

# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

JOHNSON COUNTY HEALTH DEPARTMENT  
95 S DRAKE RD  
FRANKLIN, IN 46131  
PHONE: 317-346-4365 FAX:317-736-5264



BUT  
5/27

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<br><i>Shake your world</i>                       | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br><i>5/20/25</i>   | ID#<br><i>2804</i> |
| Establishment address<br><i>540 state Rd 135 Greenwood IN 46142</i> | Purpose:<br><u>1. Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list)<br>_____ | Follow-up<br><i>—</i>  | Release Date       |
| Owner<br><i>Ema Boykova</i>   |   | Summary of Violations:<br><br><i>C</i> <u>0</u> <i>NC</i> <u>0</u> <i>R</i> <u>0</u>   |                    |
| Owner address<br><i>342 Green Hills ct</i>                          |   | Menu Type (See back of page)<br><br><i>1</i> <u>  </u> <i>2</i> <u>  </u> <i>3</i> <u>  </u> <i>4</i> <u>  </u> <i>5</i> <u>  </u> |                    |
| Person in charge  |   |  |                    |
| Responsible person's email  |   |  |                    |
| Certified food handler<br><i>Ema Boykova Exp 2029</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"

| Section # | C/NC | R | Narrative   | To Be Corrected by |
|-----------|------|---|---|--------------------|
|           |      |   | <p>there are no violation during inspection.</p> <p>NOTE:</p> <ul style="list-style-type: none"> <li>(i) please clean main drain - main drains are cleaned by L.A fitness</li> <li>(ii) please clean ceiling vent</li> <li>(iii) please make sure hand/paper towels are placed at the hand sink stations.</li> <li>(iv) Inspector will send options for cleaning supplies to owner.</li> </ul> <p>Thank you!!</p> |                    |

|   |     |  |
|---|-----|--|
| Received by (name and title printed):<br>EUA Boykova  |     | Inspected by (name and title printed):<br>Paul Beltrik ETS   |
| Received by (signature):<br> |     | Inspected by (signature):<br> |
| 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

Bekm  
5/6

7-26 AM

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<br><b>Smoktown Brewery</b>                       | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>5-2-25</b>                  | ID#<br><b>2499</b>             |
| Establishment address<br><b>223 W. Main St. Greenwood, IN 46142</b> | Purpose:<br>1. <u>Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>Yes</b>                              | Release Date<br><b>5-12-25</b> |
| Owner<br><b>Mark Sublette</b>                                       |  | Summary of Violations:<br><br><b>P 3 pf 3 Core 8</b> |                                |
| Owner address   |  | Menu Type (See back of page)<br><br><b>1 2 3 4 5</b> |                                |
| Person in charge  |  |  |                                |
| Responsible person's email  |  |  |                                |
| Certified food handler<br><b>Garin Fugua</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/N/C | R | Narrative   | To Be Corrected by |
|-----------|-------|---|---|--------------------|
| 450       | Core  |   | Numerous live ants were on shelf storing syrups for beverage system.  | 5-2-25<br>↓        |
| 348       | P     |   | No air gaps provided on drain lines for ice bins at various locations   | 5-22-25<br>↓       |
| 437       | Core  |   | Women's downstairs restroom mechanical ventilation appears not operable                                       | 5-22-25<br>↓       |
| 443       | Core  |   | Downstairs bar under sinks (on floor) is soiled   | 5-5-25<br>↓        |
| 317       | P     |   | Downstairs sanitizer dish machine contained less than 50 ppm  | 5-2-25<br>↓        |
| 363       | pf    |   | Various pipes and supply lines extend on the floor in various areas   | 5-22-25<br>↓       |
| 442       | Core  |   | Restroom doors (several) are not self closing or close/shut fully.  | 5-22-25<br>↓       |
| 407       | Core  |   | Kitchen floor and small storage room floor contains floor cuts  | 6-1-25<br>↓        |
| 212       | Core  |   | Beer Cheese product previously cooked (with cream cheese) measured 102°F while covered with a lid and cooling | Corrected<br>↓     |

Received by (name and title printed):

**Garin Fugua**

Inspected by (name and title printed):

**Andrew Miller EHS**

Received by (signature):

Inspected by (signature):

**Andrew Miller**

cc:

cc:

cc:



# NARRATIVE REPORT

Greenwood #2499

| Establishment Name |      |   | Address  | Inspection Date    |
|--------------------|------|---|--|--------------------|
| Smocktown Brewery  |      |   | 223 W. Main St <sup>IN</sup> 46142                   | 5-2-25             |
| Section#           | C/NC | R | REMARKS  | TO BE CORRECTED BY |
|                    |      |   | inside the Kratos two door cooler                    | +                  |
| 442                | Core |   | Beer cooler interior walls lacked                    | 6-1-25             |
|                    |      |   | cove base and the floor contains                     | I                  |
| 214                | Pf   |   | floor cuts and damaged concrete                      | I                  |
|                    |      |   | No date marking provided for                         | 5-2-25             |
|                    |      |   | Sausage and potato salad held                        | I                  |
|                    |      |   | more than 24 hours (1 day)                           | I                  |
| 306                | Pf   |   | Bar rinser unit, located next to                     | 5-2-25             |
|                    |      |   | bar taps, was "heavily" soiled with                  | I                  |
|                    |      |   | what appeared to be black mold.                      | I                  |
| 213                | P    |   | The following internal temperatures                  | 5-2-25             |
|                    |      |   | were measured in the Avantco                         | Moved              |
|                    |      |   | table top unit, mounted on the Kitchen wall.         | TCS Food           |
|                    |      |   | ① Pork 55°F  | to other           |
|                    |      |   | ② Sausage 50°F                                       | cooler             |
| 421                | Core |   | North overhead door open at time of                  | 6-2-25             |
|                    |      |   | inspection without adequate screening or air curtain | I                  |
| ①                  | Note |   | Bar sanitizer test Kits expired for CL and Quat      | 5-2-25             |
|                    |      |   | (2023 and 2025)                                      |                    |
| ②                  |      |   | Upstairs restroom, in private room,                  |                    |
|                    |      |   | has a shower   |                    |

Received By (Name & Title)

Inspected By (Name & Title)

Page 2 of 2



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131

(Am) Office 317-346-4365 Fax 317-736-5264

7-26

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<br><b>Smokey Bones Bar + Fire Grill</b>     | Telephone Number<br><b># 7557</b> | Date of Inspection<br><b>5-1-25</b>                                      | ID#<br><b>1338</b>             |
| Establishment address<br><b>7800 S 31N Greenwood, IN 46142</b> | ( ) Owner                         | Follow-up<br><b>Yes</b>  | Release Date<br><b>5-11-25</b> |
| Owner<br><b>BBQ Integrated, Inc</b>                            | Purpose:<br><b>1. Routine</b>     | Summary of Violations:<br><b>Priority pf Core</b><br><b>e 1 NC 0 R 4</b> |                                |
| Owner address  | 2. Follow-up                      | Menu Type (See back of page)   |                                |
| Person in charge   | 3. Complaint                      | 1 2 3 4 <input checked="" type="checkbox"/> 5                            |                                |
| Responsible person's email                                     | 4. Pre-Operational                |  |                                |
| Certified food handler   | 5. Temporary                      |  |                                |
|  | 6. HACCP                          |  |                                |
|  | 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"

| Section # | C/NC | R | Narrative  | To Be Corrected by               |
|-----------|------|---|--|----------------------------------|
| 213       | P    |   | Pork Pops on a stick and portioned bags of BBQ chicken contained an internal temperature of 50°F while in the Pantry cooler    | Corrected moved food to WIC<br>↓ |
| 286       | Core |   | Pantry cooler was not maintaining proper cold holding temperature. Ambient air was approximately 50°F in this unit (at bottom) | 5-1-25<br>↓                      |
| 407       | Core |   | Floor tiles in disrepair in areas  | 8-20-25<br>↓                     |
| 363       | Core |   | Water Heater was severely rusty at the bottom  | 8-20-25<br>↓                     |
| 363       | Core |   | North exterior of the property contained a missing what appeared to be grease clean-out cap                                    | 5-8-25<br>↓                      |

|   |   |
|---|---|
| Received by (name and title printed):<br><b>Michael Pavey</b> | Inspected by (name and title printed):<br><b>Andrew Miller, EHS</b> |
| Received by (signature):<br><i>[Signature]</i>                | Inspected by (signature):<br><i>[Signature]</i>                     |
| cc:   | cc:   |

Bklyn  
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<br><b>Strange Brew</b>  |  | telephone<br><b>317-847-9428</b>     |  | Date of Inspection<br><b>5/27/2025</b> |                                 |
| Establishment address<br><b>4800 West Smith Valley Road, Greenwood IN 46142</b> |  |                                      | Summary of Violations<br><b>0P 0PF 4CORE</b> |  |                                 |
| Owner<br><b>Daniel &amp; Toni Carr</b>  |  |                                      | Follow-up<br><b>No</b>                       |  | Release Date<br><b>6/7/2025</b> |
| Person - in - Charge<br><b>toni@strangebrewcoffee.com</b>                       |  | Certified Food Handler<br><b>N/A</b> |  | Menu Type<br><b>2-Limited menu</b>     |                                 |
| Establishment Identification #<br><b>1165</b>                                   |  | County<br><b>Johnson</b>             | District<br><b>D5</b>                        | Purpose:<br><b>Routine</b>             |                                 |

- **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: |
|------|------|----|--|---------------------|
| 407  | CORE |    | Carpet is used for the flooring in the storage room  |                     |
| 443  | CORE |    | Floor under equipment is soiled<br>- Interior of cooler and freezer units are slightly soiled  |                     |
| 286  | CORE |    | Observed cotton cloths stored in the bottom of the standup cooler/freezer unit in a puddle of water located in the side storage room   |                     |
| 442  | CORE |    | Kitchen floor is peeling   |                     |
|      |      |    |  |                     |
|      |      |    | Notes:<br>1. Containers of different steamed milks observed left on the counter without time stamp/mark or timer<br>2. Many freezer/cooler units are not NSF approved<br>3. Observed wet wiping cloths not stored in sanitizer buckets |                     |

*[Signature: Jamie Britt]*  
Establishment Representative

*[Signature: Cassi Hall]*  
Inspected by: Cassi Hall, EHS  
(317) 346-4371 [chall@co.johnson.in.us](mailto:chall@co.johnson.in.us)





Bekm  
5/14

**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**

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<br><b>Subway #21377</b>                         |                        | Telephone<br>317-883-0901                     | Date of Inspection<br>5/13/2025 |
| Establishment address<br>337 Western Blvd Greenwood IN 46142  |                        | Summary of Violations<br><b>1 P 0 P/f 2 C</b> |                                 |
| Owner<br>Rohit Patel  |                        | Follow-up<br>No                               | Release Date<br>5/22/2025       |
| Person - in - Charge<br>Priyanka                              | Certified Food Handler |   | Purpose:<br>Routine             |
| Establishment Identification #<br><del>2352</del> <b>2737</b> | County<br>Johnson      | District                                      | Menu Type<br>2-Limited menu     |

- 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"

| Sec# | C/P/F/PF | R? | Violation Observed:  | To be Corrected by: |
|------|----------|----|--|---------------------|
| 306  | C        |    | Observed the handles on the cabinets below the soda machine in the dining area as soiled.                | 5/14/25             |
| 268  | C        |    | The catch trough below the soda machine in the dining room is soiled due to a clog in the drain.         | 5/19/25             |
| 363  | P        |    | The hand sink next to the 3-Bay sink is not functioning properly.  | 5/22/25             |
|      |          |    |  |                     |
|      |          |    | NOTE: The following unused equipment must be repaired to working condition or removed from the facility: |                     |
|      |          |    | Baking Oven  |                     |
|      |          |    | The drive through soda/ice machine   |                     |
|      |          |    | The reach in cooler that is in the dining room   |                     |
|      |          |    |  |                     |
|      |          |    | Observed the following temperatures:   |                     |
|      |          |    | Sliced chicken: 33.1F  |                     |
|      |          |    | Shredded Cheese: 39F   |                     |
|      |          |    | Banana Peppers: 38F  |                     |
|      |          |    | Walk-in Cooler: 26F  |                     |
|      |          |    | Walk-in Freezer: 2F  |                     |

Establishment Representative

Inspected by: Kevin Paulin  
(317) 346-4376 [kpaulin@co.johnson.in.us](mailto:kpaulin@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

Benny  
5/12

7-26 AM

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<br><b>Sunny's Chicken</b>                   | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>5/9/25</b> | ID#<br><b>2728</b>             |
| Establishment address<br><b>1030 US 31 Greenwood, IN 46143</b> | Purpose:<br>1. <u>Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>Yes</b>             | Release Date<br><b>5/19/25</b> |
| Owner<br><b>Zing Thawng</b>                                    | Summary of Violations:<br><b>P 2 PF 1 Core 1</b><br><b>2/25/28</b>   |                                     |                                |
| Owner address  | Menu Type (See back of page)<br><b>1 2 3 4 5</b>   |                                     |                                |
| Person in charge<br><b>Zing Thawng</b>                         |  |                                     |                                |
| Responsible person's email<br><b>(SeriSafe)</b>                |  |                                     |                                |
| Certified food handler<br><b>Zing Cung Thawng</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                    |
|-----------|------|---|---|---------------------------------------|
| 407       | Core |   | Ceiling tiles above three bay sink and employee restroom not smooth                                     | 7/4/25                                |
| 363       | Core |   | Three bay sink used for vegetables lacks air gaps on the drain piping                                   | 6/9/25                                |
| 363       | Core |   | Raised utility sink faucet leaks  | 5/20/25                               |
| 216       | PF   |   | Chicken batter kept at room temperature lacks a written control plan approved by the health department  | 5/20/25<br>Need plan approved by JCHD |
| 443       | Core |   | Walls soiled in kitchen area  | 5/10/25                               |
| 236       | Core |   | Central one door cooler door seal torn/split  | 6/10/25                               |
| 286       | Core |   | Oster toaster oven labeled ① "Household Use Only" was stored on a table in the kitchen and not NSF/ANSI | 7/4/25<br>Only NSF                    |
| 272       | Core |   | ② Salamy chest freezer not NSF/ANSI   |                                       |
| 260       | Core |   | and lack an ambient air thermometer   | 5/9/25                                |

Received by (name and title printed):

**Zing Thawng**

Received by (signature):

Inspected by (name and title printed):

**Andrew Miller, EHS**

Inspected by (signature):

**Andrew Miller**

cc:

cc:

cc:



# 2728

**Received By (Name & Title)**

Inspected By, (Name & Title)

Page 2 of 2





Bulkm  
5/19

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

|  |                   |                        |                              |                                |
|--|-------------------|------------------------|------------------------------|--------------------------------|
| establishment<br>Thorton's #400                  |                   | telephone              |                              | Date of Inspection<br>5/7/2025 |
| Establishment address<br>1600 us 31 Greenwood In |                   |                        | Summary of Violations        |                                |
| Owner  |                   |                        | Follow-up<br>Choose an item. | Release Date<br>5/19/2025      |
| Person - in - Charge                             |                   | Certified Food Handler |                              | Purpose:<br>Routine            |
| Establishment Identification #<br>913            | County<br>Johnson | District<br>D5         | Menu Type<br>1- 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/Core | R? | Violation Observed:                    | To be Corrected by: |
|------|-----------|----|--|---------------------|
| 330  | core      |    | Lid holders for drink cups are soiled. | 5/7/25              |
|      |           |    |  |                     |
|      |           |    |  |                     |
|      |           |    |  |                     |
|      |           |    |  |                     |
|      |           |    |  |                     |
|      |           |    |  |                     |
|      |           |    |  |                     |
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|      |           |    |  |                     |
|      |           |    |  |                     |
|      |           |    |  |                     |
|      |           |    |  |                     |

Received by (name and title printed):  
 x Marsha Ayers G. Manager  
 Received by (signature):  
 x Marsha Ayers

Inspected by: Terry Bayless, EHS  
 tbayless@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**

*Belky*  
*5/27*

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<br><b>Town Mart 1</b>                              |  | Telephone Number<br><b>317-993-4016</b>                                     |  | Date of Inspection<br><b>5/22/2025</b> |                                 |
| Establishment address<br><b>983 E 775 S Ste B Nineveh, IN 46164</b>   |  |   | Summary of Violations:<br><b>1C, 1Pf</b> |  |                                 |
| Owner<br><b>Paramjeet Guraya</b><br>Email- <b>pguraya13@gmail.com</b> |  |   | Follow-up<br><b>No</b>                   |  | Release Date<br><b>6/2/2025</b> |
| Person in charge<br><b>Mani Kaur- employee</b>                        |  | Certified food handler<br><b>Karen Kaur ServSafe exp</b><br><b>11/26/28</b> |  | Purpose<br><b>Routine</b>              |                                 |
| Establishment Identification #<br><b>2828</b>                         |  | County<br><b>Johnson</b>  |  | District<br><b>D5</b>                  |                                 |
| Menu Type<br><b>3-Extensive handling</b>                              |  |   |  |  |                                 |

- 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: |
|------|--------|---|--|---------------------|
| 455  | Pf     |   | Toxic spray bottles not labeled  | Corrected on site   |
| 306  | C      |   | <ul style="list-style-type: none"><li>- Hood vent dusty above pizza oven</li><li>- Soda and frozen coffee drink nozzles soiled</li></ul> | 5/31/25             |
|      |        |   | Note- in-use utensils handling time temperature control food shall be washed, rinsed, and sanitized at least every 4 hours               |                     |

Received by

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

Back  
5/14



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<br><b>Tried &amp; True Alehouse</b>   |  | telephone                                      |                        | Date of Inspection<br><b>5/8/2025</b> |                                  |
| Establishment address<br><b>2800 S SR 135, Ste 100, Greenwood, IN 46143</b>                               |  |  | Summary of Violations  |                                       |                                  |
| Owner   |  |  | Follow-up<br><b>No</b> |                                       | Release Date<br><b>5/19/2025</b> |
| Person - in - Charge  |  | Certified Food Handler<br><b>Isaac Delgado</b> |                        | Purpose:<br><b>Routine</b>            |                                  |
| Establishment Identification #<br><b>2016</b>   |  | Certificate #<br><b>5626</b>                   |                        | Expiration Date<br><b>1/10/2029</b>   |                                  |
| Menu Type<br><b>4-Extensive handling</b>  |  |  |                        |                                       |                                  |
| Email<br><a href="mailto:Megan.camden@triedandtruealehouse.com">Megan.camden@triedandtruealehouse.com</a> |  |  |                        |                                       |                                  |

- Priority items are identified with a "P"
- Priority Foundation items are identified with a "Pf"
- Core items are identified with a "C"

| Sec#   | P/Pf/C | R | Violation Observed:  | To be Corrected by: |
|--|--------|---|--|---------------------|
| 175  | P      |   | Raw ground beef stored above raw pork tenderloins in the walk-in-cooler  | 5/8/2025            |
| 183  | C      |   | Knife stored between stainless steel table and flip-top cooler   | 5/8/25              |
| 148  | C      |   | Observed 2 bottles of water stored on prep table.  | 5/8/25              |
| 185  | C      |   | Wet cloth out of solution, nor in use on prep table. Soiled cloth stored on fire extinguisher  | 5/8/25              |
| 421  | Pf     |   | Light observed beneath back door.  | 6/8/25              |
| 443  | C      |   | Floor under ice makers is soiled. Soda Chase is full of stagnant water beneath soda machine. Interior surfaces of ice maker are slightly soiled. | 5/18/25             |
| 392  | C      |   | Dumpster lid open & contains trash   | 5/8/25              |
| 457  |        |   | Note: Dawn dish detergent stored on top of ice maker in back area.   |                     |
| Food temps taken were within range. Date marking was good. Dish machines sanitizing at time of inspection. Cooling was good today. |        |   |  |                     |

*[Signature]*

*Elizabeth Senisse*  
*Derek Tractwell*  
State





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Pratt  
5/27

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.6 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<br><i>Valle Vista Coff Conference</i>            | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br><i>5/22/25</i>  | ID#<br><i>2840</i>            |
| Establishment address<br><i>755 E. main st. Greenwood, IN 46143</i> | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><i>Yes</i>   | Release Date<br><i>6/1/25</i> |
| Owner   |   | Summary of Violations:<br><i>p 2 pf 2 Core 2</i>                              |                               |
| Owner address   |   | Menu Type (See back of page)<br>1 2 3 4 <input checked="" type="checkbox"/> 5 |                               |
| Person in charge  |   |   |                               |
| Responsible person's email  |   |   |                               |
| Certified food handler<br><i>Mike Robinson 1/28/30</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"

| Section # | C/NC | R | Narrative  | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 175       | P    |   | Raw shelled eggs were stored over ready-to-eat flour tortillas inside walk-in cooler.                    | Corrected<br>+     |
| 214       | Pf   |   | Pork roast date marked 5-15 inside walk-in cooler.   | Corrected          |
| 226       | P    |   | upstairs ice-maker interior drop plate is severely cracked/certain missing pieces.                       | 5/28/25<br>+       |
| 286       | Core |   | TWO deep fryer baskets one damaged   | 6/1/25             |
| 306       | Pf   |   | Kitchen ice-maker drop plate is soiled. & the  | 5/22/25            |
| 286       | Core |   | outside lid contains tape on the outside   | 6/10/25            |
|           |      |   | ① Notes: Kitchen three bay sink used as vegetable sink lacks an air gap on the drain line                | 6-15-25<br>+       |
|           |      |   | ② Dumpster (exterior) is too close to the dock thus preventing the over <sup>top</sup> lids from closing | 6-15-25<br>+       |
|           |      |   | ③ Upstairs ice maker contains a large piece of plywood under the unit.                                   | 6-15-25            |
|           |      |   | ④ New bar area not approved to have food, ice, open products!  |                    |

Received by (name and title printed):

*MIKE ROBINSON*

Inspected by (name and title printed):

*Paul Betik/Andrew Miller*

Received by (signature):

*Mike Robinson*

Inspected by (signature):

*Paul Betik/Andrew Miller*

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

Bekm  
5/12

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<br><b>Waffle House #67</b>                 | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br><b>5/6/25</b>                    | ID#<br><b>1677</b>             |
| Establishment address<br><b>110 VMBARGER LN. FRANKLIN, IN</b> | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>—</b>                                  | Release Date<br><b>5/16/25</b> |
| Owner   |   | Summary of Violations:<br><b>(1) P (0) PF (5) CORE</b> |                                |
| Owner address   |   | Menu Type (See back of page)<br><b>1 2 3 4 5</b>       |                                |
| Person in charge<br><b>ARRIANA BENJAMIN</b>                   |   |  |                                |
| Responsible person's email                                    |   |  |                                |
| Certified food handler<br><b>ARRIANA BENJAMIN</b>             | <b>(SERVSAFE EXP. 10/25/29)</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 **REPEATED**

| Section # | CR     | R | Narrative  | To Be Corrected by      |
|-----------|--------|---|--|-------------------------|
| 401       | (CORE) |   | DRAIN PLUG NOT INSTALLED on dumpster<br>SEED PANEL NOT CLOSED on dumpster  | 5/15/25                 |
| 286       | (CORE) |   | (1) 2 DOOR REFRIGERATOR IN FRONT AREA<br>GASKET WORN/SPLIT   | 6/1                     |
| 306       | (CORE) |   | INSIDE BASE OF REFRIGERATORS IN FRONT<br>AREA NOT CLEAN  | 5/11                    |
| 354       | (P)    |   | HOSE WITH SPRAY NOZZLE CONNECTED<br>TO MOP SINK FAUCET NOT PROVIDED WITH<br>ADEQUATE ANTI-SIPHON DEVICE                        | 6/1                     |
| 443       | (CORE) |   | FLOOR IN AREAS OF WASTE-IN COOLER<br>NOT CLEAN, NEXT TO WHEEL IN AREAS   | 5/11                    |
| 260       | (CORE) |   | THERMOMETER NOT SEEN IN (1) REFRIGERATOR IN FRONT<br><del>REPEATED</del>   | <b>CORRECTED 5/6/25</b> |
|           |        |   | MECHANICAL DISINTEGRATING HOT WATER<br>SANITIZATION TEMPERATURE ADEQUATE 160°F<br>OR MORE ON PLATE/UTENSIL SURFACE (WAS 164°F) | <b>(OK)</b>             |

Received by (name and title printed):

**Arriana Benjamin Unit Manager**

Inspected by (name and title printed):

**Bob Smith EHS**

Received by (signature):

**Arriana Benjamin**

Inspected by (signature):

**Bob Smith**

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

Bekm  
5/19

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<br><b>WILLARD</b>                                  | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>5/14/25</b>                | ID#<br><b>1868</b>             |
| Establishment address<br><b>99 N MAIN ST. FRANKLIN, IN</b>            | Purpose:<br>1. <u>Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>5/24/25</b>                         | Release Date<br><b>5/24/25</b> |
| Owner<br><b>PRIOIA</b>  |  | Summary of Violations:<br><b>(O)P (O)PF 12 CORO</b> |                                |
| Owner address   |  | Menu Type (See back of page)<br>1 2 3 <u>4</u> 5    |                                |
| Person in charge<br><b>TERRY FLYNN</b>                                |  |   |                                |
| Responsible person's email  |  |   |                                |
| Certified food handler<br><b>DUSTIN LIDDLE (SERVSAFE EXP 3/16/28)</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 REP

| Section # | Code | IP | Narrative  | To Be Corrected by |
|-----------|------|----|--|--------------------|
| 407       | CORE | *  | WALLS WORN IN AREAS OF KITCHEN, MENS RESTROOM, FLOOR WORN IN AREAS       | 8/14/25            |
| 328       | CORE | *  | BASEMENT - SINGLE SERVING ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES | 5/25               |
| (NOTE)    |      | *  | MECHANICAL EXHAUST NOT FUNCTIONING IN RESTROOMS                          | (6/1)              |
| 286       | CORE | *  | PIZZA PREPARATION REFRIGERATOR DOOR GASKETS WORN                         | 6/1                |
| 436       | CORE | *  | LIGHT OUT ON EXHAUST HOOD  | 6/1                |
| 285       | CORE | *  | CHEST FREEZER (Tex-Mex Room) KITCHEN UPRIGHT FREEZER NOT EASILY MOVABLE  | 8/1                |
| 421       | CORE | *  | NORTH EAST SIDE DOOR NOT SELF CLOSING (HOLES IN SIDE OF DOOR)            | 7/1                |
| 286       | CORE | *  | EAST SIDE ROOM INSIDE TOP OF FREEZERS WORN                               | 8/1                |
| 286       | CORE | *  | WALK-IN COOLER - SHELVING WORN, NOT CLEAN, FAN GUARDS NOT CLEAN          | 8/15               |

|   |  |
|---|--|
| Received by (name and title printed):<br><b>TERRY FLYNN</b> | Inspected by (name and title printed):<br><b>BOB SMITH GHS</b> |
| Received by (signature):<br><i>Terry Flynn</i>              | Inspected by (signature):<br><i>Bob Smith</i>                  |
| cc:   | cc:  |

## NARRATIVE REPORT

[illegible]





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Butt  
5/16

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<br><b>Wing STOP</b>                          | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>5/5/25</b>                    | ID#<br><b>2630</b>             |
| Establishment address<br><b>1172 N MAIN ST. FRANKLIN, IN</b>    | Purpose:<br><b>1. Routine</b><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>5/15/25</b>                            | Release Date<br><b>5/15/25</b> |
| Owner   |  | Summary of Violations:<br><b>(2) P (1) PF (1) CORE</b> |                                |
| Owner address   |  | Menu Type (See back of page)<br><b>1 2 3 4 5</b>       |                                |
| Person in charge<br><b>SHUBHAM</b>                              |  |  |                                |
| Responsible person's email                                      |  |  |                                |
| Certified food handler<br><b>KIMBERLY FERRARA (EXP 8/27/25)</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 "R"

| Section #              | Code   | R | Narrative   | To Be Corrected by       |
|------------------------|--------|---|---|--------------------------|
| <del>2630</del><br>429 | PF     |   | WOMENS RESTROOM - HAND SOAP NOT AVAILABLE   | corrected<br>5/5/25      |
| 213                    | P      | * | RAW CHICKEN IN PLASTIC TUB ON TABLE NEXT TO DEEP FRYER INTERNAL TEMPERATURE 51°F NOT AT 41°F OR LESS  | Food discarded<br>5/5/25 |
| 347                    | (CORE) | * | HOT WATER NOT AVAILABLE AT HANDSINK IN 3 COMPARTMENT SINK AREA  | 5/15                     |
| 349                    | P      |   | MOP SINK FAUCET - SPLITTER VALVE CONNECTED TO FAUCET - HOSE WITH SPRAY NOZZLE CONNECTED TO SPLITTER VALVE WITHOUT ADEQUATE ANTI-SIPHON DEVICE INSTALLED | 5/15                     |

|   |  |
|---|--|
| Received by (name and title printed):<br><b>SHUBHAM</b> | Inspected by (name and title printed):<br><b>BOB SMITH DHE</b> |
| Received by (signature):<br><i>shubham</i>              | Inspected by (signature):<br><i>Bob Smith</i>                  |
| cc:   | cc:  |