





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

BKCM  
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 <b>ORIGINAL CHICAGO PIZZA &amp; CURRY</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/18/23</b>	ID# <b>2495</b>
Establishment address <b>153 HOLIDAY PLACE FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>(YES)</b>	Release Date <b>5/28/23</b>
Owner <b>NICK SINGH</b>		Summary of Violations:  <b>C 4 NC 8 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>NAI NA PARGAPAT</b>			
Responsible person's email			
Certified food handler <b>GARY SINGH</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		Narrative	To Be Corrected by
199	NC		FROZEN PACKAGE OF MEAT THAWING ON TABLE AT ROOM TEMPERATURE	(corrected) 5/18/23
187	C		PRECOOKED CHICKEN IN PACKAGE FOR PIZZA STORED ON TABLE AT ROOM TEMPERATURE NOT AT 41°F OR LESS	(corrected) 5/18/23
187	C		COOKED LAMB IN POT AT ROOM TEMPERATURE 120°F NOT HELD UNDER TEMPERATURE CONTROL OF 135°F OR MORE	(corrected) 5/18/23
257	C		2 SPRAY BOTTLES OF CLEANER NOT LABELED	(corrected) 5/18/23
257	NC		DIGITAL THERMOMETER TO CHECK INTERNAL FOOD TEMPERATURES NOT ACCURATE 0-220°F MOLTZ STEM THERMOMETER NOT PROVIDED	5/20
138	NC		HAIR RESTRAINTS NOT WORN BY EMPLOYEES IN KITCHEN	5/20
414	NC		BACK DOOR FLY SCREEN WORN, DOES NOT CLOSE TIGHTLY	5/26

Received by (name and title printed): <b>Nai Na</b>	Inspected by (name and title printed): <b>Bob Smith</b>
Received by (signature): <b>Nai Na</b>	Inspected by (signature): <b>Bob Smith</b>
cc:	cc:

## NARRATIVE REPORT

[illegible]





JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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BKM  
5/15

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 <b>PARK HURST DINING (FRANKLIN COLLEGE)</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/18/23</b>	ID# <b>2273</b>
Establishment address <b>101 BRANDEN BLVD FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>5/18/23</b>
Owner <b>PARK HURST DINING</b>		Summary of Violations:  <b>C 0 NC 7 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 X 5</b>	
Person in charge <b>DEVA DUNCAN</b>			
Responsible person's email			
Certified food handler <b>CHRISTOPHER BAYOR SERVE/SAFE EXP. 2027</b>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		FLOOR NOT CLEAN NEXT TO WALK IN AREAS OF KITCHEN STOCK ROOM	5/21/23
399	NC		FLOOR TILE WORN IN AREAS OF KITCHEN NEAR COFFEE SHOP	7/1/23
NOTE			DEAD COCKROACHES SEEN ON GLUE BOARDS ONE DEAD SEEN AROUND FLOOR DRAIN	IRISH BOS. DOES CONTROL
295	NC		GRILL AREA - UTENSIL DRAWER NOT CLEAN	5/18
411	NC		LIGHTS OUT ON BACK EXHAUST HOOD FRONT EXHAUST HOOD, WALK-IN FREEZER,	6/11
347	NC		PIZZA UPRIGHT COOLER APPLIANCE BULB	
295	NC		COFFEE SHOP AREA - SHELF IN ORBITAL UNDER SOFT DRINK UNIT NOT CLEAN (LEAK?)	5/15
347	NC		DISPOSABLE TOWELS NOT PROVIDED AT HANDSINK CORRECT	5/15
295	NC		INSIDE OF UNUSED CO-COR AQUA-TEMP NOT CLEAN	CORRECTS
NOTE			MECHANICAL DISINTEGRATE HOT WATER SANITATION TEMPERATURE ADOQUATE 160°F+ ON POTS/UTENSIL SURFACE	OK



Received by (name and title printed): <b>DEVA DUNCAN</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





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Beth 5/8

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 <b>Peppers II</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/2/23</b>	ID# <b>520</b>
Establishment address <b>299 S. S.R. 135 Greenwood IN 46142</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>5/12/23</b>
Owner <b>George</b>		Summary of Violations:  <b>C 0 NC 12 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 <input checked="" type="checkbox"/> 4 5</b>	
Person in charge <b>Michelle Kluesner</b>			
Responsible person's email <b>No Certificate</b>			
Certified food handler <b>Robin Shawn Dishman</b>	<b>Provided</b>		

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		No interior bulb provided for	5/12/23
218	NC		Freezer and both door gaskets are torn/split	6/2/23
257	NC		No 0°F to 220°F probe food thermometer provided	5/3/23
430	NC		Cove base around/near Victory one door cooler is loose	5/15/23
413	NC		① Northeast alley door (in pool room area) contains an outer opening	5/18/23
			② Southwest doors (main) contain outer openings below the door	
431	NC		Restroom mechanical vents are soiled	5/3/23
218	NC		Bar hand sink lacks a paper towel holder	5/8/23
430	NC		North mens restroom door is damaged & not self-closing	5/8/23
431	NC		① East liquor storage room wall is soiled and floor under beverage in-box unit	5/6/23

