>3/19/25</b>
Owner		Summary of Violations:	
Owner address		<b>C</b> <u>0</u> <b>NC</b> <u>1</u> <b>R</b> <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> <b>✓</b> 4 <u>  </u> 5 <u>  </u>	
Certified food handler <b>Kimberly McKenzie 10/26/28.</b>			

- 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
431	NC		<p>(i) Floor &amp; wall at soda machine area is soiled</p> <p>(ii) Floors &amp; walls around kitchen area is soiled - Fryer area walls need cleaning</p>	3/18
			<p>NOTE: (i) Atmospheric vacuum breaker is fixed</p> <p>(ii) there's no y-valve connection to extended hose at mop sink</p> <p>(iii) food temperatures are okay</p> <p>Thank you!!</p>	

Received by (name and title printed):

LAURA MELTON

Received by (signature): \_\_\_\_\_

Received by (signature): Jana A. Melton

cc:

Inspected by (name and title printed):

Raul Betiku Ets

Inspected by (signature):

Inspected by (signature):  
Paul Betancur

Ac:

~~LMELTON~~ @ BARRED ROCK INC. COM





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

Establishment name <b>Isom Elementary</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>3/21/25</b>	ID# <b>393</b>
Establishment address <b>50 E. Broadway</b>	<b>Greenwood Inn</b>	Follow-up	Release Date
Owner	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>0</u> NC <u>0</u> R <u>    </u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>    </u> 2 <u>X</u> 3 <u>    </u> 4 <u>    </u> 5 <u>    </u>	
Responsible person's email			
Certified food handler <b>X Dawn Gard</b>			

- 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"

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

