

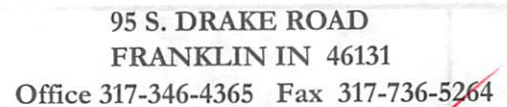
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Sassafras</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/8/25</b>	ID# <b>1479</b>
Establishment address <b>229 N. Madison Ave</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <b>Greenwood, TN</b>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>    </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>    </u> 2 <u>    </u> 3 <u>X</u> 4 <u>    </u> 5 <u>    </u>	
Certified food handler <b>Cheryl Domic</b>			

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

[illegible]

Received by (name and title printed): x Cheryl Dome		Inspected by (name and title printed): Terry D. Payless
Received by (signature): Cheryl Dome		Inspected by (signature): Terry D. Payless
cc:	cc:	cc:







Bekm  
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 <b>Supreme Produce @Kroger 864</b>		telephone	Date of Inspection <b>4/2/2025</b>
Establishment address <b>2200 Independence Drive, Greenwood</b>		Summary of Violations <b>2C1NC</b>	
Owner		Follow-up <b>Yes</b>	Release Date <b>4/12/2025</b>
Person - in - Charge	Certified Food Handler		Purpose: <b>Routine</b>
Establishment Identification # <b>2744</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"
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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
187	C		Observed the following internal food temperatures: Watermelon @49°F Cantaloupe @ 45°F Employee stated the cut fruit was prepared at noon 4/2/25	Recommend discarding PHF
191	NC		Cut fruit was observed date marked prepped 4/1/25 @ 5:21 pm and discard 4/2/25 @5:21 pm  Employee stated they started to prepare the fruit inside the bulk containers on 4/2/25 @ noon. The date mark is wrong	Corrected at time of inspection
187	C		Observed chunky guacamole @44°F located inside display cooler for customers	Recommend discarding PHF
303	C		Observed employee not properly sanitizing dishes after washing and rinsing them	
Note:			Hot water is not functioning at the three bay sink located on the right	

*Turn*

*[Signature]*

Establishment Representative

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



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

Betsy  
4/7

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	Supreme Produce @ Kroger 979	telephone	317-736-6004	Date of Inspection	4/4/2025
Establishment address	970 North Morton Street, Franklin IN 46131			Summary of Violations	3C0NC
Owner	Supreme Service Solutions INC Thlacung2020@gmail.com			Follow-up	Yes
Person - in - Charge	Certified Food Handler			Purpose:	Menu Type
Establishment Identification #	2741	County	Johnson	District	D5
				Routine	4-Extensive handling

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
187	C		Observed the following internal food temperatures @1:35 p.m.: 1. Cut bulk cantaloupe at 45°F located in a plastic container on a cart 2. Cut bulk watermelon at 45°F located in a plastic container on a cart 3. Cut bulk honeydew at 45°F located in a plastic container on the prep table  Employee metal steam probe thermometer showed the internal temperature of the bulk cut watermelon at 46°F  Employee stated that they took the cart of bulk cut fruit out of the cooler at 7:30 a.m.	Recommend discarding all PHF
187	C		Observed cut melon at 44°F in a plastic container with a lid located in the customer display cooler	Recommend discarding all PHF
303	C		Observed employee rinsing out the bulk watermelon plastic container in the 1st bay of the three bay (used to wash produce). Then placed the container in the 2 <sup>nd</sup> three bay sink (used for dishes) and filled the container up with sanitizer solution  Dishes need to be washed, rinsed, sanitized, and air dried.	

Establishment Representative

Inspector: [Signature]  
Date: 4/4/2025  
Location: 970 North Morton Street, Franklin, IN 46131

[Signature]  
Cathy Kanner





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.

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
177	NC	X	SOME FOOD PACKAGES NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN WALK-IN FREEZER	4/8/25
431	NC	X	FLOOR NEXT TO WALK-IN, UNDER EQUIPMENT NOT CLEAN IN KITCHEN / FOOD PREPARATION AREA	4/10

Received by (name and title printed): Elizabeth Nelms		Inspected by (name and title printed): Bob Smith ETS	
Received by (signature): Elizabeth Nelms		Inspected by (signature): Bob Smith	
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

Betsey  
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 Top Tier Cakes	telephone 317-449-3902	Date of Inspection 4/1/2025
Establishment address 225 North US 31, New Whiteland IN 46184	Summary of Violations 0C0NC	
Owner Jenna Elkins	Follow-up No	Release Date 4/11/2025
Person - in - Charge	Certified Food Handler Jenna Rigsby	Purpose: Routine
Establishment Identification # 2636	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:
			No items noted at time of inspection	
			Note: - Removes cloths that clean dishes are stored to air dry on after the wash, rinse, and sanitize process	

*Jenna Elkins*

*Cassi Hall*

Establishment Representative

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





Baken  
4/4

✓

**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>Urban Air</b>		Telephone Number <b>317-207-0920</b>		Date of Inspection <b>4/3/2025</b>	
Establishment address <b>1172 N Main St Franklin, IN 46131</b>			Summary of Violations: <b>2C, 3NC</b>		
Owner <b>Nichole and Carl Rains</b> Email- <b>nichole@urbanairfranklin.com</b>			Follow-up <b>No</b>		Release Date <b>4/13/2025</b>
Person in charge <b>Clara Havener GM</b> <b>clara@urbanairfranklin.com</b>		Certified food handler <b>Clara Havener</b>		Purpose <b>Routine</b>	
Establishment Identification # <b>2104</b>		County <b>Johnson</b>		District <b>D5</b>	
Menu Type <b>1- Limited menu</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:
439	C		Toxic and poisonous sanitizer spray bottles stored above open and unopened sauces	4/3/25
295	NC		- Interior of nacho cheese dispenser soiled - Ovention® metal oven rack soiled	4/4/25
174	NC		Garlic cooking oil not in original packaging not labeled with common name	4/5/25
136	C		Employee observed eating in the food prep area	4/3/25
418	NC		Employee belongings stored in food prep area, available lockers shall be used	4/3/25
			Notes: 1. Floor under soda boxes soiled	
			2. sanitizer test strips compromised	
			3. branded buckets used to serve "beer buckets" with ice are rusty	

Received by

*Clara Havener*

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

*Mia Papageorge*



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131

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

Bukem  
5/11

(26)

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2, 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>WAL-MART SUPERCENTER #995</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/30/25</b>	ID# <b>691</b>
Establishment address <b>2125 N MORROW + FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>5/10/25</b>
Owner <b>WAL-MART</b>		Summary of Violations: <b>(1) PF (6) CORE</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>JACOB NIX</b>			
Responsible person's email			
Certified food handler <b>JACOB NIX (SERVSAFE)</b>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED **(P)**

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "X"

Section #		Narrative	To Be Corrected by
286	CORE	BAKERY - WALK-IN FREEZER DOOR GASKET SPLIT	6/1/25
443	CORE X	BACK HALL - FLOOR NEXT TO WALK-IN FLOOR DRAINS NOT CLEAN	5/10
286	CORE X	BACK HALL MOP SINK - LOCATED NEAR DRAIN WALK-IN COOLER - NOT CLEAN	5/10
443	CORE	(FEW SMALL FLIES SEEN) - FLOOR NEXT TO THIS SINK NOT CLEAN	
354	PF	'Y' SPLITTER VALVE INSTALLED ON MOP SINK FAUCET	5/20
286	CORE X	PAINT PEELING ON DELI-WALK-IN COOLER SHELVING	5/20
421	CORE X	RECEIVING DOORS GR 2, GR 4 HAVE GAPS AT BOTTOM OF DOOR TO THE OUTSIDE	5/20/25

(NOTE) some 'TRUE' REFRIGERATORS IN FRONT NOT EASILY MEASURABLE

Received by (name and title printed): <b>Jacob Nix Team lead</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>Jacob Nix</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:





**Johnson County Health Department**  
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**Retail Food Establishment Inspection Report**

Beth  
4/16/25

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 <b>Wild Eggs</b>		telephone <b>502-376-5405</b>		Date of Inspection <b>4/16/2025</b>	
Establishment address <b>1279 North Emerson Ave, Greenwood IN 46143</b>			Summary of Violations <b>2P 1PF 1C</b>		
Owner <b>Rachel camara@wildeggs.com</b>			Follow-up <b>No</b>		Release Date <b>4/26/2025</b>
Person - in - Charge <b>Rachel camara@wildeggs.com</b>		Certified Food Handler		Purpose: <b>Routine</b>	Menu Type <b>3-Extensive handling</b>
Establishment Identification # <b>2915</b>		County <b>Johnson</b>	District <b>D5</b>		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
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Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
216	P		Observed eggs yolk inside a plastic container on the cook line at 93°F without a time sticker - Manager stated that the establishment uses time as a public health control for the egg yolks	Corrected
431	C		Observed plastic containers and a spoon stored in the designated hand sink located at the cook line	4/16/25
247	PF		Many thermometers not easily seen/observed in cooler units	4/26/25
151	€		Observed an employee handling food products without a hair restraint	Corrected
286	€		Observed a knife with a damaged yellow handle located by the walk in cooler	4/16/25
213	P		Observed the following internal food temperatures inside the two door warmer unit: - Queso @ 80°F - Sausage gravy @ 75°F	4/16/25

*Camara Young*  
Establishment Representative

*Cassi Hall*  
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>WILLOW CAFE @ JMH</b>		Telephone Number _____) Establishment _____) Owner		Date of Inspection <b>4/13/25</b>	ID# <b>2235</b>
Establishment address <b>1125 W JEFFERSON ST.</b>				Follow-up —	Release Date <b>4/13/25</b>
Owner 		Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Summary of Violations:  <b>C 0 NC 1 R</b>	
Owner address 				Menu Type (See back of page)  <b>1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___</b>	
Person in charge <b>SANDY BIDDLE</b>					
Responsible person's email 					
Certified food handler <b>SANDY BIDDLE (SERUSAPED 11/26/28 EXP)</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	
<b>(NOTE)</b>		*	<b>MECHANICAL DISHMAZING NOT IN USE AT TIME OF INSPECTION (BEING OBTAINED)</b>	<b>V</b>	
<b>324</b>	<b>NC</b>	*	<b>SERVING LINE (J) HANDSINK FAUCET CONTAINS A LOCK</b>	<b>4/23/25</b>	
Received by (name and title printed): <b>Sandy Biddle</b>			Inspected by (name and title printed): <b>Bob Smith EHS</b>		
Received by (signature): <b>Sandy Biddle</b>			Inspected by (signature): <b>Bob Smith</b>		
cc:		cc:		cc:	



