



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 Gordon Food Service	Telephone Number () Establishment () Owner	Date of Inspection 4-27-23	ID# W48
Establishment address 790 N US 31, Greenwood 416142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5-7-23
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
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): <i>Rebecca Graves</i>		Inspected by (name and title printed): <i>Cassidy Hall</i>	
Received by (signature): 		Inspected by (signature): 	
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


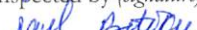
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name <u>Endress Hauser</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>4/17/23</u>	ID# <u>2284</u>
Establishment address <u>2355 Endress place</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>N/D</u>	Release Date <u>5/1/23</u>
Owner <u>Guenter Heimer</u> services @ Endress Hauser		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>0</u> 2 <u>1</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Certified food handler <u>Craig Marretto</u> <u>6/16/25</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"

[illegible]

Received by (name and title printed): Craig Marinho Chf Mgr		Inspected by (name and title printed): Paul Betiku EHS	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Belton
4/19

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 Indyo Frozen Yogurt	Telephone Number () Establishment () Owner	Date of Inspection 4-4-2023	ID# 2223
Establishment address 1251 W. 31N Greenwood 46142	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes	Release Date 4-14-2023
Owner		Summary of Violations: C 2 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler Not Provided			

• 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
415	C	X	Rodent droppings throughout dishwashing area as well on shelves upstairs.	4-4-2023
415	C		Establishment Observed insects throughout sticky flycatchers and zap light in use of prevention (small flies)	
324	NC		Hot water handle behind yogurt machines leaking	3-14-2020
324			Observed a leak off the drain pipe connection at the front hand sink.	
411	Note		Observed a light out in upstairs storage room	
			Note: Clean throughout establishment.	
			Note: Ice machine and single door cooler is not in use.	

Received by (name and title printed): Lynne J. [Signature]	Inspected by (name and title printed): Caleb Peener
Received by (signature):	Inspected by (signature): Caleb Peener
cc:	cc:

Cassidy

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A 411
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 Jenkin's Farm Market	Telephone Number () Establishment () Owner	Date of Inspection 4-13-23	ID# 2374
Establishment address 5566 IN-252	Franklin	Follow-up	Release Date 4-23-23
Owner 46131	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </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			
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): * Angie Lowe	Inspected by (name and title printed): Cassi Hall
Received by (signature): * Angie Lowe	Inspected by (signature): Cassi Hall
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

Belmont 511

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 La Herradura II	Telephone Number () Establishment () Owner	Date of Inspection 4-26-23	ID# 1259
Establishment address 2216 SSB135, Bargersville	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 5-6-23	Release Date
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC 3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 <input checked="" type="checkbox"/> 5	
Person in charge			
Responsible person's email			
Certified food handler Juan Quezada (Exp 9/27/26)			

• 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
414	<input checked="" type="checkbox"/>		Observed flying insect located in dish area, not approved for commercial use. Needs to be removed.	
218	NC		Observed gaps in hood system. Filters not tight fitting.	
			Walk-in freezer bottom door gasket is split/worn. Observed ice build-up.	
314	NC		Walk-in cooler threshold is damaged.	
			Observed a leak at the steamer table drain line.	
			Observed a leak at the dishmachine potable H ₂ O line.	
			Observed a leak at the bar 4 bay sink drain connection.	
177	NC		White plastic shelving unit behind flip-top cooler, bottom shelf not 6" off floor.	
			Food products inside walk-in freezer not stored 6" off floor.	

Received by (name and title printed):

Inspected by (name and title printed):

Nector Quezada

Cassi Hall

Received by (signature):

Inspected by (signature):

Nector Quezada

Cassi Hall

cc:

cc:

Elizaveth Schultz

NARRATIVE REPORT

[illegible]



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Betsy 511

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. 3:07 p.m.

Establishment name Luciana's Mexican Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 4-25-23	ID# 1220
Establishment address 1133 N SR 135 Greenwood 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 5-5-23
Owner		Summary of Violations: C 4 NC 9 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge Jose Cuatrecasas			
Responsible person's email			
Certified food handler Francisco Paredes Visoso (5/10/24)			

• 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		Observed a metal container of queso not holding in warmer unit located in service area of 630F	Corrected
187	C		Observed cooked chicken inside a metal container with a cover made 4/24/23 @ 440F located inside walk-in cooler	discarded 4-24-23
190	NC		Observed many containers of queso in metal containers with a cover cooling in room temperature located by 2nd sink	1
324	NC		Observed bar handsink not attached to wall	5-2-23
330	C	X	5 drain needs cleaned. Observed a hose connected to mop sink with a spray nozzle attached to hose without a back siphonage approved for continuous pressure	4-28-23
294	C		Observed bar dish machine sanitizer less than 10 ppm (shall be 50ppm - 100ppm)	4-27-23

Received by (name and title printed):

x Jose Cuatrecasas

Received by (signature):

x

Inspected by (name and title printed):

CASS; Hall / Andrew Miller

Inspected by (signature):

CASS; Hall / Andrew Miller

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name Luciana's Mexican Restaurant			Address 1133 N SR 135		Inspection Date 4-25-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
218	NC		2 door reach in cooler door gasket with salsa is split/worn Single door reach in cooler in bar area needs turned down.	5-15-23	
324	NC		Hand Sink hot water is not functioning by 2 bay Sink.	4-25-23	
399	NC		Shout repair needed in bar, cooking area	5-5-23	
430	NC		Walk-in-cooler bottom door hinge is damaged and the door is not fully closing	5-1-23	
286	NC	✓	Kitchen dish machine pressure gauge was not working	4-28-23	
309	NC		Kitchen dish machine air ventilation hood appeared not working. A large amount of steam was noted in the kitchen near jet spray rinse station	5-15-23	
324	NC	✓	(1) Three bay sink (in kitchen) leaking at center faucet connection and under right drain pipe (2) Jet spray rinse hose unit leaks at center connection	5-15-23	
			Note: Observed a few small flies Note: Hand Sinks are for hand washing only. Mop sink has a sink & water splitter feeding four separate units (a hand sink, hose under continuous pressure, and two wall chemical dispensers)		
Received By (Name & Title) x Jose Gutierrez			Inspected By (Name & Title) CASTRO		Page <u>2</u> of <u>2</u>



BEA
4/19

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"

Received by (name and title printed):		Inspected by (name and title printed):
Received by (signature): Brenda Woodall		Inspected by (signature): Cass Hall / K. R. P.
cc: Brenda Woodall	cc:	cc:





Belent
511

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

Establishment name <u>Mellow Run</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>4-26-23</u>	ID# <u>1117</u>
Establishment address <u>6964 Whiteford Rd 46106</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>—</u>	Release Date <u>5-6-23</u>
Owner		Summary of Violations:	
Owner address		C _____ NC <u>6</u> R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <u>X</u> 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
415	NC		Observed rodent droppings in interior cabinets in downstairs storage room (afew)	5-17-23
177	NC		Observed corn syrup and utensils stored in downstairs employee restroom.	4-26-23
177	NC		Bottom of both grey storage shelves located in downstairs storage room not 6" off floor	5-5-23
218	NC		walk-in cooler door gasket is split	5-26-23
346	NC		No hand soap at hand sink by 3 bay sink	4-26-23
347	NC		No paper towels at hand sink by 3 bay sink	
			Note: freezer with ice cream shall be off or	(AS)
			Note: couldn't access chest freezer	

Received by (name and title printed): Madeline BRIGGEMAN	Inspected by (name and title printed): Cassi Hall
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 Marathon Express	Telephone Number () Establishment () Owner	Date of Inspection 4/24/23	ID# 2463
Establishment address 2710 SR 135	Purpose: ① Routine	Follow-up —	Release Date 5/4/23
Owner DJAY TWO INC PARTH PATEL	2. Follow-up	Summary of Violations: C <u>0</u> NC <u>0</u> R <u>—</u>	
Owner address 2710 SR 135	3. Complaint		
Person in charge GURI	4. Pre-Operational	Menu Type (See back of page) 1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Responsible person's email	5. Temporary		
Certified food handler	6. HACCP		
	7. Other (list)		

- 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>AST</i>		Inspected by (name and title printed): KEVIN R PAULIN EHS.
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>
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 <i>Mrs. Carl</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/28/23</i>	ID# <i>223</i>
Establishment address <i>259 S. Meridian St. Greenwood.</i>	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	Release Date <i>May 8, 2023</i>
Owner		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>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>+ Ashley 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"

[illegible]

Received by (name and title printed): x Ashley Miller - owner		Inspected by (name and title printed): Terry Bayless
Received by (signature): x Ashley Miller		Inspected by (signature): Terry D Bayless
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



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FRANKLIN, IN 46131
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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 NY Slice	Telephone Number () Establishment () Owner	Date of Inspection 4-20-23	ID# 1333
Establishment address 1701 Greenwood Park E. Dr.	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 5-1-23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>5</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 Daniel Frost (1746127)			

- 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): DANIE FROST	Inspected by (name and title printed): Cass Hall
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 O'Charley's #406	Telephone Number () Establishment () Owner	Date of Inspection 4/25/23	ID# 1111
Establishment address 886 S. S.R. 135 Greenwood	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up No	Release Date 5/5/23
Owner O'Charley's, LLC IN 46143		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u> </u>	
Person in charge Lindsey Chamberlain		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 Lindsey Chamberlain (exp 12/14/25)			

- 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	✓	Minor grout repair needed near deep fryers, kettle area, and preparation area	6/25/23 ↓
431	NC	✓	Flood is soiled under deep fryers	5/1/23 ↓
			Note: Fry Lower cooler/preparation table not maintaining 41°F or colder. Firm is cooling product with ice. Bottom interior of this unit was 45°F	

Received by (name and title printed): Lindsey Chamberlain General Manager		Inspected by (name and title printed): Andrew Miller EHS/CASS: #	
Received by (signature): 		Inspected by (signature): Andrew Miller / 	
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

Beky 3/6/23

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 Panda Express #1546	Telephone Number () Establishment () Owner	Date of Inspection 3-1-23	ID# 1265
Establishment address 331 S SR 135, Greenwood 46042	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 3-10-23
Owner Panda Express Inc		Summary of Violations: C 0 NC 9 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Thant Woo			
Responsible person's email SenSafe Exp:			
Certified food handler Vicky Vargas 2025			

• 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
430	NC	✓	East exterior vertical gutters are extremely deteriorated	4-1-23
402				↓
399	NC	①	Back door area needs tile repair	3-15-23
(pm)				↓
218		✓②	Kitchen cook line needs grout repairs	↓
430	NC		Right kitchen door (one of two) opens and remains open when main walk-in-cooler door is closed	3-5-23
Am				↓
324	NC		Vegetable cooker overflow drains onto the cookline floor	3-15-23
431	NC	✓	Floor is soiled under main serving line, soda station, and cookline	3-5-23
				↓
295	NC		Underneath of wok and cooking equipment and fryers are soiled	3-5-23
				↓
324	NC		Two bay sink leaks from center faucet connection	3-15-23
				↓
295	NC		Walk-in-cooler shelving is soiled	3-8-23
411	NC		and one light (overhead) is out	↓

Received by (name and title printed):

Thant Woo

Received by (signature):

[Signature]

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

[Signature]

cc:

cc:

cc:



[Signature]

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 Panera Bread	Telephone Number () Establishment () Owner	Date of Inspection 4/18/23	ID# 943
Establishment address 789 US St Greenwood	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 5/02/23
Owner		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler Michael Earnest 12/9/24		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </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"

[illegible]

Received by (name and title printed): Mike Earnest		Inspected by (name and title printed): Paul Betton Ets	
Received by (signature):  GM		Inspected by (signature): 	
cc:	cc:	cc:	

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



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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 PAPA JOHN'S 1036	Telephone Number () Establishment () Owner	Date of Inspection 4/24/23	ID# 716
Establishment address 295 S. ST RD 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 5/4/23
Owner PAPA JOHN'S		Summary of Violations: C 0 NC 2 R —	
Owner address PAPA		Menu Type (See back of page) 1 — 2 X 3 — 4 — 5 —	
Person in charge MATTHEW CROWNING			
Responsible person's email			
Certified food handler MATTHEW CROWNING exp. 11/10/28			

- 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"

[illegible]

Received by (name and title printed): Matthew Channing		Inspected by (name and title printed): Kevin R Paulin EMS	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	



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FRANKLIN, IN 46131
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Establishment name PAPA MURPHY'S	Telephone Number () Establishment () Owner	Date of Inspection 4/24/23 ^{10:45 am}	ID# 2227
Establishment address 1011 N SR 135		Follow-up —	Release Date 5/4/23
Owner MC INVESTMENTS	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>2</u> R <u>—</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 LINDA ZEMANTIS			
Responsible person's email			
Certified food handler LINDA ZEMANTIS Exp. 1/11/25			

- [illegible]

Received by (name and title printed): <i>Laura Lemaitre</i>	Inspected by (name and title printed): <i>Kevin R. Paulsen EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
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

Belay
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 PILOT TRAVEL CENTER #037	Telephone Number () Establishment () Owner	Date of Inspection 3/13/23 11:30AM	ID# 746
Establishment address 2962 E. 500 N. 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3/23/23
Owner		Summary of Violations: C X NC 10 R —	
Owner address		Menu Type (See back of page) 1 — 2 X 3 — 4 — 5 —	
Person in charge Darin Klotzsche			
Responsible person's email			
Certified food handler Darin 2/28/23			

• 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		CABINET UNDER SODA MACHINE IS SOILED - OLD RAGS OBSERVED LAYING ON FLOOR IN CABINET	3/16/23
295	NC		ALL COFFEE MACHINE NOZZLES ARE SOILED	3/16/23
431	NC		FLOOR UNDER ICE CREAM FREEZER AND REFRIGERATOR ADJACENT IS SOILED.	
430	NC		FLOOR IN FRONT OF WALK-IN COOLER AND IN FRONT OF REAR ACCESS DOOR IS IN DISREPAIR.	4/13/23
218	NC		ICE MACHINE APPEARS TO BE LEAKING	4/13/23
431	NC		FLOOR UNDER 3-BAY SINK IS SOILED	3/16/23
430	NC		OBSERVED A LIGHT NOT FUNCTIONING IN SPRING AREA ADD TO REAR	3/14/23
218	NC		REAR-12 FREEZER ON LEFT IN THE STORAGE AREA IS MISSING A PANEL	4/13/23
295	NC		REAR-12 FREEZER ON RIGHT IN THE STORAGE AREA IS SOILED ON THE INSIDE AND OUTSIDE.	3/16/23
430	NC		FLOOR NEAR REAR ACCESS DOOR IS IN DISREPAIR	4/13/23
NOTE			OBSERVED LIGHT EXTERIOR BOTTOM RIGHT CORNER OF REAR ACCESS DOOR.	4/13/23

Received by (name and title printed): X Darin Klotzsche	Inspected by (name and title printed): KEVIN R. PAULIN, EHS
Received by (signature): X [Signature]	Inspected by (signature): K.R.P.
cc:	cc:

NARRATIVE REPORT

[illegible]



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

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		Floor throughout establishment is soiled.	
			↳ Under equipment, under 3 bay Sink	
295	NC		Many Shelving Units are soiled/rusty throughout establishment.	
218	NC		2 walk-in-freezer shelving units are damaged. (bottom shelf)	
218	NC		Single door, reach in freezer, by fryer, door gasket is split/worn.	
430	NC		fly by truck door is damaged/worn	
295	NC		bottom of stand up 2 door cooler is soiled ↳ Side of fryer is soiled.	
			Note: Label all bulk items on container.	

Received by (name and title printed): X Joseph Smith	Inspected by (name and title printed): Cass Hall
Received by (signature): X [Signature]	Inspected by (signature): Cass Hall
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 Pizza King	Telephone Number () Establishment () Owner	Date of Inspection 4/24/23	ID# 2668
Establishment address 28 520 N. St. Rd 135	Purpose: 1. Routine	Follow-up	Release Date 5/4/23
Owner Greenwood IN	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 3 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 X 3 4 5	
Responsible person's email			
Certified food handler Daya Singh EXP 3/6/28			

- 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"

[illegible]

Received by (name and title printed): X DAYA SINGH		Inspected by (name and title printed): Terry D Bayless
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc: