

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

tion requirements. The time mint				
Establishment name FAIRFILW DNN & SULIVES		Date of Inspection	ID#	
	( ) O			
	1. Routine	Follow-up Release	Release Date 4/18/25	
AZ HOTELS	2. Follow-up	Summary of Violation	ons:	
	Complaint     Fre-Operational	emacrosque boels sego:		
		C O NCO	R	
nail	7. Other (list)	Menu Type (See ba	ick of page)	
		1(2_1/33	_45	
		IN THE NARRATIVE BELOW AS	"R"	
R	Narrative ,	STEEDING SERVICE STREET	To Be Corrected by	
ally haverdous food. Food process	neared to respect proposed in the boseon	inds. A viner of proces	Extensive in the same in the s	
itle printed): clweil Breakf	ast Attendant 13	ob SmAH	EH)	
	ARIS OR FRANKLING  AZ HOTELS  mail  EIDENTIFIED IN THE CHECKLIST AND COLOR TO MANAGE OF THE PROPERTY OF THE PR	Telephone Number  Establishment  Owner  Paris Or Familian  A2 140 Tels  Complaint  Pre-Operational  Telephone Number  Establishment  Owner  Parison  A2 140 Tels  Complaint  Pre-Operational  Telephone Number  Response  Response	Establishment  Owner  PARIS OR FAMILIA IN  POTPOSE  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See ba  1 2 2 3  Menu Type (See ba  1 2 3  Menu Type (	



## Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131 hone: (317) 346-4365 Fax: (317)736-596

Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



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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.

Stantituon Requirements. The time init	at for confection of each	nominal is specimen	m the martiere port	
establishment		telephone		Date of Inspection
Five Star- Ryder		3000		4/29/2025
Establishment address			Summary of Violati	ions
760 Commerce Parkway E Dr.	Greenwood, IN 461	43	No Violatio	on
Owner			Follow-up	Release Date
			No	Click here to enter
				a date.
Person - in - Charge	Certified Food Handler	8	Purpose:	Menu Type
				2-Limited menu
Establishment Identification #	County	District	Routine	
2479	Johnson	D5		
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.	
10 m of 10	-			
-				

Establishment Representative

Inspected by: Paul Betiku, EHS

(317) 346-4370 pbetiku@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



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		telephone		Date of Inspection	
Flap Jac	eks	317-458-0345	317-458-0345		
Establishment address		the second secon	Summary of Violations		
2991 Fulmer	Drive, Bargersville IN 46	5106	(	C6NC	
Owner			Follow-up	Release Date	
	Tom Lasaru		Yes	4/18/2025	
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
			2.990	4-Extensive handling	
Establishment Identification #	County	District	Routine	879	
1505	Johnson	D5			
20.00	, , , , , , , , , , , , , , , , , , , ,				

- 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	C		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 machina anitizer solution observed at 10 ppm	

Establishment Representative

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

Establishme	ent Sann	tation	n Requirements. The time limit for correction			ATTENDED TO SELECT AND ADDRESS OF THE PARTY
Establishmer	nt name	-6	m mpor	Telephone Number	Date of Inspection	ID#
Establishmen	t addres	c	N MART	( ) Establishment ( ) Owner	4/1/25	2218
H00 Owner	ES	leF	FORSON ST. FRINKEDV, IN	Purpose: 1. Routine	Follow-up Releas	Date
				2. Follow-up	Summary of Violati	
	Owner address  Person in charge		3. Complaint 4. Pre-Operational	remining to be charge to	e degelode le	
	5. 8		PATEL	<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	C_ONC_C	
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	r			1(23	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVEROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	.s "R"
Section #	C/NC	R	The state of the s	Narrative	STREET WAS TO SHIPE	To Be Corrected by
			NO VIOLATIONS OF	BSERVE	Car Car Salani di Sali	b win
		L#32=0		anterioral de la companya de la comp		
		ı E				
	biolomia	-1135 20120	the recking, remain and scheening on mer-		ndline of raw up redier	ก็ แก้สุดสนาที่ไ
	gisty	Lei	ide those recitines whose see hes population		epansion for next day.	advanced p
		2				
		12.55	to be with a good of the company to the control of	the result of the property for the second	our grange by grains.	t made
Received by	(name and	title p	printed):	Inspected	d by (name and title printed)	EXTS
Received by	(signature)		Par		d by (signature):	5
cc:			се:	сс:		,



## 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		Telephone Number		Date of Inspection
Fruitful Fro	og	740-843-3764		4/3/2025
Establishment address		***************************************	Summary of Violations	:
114 E Jeffers	son St Franklin, IN 46	131	0	C, 0NC
Owner			Follow-up	Release Date
	No	4/13/2025		
Email- ar	m@fruitfulfrog.com			
Person in charge	Certified food handler		Purpose	Menu Type
Ann Buie	Ann Buie Ann Buie 360 I			3-Extensive handling
	6/29	Routine		
Establishment Identification #	County	District	1	
2866	Johnson	D5		
	II			

- 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

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Received by

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

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## 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.

Establishme		-		T-1 N	Date of Inspection	T
GROOF	k's P	177	PORIA + TAPP ROOM	Telephone Number  ( ) Establishment	1 1	ID#
Establishme			SKIII O (1111 MOONO	1` ′	4/3/25	1909
			FERSON ST. FrANKLIN, IN	( ) Owner		
Access to the same of the same	- 2	اعد	TE POOL ST. TIND RUND, I'M	Purpose:	Follow-up Release	Date 12.5
Owner			<b>7</b> 2.22	Routine	Constitution of the last of th	13/25
	7	TAS	OUN TAPP	2. Follow-up	Summary of Violati	ons:
Owner addr			as body lend as the consequence between	3. Complaint	the second section of the second	
				4. Pre-Operational		Albertania ser
Person in ch	Person in charge TAPP			5. Temporary	C_ \ NC_	7 R
	150	7	oh Osanoha vad diennosog S ve	6. HACCP	ations, carding a greater	
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handle	-	From TAPP CONSAR		123	5
			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	s "R"
Section #		-	prog taganados ora entoco (ataloos arte	Narrative	resination surrandarion	To Be Corrected by
336	C	(3)	SPLITTER VY" U	ALINE MSTALL	9)	5-11/25
750			ON MOPSINK FRU			
			CONNECTED			
399	NC	0	FLOOR IS WORN	DN ARCH OF	PIZZA	611
			OVEN			
411	NC	2	(DLIGHT OUT ON F	TEZA OVEN E	XHAUST	5-11
1			Hood			11/
25%	NC	7	(1) CHEST FREEZ	er on BASEI	nent	4/12
100	5 118	Deir	THERMOMETER			CO
	Sharton	3	SMAZL FREEZER NO	o intermorner	er seen	amines m
012	0.14	44	1 - 0 a Re V DTC hum	antenia ant	21 dno	0/3
218	NC	1	JOOR GASKETS WOI	ROBFET ON O	MERR	3/0
		$\vdash$	REACH IN UNIT, 'CO.	VOK INDRIGHT FO	MESTORAN	8
Green house			DI MONHANICATI NISAM	MATHER ANDA	1 (22 0000	
1,345			TO MOCHANICAL DISAN	REFRICIPA	TOR	12
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Received by			U TARV LOWNET			C. +
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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 narrative portion of this report.

	Telephone Number		Date of Inspection		
Grill Bar 317-738-993					
Establishment address					
t Franklin, IN 4618	31	1C, 10NC, 11R			
		Follow-up	Release Date		
Larry Hughes		Yes	4/18/2025		
sharp@gmail.com		200000000000000000000000000000000000000			
Certified food handler		Purpose	Menu Type		
Scott Uttley /	Scott Uttley / Michael Mills		3-Extensive handling		
County	District	Routine			
Johnson	D5				
	Larry Hughes sharp@gmail.com Certified food handler Scott Uttley / County	Larry Hughes sharp@gmail.com Certified food handler Scott Uttley / Michael Mills County District	Summary of Violations  1 Franklin, IN 46131  Larry Hughes sharp@gmail.com  Certified food handler Scott Uttley / Michael Mills County District  Summary of Violations Yes Follow-up Yes 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	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	<ol> <li>Moldy towels in beer chest cooler</li> <li>Interior bottom shelves of cooler/freezer units soiled</li> <li>Walk in cooler unit fans dusty</li> </ol>	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	<ol> <li>Door gaskets worn/split on prep cooler near grill</li> <li>Prep cooler interior appears to be leaking- wet towel observed</li> </ol>	4/15/25
			Note: Personal care items, lotion, stored with food on shelf above chest freezer in kitchen	



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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 name HAMPTON INN ) Establishment 4/8/25 ) Owner 361 PARIS DR. Franklin, In Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational 5. Temporary AMANDA YARYAN 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" To Be Corrected by C/NC R Narrative Section # STORYLL SERVICE ITEMS (KNIVES, FURKS, SHEONS) NOT DISPLATED WETH HANDLES IN UP POSITION AT BROAKFAST BAR 239 NO APPLES ON DISPLAY NOT PROWEAPPED 179 FLOOR, PIPP AROUND dISHMACHINE ne Received by (name and title printed):





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



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annation requirements. The time finit for correction of each violation is specified in the narrative portion of this report.						
establishment		telephone	Date of Inspection			
The Haven at Hickory	Stick			4/8/2025		
Establishment address		Summary of Violations				
			0	C 0 NC		
Owner			Follow-up	Release Date		
Do	exios		No	4/18/2025		
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type		
Willie Roegner	Willie Roe			3-Extensive handling		
Establishment Identification #	County	District	Routine			
2591	Johnson					

- 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.	



#### 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.

Establishment	e address	s very and a	MORTON ST. FRANKUM, AN	1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Relea	se Date 125 tions:	
Responsible p	erson's	email		6. HACCP 7. Other (list)	Menu Type (See back of page)		
Certified food		rV/A	-		1(2	45	
	TEMS AI	E ID	ENTIFIED IN THE CHECKLIST AND NARRATF		AND IN THE NARRATIVE BELOW	AS "R"	
	C/NC	-	me criticul, contra and salitavistics and	Narrative	Locardon grapest for made	To Be Corrected by	
239	NC	4	CLOAN distruttre	STUPED ON TO	wel	4/8/25	
291	WC	-Me	CHEMICAL TYST	PARERS NOT	SOON	4/8	
(NO)	0	*	3 compartment TO WASIA (IST COMP (2 NO COMPARTMENT)) COMPARTMENT) 3 MALL BULK CO LABILLO UN CONT	NYAIMERS OF 1	IN (3 Pe	4 (8) 35	
Received by (	name ana	l title )	printed);	Ins	spected by (name and title printe	<i>d</i> ):	
Received by (s	Hal?	1	Memul	Ins	Bob SmrTH spected by (signature): But SmrA	EHS)	
cc:			сс:	c	c:	Page 1 of	



## 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.

samation requirements. The time infini	ior correction of each v	lolation is specified in	the narrative portion of	or this report.	
establishment	telephone		Date of Inspection		
Indiana Baptist Col	lege	317-88	82-2345	4/17/2025	
Establishment address			Summary of Violations		
1301 County Line R	C 4	P 1 P/f 0			
Owner	Owner				
			No	4/28/2025	
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
Michelle Reed	Michelle Red	ed exp 9/22/27	Routine	3-Extensive handling	
Establishment Identification #	County	District	1		
2726 1071	Johnson				

- 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/f"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/P/F/PF	R?	Violation Observed:	To be Corrected by:
306	С		Observed the bottom shelving soiled in the Bridget stand-up refrigerator	4/26/25
306	С		Observed the bottom shelving soiled in the Cheese freezer	4/26/25
	P		The apples and pears were not individually wrapped nor was a utensil provided for picking up the fruit.	4/17/25
306	С		Observed the door gasket in disrepair on the Big-Bertha refrigerator	4/26/25
306	С		Observed the top shelve and bottom shelve soiled in the Big Bertha refrigerator.	4/26/25



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

Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



Botal

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 parrative portion of this report.

	telephone		Date of Inspection		
	317-881-5387		4/17/2025		
Jet's Pizza 317-881-5387 Establishment address					
954 North SR 135, Greenwood IN 46142					
		Follow-up	Release Date		
Muzyka		No	4/27/2025		
a@jflpizza.com					
Certified Food Handler	Ų.	Purpose: Menu Type 2-Limited menu			
Elijah Hu	tton 5/10/28				
County	District	Kouune	1000		
Johnson	D5				
	Muzyka a@jflpizza.com   Certified Food Handler   Elijah Hu   County	Muzyka a@jllpizza.com  Certified Food Handler Elijah Hutton 5/10/28 County District	317-881-5387  Greenwood IN 46142  Muzyka  a@jflpizza.com  Certified Food Handler Elijah Hutton 5/10/28  County  District  Summary of Violations  No  Pollow-up  Purpose: Routine		

- 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"

ore	Observed an employee drink stored on the prep-table without a lid and straw	P
,,,,	straw	
	1. Prep-sink leaks at the faucet	
ore	2. The right knob is not functioning at the hand sink located at the	
	prep line	
Core	Exhaust hood system lights are out	
ле	-light intensity is not adequate	
	Cardboard is lining shelving units	
ore	- 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	
	2	prep line  Exhaust hood system lights are out -light intensity is not adequate  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

soll-

Colle Hall

Establishment Representative

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



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



Retail Food Establishment Inspection Report

1

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.

	telephone		Date of Inspection	
Shack			4/23/2025	
•		Summary of Violations	;	
eet, Bargersville IN 461	106	1P 3PF 8CORE		
		Follow-up	Release Date	
ite Johnson		No	5/3/2025	
Certified Food Handler		Purpose:	Menu Type	
			4-Extensive handling	
County	District	Routine		
Johnson	D5			
	Shack  eet, Bargersville IN 46  ate Johnson  Certified Food Handler  County	eet, Bargersville IN 46106  ate Johnson  Certified Food Handler  County  District	Shack  cet, Bargersville IN 46106  ate Johnson  Certified Food Handler  County  Summary of Violations  1P 3  Follow-up  No  Purpose:  Routine	

- 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	



Inspected by: Cassi Hall, EHS

(317) 346-43731 chall@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.

Establishment name

Kimu Asian Restaurant

( ) Establishment

4/1/25

1549

KIN	2 U	HS	ian restaurant	( ) Establishmen	4/1/25	1544
Establishmer	nt address	S		( ) Owner	11 11 20	1244
12	80	us	31 N Greenwood IN	Purpose:	Follow-up Release	
Owner				1. Routine		1/25
				2. Follow-up	Summary of Violati	
Owner addre	ess		<u>f</u>	3. Complaint		
				4. Pre-Operational	at if any strongs have pure	
	THE RESERVE THE PERSON NAMED IN	NAME AND ADDRESS OF	the assembly blow produce are cooked	Annual Control of the	2 1	3 , 5
Person in ch	Person in charge manage - professional particles and standard and stan			5. Temporary	minked of a Joseph NG at 1	- R -
D 31				o. Inicoi	N	-1 - C \
Responsible person's email				7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handler		Lampiane		1 23_ 🛠	45
P OPPERATE OF THE PROPERTY OF	ray	L		E COLLINDIS MARKED IICII		
• VIOLATION	(S) REPEAT	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVI ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	_		Narrative	s someone and some some	To Be Corrected by
117	-	V	- The facility did	not havea	person	4/12/25
11.				ould easily	communica te	
			with the inspecto		d safet y	
			violations		,	
199	Ne		- A pan of scallops	was than	ving improperly	4/2/25
			in standing still	I water		
324	C	V	, ,		Kitchen hand	7-10 days
			sink is broken		15 a b/e.	
	7.0	135		not available	for proper	d Sybostyal
177	- 10		hand washing.	- LAGE 120	-2 1 5 2 1	4/2/25
177	NG	V		aw heef wer	e stored	91445
187	C		- A pan of white	rice 10 9	n aluminum	4/2/25
101		V	was setting ou	t at coom	temperature	), -, -,
295	NC		- The pass Kita		s soiled.	4/5/25
	140		thru		, , , , , ,	
295	NC			he storage	2 soom is	4/5/25
	9.34		- very soiled.			1 = 1 = 1
216	NY		utensil rucks are	rusted and	worn	60 0045
Received by	Jume kunt	title f	brinted):		nspected by (name and title printed)  Terry D. B	Bayless
Received by	(signature)	):		I	nspected by (signature):	Ben los
cc:		-	cc:		cc:	7

# **NARRATIVE REPORT**

		NARRATIVE REPORT	
Establishr	nent N	lame Address	Inspection Date
1614	NL	Asian Restaurant 1280 4531 N Greenwood, IN	4/1/25
Section#	C/NC		TO BE CORRECTED BY
112	NE	small home style chest freezer	when
		is not commercial grade-	replaced
25%	どして	No thermometer(s) was noted in	4/3/25
		the sliding door refigerator or	
		freezer.	
		maintenne room area:	
433	7	wet mop was not hung up to cky	
295	7	- Top of the water reases soiled-	
430	NC	The Floor is worn with	
		Point peeking	60 days
430	Z	1 - The walls are soiled and	60 days
		clamaged	·
392	NL	The outside trush dumpster lids	4/2/25
		are not closed-	
			····
413(43	NC		60 days
		1) g /r)	
		In a pection was conducted	
		on April 1 2025.	
_		The munager consultation	
	-	was on April z, 205	
		<del>                                     </del>	
		<del>                                      </del>	
			<del></del>
			<u> </u>
			<u> </u>
		<del>                                     </del>	
Received B	L v (Name∕	Inspected By (Name & Title)	
X	A	Inspected By (Name & Title)  Ruy Day Session EHS	Page Z of Z
	1	(8-05) EHS	



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 parrative portion of this report

421 Core Back kitchen door  of inspection. Firm  hut the screen door  or sealing.  H47 Core Wet mor not hum  453 Core Step down stora  a tire without a  tables and chairs  Note: Only use Chic  sanityee bay of				Telephone Number (916) 27/1517/8t  Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas  Ves 4-1  Follow-up Releas  Ves 4-1  Summary of Violat  P P  Menu Type (See b)  1 2 3 4	Core  Core  A H  Pack of page)
				Narrative line disconne or (solid) open m has a scree r is not tight age room	ted at time en door t-fitting ry ontains merous	To Be Corrected by  4-19-25  4-17-25  4-17-25  5-1-25  Remove all  i tems listed
Received by Received by Alive			SUARMA Shama cc:	An Insper	ted by (name and title printed de lew Mille) ted by (signature):	EUS H



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



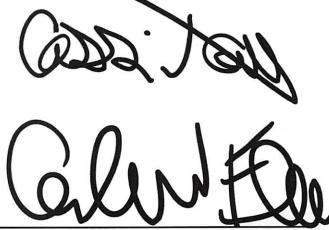
Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment	·	Date of Inspection			
Kroger J #979		317-736-6004		4/4/2025	
Establishment address			Summary of Violations	,	
970 North Morton S	treet, Franklin IN	16141	0C4NC		
Owner			Follow-up	Release Date	
Kroger Bu	siness License		No	4/14/2025	
Shane.davis@s	stores.kroger.com				
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
Shane			n e	4-Extensive handling	
Establishment Identification #	County	District	Routine		
2003	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:
218	NC		<ol> <li>Observed the cooler where the milk is located door gasket is split/worn</li> <li>The blast chiller unit door gasket is split/worn</li> </ol>	
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	
Note.			The seasoned cooler is out of order during time of hispection	





Establishment Representative