

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

fanitation Requirements. The time lim	tion confection of each	telephone	and market parameter	Date of Inspection
La Rosa	Mexican	317-360-9690		4/15/2025
Establishment address	Summary of Violations			
100 BYRD Way, Greenwood	1 IN 46143		4C4NC	
Owner	Follow-up	Release Date		
Joe Tiel	en		Yes	4/25/2025
Person - in - Charge	Certified Food Handler	•	Purpose:	Menu Type
None	Jesus Gael Re	odriguez Torres		4-Extensive handling
	Routine			
Establishment Identification #	County	District		
2729	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:
117	С		Observed no person in charge at time of inspection	
187	С		Observed the following internal food temperatures: 1. Grilled chicken located on the stove top @110*F 2. Queso located in a metal pan greater than 4" with a lid in the walk in cooler dated marked 4/14 @45*F 3. Sour Cream located at the salad bar @44*F	Recommend to discard
419	С		Observed personal medication stored above food products	
438	С		Toxic spray bottles not labeled and not stored properly - Toxic spray bottle stored above food products	
245	NC		Observed wet wiping cloths stored on prep-tables - Not in the sanitizer solution	
324	NC		Observed no hot water at the hand sink located by the cook line	
295	NC		 Interior of two door cooler is soiled Drink mixer shelving is soiled 	
256	NC		Thermometer not observed/easily seen inside stand up freezer	

Ky.

Call Hab

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

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establishment	. 0	telephone	•	Date of Inspection
La Ros	a Mexican Restourant 1	LC		4/28/2025
Establishment address			Summary of Violations	
50 N SR 18	35 Bargersville IN 46106			
Owner		Follow-up	Release Date	
			No	5/6/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
	Joseph Ticher	a exp 1/26/26	D	4-Extensive handling
Establishment Identification #	County	District	Routine	1
2019	Johnson			

- Priority items are identified in the Checklist & Narrative columns marked "P"
- Prority-Foundation items are identified in the Checklist and Narrative columns marked "P/l"
- Core items are identified in the Checklist and Narrative columns marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P-P/f=C	R	Violation Observed:	To be Corrected by:
307	С	R	Observed the interior of the ice machine as soiled.	4/30/26
176	С	R	Observed 2 large bulk food items without labels	4/30/26
			Observed the walk-in cooler at 43F. All food items were below 40F. Please keep an eye on the ambient temperature of the walk-in cooler.	
	2			



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 name LOCAL GRIND Establishment address 25 N MANN ST- FINNKUM, IN Owner LMILY WORLEY Owner address Person in charge JORDAN KILMER Responsible person's email	Telephone Number () Establishment () Owner Purpose: () Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 4/30/25 Follow-up Release Summary of Violati (1) PF Menu Type (See b	e Date 25 ions:
Certified food handler EMILY WORLEY CEPAN EXP CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	(1)	1 2 (3 K)	45
	Narrative Seen	THE VARIATIVE BELOW A	To Be Corrected by
260 COPL × CHEST TYPE REFO	THE JN REFR DN REFRIGERATO AN CISARATOR - T	HORMOMA	> 6/1/25 > 5/8 HER 5/5-
NOT ACCURATE	O THERIT	nomèven	3/3/83
Received by (name and title printed): Today (i) M(i) Received by (signature):	181	d by (name and title printed) B SMITH EX d by (signature)	P2

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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

Establishment name Long RIVER Establishment address 10 63 W ILFFERSON ST. FIRNKLIN II Owner Owner Owner address Person in charge ZHIHVI JANG Responsible person's email	2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection H/8/R5 1110 Follow-up Release Date H/8/25 Summary of Violations: CNCR Menu Type (See back of page)		
Certified food handler ZHIHVI JIANG		123(4 1	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	N THE "SUMMARY OF VIOLATIONS" AND I			
Section # C/NC # OCOR GASKET WORD PLFRISPRATOR SWAZK IN COOKING	Narrative PN/SPLIT ON 2 DV KITCHEN AND POOR	door	To Be Corrected by	
238 NC & WOOD THBLE NOT 411 NC & LIGHT INTENS: IN RESTREOM	T SOPPOS AT BA	ek door	4/20	
413 NC & GAP NOTES AT TO THE OUTSER		foods it variety of more opagetion for next day or	auditoria de la composición del composición de la composición de la composición de la composición del composición de la	
Received by (name and title printed):	Inspects	ed by (name and title printed):		
Received by mame and title printed: Zhinwi Jiang Received by (signature): cc: cc:	1 6	ed by (name time time prime). Bob Im IT H ed by (signature): Bol Smv	END D	



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Date of Inspection Telephone Number Lou's Den HILLVIEW CC. 411125) Establishment Establishment address 1800 E KING ST, FANKLIND) Owner Follow-up Release Date (1. Routine) Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge
TENNY MCGRATH 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler O'DYLL (SERNSARE) VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" To Be Corrected by Section # C/NC R A CETLING LIGHT IN WITCHEN BY 3 COMPRETMENT STAKE 411 NC CITIPPING IN AREA OUTGOOR CONGSSEON PROH - JOOR NOT SOLF-CLOSING

Received by (name and title printed):

Plany MCGrath F&B Mngr

Received by (signature):

Inspected by (name and title printed):

Bob Smith EAS

Inspected by (signature):

Cc:

CC:

CC:

Page 1 of ___





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
Malone Made Cha	rcuterie	317-488-8431		4/8/2025
Establishment address			Summary of Violations:	:
114 E Jefferson	n St Franklin, IN 4613	31	0	C, 0NC
Owner			Follow-up	Release Date
Ma	lary Malone		No	4/18/2025
Email- malla	rymalone@gmail.com			
Person in charge	Certified food handler		Purpose	Мени Туре
Mallary Malone	N	J/A	n .	1- Limited menu
Establishment Identification #	County	District	Routine	
2872	Johnson	D5		
	,			

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

Sec#	C/NC	R	Narrative	To Be Corrected by:
			No violations observed	

Mobby Manhare

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



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishmen	-	ation	requirements. The time mint for correction	Telephone Number	Date of Inspection	ID#
		. 11	and mark	() Establishment		
Establishmer	at address	UTI	non Mini mart	· /	4/9/25	1430
Listabilistiffic	74	71	E. King Franklin, IN	() Owner Purpose:	Follow-up Releas	a Data
Owner			Ditting Vienting	1. Routine	Follow-up Keleas	e Date
Owner					Summary of Violat	ione:
0 11				2. Follow-up	Summary of Violat	10115.
Owner addre	SS			3. Complaint	us (Lin Zwain Sensis, Prosp.	
	THE RESERVE OF THE PERSON NAMED IN	-	ural assembly. West products are cooked.	4. Pre-Operational	estato di departmenti in l	itati ah isasi
Person in ch	arge		fixeds is restricted to single ment service. The	5. Temporary	C/_ NC	
			or à potential l'inference foodle.		official cooling, or free a	
Responsible	Responsible person's email			7. Other (list)	Menu Type (See l	vack of page)
Certified foo	d handle	r			12 ¼ 3	45
• CRITICAL	TEMS AD	EIDI	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
laters of			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	-		Narrative	THE PROPERTY OF STREET	To Be Corrected by
295	Nζ		Etorage catinet soiled [driak Aution] cooler is soiled in the mille area rivoor			4/10/25
295	Na		cooler is soiled in the mills area - Door			4/10/25
	`					
324	C		No cur gap on the	ne diffik elist	oenser	30 days
		-	drasn -			
	_	\dashv				
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	priedur.		Note: Light in	001 -		Aldinego sur
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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.

establishment		telephone		Date of Inspection
Marco's	Pizza	317-360-9888		4/1/2025
Establishment address	Summary of Violations	·		
586 South SF	0C4NC			
Owner			Follow-up	Release Date
Br	idges Investments		No	4/11/2025
Person - in - Charge	Certified Food Handle	Certified Food Handler		Menu Type
	Patrick Br	idges (3/22/28)	D. See	2-Limited menu
Establishment Identification #	County	District	Routine	
2318	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"

C/NC	R?	Violation Observed:	To be Corrected by:
NC		 Floor under equipment is soiled One bay, prep sink floor drain is soiled 	4/15/25
NC		Observed employee preparing pizzas with long finger nails - Was not observed wearing food grade, disposable gloves	Corrected at time of inspection
NC		Walk in cooler door gasket is split/worn	5/1/25
NC		 Hot water at the three bay sink right side faucet is not functioning Observed a leak at the three bay sink right side faucet connection Front hand sink right handle (marked cold water) not functioning 	4/15/25
	NC NC	NC NC NC	NC 1. Floor under equipment is soiled 2. One bay, prep sink floor drain is soiled NC Observed employee preparing pizzas with long finger nails - Was not observed wearing food grade, disposable gloves NC Walk in cooler door gasket is split/worn 1. Hot water at the three bay sink right side faucet is not functioning NC Observed a leak at the three bay sink right side faucet connection



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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

Establishme	nt name	_		Telephone Number	Date of Inspection	ID#
MI		LB1	PLITO	() Establishment	4/1/25	9 1 1 1 1 1 1
Establishme	nt addres	ce		() Owner	7/1/25	23, (
37	E	よ	efferson ST. Frankling	Purpose:	Follow-up Releas	e Datę
Owner				Routine	- 41	
70	IAN	(Quezada	2. Follow-up	Summary of Violat	ions:
Owner addre				3. Complaint		
30 1300				4. Pre-Operational	130 200 1) 0	
Person in ch	arge	ing onto	The school of the state of the school of the	5. Temporary	C NC	7 R
Ped	-		Acelo	6. HACCP	Juneary coolers coci	. P. 184 (80)
Maria Carlo Strate of Control of Control				7. Other (list)	Menu Type (See b	pack of page)
			COMPRED (SIT/26 EX	(1)		
Certified for	d handle	er yo	SCHMERENA (SITIALEX		123	(4 ×)5
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	The second secon
Section #	C/NC			Narrative	Salargar Wasso Sumpt	To Be Corrected by
218	no	~	JOOR GASKET WOR	EN ISPLAT ON	2 door	4/25/25
			1 61	KITCHEN Pre	PATATION	
299	NC	2	WAZL IS WORN	BU MANTER	2 PAMEL	21/25
430	C	2			OT	corrected
120			21BOUS DN KIT	CHEN		411125
324	No	K	HOT WATER NOT	HVAILABO AT	PRODUCE	4/15
			SINK FRUCET			1
218	NC	8			TENG	4125
1	holas	10829	CHAPPED, PEELING		uds. A variet of proc	1116
111	NC	0	V	OF FOOD NOTS	20100	48
			OFF FLOOR MIN		N CHE	
256	NC	723	FRONT AREA CHES		- 10001	4/8
				or seen	F- 1-1-1	
392	NC	2	OUTSTOR OUMPS HE		00000	414
		1808		III) ADDIT II GERTOONIA IIIO I		6
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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 POINT/FORNKITT SK COMM. MORNING) Establishment 4/3/25 1211 Establishment address) Owner 75 SOUTH MILFORD DR. Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary CHAMPION 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler STEW CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC R PROUTORS 12/25 393 NI NOT CLEAN BEHIND DISHMACHIME, 43) FLOOR DRAIN NOT CLOAN IN THIS FSMAU FLY Seen THERMOMETER NOT CONSPICUOUSLY LOCATED IN UPRIGHT FREITER AND SMAZL CHEST NC COTTELTED 413 FREEZER FLOOR AN KITCHEN NEXT TO WALL, UNDER EQUIPMENT NOT CLEAN LOAK NOTED ON () I ROSTROOM HANDSINK NCQ NCZ AUQIT Inspected by (name and title printed): Received by (name and title printed): Inspected by (signature): Received by (signature): Troal L. CHAMPETER Bal. cc:



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 CON Establishme	no	x'i (31/1) (31/88	Spalligiziont	Date of Inspection	ID# 1545
Owner	E O	1. Rou	itine	Follow-up Release	18-24
Owner addr Person in ch	narge	3. Cor 4. Pre- form of the second sec		quircine cooking, cor in	son besimules of second or
Certified for	od handler	15 (Sensate Eyp)	er (list)	Menu Type (See ba	_45
		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY		N THE NARRATIVE BELOW AS	"R"
Section #	C/NC	Narrative Narrative	e orte norminant z	HOMESTERN WATER STREET	To Be Corrected by
187	C	Observed a metal por	Vale She	1 Chicken	Corrected
257	NC	No prope food there	noneter		4-9-25
234	NC	2 Knives Stored Detrue	en wal	12 9 bisb-	4-9-25
399	NC	many broken floor ti	US.	4.1	5-8-25
303	С	3 bough Sink Sanitizer S less than 150 pm	200024	bstrud	4-8-25
	fluidam (*	· test strips exp	7/15-124	escripto visitor A. 1556	i and and all
352	NC	Backday not SRIF-C	105mg	apparation for twee day se	4-18-25
174	NC	Bulk food not labele	3		4-8-25
295	С	Meat Sicer not Wash Of 1845+ Every 4 hours	ed rinse	d, & Sonifized	4-9-25
218	NC	Three door seals torn reach-in-cooler		e door	5-8-25
138	NC	Meat room employee la	cked a h	air restrain	A A L C Park Barrier & CPT Complete British Company (CC)
Received by	EIA	Meat room hand sink i	s bent o	ted by (name and title printed) YEW Miller, EHS ted by (signature):	damaged:



460 N. MORTON ST. STE A FRANKLIN, IN 46131 ce 317-346-4365

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

			requirement and ame and for		1	
Establishme	ent name	, , .	Sarden	Telephone Number	Date of Inspection	ID#
Establishme	ent addres	<u>/)</u> s		() Establishment	4/9/25	21
	+ US		GreenWOOD	Purpose:	Follow-up Releas	e Date
Owner	100)	1/1/ 1/4/9/	1. Routine	NO A	19/25
				2. Follow-up	Summary of Violat	Name and Address of the Control of t
Owner addr	ress			3. Complaint		
-				4. Pre-Operational		
Person in charge				5. Temporary	c_O_NC_d	2_r
Jo	dy	K	epass	6. HACCP		
Responsible	person's	email	7	7. Other (list)	Menu Type (See l	pack of page)
Comit Col Co	. 1 12 11		/)		They have been referred	1
Cerrified for	du	. ,	Repass		123	_45
· CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NA	ARRATIVE COLUMNS MARKED "C"		
		-	OM PREVIOUS INSPECTIONS ARE DENOT	ED IN THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	V
Section #		R	David and	Narrative		To Be Corrected by
218	NC		rasta cook	ong laskets	contain	4/18/25
			PAI BANG	seeing up	MMALL	
324	NC		Water hea	ter in outse	de	In-progre
			utility room	m, was lea	king	Called
			reality M	ear the lo	ttom	repair
						company
						J
			991			
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		-	Manager Land Company		<u> Pas i l'emmen</u>	
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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 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parrative portion of this report.

Establishment		Telephone	·	Date of Inspection
Papa John's Pizza #58		4/22/2025		
Establishment address			Summary of Violations	
5881 N SR 135 G	reenwood, IN 46	6143	0 C c	ore, OP, OPf
Owner			Follow-up	Release Date
Papa John	's USA Inc		No	5/2/2025
Email- Kimmic_ho	wse@papajohns.o	com		12 %
Person - in - Charge	Certified Food Handle	er	Purpose:	Menu Type
Haley Austin- manager designate	1	2-Limited menu		
Establishment Identification #	County	District	Routine	
2783	Johnson	D5		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C", Priority Marked P, Priority Foundation Marked Pf
- 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 observed	

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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



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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.

establishment		telephone		Date of Inspection 4/22/2025	
Pizza K	ing	706-424-6852	-424-6852		
Establishment address			Summary of Violations		
502 North SR	135, Greenwood IN 46	5142	0P 1PF 5CORE		
Owner			Follow-up	Release Date	
	Rajnoor Singh		No	5/2/2025	
Rajsing	h1258@outlook.com				
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
			D	2-Limited menu	
Establishment Identification #	County	District	Routine		
2930	Johnson	D5			

- 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#	C/NC	R?	Violation Observed:	To be Corrected by:
306	PF		Observed soiled knives stored in a wooden knife block - Wooden knife block is not easily cleanable	
189	CORE		Observed onions not stored 6" off the floor	40
234	CORE		Cardboard box is used as a storage container for food - Not easily cleanable	
447	CORE		Mops not hung up	
443	CORE		Floors, walls, and ceiling are soiled - Manager stated that they will first detail clean the back of the kitchen first	
183	CORE		Observed in use utensil stored inside the flour product	
			Notes: 1. Wash, Rinse, and Sanitize all dishes with approved sanitizer 2. Back exterior door sweep is worn	

Kylyn

Mat. Solos

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



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



Retail Food Establishment Inspection Report

establishment		telephone		Date of Inspection
The Refuge				4/29/2025
Establishment address		Summary of Violations		
1150 S. Park Dr. Greenwood, IN		No Violation		
Owner			Follow-up	Release Date
			No	Click here to enter
				a date.
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
7				2-Limited menu
Establishment Identification #	County	District	Routine	
2366	Johnson	D5		
email	<u>'</u>			
s =				

- 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.	
_	-			
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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. Telephone Number Date of Inspection Establishment name

RICHARDS KIRCHEN/BURKER

Establishment address

229 S. MATO SY, FRANKLIN, SW) Establishment 1089 Establishment address) Owner Purpose: 1. Routine Summary of Violations: 6095 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary MURRISON MIKO 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler RIEIMPO 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 Narrative Section # C/NC doop NOT CLOSENG 218 - STORES OFF PLOOR MINIMUM FOOD PAZKAGE NOT NC OF 6 ANCHES - WAZK - IN FRECZOR NOT WORN BY EMPLOYED 138 NC RESTRIPINI METAL TABLE SHELVES NOT CLEAR IN KEIZHER NC OLS HOMAZHENE NOT CLOAN WC 295 WALL AND FLOOR ON KITCHEN NOT CLOPA NC FLOOR IN (ROOR/WIND COOLER) NOT CLEAN 431 NC TO CREPT CHEST FROZER ON BAR. 256 NC NO THERMOMETER SPEN WATER LOAK NOTED ON BAR HANDSTNK 324 NC FAUCET NOCTH EAST DOOR DOES NOT OPEN Received by (name and title printed):

Page 1 of



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1/11/92 Office 317-346-4365 Fax 317-736-5264

Establishme	nt name Rose	oe:	TACOS	Telephone Number () Establishment	Date of Inspection 4/1/25	ID#
Establishme	nt addres 64	s 2 2	. madison Ave	() Owner Purpose:	Follow-up Releas	e Date
Owner			GOETWOODTN	1. Routine		
	* 12	7	D. CHIVECE AN	2. Follow-up	Summary of Violat	ions:
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			Potentian a antique sur l'estate en l'esta	5. Temporary 6. HACCP	C O NC	2 R
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
Certified for	Je	im		TO COLUMN AND HOLD HOLD	123%	4_5
			NTIFIED IN THE CHECKLIST AND NARRATIV OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	AS "R"
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354	NC			storage a		30 days
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cc:			cc:	cc:	,	