



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
4/16/25



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 La Rosa <i>Mexican</i>	telephone 317-360-9690	Date of Inspection 4/15/2025
Establishment address 100 BYRD Way, Greenwood IN 46143	Summary of Violations 4C4NC	
Owner Joe Tichen	Follow-up Yes	Release Date 4/25/2025
Person - in - Charge None	Certified Food Handler Jesus Gael Rodriguez Torres (6/13/28)	Purpose: Routine
Establishment Identification # 2729	County Johnson	District D5
Menu Type 4-Extensive handling		

- 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	C		Observed no person in charge at time of inspection	
187	C		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	C		Observed personal medication stored above food products	
438	C		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		1. Interior of two door cooler is soiled 2. Drink mixer shelving is soiled	
256	NC		Thermometer not observed/easily seen inside stand up freezer	

Cassi Hall
Terry Bayless

X
Establishment Representative

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



Betsy
5/11

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



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

establishment La Rosa Mexican Restaurant LLC		telephone	Date of Inspection 4/28/2025
Establishment address 50 N SR 135 Bargersville IN 46106		Summary of Violations	
Owner		Follow-up No	Release Date 5/6/2025
Person - in - Charge	Certified Food Handler Joseph Tichen exp 1/26/26		Purpose: Routine
Establishment Identification # 2019	County Johnson	District	Menu Type 4-Extensive handling

- Priority items are identified in the Checklist & Narrative columns marked "P"
- Priority-Foundation items are identified in the Checklist and Narrative columns marked "P/I"
- 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/I-C	R	Violation Observed:	To be Corrected by:
307	C	R	Observed the interior of the ice machine as soiled.	4/30/26
176	C	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.	

Establishment Representative


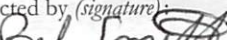
Inspected by: Kevin Paulin, EHIS
(317) 346-4373 kpaulin@co.johnson.in.us

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 LOCAL GRIND	Telephone Number () Establishment () Owner	Date of Inspection 4/30/25	ID# 2351
Establishment address 25 N MAIN ST- FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/10/25
Owner EMILY WORLEY		Summary of Violations: (1) PF 3(CORE) 1 2 3	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge JORDAN KILMER			
Responsible person's email			
Certified food handler EMILY WORLEY CFP (EXP 2/1/28)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS ~~AND IN THE CHECKLIST~~ (P)
- 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
NOTE			MOP SINK NOT SEEN	5/28/25
286	Cond *		DOOR GASKET WORN / SPLIT ON (2) DOOR AND (1) DOOR REACH-IN REFRIGERATORS	6/1/25
306	Cond *		(2) DOOR REACH-IN REFRIGERATOR DOOR GASKET NOT CLEAN	5/8
260	Cond *		CHEST TYPE REFRIGERATOR - THERMOMETER NOT SEEN	5/5
247	Cond *		(1) UPRIGHT FREEZER - THERMOMETER NOT ACCURATE	5/5/25

Received by (name and title printed): Jordan Kilmer		Inspected by (name and title printed): BOB SMITH DAS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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

Establishment name Long River	Telephone Number () Establishment () Owner	Date of Inspection 4/8/25	ID# 1110
Establishment address 1063 W JEFFERSON ST. FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 4/18/25
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>4</u> R <u> </u>	
Person in charge ZHI HUI JIANG		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Certified food handler ZHI HUI JIANG			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed): * Zhihui Jiang	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): [Signature]	Inspected by (signature): Bob Smith
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 200's Den / HILLVIEW CC.	Telephone Number () Establishment () Owner	Date of Inspection 4/1/25	ID# 2150
Establishment address 1800 E KING ST. FRANKLIN	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 —	Release Date 4/1/25
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u>—</u>	
Person in charge JENNY McGRATH		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 GARRATT O'DELL (SERVSAFE)			

- 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): Jenny McGrath F+B mgr	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Jenny McGrath	Inspected by (signature): Bob Smith
cc:	cc:

Becky
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 110 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 Malone Made Charcuterie		Telephone Number 317-488-8431		Date of Inspection 4/8/2025	
Establishment address 114 E. Jefferson St Franklin, IN 46131			Summary of Violations: 0C, 0NC		
Owner Mallory Malone Email- mallarymalone@gmail.com			Follow-up No		Release Date 4/18/2025
Person in charge Mallory Malone		Certified food handler N/A		Purpose Routine	
Establishment Identification # 2872		County Johnson	District D5	Menu Type 1- Limited menu	

- 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	

Received by 



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

Bekas
4/16/25

Establishment name marathon mini mart	Telephone Number () Establishment () Owner	Date of Inspection 4/9/25	ID# 1430
Establishment address 2120 E. King Franklin, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <u>1</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>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"

Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Storage cabinet soiled [drink station]	4/10/25
295	NC		cooler is soiled in the milk area door casing	4/10/25
324	C		No air gap on the drink dispenser drain -	30 days
			Note: Lighting in storage area is poor —	

Inspected by (name and title printed):

Terry D Bayless

Inspected by (signature):

King & Bayliss

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

Bryan
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 Marco's Pizza	telephone 317-360-9888	Date of Inspection 4/1/2025
Establishment address 586 South SR 135, Greenwood IN 46142	Summary of Violations 0C4NC	
Owner Bridges Investments	Follow-up No	Release Date 4/11/2025
Person - in - Charge	Certified Food Handler Patrick Bridges (3/22/28)	Purpose: Routine
Establishment Identification # 2318	County Johnson	District D5
		Menu Type 2-Limited menu

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

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
431	NC		1. Floor under equipment is soiled 2. One bay, prep sink floor drain is soiled	4/15/25
133	NC		Observed employee preparing pizzas with long finger nails - Was not observed wearing food grade, disposable gloves	Corrected at time of inspection
218	NC		Walk in cooler door gasket is split/worn	5/1/25
324	NC		1. Hot water at the three bay sink right side faucet is not functioning 2. Observed a leak at the three bay sink right side faucet connection 3. Front hand sink right handle (marked cold water) not functioning	4/15/25

Establishment Representative

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

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 MI ABUELITO	Telephone Number () Establishment () Owner	Date of Inspection 4/1/25	ID# 2319
Establishment address 377 E JEFFERSON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/1/25
Owner JUAN QUEZADA		Summary of Violations: C 1 NC 7 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge Pedro Marcelo			
Responsible person's email			
Certified food handler JOSE CAMARONA (5/17/26 EXP) ERICKA JOSE (SERUSAE)			

• 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
218	NC	X	DOOR GASKET WORN / SPLIT ON 2 DOOR REFRIGERATION IN KITCHEN PREPARATION AREA	4/25/25
399	NC	N	WALL IS WORN BY ELECTRICAL PANEL	4/25
438	C	X	SPRAY BOTTLES OF CLEANER NOT LABELED IN KITCHEN	corrected 4/1/25
324	NC	A	HOT WATER NOT AVAILABLE AT PRODUCE SINK FAUCET	4/15
218	NC	X	WACK-IN COOLER - SHELF COATING CHIPPED, PEELING (ON SHELVES)	4/25
177	NC	X	SOME PACKAGES OF FOOD NOT STORED OFF FLOOR MINIMUM OF 6 INCHES ON WACK-IN FREEZER	4/8
256	NC	X	FRONT AREA CHEST FREEZER - THERMOMETER NOT SEEN	4/8
392	NC	X	OUTSIDE DUMPSTER - LID NOT CLOSED	4/4

Received by (name and title printed):

Pedro Marcelo

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

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 MORNING POINT / FRANKLIN & CORRAL	Telephone Number () Establishment	Date of Inspection 4/3/25	ID# 1211
Establishment address FRANKLIN 75 SOUTH MILFORD DR.	() Owner	Follow-up -	Release Date 4/13/25
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>5</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge - STEVE CHAMPION		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler STEVE CHAMPION (SIGNED)			

- 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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC:

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Benny
4/19

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 Mumbai Grill	Telephone Number (317) 882-3333	Date of Inspection 4-8-25	ID# 1545
Establishment address 916 E main st. Greenwood 46143	() Owner	Follow-up Yes	Release Date 4-18-24
Owner Ejaz Abidi	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>2</u> NC <u>8</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>✓</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Luis Pons (8/18/26)			

• 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
187	C		Observed a metal pan of raw Chicken @ 50°F located on Storage Shelves	Corrected ↓
257	NC		No probe food thermometer.	4-9-25
234	NC		2 Knives Stored between Wall & prep-table.	4-9-25 ↓
399	NC		Many broken floor tiles.	5-8-25
303	C		3 bay sink Sanitizer Solution Observed less than 150 ppm • Sani-tablets exp 8/20/24 • test strips exp 9/15/24	4-8-25 ↓
352	NC		Back door not SELF-CLOSING	4-18-25
174	NC		Bulk food not labeled	4-8-25
295	C		Meat Slicer not washed, rinsed, & Sanitized at least every 4 hours. ↳ SOP is needed.	4-9-25 ↓
218	NC		Three door seals torn on three door reach-in-cooler	5-8-25 ↓
138	NC		Meat room employee lacked a hair restraint	4-8-25
218	NC		Meat room hand Sink is bent downwards/damaged	5-20-25

