

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>FAIRFIELD INN &amp; SUITES</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/8/25</b>	ID# <b>2274</b>
Establishment address <b>350 PARIS DR FRANKLIN TN</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <b>—</b>	Release Date <b>4/18/25</b>
Owner <b>GENERAL HOTELS</b>		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>   </u>	
Owner address		Menu Type (See back of page)  1 <u>   </u> 2 <u><b>R</b></u> 3 <u>   </u> 4 <u>   </u> 5 <u>   </u>	
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): Kim Caldwell Breakfast Attendant		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Kim Caldwell		Inspected by (signature): Bob Smith
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**

*Betiku*  
*5/11*

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>Five Star- Ryder</b>		telephone		Date of Inspection <b>4/29/2025</b>	
Establishment address <b>760 Commerce Parkway E Dr. Greenwood, IN 46143</b>			Summary of Violations <b>No Violation</b>		
Owner			Follow-up <b>No</b>	Release Date <b>Click here to enter a date.</b>	
Person - in - Charge		Certified Food Handler		Purpose: <b>Routine</b>	Menu Type <b>2-Limited menu</b>
Establishment Identification # <b>2479</b>		County <b>Johnson</b>	District <b>D5</b>		
email					

- 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:
			There are no violations during inspection.	

Establishment Representative

Inspected by: Paul Betiku, EHS  
(317) 346-4370 [pbetiku@co.johnson.in.us](mailto:pbetiku@co.johnson.in.us)





Bekn  
4/9

✓

**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>Flap Jacks</b>		telephone <b>317-458-0345</b>		Date of Inspection <b>4/8/2025</b>	
Establishment address <b>2991 Fulmer Drive, Bargersville IN 46106</b>			Summary of Violations <b>0C6NC</b>		
Owner <b>Tom Lasaru</b>			Follow-up <b>Yes</b>		Release Date <b>4/18/2025</b>
Person - in - Charge		Certified Food Handler		Purpose: <b>Routine</b>	Menu Type <b>4-Extensive handling</b>
Establishment Identification # <b>1505</b>		County <b>Johnson</b>	District <b>D5</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:
187	€		Observed coleslaw in a plastic container located in the salad flip top cooler at 46°F (9:12 a.m.) - Manager stated the coleslaw was prepared at 6:30 a.m. 4/8/25	4/8/25
324	NC		Mop sink atmospheric vacuum breaker (back flow prevention device) is missing	4/22/25
218	NC		Observed many broken/damaged utensils and food storage containers Golden malted waffle maker coating is peeling off A few hood filters appeared damaged Dish table with the jet spray is damaged	4/11/25
295	NC		Interior of ice maker is soiled	4/15/25
411	NC		A few lights are out located in the exhaust hood system are not functioning A few lights are out located in the dish area - Light intensity is not adequate	4/15/25
431	NC		Floors, walls, and ceiling are soiled throughout the kitchen - continue to detail clean	4/22/25
352	NC		Employee restroom door not self-closing	4/15/25
			Notes: 1. Employee drink lacked a lid and a straw 2. Personal items not stored in designated area 3. Observed a few small flies 4. Observed employee washing their single use gloves 5. Dish machine sanitizer solution observed at 10 ppm	

x  Establishment Representative

Andrew Miller  
Inspected by: Cassi Hall, EHS  
(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>FRANKLIN MART</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/11/25</b>	ID# <b>2218</b>
Establishment address <b>400 E JEFFERSON ST. FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>4/11/25</b>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>—</u>	
Person in charge <b>S. B. PATEL</b>		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			

- 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): <i>S. B. Park</i>		Inspected by (name and title printed): <i>Bob Smith</i> <i>ENS</i>
Received by (signature): <i>S. B. Park</i>		Inspected by (signature): <i>Bob Smith</i>
cc:	cc:	cc:



Betsy  
4/14

✓

**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 name <b>Fruitful Frog</b>		Telephone Number <b>740-843-3764</b>		Date of Inspection <b>4/3/2025</b>	
Establishment address <b>114 E. Jefferson St Franklin, IN 46131</b>			Summary of Violations: <b>0C, 0NC</b>		
Owner <b>Ann Buie</b> Email- <b>ann@fruitfullfrog.com</b>			Follow-up <b>No</b>		Release Date <b>4/13/2025</b>
Person in charge <b>Ann Buie</b>		Certified food handler <b>Ann Buie 360 Learn2Serve exp 6/6/29</b>		Purpose <b>Routine</b>	
Establishment Identification # <b>2866</b>		County <b>Johnson</b>		District <b>D5</b>	
Menu Type <b>3-Extensive handling</b>					

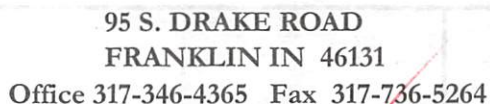
- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R	Narrative	To Be Corrected by:
			No violations observed	
			Note- protein powder stored with cleaning chemicals	corrected

Received by

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





*Betsy 4/19*



**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 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>Grill Bar</b>		Telephone Number <b>317-738-9936</b>		Date of Inspection <b>4/8/2025</b>	
Establishment address <b>138 E. Jefferson St Franklin, IN 46131</b>				Summary of Violations: <b>1C, 10NC, 11R</b>	
Owner <b>Manilla and Larry Hughes</b> Email- <b>whittneysharp@gmail.com</b>				Follow-up <b>Yes</b>	Release Date <b>4/18/2025</b>
Person in charge <b>Whittney Sharp- bartender</b>		Certified food handler <b>Scott Uttley / Michael Mills</b>		Purpose <b>Routine</b>	Menu Type <b>3-Extensive handling</b>
Establishment Identification # <b>143</b>		County <b>Johnson</b>	District <b>D5</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"

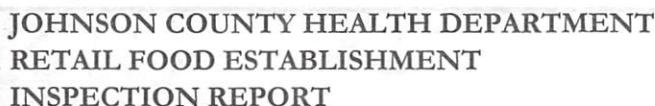
Sec#	C/NC	R	Narrative	To Be Corrected by:
344	C	R	No handwashing sink in the warewashing area	4/8/25
228	NC	R	The following units are not easily moveable: upright and chest freezers by walk-in cooler and upright freezer in bar	5/1/25
239	NC	R	Single-service articles stored under waste drain pipes in the basement	4/8/25
257	NC	R	Thermometer not provided in upright freezer in back kitchen	4/15/25
289	NC	R	Drainboard next to three bay sink not large enough to accommodate soiled and cleaned items	5/1/25
295	NC	R	1. Moldy towels in beer chest cooler 2. Interior bottom shelves of cooler/freezer units soiled 3. Walk in cooler unit fans dusty	4/8/25
309	NC	R	Mechanical exhaust in restrooms not functioning	4/15/25
355	NC	R	Mop service sink not provided	5/1/25
433	NC	R	Mop not hung to dry in between uses	4/8/25
430	NC	R	Floors worn and not clean in basement and walk-in cooler	5/1/25
218	NC	R	1. Door gaskets worn/split on prep cooler near grill 2. Prep cooler interior appears to be leaking- wet towel observed	4/15/25
			Note: Personal care items, lotion, stored with food on shelf above chest freezer in kitchen	

*[Signature]*  
 Received by

*[Signature: Mia Papageorge]*

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






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

Establishment name <b>HAMPTON INN</b>	Telephone Number ( ) Establishment	Date of Inspection <b>4/8/25</b>	ID# <b>2356</b>
Establishment address <b>361 PARIS DR. FRANKLIN, IN</b>	( ) Owner	Follow-up <b>—</b>	Release Date <b>4/18/25</b>
Owner	Purpose: <b>1. Routine</b>	Summary of Violations:	
Owner address	<b>2. Follow-up</b>	<b>C 0 NC 3 R</b>	
Person in charge <b>AMANDA YERBYAN</b>	<b>3. Complaint</b>	Menu Type (See back of page)	
Responsible person's email	<b>4. Pre-Operational</b>	<b>1 2 3 4 5</b>	
Certified food handler	<b>5. Temporary</b>		
	<b>6. HACCP</b>		
	<b>7. Other (list)</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]

\* Amanda Yaryan

cc: 

CC:

Bob Smith EHS

Bail Smith

CC:



Before  
4/9



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>The Haven at Hickory Stick</b>		telephone		Date of Inspection <b>4/8/2025</b>	
Establishment address			Summary of Violations <b>0 C 0 NC</b>		
Owner <b>Dexios</b>			Follow-up <b>No</b>		Release Date <b>4/18/2025</b>
Person - in - Charge <b>Willie Roegner</b>		Certified Food Handler <b>Willie Roegner 3/10/27</b>		Menu Type <b>3-Extensive handling</b>	
Establishment Identification # <b>2591</b>		County <b>Johnson</b>	District	Purpose: <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:
			No Violations to report.	

Establishment Representative

Inspected by: Kevin Paulin, EHIS  
(317) 346-4373 [kpaulin@co.johnson.in.us](mailto:kpaulin@co.johnson.in.us)



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.

Betsey  
4/8

- ✓

note

Received by (name and title printed): Natasha Nemick  
Received by (signature): [Signature]



**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**

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 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 <b>Indiana Baptist College</b>		telephone <b>317-882-2345</b>	Date of Inspection <b>4/17/2025</b>
Establishment address <b>1301 County Line Rd Greenwood IN 46142</b>		Summary of Violations <b>C 4 P 1 P/f 0</b>	
Owner		Follow-up <b>No</b>	Release Date <b>4/28/2025</b>
Person - in - Charge <b>Michelle Reed</b>	Certified Food Handler <b>Michelle Reed exp 9/22/27</b>	Purpose: Routine	Menu Type 3-Extensive handling
Establishment Identification # <b>2726</b>	County <b>Johnson</b>	District	

- Core items are identified in the checklist & narrative columns marked “C”
- Priority items are identified in the checklist & narrative columns marked with “P”
- Priority/Foundation items are identified in the checklist & narrative columns marked with “P/I”
- Violation(s) repeated from previous inspections are denoted in the “summary of violations” & in the narrative below as “R”

[illegible]



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

Baker  
4/22

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 <b>Jet's Pizza</b>		telephone <b>317-881-5387</b>		Date of Inspection <b>4/17/2025</b>	
Establishment address <b>954 North SR 135, Greenwood IN 46142</b>			Summary of Violations <b>0P 0PF 4Core</b>		
Owner <b>Jacob Muzyka</b> <b>Jacob.muzyka@jllpizza.com</b>			Follow-up <b>No</b>		Release Date <b>4/27/2025</b>
Person - in - Charge		Certified Food Handler <b>Elijah Hutton 5/10/28</b>		Purpose: <b>Routine</b>	
Establishment Identification # <b>2296</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 "P"**
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF	R?	Violation Observed:	To be Corrected by:
148	Core		Observed an employee drink stored on the prep-table without a lid and straw	
363	Core		1. Prep-sink leaks at the faucet 2. The right knob is not functioning at the hand sink located at the prep line	
436	Core		Exhaust hood system lights are out -light intensity is not adequate	
234	Core		Cardboard is lining shelving units - Not easily cleanable	
			Notes: - Continue to detail clean establishment and equipment - Mop sink appears to not be commercial grade and doesn't have an AVB	

  
Establishment Representative

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





Betsy  
4/25

**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 **H10 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 <b>Johnson's BBQ Shack</b>		telephone		Date of Inspection <b>4/23/2025</b>	
Establishment address <b>82 South Baldwin Street, Bargersville IN 46106</b>			Summary of Violations <b>1P 3PF 8CORE</b>		
Owner <b>Nate Johnson</b>			Follow-up <b>No</b>		Release Date <b>5/3/2025</b>
Person - in - Charge: Chris		Certified Food Handler		Purpose: <b>Routine</b>	Menu Type <b>4-Extensive handling</b>
Establishment Identification # <b>1896</b>		County <b>Johnson</b>	District <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:
348	P		The ice machine lacks an air gap	5-22-25
430	PF		Observed no paper towels at the kitchen hand sink	4-23-25
429	PF		Observed no soap at the ADA restroom hand sink	4-23-25
363	CORE		Observed a leak at the prep-sink right handle	5-15-25
421	CORE		Smoker room exterior door not protected from potential rodents/not tight fitting - Daylight was observed	5-22-25
421	CORE		Smoker room exterior screen are worn/damaged	5-22-25
442	CORE		Floor is worn in the smoker room - Stagnant water was observed where worn areas are	7-24-25
443	CORE		Floors, walls, and ceiling are soiled throughout kitchen/smoker room Floor located in walk in cooler is soiled	5-22-25
421	CORE		Window is broken in back storage room	5-15-25
453	CORE		Gas power washer stored inside storage room Unused equipment stored outside	4-23-25
306	PF		Shelving units inside walk in cooler are soiled Shelving located in single door stand up cooler are soiled/rusty Observed soiled metal containers located in storage room on the table top	5-15-25
404	CORE		Trash container was observed full of trash and water without a lid/cover	4-23-25
			Note: Observed stagnant unclean (grease water) water on the ground Employee restroom exhaust fan appears to not be functioning properly	

  
Establishment Representative

  
Inspected by: Cassi Hall, CHS  
(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

Betm  
4/4

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>Kimu Asian Restaurant</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/1/25</b>	ID# <b>1544</b>
Establishment address <b>1280 US 31 N Greenwood, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>YES</b>	Release Date <b>5/1/25</b>
Owner		Summary of Violations: <b>C 3 NC 13 R 5</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Pau LAMPANG</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
117	C	✓	The facility did not have a person in charge who could easily communicate with the inspector about food safety violations	4/2/25
199	NC		A pan of scallops was thawing improperly in standing still water	4/2/25
324	C	✓	The hot water handle at the kitchen hand sink is broken and not usable. Hot water was not available for proper hand washing.	7-10 days
177	NC	✓	Pans of cut up raw beef were stored directly on the floor.	4/2/25
187	C	✓	A pan of white rice in an aluminum was setting out at room temperature	4/2/25
295	NC		The pass kitchen door is soiled thru	4/5/25
295	NC		A step stool in the storage room is very soiled.	4/5/25
216	NC		utensil racks are rusted and worn	60 days

Received by (name and title printed): <b>T. Ayler</b>	Inspected by (name and title printed): <b>Terry D. Bayless</b>
Received by (signature): <b>T. Ayler</b>	Inspected by (signature): <b>Terry D Bayless</b>
cc:	cc:



1544

State Form 48621 (R2/ 8-05)

# 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

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>KK Pizza</b>	Telephone Number (916) 271-1718	Date of Inspection <b>4-17-25</b>	ID# <b>2932</b>
Establishment address <b>3955 S US 31 Franklin, IN 46131</b>	( ) Owner	Follow-up <b>Yes</b>	Release Date <b>4-27-25</b>
Owner <b>Gaurav Madaan</b>	Purpose: <b>1. Routine</b>	Summary of Violations:	
Owner address	2. Follow-up	<b>P</b> <b>PF</b> <b>Core</b>	
Person in charge <b>Himanshu Sharma</b>	3. Complaint	<b>C</b> <b>O</b> <b>NC</b> <b>D</b> <b>R</b> <b>4</b>	
Responsible person's email	4. Pre-Operational	Menu Type (See back of page)	
Certified food handler	5. Temporary	1 <u>    </u> 2 <u>    </u> 3 <u>    </u> 4 <u>✓</u> 5 <u>    </u>	
	6. HACCP		
	7. Other (list)		

- 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):

Kimanshu SHARMA

Received by (signature):

Himanshu Sharma

CC:

CC:

Inspected by (name and title printed):

Andrew Miller, ENG

Inspected by (signature):

Andrew Miller

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**

Betsy  
4/17

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>Kroger J #979</b>	telephone <b>317-736-6004</b>	Date of Inspection <b>4/14/2025</b>
Establishment address <b>970 North Morton Street, Franklin IN 46141</b>	Summary of Violations <b>0C4NC</b>	
Owner <b>Kroger Business License Shane.davis@stores.kroger.com</b>	Follow-up <b>No</b>	Release Date <b>4/14/2025</b>
Person - in - Charge <b>Shane</b>	Certified Food Handler	Purpose: <b>Routine</b>
Establishment Identification # <b>2003</b>	County <b>Johnson</b>	District <b>D5</b>
		Menu Type <b>4-Extensive handling</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:
218	NC		1. Observed the cooler where the milk is located door gasket is split/worn 2. The blast chiller unit door gasket is split/worn	
415	NC		Observed small flies around hand sinks throughout the establishment	
411	NC		The exhaust hood system where the chicken deep fryer is located light is out	
431	NC		The walk in dairy cooler ceiling and condenser is dusty/soiled	
Note:			The seasoned cooler is out of order during time of inspection	

Establishment Representative

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