



Bekal
5/6

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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 name 3 Agaves Mexican Restaurant and Bar		Telephone Number 317-300-8957		Date of Inspection 5/5/2025	
Establishment address 11 Declaration Dr. Greenwood, IN 46142			Summary of Violations: 2Core, 2 Priority		
Owner Francisco Garcia Lopez Email- gerardovclardc1980090206@gmail.com Christinabryan0324@icloud.com			Follow-up Yes		Release Date 5/15/2025
Person in charge Christina Fuentes		Certified food handler Francisco Garcia Lopez ServeSafe exp 4/8/26		Purpose Routine	
Establishment Identification # 2610		County Johnson		District D5	
Menu Type 4-Extensive handling					

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority as "P", and Priority foundation as "PI"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/P/PI	R	Narrative	To Be Corrected by:
213	P		Foods intended to be hot held had an internal temperature of 80-110°F on stove top and above hot holding table, shall be held at 135°F or more Queso intended to be cold held had an internal temperature of 78°F on prep table next to upright freezer, shall be held at 41°F or less	ASAP
175	P		Raw chicken stored above ground beef in walk-in cooler	Corrected
307	C		Soda nozzles and soda dispenser behind bar soiled	5/5/25
363	C		Sink faucets leaking at bar handwashing sink and bar 3 bay sink	
			Notes: 1. Fans dusty in two door reach-in cooler 2. Some plates were soiled when stored with clean plates 3. Time temperature control (TCS) foods that are cooked, cooled, and reheated for hot held shall be reheated so all part of the food reach at least 165°F	

Received by

Inspected by
(317) 868-8818 mipapageorge@jchjohnson.in.us

Betsy
5/27



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 narrative portion of this report.

Establishment name Aberdeen Barn Farm Market		Telephone Number 317-422-9000		Date of Inspection 5/22/2025	
Establishment address 3808 Farmway Dr Bargersville, IN 46106			Summary of Violations: 0C, 0Pf, 1P		
Owner Aberdeen Farms LLC Email- mikeduke@dukehomes.com			Follow-up No		Release Date 6/2/2025
Person in charge Terri Landwerlen- market manager		Certified food handler Ethan Young ServSafe exp 8/29/29		Purpose Routine	
Establishment Identification # 2904		County Johnson		District D5	
Menu Type 2-Limited menu					

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

Sec#	C/Pf/P	R	Narrative	To Be Corrected by:
316	P		Sanitization chemicals not available, no sanitization of dishes, equipment, utensils, and food contact surfaces observed	5/22/25

Terri Landwerlen *Mia Papageorge*

Received by

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

7-26 AM

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6/3

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 American Legion Post # 233	Telephone Number () Establishment () Owner	Date of Inspection 5/28/25	ID# 708
Establishment address 500 Memorial Dr. 46124	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 6/7/25	Release Date
Owner		Summary of Violations: P 1 PF 2 Core 2	
Owner address		Menu Type (See back of page) 1 2 ✓ 3 4 5	
Person in charge Jim Burton			
Responsible person's email			
Certified food handler			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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

Section #	C/N/C	R	Narrative	To Be Corrected by
213	P		Hot dogs contained an internal temperature of 45°F to 48°F while inside the GE refrigerator	Corrected
286	Core		GE refrigerator contained an ambient air temperature of approximately 46°F.	Vol. Discarded
279	PF		No probe (0°F to 220°F) provided in the bar area	Firm will replace w/ commercial unit
306	PF		North bar soda gun is soiled	5/28/25
286	Core		Quat test papers (for sanitizer) expired on 4-15-24.	5/28/25
189	Core		Bottom shelving inside walk-in-cooler and next to GE refrigerator is not 6" off the floor.	6/8/25

NOTES:

- ① Drain line on ice machine lacks an air gap, across from GE refrigerator
- ② Public Restrooms lack mechanical ventilation
- ③ Cold water knob leaks at mop sink

Received by (name and title printed):

James E Burton

Received by (signature):

[Signature]

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

[Signature]

cc:

cc:

cc:

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.2, 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 ANNU'S		Telephone Number () Establishment () Owner		Date of Inspection 5/14/25	ID# 104
Establishment address 77 W MONROE ST. FRANKLIN		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up -	Release Date 5/24/25
Owner MERIKIA CRAWLEY				Summary of Violations: O(P) O(F) CORE	
Owner address				Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge MERIKIA CRAWLEY					
Responsible person's email					
Certified food handler MERIKIA CRAWLEY (Serusate)					
<p>* CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P"</p> <p>* VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>					
Section #	CORE	R	Narrative	To Be Corrected by	
176	CORE		SMALL BULK FOOD CONTAINERS OF SAZT AND PEPPER NOT LABELED	5/18/25	
Received by (name and title printed): Merika Crawley General Manager					
Received by (signature): <i>[Signature]</i>			Inspected by (name and title printed): Bob Smith EHS		
cc:			Inspected by (signature): <i>[Signature]</i>		
cc:			cc:		



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

Bekn
v/2

Establishment name Apple Works	Telephone Number () Establishment	Date of Inspection 5-30-25	ID# 2645
Establishment address 8157 South 250 West Trefolger	() Owner	Follow-up	Release Date 6-10-25
Owner	Purpose: <u>1. Routine</u>	Summary of Violations:	
Owner address	2. Follow-up	C <u>03</u> <u>PP</u> <u>0</u> <u>P</u> <u>0</u>	
Person in charge	3. Complaint		
Responsible person's email	4. Pre-Operational		
Certified food handler	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1 <u>X</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
	7. Other (list)		

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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

[illegible]

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

EC:

CC:



Besten
v/z

✓

Telephone Number _____

() Establishment _____

() Owner _____

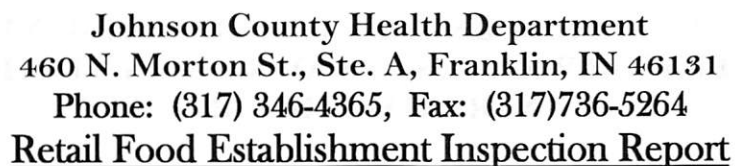
Purpose:

1. Routine
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (*list*) _____

- | | |
|---|--------------|
| Date of Inspection | ID# |
| 5/29/25 | 1561 |
| Follow-up | Release Date |
| — | |
| Summary of Violations: | |
| <p> 1
 2 PF 1 C
 3
 4
 5 </p> | |
| Menu Type (See back of page) | |
| <p> 1 2 ✓ 3 4 5 </p> | |

[illegible]

Received by (name and title printed): 1 Emily Rahman		Inspected by (name and title printed): Paul Betiku Ets
Received by (signature): Emily Rahman		Inspected by (signature): Paul Betiku
cc:	cc:	cc:



establishment	Board and Brush	Telephone	317-750-5748	Date of Inspection	5/9/2025
Establishment address			Summary of Violations		
200 W Main St Greenwood IN 46142					
Owner			Follow-up	Release Date	
Lauren Ashby			No	5/19/2025	
Person - in - Charge	Certified Food Handler		Purpose: Routine	Menu Type 1- Limited menu	
Josie Bleizeffer					
Establishment Identification #	County	District			
2445	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/I”
- Violation(s) repeated from previous inspections are denoted in the “summary of violations” & in the narrative below as “R”

[illegible]

Beky
5/12



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

Based on an inspection this day, the item(s) noted below identify violation(s) of **H10 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Bob Evans # 426		telephone 317-885-1280	Date of Inspection 5/8/2025	
Establishment address 159 Marlin Drive, Greenwood IN 46142			Summary of Violations 0P, 0PF, 4CORE	
Owner			Follow-up No	Release Date 5/18/2025
Person - in - Charge Ashley Ber.0426@bobevas.com		Certified Food Handler Ashley Swazay (8/10/28)	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 2133		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#	P/PF	R?	Violation Observed:	To be Corrected by:
443	CORE		Floors, walls, ceiling vents, and ceiling are soiled throughout kitchen - Equipment is soiled (door gaskets, sides of equipment, etc.)	
363	CORE		1. Ice machine drain line is leaking onto floor 2. Mop sink faucet leaks at connection 3. Dipper well lacks an air gap	
183	CORE		Ice machine scoop is stored on top of ice maker	
234	CORE		Hobart table mixer is rusty/soiled - Not easily cleanable	
			Notes: 1. Manager stated that they will start to detail clean in the server area and then move to the kitchen. 2. One spray bottle not labeled 3. One fryer basket is damaged	

Ashley Swazay

Cass Hall

Elizabeth Penisse



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

7-26 (AM)

Beta 5/12

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 Bob's Tu Your Door Pizza	Telephone Number () Establishment () Owner	Date of Inspection 5-6-25	ID# 2398
Establishment address 510 N. Mendian St Greenwood, IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 5-16-25
Owner Kyle & Brittany Bowling		Summary of Violations: P pf Core 0 NC 1 R 8	
Owner address		Menu Type (See back of page) 1 2 ✓ 3 4 5	
Person in charge KB			
Responsible person's email			
Certified food handler Elizabeth Redden			

• 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
421	Core			Front and back doors to the facility were open at time of inspection	Corrected ↓
284	Core			Pepsi two door cooler and True two door cooler inside old walk-in-cooler are not easily movable	6-5-25 ↓
286	Core			Frigidaire freezer, Armana freezer/refrigerator, and small Ulssani cooler are not NSF/ANST approved	6-20-26 ↓
279	Pf			No probe (0°F to 220°F) food thermometer provided	5-6-25 ↓
420	Core			Bathroom door was propped open and contains a door stopper device (mounted)	5-7-25 Remove
442	Core			Back kitchen door rubs the door frame and front door	Stopper 6-5-25
353	Core			No mop sink provided in the facility	12-1-25
436	Core			Lighting inadequate inside non-working walk-in-cooler used for storage	6-5-25 ↓
363	Core			Three bay sink used for food preparation/washing of vegetable product lacks an air gap on drain	6-25-25 ↓

Received by (name and title printed):

Kyle Bowling

Received by (signature):

[Signature]

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

[Signature]

cc:

cc:

cc:

Greenwood

Page 2 of 2



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Beth
5/16

(26)

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-29, 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 BOJARS BAR & GILL	Telephone Number () Establishment () Owner	Date of Inspection 5/2/25	ID# 1365
Establishment address 377 E 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 Yes	Release Date 5/12/25
Owner AUSTIN GORE		Summary of Violations: (P) 3 (PF) 1 (core) 5	
Owner address		Menu Type (See back of page) 1 2 (3) 4 5	
Person in charge JOHN LANHAM			
Responsible person's email			
Certified food handler JOHN LANHAM (FPMC)			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED **CR**

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

Section #	CR	PF	CR	Narrative	To Be Corrected by
354	P		A	Hose with spray nozzles connected to faucets in back room and kitchen, connected without adequate anti-siphon devices	5/10/25
407	CR			Ceiling panels in kitchen worn	5/10
348	PF			Produce sink drain no physical air gap	5/10
348	PF			Internal Food Temperatures (cheese/meat)	5/10
213	P			ADVANTO UNIT 46°F - 47°F NOT AT 41°F OR COLD (IN KITCHEN)	Food discarded 5/10
213	P			INTERNAL FOOD TEMPERATURES (MEAT) 51°F - 55°F NOT AT 41°F IN BEVERAGE-AIR UNIT IN SALED FOOD PREPARATION AREA (IN KITCHEN)	Food discarded 5/10
407	CR			WOMEN'S RESTROOM - WALL BY HANDSINK WORN	5/10
407	CR			WALL BEHIND SOFT DRINK STATION - WORN	5/10
213	CR			FLOOR UNDER SOFT DRINK STATION AND AREAS OF KITCHEN NOT CLEAN	5/10
407	CR			WALL TILE MISSING IN DOOR OF KITCHEN (NORR FLOOR)	5/10

Received by (name and title printed):

John Lanham

Received by (signature):

[Signature]

cc:

Inspected by (name and title printed):

Bob Smith ETS

Inspected by (signature):

[Signature]

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

Beky
5/2



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 name Chicago's Pizza		Telephone Number 317-997-9151		Date of Inspection 5/1/2025	
Establishment address 706 W Trafalgar Pointe Way Trafalgar, IN 46181			Summary of Violations: 2 Core, 0P, 0Pf		
Owner Ron Epple Email- delphkenzie@gmail.com			Follow-up No		Release Date 5/11/2025
Person in charge Amber Sprague- Manager		Certified food handler N/A		Purpose Routine	
Establishment Identification # 2807		County Johnson		District D5	
				Menu Type 3-Extensive handling	

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority foundation as Pf, and Priority as P.
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/Pf/P	R	Narrative	To Be Corrected by:
436	Core		End light not functioning above pizza oven	5/10/25
445	Core		Hood vents above pizza oven soiled	5/10/25
			Notes: 1. Cold held time temperature control food shall have an internal temperature of 41°F or less. Hot held time temperature control food shall have an internal temperature of 135°F or above.	
			2. In-use utensils shall be stored with handle above food product	

Amber Sprague

Mia Papageorge

Received by

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

Beky
5/14

Based on an inspection this day, the item(s) noted below identify violation(s) of **110 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment	Circle K #4702288	telephone	317-889-7455	Date of Inspection	5/12/2025
Establishment address	800 N US 31, Greenwood IN 46142			Summary of Violations 0P, 1PF, 3CORE	
Owner	Mac's Convenience Stores LLC			Follow-up	Release Date
			No		5/22/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
4702288@circlek.com			Routine	2-Limited menu	
Establishment Identification #	County	District			
1183	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#	P/PF/C	R?	Violation Observed:	To be Corrected by:
443	CORE		Floor under equipment throughout the establishment is soiled - Establishment needs detailed cleaned	
429	PF		No hand soap provided at front hand sink	
306	CORE		The interior of the front cabinet where clean cookware is stored is soiled Side of cabinet located by the oven is dusty	
260	CORE		Thermometer not observed/easily seen inside single door freezer unit located in the front	
			Notes: 1. Walk in cooler door gasket is split/worn 2. Sanitizer solution was observed less than 150 ppm 3. Manager stated they will start to detail clean the back room then move to the kitchen area 4. The soda machine is out of order at time of inspection	


Establishment Representative

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

Bekam
5/27



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 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Circle K #4702420	telephone 317-883-1341	Date of Inspection 5/22/2025
Establishment address 2114 Sheek Road, Greenwood IN 46143	Summary of Violations 0P, 0PF, 0CORE	
Owner Mac's Convenience Stores LLC	Follow-up No	Release Date 6/2/2025
Person - in - Charge 4702420@circlek.com	Certified Food Handler Lakeisha Guzman 9/15/26	Purpose: Routine
Establishment Identification # 1927	County Johnson	District D5
		Menu Type 2-Limited menu

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

Sec#	P/PF	R?	Violation Observed:	To be Corrected by:
			No items observed at time of inspection	
			Note: Establishment is going to work on detail cleaning (walk in coolers, under soda boxes, under soda machine, etc.)	

[Signature]
Establishment Representative

Inspected by: Cassi Hall, EHS
(317) 346-43771 chall@co.johnson.in.us