

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

Owner addre	et addres	IK	MIZY RESTAURANT SEFFERSONSY. FRINKLIN, IN MAN	Telephone Numb  ( ) Establishm ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary	Follow-up Release 1/3 Summary of Violation	Date  Ons:
Responsible p	Person's	email		6. HACCP 7. Other (list)	Menu Type (See be	
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE			"R"
Section #	C/NC	具	ı	Varrative		To Be Corrected by
324	NC	A		hachanica	72	12/3/124
399	NC	y	IN STOCK ROOM AR		DV5772(9d)	12/3/
399	NE	4		en KHIPI	ROD IN ATTER	1/10/25
431 394 295 431	NC NC NC	1004		LOS -50 MO E LID NA TO MAKOR IN AROAS	NOT CLOSED OT CLOSED ON OF CLORN OF KERHEN	12/31 12/24 13/28 12/28
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431	NC.	~	Restroom cett	ING EXHO	NST COVERS	12/3/
Received by (	S	wa	h ladd		Inspected by (name and title printed):  BUS IM TUA A  Inspected by (signature):  BUS SA	MILLER.
cc:		Za.	Rah Kaad		cc:	

### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

JOHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

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

Establishine	in Sami	attor	i Kequireiii	ents. The	шие шии	ior correctio	on of each violation is s	specified if	the narrative portion	or this report.
Establishmen	nt name	000	Col	ssí	na.		Telephone Numb  ( ) Establishm		Date of Inspection	ID#
Establishmer				2	A	eenwoo	Owner )	ICIIL	12/12/24	2142
1255	De	m	aree	Rd.	IN	46143	Purpose:		Follow-up Release	e Date
Owner			)				1. Routine		NO 12	
1/18	XCC	1					2. Follow-up		Summary of Violati	ions:
Owner addre	ess						3. Complaint			
							4. Pre-Operation	nal	,	1
Person in charge						11 =	5. Temporary		CNC	
Jul	ia	-	Der	wi	FD		6. HACCP		1	
Responsible person's email							7. Other (list)		Menu Type (See b	ack of page)
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							E COLUMNS MARKED "C			
			ROM PREVIO	US INSPECTION	ONS ARE DE		E "SUMMARY OF VIOLATION	NS" AND IN	THE NARRATIVE BELOW A	
Section #	C/NC	R J	01.	0.001	1		Narrative		1)	To Be Corrected by
295	NC		OJa	vie	mi	yeu	neck	ano	.0	12/12/24
1117171	7774		(2). On	sido	2 7	Food	of 100	ma	bob	
			11	ADI	edi	4	of see	// US	NO .	1
324	NC		(1) 7	Vat	er	lear	e noted	201	n pipina	12/22/20
			ne	ar	top	ng	ht of M	necl	ranical	1 /
- 4 -			diss	riva	shel	20	0			
295	C		Tru	echa	nica	e se	ucer is	S	giled	Corrected
	n	es	are	) All	hary	renin	a stone	V. 7	lnit	
		_	wa	7 /	noce	d	"Clean"	an	ed cover	ed -
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Received by	signature)	)	) n		, l			Inspected	by (signature):	a Mari
cc:	11			\(\frac{1}{2}\)	<del>\</del>			LM	aren 11	Tuller
-	,			cc:		)		cc:		



#### 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

		tation	Requirements. The time limit for corr			
Establishment name				Telephone Number	Date of Inspection	
Dam Establishme	in 0.5	· I	7127cm	( ) Establishment	12-30-26	1 180,0
Establishme	nt addres	S		( ) Owner	1200	1096
8843	So	wth	4531	Purpose:	Follow-up Release	se Date
Owner		5011		1. Routine	Follow-up Release	9-25
				2. Follow-up	Summary of Viola	tions:
Owner addre	988			3. Complaint		
Owner addit	<b>C</b> 33			_		
				4. Pre-Operational	1	A - L
Person in ch	arge			5. Temporary	CNC	$\mathcal{L}$ $\mathcal{R}$ $\mathcal{L}$
Linu bu			a disental kang panini a libra a sinte	6. HACCP	LL Buy y Dorday to L	- bulgas (
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
0 10 10			h negal <del>steart Alametin, in</del>	digital men i i or	A le originalise	
Certified foo	od handle	-	Juanita Harmen es	12.77	123	45
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			NTIFIED IN THE CHECKLIST AND NARR.			
	_		OM PREVIOUS INSPECTIONS ARE DENOTED I	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
Section #	C/NC	R	0/-/1			To be Coffected by
-	2010011129	lead	Nothing to	Note at time	Il sweet was a to confirmed	77/2/2017
7.71	71.0510	7	of inspection	atarwa ta walan a a a a a a a a a a a a a a a a a a	77 13 7 101	F INVALIDATE
			7		SUBAN DELIVER TO SOLVE	27/35 IXAI
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishmer	nt name		and the second of the second	Telephone Number	Date of Inspection	ID#	
Establishmer	Dono	110	5	( ) Establishment	12/3/24	ID#	
				( ) Owner	12/1-1	2509	
27	260	5,	4531	Purpose:	Follow-up Releas	e Date	
Owner				1. Routine			
				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	aroe			5. Temporary	C_O_NC_Z_R		
	8-			6. HACCP	CNC_		
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)	
1			1 -1 /2 y 1 pg=2	7. Other (1131)	Mena Type (See a	uck of puge)	
Certified foo	d handle	r	Medical		123_<	4 5	
4	mar.	-/	Manning				
			ENTIFIED IN THE CHECKLIST AND NARRATIV		DATE OF THE PERSON OF THE PERS	IC UDU	
	C/NC	-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	IN THE NARRATIVE BELOW A	To Be Corrected by	
433		I.	Hung mops uf			12/3/24	
-1 22	NC		- Hung mops wif	to day -	or regar	1613167	
426	NC		- Area behind +1	18 propfets i	S	12/5/24	
			- Area behind of	Provent.		The Property of	
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	ment of the second						
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Pagainad bu	htis	- 0	e Durcher	Instruction	ted by (signature):	Day/elss	
Received by	(signature	te	Real	inspec	110000	Far. Con	
cc:			l cc:	cc:	-/my?)	Lay	
			1		(		

ID# 1628

**NARRATIVE REPORT** 

C5 NCS RO 113/25

Establish	ment N	am	e Address	Inspection Date
Dve 's	s h	les	1/c 2080 5. SR 135	12-26-24
Section#	C/NC			TO BE
Sections	C/NO	Ľ	JOHNSON COUNTY HEALTH DEPARTMENT	CORRECTED BY
		Ш	95 S DRAKE RD	
		Ш	FRANKLIN, IN 46131	
		Ш		
415	C		Observed mouse like droppings in the	12-26-24
			employee both room and on top of	
			dish machine	
141	ن		observed mady fruts : vegetables	12-26-24
			in wark freezow	
141	C		Observed moldy containers holding	12-26-24
			PHF	
-		$\Box$		
438	C	$\Box$	Observed a spray was bottle without	12-26-24
			labeling	
	<del>                                     </del>	$\Box$		
137	C	$  \neg  $	Flip top cooler by the sink not holding	12-26-24
-		$\vdash \vdash$	HIMOS (	7
	<del> </del>	$\vdash$	Swiedded weese @49°	
		$\vdash$	B hul chelse 0450	
	<del>                                     </del>	H	O CUCUMbers @45°	
430	MC	H	observed racks somed in the kitchen	1-26-25
324	NC	$\vdash \vdash$	Dish machine faucet is realizing	1-28-25
415	NC	$\vdash$	observed fly line insects in the witcher	
430	NC	$\vdash \vdash$	observed walk in freezer leakingsice	1-16.25
424	170	$\vdash$	1	1-26-25
- Lu	120	$\vdash$		1 -0 -0
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Received	y (Name	ال & ا	Inspected By (Name & Title)	Page <u>/</u> of <u>/</u>

JOHNSON COUNTY HEALTH DEPARTMENT 195 S DRAKE RD

PHONE: 317-346-4365 FAX:317-736-5264

Establishment name	Telepho	ne Number	Date of Inspection	ID#
180, Potho Movican Kosta	urant ( ) Es	tablishment	12/22/24	~ 1/17
Establishment allows		vner	12/23/27	a 147
18002 S Tinough Rd Nineven	Purpose:		Follow-up Release	Date 1
Owner Owner	Routin		. 1	2/25
Chan Kristana	2. Follow		Summary of Violation	
Owner address	Control of the Contro		outilitiary of violation	10.
Owner address	3. Comp			
U	4. Pre-O	perational	1 /	
Person in charge	5. Temp	orary	c_/_nc_6	R
Javier Nlynez	6. HACC	CP CP	and the second of the	PLOAD TO SE
Responsible person's email	7. Other	(list)	Menu Type (See bac	ck of page)
1 Sent	nte \	. ,	,	
Certified food handler	1/26		1 2 3 1	4 5
adustin bruiss CF				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AN	D NARRATIVE COLUMNS MA	ARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DE		VIOLATIONS" AND IN T	'HE NARRATIVE BELOW AS "	R"
Section # C/NC R	Narrative		T	o Be Corrected by
411 NCV Userhead	ight out i	n aru	storage	1/10/25
area bull	r/ out in	two	LOOU	111
Green on	seathorn		The state of the s	, 1 ,
218 NC U D Relias	ration do	2 reals	tornon	1/23/25
some	inits.			1, 11,
404 NC / COUR LAND	loose 10	of wall	near	1/23/25
handsink	in wom	ens res	troom	777
and at no	oth dish	area 7	wall	, 1,
218 NCV Wash gai	iae on 1	nechani	cal	1/3/25
aush 0	machin	e) was		/ /1
approximat	ely 115°F.			, _ ,
430 NC V Sell-Clos	ing devi	ice no	et.	1/10/25
attached.	at back	2) Ritch	en door	1 4 1
218 NC Broken D	ull expo	sina i	Relamen	t 12/23/2
inside Iri	e two do	ond, L	cooler	, '1'
187 C QUELO ON T	varmer	table	measure	ed I
11905		. /	, ,	Corrected
note: Bar)	we ben c	ontains	direct.	
drain conne	ction to	three	bay Sint	9)
Received by (name and title printed):		Inspected	by (name and title printed):	-110
Meer Ho		Ano	drew Mille	r, EHD
Received by (signature):		Inspected	by (signature):	1, )
Javier MUNDE	Constitution of the second sec	Uma	thew IVIU	U U
сс: сс:		cc:		
		- 1		



JOHNSON COUNTY HEALTH DEPARTMENT V
95 S DRAKE RD
FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

Езтаризник	ant Saint	autor	ii requirements. The time mint for confection	on or each violation is specified	III III III II II II II II II II II	
Establishmer	nt name		Bravo of Greenwood	Telephone Number  (Calculate the state of th	Date of Inspection	ID#
Establishmen	nt address	<u>ر</u> ا	y Ave Greenwood	( ) Owner	12/3/24	- 2600
11/21	yelo	a	JAVE 11/ 4/0/42	Purpose	Follow-up Release	1 - 1 - 1
Owner			0 10 141.	. Routine	NO 12	123/24
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
			-	4. Pre-Operational	1 , (	2 /
Personjinjsh	arge	- (	2 11 1	5. Temporary	c_/_nc	7_R_/
110	iqu	el	lelgado -	6. HACCP		1
Responsible	person's e	emai		7. Other (list)	Menu Type (See ba	ack of page)
Certified foo	d handler		el Deland 3/24/27		123/	_45
• CRITICAL)	U Cy o	-	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		1 4 4
	//		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
375	C		an employee	was noted	dumpi	na 12/3/24
	The T	1 10 1	a mos o bu	cket with	D	011
1000	Sept.		water conta	ining bu	beles	24
			(1.t. Sewage)	on the	alley	
100	10	_	side pavemer	t	1	4
199	NC	V	Kow veel	two was i	vas	Corrected
			trawing un	suggant	water	
218	110		Visial true.	wow vay	Jine	12/2/211
218	NC		Paper rower	was we	aus	12/5/24
			a wais sugg	ser a que	TWO	Strange
21/0	NE		Auminum La	110. 11. 1110	1,01)	Stopper
710	100		1 haling lings	1. I PAIDE	a wi	vemove.
295	A 10		(Dm Dran 1104)	for the	loun)	12/3/24
411	700		Charlet Juna	Dr. CHUNION	PARPON)	1442
			12"heavily"	1000	www	
218	NC		(Inside) by	Hom of the	in don	112/5/24
	/		Cool Firent Cool	er contains	2 svoled	, ///
			Water		/	1
Received by	(name and		printed): DELCIADO	Inspecte	ed by (name and title printed):	4.4
Received by				Inspecto	mavew Miled by (signature):	ller, EHS
Me	2	2		1 / -/	drew Mill	Vos
cc:			сс:	cc:	our Fine	20

Inspection Date Establishment Name Section# **CORRECTED BY** Received By (Name & Title) 



460 N. MORTON ST. STE A 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

		tatio	n Requirements. The time limit for correc	tion of each violation is specified	d in the narrative portion	of this report.
Establishme	nt name	$\cap$	0-1-2	Telephone Number	Date of Inspection	ID#
tha	b	to	icks	( ) Establishment	12-9-24	12
Establishme	addres:	/18	<u> </u>	( ) Owner	821	4 100)
290	11	9	ulmer Dr. 46101		Follow-up Release	e Date
Owner				1. Routine	No	
()(	m	,		2. Follow-up	Summary of Violati	ions:
Owner addr				3. Complaint		
10				4. Pre-Operational		7
Person in ch	arge			5. Temporary	$c O_{NC}$	$S_{R}O$
/\	M,			6. HACCP		
Responsible		emai	to the first and the second	7. Other (list)	Menu Type (See b	ack of page
responsible	Persons	CIIIII		7. Other (usi)	Menu Type (See 0	ack of pages
Certified foo	d handle	r			1 2 2	1 80 5
Jor					123	_4_6_5
- Andrewson in the Contract of	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN	E ID	ENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	red F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
234	No		Butter Spatulax &	Scoop Obser	red in	12-9-24
	T Light		Stagnant 95		commend	Mest, Watt
1979		Political (	ting crock pot	to hold wa	iter at	
			135°F or highe			
415	-6		411	is around may	7	10
399	NC			eiling shall be	2 Smooth &	12-10-24
			lasily cleanable		sts.	
				( )	# holes &	i de
216	NC		Seal mop Sink	. 2 1	.` - 0	12-9-24
216	700		Cardboard observe	er cutting board	de unde	0 -
			unex , we una	a course soone	a, or una	pecer
		,	note Point Sora	y can obser	ved on	moved
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			approved for		facility	
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cc:			cc:	cc:	317 346	4373.
		44.00				Page 1 of

You may make comments - email, fax or mail



JOHNSON COUNTY HEALTH DEPARTMENT
95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

Establishmer Q68 Owner	WILLIAMS Owner address					Telephone Numb  ( ) Establishm ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation	Fo Su	Date of Inspection ID#   2/18  24   1   9    Follow-up   Release Date   12/28/24    Summary of Violations:		
Person in charge  TERRY WILLIAMS  Responsible person's email						5. Temporary 6. HACCP 7. Other (list)	C NC R Menu Type (See back of page)			
Certified foo	d handle	r		N THE CHECKL	IST AND NARRATIV	/E COLUMNS MARKED "C"	1_	2 <del>**</del> 3	_45	
<ul> <li>VIOLATION(</li> </ul>		-	ROM PREVIOU	US INSPECTIONS	ARE DENOTED IN TH	IE "SUMMARY OF VIOLATION	NS" AND IN THE	NARRATIVE BELOW A		
Section #	C/NC	R		ermor		Narrative		Me	To Be Corrected by	
			CHes		2012					
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JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

Establishm	ent Sani	tatio	n Requirements. The time limit for correction			this report.
Establishme			The state of the state of the state of	Telephone Number Date of Inspection ID#		
Gree	at h	10	ul	(317) 7366151538	10 10 011	2021
Establishme	nt addres	S	46131	(317) 308 er 0096	12-18-24	200.
1840	Nort	hw	good Plz. Dr. Franklin, IN	Purpose:	Follow-up Release I	and the same of th
Owner				1. Routine	12-	28-24
Li 90	ang			2. Follow-up	Summary of Violation	as:
Owner addr				3. Complaint		
1067	Oak	Lec	of Rd. Franklin, IN 46131	4. Pre-Operational	1 .,	. Ł
Person in ch				5. Temporary	c_l_nc_4	_ <sub>R</sub> _3
	1977			6. HACCP	10 1 2 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Augusta .
Responsible	person's	emai	1	7. Other (list)	Menu Type (See bac	ck of page)
	•			, , ,	a di a pian anger	71 07
Certified for	od handle	r S	sew Safe exp 3/3/25		123 ×	45
• CRITICAL		RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
MARKET PROPERTY.		TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AN		
Section #						o Be Corrected by
218	NC	~	door handle missing front leftupright cool	g from back, 1	ipright freezer	1/1/25
112	NC	1	Front left upright cool	er residentia	I, not NSF/ANSI	4
- 11-	G Su		commercial approved	4	an analysis and a householder officer	
216	NC	~	cardboard lining 7	oreptable ne	x too tryers	12-20
187	C		egg rolls & chickensk	-ewers in upr	ight residential	corrected
421	. 10		cooler had an in	ternal temper	erature of 4411	
441	NC		first aid supplies, na	salspray & m	100th Wash	12-18
	-		stored above food	on ary stora	ge shelt	
Ti.	-	-	next to walk-in co	boler -		
		F	Notes: (1) interior of		م: اه ط	-
			(2) knives star	ted in between	THEY	corrected
	,		Cooler	ea in between	preplante +	DIVECTE
			3 rice sittin	q put@room t	2 M 7 @ 760F	orrected
			4 personal fo	sed shall be s	tored	OFFICER
					for customers	:
	74	0.00000000	5 persons in	kitchen shall	wear hair	
			restraint			
Received by	(name and	title j	NengWu - Lin	Insp	ected by (name and title printed): Uia Papageoro	ae, EHS
Received by	(signature)	:	27	Inspe	ected by (signature):	of West
cc:			cc:	cc:		



460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name Hi Way Lones  Establishment address You N Morton St. Frenklin 4031  Owner  Owner address  Person in charge  Responsible person's email	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Date of Inspection ID#    2-5-24   7635     Follow-up   Release Date   12-15-24     Summary of Violations:    C
Certified food handler  Brent Phillips Exp Z-5-26  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE		12345
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	HE "SUMMARY OF VIOLATIONS" AND IT	To Be Corrected by
	Note and the second sec	Advanced need uttern for most
Received by (name and title printed):  Received by (signature):	6	ed by (name and title printed):  Leb Fleener  ed by (signature):
cc: cc:	cc:	N Elener



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cc:

cc:

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

PHONE: 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. Date of Inspection Telephone Number Establishment name Hokkai do Ramen House Indpls Inc 2558 12-27-24 1251 USHWY 31N #100 Greenwood, IN 46142 Follow-up Release Date Purpose: 1-7-24 1. Routine Zhengyu Weng Summary of Violations: 2. Follow-up 3. Complaint 7 216 Henderickson Ln. Indianapolis, IN 4. Pre-Operational  $_{\rm C}$   $^{3}$   $_{\rm NC}$   $^{3}$   $_{\rm R}$   $^{6}$ 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) hok Kaido 1251 @ gmai Certified food handler  $3 \not \sim 4 \qquad 5$ CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC Narrative To Be Corrected by 91 notentially hazardous following food temperatures were taken at oa station: whole milk @ 470F 46060 @ 670F flies observed near dish washing area soda nozzles soiled 12-31-24 alve lids damaged used 7.34 cooler otes. Ohood vents dustu Dheavy ice build up in walk-infreezer 3) ice machine spiled 43 bay sink drain heavily soiled Received by (name and title printed): Inspected by (name and title printed): Longen ral. Received by (signature): Inspected by (signature):



Establishment name

## JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

Date of Inspection

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.

Telephone Number

Home	run nt addres	Bu	rger & Fries	( ) Establishme	12-18-24	2830		
15991	V. Mo	cto	n St. Franklin, IN 46131	Purpose:	Follow-up Release	Date		
Owner	, , , , ,	10	11 3.7 (1001) (11)	1. Routine		28-24		
Ratur	iesh i	na	rJha	2. Follow-up	Summary of Violation	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE OW		
Owner address				3. Complaint	1			
11501	Expe	dit	ionTrail Louisville, KY 40291	4. Pre-Operation				
Person in ch	arge			5. Temporary	c = Nc = 10	R = 0		
Sha	WY	1	ewis-GM	6. HACCP	JO A 1 1	to location of		
Responsible	person's	emai	The state of the s	7. Other (list)	Menu Type (See ba	ck of page)		
MOMIEYI	Mbu	(ge)	r.rm@gmail.com			320 y 11 (14.1)		
NOT					123	_45		
	CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE					S" AND IN THE NARRATIVE BELOW AS			
Section #				Narrative		To Be Corrected by		
430	NC	R	Osouth entry door ru			12/31/24		
	2 walk-in freezer + cooler have heavy ice buildup							
	(3) south drive thru windows rubbing against hame to create metal-like shavings							
239	NC	R	single service items		floor in back			
201	140	2	room	STOTECTON	+1001 IN BOLCE	4		
174	NC	R	bulk sugar clear bis	n near no	orth drive thru	corrected		
			window not labele					
413	NC	R	air cuntains not tu			corrected		
10/0	0	h	window a south of					
187	C	R	colesiaw on preplui	ne had a	temperature of	corrected		
438	C	R	cleaning chemical spi	my bottle n	at labeled	12-18		
297	NC		soda Hozzles soiled	0		corrected		
431	NC	R	mechanical exhaust 1	rood filters a	rbove flat top			
00-			grill soiled			15 /- /		
227	NC	R.		easily mon		12/31/24		
295	NIC	2		my Groveab				
Received by	(name and	title i	food debris in residentia	al, small che	Inspected by (name and title printed):	-		
Shawn			State in part Shirt in		Mia Papageorge	, EHS		
Received by		):			Inspected by (signature).	alm excep		
cc:	OVV		cc:		cc:			

### **NARRATIVE REPORT**

Establishment Name Address Inspection Date												
Establish	Inspection Date											
Home	Homerun Burger+Fried 1599 N. Morton St. Franklin, IN 4613											
Section#		R	REMARKS	TO BE CORRECTED BY								
187	C	<b>√</b>	Chrolate ice Africam Shake mix measured	12-18								
173	NC		raw chicken thaning in walk in large above	corrected								
	100		raw chicken thawing in walk in freeze above nearly-to-eat foods no Throad Thermometer provided									
257	NC		no 44-Good thermometer provided	12-20 MP corrected								
				0011864864								
			Notes: Ono smoking or vaping in the									
			(2) personal frod shall be kept									
			away from customer food									
			2) personal food shall be kept away from customer food 3 a few flies seen									
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Received B				Page <u>2</u> of <u>2</u>								
Shown Lowis G/VI /VII tapageorge, EHS												



JOHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

Establishme	nt name		1 1 7	TORN P			Telephone Numbe	er	Date of Insp	ection	ID#	
Indy	10 F	107	en yo	gurt			( ) Establishme	ent	12-5-24 22		7773	
Establishme	nt addres	s		10	- 1		( ) Owner		125		LLW	
Establishment address 1251 US 31 N Greenweed							Purpose:		Follow-up	Release I	Date	
Owner							1. Routine		NO 12-15-24			
							2. Follow-up	ſ	Summary o	f Violation	ıs:	
Owner address							3. Complaint					
						1	4. Pre-Operationa	al	_	72		
Person in charge							5. Temporary		$C = \frac{O}{NC} \times R = O$			
							6. HACCP					
Responsible person's email							7. Other (list)		Menu Tyr	e (See hac	k of page)	
Temporatoric persons on an							7. Other (tist)		Menu Type (See back of page)			
Certified food handler									1 2	3 🔀	4 5	
									12_		·	
• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN	1 THE CHECK	KLIST AND	NARRATIVE	COLUMNS MARKED "C"					
			ROM PREVIOU	JS INSPECTION	IS ARE DEN		"SUMMARY OF VIOLATIONS	S" AND IN T	HE NARRATIVE			
Section #	C/NC	R					Varrative			T	o Be Corrected by	
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D : 11	ļ		. ,									
Received by (name and title printed):							1	Inspected	by (name and ti			
Dagaired by	(sian stups)						1	Inspectadi	AND DESCRIPTION OF THE PERSON	6010		
Received by (signature):							ľ	Inspected	d by (signature):			
cc:		W	VI W.	cc:				cc:				
				56.				cc.				