

JOHNSON COUNTY HEALTH DEPARTMENT JOHNSON COUNTY HEALTH JOHNSON COUNTY HEALTH

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Establishme	ent name	15	DONUTS	Telephone Number		ID#
Establishme	ent addres	cc		() Establishme	12/19/24	2306
210	1 11	7	efferson ST. Franklik, IN	Owner Down		
Owner	, 50	0	211 (13010) // 1 / 1	Purpose:	Follow-up Releas	129 124
			-	2. Follow-up	Summary of Violat	
Owner addr	ess				John Mary of Violat	10113.
Jc. addi			≥=	3. Complaint	-1	
Person in ch	narge			4. Pre-Operations	C_ONC_) p
NY	7974	AN	LOVELL	TemporaryHACCP	CNC	1 K
Responsible	person's	email	entille of the test	7. Other (list)	Menu Type (See l	oack of page)
Certified foo	od handle	er			1 (2)	_45
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW A	AS "R"
Section #	_	_		Narrative		To Be Corrected by
H31	nc	0	FLOOR NOT CLEAN	U IN ARRAS	OF	12/23 24
	Vilan s	1630	FRUNT ARCA	BACK ARE	& UNDER	D 482 1
	1987		wood PALLOTS, 5	HELVING, 1	EGUIPMENT	
000	nc	1	DOISTAG JE 1100	DICHT DOG	CTIPATAR	12/23
245	poe	>	NOT CLEAN	1911 Ver	RIGIANTON	1010
			Coepiro		The section of the se	
399	ne	3	WAZZ COVERS M	ISSING U	INDER	12/31
			3 compartment s			7
					Connor an ales	
0-1	III Julia	de	TOP (FREEZER) SEC		RIFRISIRITOR	
256	ne	1	THERMOMOTER NUT		FREZER	12/23
	10.11		SECTION SECTION	aren To	1 1400000	10/05
	+					
D 11	- (1 441-	with D.		Inspected by (name and title printed	7) :
	Nath	31	Lovell employee		Bob Smi	THETS
Received by	(signature	e):	n Levell		Inspected by (signature):	APD I
cc:	1-2		cc:		cc:	11.
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme		10 Tana 10 Tana	-2 gradie i d. ne h i i i	Telephone Number	Date of Inspection	ID#
			Tohn's	() Establishment	1.7	
Establishme	nt addres	S	d. 111.	() Owner	12/2/24	2009
950	o N.	. 1	norton Frankly	Purpose:	Follow-up Releas	se Date
Owner				1. Routine	l ono ii up	, c z ii.c
				2. Follow-up	Summary of Viola	tions:
Owner addre	229			3. Complaint		
				1		
D : 1				4. Pre-Operational		>
Person in ch	arge			5. Temporary	C_O_NC	R
				6. HACCP		
Responsible	person's	email	refuger 5.	7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r N	is contificate		123	45
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	red f	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
						1888
216	NC		Racks in the mak	ce-up cooler	are	
	7 38		worn.		The state of the s	
	1.		9-50 5 1	2 : 10 =/		
177	MC		Puper Sacle of 5	uges 13 >70	sred c	
			offeetly on	FPIR 7/605	Graver	
			the objale of	grenser-		
						- Landball
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			and the same of th			
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460 N. MORTON ST. STE A 12 19 FRANKLIN, IN 46121 ce 317-246

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

D 1111									tine marrative		r uns report.
Establishme							Telephone Num		Date of Inspe	ction	ID#
	Kan)				() Establish	ment	12/2	/211	15111
Establishme			<i>i</i> 0/	6	reenu	rod	() Owner		12/3/	124	1570
1011	Vlavi	Ke7	- Plaz	a 11	reeny	142	Purpose:		Follow-up I	Release	Date /
Owner							1. Routine		1/0	121	23/24
m	K	4	nGro	U			2. Follow-up		Summary of		
Owner addre		/ /	1 19 Va				·				,
o wher addre	233						3. Complaint	95			
							4. Pre-Operatio	nal	À	5	
Person in ch	arge h		00	,			5. Temporary		c_0_1	NC_O	R
Va	CK		Par	e,			6. HACCP				
Responsible	person's	email					7. Other (list)		Menu Type	(See ba	ck of page)
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Certified foo	d handle	r /	Onrk	,					1 2	3 1/	4 5
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• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN	THE CHE	CKLIST AN	D NARRATIVI	E COLUMNS MARKED "(C"			
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Section #	C/NC	R					Narrative			7	To Be Corrected by
112	NC	V	Th	mas	ion	upr	ight ki	elser	not		1/25/25
			NISP	Ahrs	SI O	isaro	bed la	not.	the	KIR TER	1,4
218	NC		int	nion	lu	ttom	is dun	nageo	\mathcal{O}		1/25/25
295	NC		In	ude	to	p of	ue mo	rker	is		12/5/24
			soil	ed a	nd'	hells	igeration	V. de	son se	als	1,4
218	NC	1	next	erior	to	o of	ice ma	ker			12/30/24
		-	apper	ers.	to	Cha	we a l	eak			1/1
		1	2/15	ome	re	luge	ration a	oor	seal	ン	1/3/25
		,	are	to	in/ l	spe	it)		1/4
399	NC		Inc	ut	1/1	epave) neede	du	N		1/3/25
			kitch	ien)	and	dis	h) area	and			///
			Son	w,	llow	U te	'les m	issu	ra		
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cc:				cc:				cc:			



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

E 1911		-	*		m me marative portion	or tins report.
Establishmen		_	1	Telephone Number	Date of Inspection	ID#
Johns	on (au	nty Senior Services	() Establishment	12-5-24	1475
Establishme	nt addres	S		() Owner	12-52	1 100
36 1	-0-	1	Road Whiteland	Purpose:	Follow-up Releas	e Date
Owner		/	Road Whiteland	1. Routine	No 12-1	5-24
					Summary of Violati	the state of the s
0 11				2. Follow-up	Summary of Violati	ions:
Owner addre	ess			3. Complaint	1	
				4. Pre-Operational	4	1 0
Person in charge				5. Temporary	R	
				6. HACCP	7	
Responsible	person's	email	1	7. Other (list)	Menu Type (See b	ack of page
	1			7. Other (usi)	Mena Type (See 8	uck of page
Certified foo	d handle	r		-		
					13	_45
CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	S "R"
Section #	C/NC	_	The second secon	Narrative		To Be Corrected by
	3/		Nothing to Note			
	TREE (Land)	a Tar	75011119 10 10012		TO TO	
	Equal			1		
						-
		_				
				<u> </u>		
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Received by	(name and	i iiiie j	primea):	mspecte	Caleb Fleer	
Received by	(signature,	-		Inspecte	ed by (signature);	
day	hu	, +	SPILM		am Il	Una
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	1					

ID# 1896

NARRATIVE REPORT

CI NCIZ R

Establish	ment N	am		Inspection Date
Johnson's B.		S	BBQ 82 S Baldwin st. Bersersville	12-27-24
Section#	C/NC		REMARKS	TO BE CORRECTED BY
			95 SOUTH DRAKE ROAD	
			FRANKLIN, IN 46131 ———————————————————————————————————	
			PH: 317-346-4365	
			FAX: 317-736-5264	
431	NC	V	Floors, walls, ceilings, throughout facility are	1-10-25
220		1/	soiled	1-10-25
329	NC		Kitchen hot water at hand sink not working	1-10-25
911	NC	0	Walk-in cooler light intensity not adequate	12-28-24
309	NC	1	Restroom exhaust cover is soiled Restroom is out of order/closed	1
411	NC		Light intensity in employer restroom not adequate	1-10-25
438	6	-	Spray bottles not Tabeled	12-27-24
412	1		A TOTAL THE TOTA	
239	NC		Single service plastic cups not stored 6 inches	12-27-24
			off of fleer	
239	NC		Shelving racks soiled (rusty	1-2-25
926	NC	V	Many unnecessary Hems	1-10-25
			1 Ice machine	
431	NO		Box for in kitchen needs cheened	12-28-24
394	No	_	Maintain area	1-10-25
7.	0.4-	, ,	- Doutside Cleeneel	1.14-50
392	Ne	V	Dumpster lid con not close needs replaced.	1-10-25
191	C		Pre-cooked and cooled meat in walk-in	12-28-24
111			not date marked	12 2001
			Follow-UP is needed if accesses is	
			not made permit will be hot be issued.	
		L		
		_		
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		-		
		-		
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		\vdash		
Received B	v (Name	<u></u> 8 т	itle) Inspected By (Name & Title)	
	C	b	aw Eleme Bil I	Page of



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131 PHONE: 317-346-4365 FAX:317-736-5264 Berm /

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 Korean Hot Pot) Establishment 12-27-24) Owner Green wood, IN 46142 Purpose: Follow-up Release Date 1. Routine 2. Follow-up Summary of Violations: 3. Complaint 2982 Minden Dr. Fishers, IN 46037 4. Pre-Operational c O NC ~ 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) baoxiana to 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 Narrative To Be Corrected by 295 NC R on & below 1-1-25 observed across from walk-in units above 324 NC sink next to moo sink Received by (name and title printed): Inspected by (name and title printed): nien Received by (signature): -Hote cc: cc:



Establishment name

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

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

Date of Inspection

Beton 12/16

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.

Telephone Number

141	nzu	K	Isian Restaurant	() Establishm	1	1544	
Establishmer	nt addres	SS		() Owner	1,0,,,,,		
128	o u	5	31 Greenwood IN	Purpose:	Follow-up Relea	se Date	
Owner				1. Routine	12	121/24	
				2. Follow-up	Summary of Viola	tions:	
Owner addre	ess			3. Complaint	7		
				4. Pre-Operation	nal		
Person in ch	arge			5. Temporary		h R4	
				6. HACCP	110_	c 2 NC 6 R 4	
Responsible	person's	emai		7. Other (list)	Menu Type (See	hack of page	
				7. Gilei (iisi)	Mena Type (See	ouck of pages	
Certified foo	d handle		1 Piana	Parties and the ground of the control of the contro	123	45	
CRITICAL 1	TEMS A		ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C	"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
117	C	7	- The restaurant	did not	have an	12/11/24	
			assigned person-in-c	harge.	on the title was the burnings		
187	C	1	- the ground po	ck in t	-he littithen	12/11/24	
				of mainta	ined 410For		
111			below.	77		1. 6. 5	
112	NL	-	- The white chest		is not	replaced	
324	- 1.			equipment		12/21/24	
727	NIC	-	on the kitchen	handle 12			
245	NI			Ewitch 30	c correct	12/21/24	
21/		2		our soiled		7-5-117-6	
127	NU			tored direct	tly on the	12/11/24	
				ring - Ras			
190	NL				was improper	4 12/11/24	
			(ooling at room to	in perature,			
	NL		- Extravist hood lights	are not	Shatter-proof.	12/21/24	
334	Na			rain does	not have	12/31/24	
			a proper air gus)	. 11 /	- /	
D : 11	,	11		violation		fined!	
Received by	(name and	1	n ,		Inspected by (name and title printe	3:	
Pagains J.L.	all	bar	n Plang		12/14	-17 9655	
Received by	AM	La	1	2.	Inspected by (signature):	ylu	
cc:			cc:		cc:		
	-						



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#
Kroger J #864	() Establishment		10#
Establishment address 46143	() Owner	12-19-24	922
2200 Independence Dr. Greenwood	Purpose:	Follow-up Release	Date
Owner	1. Routine		29-24
Kroger Limited Partnershipl Owner address	2. Follow-up	Summary of Violation	WINDS THE PERSON NAMED IN COLUMN
Owner address	3. Complaint		
5960 W. Castleway Dr. Indpls 46250	4. Pre-Operational	-	
Person in charge	5. Temporary	cO_NCO	R —
Keely Cooky - Assistant Store Leader	6. HACCP		
Responsible-person's email	7. Other (list)	Menu Type (See bac	ck of page)
	(,	J - J - J - J - J - J - J - J - J - J -	71 87
Certified food handler MP		123	4 🗸 5
Keely Cooks			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
	Narrative	Т	o Be Corrected by
no violations obs	erved		
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A-PAY			
(10)			
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Kecly Cook -1	Mi	a Papageorge	, EHS
Received by (signature):	Inspecte	d by (signature):	
reer lex/		Minten	7
сс:	cc:		8
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JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

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

Establishme			20- 02	Telephone Numb	er Date of Inspection	ID#
TH	re	LC	OCAZ GRIND	() Establishm	12/30/2°	42351
Establishme			200 2 5 144	() Owner	1215010	(0.02)
25	N	(I)	PATO ST. FRANKLAN, SO	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	- 11	9/25
EM	TZ		WORLEY	2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operation	al	•
Person in ch	arge	. 1	100	5. Temporary	c_O_Nc	R
t	(Hay	V	Lee	6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)
6 16 16	"					~
Certified for	24 L	.r .//0	RLCY (EXP ali) 28)		123	4)5
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	,	
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Section #		- 4	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Narrative		To Be Corrected by
26	NC	P		ORN/SPEI	7 DN	1/15/25
256	200			RISPERIOR	PRMOMETER	1/0/00
230	NC	~	SIMPLL RUFRIGUR	11 1012 - 111	- KINDING YEAR	1/3/20
2 18	WC	حرر	Ja BUZT UP I	N UPRES	HT FREEZER	1/5
01 110			remperature 150F	NOT OF OR	legs	1/3
355	NC	- \	MOP SINK NOT SO	200		1/25
399	NC		cething feeling	IN PRESTO	Room	1/25
112	10 10	-	WALL BUITING GRIZ	Ad bo 0107 C	10.40)	11-
431	NC		WALL BUITING GRIZ	ADB NOT C	LEMU	115
					=	
Received by	(11 - 111 - 111	l title	Surinta d) .		T	
Di Mi	iname and	-	mniea):	7	Inspected by (name and title printed Bb Sm177	
Received by	(signature):			Inspected by (signature):	D
cc:	-		cc:		cc:	
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JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

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

Establishmer 2378 Owaer Owner addre Person in cha	at address	·)	Portonst Franklin Rock Restaurants Rochefort	Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release 12/11/24 Follow-up Release 12/2	/21/24 ons:
Certified food	d handle	r R	or he fort		123_\/	_45
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R]	Narrative		To Be Corrected by
399 218 295 218	NC NC NC		soiled: Walk Is lehind large ketchen under shout repair area Some refriger are soiled are soiled appears to con	areas de n-cooler ace ma equipment de la contraction de la contrac	seres found flook, rker (nt) in dish) on gaskets on units maker acks/dama	1/11/25 1/11/25 1/11/25 12/25/24 1/11/25
Received by	3 B	00	printed): neSort manager could		Inspected by (name and title printed): AND WELL MIP Inspected by (signature):	r, EHS
cc:			cc:		cc:)



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

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

						•
Establishme	nt name	4	Outor strong	Telephone Number	Date of Inspection	10#790
Establishme	nraddres	s s	Market	() Establishment () Owner	12/3/24	2500
1001	M/V 5	K	199 SteBT	Purpose:	Follow-up Releas	e Date ;
Owner	_	,	Greenwood	1. Routine	1/es 12	/13/24
Eli E	esse	ab	ey in 46142	2. Follow-up	Summary of Viola	ions:/
Owner addr	ess _)		3. Complaint	1	
				4. Pre-Operational		,
Person in ch	arge	,		5. Temporary	C NC_	6 R
EliF	sce	sh	2//	6. HACCP	4	
Responsible				7. Other (list)	Menu Type (See l	pack of page)
			0			/
Certified for		r			123/	45
		E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	red i	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
399	NC		Ceeling in cutt	ing area, de	ish.	1/3/25
			area and employ		not	1 1
110 -			smooth and ea	sely cleans	ble	1. 1
430	NC		Restroom door	rubs the	door	12/25/24
352	110		krame	and anot and	-closing	12/25/24
218	NC		no paper towe	a high dot	the I	12/8/24
347	NC		Daniel tollen	DOING Ed & CO	±	12/18/24
0 . (N.C.		dishi area ha	nd sink		1
433	NC	- 1	Wet mos not.	hung to av	dry	12/10/24
118	C		Firm lacks	a certilied	4	12/31/24
	,		food employed	0	a a susceptibility of	1
334	e		Dhree bays	unk lacks	an	12/31/24
	,		air gap on it	ne drain	piping	
			0 1			
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Received by	(sionature) T	Jan	Inspecte	d by (signature):	1 418
1	A)	_		W.	d by (signature):	ller
сс:			cc:	cc: 31	7-346-438	0

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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

Based on an inspection this day, the item(s) noted below identify v			
Establishment Sanitation Requirements. The time limit for correct	tion of each violation is specif	ied in the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Nineveh Mini Mart	() Establishment	12-23-24	
Establishment address	() Owner	12 27 21	677
8010 S. Nineveh Rd. Nineveh, IN 46164	Purpose:	Follow-up Releas	
Owner	1. Routine	- 1-	3-245
Paramjeet Guraya Owner address	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
5947 W. SR 135 Trajalgar, IN 46181	4. Pre-Operational		, its set
Person in charge	5. Temporary	c__nc_	S R 9
	6. HACCP	CNC	
Muskan -employee Responsible person's email	7. Other (list)	Menu Type (See b	agh of page)
Davravase 13@amail.com	7. Other (usi)	Menu Type (see a	ack of page)
Pguraya 13@ gmail.com Certified food handler		1 2 3 4	7
NIA		13_ <u>F</u>	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	The second secon	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AN	ID IN THE NARRATIVE BELOW A	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
415 C R rodent droppings	in backstorage	2 room on	12-23
Shelving in back	of room	AS STORY OF BUILDING	
426 NC R unnecessary items		croom	1-1,-25
411 NCR lighting not adequa			TABLE PAPER
336 NCR mop sink lacks k	back siphona	ge	
431 NCR Floor soiled unde	ir equipment	t throughout	
establish ment		1 .	
430 NCR cabinet for front			
and is	supported by	wood/blocks	
227 NC R Pepsi two door be	verage copies	C not easily	
413 NC R front entry / exit	Juleus Caster	V)	
		41ght-fitting	
	when closed	Caritanista	
1347 NC K no paper towels of	accessible at-	+ rom counter	
Taria Sira			
Notes @ ice build up in Go	and Humar Bice	croom from	
(2) Soda nozzle dis zer		iled	
Some rivers on pr	ising for is so		
Received by (name and title printed):	Insp	ected by (name and title printed)	
		li a tapageor	ge, EHS
Received by (signature):	Insp	cted of (signature):	J
7-(0-2)(41)	/	1//Vapap	
сс:	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.

Telephone Number Date of Inspection Establishment Owner Purpose: Follow-up Release Date Owner 1. Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) 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" Narrative To Be Corrected by Section # C/NC Inspected by (name and title printed) Received by (name and title printed): Received by (signature): cc:



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

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

Establishment name	Telephone Number	Date of Inspection ID#
Establishment address SQL CR 125 S Greenwood	() Establishment () Owner	12/10/24 1111
1886 SR 135 US, 9101111000	Purpose:	Follow-up Release Date
Owner O	1 (Routine)	Yes 12/20/24
Consonate.	2. Follow-up	Summary of Violations:
Owner address / C C C	3. Complaint	<i>'</i>
a Serv Sate	4. Pre-Operational	
Person in charge O EXP 3/14/29	5. Temporary	c_1_nc_2_r
May (xx) liths &	6 HACCP	
Responsible person's email Servare	7. Other (list)	Menu Type (See back of page)
Certified food handler A A - Proised		
Ceruffed food handler Chamber lain Expired		123/_45
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 The following.	internal m	Sauct 12/10/24
temperatures of	vere metas	ured / /
in the four a	nawery cool	er
Of with and	how lief	450F to
210 10 46°F. D	C00/11/00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
218 NC FOUR drawer	Thomas Cor	tained 12/10/24
the winter outer	Typ of the) 00
399 NC Y FLOOR July 11	maded am	L (BUR) 1/25/25
last missing	noah) back	00000
lehind Ice me	Leer Botto	20000
door faller area	and at	DDT
entendor side of	the wal	Rain-
Cooler door:	including so	me mout -
repair in allas		0
D:-11-(Tr	
Received by (name and title printed):	An	by (name and title printed): drew Miller, EHS
Received by (signature):)	Inspected	by (signature): NOTEW MILLS
сс:	cc:	1.00

cc:

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

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

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

55 FAX:317-736-5264

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Establishment name Telephone Number Date of Inspection) Establishment 2362) Owner Purpose: Follow-up 1. Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational $_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) 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 # Narrative To Be Corrected by C/NC Received by (name and title printed): Inspected by (name and title printed):



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

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

Establishme	nt name	40	11 . 11 . 9	Telephone Number	Date of Inspection	ID#	
			CHICAGO MZZA & CURRY	() Establishment	12/23/24	2495	
Establishme	nt addre	22		() Owner	10/03/01	5113	
153 HOLIDAY PLACE FRANKLIN, IN				Purpose:	Follow-up Releas	Follow-up Release Date	
Owner				1. Routine	- 11/	1/3/24	
SINGH				2. Follow-up	Summary of Violat	Summary of Violations:	
Owner address				3. Complaint		7	
				4. Pre-Operational			
Person in ch	narge			5. Temporary	C NC	C NC A R	
GAURANTEET SINGH				6. HACCP	0		
Responsible person's email				7. Other (list)	Menu Type (See)	Menu Type (See back of page)	
	1			7. Other (1131)	Mena Type (See a	Such of pages	
Certified food handler					1 2 30	(1) 5	
GAUR	VIel	7	STRYH (SERVSAFE)		1		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW A		
Section #	<u> </u>			Narrative	4	To Be Corrected by	
347	wc	*	disposable Towers	NOT PROVIDE	ed AN	CORPOCED 12/3	
207=	4	~	ROSTROOM	and anti-	di un arta P	12/2	
39支	NC	*	SHELVING NOT CLEAN IN WAZK-IN COOLE 12/26				
295	100	P	S. MECOTING 1001	TENIO DE 101	1CF-IN COVER	10/00	
256	NC	12 THERMOMETERS NOT SEEN IN			w	12/28	
0.30	1		CHEST FROZERS			1001	
191	C	A				CORRECTS/	
			HAZAROOUS FOODS	made more			
			24 HOURS PCIOR	NOT OFFE	MARKE		
			(ON WACK - IN COLO!	e steiver)			
001			211 cm - cM	090000	A 100 - 1 140 6	12)24	
291	NC	=X	CHEMICHT TOST	PAPERS NOT	AVAILABO	12/34	
100	1						
Received by	(name an			Ins	pected by (name and title printed)	· e7/5	
Received by)		Ins	pected by (signature).	comment of the	
H	30-50	Ja	el (1/40/2		ascil Smal		
cc:		0	c:	co	*		
						4	