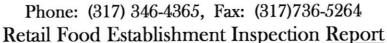


# Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131



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		Date of Inspection		
Dairy Queen	317-736-6821	5/2/2		
Establishment address	Summary of Violations			
480 N Morton Str	OP OPF 2CORE			
Owner		Follow-up	Release Date	
Jose	ph Napier		No	5/12/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Michael Hammer	Michael Han	nmer (12/16/25)	D	3-Extensive handling
Establishment Identification #	District	Routine		
118	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/CORE	R?	Violation Observed:	To be Corrected by:
286	CORE		Walk in freezer door gasket is split/worn	
189	CORE		Food products not stored 6" off the floor inside walk-in freezer	
Note:			Observed ice scoop for ice machine not stored with handle above food product	

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



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.

Establishmen	bie	- To	re Creem	( ) Establishment	5-30-25		
Establishmen	t addres	s	ce Creem	( ) Owner	3-30 -00	2962	
		501		Purpose:  1. Routine 2. Follow-up	Follow-up Relea	10-25	
Owner address  Person in charge  Responsible person's email			nados era atu, bund sa 17 Afrasas. Peranggan da anggan en es anggan en es a	3. Complaint 4. Pre-Operational 5. Temporary	C See back of page)		
Certified food					123	45	
			TIFIED IN THE CHECKLIST AND NARR A PREVIOUS INSPECTIONS ARE DENOTED		IN THE NARRATIVE BELOV	W AS "R"	
Section #	C/NC	R	ALSO EMPOREST DIES PRINCES EMPLOYE	Narrative	Transport Was in State	To Be Corrected by	
			Nothing to No	ofe			
	Suidhi.	SELECTO	coskure, crobin mod rehearing of po poresticily hazardous rood. Pooder dose facilities who electric popular	to guibled have been rad a super ear		Harring Paris	
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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 narrative portion of this report.

establishment		telephone	7	Date of Inspection
Don Cuervo Taco	s and Brews	317-300-9168		5/21/2025
Establishment address			Summary of Violations	244 7 - 1 - 1
3113 West Smith Valley Roa	ad, Greenwood IN 46	5142	3P, 3PF, 6COF	RE
Owner			Follow-up	Release Date
	Jacob Lopez		No	5/31/2025
Person - in - Charge	Certified Food Han	dler	Purpose:	Menu Type
Juan		4-Extensive handling		
Establishment Identification #	County	District	Routine	
2387	Johnson	D5		
2387	Johnson	D3	x	

- 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:
213	Р		Observed raw chicken portioned in plastic bags inside walk in cooler at 47*F-50*F  - Raw chicken was stored above chorizo	5/21/25
356	P		Observed no dedicated hand sink located in the bar - 3 bay sink can't be used as the dedicated hand sink	5/28/25
279	PF		Observed no metal probe food thermometer (0-220*F)	Corrected at time of inspection- employee brought two food thermometers onsite
NOTE			Standup, single door "true" freezer located in the server area, not in use  Flat top grill located by back exterior door, not in use	6/4/25
NOTE			Dish machine sanitizer solution observed less than 50 ppm Red sanitizer buckets chlorine solution observed over 200 ppm	
286	CORE		<ol> <li>Walk in freezer door frame is damaged (doesn't close properly)- observed ice buildup around the door</li> <li>"Bery" flip top cooler door gasket is spilt/worn</li> <li>"True" two door flip top cooler top right lid is damaged located in the server area</li> </ol>	6/4/25

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# # 2387 - 5/21/25

		4. Frying pan handle is damaged	
348	P	Appears the Coca-Cola drink machine, ice bin lacks an air gap	5/28/25
456	PF	Toxic spray bottles not labeled	5/21/25
183	CORE	Frying pan is stored hanging off of cook line trash can	5/21/25
430	PF	Observed no paper towels at the hand sink located by the flip top cooler	5/21/25
443	CORE	The following areas are soiled:  1. Walk in cooler door gasket  2. Walk in cooler ceiling  3. Walk in cooler floor where beer is stored	6/4/25
306 ့	CORE	The following equipment are soiled:  1. Can opener  2. Interior of the ice machine  3. Two bay sink drains	6/4/25
176	CORE	Bulk food containers not labeled	5/22/25
189	CORE	Observed food products not stored 6" off the floor inside walk in freezer Single use items and soda boxes not stored 6" off the floor in storage room	5/22/25
		<ol> <li>Notes:         <ol> <li>One larger fryer basket is damaged</li> <li>Remove wooden block under prep table where bulk tea containers are stored</li> <li>Remove all foil</li> <li>Wet rags not stored in sanitizer solution</li> <li>One container of salsa observed at 46*F</li> </ol> </li> </ol>	

E abligament Representative

Inspected by: Cassi Hall, EHS (317) 346-43771 <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

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.

Samadon Requirements. The time limit for	correction of each vi	olation is specified in	the narrative portion of	this report.
establishment		telephone		Date of Inspection
Dye's Walk		317-535-8635		5/5/2025
Establishment address			Summary of Violations	
2080 South SR 135, Green		OP, 1PF, 6CORE		
Owner			Follow-up	Release Date
			No	5/15/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Blake	Blake (	(4/25/29)	200	4-Extensive handling
CHEF@DYESWALKCC.COM			Routine	
kbaumann@dyeswalkcc.com				
Establishment Identification #	County	District	1	
1628	Johnson	<b>D</b> 5		

- 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	R3	Violation Observed:	To be Corrected by:
216	Þ		Observed batter used for raw chicken and fish in metal containers with lids located on a cart by fryer @55*F with no time stamp/sticker  - Establishment is using time as a public health control  - A SOP must be provided onsite per the new food code 7-26	Corrected at time of inspection
212	PF		Observed soup in a large plastic container with a lid greater than 4" located in the walk in cooler at 84*F  - manager stated that they are in the process of cooling the soup to 41*F or less	5-5-25
234	CORE		The table countertop located by the two bay sink is peeling - Not smooth and easily cleanable	6-5-25
442	CORE		The floor in the dish area is worn Cove base is missing in the dish area Wall is worn under the two bay sink	7-5-25
443	CORE		The ceiling located in the dish area is dusty	7-5-25

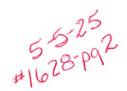
Establishment Representative

Inspected by: Cassi Hall, EHS

346-43771 <u>chall@co.johnson.in.us</u>

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		The walls along the dish machine and two bay sink are soiled	
443	CORE	Storage room located by the kitchen needs cleaned and organized	5-19-25
421	CORE	Storage room located by the kitchen exterior door is not tight fitting  - Door is not self-closing  - A large hole was observed	5-19-25
189	CORE	The shelving unit (bottom shelf) is not 6" off the floor	5-8-25
		Note:  1. Establishment needs detailed cleaned 2. Observed many rodent droppings in the storage room and in the snack bar cabinets - Premier Pest Control was onsite 5/1/25	×

Bloka Close

Goodfielda



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

			Requirements. The time limit for correc			a of this report.
Establishme	nt name		0	Telephone Number	Date of Inspection	ID#
Five 8	ton F	500	Service - Avalign Deli	Very ) Establishment	-100/2	
Establishme	nt addres:	S	1 Convood	(V ) Owner	5/28/2	3 24711
2121	South	hte	l service - Avalign Deli ch dr Cureenwood ch dr TM	Purpose:	Follow-up Release	se Date
Owner				1. Routine	-	
				2. Follow-up	Summary of Viola	tions:
Owner addre				3. Complaint		
				4. Pre-Operational	That 2 residence is not the	
Person in ch		-	- unions are stabled to the second to		OP_NC_	Ø <sub>R</sub>
r croon in ch	arge				O P INC_	TON R
Responsible	person's	email		7. Other (list)	Menu Type (See	hack of page
Responsible	persons	Cilian		7. Other (ust)	Menu Type (See	back of pages
Certified foo	od handle	r			1_2 \( \sqrt{3}_	4 5
3 19					12_V3	45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative	more again wat als Better	To Be Corrected by
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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

Establishm	ent Sani	tation	Requirements. The time limit for corr	The state of the s	in the narrative portion	of this report.
Establishmer Five Se Establishmer	nt name fav F nt addres	<b>5</b> 50	d service - National Tr eh dr Cireenwood.	Telephone Number  Establishment  Owner	Date of Inspection  5/28/25	1D# 2472
2011	South	ite	eh alr TAL	Purpose:	Follow-up Release	
Owner	300 (7	10	Lit	1. Routine	-	
				2. Follow-up	Summary of Violat	ions:
Owner address  seed operations  Real Food operations		3. Complaint		6		
Person in ch	arge	inlige	ls is assurated to single ment service. Pr	5. Temporary	c_O_NC_E	
			alžari arr la "arlaila, oʻungi	6. HACCP	pilees grooting, cold m	processes to
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handle	r			123	_45
			ENTIFIED IN THE CHECKLIST AND NARRAR		N THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R	raine se guine que la constante de la constant	Narrative	majfariant was the deligion.	To Be Corrected by
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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 2) Establishment 2516 5/28/25 ) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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" Narrative To Be Corrected by Section # C/NC R There Juning are HR Business Partner Received by



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 Service - Uta 1 Ave Cereen mod ) Establishment 5/28/25 tablishment address ) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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" Narrative Section # C/NC R To Be Corrected by SINCLAIR



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 5/28/25 ) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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 violation during inspection.





### 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 Folktale Event C	enter	Telephone 317-30	Telephone 317-300-9967	
Establishment address 245 S Madison GREENWOO!		Summary of Violations 0P, 2PF, 1CORE		
Owner	d Katie Henrichs		Follow-up No	Release Date 6/7/2025
Person - in - Charge Certified Food Handler Danielle Freeman			Purpose:	Menu Type 2-Limited menu
Establishment Identification # 2588	County Johnson	District	Routine	

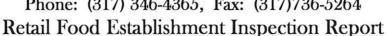
- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
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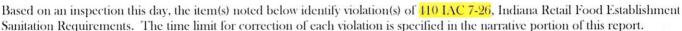
Sec#	P/PF	R?	Violation Observed:	To be Corrected by:
260	C	R	No thermometer observed in the chest freezer	6/4/25
301	P/f	R	No chemical test strips observed	6/4/25
456	P/f	R	Observed chemical spray bottles not labeled	5/29/25

Bets1 613



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





establishment		telephone		Date of Inspection
Freedom Springs Conces	ssion Stand	317-884-2078		5/30/2025
Establishment address			Summary of Violations	•
850 W Stop 18 Road, Greenwood		0P, 0PF, 0CORF		
Owner			Follow-up	Release Date
City of		No	6/10/2025	
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type 1- Limited menu
Establishment Identification #	County Johnson	District D5	Routine	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
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Sec#	P/PF	R?	Violation Observed:	To be Corrected by:
			No items noted at time of inspection	
			Note: First aid Kit was stored above prep-table and hot dog roller	
			<ul> <li>Needs to be stored in a designated area where food products, single use items, food contact surfaces, and equipment can't be potentially contaminated.</li> </ul>	

A Company Representative

Inspected by: Cassi Hall, EHS

(317) 346-43771 <u>chall@co.johnson.in.us</u>



95 S. DRAKE ROAD FRANKLIN IN 46131

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

410 IAC 7-24, Indiana Retail Food

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 FRICNDS DINCE  Establishment address 989 US 31 WHITLAND, IN  Owner PEREZ  Owner address	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational	Date of Inspection  5/5/25  Follow-up Release  5/15  Summary of Violation	Date 25	
Person in charge  RUBLN PEREZ  Responsible person's email  Certified food handler	5. Temporary	Menu Type (See back of page)		
RUBLIN PRICEZ	VE COLUMNS MARKED	123(	4/1/5	
401 cords de PATR PLUG NOT DUMPS VER 286 CORDS DOOR ABSKET WOR	Narrative  S OF KITCHEN  QUIPMENT, NUS  PLIES SEON)  T INSTALLED ON  PREFRIGERATORS  PLS NOT AVAI  KITCHEN	NOT XT TO V OUTSIDE R DOOR AND IN KITCHE CHBLE AT	To Be Corrected by  5   10   25  5   30	
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