Received by (name and title printed):

Ejaz Abidi

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Ejaz Abidi

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

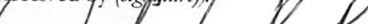
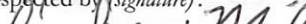
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

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 <i>Olive Garden</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/9/25</i>	ID# <i>227</i>
Establishment address <i>1274 US 31 Greenwood IN 46142</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>4/19/25</i>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u> </u>	
Person in charge <i>Jody Repass</i>		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>✓</u> 5 <u> </u>	
Certified food handler <i>Jody Repass</i>			

- 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): Jacky Relass		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): 		Inspected by (signature): 	
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

Betty
4/25



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 Papa John's Pizza #5318		Telephone 317-530-7004		Date of Inspection 4/22/2025	
Establishment address 5881 N SR 135 Greenwood, IN 46143			Summary of Violations 0 Core, 0P, 0Pf		
Owner Papa John's USA Inc Email- Kimmie_howse@papajohns.com			Follow-up No		Release Date 5/2/2025
Person - in - Charge Haley Austin- manager designate		Certified Food Handler N/A		Purpose: Routine	
Establishment Identification # 2783		County Johnson		District D5	
				Menu Type 2-Limited menu	

- 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	

Establishment Representative

Inspected by: Mia Papageorge, EHS
(317) 868-8818 mpapageorge@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

*Becky
4/25*



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 Pizza King		telephone 706-424-6852		Date of Inspection 4/22/2025	
Establishment address 502 North SR 135, Greenwood IN 46142			Summary of Violations 0P 1PF 5CORE		
Owner Rajnoor Singh Rajsingh1258@outlook.com			Follow-up No		Release Date 5/2/2025
Person - in - Charge		Certified Food Handler		Purpose: Routine	Menu Type 2-Limited menu
Establishment Identification # 2930		County Johnson	District 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	
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	

X Kulbir
Establishment Representative

Cassi Hall



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
5/1

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 The Refuge	telephone	Date of Inspection 4/29/2025
Establishment address 1150 S. Park Dr. Greenwood, IN 46143	Summary of Violations No Violation	
Owner	Follow-up No	Release Date Click here to enter a date.
Person - in - Charge	Certified Food Handler	Purpose: Routine
Establishment Identification # 2366	County Johnson	District D5
Menu Type 2-Limited menu		
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



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.

Establishment name RICHARD'S KITCHEN/BAR	Telephone Number () Establishment () Owner	Date of Inspection 4/8/25	ID# 1089
Establishment address 229 S. MAIN ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 4/18/25
Owner GOSS		Summary of Violations: C <u>0</u> NC <u>9</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>4</u> 5 <u>—</u>	
Person in charge MIKE MORRISON			
Responsible person's email			
Certified food handler RICHARD GOSS SERVSAFE EXP 9/5/26			

• 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
218	NC		WALK-IN FREEZER DOOR NOT CLOSING TIGHTLY	4/25/25
177	NC		FOOD PACKAGE NOT STORED OFF FLOOR MINIMUM OF 6 INCHES - WALK-IN FREEZER	4/10
138	NC		BEARD RESTRAINT NOT WORN BY EMPLOYEE	4/12
295	NC		METAL TABLE SHELVES NOT CLEAN IN KITCHEN	4/14
295	NC		TOP OF DISHWASHER NOT CLEAN	4/14
431	NC		WALL AND FLOOR IN KITCHEN NOT CLEAN	4/14
431	NC		FLOOR IN (REAR/WIND COOLER) NOT CLEAN	4/14
256	NC		ICE CREAM CHEST FREEZER IN BAR - NO THERMOMETER SEEN	4/12
324	NC		WATER LEAK NOTED ON BAR HANDSINK FAUCET	4/25
			NORTH NORTH EAST door does not open	

Received by (name and title printed):

Michael Morrison

Inspected by (name and title printed):

Bob Smith ETO

Received by (signature):

Inspected by (signature):

[Signature]

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Betsy
4/16/25

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 Roscoe's Tacos	Telephone Number () Establishment () Owner	Date of Inspection 4/7/25	ID# 689
Establishment address 642 S. Madison Ave	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner Greenwood, TN		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler X James Townsend			

- 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
216	NC	✓	3-door (beverage fit) refrigerator racks are worn	
256	NC		keep thermometers in all refrigerators, storage and prep unit	4/8/25
324	NC	✓	Drink dispenser doesn't have an air gap -	30 days
			Note: label spray cleaning bottles	

Received by (name and title printed): X Sam Mills	Inspected by (name and title printed): Terry D Bayless
Received by (signature): X Sam Mills	Inspected by (signature): Terry D Bayless
cc:	cc: