

## 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 parrative portion of this report

Establishment name	or correction of each v		the narrative portion	
		Telephone Number		Date of Inspection
3 Agaves Mexican Restaura	nt and Bar	317-300-8957		5/5/2025
Establishment address	Summary of Violations:			
11 Declaration Dr.	2Core	e, 2 Priority		
Owner			Follow-up	Release Date
Francisco	Garcia Lopez		Yes	5/15/2025
Email- gerardovelarde				
Christinabryan <sup>(</sup>	)324@icloud.com			
Person in charge	Certified food handler		Purpose	Menu Type
		Garcia Lopez	D	4-Extensive handling
		exp 4/8/26	Routine	
Establishment Identification #	County	District		
2610	Johnson	<b>D</b> 5		

- Core 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/P/Pf	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	

Carlo by

Inspected by Mit Payageorge, EH:
(317) 868-8818 mpapageorge Colohnson.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

# 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 parative portion of this report

anitation <b>K</b> equirements. The time limit	for correction of each v	notation is specified in	the narrauve portion	or this report.
Establishment name		Telephone Number		Date of Inspection
Aberdeen Barn Farm	Market	317-422-9000		5/22/2025
Establishment address			Summary of Violations	:
3808 Farmway D	00	C, 0Pf, 1P		
Owner			Follow-up	Release Date
Aberdeer	No	6/2/2025		
Email- mikeduk	e@dukehomes.con	n		100
Person in charge	Certified food handler		Purpose	Menu Type
Terri Landwerlen- market Ethan Young		g ServSafe exp	100	2-Limited menu
manager	29/29	Routine		
Establishment Identification #	County	District		
2904	Johnson	D5		

- 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	Р		Sanitization chemicals not available, no sanitization of dishes, equipment, utensils, and food contact surfaces observed	5/22/25

The Received by Received by Ins. (31)

Mappe

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

7-76 (m C 7-24, Indiana Retail Food

Establishme	ent addres	S	egion Post # 233  Edinburgh, IN  Dr. 46124	Telephone Number  ( ) Establishment  ( ) Owner	Date of Inspection 5/28/25	708
500 N Owner	lemor	ial	Dr. 46124"	Purpose: 1. Routine 2. Follow-up	Follow-up Release  Summary of Violate	17/25
Person in charge  Tim Burton  Responsible person's email  Certified food handler		4. Pre-Operational 5. Temporary	P Pf Core  e 1 NC 2 x 2  Menu Type (See back of page)			
			ENTIFIED IN THE CHECKLIST AND NARRATI			
Section #	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND I Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
213	P	A	Hot dogs contained an of 45°FJ to 48°F while	internal tempe	rature	Corrected Vol. Discarded
286	Core		GE refrigerator con air temperature of	tained an amb	1ent	Firm will repl
279	Pf		No probe (0°F to 2)	200F) provided 1	in the bar	5/28/25
306	Pf	1	North bar soda gun	is soiled		5/28/25
286	Core	fish	Quat test papers (f.	or sanitizer) expir	red on	5/28/25
189	Core	gir-r d-si	Bottom shelving in next to GE refriger p floor.	side walk-in-co ator is not 6"	ooler and off the	6/8/25
			@ Public Restrooms la	machine lacks a ck mechanical v leaks at mop si	rentilation .	cross from Gl refrigera
Received by	(name and	-	orinted): EBURTON	Inspect Av Inspect	ted by (name and title printed	DEHS

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 747, Indiana Retail Food

Establishm	ent Sanitation	Requirements. The time limit for correction	on of each violation is specified	in the narrative portion	of this report.
Establishme			Telephone Number	Date of Inspection	ID#
ANI			( ) Establishment	5/14/25	104
Establishme		Esperit Dip	( ) Owner	/ /	
11	wm	ONROY ST. Frankling		Follow-up Releas	Date 10
Owner			1. Routine		24/25
			2. Follow-up	Summary of Violat	ions:
Owner addr		p. Book lists if the an formar no business	3. Complaint	Charles Carolithan	
		Брек изглетов по по по до годината папі	4. Pre-Operational	(P) OF	F) (DOORE
Danson in al	2400		5. Temporary	0	00
me	SKTKH	Cranler	6. HACCP	ninos gristos a sum	provesses re
Responsible	person's email		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handler	000		1 2 3 (	4 2 5
w	erikit	CRANLEY (serus	HO (3)		
		ENTIFIED IN THE CHECKLIST AND NARRATIV			
		ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW!	THE RESERVE THE PARTY OF THE PA
Section #			Narrative 2000	e as	To Be Corrected by
1/6	CORES	SMALL BULK FOOD	OD WINT I ADV	201	2 118 100
	4 -	SHELL MIND LEFTE	R 1001 LADE	100	And the second
					N-1-1
	78.				
				-7374-11-11	
14. Janes	1180	the cooling cooling and reheating or poter		uribagai wasta gailba	u s गर्शनंतरी ।
	(bulan) hap	ig of pears ally masserious souls. Food privide those facilities whose service population		nong to page 97. Jour	E AND SERIES
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Committee of the second of a committee of the committee o	ind or is this or yeogotic.	e due transfer transfer and	and activities of the second
		74" -			
-4	37			10	
			Į.	11 / 12/11	
Received by	(name and title p	rawley Generall	Manager B	ed by (name and title printed)  Ob SmiTH	EHS
Received by	(signature):		Inspecte	ed by (signature)	<u></u>
cc:	che	CC:	cc:	Bal Sm	V
			30.		1
					Dogg 1 of



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. Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Apole Works  Establishment address  8157 South 250 West Trefalger  Owner  Owner address  Person in charge				4. Pre-Operational	Follow-up Release 6-10  Summary of Violati	ons:
Responsible person's email  Certified food handler				6. HACCP 7. Other (list)	Menu Type (See b	
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT		1	
Section #		_	one prognouse or brongatively green as a	Narrative	Manual magnetism as publication	To Be Corrected by
7.00	1		Hens Meps to dry		The state of the s	
447			The second second	SION PRODUCTION OF THE PRODUCT		
6-1 E						
450	6		mouse trap not app.	rovecl		
Jack Committee						
442	St C		Freezer Hy doer h	endle broke		
	ba one	ilea Séss	NOTE: NUF approve	do Freezer need	led wastemale with	Tixtensive I Baxas Vaus 1
- 1	yirig	dein	ic stose faciliares wive a satrice populado	e Georgeov would also includ	plantion for best day ser in	n baunavbel lie
- 4						susceptible
- Interpret	p offer reports					
		14				
Received by		. 1	rinted):	6	pected by (name and title printed) -aleb Fleener	
Received by	(signature	N	ules	Ins	pected by (signature): Elev Eleener	
cc:	C		Cec:	co	: The second	



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  Best Western  Establishment address  L81 S. Park dr. Curlywood  Gowner  Owner  Owner  Owner address  Person in charge  Responsible person's email	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID#  5/29/25 /56/  Follow-up Release Date  Summary of Violations:  Menu Type (See back of page)		
Certified food handler		12 <u>\very 34</u>	5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DEN		IN THE NARRATIVE BELOW AS "R"		
Section # C/NC R	Narrative	To Be Co	orrected by	
37 Downstairs & U	Uffairs upright coomovable.	ler & preventst	P .	
U			1.5	
193 P Apples & Orange	s one not wrapped.	ASA	P	
176/214 pg pre-made poor labelled pro old	d merde upnght control of marked.  Is a self establish be to de supside establish be to de supside establish control of the co	masive bindline of nw ingrediona aibleys bods. A success of pascer	gal ,ad	
		olduga.	ale .	
the few largest or patients on a security	. P. composition and a second contraction of the second contraction of	nontraga wa Spyrillyn fyriada.		
Received by (name and title printed):  Emily Rahman	Inspec	ted by (name and title printed):  Aul Betiku Etts		
Received by (signature): Received by (signature):	Inspec	ged by (signature): Auf Belificu		
cc: cc:	cd/			



## 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



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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	317-750-5748	Date of Inspection
l			5/9/2025
		Summary of Violatic	ons
reenwood IN 461	42		
		Follow-up	Release Date
n Ashby		No	5/19/2025
Certified Food Handler	10	Purpose:	Menu Type
Josie Bleizeffer			1- Limited menu
County	District		
Johnson			
	en Ashby  Certified Food Handler  County	en Ashby Certified Food Handler County District	Summary of Violatic  recenwood IN 46142  Follow-up  No  Certified Food Handler  County  District

- 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:
328	С		Observed single service items in a plastic bag being stored less than 4" above the floor.	5/12/25





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establishment  Bob Evans	# 426	telephone 317-885-1280		Date of Inspection 5/8/2025
Establishment address 159 Marlin Drive, Green	OP, OPF, 4CO			
Owner			Follow-up No	Release Date 5/18/2025
Person - in - Charge Ashley Ber.0426@bobevans.com	Certified Food Handler Ashley Swazay (8/10/28)		Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 2133	Johnson County	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	
	COILL		- Equipment is soiled (door gaskets, sides of equipment, etc.)	
			1. Ice machine drain line is leaking onto floor	
363	CORE		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	
204	CORE		- 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	

A Species blight Hall, EHS (317) 346-43 Mall@co.johnson.in.to



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

Bob Establishn 510 N Owner Owner add	nent address !  N. Mend  e & Bri  dress	Hany Bowling  The second of th		Symmary of Violati	16-25 ions: Core 1 x 8
Certified f	food handler	Redden		123	_45
• VIOLATIC	LITEMS ARE I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	IVE COLUMNS MARKED "C" THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	S "R"
Section			Narrative	0 : 0 :	To Be Corrected by
121	Core		doors to the	facility	Corrected
201	0		ime of inspec		1-526
284	Core		cooler and I		6-5-25
- 1000		don cooler inside		- COULERO	<b>L</b>
286	Core	Frisidaire freezen	armana free	00/00/00/00	to 6-20-2
-00	0.0		ani cooler ar		1
		NSF/ANSI approved	are cooler ar	e /rusi	1
279	Pf	no mobe (0°F-	to 220°F) food	throman	ter 5-6-25
	see moledor	provided	and blood store and a boundary	SOLO RO VISITE A CARLO	a wold at (final and
420	Core	Bathroom door w	an money a	pen and	5-7-25
	- SW 25		stopper device	· (mounted	
	Core	Back kitchen do		door	Stopper
442	F 300 00 00 00	frame and front d			6-5-25
442	Charles (14)	1010		bo Paciliti.	
353	Core	10 mas sink p	rounded in t	Le Maurin	12-1-25
353	Core	dighting inadesu	ate inside mo	n- worker	
353	Core	Lighting inadeque	ate inside no	n- worker	
353 436	Core Core	dighting inadeque hivalk-in-cooler Three bay sink us	ate inside no I used for st red for food		g 6-5-25 1
353 436 363	Core	Lighting inadeque livalk-in-cooler Three bay sink us washing of vegetal	ate inside no I used for st red for food re product la	préparation ces an aire	g 6-5-25 1 0 6-25-25 gap on dru
353 436 363	Core Core	Lighting inadeque livalk-in-cooler Three bay sink us washing of vegetal	ate inside mo I used for st led for food re product lace Inspect	preparation cks an airced by (name and title printed)	g 6-5-25 1 y 6-25-25 gap on dru piping
353 436 363 Received	Core Core oy (name and title	Justing madeau walk-in-cooler Three bay sink us washing of vegetal	ate inside no I used for st jed for food re product lace Inspect	preparations of the printed of the Miller, E	g 6-5-25 1 y 6-25-25 gap on dru piping
353 436 363 Received	Core  Core	Justing madeau walk-in-cooler Three bay sink us washing of vegetal	ate inside no I used for st red for food re product lace Inspect	preparation of the printed of the pr	g 6-5-25 1 4 6-25-25 gap on dru piping
353 436 363 Received	Core Core oy (name and title	Justing madeau walk-in-cooler Three bay sink us washing of vegetal	ate inside no I used for st red for food re product lace Inspect	preparations of the printed of the Miller, E	g 6-5-25 1 4 6-25-25 gap on dru piping

		NARRATIVE REPORT Greenwood	Inoncetion Data
Stablish	ment Nam	our Door Pizza 510 N. Mendian St. 46143	Inspection Date 5-6-25
ection#	C/NC/R	REMARKS	TO BE CORRECTED BY
		Motes: O Toverted beverage racks	12-1-25
		Motes: O Inverted beverage racks  are used as shelving  3 No cove base seen in restroom	
		3 No cove base seen in restroom	10-11-25
		and Ritchan avens	<u> </u>
		3 Shelving in non-working walk-in- cooler not six inches off floor	5-26-25
		1 No covered waste can provided	5-8-25
	<del>                                     </del>	in employee restroom	J 0 2 3
_		B) No screen/cover provided on outside	5-10-25
		1 No screen/cover provided on outside mechanical exhaust vent for	Remove
		small gas burners. Apparent bird	nesting mate
		from the exterior	+ cover w/
	ļ	from the exterior	Screening 6-1-25
		1) No Certified Food Protection	
		1) No territied food Protection	5-6-25
		Manager Certificate onsite or produced at time of inspection	1
		produced at time of mspecifica	
			<u> </u>
	-		
	<del>                                     </del>		+
		•	



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Page 1 of

(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. Date of Inspection Telephone Number Establishment name ID# BUTAKS BAR 66(HLC ) Establishment Establishment address JEFFERSON SY, FRANKLIA JA ) Owner Purpose: 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary TOHON 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler LANHAM JOHN CRITICAL TERMS ARE IDENTIFIED IN THE CHECKLIS VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS Narrative To Be Corrected by Section # BONG R HOSE WITH SPINY NOZZZOS CONNECTED TO 10/25 IN BACK ROOM FAVCETS con mecho ADEQUATE ANT-STATION devices COTLING PANELS IN KITCHEN WORN 407 CORE PRODUCE SINK OFAIN NO PHYSTERE ALR GATP PF INTERNAL FOOD TEMPERATURES CONCESE/THEAD ADVANTO UNIT 460F-470F NOT AT 410F OF RE GEN KIZHON FOOD TEMPER ATUROS (MOAT) SIGF IN TEMPE NOT AT 41°F IN BRUCKASO- HIR UNIT BINS PROPERTION AREA GON KITCHEN WOMENS PESTROOM -WAZE BY HORNOSINK 467 Core 407 6000 WALL BOTHOOD SOFT SCINK STATION - WORD FLOOR UNDER JOHT STATION 2(2-3 Caro HIPPES OF KATTCHER NOT CLOPEN TO WALL THE MISSING IN DOOR OF KITCHEN 0000 407 NOAR FLOOR) Received by (name and title printed): Inspected by (name and title printed): Inspected by (signature) Received by (signature, cc:

MENU TYPE



#### 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 7-29, 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
BURGER KING #7447 Telephone Number Date of Inspection ) Establishment 5/5/25 569 ) Owner 1079 N MORTON ST FRANKLIN, IN 1. Routine Premier Foods Summary of Violations: 2. Follow-up 3. Complaint 0(P) 0 (PF) 1 (OPE 4. Pre-Operational Person in charge 5. Temporary ALLEN FISHER 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 "> P 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 # DAY OF SIZE MAKED 150 BROKEN (000)> Allen Fisher General Manager

Received by (signature):



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

- 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	

Andre Mynne Received by

Marga

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



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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		telephone		Date of Inspection
Circle K #47022	288	317-889-7455	317-889-7455	
Establishment address			Summary of Violations	S
800 N US 31,	142	0P, 1PF, 3CORE		
Owner			Follow-up	Release Date
Mac's Conve		No	5/22/2025	
Person - in - Charge	Certified Food Handl	Certified Food Handler		Menu Type
4702288@circlek.com			D .:	2-Limited menu
Establishment Identification #	County	District	Routine	
1183	Johnson	D5		
1100	Joinnoon			

- 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"

P/PF/C	R?	Violation Observed:	To be Corrected by:
CORE		Floor under equipment throughout the establishment is soiled - Establishment needs detailed cleaned	
PF		No hand soap provided at front hand sink	and the second s
CORE		The interior of the front cabinet where clean cookware is stored is soiled. Side of cabinet located by the oven is dusty	
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	
	CORE PF CORE	CORE PF CORE	CORE  Floor under equipment throughout the establishment is soiled  - Establishment needs detailed cleaned  No hand soap provided at front hand sink  CORE  The interior of the front cabinet where clean cookware is stored is soiled Side of cabinet located by the oven is dusty  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

Establishment Representative

Inspected by: Cassi Hall, EHS
(317) 346-13731 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

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	telephone	telephone		
Circle K #470249	20	317-883-1341		5/22/2025
Establishment address 2114 Sheek Road, Greenwood IN	Summary of Violations 0P, 0PF, 0CORE			
Owner		Follow-up	Release Date	
Mac's Conver	No	6/2/2025		
Person - in - Charge	erson - in - Charge Certified Food Handler			Menu Type
4702420@circlek.com Lakeisha Guzman 9/15/26				2-Limited menu
Establishment Identification #	County	District	Routine	
1927	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	-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.)	

Establisament Representative

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