

95 S. DRAKE ROAD FRANKLIN IN 46131

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

76

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 East-side Elementary Establishment address GIO E Main Cress St. Owner Owner Owner address Person in charge Responsible person's email	4. Pre-Operational 5. Temporary	Follow-up Release Date Follow-up Release Date For Summary of Violations: C Menu Type (See back of page)		
Certified food handler Paule Webe Serv Safe 7-17 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND		12345		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DEN	OTED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "R" To Be Corrected by		
ually broad from Food processed Inchange said	with the control of t	saving to come A select anothered		
Received by (name and title printed):	State of the state of poor of	eted by (name and title printed):		
Received by (signature): cc: cc:	Inspec Cc:	aleb Heew ted by (signature): Leguer		



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.

Establishmen			Hish Middle School	Telephone Number () Establishment	5-22-25	397
Establishmen	nt addres	S	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	() Owner	2-66 30	211
202	5. k	ee	High /Middle School ley 51. 46124	Purpose:	Follow-up Releas	se Date
Owner	-			1. Routine	NO 6-0	2-25
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint	100	
			r Larkersh abbasin negg a so bake s	4. Pre-Operational		D Comment
THE RESERVE AND ADDRESS OF THE PARTY OF THE		-	na a seat iv. And transferration cooled: Invisas pastingd to stagle man sarvice. Pr	5. Temporary	C	A
	0 111			6. HACCP	ofeeine solding cooling on	D21 32 1500037
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
					to the second second second second	,, ,,
Certified foo	od handle	r	Hollenbeck exp. 1-9-28	3	12_×_3	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	
Section #	C/NC	R	gad o fin total o occupant	Narrative	Durager was to group	To Be Corrected by
	-		NOTE: Transen He	of food unit b	ell serviced	
			,			
The second		Becker (TO)		WAS ARREST OF THE PROPERTY OF THE PARTY.	The second second second second second	
		-				
1.0						
of the same		lko	the contains examine the time of polici	asialon autorig gorsanar	diligof as ingredance	Harensiye had
- 465	abuloti :	9823	are posterior bank food a load-par	require not sold cold heading	ds A rance of process	inzardow in
	vlog	dici	ade those facility was negative population	er Campory world also meh	of the tall transfel notified in	advanced prej
						specebillic
- 10-0		-				
	-	-				1 7999
	-	-				
		-				
W. A.	REC.	7113	to book or guide and the control of the control	ond on odessing as the retain	ding or any magerisene.	or it as to the control of the contr
Received by	(name and	d title	printed): Plenbeck cafe m	ianager Ins	spected by (name and title printer	d):
Received by	(signature):		Ins	spected by (signature); Color Floor	un
cc:			cc:	CC	C:	
		-				Page 1 of



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

Beton 5/12

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 parrative portion of this report.

Establishment name	Telephone Number		Date of Inspection		
Indian Creek Elementary and In	317-878-2160 x 6	17-878-2160 x 6003			
Establishment address	Summary of Violations	:			
1000 S Indian Cre	eek Dr Trafalgar, IN	46181	0 Core, 0 Priority, 0 Priority		
			fo	undation	
Owner			Follow-up	Release Date	
Nineveh Hensle	No	5/19/2025			
Email- cmurt	low1@nhj.k12.in.us				
Person in charge	Certified food handler		Purpose	Menu Type	
Chandra Murtlow Chandra Murtlow, ServSa				2-Limited menu	
5/16/27			Routine		
Establishment Identification #	County	District			
678	Johnson	D5			

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

Sec#	C/NC	R	Narrative	To Be Corrected by:
			No violations observed	
			Note- Walk- in cooler fans slightly dusty	
			- New Indiana Food Code in use, IAC 7-26	

Ihandia Coco

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

Received by





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		
Indian Creek Middle and High	317-878-2133 x	3003	5/9/2025		
Establishment address			Summary of Violations		
803 W Indian Creek Rd	l Trafalgar, IN 4	6181	0 Core, 0 Priority, 0 Priority		
		fo	undation		
Owner			Follow-up	Release Date	
Nineveh Hensley Jackson	ration	No	5/19/2025		
Email- ldavis@r	hj.k12.in.us				
Person in charge C	ertified food handler		Purpose	Menu Type	
Lisa Davis	Lisa	Davis		2-Limited menu	
Establishment Identification #	County	District	Routine		
426	Johnson	D5			

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

Sec#	C/NC	R	Narrative	To Be Corrected by:
			No violations observed	
			Note- walk- in freezer condenser units leaking	Lisa is aware and in the process of repairs

Frisa Staviso

Morphys

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 224, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction	on of each violation is specified	in the narrative portion	of this report.
Establishment name Pay Crowe Elementary Establishment name Greenwood, IN 1300 Ray Crowe Way 46143 Owner CPCSC Owner address Person in charge Tina Me Kkes Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection $\frac{5/9/25}{5/9/25}$ Follow-up Releas $\frac{5}{5}$ Summary of Violat	ID# 2496 re/Date, 19/25 rions: Core 0 ** 0
Certified food handler Tina Melkes		12/3	45
Mr. Wiolations imspection	rs. Frep and process includes	adhr so haw regedien	Lesson and
Received by (name and title printed): Iwa Markes Tra Melko Received by (signature): cc: cc:	Inspecte	ed by (name and title printed dvew Mi ller ed by (signature): Mdrew M	EU8

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	ient Sani	tation	Requirements. The time limit for correction	on of each violation is specified		of this report.
Establishme Establishme	utel nt addres	S	rd Community High School North	Telephone Number () Establishment () Owner	Date of Inspection 5/22/25	1419
Owner	Trace	ys	t. Whiteland, IN	Purpose: (. Routine	Follow-up Releas	o / 1/25
Owner addre	ing beng	G.372	control or prepared or order. Relative or and and are seen to the court with a second order or the court of t	 Follow-up Complaint Pre-Operational Temporary 	Summary of Violate P P F X O XC	
Responsible	person's	<u>email</u>	Jones	6. HACCP 7. Other (list)	Menu Type (See l	back of page)
Certified foo	od handle		1 Jones		12_/3	45
• VIOLATION	(S) REPEA		ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW	AND REAL PROPERTY AND REAL PRO
Section #	CINC	R		Narrative	CHIPTERS WAY IN GLADING	To Be Corrected by
	y includes	diam meso	t the cooks good and rebessinger paseing of paseing of potentially based dood. Food passione those facilists whose sarrice population	sses require hormad cold histolic		adranced pa
		-traß	gge designed symmetric years are a great profit	IN A SULPERSON PROPERTY OF SULPERSON	Salaha I	a summer of
	ver	7	orinted): Jones	And	d by (name and title printed	r. EHC
Received by	(signature,): Q	n Jenes	(In	ed by (signature):	gen ?
cc:			l cc:	cc:		