



# 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.

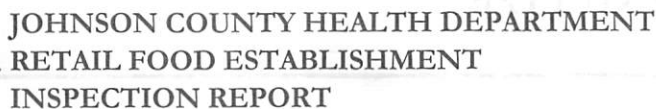
|  |  |  |                                |
|--|--|--|--------------------------------|
| Establishment name<br><b>Panda Express</b>                   | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>1-21-24</b>   | ID#<br><b>1265</b>             |
| Establishment address<br><b>323 S SR 135 Greenwood 46142</b> | Purpose:<br><b>1. Routine</b><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>—</b>  | Release Date<br><b>1-21-24</b> |
| Owner  |  | Summary of Violations:<br><br>C <u>0</u> NC <u>3</u> R <u>—</u>                                |                                |
| Owner address  |  | Menu Type (See back of page)<br><br>1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u> |                                |
| Person in charge   |  |  |                                |
| Responsible person's email                                   |  |  |                                |
| Certified food handler<br><b>Vicky Varans (exp. 2/23/27)</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"

| Section # | C/NC | R | Narrative   | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 324       | NC   |   | - observed women's restroom sink leaking at handle connections  | 2-12-24            |
|           |      |   | - observed right faucet leaking at handle connection  | I                  |
| 177       | NC   |   | - observed a hair in the bulk salt container at the cookline  | Corrected.         |
|           |      |   | · voluntary discard   | I                  |
| 324       | NC   |   | - observed Y-valve connection a fixed to mop sink faucet<br>↳ chemical dispenser attached to Y-valve  | 1-11-24            |
|           |      |   | <p>Notes: ① in-use utensils coming in contact with potentially hazardous foods shall be washed, rinsed, &amp; sanitized every 4 hours</p> <p>② observed walk in cooler door closing &amp; making the two display doors opening</p> <p>③ observed garlic &amp; ginger mix at cookline at room temp. container states to keep it refrigerated, shall be kept @ 41°F or less or discard at least every 4 hours</p> |                    |

|   |     |  |
|---|-----|--|
| Received by (name and title printed):<br><i>Joseph Mamy - Stone Mamy.</i> |     | Inspected by (name and title printed):<br><i>Mid Ringeorge</i> |
| Received by (signature):<br><i>[Signature]</i>                            |     | Inspected by (signature):<br><i>[Signature]</i>                |
| cc:<br><i>[Signature]</i>   | cc: | cc:<br><i>[Signature]</i>                                      |





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|   |  |  |                                |
|---|--|--|--------------------------------|
| Establishment name<br><b>Panera Bread</b>                 | Telephone Number<br>( ) Establishment<br>( ) Owner | Date of Inspection<br><b>1/4/24</b>                        | ID#<br><b>2713</b>             |
| Establishment address<br><b>2156 US 31 Franklin</b>       | Purpose:<br><b>1. Routine</b>                      | Follow-up  | Release Date<br><b>1/14/24</b> |
| Owner   | <b>2. Follow-up</b>                                | Summary of Violations:                                     |                                |
| Owner address   | <b>3. Complaint</b>                                | C <u>0</u> NC <u>2</u> R <u>—</u>                          |                                |
| Person in charge  | <b>4. Pre-Operational</b>                          | Menu Type (See back of page)                               |                                |
| Responsible person's email                                | <b>5. Temporary</b>                                | 1 <u>  </u> 2 <u>  </u> 3 <u>✓</u> 4 <u>  </u> 5 <u>  </u> |                                |
| Certified food handler<br><b>Megan Foster Exp 5/26/28</b> | <b>6. HACCP</b>                                    |  |                                |
|   | <b>7. Other (list)</b>                             |  |                                |

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| Section # | C/NC | R | Narrative  | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 425       | NC   |   | organize mops, hang them   | 1/4                |
| 431       | NC   |   | - clean floor in freezer<br>- public restroom women's fan is dusty<br>· check that it is operational             | 1/5                |
|           |      |   | Note: chemical dispensing tubes at 3 bays sink<br>& mop sink need to be cut shorter to<br>be above the waterline |                    |
|           |      |   | Coping around the wall in utility area<br>in disrepair - work order submitted                                    |                    |
|           |      |   | Backflow prevention located in the<br>riser room, last tested 2.24.23  |                    |

Andrew Zook

Andrew Zaid

CC:

Mia Papageorge / Kevin Paulin

cc: Nia K. R. J.

