



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

Belm  
2/18

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>LA COCINA</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/17/24</b>	ID# <b>1673</b>
Establishment address <b>912 N 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>2/17/24</b>
Owner <b>ALBERTO SIXTO MERT</b>		Summary of Violations:  C <u>0</u> NC <u>8</u> R <u>—</u>	
Owner address		Menu Type (See back of page)  1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>4</u> 5 <u>—</u>	
Person in charge <b>LDS ALBERTO</b>			
Responsible person's email			
Certified food handler <b>ALBERTO SIXTO MERT</b> <u>SEPSAFE</u> <u>7/29/25 exp</u>			

- 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	Ⓢ	one HANDSINK IN KITCHEN, COLD WATER NOT AVAILABLE AT FAUCET	<del>2/15/24</del> (CORRECTED 2/17)
256	NC	Ⓢ	THERMOMETER NOT SEEN IN REFRIGERATOR ACROSS FROM GRILL	2/10
177	NC	Ⓢ	ONIONS AND PEPPERS NOT STORED MINIMUM 6 INCHES OFF FLOOR IN WALK-IN COOLER	2/10
197	NC	Ⓢ	WALK-IN FREEZER 18°F NOT AT 0°F OR LESS	2/10
324	NC	Ⓢ	WATER PONDED/NOT DRAINING IN FLOOR SINK NEAR DISHWASHER	2/10
324	NC	Ⓢ	WALK-IN COOLER CONDENSATE/WATER DRAINING INTO METAL PAN NOT INTO FLOOR DRAIN	3/1
399	NC	Ⓢ	FLOOR RUBBER ROPE BASE LOOSE/PULLING AWAY FROM WALL IN REAR IN KITCHEN	2/20
<del>291</del>	<del>NC</del>	<del>Ⓢ</del>	<del>AT HOMEAL TEST PAPERS FOR BLOCH NOT AVAILABLE</del>	<del>2/10</del>
431	NC	Ⓢ	MONS POSTROOM - CEILING EXHAUST COVER NOT CLEAN/DUSTY	2/10

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





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460 N. MORTON ST. STE A  
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Belen  
2/26

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

Establishment name <b>La Herradura 2</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2-23-24</b>	ID# <b>1259</b>
Establishment address <b>226 S SA 135</b>	Owner <b>Burgersville</b>	Follow-up <b>YES</b>	Release Date <b>3-4-24</b>
Owner	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <b>C 2 NC 2 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 X 5</b>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
294	C		Dish machine Sanitizer not adequate ↳ shall be 50 ppm - 100 ppm	
377				
334	C		Bar 3 Day Sink appears to lack an air gap / break	
411	NC		light intensity in bar area not adequate ↳ shall be 20 foot candles	
234	NC		① Observed a knife stored in the joint of the flip top cooler ② Observed in use utensils stored without handle above food product	
426	NC		Observed <del>apple</del> State Not in-use stored in kitchen	
			Notes: ① re-label all toxic spray bottles ② Observed queso in warmer with 663 of - manager stated the queso is reheating (time stored @ 1:40 p.m.)	

Received by (name and title printed):	Inspected by (name and title printed): <b>Cass Hall</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



BEA 2/20

N 46131  
ax 317-736-5

Establishment name <b>Le Croissant French Bakery</b>	Telephone Number <b>765 516 4714</b> <b>(317) 929 9458</b>	Date of Inspection <b>2-16-24</b>	ID# <b>2506</b>
Establishment address <b>916 E. Main St. Greenwood, IN 46143</b>	Purpose: <b>1. Routine</b>	Follow-up <b>—</b>	Release Date <b>2-26-24</b>
Owner <b>Pedro Ulloa B</b>	2. Follow-up	Summary of Violations:  <b>C 2 NC 3 R —</b>	
Owner address	3. Complaint		
Person in charge <b>Pedro</b>	4. Pre-Operational	Menu Type (See back of page)  <b>1 — 2 <u>✓</u> 3 — 4 — 5 —</b>	
Responsible person's email <b>Pedroulloa1000@gmail.com</b>	5. Temporary		
Certified food handler <b>not provided at time. ServSafe</b>	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): <i>Pedro Millos B</i>	Inspected by (name and title printed): <i>Mia Papageorge / Carlton Fleenor</i>
Received by (signature): <i>Pedro Millos B</i>	Inspected by (signature): <i>Mia Papageorge / Carlton Fleenor</i>
cc:	cc:




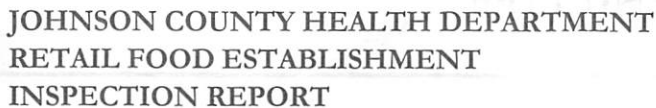
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Lindo Mexico</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/15/24</b>	ID# <b>1483</b>
Establishment address <b>997E. Co Line Rd Ste 1 Green-wood IN 46143</b>	Purpose: 3. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>2/25/24</b>
Owner <b>Wood IN 46143</b>		Summary of Violations:  <b>C 0 NC 1 R</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Juan Bravo</b>			

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[illegible]

Received by (name and title printed): Christian Bravo		Inspected by (name and title printed): Andrew Miller, EMS
Received by (signature): 		Inspected by (signature): Andrew Miller
cc:	cc:	cc:



460 N. MORTON ST. STE A  
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Establishment name <i>Little Caesars Pizza</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>02/02/24</i>	ID# <i>2879</i>
Establishment address <i>620 S. US 38 Greenwood, IN</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>02/16/24</i>
Owner <i>46142</i>		Summary of Violations:  C _____ NC <u>3</u> R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <i>Lisa Whitney</i>			

- 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
411	NC		lights are out inside the walk-in cooler, by oven, & overhead by one of the prep table.	02/10
345	NC		there's rust & mold like substances on hand sink handle at restroom & at mop sink	
431	NC		Drain by three-bay sink is sorted. floor inside walk-in cooler is sorted	
			NOTE; Please make sure brooms & mops are hung every night	

Received by (name and title printed): Valene Sewell		Inspected by (name and title printed): Paul Betiku Ets	
Received by (signature): Valene Sewell		Inspected by (signature): Paul Betiku	
cc:	cc:	cc:	



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Establishment name <b>THE LOCAL GRIND</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/5/24</b>	ID# <b>2351</b>
Establishment address <b>25 N MAIN ST. FRANKLIN, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2/15/24</b>
Owner <b>EMILY WORLEY</b>		Summary of Violations:   C <u>0</u> NC <u>2</u> R <u>  </u>	
Owner address	Certified food handler <b>EMILY WORLEY (CFPM)</b>	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 <b>ETHAN LEE</b>			
Responsible person's email			
Certified food handler <b>EMILY WORLEY (CFPM)</b>	<b>2/1/28 EXP</b>		

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[illegible]

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



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Bekm  
2/5

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>Long John Silver</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>02/02/24</i>	ID# <i>2167</i>
Establishment address <i>2891 Independence Dr.</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>02/16/24</i>
Owner		Summary of Violations:  <i>C 1 NC 6 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 ✓ 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Shelly Harris 1/31/27</i>			

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

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
141	C		Food item with discard date of 2/01/24 seen inside walk-in cooler	02/05/24
431	NC		Floor in kitchen area is soiled	02/10/24
431	NC		Some tiles & grout are missing by mop sink and prep table	
187	NC		cooler by fryer has holding temperature of 51°F	
431	NC		Floor inside walk-in cooler is soiled	02/10/24
430	NC		floor on an area inside the walk-in cooler is worn out	
297	NC		soda nozzles are soiled.	

Received by (name and title printed): <i>Shelly Harris</i>	Inspected by (name and title printed): <i>Paul Bektu EHS.</i>
Received by (signature): <i>Shelly Harris</i>	Inspected by (signature): <i>Paul Bektu</i>
cc: <i>Steven.</i>	cc: <i>317-9673810</i>





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Beth 3/14

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>Luciana's Mexican Restaurant</b>	Telephone Number Establishment Owner	Date of Inspection <b>2-29-24</b>	ID# <b>2220</b>
Establishment address <b>1133 N SR 135 Greenwood</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>3-10-24</b>
Owner		Summary of Violations:  <b>C 0 NC 5 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 X 5</b>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		The ice machine appears to be leaking on to the floor	
295	NC		Interior of ice machine is soiled.	
218	NC		① Observed 2 broken strainers with wooden handles	
			② Flip top cooler right, top door gasket is split/worn.	
347	NC		Observed no hand soap (bar hand sink)	Corrected
178	NC		Observed an orange stored in bar's ice bin	
191			Observed cooked beef (date marked 2-15) + pork (date marked 2-20) stored inside walk in cooler	Vol. discard.
			↳ date is pass 7 days	
NOTE:			Observed a spray nozzle attached to a hose connected to the mop sink appears without an approved backflow prevention	

Received by (name and title printed): <b>John Stappert</b>	Inspected by (name and title printed): <b>Cass Hull</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc: <b>Elizabeth Senisse</b>





460 N. MORTON ST. STE A  
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A Betsu  
2/14

- [illegible]

Page 1 of 1




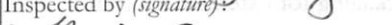
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Main &amp; Madison Micro</b>	Telephone Number <b>(317) 736-3300</b>	Date of Inspection <b>2-15-24</b>	ID# <b>2708</b>
Establishment address <b>1125 W. Jefferson St. Franklin, IN</b>	<b>(317) 289-3260</b>	Follow-up <b>—</b>	Release Date <b>2-25-24</b>
Owner <b>Amy Richardson</b>	Purpose: <b>1. Routine</b>	Summary of Violations:	
Owner address	<b>2. Follow-up</b>	C <u>1</u> NC <u>0</u> R <u>—</u>	
Person in charge <b>Jocelyn Hawkins - shift lead</b>	<b>3. Complaint</b>	Menu Type (See back of page)	
Responsible person's email <b>Snorthern@mainandmadison.cafe</b>	<b>4. Pre-Operational</b>	1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Certified food handler <b>Not provided at time of inspection</b>	<b>5. Temporary</b>		
	<b>6. HACCP</b>		
	<b>7. Other (list)</b>		

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[illegible]

Received by (name and title printed): Jocelyn Hawkins		Inspected by (name and title printed): Mia Papageorge	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	







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Butter 3/4

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>Marco's Pizza</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2-28-24</b> <b>3:45p</b>	ID# <b>1318</b>
Establishment address <b>586 S SR 135 Greenwood</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>3-10-24</b>
Owner		Summary of Violations:  <b>C 0 NC 2 R 0</b>	
Owner address		Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Patrick Bridges 3/22/20</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
324	NC		Hot water handle broken on hand sink across from oven so hot water was turned off below sink @ wall. When hot water valve below sink is on the faucet runs.	3-1-24
402	NC		All shelves & equipment shall be elevated a minimum of 6" to facilitate cleaning the floor - Observed the following "shelves" <del>not</del> less than 6" off floor - Chemical Shelf by mop sink; Hot pass-thru island metal rack & Vevor hot holding units stored on inverted blue plastic Pepsi® Containers Y valve observed on mop sink faucet. Mop sink faucet has an atmospheric vacuum breaker approved for use under atmospheric conditions only. Y valve creates "continuous pressure". Vacuum Breaker approved for use under	3-1-24 Remove Y valve

Received by (name and title printed):

**NIKKI OGO**

Inspected by (name and title printed):

**Elizabeth Senisse**

Received by (signature):

Inspected by (signature):

**Elizabeth Senisse**

cc:

cc:

cc:

**317-346-4373**

"continuous pressure" is required.





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70°F = 21.1°C  
65.3°F = 18.5°F

41°F = 4°C

Beky  
2/13

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>Margarita Grill</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>2-6-24</i> <i>3:45p</i>	ID# <i>1788</i>
Establishment address <i>1675 W Smith Valley Rd</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>2-16-24</i>
Owner <i>Luis Scheker</i>		Summary of Violations:  <i>C 2 NC 6 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Alexandro Perez 7-29-25</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Beef in Walk in Cooler @ 65.3°F @ 3:45p - Made yesterday. You have 2 hours to cool the food to 70°F & an additional 4 hours to cool the food to 41°F or less	Discarded
191			Item not date marked	
344	C		Front hand sink basin filled w/ roughly 7" clothes making the hand sink not easily accessible	2-6-24
347	NC		Back hand sink - No towels provided	2-6-24
199	NC		Thawing ground beef @ room temp in 2 bags	2-6-24
431	NC		Floor Soiled - Grease trap, dish machine & Store Room. Grease	
216	NC		Store Room Shelves porous & not easily cleanable	
410	NC		Light shield missing above back prep	2-10-24
426	NC		Old ice maker no longer in use - stored in kitchen - fix it, or get rid of it	2-10-24
Note:			Not recommended to have food out of temperature control & Cooler, Steamtable etc	2-6-24
Received by (name and title printed): <i>Gamaliel</i>			Inspected by (name and title printed): <i>Elizabeth Senisse</i>	
Received by (signature): <i>Gamaliel</i>			Inspected by (signature): <i>Elizabeth Senisse</i>	
cc:			cc: <i>317 346 4373</i>	



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Establishment name <b>MASHCRAFT</b>	Telephone Number ( ) Establishment	Date of Inspection <b>2/2/24</b>	ID# <b>1808</b>
Establishment address <b>1140 N SR 135</b>	( ) Owner	Follow-up <b>—</b>	Release Date <b>2/12/24</b>
Owner	Purpose: <b>1. Routine</b>	Summary of Violations:	
Owner address	<b>2. Follow-up</b>	<b>C 1 NC 0 R</b>	
Person in charge	<b>3. Complaint</b>	Menu Type (See back of page)	
Responsible person's email	<b>4. Pre-Operational</b>	<b>1 2 X 3 4 5</b>	
Certified food handler	<b>5. Temporary</b>		
	<b>6. HACCP</b>		
	<b>7. Other (list)</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): <i>Andrew Costner</i>		Inspected by (name and title printed): <i>KEVIN R FARRIN EHS</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>K.R.F.</i>
cc:	cc:	cc:



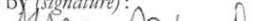




BEKAY  
E A 215  
736-5264

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

- 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 Angel		Inspected by (name and title printed): Bob Smith / Mia Papageorge
Received by (signature): 		Inspected by (signature):  / 
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Betm  
2/26

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

Establishment name <i>Meijer #132</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>02/20/24</i>	ID# <i>636</i>
Establishment address <i>150 S. Martin Dr Greenwood IN 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
Owner		Summary of Violations:  <i>C 0 NC 5 R</i>	
Owner address		Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Rebecca Miller</i>			

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

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		floor at bakery freezer is soiled.	3/5
431	NC		produce cooler & meat cooler <sup>vents/fan</sup> are soiled	3/5
218	NC		One door seal at deli is soiled.	
431	NC		Electric wrapper at meat section is soiled.	
411	NC		couple of lights are out at frozen veggies & frozen pizza	
NOTE: (1) Please check all cooler fans for any dust (2) Atmospheric vacuum breaker at mop sink in bakery & grocery backroom has no shut off. -> Facility has till 06/25 to correct this action				

Received by (name and title printed): <i>RYAN KIRK</i>	Inspected by (name and title printed): <i>Paul Beticu EHS</i>
Received by (signature): <i>Ryan Kirk</i>	Inspected by (signature): <i>Paul Beticu</i>
cc:	cc:



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT




460 N. MORTON ST. STE A 21  
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>Math's Meats (Millies Ice Cream)</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2-1-24</b>	ID# <b>2711</b> ✓ <b>2683</b> ✓
Establishment address <b>90 W. Jefferson St Franklin</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2-11-24</b>
Owner <b>Samantha Angel</b>		Summary of Violations:  C <u>0</u> NC <u>3</u> R <u>0</u>	
Owner address		Menu Type (See back of page)  1 <u>  </u> 2 <u>X</u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge <b>Samantha Angel</b>			
Responsible person's email			
Certified food handler <b>Samantha Angel exp 5/16/27</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 Angel		Inspected by (name and title printed): Bob Smith / Mia Papageorge
Received by (signature): 		Inspected by (signature):  / 
cc:	cc:	cc:

# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

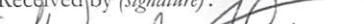
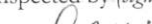

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

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>Meijer</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2-14-24</b>	ID# <b>2048</b>
Establishment address <b>2390 N. Morton St. Franklin</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>2-24-24</b>
Owner <b>46131</b>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u>—</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>✓</u> 5 <u>—</u>	
Certified food handler <b>Robin Owens exp 2027</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): Wendy Stanley Produce TL	Inspected by (name and title printed): Paul Birtu / Mia Papageorge
Received by (signature): 	Inspected by (signature):  / 
cc:	cc:





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

Establishment name <b>Meijer Gas Station #295</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2-14-24</b>	ID# <b>2037</b>
Establishment address <b>2354 N. Morton St. Franklin</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>2-24-24</b>
Owner <b>46131</b>		Summary of Violations:  C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
Owner address		Menu Type (See back of page)  1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in charge			
Responsible person's email			
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"

[illegible]

Received by (name and title printed):

Mark Ploss

Received by (signature):

by (signature): Mark A. Frost

CC:

CC:

Inspected by (name and title printed):

Kaul Betiku / Mia Papageorga

Inspected by (signature):

Inspected by (signature): Paul Bebb / Monkey

QC:



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

Betsy  
2/13

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>MI ABUELITO</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>2/12/24</b>	ID# <b>2460</b>
Establishment address <b>2797 N MORTON FRANKLIN, 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>2/22/24</b>
Owner <b>BULMARO GARCIA CERNA</b>		Summary of Violations:  C <u>1</u> NC <u>4</u> R <u>—</u>	
Owner address		Menu Type (See back of page)  1 <u>—</u> 2 <u>—</u> 3 <u>4</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge <b>BULMARO GARCIA CERNA</b>			
Responsible person's email			
Certified food handler <b>BULMARO GARCIA CERNA (SERVSAFE) (3/17/26 EXP)</b>			

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

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
138	NC	✓	HAIR RESTRAINT NOT WORN BY EMPLOYEE IN KITCHEN (CAP/VISOR/HAIR NET)	2/15/24
324	NC	→	HAND SINK DRAIN LEAKS / SOAP AND DISPOSABLE TOWELS NOT LOCATED BY SINK	2/18
192	C	*	SHELLED EGGS ON TABLE AT ROOM TEMPERATURE — NOT REFRIGERATED / TIME AS CONTROLLED NOT PROVIDED	2/13
218	NC	*	2 DOOR UPRIGHT GLASS DOOR REFRIGERATOR IN FRONT — DOOR GASKET WORN/SPLIT	3/18
234	NC	*	HANDLE OF ICE SCOOP IN CONTACT WITH ICE IN ICE MAKER	corrected 2/12
			<b>(note)</b> dual check valve — CERTIFICATION TAG NOT PROVIDED	

Received by (name and title printed):

**Bulmaro Rosalis Garcia**

Received by (signature):

**Bulmaro Rosalis Garcia**

Inspected by (name and title printed):

**Bob Smith EHS**

Inspected by (signature):

**Bob Smith**

cc:

cc:

cc:



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



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

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>Moe's Southwest Grill</b>	Telephone Number <b>(574) 808-0372</b>	Date of Inspection <b>2-2-24</b>	ID# <b>2789</b>
Establishment address <b>46131 2161 N. Morton St. Franklin, IN</b>	( ) Owner	Follow-up <b>—</b>	Release Date <b>2-12-24</b>
Owner <b>Anton Ademi</b>	Purpose: 1. <u><b>Routine</b></u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <b>C 0 NC 0 R —</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>Anton Ademi</b>		1 2 3 <b>X</b> 4 5	
Responsible person's email			
Certified food handler <b>Florim Ademi Exp 2028</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Anton Ademi, owner		Inspected by (name and title printed): Mia Papageorge	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	