Received by (name and title printed): <b>Michelle Kluesner</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:






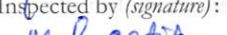
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FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

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

Establishment name <i>Pilot Travel Center</i>	Telephone Number ( ) Establishment	Date of Inspection <i>5/22/23</i>	ID# <i>1536</i>
Establishment address <i>4982 N 350 E Whiteland</i>	( ) Owner	Follow-up <i>NO</i>	Release Date
Owner	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <i><u>1</u></i> NC <i><u>1</u></i> R <i><u>0</u></i>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>  </u> 2 <u>  </u> 3 <i><u>✓</u></i> 4 <u>  </u> 5 <u>  </u>	
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Mark Smith	Inspected by (name and title printed): Paul Belton
Received by (signature): 	Inspected by (signature): 
cc:	cc:





JOHNSON COUNTY HEALTH DEPARTMENT  
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Beltin  
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 <i>Pho Cai</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/18/23</i>	ID# <i>2022</i>
Establishment address <i>1000 N. madison Ave</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>5/30/23</i>
Owner		Summary of Violations:  C <i>0</i> NC <i>7</i> R <i>0</i>	
Owner address		Menu Type (See back of page)  1 <i>—</i> 2 <i>—</i> 3 <i>—</i> 4 <i>✓</i> 5 <i>—</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Kyam Aung</i> ( <i>See safe Exp. 1/14/27</i> )			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Mechanical ventilation in men's restroom does not work.	5/30/23
431	NC		Floors & walls in cooking area is soiled Cooking equipment is soiled	
295	NC		Serving ice is inside freezer beside uncooked chicken	
310	NC		Vents inside men's & women's restroom is soiled	
			NOTE: ① Fire department will be contacted concerning the ANSI system. ② work on cleaning floors & walls & vents. ③ work on cleaning equipments. Cooking	

Received by (name and title printed): <i>Kyam M Aung</i>	Inspected by (name and title printed): <i>Paul Beliku EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Paul Beliku</i>
cc:	cc:



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

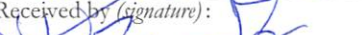
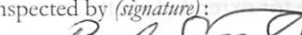
460 N. MORTON ST. STE A 51  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>POPZ PIZZA OF FRANKLIN</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/24/23</b>	ID# <b>1601</b>
Establishment address <b>215 MORTON ST FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>6/4/23</b>
Owner <b>maddox</b>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u>   </u>	
Person in charge <b>DREW BRONISZOWSKI</b>		Menu Type (See back of page)	
Responsible person's email		1 <u>   </u> 2 <u>1</u> 3 <u>   </u> 4 <u>   </u> 5 <u>   </u>	
Certified food handler <b>maddox</b>			

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[illegible]

Received by (name and title printed): Drew Brojiszewski		Inspected by (name and title printed): Bob Smith ENS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
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460 N. MORTON ST. STE A  
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Bohem  
5/25

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 <b>RICHARD'S KIRK/BECK OVEN PIZZA</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/23/23</b>	ID# <b>1089</b>
Establishment address <b>229 S MAIN ST. FRANKLIN, IN</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <b>—</b>	Release Date <b>6/2/23</b>
Owner <b>GOSS</b>		Summary of Violations:  <b>6</b> C <u>0</u> NC <u>6</u> R <u>—</u>	
Owner address		Menu Type (See back of page)  1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge <b>MICHAEL MORRISON</b>			
Responsible person's email			
Certified food handler <b>RICHARD GOSS</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	<input checked="" type="radio"/>	WALK-IN COOLER - DOOR GASKET WORN/ SPLIT	6/23/23
218	NC	<input checked="" type="radio"/>	FLOOR WORN IN WALK-IN FREEZER	6/23
256	NC	<input checked="" type="radio"/>	THERMOMETER NOT SEEN IN PIZZA WARMER UNITS	5/28
431	NC	<input checked="" type="radio"/>	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	5/29
257	NC	<input checked="" type="radio"/>	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL PROBE THERMOMETER NOT AVAILABLE	5/28
399	NC	<input checked="" type="radio"/>	<del>RESTROOM</del> PIZZA AREA COUNTER TOP WORN IN AREA	6/23
			<b>NOTED</b> HAIR RESTRAINT BY EMPLOYEE IN KITCHEN NOT WORN	

Received by (name and title printed): <b>Michael Morrison</b>	Inspected by (name and title printed): <b>Bob Smith EHS</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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 <i>Rise &amp; Roll Bakery</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>5/8/23</i>	ID# <i>2126</i>
Establishment address <i>1277 N SR. 135 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>5/18/23</i>
Owner <i>Doug James</i>		Summary of Violations:  <i>C 1 NC 2 R —</i>	
Owner address		Menu Type (See back of page)  <i>1 2 X 3 4 5</i>	
Person in charge <i>Heather Toland</i>			
Responsible person's email			
Certified food handler <i>Michael Swank exp. 2/28/27</i>			

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[illegible]

Received by (name and title printed): A Heather Toland		Inspected by (name and title printed): Kevin R. Proulx ETS
Received by (signature): A Heather Toland		Inspected by (signature): K-R P
cc:	cc:	cc:




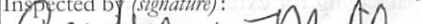
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FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

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

Establishment name <b>Roger's Bar</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/22/23</b>	ID# <b>1274</b>
Establishment address <b>119 E. Main Cross IN 46/24</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>6/1/23</b>
Owner <b>Roger Schuette</b>		Summary of Violations:  <b>C 0 NC 5 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 ✓ 3 4 5</b>	
Person in charge <b>Roger Schuette</b>			
Responsible person's email			
Certified food handler <b>N/A</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
309	NC		Mechanical exhaust is not working in both public restrooms	6/22/23
324	NC		① mens hand sink drains slowly and both toilets lack open front toilet seats	5/28/23
413	NC		Back door is not tight-fitting	6/15/23
426	NC		Back storage rooms contain too numerous to count items that are not necessary to the firms operation	6/22/23
295	NC		Bar & four bay sink is soiled	5/28/23
			Note: Bar area contains numerous unused/working equipment	

Received by (name and title printed): ROGER SCHUETTE		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



## NARRATIVE REPORT

Establishment Name ROUX-GA-ROUX/AREMINT			Address 40 N WATKINS ST.		Inspection Date 5/25/23
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
			PREVIOUSLY MADE FOODS NOT REHEATED RAPIDLY TO 165°F PRIOR TO PLACING IN WARMER IN KITCHEN		5/26/23
112	NC		some REFRIGERATORS (SMALL TYPE) NOT ANSI / COMMERCIAL GRADE IN BAR / BASEMENT		✓
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2



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FRANKLIN, IN 46131

460 N. MORTON ST. STE A

5/26/20

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	ROUX-GARREUX/ONE MINUTE
Establishment address	40 N. WATKINS ST. FRANKLIN, IN
Owner	MEYER
Owner address	OSWALD
Person in charge	GRANT KOUROS
Responsible person's email	
Certified food handler	HEATHER WENNING 7/22/24

Telephone Number	
Date of Inspection	5/25/23
ID#	0057

Follow-up	Release Date
	6/14/23

Summary of Violations:	
C	1
NC	9
R	

Menu Type (See back of page)	
1	2
3	4
5	

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	Narrative	To Be Corrected by
291	NC	CHEMIST TEST STRIPS - CHLORINE AND 5/30/23	
187	C	OUTLET NOT MAINTAINED HOT & HOT CREAM DISPENSER TEMPERATURE NOT AT 140°F OR LOSS IN SMALL REFRIGERATOR	correct 5/25
411	NC	some PLUGS OUT IN KITCHEN ceiling	5/31
324	NC	HOT WATER NOT AVAILABLE AT HANDSINK 6/4	
256	NC	AT BAR HANDSINK IN KITCHEN cold water not running	
324	NC	HOT WATER DISPENSER IN RESTROOM 128°F NOT AT 100°F + 120°F	5/29
295	NC	INSIDE TOP OF ICE MAKER NOT CLEAN 5/29	
431	NC	FLOOR IN AREAS OF BASEMENT next to WALL IN BITE AND KITCHEN not clean	5/31
218	NC	door gasket under small REFRIGERATOR in KITCHEN	6/25

Received by (name and title printed):

Received by (signature):

Inspected by (name and title printed):

Inspected by (signature):

CC:

CC:



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Establishment name <b>Roscoe's Tacos</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/16/23</b>	ID# <b>689</b>
Establishment address <b>642 S. Madison Ave Greenwood, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>5/26/23</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>3</u> R <u>    </u>	
Owner address		Menu Type (See back of page)  1 <u>    </u> 2 <u>    </u> 3 <u>X</u> 4 <u>    </u> 5 <u>    </u>	
Person in charge			
Responsible person's email			
Certified food handler <b>James Townsend</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"

[illegible]

Received by (name and title printed): * Samantha Mills		Inspected by (name and title printed): Terry Bayless
Received by (signature): * S Mills		Inspected by (signature): Terry D Bayless
cc:	cc:	cc:



460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

Establishment name <b>Roscoe's Taco Curb Side</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>5/11/23</b>	ID# <b>2525</b>
Establishment address <b>640 S. Madison Ave</b>	Purpose: <u><b>1. Routine</b></u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>5/22/23</b>
Owner <b>Greenwood, TN</b>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>  </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>X</u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified food handler <b>Matthew Kennicutt</b>			

- [illegible]

CC: