Betsy 1/29

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

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: 3 agaves	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 1-24-24	ID#: 2610
Establishment address: 11 Declaration Dr. Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: Yes	Release Date: 2-4-24
Owner:		Summary of Violations: C 18 NC 8 R	
Owner address:			
Person in charge:			
Responsible person's email:		Menu Type *(See back of page)* 1 2 3 4 X 5	
Certified food handler: Francisco Garcia Lopez	(4/18/26)		

- 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
187	C	①	Observed raw chicken cold holding @ 56°F inside walk-in cooler with plastic cover - shall be stored on bottom shelf not above beef product	recommend to discard p.H.F
187	C	①	Observed salsa in an ice bath @ 44°F / 45°F	
		②	Observed sour cream cold holding @ 44°F inside walk-in cooler - employee stated chicken was prepared @ 1:00 p.m. 1/24/24	
334	C		Appears ice machine drain line lacks an air gap.	2-25-24
324	C		Observed sewage draining on floor not in mop sink floor drain.	Corrected
190	NC		Observed the following cooling @ room temperature: ① 2 buckets of queso @ 101°F / 103°F ② 1 metal pan of queso @ 89°F - employee stated product was made @ 12:00 p.m.	1-24-24

Received by *(name and title printed)*: Israel Salazar	Inspected by *(name and title printed)*: Cassi Hall
Received by *(signature)*: Salazar	Inspected by *(signature)*: Cassi Hall
cc:	cc:
	cc:

NARRATIVE REPORT

Establishment Name	Address	Inspection Date
3 agaves	11 Declaration Dr	1-24-24

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
297	NC		Bar soda nozzle is soiled	1-24-24
218	NC		Observed a damaged strainer attached to handle	
218	NC		① Single door flip top cooler door gasket is split/worn	1-25-24
			② Flip top cooler door gasket is split/worn (kitchen)	
218	NC		Ambient air temperature of walk-in cooler @ 43°F shall be 41°F or less	2-2-24
			Observed personal items & aprons not stored in designated area.	
Note:			Kitchen needs detailed cleaned & organized.	
43.1	NC		Floor in kitchen is soiled	
			↳ Observed stagnant water ↳ under equipment.	
438	C		Toxic spray bottle not labeled by mop sink area / back door.	
			NOTES:	
			① remove all foil	
			② chicken date marked 1-13-24 - recommend discard ↳ previously cooked.	
117	C		③ No person in charge.	

Received By (Name & Title)	Inspected By (Name & Title)	Page 2 of 2
X [signature]	[signature]	

State Form 48621 (R2 / 8-05)

Betsy 2/14

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

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: 1823 BAKEHOUSE	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2/13/24	ID#: 2140
Establishment address: 25 E COURT ST. FRANKLIN, IN	Purpose: 1. Routine	Follow-up: —	Release Date: 2/23/24
Owner: THOMAS MOORE	2. Follow-up	Summary of Violations:	
Owner address:	3. Complaint		
Person in charge: THOMAS MOORE	4. Pre-Operational	C 1 NC 4 R	
Responsible person's email:	5. Temporary		
Certified food handler: HEATHER WENNING	6. HACCP	Menu Type (See back of page)	
	7. Other (list)	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	R	Narrative	To Be Corrected by
336	C		MOP SINK FAUCET HOSE CONNECTED TO FAUCET WITH 'Y' SPLITTER / SHUT-OFF	7/1/25
138	NC		EMPLOYEES NOT WEARING HAIR RESTRAINTS (CAP / VISOR / HAIRNET)	2/15
218	NC		2 DOOR REFRIGERATOR IN KITCHEN	3/13
295	NC		DOOR GASKET WORN / SPLIT, BASE INSIDE NOT CLEAN	2/16
309	NC		MECHANICAL EXHAUST NOT FUNCTIONING IN RESTROOM	2/20

Received by (name and title printed): Thomas Moore	Inspected by (name and title printed): Bob Smith EHS
Received by (signature):	Inspected by (signature): Bob S
cc:	cc:
cc:	cc:

Below 2/20

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

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: Aldi #22	Telephone Number: (463) 300-4087 (317 885-0808)	Date of Inspection: 2-16-24	ID#: 466
Establishment address: 1595 US Hwy 31 Greenwood 46143	Purpose: 1. Routine	Follow-up: —	Release Date: 2-26-24
Owner: Aldi (Indiana) L.P.	2. Follow-up	Summary of Violations:	
Owner address: 486 E Stop 18 Rd Greenwood, IN 46143	3. Complaint		
Person in charge: Jennifer Kirby LSA	4. Pre-Operational	C 1 NC 2 R —	
Responsible person's email: jenn.olnick@aldi.us	5. Temporary		
Certified food handler	6. HACCP	Menu Type *(See back of page)*	
	7. Other *(list)*	1 2 ~~0~~ 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	R	Narrative	To Be Corrected by
425	NC		-mops not hung up to dry inbetween uses	2/16
336	C		-mop sink faucet with AVB with y-valve & a chemical dispenser attached	
259	NC		-salad cooler thermometer reading temperature at 42.4°F	3/1
			Note: Johnson County Health Department is giving facilities until July 2025 to remediate any critical plumbing violations	

Received by *(name and title printed)*: Jennifer Kirby		Inspected by *(name and title printed)*: Mia Papageorge / Caitlyn Pleeter
Received by *(signature)*:		Inspected by *(signature)*: Mia Papageorge / Caitlyn Pleeter
cc:	cc:	cc:

Betty 3/4

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 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment	telephone	Date of Inspection
Ale Emporium Greenwood	317-300-1561	2/29/2024

Establishment address	Summary of Violations
997 East County Line Rd., Ste B	2 C, 6 NC, 0R

Owner	Follow-up	Release Date
Kwiatkowski & Brown	Yes	3/10/2024

Person - in - Charge	Certified Food Handler	Purpose:	Menu Type
Kasey	Leah	Routine	4-Extensive handling

Establishment Identification #	County	District
2280	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?	Violation Observed:	To be Corrected by:
190 189	NC		Observed baked potatoes at 75*F at 4pm. Baked potatoes were baked from 11am-12pm today. As soon as they are removed from the oven they are put into the walk-in-cooler. 30 minutes before they are prepared into twice baked potatoes they are removed from temperature control - today that was 3:30pm. You have 2 hours to cool the product from 135*F to 70*F, and then an additional 4 hours to cool product from 70*F to 41*F or below. Recommend using a temperature log to determine the time at which the baked potatoes reached 135*F	2/29/24
187	~~C~~		Note: Ranch dressing at 59*F at 3:55pm in single service plastic cups.	2/29/24
415	C		Observed small flies in the bar area	3/6/24
294	C		Kitchen dish machine sanitizer is not adequate Note: Bar dish machine was observed over 200 ppm- should be 50 ppm - 100 ppm	2/29/24
295	NC		Interior of large ice machine is soiled	3/1/24
218	NC		1. Observed damaged utensils 2. Back storage room walk-in cooler door gasket is split/worn	2/29/24
411	NC		Back storage room walk-in cooler light intensity is not adequate	3/10/24
324	NC		1. North side of bar 1 bay sink is not functioning 2. West side of bar 1 bay sink cold water handle is not functioning	3/4/24
216	NC		1. Observed a wiping cloth being stored under east side of bar soda nozzle- not easily cleanable 2. Observed cardboard lining the bottom shelves in walk-in cooler- where raw chicken is stored- not easily cleanable	2/29/24

Establishment Representative

Inspected by: Elizabeth Senisse, REHS/ Cassi Hall
(317) 346-4373 esenisse@co.johnson.in.us

336	C		NOTE: Observed a y-valve (downward shut off) connected to mop sink with a green hose and white hose affixed to the valve Atmospheric Vacuum Breakers (AVB) are approved for use under atmospheric pressure conditions - not under continuous pressure – which the splitter valve creates. Note: AVB not approved for continuous pressure	7/1/25

Establishment Representative

Inspected by: Elizabeth Senisse, REHS/ Cassi Hall
(317) 346-4373 esenisse@co.johnson.in.us

Betty 2/5

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

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: Ann's	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2-1-24	ID#: 104
Establishment address: 77 W. Monroe St. #2314 Franklin	Purpose: 1. Routine 2. ~~Follow-up~~ 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date: 2-11-24
Owner:		Summary of Violations: C 0 NC 5 R —	
Owner address:			
Person in charge: Merika - manager			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 3 4 X 5	
Certified food handler: Merika exp Oct 2026			

- 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
295	NC		Dust build-up behind deep fryers	
190	NC		Ground beef 76°F and covered in plastic containers on shelf in walk-in cooler, not quick chill method	
295	NC		Fan dusty in walk-in produce/drink walk-in cooler	
174	NC		Bulk flour not labeled	
218	NC		Door gaskets split on prep cooler	

Received by *(name and title printed)*: Merika Crawley, General Manager	Inspected by *(name and title printed)*: Bob Smith / Mia Papageorge
Received by *(signature)*: Merika C	Inspected by *(signature)*: Bob Smith / Mia Papageorge
cc:	cc:

Betsy 2/26

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

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: APPLEBEE'S	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2/20/24	ID#: 687
Establishment address: 700 N MORTON FRANKLIN, IN	Purpose: (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: (Yes)	Release Date: 3/2/24
Owner:		Summary of Violations: C 2 NC 2 R	
Owner address:			
Person in charge: MIKE KACHELRIES			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 (3) 4 5	
Certified food handler: MIKE KACHELRIES			

- 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
			MOP SINK CLEANING SYSTEM TO BE MOVED	3/1/24
NOTE			12" OR MORE LOWER BELOW BACKFLOW DEVICE	
			WATER HEATER DRAIN AND BAR	
			DRAINS NOT INSTALLED MINIMUM OF INCH	
			ABOVE DRAIN OUTLET	
187	C		INTERNAL TEMPERATURE OF POTENTIALLY	ITEMS TO
			HAZARDOUS FOODS IN REFRIGERATOR NOT	BE DISCARDED
			41°F OR LESS (WAS 46°F-47°F) PREPARED 1 DAY	2/20
			EARLIER (CHEESE, CORNDOGS, CHICKEN WINGS)	
399	NC		FLOOR WORN IN AREA OF KITCHEN,	5/1/24
431	NC		FLOOR NOT CLEAN, DRAIN NOT CLEAN IN	3/1
			BAR	
415	C		NUMEROUS SMALL FLIES SEEN IN BAR	CONTROL 3/1
			AREA	
			MECHANICAL DISHWASHER HOT WATER	
NOTE			SANITIZATION TEMPERATURE ADEQUATE (160°F	OK
			OR MORE ON PLATE/UTENSIL SURFACE (WAS 163.9°F)	

Received by *(name and title printed)*: Mike Kachelries	Inspected by *(name and title printed)*: Bob Smith EHS
Received by *(signature)*:	Inspected by *(signature)*:
cc:	cc:

Begin 7/16

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

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: Applebee's 135	Telephone Number: (317) 885-6631 Establishment; ( ) Owner	Date of Inspection: 2-5-24 3:15p	ID#: 1063
Establishment address: 874 S SR 135 46143	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: No	Release Date: 2-15-24
Owner:		Summary of Violations: C 0 NC 1 R 0	
Owner address:			
Person in charge: Caleb Travis			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 3 4 X 5	
Certified food handler: Dallas Lawson 11-1-28			

- 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
431	NC		Bar floor soiled under equipment.	2-5-24
			High temp dish machine appears to be Sanitizing equipment & utensils @ the time of inspection.	
			Reminder: Use provided test strips to ensure adequate Sanitizer level in Sanitizer buckets.	
			Note: Mop Sink - Y valve & Spray nozzle observed on hose end equipt with Atmospheric Vacuum breaker. Atmospheric vacuum breaker not approved for use under continuous pressure. Remove Y valve & spray Nozzle or provide sink w/ vacuum breaker	

Approved for use under "Continuous Pressure"

Received by *(name and title printed)*: Caleb Travis General Manager		Inspected by *(name and title printed)*: Elizabeth Senisse
Received by *(signature)*: Caleb		Inspected by *(signature)*: Elizabeth Senisse
cc:	cc:	cc: 317-346-4373

ESenisse@co.johnson.in.us

Betsy 2/26

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

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: Aspen Trace	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2-20-24	ID#: 1794
Establishment address: 3154 South S.R. 135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: yes	Release Date: 3-1-24
Owner		Summary of Violations: C 0 NC 1 R	
Owner address			
Person in charge			
Responsible person's email		Menu Type (See back of page): 1 2 3 4 X 5	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		(1) Hand sink runs constant employee stated part is ordered	
			(2) → 3 Bay Hot water handle leak	
286	NC		Observed dishmachine PSI @ 30 psi	
			→ shall be 15 - 25 psi	
Notes:			(1) Trauben Freezer out of order sign is posted - waiting on new shelves	
			(2) Hand Sinks are for handwashing only → don't store anything inside hand sinks.	
303	C		Observed dishmachine final rinse @ 158°F → shall be 160°F or greater	
	Note		→ establishment didn't have dishes in machine -	

Received by (name and title printed): Jackie Carlton	Inspected by (name and title printed): Caleb Fleener
Received by (signature): Jackie Carlton	Inspected by (signature): Caleb Fleener
cc:	cc:
cc:	cc: Cassi Hall

Betsy 2/26

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

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: Bamboo	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2-23-24 3:00 p.m	ID#: 1931
Establishment address: 4800 W Smith Valley Rd.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: Yes	Release Date: 3-4-24
Owner		Summary of Violations: C 1 NC 3 R	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 2 3 4 X 5	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
190	NC		Observed previously cooked noodles in side metal containers greater than 4" with a plastic cover cooling inside walk-in cooler @ ① 1 pan @ 56°F ② 2 pan @ 51°F ③ 2 pan @ 52°F Manager stated they made the noodles @ 12:00 p.m; if noodles don't reach 41°F by 4:00 p.m - discard.	2-23-24
218	NC		Chicken stored in damaged plastic bucket located in walk-in cooler ↳ not food grade.	2-24-24
216	NC		Observed lots of cardboard lining shelving units, used as storage boxes ↳ not easily cleanable.	2-24-24
187	C		Garlic in oil @ 53°F @ 3:20pm. Product shall be kept @ or below 41°F	2-23-24
Note			Cloth observed under cutting board	

Received by *(name and title printed)*: Liyun Li	Inspected by *(name and title printed)*: Cassi Hall
Received by *(signature)*:	Inspected by *(signature)*:
cc:	cc:

Elizabeth Benisse

Beam 2/13

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

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: Bigby Coffee # 695	Telephone Number: (317) 360 9838 (260 215 7027)	Date of Inspection: 2-12-24	ID#: 2581
Establishment address: 156 S. Marlin Dr. Greenwood, IN 46142	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date: 2-22-24
Owner: Katlin + Perrin Music		Summary of Violations: C 1 NC 1 R	
Owner address:			
Person in charge: Brooklyn Lloyd - shift lead		Menu Type *(See back of page)*: 1 2 ✓ 3 4 5	
Responsible person's email: store695@bigby.com			
Certified food handler: Not provided at time of inspection			

- 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
334	C		Chemical dispensing tubes at 3 bay sink extend below flood rim	2/19
425	NC		mop not hung up to dry in between uses	2/13
			Note: backflow prevention device inspected 2-1-24	

Received by *(name and title printed)*: Brooklyn Lloyd	Inspected by *(name and title printed)*: Mia Papageorge
Received by *(signature)*: Brooklyn Lloyd	Inspected by *(signature)*: Mia Papageorge
cc:	cc:
cc:	cc:

BJ34
2/26

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

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: BJ's Brewhouse	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 02/20/24	ID#: 1344
Establishment address: 1251 US 31 Greenwood IN 46142	Purpose: 1. Routine	Follow-up: Yes	Release Date: 03/05/24
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	C 1 NC 7 R 1	
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP	Menu Type (See back of page)	
	7. Other (list)	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	R	Narrative	To Be Corrected by
399	NC		(i) There's water build-ups at the back door & by one cooler unit by soda machine.	3/26
			(ii) Water line at one unit cooler is leaking & water softner	2/27
191	C		(i) Date markings needs to be improved inside walk-in cooler.	
			(ii) One food item not labelled inside walk-in cooler.	
177	NC	✓	Ice-tea container is not covered.	corrected 2/23
174	NC		Sanitizer bucket doesn't have signage	02/23
295	NC		Soda gun at bar is soiled.	
431	NC		Drain at bar area is soiled.	
177	NC		Soda gun at bar area need holster	
431	NC		There's trash build-ups in back exit	
			NOTE: (i) Sanitizer is at 150ppm - make sure sanitizer is at 200-400 ppm	
			(ii) Some violations are getting worked on, waiting on contractors.	

Received by (name and title printed): Jeremy Carter	Inspected by (name and title printed): Paul Betich EHS
Received by (signature): Jeremy Carter	Inspected by (signature): Paul Betich
cc:	cc:

Berk 24 218

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

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: Blondes Cookies	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2-7-24	ID#: 892
Establishment address: 1251 N US 31 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: yes	Release Date: 2-17-24
Owner		Summary of Violations: C 0 NC 5 R	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 2 X 3 4 5	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
352	NC		employee restroom door is not self-closing.	3-13-24
430	NC		employee restroom exhaust vent appears not functioning & needs dusted	
411	NC		walk-in cooler lighting appears not adequate	
295	NC		interior of ice machine is soiled	
218	NC		the following door gaskets are split/worn: (1) stand up "true" cooler right door in back room & by deli.	
430			floor tile is broken/damaged by small cooler. Note: detail clean floor & shelving units.	
			• many freezer units appear not NSF approved.	

Received by *(name and title printed)*: Jamie Smart

Received by *(signature)*: Jamie Smart

Inspected by *(name and title printed)*: Cassi Hall

Inspected by *(signature)*: Cassi Hall

cc: cc: cc:

Betsy 2/20

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

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: Bob Evans #426	Telephone Number: 317-885-1280 ( ) Establishment ( ) Owner	Date of Inspection: 2-19-24 1:15pm	ID#: 2133
Establishment address: 159 S Marlin Dr Greenwood 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up:	Release Date: 3-1-24
Owner: Bob Evans Rest LLC		Summary of Violations: C 3 NC 1 R	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 2 3 4 ✗ 5	
Certified food handler: Ashley Swanay 8/28			

- 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
187	C		Sausage Gravy @ 47.3°F @ 1:35pm located in Walk-in-Cooler in a lidded, plastic container. Product date marked "prep 2/17/24 10:57am discard 2/20/24 end of day"	discard Product
189	C		Sausage Gravy @ 95.5°F @ 1:30pm located in Walk-in-Cooler in a lidded, plastic container. Product date marked "2/19/24 11:15am discard 2/22/24 end of day" You have 2 hours to cool product to 70°F. Recommend reheating product to 165°F and then properly cooling. This product should have been down to 70°F @ 1:15pm. Recommend keeping a food temperature log	

Received by *(name and title printed)*: Angie McElrod AGM
Received by *(signature)*: Angie McElrod AGM.
Inspected by *(name and title printed)*: Elizabeth Senisse
Inspected by *(signature)*: Elizabeth Senisse

cc: cc: cc: 317-346-4373

ESenisse@co.johnson.in.us

NARRATIVE REPORT

Establishment Name	Address	Inspection Date
Bob Evans	159 S Marlin Dr	2/19/24

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
187	C		Pooled eggs @ 52°F @ 1:22pm located in a cylindrical plastic container inside a metal pan on prep line.	2-19-24 cylindrical
190	NC		Improper Cooling/. Food product covered in plastic containers while in the temperature danger zone 41°F - 135°F Cooked Chicken @ 57.2°F @ 1:33pm located in Walk-in-Cooler in a lidded plastic Container without a date mark. Employee states made today	2-19-24
191	C		Plastic, Cylindrical containers w/pooled eggs in Walk-in-cooler date marked: "prep 2/18/24 6:05pm, discard 2/19/24 8:05am" Observed @ 1:27pm Discard time not being followed	2-19-24
336	C note		Backflow Certification tag is dated April 2017. Backflow Certification shall be done Once per year.	2/19/24 Plumber out today
441	C note		Pest control device not approved for use in a food facility Observed in Store room behind Soda Troyes	
			Proper cooling methods include: *Using containers that facilitate heat transfer (Plastic is NOT such material) *Loosely covered or uncovered if protected from overhead contamination *Using an ice bath or frozen stir stick/wand Recommend using temperature logs Recommend using metal pans to cool & hold product.	
			Auto dish machine appears to be operating properly	

Received By (Name & Title)	Inspected By (Name & Title)	Page 2 of 2
Emily McCloy AGM	Elizabeth Senisse	

State Form 48621 (R2 / 8-05)

Temp-Rite 8751
Date:
Product:
Emp:
Emp#:
PASS WHEN BLUE
BAR TURNS ORANGE
ELEVATE CHAMBER
AVL CAMBR A COOP MANNA
160°F/71°C

Betsy 2/8

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

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: Bob EVANS	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2/6/24	ID#: 2134
Establishment address: 900 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: YES	Release Date: 2/16/24
Owner:		Summary of Violations: C 1 NC 9 R	
Owner address:			
Person in charge: KATE HOOVER			
Responsible person's email:		Menu Type (See back of page): 1 2 3 4 5	
Certified food handler: KATE HOOVER - SERVSAFE (6/1/27 EXP)			

- 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
			FLOOR NOT CLEAN IN AREAS OF KITCHEN	2/12/24
431	NC		UNDER/BEHIND EQUIPMENT, NEXT TO WALL	
			(*) FLOOR DRAIN NOT CLEAN UNDER	
			FRONT SOFT DRINK STATION	
324	NC	*	URINALS DRAIN SLUGGISH/OVERFLOWING	2/8
256	NC	*	THERMOMETER NOT SEEN IN ICE CREAM	2/8
			CHEST FREEZER	
234	NC	*	ICE CREAM SCOOP NOT STORED IN RUNNING	2/8
			WATER IN DIPPER WELL	
336	C	*	HOSE CONNECTED TO ~~FAUCET~~ MOP SINK FAUCET	7/25
			AND CONNECTED TO CLEANING SYSTEM NOT	
			PLUMBED CORRECTLY	
295	NC	*	WALK-IN COOLER FLOOR AND SHELVING NOT	2/12
			CLEAN	
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN	2/10
295	NC	*	METAL SHELVING IN KITCHEN NOT CLEAN	2/12
431	NC	*	WALL NOT CLEAN IN AREAS OF KITCHEN	2/12
239	NC	*	DISHRACKS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	2/8
NOTE		-	SANITIZATION TEMPERATURES DISHMACHINE OK (160±5°F)	OK ✓

Received by (name and title printed): Kate Hoover	Inspected by (name and title printed): Bob Smith EHS	
Received by (signature): Kate H	Inspected by (signature): Bob Smith	
cc:	cc:	cc:

Betty 2/14

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

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: BOJAK'S BAR & GRILL	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2/13/24	ID#: 1365
Establishment address: 377 E JEFFERSON ST. FRANKLIN IN	Purpose: 1. Routine	Follow-up: —	Release Date: 2/23/24
Owner: AUSTIN GORE	2. Follow-up	Summary of Violations:	
Owner address:	3. Complaint		
Person in charge: SCOTT UTTLEY	4. Pre-Operational	C 1 NC 3 R	
Responsible person's email:	5. Temporary		
Certified food handler: JOHNATHON LANHAM (C. FSM.)	6. HACCP	Menu Type *(See back of page)*	
	7. Other *(list)*	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	R	Narrative	To Be Corrected by
218	NC	X	2 DOOR REFRIGERATOR ACROSS FROM GRILL – DOOR GASKETS WORN/SPLIT	2/13/24
392	NC	X	DUMPSTER LID NOT CLOSED	2/15
NOTE		X	3 COMPARTMENT SINK – DISPENSOR HOSE FROM CLEANER/SANITIZER UNIT EXTENDS BELOW FLOOD RIM OF SINK	2/16
336	C	X	HOSES WITH SPRAY NOZZLES CONNECTED TO MOP SINK FAUCET AND FAUCET IN CLEANING CLOSET	5/1/24
431	NC		FLOOR IN AREAS NEXT TO WALL IN KITCHEN NOT CLEAN	2/20

Received by *(name and title printed)*: Scott Uttley	Inspected by *(name and title printed)*: Bob Smith BS
Received by *(signature)*:	Inspected by *(signature)*:
cc:	cc:
	cc:

BKM 2/20

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

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: Bonefish Grill	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2-16-24	ID#: 1014
Establishment address: 1001 N SR135 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up	Release Date: 2-26-24
Owner		Summary of Violations: C 0 NC 2 R 0	
Owner address			
Person in charge: Brian			
Responsible person's email		Menu Type *(See back of page)* 1 2 3 4 X 5	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
191	~~C~~ NC		Pan dated discard on 2-4-24 still in use in Walk-in-Cooler	2-16-24
431	NC		Dusty light & walls in Walk-in-Cooler	2-18-24
430	NC		Floor tile not grout	3-15-24
			Note: Atmospher Vacuum breaker is being used under continuous pressure due to Y valve on faucet.	
			Dish machine appears to be sanitizing adequately @ the time of inspection	

Temp Rite. Date: Fecha Emp: Empleado PASS WHEN BLUE BAR TURNS ORANGE ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA 160°F/71°C

Received by *(name and title printed)*: Brian Newlin	Inspected by *(name and title printed)*: Elizabeth Senisse
Received by *(signature)*:	Inspected by *(signature)*: Elizabeth Senisse
cc:	cc: 317-346-4373

Betty 2/8

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

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: BURGER KING #7447	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2/6/24	ID#: 569
Establishment address: 1079 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: —	Release Date: 2/16/24
Owner:		Summary of Violations: C 1 NC 3 R	
Owner address:			
Person in charge: ANA BAKES			
Responsible person's email:		Menu Type (See back of page): 1 2 3 4 5	
Certified food handler: ANA BAKES SERVSAFE	EXP 10/1/28		

- 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
431	NC	*	FLOOR NOT CLEAN NEXT TO WALL, UNDER EQUIPMENT IN KITCHEN	2/10/24
228	NC	*	NUCO UNIT NOT INSTALLED ~~ABOV~~ ADEQUATELY TO AID IN CLEANING (NOT ON PLATFORM	3/10
			MOP SINK FAUCET - HOSE WITH SPRAY NOZZLE	
334	C		ATTACHED TO FAUCET - "Y" UNIT WITH	7/1/25
324	NC		SHUT OFFS CONNECTED TO FAUCET,	
			DRAIN HOSE EXTENDS BELOW FLOOD RIM OF SINK, DUAL CHECK VALVE	
			NOT CERTIFICATION TAG ATTACHED	3/1/24
		*	ICE MAKER DRAIN HOSE DOES NOT HAVE AIR GAP ~~BETW~~ TO WHERE OUTLETS INTO DRAIN	3/1

Received by (name and title printed): Ann Bakes	Inspected by (name and title printed): Bob Smith EHS
Received by (signature):	Inspected by (signature): Bob Smith
cc:	cc:
cc:	cc:

BETSY 2/26

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

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: Burger King #1220	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 2/21/24	ID#: 1885
Establishment address: 765 County line rd	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: –	Release Date:
Owner		Summary of Violations: C 0 NC 1 R 0	
Owner address			
Person in charge			
Responsible person's email		Menu Type *(See back of page)* 1 2 3 ✓ 4 5	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		One small cooler unit door seal is worn	3/5/24
			NOTE: (i) Please clean ~~[illegible]~~ toilet in men's restroom	
			(ii) Three bay sink sanitizer is okay	
			(iii) Great improvement on cleaning.	

Received by *(name and title printed)*: Kim McAndrews GM	Inspected by *(name and title printed)*: Paul Betrice EHS
Received by *(signature)*: K McA	Inspected by *(signature)*: Paul Betrice
cc:	cc:
	cc: