



Betsy  
4/28

✓

**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 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|   |  |                                  |                       |  |  |
|---|--|----------------------------------|-----------------------|--|--|
| establishment<br><b>Camila's 2</b>                                  |  | telephone<br><b>317-530-2381</b> |                       | Date of Inspection<br><b>4/24/2025</b>       |  |
| Establishment address<br><b>2245 Sheek Road, Greenwood IN 46143</b> |  |                                  |                       | Summary of Violations<br><b>3P 4PF 6CORE</b> |  |
| Owner   |  |                                  |                       | Follow-up<br><b>Yes</b>                      | Release Date<br><b>5/4/2025</b>          |
| Person - in - Charge  |  | Certified Food Handler           |                       | Purpose:<br><b>Routine</b>                   | Menu Type<br><b>4-Extensive handling</b> |
| Establishment Identification #<br><b>2497</b>                       |  | County<br><b>Johnson</b>         | District<br><b>D5</b> |  |  |

- **Critical Items are Identified in the Checklist & Narrative Columns Marked "P"**
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | P/PF/C | R? | Violation Observed:  | To be Corrected by: |
|------|--------|----|--|---------------------|
| 213  | P      |    | Observed queso located at the cook line warmer unit @111°F<br>- Ground beef was observed between 133°F-135°F   | 4-24-25             |
| 175  | P      |    | Observed raw chicken stored above raw shrimp located inside walk in cooler   | 4-24-25             |
| 457  | P      |    | Observed fabuloso stored on top of "yellow unfired chips"  | corrected           |
| 206  | P      |    | Observed queso located in the warmer unit @133°F<br>- Manager stated they reheat the queso inside the warmer unit (@10:00 a.m.)  | 4-24-25             |
| 459  | PF     |    | Observed a fly strip located in the kitchen<br>- Not approved for commercial use   | 4-24-25             |
| 450  | PF     |    | Observed many small flies in the server area   | 5-8-25              |
| 190  | PF     |    | Observed the following pans stored inside ready to eat food products:<br>- Diced onions stored inside cut onions<br>- Cut limes stored inside cut green peppers<br>- Cut cilantro stored inside cut tomatoes | 4-24-25             |
| 286  | CORE   |    | Flip top cooler ambient air temperature observed at 42°F<br>- Digital read out showed "44.1"   | 4-25-25             |
| 279  | PF     |    | Observed no metal probe food thermometer   | 4-25-25             |
| 443  | CORE   |    | The following areas are soiled:<br>1. Bar three bay sink floor drain<br>2. Floor under soda station  | 5-1-25              |
| 429  | PF     |    | No hand soap provided at the cook line hand sink   | 4-25-25             |
| 447  | CORE   |    | Mops not hung up   | 4-24-25             |

*[Signature]*

Establishment Representative

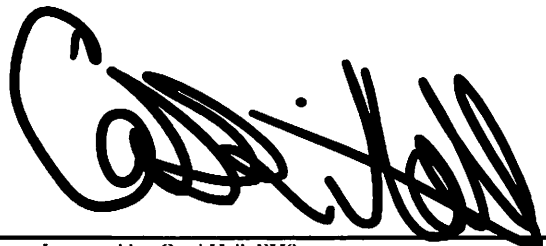
*[Signature]*

Inspected by: Cassi Hall, EHS  
(317) 346-43771 [chall@co.johnson.in.us](mailto:chall@co.johnson.in.us)

|     |      |  |         |
|-----|------|--|---------|
| 306 | CORE | <p>The following items are soiled:</p> <ol style="list-style-type: none"> <li>1. Bar soda nozzle</li> <li>2. Can opener</li> <li>3. Flip top cooler door gaskets</li> </ol>  | 4-25-25 |
| 176 | CORE | Bulk food containers not labeled   | 4-25-25 |
| 286 | CORE | <p>The following door gaskets are split/worn:</p> <ol style="list-style-type: none"> <li>1. Walk in cooler</li> <li>2. Flip top cooler</li> </ol>  | 5-8-25  |
|     |      | <i>Observed a gas smell from the water heater. Our department called CenterPoint Energy to the establishment and they detected a gas leak at the water heater. CenterPoint Energy is turning off the connection to the hot water. Establishment is closed until the gas leak is corrected and the water heater is functioning.</i> |         |
|     |      | <p>Note:</p> <ol style="list-style-type: none"> <li>1. Kitchen wall paint is peeling</li> <li>2. Cove base is missing in areas of the kitchen</li> <li>3. Personal items not stored in a designated area</li> </ol>  |         |



Establishment Representative



Inspected by: Cassi Hall, EHS  
(317) 346-43771 [chall@co.johnson.in.us](mailto:chall@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

Bekm  
5/1

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.

|  |  |  |                                |
|--|--|--|--------------------------------|
| Establishment name<br><b>Cheesecake Factory</b>                  | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>4-14-25</b>   | ID#<br><b>1291</b>             |
| Establishment address<br><b>1251 US 31 N. Greenwood IN 46142</b> | Purpose:<br>1. <u>Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>Yes</b>  | Release Date<br><b>4-24-25</b> |
| Owner<br><b>Corporate</b>  |  | Summary of Violations:<br><br>C <u>2</u> NC <u>8</u> R <u>    </u>                                 |                                |
| Owner address  |  | Menu Type (See back of page)<br>1 <u>    </u> 2 <u>    </u> 3 <u>    </u> 4 <u>✓</u> 5 <u>    </u> |                                |
| Person in charge<br><b>Evans Warrior</b>                         |  |  |                                |
| Responsible person's email<br><b>(Serv Safe Exp)</b>             |  |  |                                |
| Certified food handler<br><b>Bradley B.</b>                      | <b>11/28/26</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                                     |
|-----------|------|---|--|--|
| 430       | NC   | ✓ | Produce and Production coolers contain worn and/or peeling paint   | 10-14-25<br>↓  |
| 295       | NC   | ✓ | Interior bottom of deep fryers are "heavily" soiled at APPUS station   | 5-1-25<br>↓  |
| 218       | NC   | ✓ | Bread duck bill protective cover is damaged  | Corrected<br>↓   |
| 413       | NC   |   | North exit/entry door (interior left) contains an outer opening  | 5-1-25<br>↓  |
| 191       | C    |   | no time control sticker was provided for Crispy Flour product  | Corrected<br>↓   |
| 187       | C    |   | The Batter Station refrigeration unit contained the following internal product temperatures<br>(1) Taquitos 51°F<br>(2) Bldst (chicken product) 47°F | Corrected<br>Called for repair and moved products<br>↓ |
| 324       | NC   |   | Mop sink atmospheric vacuum breaker (AVB) leaks  | 4-24-25<br>↓   |

Received by (name and title printed):

**EVANS WARRIOR**

Received by (signature):

cc:

Inspected by (name and title printed):

**Andrew Miller EHS**

Inspected by (signature):

cc:

**andrewmiller@co.johnson.in.us**

## NARRATIVE REPORT

in

Establishment Name

## Address

**Inspection Date**

| Establishment Name |      | Address         |  |
|--------------------|------|-----------------|--|
| Cheesecake Factory |      | 12510531N 46142 |  |
| Lat                | Long | REMARKS         |  |

Section#

**C/NC**

**R**

REMARKS

**TO BE  
CORRECTED BY**

286

nk

Mechanical dish machine (not sanitizing unit) contained a pressure gauge that read approximately 10 psi (not 15-25 psi).

4-20-25

324

NK

|                               |        |
|-------------------------------|--------|
| The following areas contained | 5-1-25 |
| water leaks:                  | 1      |

5-1-25

① Bar area on right side

② Clean side of dish table in dish area of the kitchen

③ Faucets at the preparation area and both drain stoppers at the two bay prep sink

218

NC

One cooler evaporator unit is fed over on the back of the unit inside the walk-in-cooler

4714/25

~~Received By (Name & Title)~~

Inspected By (Name & Title)

Page 2 of 2





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  
4/25

Based on an inspection this day, the item(s) noted below identify violation(s) of **110 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|   |   |  |
|---|---|--|
| establishment<br><b>Chicago's Pizza</b>                                   | telephone<br><b>317-422-8114</b>              | Date of Inspection<br><b>4/23/2025</b>   |
| Establishment address<br><b>2 N State Road 135, Bargersville IN 46106</b> | Summary of Violations<br><b>0P 3PF, 5CORE</b> |  |
| Owner<br><b>Ron Epple</b>   | Follow-up<br><b>No</b>                        | Release Date<br><b>5/3/2025</b>          |
| Person - in - Charge<br><b>Slickrich232002@yahoo.com</b>                  | Certified Food Handler                        | Purpose:<br><b>Routine</b>               |
| Establishment Identification #<br><b>367</b>                              | County<br><b>Johnson</b>                      | District<br><b>D5</b>                    |
|   |   | Menu Type<br><b>3-Extensive handling</b> |

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | P/PF/C | R? | Violation Observed:   | To be Corrected by: |
|------|--------|----|---|---------------------|
| 306  | PF     |    | Interior of ice machine is soiled   |                     |
| 306  | CORE   |    | Many shelving units are soiled throughout establishment   |                     |
| 443  | CORE   |    | Floor under equipment are soiled<br>Ceiling throughout the establishment is soiled/dusty (restrooms, walk in coolers, etc.) |                     |
| 247  | PF     |    | Thermometer located in cooler located by walk in cooler not observed  |                     |
| 214  | PF     |    | No date mark on open package of chicken   |                     |
| 234  | CORE   |    | Cardboard box used as storage container<br>-not easily cleanable  |                     |
| 189  | CORE   |    | Dish racks stored on the ground<br>-not 6" off the floor<br>Food package not stored 6" off floor inside walk in cooler      |                     |
| 306  | CORE   |    | Dough mixer is soiled<br>Interior of a few coolers are soiled<br>Pizza prep cooler door gasket is soiled                    |                     |
|      |        |    | Note:<br>Observed a pan of water stored under the customer Coca-Cola station  |                     |

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

Belm  
4/16/25



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<br><b>Culvers</b>   |  | telephone<br><b>317-300-0019</b> |                                       | Date of Inspection<br><b>4/15/2025</b>   |                                  |
| Establishment address<br><b>1142 N Emerson Ave., Greenwood IN 46143</b> |  |                                  | Summary of Violations<br><b>0C1NC</b> |  |                                  |
| Owner<br><b>Mike Andrea Flosi</b>                                       |  |                                  | Follow-up<br><b>No</b>                |  | Release Date<br><b>4/25/2025</b> |
| Person - in - Charge<br><b>culversemerson@gmail.com</b>                 |  | Certified Food Handler           |                                       | Menu Type<br><b>3-Extensive handling</b> |                                  |
| Establishment Identification #<br><b>2171</b>                           |  | County<br><b>Johnson</b>         | District<br><b>D5</b>                 | Purpose:<br><b>Routine</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   |    | Floor under the soda machine located by the drive-thru window is soiled             |                     |
| Note: |      |    | Observed a plastic bowl of salad stored in the salad mix located in the cooler unit |                     |
|       |      |    |   |                     |
|       |      |    |   |                     |
|       |      |    |   |                     |
|       |      |    |   |                     |
|       |      |    |   |                     |
|       |      |    |   |                     |

*[Signature]*  
Establishment Representative

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

Bekm  
4/21

7-26

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<br><b>Culver's</b>                                 | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>4-16-25</b>  | ID#<br><b>2383</b>             |
| Establishment address<br><b>191 Grandville Dr. Franklin, IN 46131</b> | Purpose:<br>1. <u>Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>Yes</b>   | Release Date<br><b>4-26-25</b> |
| Owner<br><b>Ashley Mitchell</b>                                       |  | Summary of Violations:<br><br>P pf Core<br><b>e 1 ne 0 R 3</b>                    |                                |
| Owner address   |  | Menu Type (See back of page)<br><br>1 2 3 <input checked="" type="checkbox"/> 4 5 |                                |
| Person in charge<br><b>Anna Peters - Mgr.</b>                         |  |   |                                |
| Responsible person's email  |  |   |                                |
| Certified food handler<br><b>Ashley Mitchell</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                       |
|-----------|------|---|---|--|
| 213       | P    |   | Custard products in unit with three hoppers contained an internal temperature ranging from 44°F to 49°F   | 4-16-25<br>Control<br>button loose?<br>↓ |
| 286       | Core |   | ① Two deep fryer baskets are damaged<br>② Three deep fryer basket holder units are cracked<br>③ Two metal scoops are damaged<br>④ Some topping covers for custard are cracked/damaged<br>⑤ Exterior walk-in-cooler door handle is loose | 4-20-25<br>↓                             |
| 363       | Core |   | Water leak noted at 3M Water Filtration System  | 4-20-25<br>↓                             |
| 453       | Core |   | Unused stackable washer/dryer was stored in utility area  | 5-1-25<br>↓                              |
| 421       | Core |   | Kitchen back door not sealing at exterior lower right corner (i.e. vertical door frame)   | 5-1-25<br>↓                              |

Received by (name and title printed):

**Anna Peters**

Inspected by (name and title printed):

**Andrew Miller, EHS**

Received by (signature):

**Anna Peters**

Inspected by (signature):

**Andrew Miller**

cc:

cc:

cc:

317-346-4380



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

Beky  
4/9



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 name<br><b>CVS Pharmacy #6653</b>                 | Telephone Number<br><b>317-535-9001</b>   | Date of Inspection<br><b>4/8/2025</b> |
| Establishment address<br><b>39 US 31 S Whiteland, IN 46184</b>  | Summary of Violations:<br><b>0C, 1 NC</b> |                                       |
| Owner<br><b>Hook-Super X LLC</b><br>Email- 06653@cvshhealth.com | Follow-up<br><b>No</b>                    | Release Date<br><b>4/18/2025</b>      |
| Person in charge<br><b>Amanda Browning- operations manager</b>  | Certified food handler<br><b>N/A</b>      | Purpose<br><b>Routine</b>             |
| Establishment Identification #<br><b>796</b>                    | County<br><b>Johnson</b>                  | District<br><b>D5</b>                 |
|   |   | Menu Type<br><b>1- Limited menu</b>   |

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
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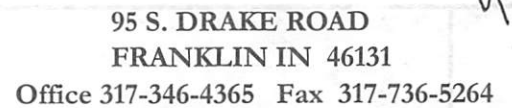
| Sec# | C/NC | R | Narrative   | To Be Corrected by: |
|------|------|---|---|---------------------|
| 431  | NC   |   | Floor against wall under storage shelves on the first floor of back storage room soiled with debris and trash | 4/18/24             |
|      |      |   |   |                     |
|      |      |   |   |                     |
|      |      |   |   |                     |
|      |      |   |   |                     |
|      |      |   |   |                     |
|      |      |   |   |                     |
|      |      |   |   |                     |

Received by 



Inspected by Mia Papageorge, EHS  
(317) 868-8818 [mpapageorge@co.johnson.in.us](mailto:mpapageorge@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<br><b>D M G PETROLEUM</b>                     | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>4/1/25</b>                            | ID#<br><b>2402</b>            |
| Establishment address<br><b>237 W JEFFERSON ST. FRANKLIN, IN</b> | Purpose:<br>1. <u>Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>—</b>  | Release Date<br><b>4/1/25</b> |
| Owner<br><b>_____</b>  |  | Summary of Violations:   |                               |
| Owner address<br><b>_____</b>                                    |  | C <u>0</u> NC <u>5</u> R <u>   </u>                            |                               |
| Person in charge<br><b>SHEWAN I</b>                              |  | Menu Type (See back of page)                                   |                               |
| Responsible person's email<br><b>_____</b>                       |  | 1 <u>   </u> 2 <u>X</u> 3 <u>   </u> 4 <u>   </u> 5 <u>   </u> |                               |
| Certified food handler<br><b>_____</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):<br>SHTVANT |     | Inspected by (name and title printed):<br>Bob Smith EHS |
| Received by (signature):<br>Shivani              |     | Inspected by (signature):<br>Bob Smith                  |
| cc:  | cc: | cc:   |

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.1, 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<br><i>Dallor General #1139</i>      | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><i>4-29-25</i>   | ID#<br><i>1076</i>            |
| Establishment address<br><i>8835 45-31 N Edinburgh</i> | Purpose:<br><input checked="" type="radio"/> 1. Routine<br><input type="radio"/> 2. Follow-up<br><input type="radio"/> 3. Complaint<br><input type="radio"/> 4. Pre-Operational<br><input type="radio"/> 5. Temporary<br><input type="radio"/> 6. HACCP<br><input type="radio"/> 7. Other (list) | Follow-up<br><i>NG</i>   | Release Date<br><i>5-9-25</i> |
| Owner  |  | Summary of Violations:   |                               |
| Owner address  |  | <i>C 1</i> <i>PC</i> <i>0</i> <i>P</i> <i>0</i><br><del>1</del> <del>0</del> <del>0</del>  |                               |
| Person in charge                                       |  | Menu Type (See back of page)   |                               |
| Responsible person's email                             |  | <i>1</i> <input checked="" type="checkbox"/> <i>2</i> <input type="checkbox"/> <i>3</i> <input type="checkbox"/> <i>4</i> <input type="checkbox"/> <i>5</i> <input type="checkbox"/> |                               |
| 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):<br>Harold Lee Cox |     | Inspected by (name and title printed):<br>Caleb Fleener |  |
| Received by (signature):<br>HLM                         |     | Inspected by (signature):<br>Caleb Fleener              |  |
| cc:   | cc: | cc:   |  |


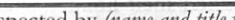
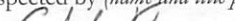


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|   |  |   |                               |
|---|--|---|-------------------------------|
| Establishment name<br><i>Dollar General Store #18340</i>      | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><i>4-29-25</i>                  | ID#<br><i>2119</i>            |
| Establishment address<br><i>8846 S Minnehaha Rd Minnehaha</i> | Purpose:<br>1. <u>Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><i>NO</i>                                | Release Date<br><i>5-9-25</i> |
| Owner   |  | Summary of Violations:                                |                               |
| Owner address   |  | <i>AP</i> <i>P</i><br><i>C</i> <i>MC</i> <i>R</i>     |                               |
| Person in charge  |  | Menu Type (See back of page)                          |                               |
| Responsible person's email                                    |  | <i>1</i> <i>X</i> <i>2</i> <i>3</i> <i>4</i> <i>5</i> |                               |
| 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):<br> |     | Inspected by (name and title printed):<br> |
| Received by (signature):  |     | Inspected by (signature):<br>              |
| cc:   | cc: | cc:   |


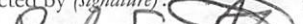


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. ✓

|   |  |  |                               |
|---|--|--|-------------------------------|
| Establishment name<br><b>DOLLAR GENERAL #21555</b>              | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>4/1/25</b>  | ID#<br><b>2332</b>            |
| Establishment address<br><b>155 N MORTON FRANKLIN, IN</b>       | Purpose:<br>1. <u>Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><u>      </u>   | Release Date<br><b>4/1/25</b> |
| Owner<br><b>Owner</b>   |  | Summary of Violations:<br><br>C <u>0</u> NC <u>4</u> R <u>      </u>                           |                               |
| Owner address<br><b>Owner address</b>                           |  | Menu Type (See back of page)<br><br>1 <u>2</u> 3 <u>      </u> 4 <u>      </u> 5 <u>      </u> |                               |
| Person in charge<br><b>Michael Matthew</b>                      |  |  |                               |
| Responsible person's email<br><b>Responsible person's email</b> |  |  |                               |
| Certified food handler<br><b>Certified food handler</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):<br>Michael Mathew   |     | Inspected by (name and title printed):<br>Bob Smith EHS  |  |
| Received by (signature):<br> |     | Inspected by (signature):<br> |  |
| 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**

Beky  
4/14

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                  | Dollar Tree #09029              | telephone | 317-857-2225 | Date of Inspection                    | 4/11/2025                    |
| Establishment address          | 807 N US 31, Greenwood IN 46142 |           |              | Summary of Violations<br><b>0C3NC</b> |                              |
| Owner                          | Dollar Tree Stores INC          |           |              | Follow-up                             | No                           |
| Person - in - Charge           | Certified Food Handler<br>N/A   |           |              | Purpose:                              | Menu Type<br>1- Limited menu |
| Establishment Identification # | 2520                            | County    | Johnson      | District                              | 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: |
|------|------|----|--|---------------------|
| 430  | NC   |    | Ceiling tiles appear to have water damage  |                     |
| 411  | NC   |    | Walk in cooler light is not functioning  |                     |
| 218  | NC   |    | 1. Observed a large amount of ice buildup inside walk in freezer<br>2. Two door cooler door gasket is worn/not sealed  |                     |
|      |      |    |  |                     |
|      |      |    | Restrooms are out of order- employee stated a work order has been put in the system  |                     |
|      |      |    |  |                     |
|      |      |    | Notes:<br>Del monte cut green beans best if used by 11/28/24<br>Island choice Diced fruit cocktail dent in seam of can<br>Both West Back exterior door sweep is worn |                     |
|      |      |    |  |                     |

*Alexis Brubaker*  
Establishment Representative

*Cassi Hall*

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





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

Bekm  
4/16/25

|  |   |  |              |
|--|---|--|--------------|
| Establishment name<br>Donatos                    | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br>4/8/15                               | ID#<br>2509  |
| Establishment address<br>2265 S. US 31 Greenwood | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up  | Release Date |
| Owner<br>IH                                      |   | Summary of Violations:                                     |              |
| Owner address                                    |   | C <u>0</u> NC <u>2</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>X</u> 4 <u>  </u> 5 <u>  </u> |              |
| Certified food handler<br>2 Mar 11 Manning       |   |  |              |

- 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 |
|-----------|------|---|--|--------------------|
| 246       | NC   |   | Do not use pop grates for as<br>Sewage racks | NI                 |
| 295       | NC   |   | mop sink basin is dirty                      | 4/9/23             |

|   |     |  |
|---|-----|--|
| Received by (name and title printed):<br><i>Leanne Bedden</i> |     | Inspected by (name and title printed):<br><i>Perry D Jackson</i> |
| Received by (signature):<br><i>[Signature]</i>                |     | Inspected by (signature):<br><i>[Signature]</i>                  |
| cc:   | cc: | cc:  |





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

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

7-26 AM

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<br><i>Edinburgh Diner</i>         | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br>4-30-25   | ID#<br>2045             |
| Establishment address<br>413 S. Eisenhower Dr. 46124 | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br>Yes  | Release Date<br>5-10-25 |
| Owner<br>Valon Rahmani                               |   | Summary of Violations:<br>Priority pf am Core<br>C 1 NC <del>16</del> R 16    |                         |
| Owner address  |   | Menu Type (See back of page)<br>1 2 3 4 <input checked="" type="checkbox"/> 5 |                         |
| Person in charge<br>Valon Rahmani                    |   |   |                         |
| Responsible person's email                           |   |   |                         |
| Certified food handler<br>Valon Rahmani              | (ServSafe Exp 11/4/27)  |   |                         |

• 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 |
|-----------|------|---|--|--------------------|
| 443       | Core | ✓ | Floors & walls soiled throughout facility  | 5-1-25             |
| 443       | Core | ✓ | Kitchen mechanical ventilation system is soiled; including top mechanical exhaust bell                 |                    |
| 421       | Core | ✓ | Back door is severely deteriorated   |                    |
| 363       | Core | ✓ | Plumbing leaks at mop sink, three bay sink, and below three bay sink                                   |                    |
| 306       | Core | ✓ | Interior basin of mop sink soiled  |                    |
| 306       | Core | ✓ | Interior of ice maker is soiled  |                    |
| 243       | Core | ✓ | Interior three bays of the three bay sink is severely soiled   |                    |
| 243       | Core | ✓ | Cardboard is used to line shelving in kitchen  |                    |
| 284       | Core | ✓ | Kenmore chest freezer is not NSF/ANSI approved, lacks a thermometer and the unit is not easily movable |                    |

Received by (name and title printed):

VR

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Inspected by (signature):

Andrew Miller

cc:


cc:

cc:

317-346-4380

# NARRATIVE REPORT

Edinburgh

| Establishment Name<br><b>Edinburgh Diner</b>   |          | Address<br><b>413 S. Eisenhower Dr. <sup>IN</sup> 46124</b> |  | Inspection Date<br><b>4-30-25</b> |
|--|----------|---|--|-----------------------------------|
| Section#   | C/N/C    | R   | REMARKS  | TO BE CORRECTED BY                |
| 286  | Core     |   | Arctic Air one door freezer is approximately 50°F/50°F ambient air temperature                   | 5-1-2025                          |
| 213  | Priority |   | Mozzarella Sticks internal product temperature was 60°F while in the Arctic Air one door freezer | Correct Vol Discarded             |
| 306  | Core     | ✓   | Walk-in cooler outside door handle   |                                   |
| 236  | Core     | ✓   | Berkel meat tenderizer cover is sealed with an unknown material due to damage                    |                                   |
| 447  | Core     | ✓   | Ulet maps not hung up  |                                   |
| 363  | Core     | ✓   | Soliet tank is cracked in women's restroom   |                                   |
| <p>① Note: Firm was ordered to close at 3:20pm for a gross unsanitary occurrence.</p> <p>② Remove large red awning on East Exterior</p> <p>③ Flat top grill needs 4 legs to elevate unit</p> |          |   |  |                                   |
| 409  | Core     |   | Wall behind mop sink faucet is damaged and contains a hole                                       | 5-1-25                            |
| 185  | Core     |   | Wet wiping cloth not in solution   |                                   |
| 437  | Core     |   | Restroom mechanical ventilation appears not operable   |                                   |
| Received By (Name & Title)   |          |   | Inspected By (Name & Title)  |                                   |
|    |          |   | <b>Andrew Miller, EHS</b>  |                                   |
| Page 2 of 2  |          |   |  |                                   |





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Betsy  
4/14

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<br><b>E2 PVEB20</b>               | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br><b>4/2/25</b>   | ID#<br><b>2038</b>             |
| Establishment address<br><b>1904 NORTHWOOD PLAZA</b> | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>YES</b>   | Release Date<br><b>4/12/25</b> |
| Owner  |   | Summary of Violations:<br><b>14</b><br>C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/> |                                |
| Owner address  |   | Menu Type (See back of page)<br>1 2 3 <b>4X</b> 5   |                                |
| Person in charge<br><b>CHLOE GRASS</b>               |   |   |                                |
| 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"

| Section # | C/NC | R | Narrative   | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 431       | NC   |   | FLOOR NEXT TO WARE UNDER EQUIPMENT AT WAIT STATION, KITCHEN NOT CLEAN, FLOOR GROUT NOT CLEAN IN KITCHEN | 4/12/25            |
| 257       | NC   |   | METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT AVAILABLE FOR USE             | 4/3                |
| 171       | NC   |   | EMPLOYEES USING DRINK CUP TO DISPENSE DRINK FROM DRINK BIN  | 4/2                |
| 256       | NC   |   | THERMOMETER NOT SEEN IN (1) REFRIGERATOR AT WAIT STATION, ICE CREAM CHEST FREEZER IN BACK               | 4/8                |
| 309       | NC   |   | MECHANICAL EXHAUST NOT FUNCTIONING IN FRONT RESTROOMS, BACK RESTROOM                                    | 4/12               |
| 431       | NC   |   | Ceiling Exhaust Covers Not Clean  | 4/10               |
| 351       | NC   |   | BACK WOMEN'S RESTROOM 2ND NOT PROVIDED FOR WASTE CONTAINER  | 4/8                |
| 399       | NC   |   | Ceiling Panel Missing Back Room Above Bulk Containers of Beans/Chips                                    | 4/8                |
| 218       | NC   |   | WALK-IN COOLER - OUTSIDE WORN, DOOR GASKET WORN   | 5/2                |

Received by (name and title printed):

**Chloe Grass**

Received by (signature):

*Chloe Grass*

Inspected by (name and title printed):

**Bob Smith EHS**

Inspected by (signature):

*Bob Smith*

cc:

cc:

cc:



## NARRATIVE REPORT

[illegible]



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  
4/14

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<br><b>ENZO PIZZA</b>                               | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br><b>4/3/25</b>                | ID#<br><b>1537</b> |
| Establishment address<br><b>1700 N MORTON ST. FRANKLIN, IN</b>        | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>4/13/25</b>                        | Release Date       |
| Owner<br><b>V. VERDEPAME</b>  |   | Summary of Violations:<br><b>C 0 NC 3 R</b>        |                    |
| Owner address   |   | Menu Type (See back of page)<br><b>1 2 3 4 X 5</b> |                    |
| Person in charge<br><b>GINO Romo</b>                                  |   |  |                    |
| Responsible person's email  |   |  |                    |
| Certified food handler<br><b>FERNANDO Romo (SERVSAFE EXP 7/29/29)</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 |
|-----------|------|---|---|--------------------|
| 174       | NC   | * | STOCK AREA SHELF - METAL PAN CONTAINING WHITE POWDER NOT LABELED AS TO CONTENTS                             | 4/6/25             |
| (NOTE)    |      | * | MECHANICAL DISHWASHER HOT WATER SANITIZATION TEMPERATURE (163.3°F) MORE THAN 160°F ON PLATE/UTENSIL SURFACE | (R)                |
| 239       | NC   | * | MECHANICAL DISHWASHER DISHRACKS NOT STURD OFF FLOOR A MINIMUM OF 6 INCHES                                   | 4/5                |
| 138       | NC   | * | (some) EMPLOYEES NOT WEARING HAIR RESTRAINTS  | 4/5                |

|   |  |
|---|--|
| Received by (name and title printed):<br><b>GINO ROMO</b> | Inspected by (name and title printed):<br><b>Bob Smith EHS</b> |
| Received by (signature):<br>                              | Inspected by (signature):<br>                                  |
| cc:   | cc:  |