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<br><b>Rapa Johns</b>                                      | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>1/15/24</b>                 | ID#<br><b>2241</b>             |
| Establishment address<br><b>334 S. Emerson St<br/>1201 Greenwood Park Dr</b> | Purpose:<br><b>1. Routine</b><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up  | Release Date<br><b>1/25/24</b> |
| Owner<br><b>East Greenwood</b>   |  | Summary of Violations:<br><br><b>C 0 NC 2 R</b>      |                                |
| Owner address  |  | Menu Type (See back of page)<br><br><b>1 2 3 4 5</b> |                                |
| Person in charge   |  |  |                                |
| Responsible person's email   |  |  |                                |
| Certified food handler<br><b>L Kaleb Ahlols</b>                              |  |  |                                |

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[illegible]

|   |   |
|---|---|
| Received by (name and title printed):<br>↓ Lacey Sumner | Inspected by (name and title printed):<br>Terry D Bayless |
| Received by (signature):<br>↓ Lacey Sumner              | Inspected by (signature):<br>Terry D Bayless              |
| cc:   | cc:   |





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

|   |  |                               |                        |
|---|--|-------------------------------|------------------------|
| Establishment name<br><b>Papa Johns</b>                           | Telephone Number<br>(317) 530-7004<br>(502) 261-7272 | Date of Inspection<br>1/30/24 | ID#<br>2783            |
| Establishment address<br>5881 N. State Rd 135 Greenwood, IN 46143 | Purpose:<br>1. Routine                               | Follow-up<br>NO               | Release Date<br>2-9-24 |
| Owner<br>Papa Johns   | 2. Follow-up   | Summary of Violations:        |                        |
| Owner address<br>2002 Papa Johns Blvd Louisville, KY 40299        | 3. Complaint   | C 0 NC 2 R —                  |                        |
| Person in charge<br>Halcy Austin                                  | 4. Pre-Operational                                   | Menu Type (See back of page)  |                        |
| Responsible person's email<br>Steve-evans@papajohns.com           | 5. Temporary   | 1 2 X 3 4 5                   |                        |
| Certified food handler<br>Not provided at inspection              | 6. HACCP   |                               |                        |
|   | 7. Other (list)                                      |                               |                        |

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[illegible]

|   |  |  |  |
|---|--|--|--|
| Received by (name and title printed):<br>Haley Austin |  | Inspected by (name and title printed):<br>Mia Papageorge |  |
| Received by (signature):<br>Haley Austin              |  | Inspected by (signature):<br>Mia Papageorge              |  |
| cc:   |  | cc:  |  |



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Betsy 11/16

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<br><b>PARKHURST DINING (FRANKLIN COLLEGE)</b>                            | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>11/11/24</b>  | ID#<br><b>2273</b>              |
| Establishment address<br><b>701 BRANIGAN BLVD FRANKLIN, IN</b>                              | Purpose:<br><b>1. Routine</b><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>—</b>  | Release Date<br><b>11/21/24</b> |
| Owner<br><b>PARKHURST DINING</b>  |  | Summary of Violations:<br><br>C <u>0</u> NC <u>7</u> R <u>—</u>                            |                                 |
| Owner address   |  | Menu Type (See back of page)<br><br>1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u> |                                 |
| Person in charge<br><b>DEVA DUNCAN</b>  |  |  |                                 |
| Responsible person's email  |  |  |                                 |
| Certified food handler<br><b>DEVA DUNCAN / (SO RNSAFE) CHRISTOPHER BATOR (10/18/27 EXP)</b> |  |  |                                 |

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| Section # | C/NC |  | Narrative   | To Be Corrected by |
|-----------|------|--|---|--------------------|
| 399       | NC   |  | FLOOR WORN IN AREAS OF THE KITCHEN  | 3/1/24             |
| 431       | NC   |  | FLOOR NOT CLEAN NEXT TO WALL IN AREAS OF STOCK ROOM, OTHER AREAS IN KITCHEN   | 1/20               |
| 394       | NC   |  | TRASH SEEN ON GROUND AROUND DUMPSTER  | 1/20               |
| 245       | NC   |  | SERVING LINE ALLERGY STATION SHELF NOT CLEAN  | 1/20               |
| 431       | NC   |  | WATER POOLED ON AREA OF DISHWASHING ROOM  | 3/1                |
| 399       | NC   |  | WALL IN DISHWASHING ROOM MECHANICAL DISHWASHER HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE | 3/10               |
| 324       | NC   |  | PROP SINK HOSE WITH SHUT-OFF INSTALLED NOT ADEQUATELY PLUMBED   | 3/1                |

Received by (name and title printed):

**DEVA DUNCAN - General Manager**

Inspected by (name and title printed):

**Bob Smith EHS**

Received by (signature):

*[Signature]*

Inspected by (signature):

*[Signature]*

cc:

cc:

cc:




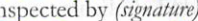



Benson  
1/16



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| Section #      | C/NC         | R | Narrative  | To Be Corrected by |
|----------------|--------------|---|--|--------------------|
| 324            | NC           |   | Appears the Ice Machine is leaking @ drain line  | 2-1-24<br>1        |
| <del>187</del> | <del>C</del> |   | <del>Observed red beans not holding @ 128°F located @ warmer table. (CN) - Observed time stamp.</del><br><del>↳ Shall be 135°F or above</del>  | <del>1-11-24</del> |
| 191            | C            |   | ① Observed flour mix for raw chicken with out time stamp.<br>② Observed many containers of raw chicken @ 50°F stored above flour mix<br>↳ Shall be 41°F <sup>min</sup> or time stamp to discard after 4 hours.<br>• time stamps/timer, SOP, or documentation was not provided @ time of inspection |                    |
| 347            | NC           |   | Observed no paper towels provided @ hand sinks by 3 bay sink.  | 1                  |

|  |     |  |                       |
|--|-----|--|-----------------------|
| Received by (name and title printed):<br>Abbigail Robledo  |     | Inspected by (name and title printed):<br>Cassi Hall / Mia Papageorge  |                       |
| Received by (signature):<br> |     | Inspected by (signature):<br> /  |                       |
| cc:  | cc: | cc:  | Chall@Co.johnson.n.us |





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<br><b>POPZ PIZZA OF FRANKLIN</b>          | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>1/23/24</b>  | ID#<br><b>1601</b>            |
| Establishment address<br><b>21 S MORTON ST. FRANKLIN, IN</b> | Purpose:<br><b>1. Routine</b><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>—</b>   | Release Date<br><b>2/2/24</b> |
| Owner<br><b>MADDOX</b>                                       |  | Summary of Violations:<br><br>C <u>0</u> NC <u>4</u> R <u>  </u>                                |                               |
| Owner address  |  | Menu Type (See back of page)<br><br>1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u> |                               |
| Person in charge<br><b>RICHARD LYNCH</b>                     |  |   |                               |
| Responsible person's email                                   |  |   |                               |
| Certified food handler<br><b>CHRIS MADDOX</b>                |  |   |                               |

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[illegible]

|   |     |  |
|---|-----|--|
| Received by (name and title printed):<br>Richard L. Huch  |     | Inspected by (name and title printed):<br>Bob Smith EHS  |
| Received by (signature):<br> |     | Inspected by (signature):<br> |
| cc:   | cc: | cc:  |





JOHNSON COUNTY HEALTH DEPARTMENT  
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Buttm  
1/29

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|   |  |  |                               |
|---|--|--|-------------------------------|
| Establishment name<br><u>Red Sun</u>                        | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><u>1-24-24</u><br><u>2p</u>  | ID#<br><u>1809</u>            |
| Establishment address<br><u>3100 Meridian Park Dr Ste Q</u> | Purpose:<br>1. Routine <u>EGS</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list)<br><u>Initial</u> | Follow-up<br><u>No</u>   | Release Date<br><u>2-5-24</u> |
| Owner<br><u>Mike</u><br><u>46142</u>                        |  | Summary of Violations:<br><br>C <u>0</u> NC <u>3</u> R <u>0</u>                                |                               |
| Owner address   |  | Menu Type (See back of page)<br><br>1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>X</u> 5 <u>  </u> |                               |
| Person in charge<br><u>Mike</u>                             |  |  |                               |
| Responsible person's email                                  |  |  |                               |
| Certified food handler                                      |  |  |                               |

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| Section # | C/NC | R | Narrative  | To Be Corrected by   |
|-----------|------|---|--|----------------------|
| 437       |      |   | NOTE: Spray bottles shall be labeled w/ contents common name   | 1-24-24<br>Corrected |
| 187       |      |   | NOTE: Cooked, diced chicken not timed @ 114°F @ 2p   | 1-24-24              |
| 441       |      |   | NOTE: Pesticides shall be used as per label. All pesticides in a food facility shall state: "Approved for use in a food handling facility." If the label does not say this you cannot use it.  | 1-24-24              |
| 216       | NC   |   | Cardboard used to line metal racks - It is not approved for use as it is not easily cleanable  | 1-25-24              |
| 245       | NC   |   | Wet cloth observed under cutting board. Wet cloths @ room temperature can harbor bacteria & therefore are not allowed  | 1-24-24              |
| 190       | NC   |   | Tightly wrapped lo mein noodles @ 60°F corrected in walk-in-cooler. Loosely wrap items during cooling. Reminder: Sanitizer buckets shall have 70°F water & Chlorine (50-100ppm) only in bucket |                      |

Received by (name and title printed):

Mike Hung

Inspected by (name and title printed):

Elizabeth Senisse

Received by (signature):

Inspected by (signature):

Elizabeth Schultz

cc:

cc:

cc:

317-346-4373








Belton  
11/29  
-5264

✓

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|   |     |  |
|---|-----|--|
| Received by (name and title printed):<br>O Arnold Garcia  |     | Inspected by (name and title printed):<br>Elizabeth Senisse  |
| Received by (signature):<br> |     | Inspected by (signature):<br> |
| cc:<br>                      | cc: | cc:<br>317-346-4373  |



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|   |  |  |                               |
|---|--|--|-------------------------------|
| Establishment name<br><b>Rise n Roll</b>            | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>1/29/24</b>                   | ID#<br><b>2/26</b>            |
| Establishment address<br><b>1277 N State Rd 135</b> | Purpose:<br><b>1. Routine</b><br><b>2. Follow-up</b><br><b>3. Complaint</b><br><b>4. Pre-Operational</b><br><b>5. Temporary</b><br><b>6. HACCP</b><br><b>7. Other (list)</b> | Follow-up  | Release Date<br><b>2/9/24</b> |
| Owner<br><b>Greenwood IN</b>                        |  | Summary of Violations:<br><br><b>C 0 NC 3 R</b>        |                               |
| Owner address                                       |  | Menu Type (See back of page)<br><br><b>1 2 X 3 4 5</b> |                               |
| Person in charge                                    |  |  |                               |
| Responsible person's email                          |  |  |                               |
| Certified food handler                              |  |  |                               |

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[illegible]

|   |     |   |
|---|-----|---|
| Received by (name and title printed):<br>X Brandon Deaton |     | Inspected by (name and title printed):<br>Terry D Bayless |
| Received by (signature):<br>X [Signature]                 |     | Inspected by (signature):<br>[Signature]                  |
| cc:   | cc: | cc:   |



BEA 2/8

✓

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|  |     |   |
|--|-----|---|
| Received by (name and title printed):<br>X Cheryl Domi |     | Inspected by (name and title printed):<br>Lesly Bayless |
| Received by (signature):<br>Cheryl Domi                |     | Inspected by (signature):<br>Lesly Bayless              |
| cc:  | cc: | cc:   |



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|  |   |  |                                |
|--|---|--|--------------------------------|
| Establishment name<br><i>Small Cakes Cupcakery</i>         | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br><i>1.12.24</i>                   | ID#<br><i>1966</i>             |
| Establishment address<br><i>1279 N Emerson 46143</i>       | Purpose:<br><input checked="" type="radio"/> 1 Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><i>—</i>                                  | Release Date<br><i>1.22.24</i> |
| Owner<br><i>Aaron &amp; Melia Evans</i>                    |   | Summary of Violations:<br><br><i>C 0 NC 2 R —</i>      |                                |
| Owner address  |   | Menu Type (See back of page)<br><br><i>1 2 X 3 4 5</i> |                                |
| Person in charge   |   |  |                                |
| Responsible person's email                                 |   |  |                                |
| Certified food handler<br><i>ALICIA GORIS Exp 12/12/24</i> |   |  |                                |

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[illegible]

|  |     |  |
|--|-----|--|
| Received by (name and title printed):<br>X Aaron Evans |     | Inspected by (name and title printed):<br>K. R. Felt |
| Received by (signature):<br>X [Signature]              |     | Inspected by (signature):<br>[Signature]             |
| cc:  | cc: | cc:  |



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Belson  
1/24

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<br><b>Smoky Bones Bar + Fire</b>    | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>1/25/24</b>                 | ID#<br><b>1338</b>            |
| Establishment address<br><b>780 US 31 N. Greenwood</b> | Purpose:<br>1. <u>Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>No</b>                               | Release Date<br><b>2/1/24</b> |
| Owner<br><b>BBQ Integrated Inc</b>                     |  | Summary of Violations:<br><br><b>C 0 NC 4 R</b>      |                               |
| Owner address  |  | Menu Type (See back of page)<br><br><b>1 2 3 4 5</b> |                               |
| Person in charge<br><b>Tifini Barney</b>               |  |  |                               |
| Responsible person's email<br><b>(Sew Safe Exp)</b>    |  |  |                               |
| Certified food handler<br><b>Tifini Barney 7/16/28</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 |
|-----------|------|---|--|--------------------|
| 399       | NC   |   | Bar and kitchen floor in need of tile and/or grout repair  | 2/25/24            |
| 218       | NC   |   | Interior top right of metal ice drop plate is cracked at left edge   | 2/25/24            |
| 430       | NC   |   | ① South door to shed area contains what appears a loose top hinge and the door rubs the door frame.<br>② Top of tiled cove base below interior smoker doors is not sealed. | 2/25/24            |
| 218       | NC   |   | Mechanical dish machine "wash" temperature gauge appeared to be stuck on approximately 140°F   | 2/3/24             |

Received by (name and title printed):

**Tifini Barney**

Received by (signature):

**Tifini Barney**

cc:

cc:

Inspected by (name and title printed):

**Andrew Miller, EHS**

Inspected by (signature):

**Andrew Miller**

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<br><i>Smoothie King</i>                          | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><i>1-12-24</i>  | ID#<br><i>2347</i>             |
| Establishment address<br><i>625 S State Rd 135 Greenwood</i>        | Purpose:<br><u>1. Routine</u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><i>NO</i>  | Release Date<br><i>1-22-24</i> |
| Owner   |  | Summary of Violations:<br><br><i>C</i> <del><i>Ø</i></del> <i>NC</i> <del><i>Ø</i></del> <i>R</i> <del><i>Ø</i></del> |                                |
| Owner address   |  | Menu Type (See back of page)<br><br><i>1</i> <i>2</i> <i>3</i> <i>X</i> <i>4</i> <i>5</i>                             |                                |
| Person in charge  |  |   |                                |
| Responsible person's email  |  |   |                                |
| Certified food handler<br><i>Emil x Russel private exp. 7-14-27</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"

[illegible]

|   |     |   |
|---|-----|---|
| Received by (name and title printed):<br>EMILY RUSSEL / GENERAL MANAGER |     | Inspected by (name and title printed):<br>Caleb Fleener |
| Received by (signature):<br>Emily Russel                                |     | Inspected by (signature):<br>Caleb Fleener              |
| 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

Per 11/9/24

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<br><b>Speedway #8031</b>                     | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>1-8-24</b>                    | ID#<br><b>1649</b>             |
| Establishment address<br><b>211 S SR 135 Bargersville 46106</b> | Purpose:<br><b>1. Routine</b><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>Yes</b>                                | Release Date<br><b>1-18-24</b> |
| Owner   |  | Summary of Violations:<br><br><b>C 0 NC 4 R</b>        |                                |
| Owner address   |  | Menu Type (See back of page)<br><br><b>1 2 3 X 4 5</b> |                                |
| 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"

| Section # | C/NC | R | Narrative  | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 187       | C    |   | Observed the internal temperature of Chicken Bacon Ranch rollers (observed 4) between 126°F - 133°F on roller<br>↳ Shall be 135°F or more. | Corrected reheated |
| 297       | NC   |   | ① Soda machine nozzles are soiled.   | 1-10-24            |
| 295       | NC   |   | ② Soda machine ice chutes are soiled   | 1-19-24            |
| 218       | NC   |   | X Interior of soda/drink machine cabinet are soiled.   | 1-19-24            |
|           |      |   | The following door gaskets are split/worn<br>↳ 2 door stand up "freezer"<br>located in back room   | 2-8-24             |
|           |      |   | ↳ Display cooler (Bodyarmor stored)  |                    |
| 430       | NC   |   | many floor tiles are damaged/worn throughout establishment.  | 3-8-24             |
|           |      |   | Notes: ① Wash, Rinse, Sanitize, air dry all dishes   |                    |
|           |      |   | ② Continue to detail clean   |                    |
|           |      |   | ③ 1 light out in Women's restroom  |                    |
|           |      |   | ④ 1 can of Campbell's chicken noodle soup  | 10/23/23           |

|   |   |
|---|---|
| Received by (name and title printed):<br><b>Michael Walkerhush Store Leader</b> | Inspected by (name and title printed):<br><b>Cassi Hall</b> |
| Received by (signature):<br>  | Inspected by (signature):<br>                               |
| 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 317-736-8264

Bulky  
1/29

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<br><b>Starbucks</b>                    | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br><b>1-26-24</b>                   | ID#<br><b>1256</b>            |
| Establishment address<br><b>1251 N US 31 Greenwood</b>    | Purpose:<br><input checked="" type="checkbox"/> 1. Routine<br><input type="checkbox"/> 2. Follow-up<br><input type="checkbox"/> 3. Complaint<br><input type="checkbox"/> 4. Pre-Operational<br><input type="checkbox"/> 5. Temporary<br><input type="checkbox"/> 6. HACCP<br><input type="checkbox"/> 7. Other (list) | Follow-up<br>_____                                     | Release Date<br><b>2-6-24</b> |
| Owner   |   | Summary of Violations:<br><br><b>C 0 NC 3 R</b>        |                               |
| Owner address   |   | Menu Type (See back of page)<br><br><b>1 2 X 3 4 5</b> |                               |
| Person in charge  |   |  |                               |
| Responsible person's email                                |   |  |                               |
| Certified food handler<br><b>Deborah Speedy (5/10/28)</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 |
|---|------|---|---|--------------------|
| 346   | NC   |   | Observed no hand soap @ hand sink located by 3 bay sink.                        |                    |
| 352   | NC   |   | Employee restroom door was observed left open                                   |                    |
| 431   | NC   |   | Floor is soiled under equipment<br>↳ Under 16 machine<br>↳ Under cabinets, etc. |                    |
| NOTES:<br>① Single use lids shall be stored 6" off floor.<br>② Appears the dish machine is leaking.<br>The leak needs to be repaired. |      |   |   |                    |
| → final dish machine ring is OK @ time of inspection.   |      |   |   |                    |



|  |   |
|--|---|
| Received by (name and title printed):<br><b>Kyla Morel</b> | Inspected by (name and title printed):<br><b>Cassi Hall</b> |
| Received by (signature):<br><i>[Signature]</i>             | Inspected by (signature):<br><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

Betsy  
2/11

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<br><i>Steak N Shake</i>         | Telephone Number<br>( ) Establishment<br>( ) Owner  | Date of Inspection<br><i>1-12-24</i><br><i>1:40p</i>   | ID#<br><i>709</i>              |
| Establishment address<br><i>103 N SR 135 46142</i> | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><i>No</i>                                 | Release Date<br><i>1-22-24</i> |
| Owner  |   | Summary of Violations:<br><br><i>C 0 NC 5 R</i>        |                                |
| Owner address                                      |   | Menu Type (See back of page)<br><br><i>1 2 3 4 X 5</i> |                                |
| 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"

| Section # | C/NC | R | Narrative  | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 413       | NC   |   | Observed back door not tight fitting.  | 2-14-24            |
| 218       | NC   |   | ↳ observed day light in cooler door gasket is worn.  | 2-14-24            |
|           |      |   | (2) left side of ice cream machine lid is damaged.   | work order         |
| 286       | NC   |   | Observed the dish machine PSI around 13  | 1-22-24            |
|           |      |   | ↳ should be 15-25 psi  |                    |
| 430       | NC   |   | Ceiling leaks by ice cream station   | 5-12-24            |
| 324       | NC   |   | Observed the following leaks   | 1-31-24            |
|           |      |   | ↳ Handsink not water handle by ice cream station   |                    |
|           |      |   | (2) 2 bay sink faucet connection   |                    |
| note      |      |   | ↳ observed a spray nozzle connected to hose that's connected to mop sink without a back siphonage approved for continuous pressure |                    |
| 187       |      |   | Caramelized onions @ 87°F @ 1:44pm (discarded)   |                    |
|           |      |   | not in temperature control-SOPs are gray   |                    |

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

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<br><b>Stone Creek Dining</b>    | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>1-12-24</b><br><b>3:20p</b>        | ID#<br><b>1057</b>             |
| Establishment address<br><b>911 N SR 135 46142</b> | Purpose:<br><b>1. Routine</b><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up   | Release Date<br><b>1-22-24</b> |
| Owner<br><b>CGR Holdings</b>                       |  | Summary of Violations:                                      |                                |
| Owner address                                      |  | C <u>0</u> NC <u>0</u> R <u>0</u>                           |                                |
| Person in charge<br><b>Sam Smith</b>               |  | 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                             |  |   |                                |

- 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):<br>Laura Robinson  | Inspected by (name and title printed):<br>Elizabeth Schultz |
| Received by (signature):<br> | Inspected by (signature):<br>Elizabeth Schultz              |
| cc:  | cc:<br>317-346-4373   |

Eschultz@Co.johnson.in.us

# 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<br><b>Supreme Produce</b>             | Telephone Number<br>( ) Establishment<br>( ) Owner   | Date of Inspection<br><b>1-28-24</b>   | ID#<br><b>2742</b>            |
| Establishment address<br><b>59601 N SR 135 Greenwood</b> | Purpose:<br><b>1. Routine</b><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Follow-up<br><b>NO</b>   | Release Date<br><b>2-6-24</b> |
| Owner  |  | Summary of Violations:<br><br>C <u>  φ  </u> NC <u>  φ  </u> R <u>  φ  </u>                        |                               |
| Owner address  |  | Menu Type (See back of page)<br><br>1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  X  </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): |     | Inspected by (name and title printed): |
| CATE                                  |     | Caleb Fleming                          |
| Received by (signature):              |     | Inspected by (signature):              |
|                                       |     | Caleb Fleming                          |
| cc:                                   | cc: | cc:                                    |





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

✓

BEA  
1119

- [illegible]

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