

JOHNSON COUNTY HEALTH DEPARTMENT^L 95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 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.

1	TI I NI I	Data of Improvious XD !!	-
Establishment name Shake your world	Telephone Number () Establishment	Date of Inspection ID#	
		5/20/25 280	54
Establishment address S40 State Rd 135 IN 46142	Purpose:	Follow-up Release Date	
Owner	1. Routine	4	
Ema Boytova Owner address 342 Circen Hoths ct	2. Follow-up	Summary of Violations:	100
Owner address	3. Complaint		
342 Circen Holls Cl	4. Pre-Operational	000)
Person in charge	5. Temporary	C = NC = R	-
Lars betregengebosterry transcriberage of the contract contraction	6. HACCP	exclude delt ox section I depart	2
Responsible person's email	7. Other (list)	Menu Type (See back of page)	
Certified food handler		1 2 1 5	
Ema Boykova Exp 2029		12345	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS			
Section # C/NC R	Narrative	To Be Correc	ted by
VARIANT THE IN SKITES OF THE STATES OF THE S	N 1225 N 1 00 H A 1 N	eses unes in sumbient susmitted	2
	Date de co	222 4:	
there are no viol	lation during in	spection,	
(F) Mease dean main	drain - main	Irains are	
Cleaned by L.A	fitness	Arum Crre	
(ii) Please Near Cei (in	a Vent		
(ii) illease made sure		wels are	
		tions.	
in Inspector will se		Cleaning	
Supplies to owner		The state of the s	
	Aldredon a source on	is a sure and a superposed	P.
	Automorphisms and	Town Live Landerpoort contraction	
Thank you!		6 Garaceae	
U U			
			-
Received by (name and title printed):	Inspected	by (name and title printed):	
· EMA BOYKOVA	Rae	U Beticu 2th	
Received by (signature)	Inspected	by (signature): Betileu	
~ Boyces	jau	balla	
сс:	c¢:		



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

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

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

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.

Establishin	CIII Saintatio	ii kequitements. The time mint for correction	on or each violation to specimen		
Establishme	nt name	. The Country seed will en en en en en le noire	Telephone Number	Date of Inspection	ID#
	Ktow		() Establishment	5-2-25	2499
Establishme		Jain St. Greenwood,	() Owner		
223	W. 11	lain St. IN 46/42	Purpose:	Follow-up Releas	e Date
Owner	^	C 10 11	1. Routine	4 7	-12-25
11	and) Sublette	2. Follow-up	Summary of Violat	ions:
Owner addr	ress	,	3. Complaint		
			4. Pre-Operational	PP	f Core
Person in ch	narge		5. Temporary	P 3 Ne	3 - 8
l croon in cr	80		6. HACCP	20_	
Responsible	person's emai	1	7. Other (list)	Menu Type (See l	back of page)
Responsible	person's emai		1. Other (usi)	Menu Type (See 8	rack of pages
Certified for	od handler -			1 ~ 2 3	
(70)		uqua		1 2 3	45
• CRITICAL	ITEMS ARE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	I(S) REPEATED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC R		Narrative		To Be Corrected by
450	Pore	Numerous live and	ts were on	shelf	5-2-25
150	10000	Storing syrups for	r beverage s	atem.	T
348	P	the state of the s	ovided on draf	/ I I I I I I I I I I I I I I I I I I I	5-22-25
			ous locations	क है का चें माधार से 5 9170	The second
437	Core		restroom mech	nanical	5-22-25
		ventilation appears "		50	+
443	Core	Downstairs bar un		Hoor) is	5-5-25
		soiled			+
317	P	Downs fairs sanifizer	dish machine o	contained	5-2-25
		less than 50 ppm			1
363	Pf	Various pipes and s	upply lines ext	end on	5-22-25
stanta	Lancasque	the floor in various	areas	at magazini	and the state of t
442	Core	Restroom doors (sex	eral) are not	self-	5-22-25
1. 10		closing or close/sho	of fully.		ducasa 4
407	Core	Kitchen floor and	,	ge room	6-1-25
210	0	floor contains floor	,	1) /	7
212	Core	Beer Cheese produ		cooked	Corrected
		(with cream cheese		7204	
Received by	(name and title	while covered with		2ng ed by (name and title printea	1
			A	1	
Received	In Fu	ana		rew My7ler ed by (signature):) EHS
	wyt	7	1	1 /	10
cc:	00 1	Mylic cc:	cc:	Idrew Mel	
cc.			l cc.		

•			NARRATIVE REPORT Greenwood	d #2499
Establish	ment N	lam	A _l _l /	Inspection Date
Sma	·kto	u	in Brewery 223 W. Main St. 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	
21/	ρf		floor cuts and damaged concrete	5-2-25
	Γ.		No date marking provided for Sausage and potato salad held	3-2-25
			more than 24 hours (1 day).	
306	DF		Bar rinser unit, located next to	5-2-25
700	•		bar taps was "heavily" soiled with	7
			what appeared to be black mold.	1
213	P		The following internal temperatures	5-2-25
			were measured in the Avanteo	Moved
			table top unit, mounted on the Kitchen wall.	TCS Food
			1) Pork 55°F	to other
		igspace	3 Sausage 50°F	cooler
1421	Core	-	North overhead door open at time of	6-2-25
		-	inspection without adequate screening or air	custom L
0	Not	e	Bar sanitizer fest Kits expired for CL a	nd Quat
-			(2023 and 2025)	5-2-25
(2)		\vdash	Upstairs restroom, in private room,	
(3)		\vdash	hás a shower	
	-			
-				
		-		
		-		
-	-	┼		
		-	· · · · · · · · · · · · · · · · · · ·	
Received	y (Name	8 7	Inspected By (Name & Title) Harace Marew Meller, EHS	Page of 2
	even	1	Fige Indrew Miller, EHS	1 4900 01 0
State Form	18621 (R2	/ 8-0		



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Page 1 of

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 correcti	on of each violation is specified in	if the harranve portion of this report.
Establishment name	Telephone Number	Date of Inspection ID#
Smokey Bones Bar + Fire Grill	# 7557lishment	5-1-25 1338
Establishment address 1N Greenwoods IN	() Owner	
180055114 46142	Purpose:	Follow-up Release Date
Owner D. D. D. J. J. T.	1. Routine	Ves 5-11-25
BBQ Integrated, Inc	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	10, 1 of C
	4. Pre-Operational	Priority Pt Core
Person in charge	5. Temporary	e 1 NC O R 4
Lin Lineau and a subject of the conference of the lineau and the l	6. HACCP	ru en 1901 e se avilido Shalozo
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		1 2 2 4 1
		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section # C/NC R	Narrative	To Be Corrected by
213 P Pork Pops on	a stick o	ind Corrected
portioned ba	go of BBG 1	moentino food to
Contaulu al	the state of the	this Wic
000000000000000000000000000000000000000	n me lan	oug wit
286 Cores Partry Cooley	HAIN MOT	5-1-25
maintaining	moder molat	holding
tomperature a	mount our	was 9
aporoximately.	50°F in this u	unit (at bottom).
407 Core Floor till 11	n disrepa	UU 8-20-25
in areas	the second second	1
363 Core Water Heater 1	vas severe	ly 8-20-25
21.3 Co District at the	OUTTON)	mport + 1 50 25
363 Core Thorth extensi	1 A Pha I I I	moperty 5-8-25
a coloridato	De modifie c	Doan - DIT
Cho.	n guise c	
	V	
Received by (name and title printed):	Inspected	by (name and title printed):
Received by (signature)	Insperted	l by (signature):
mult 3	W	rarew Miller
сс:	cc:	
	1	





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		Date of Inspection
Strange Brew		317-847-9428		5/27/2025
Establishment address 4800 West Smith Valley	Summary of Violations OP OPF 4CORE			
Owner Daniel &	Toni Carr		Follow-up No	Release Date 6/7/2025
Person - in - Charge toni@strangebrewcoffee.com	Certified Food Handler N/A		Purpose:	Menu Type 2-Limited menu
Establishment Identification # 1165	Johnson	District D5	Routine	

- 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 - 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: 1. Containers of different steamed milks observed left on the counter without time stamp/mark or timer 2. Many freezer/cooler units are not NSF approved 3. Observed wet wiping cloths not stored in sanitizer buckets	

Establishment Representative

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



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		Telephone	317-883-09	01	Date of Inspection
Subway 📕	21377				5/13/2025
Establishment address			*	Summary of Violations	
337 Western Blvd		1 P 0	P/f 2 C		
Owner		Follow-up	Release Date		
Roh		No	5/22/2025		
Person - in - Charge	Certified Food Handler			Purpose:	Menu Type
Priyanka	1			Routine	2-Limited menu
Establishment Identification #	Distri	ct			
2352 2737	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/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:
306	С		Observed the handles on the cabinets below the soda machine in the dining area as soiled.	5/14/25
268	С		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



95 S. DRAKE ROAD FRANKLIN IN 46131

7-26 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. Date of Inspection Telephone Number Establishment name) Establishment 2729 Establishment address) Owner Purpose: Owner 1 Routine Summary of Violations: 2. Follow-up Owner addr 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 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 # LONC R To Be Corrected by Narrative Core 400 ore 363 216 286 SYC Received by (name and title printed): cc:

2728

NARRATIVE REPORT Address 1030 US 31 Establishment Name Inspection Date Chicken TO BE C/NC R Section# **REMARKS CORRECTED BY** restroom was Inspected By (Name & Title) Miller, EU Received By (Name & Title) Page $\frac{\partial}{\partial x}$ of $\frac{\partial}{\partial x}$



Johnson County Health Department 95 S Drake Rd., 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.

ersville IN 46	317-458-0210		5/2/2025 OPF 4Core	
ersville IN 46	106	2P (
ersville IN 46	106		OPF 4Core	
		Follow-up	Release Date	
Taxman Holdings INC.				
ified Food Handler	8	Purpose:	Menu Type	
		D.	4-Extensive handling	
County	District	Routine		
Iohnson	D5			
4. Parameter 20. 7. 7.				
il	fied Food Handler	County District	rs INC. Tes Since Yes Purpose: County District Routine	

- 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"

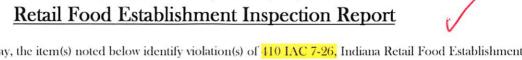
Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
213	P	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Observed shredded cheese @64*F inside flip top cooler across from cook line Manager stated that the flip top cooler stopped functioning around 1:00 p.m. today (5/2/25). The establishment has been trying to use an ice bath method to keep the TCS food out of the temperature danger zone. Manager stated that they will do a time log with the ice bath and if the TCS food doesn't maintain 41*F or less they will discard after 4 hours.	
213			Batter mixed used for raw meat observed @56*F	
299	Р		Bar dish machine sanitizer solution observed at 0ppm - Observed dishes inside machine	Corrected at time of inspection
286	Core		True two door cooler door gaskets are split/worn	
443	Core	1	Floor under/around equipment is soiled Sides of the cooking equipment is soiled	
407	Core		Floor in upstairs storage room is not smooth and easily cleanable Floor in kitchen is peeling	
328	Core		Upstairs storage room shelving units (bottom shelves) are not 6" off the floor Single use items stored upstairs not 6" off floor	

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(317) 316 (1873) dell'est internity

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

Phone: (317) 346-4365, Fax: (317)736-5264



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 Thorton's	#400	telephone		Date of Inspection 5/7/2025
Establishment address 1600 us 31	l Greenwood In		Summary of Violations	
Owner	,		Follow-up Choose an item.	Release Date 5/19/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type 1- Limited menu
Establishment Identification # 913	County Johnson	District D5	Routine	

- 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.	5/725
-	-			 -

Received by (name and true princeu).	Ayers	G. Marager Terry Bay Con
Received by (signature): Jarole	augers	spected by: Terry Bayles , 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



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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 name	or correction of each v	Telephone Number	the harrance portion of t	Date of Inspection
Town Mart 1		317-993-4016		5/22/2025
Establishment address			Summary of Violations:	
983 E 775 S Ste	164	1C, 1Pf		
Owner			Follow-up	Release Date
Paramje	No	6/2/2025		
Email- pguray	ra13@gmail.com			
Person in charge	Certified food handler		Purpose	Menu Type
Mani Kaur- employee	Karen Kaur	ServSafe exp		3-Extensive handling
	26/28	Routine		
Establishment Identification #	County	District		
2828	Johnson	D 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:
455	Pf		Toxic spray bottles not labeled	Corrected on site
306	С		Hood vent dusty above pizza ovenSoda and frozen coffee drink nozzles soiled	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

Michapageorge

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



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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	telephone		
Tried & True	Alehouse			5/8/2025
Establishment address			Summary of Viola	tions
2800 S SR 135,	Ste 100, Greenwood, IN	46143		
Owner			Follow-up	Release Date
				5/19/2025
Person - in - Charge	Certified Food Handler	Certified Food Handler Isaac Delgado		Menu Type
	Isaac			4-Extensive handling
Establishment Identification #	Certificate #	Expiration Date	Routine	
2016	5626	1/10/2029		
Email		· · · · · · · · · · · · · · · · · · ·		
	Megan.camden@t	riedandtruealehou	ise.com	

- 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	С		Knife stored between stainless steel table and flip-top cooler	5/8/25
148	С		Observed 2 bottles of water stored on prep table.	5/8/25
185	С		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	С		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	С		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.



Physik Semone

Thy 12 State

Derek Trackwell:

Megan Camden, Mgr Establishment Representative Inspected by: Elizabeth Senisse, EHS



95 S. DRAKE ROAD FRANKLIN IN 46131

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

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

							In av	
Establishm	0 1/50	-10	Compr 1	00000000	1	Telephone Number) Establishment	Date of Inspection	ID#
Establishm	ent addres	ss	Clory C	orference nurved, IN -6142) Owner	5/22/25	2840
755	£.m	am.	st. Circle	10000 111	Pu	rpose:	Follow-up Releas	
wner			- (0195	1.	Routine	Ves 6	/ / /
			2.	Follow-up	Summary of Viola	ions:		
Owner add			1		3.	Complaint	1	
				4.	Pre-Operational	on the state of the state of the	2 Core	
erson in charge			5.	Temporary	P - PF	Lx2		
1			elasti a	ar ise and Mississis		HACCP	a lago callo o gastilo	. prudossas red
esponsibl	e person's	email			7.	Other (list)	Menu Type (See l	back of page)
Certified fo	ood handle	er					1 2 2	1/5
MIK	e Re	slow	son 1	D /2 8/38	50		125	45
CRITICA	L ITEMS A	RE IDEN	TIFIED IN THE C	HECKLIST AND NAI	RRATIVE COI	UMNS MARKED "C"		
VIOLATIO	N(S) REPEA	TED FROM	M PREVIOUS INSPEC	CTIONS ARE DENOTE	ED IN THE "SUN		IN THE NARRATIVE BELOW	AL SOURCE OF THE RESIDENCE OF THE PARTY OF T
Section #	# C/NC		Chal	1. 1 005.		rative	and to oak	To Be Corrected by
175	T	6	lower to			stored over		Corrected.
		1	100000		1181012	volume in Co		
214	Pf			st date	marke.	d 5-15 mord	e-walk-m	Corrected
	0	1	ooler.	2 - 16	<u></u>	50 100 100	1	Floolog
226		1 1 407		centain m		neces,	2 1.5 Severely	3/28/25
286	Core		WO - dee		refer	one damage	d .	10/1/25
306	Pf	1	itchen le	ee-maker	7)	A 1 - //-		5/22/25
286	Core	6	utside i	hid confar	me ta	pe on the o	utside	6/10/25
-	-7885	m A	Loc: V:	I class Ha	Incinde the	sing V 11CRd	OC.	10-15-25
	4.5	011	otes: Ki	sink lacks	ree bu	Jam ap on	the drain	0 13 23
- Indiana			ine	TITIS TAUS	, (A11	sar gap on	1100 041 0411	
		(2)	Jumpster	(exterior)	is too			6-15-25
		1-		enting th			om closing	1 -15 25
		(3)	Upstairs	ice maker under the	conta	ins a large p	ece of	6-15-25
-	2.0	(A)		our area		approved to h	ave foodice	open product
Received b	oy (name and	d title prie	ted): OBISON		1101	Inspec	cted by (name and title printel	Andrew Mi
	oy (signature Nuhe	2):	lisen	<u> </u>		Inspec	eted by (signature): Betile / M	drew Mille
cc:			cc:			/ cc:	100	



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 corre	Telephone Number	Date of Inspection	ID#
WAFFLE House #67	() Establishment		
Establishment address	() Owner	5/6/25	1677
110 VMBARga- Zav. FRANKLIN, IN	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	Follow-up Releas	16 125
	2. Follow-up	Summary of Violati	ions:
Owner address	3. Complaint	65061	~ (5),-00
A securior when the manufacture and cooked production described	4. Pre-Operational	(1) P (0) P	4 (3) COM
Person in charge	5. Temporary	en so	R
ARRIANA BONJAMIN	6. HACCP	distant conjens, con	31, 35835032
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler ARRIANA GONTHAIN GORVSORE EXP	20/25/20	128	55
WARRIED CONTROL TO THE STATE OF			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	C	N THE NARRATIVE BELOW A	S ""
Section # Color R	Narrative	Standing wearing student	To Be Corrected by
	- INSTALLED ON a	tempsver	5/15/25
SIN PANEL NO	T closed on dun		INS THE ABOUT
286 (Circ) & (1) 2 door Refrige	ORATOR IN Front	AREA	611
GASKET WORN'S	PLIT		-111
306 (COPE) & INSZUE BASE OF	REFRIGERATORS	IN FIONT	5/11
	NOZZZO CONN	ected	611
		HYEN 696	871
	- SIPHOR device	mahanga was a million	d syrangus II - S
443 (case) & FLOOR IN MEAS	OF WATK-DN (PooleR	5/11
		apons	q boxile can
260 GORD A THERMOMETER NOT SOO	EN IN (1) REACH IN	REFTISOS HYDRA	N TROOTES
Mechanica		CORV	SISIO
& mechanical distr	MAZHING HOT WA	TER	
	Prature Adequa		(0K)
or more on PLATA			GF)
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Received by (signature):	Inspecte		0,47
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			Page 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 7-24, Indiana Retail Food
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

			T		
Establishment name Wエムよ	w)		Telephone Number	, - ,	ID#
			() Establishmer	" s/14/as	1868
Establishment address	s 	Emall/The Da	() Owner	•	<u> </u>
	200 51.	Franklin, Tu	Purpose:	Follow-up Release	
Owner			(Routine)	<u> </u>	124100
PCIO	A		2. Follow-up	Summary of Violation	ons:
Owner address			3. Complaint		
			4. Pre-Operational	1 (O) P (O) PF	12 COPE
Person in charge	· · ·		5. Temporary		A983
TERRY	FLYN		6. HACCP		
Responsible person's	<u> </u>	<u> </u>	➡	Menu Type (See be	ach of page
Responsible person's	eman		7. Other (list)	Menu Type (See Of	ick oj pagej
Certified food handle	r	60015450		-	(J)
OUSTIN	2 robbe	(SURUS AFG) EXP 3/16/08)		123(4/15
• CRITICAL ITEMS AF	RE IDENTIFIED IN	THE CHECKLIST AND NARRATIV	E COLUMNS MARKED	1	
• VIOLATION(S) REPEAT	TED FROM PREVIOU	S INSPECTI ONS ARE DENOTED IN TI	HE "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE RELOWA	
Section # CANC			Narrative		To Be Corrected by
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	—— <u> </u>	STORED OFF	= FLOOR	MINIMUM OF	
		CHOS OF		107 5100	2115
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000 GA	Work		\$112 1-31 11		
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NARRATIVE REPORT

Establish	ment N	ame	Address	Inspection Date
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<u>01.10</u>	COLA	1	THERMOMETER NOT ACCURATE	<u> </u>
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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 7-27, 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	ID#	
WING STOP	() Establishment	5/5/25	2630	
Establishment address	() Owner	213/20		
1172 N MART ST. FRANKLIN, IN	Purpose:	Follow-up Release		
Owner	1. Routine	5/15/25		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. Follow-up	Summary of Violati	ons:	
Owner address	3. Complaint	6 6 00	c Clara	
nimal asset one with a duce this opticity prepared and	4. Pre-Operational	WP (DPF (I)core		
Person in charge	5. Temporary	e mo	R	
SAUB PERM	6. HACCP	a drawer solunit or L	or escar original	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)	
Certified food handler - KIMBERLY FEMARA (EXP 8/27)	125)	123	<u></u>	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	galleria maria de la companya de la	
	Narrative	p NOT	To Be Corrected by	
	n - HAND SOR	COTTECTED 5/5/25		
429 PF AVAITABO			3 13 100	
213 P ~ RAW CHICKEN IN PL	ASPEC TUR ON T	ABL MEXT	Food	
TO deep FRYER I	IN YERNAZ TEI	MEDIATURO	discapace	
STOF NOT AT 2	11°F OR 1655	V	5/5/25	
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			Page 1 of	