



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

95 SOUTH DRAKE ROAD
FRANKLIN, IN 46131
PH: 317-346-4365
FAX: 317-736-5264

*Belm
2/3*

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>3 Agaves Mexican Grill & Bar</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>01/30/25</i> | ID# <i>2610</i> |
| Establishment address <i>11 Declaration Dr. Greenwood, IN 46143</i> | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>-</i> | Release Date <i>2/09/25</i> |
| Owner <i>Francisco Garcia Lopez</i> | | Summary of Violations: <i>C 2 NC 2 R 1</i> | |
| Owner address <i>514 Lawndale Dr. Plainfield, IN 46168</i> | | Menu Type (See back of page) <i>1 2 3 4 <input checked="" type="checkbox"/> 5</i> | |
| Person in charge <i>Carlos Velarde</i> | | | |
| Responsible person's email <i>franciscodelmeson@hotmail.com</i> | | | |
| Certified food handler <i>Francisco Garcia Lopez Sew Safe exp 4/8/26</i> | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section # | C/NC | R | Narrative | To Be Corrected by |
|------------|-----------|-------------------------------------|---|--------------------|
| <i>173</i> | <i>C</i> | <input checked="" type="checkbox"/> | <i>The queso sauce was stored under raw ground beef in the walk-in cooler. ↳ sour cream also stored under meat</i> | <i>corrected</i> |
| <i>294</i> | <i>C</i> | | <i>Sanitizer bucket near drink station at 0 ppm chlorine.</i> | <i>corrected</i> |
| <i>256</i> | <i>NC</i> | | <i>Walk-in cooler thermostat not functioning.</i> | <i>2-10-25</i> |
| <i>257</i> | <i>NC</i> | | <i>Thermometer not provided in white upright Frigid Aire residential freezer.</i> | <i>ASAP</i> |
| | | | <i>Notes: ① Ready-to-eat time temperature control foods kept in the facility for longer than 24 hours shall be date marked.</i> | |
| | | | <i>② Bulk foods shall be labeled if not in original container. Some labels were wearing off containers.</i> | |

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|--|--|
| Received by (name and title printed): <i>Carlos Velarde</i> | Inspected by (name and title printed): <i>Mia Papageorge, EHS</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: <i>Mya Hadley</i> |



**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

*Bekem
1-10-25*

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>A Better Tomorrow Health & Wellness, LLC</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>1/3/25</i> | ID# <i>2786</i> |
| Establishment address <i>405 S. Eisenhower Dr. Edinburgh IN 46124</i> | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>No</i> | Release Date <i>1/13/25</i> |
| Owner <i>Rachel Bryant & Erin Padgett</i> | Summary of Violations: <i>C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></i> | Menu Type (See back of page) <i>1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___</i> | |
| Owner address | | | |
| Person in charge <i>Rachel Bryant</i> | | | |
| Responsible person's email | <i>ServSafe Exp 12/18/28</i> | | |
| Certified food handler <i>Erin Padgett</i> | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| | | | <i>No violations noted per this inspection</i> | |
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|---|---|
| Received by (name and title printed): <i>Rachel Bryant</i> | Inspected by (name and title printed): <i>Andrew Miller, EHS</i> |
| Received by (signature): <i>Rachel Bryant</i> | Inspected by (signature): <i>Andrew Miller</i> |
| cc: | cc: |



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Betsy
1-17-25
✓

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 AFC SUSHI (R. ROGER #979) | Telephone Number () Establishment () Owner | Date of Inspection 1/15/25 | ID# 2002 |
| Establishment address 970 N MORTON FRANKLIN, IN | 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 1/25/25 |
| Owner NGUN TAZUAT | | Summary of Violations: C 0 NC 0 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 <u>4</u> 5 | |
| Person in charge NGUN TAZUAT | | | |
| Responsible person's email | | | |
| Certified food handler NGUN TAZUAT (SERVSAFE EXP 7/14/25) | | | |

- 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 |
|-----------|------|---|-------------------------------|--------------------|
| | | | NO VIOLATIONS OBSERVED | ✓ |
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| Received by (name and title printed): Ngun Tin Thuerin | Inspected by (name and title printed): Bob Smith EMS |
| Received by (signature): <i>Ngun Tin Thuerin</i> | Inspected by (signature): <i>Bob Smith</i> |
| cc: | cc: |



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Betsy
1-21-25

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>AFC Sushi</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>1-21-25</i> | ID# <i>2006</i> |
| Establishment address <i>5961 N State Rd. 135</i> | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>NO</i> | Release Date <i>2-1-25</i> |
| Owner | | Summary of Violations: <i>C</i> <input type="checkbox"/> <i>NC</i> <input type="checkbox"/> <i>R</i> <input type="checkbox"/> | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___ | |
| 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 |
|-----------|------|---|------------------------|--------------------|
| | | | <i>Nothing to Note</i> | |
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|---|--|
| Received by (name and title printed): <i>[Signature]</i> | Inspected by (name and title printed): <i>Caleb Fleener</i> |
| Received by (signature): | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

*Belton
1-29-25*

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 AFC Sushi @ Kroger #864T | Telephone Number () Establishment () Owner | Date of Inspection 1-27-25 | ID# 2301 |
| Establishment address 46143 2200 Independence Dr. Greenwood, IN | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 2-7-25 |
| Owner Advanced Fresh Concepts Franchise Corps | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>—</u> | Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>10</u> 5 <u>—</u> | |
| Owner address 19700 Mariner Ave Torrance, CA 90503 | | | |
| Person in charge Zing Hleisung | | | |
| Responsible person's email | | | |
| Certified food handler Ceu Ling (ServSafe exp 12/15/27) | | | |

- 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 |
|-----------|------|---|-------------------------------|--------------------|
| | | | <i>No violations observed</i> | |
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| Received by (name and title printed): Zing Hleisung | Inspected by (name and title printed): Mia Papageorge, EHS |
| Received by (signature): <i>Zing Hleisung</i> | Inspected by (signature): <i>Mia Papageorge</i> |
| cc: | cc: |

LIC. # 687

ROUTINE

(0)C / (6)NC ✓
BEXM
1-10-25

NARRATIVE REPORT

| | | |
|--|---|----------------------------------|
| Establishment Name APPLEBEES | Address 700 N MAIN ST. FRANKLIN, IN | Inspection Date 1/9/25 |
|--|---|----------------------------------|

| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY |
|----------|------|---|--|--------------------|
| | | | JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131 | |
| 431 | NC | * | FLOOR NEXT TO WALK/UNDER EQUIPMENT IN AREAS OF BAR, KITCHEN NOT CLEAN | 1/15/25 |
| 256 | NC | - | Thermometer NOT seen in MID PREP STATION | 1/10 |
| 324 | NC | * | LEAK NOTED ON 2 COMPARTMENT PREP SINK | 1/30 |
| 399 | NC | * | SOME COVING/GROUT WORN IN KITCHEN | 3/1 |
| 392 | NC | * | OUTSIDE DUMPSTER - LID DOES NOT FIT | 1/20 |
| 394 | NC | * | TIGHTLY, SOME GARBAGE LAY ON GROUND | 1/10 |

Received By (Name & Title): Mike Kachelries / m.k. / k.k. Inspected By (Name & Title): Bob Smith / Bob Smith ERS Page 1 of 1

Beky
2/7



Johnson County Health Department
95 S Drake Rd., Franklin, IN 46131
Phone: (317) 346-4365, Fax: (317)736-5264
Retail Food Establishment Inspection Report



Based on an inspection this day, the item(s) noted below identify violation(s) 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 Archer's Meats | | telephone 317-881-9300 | Date of Inspection 1/28/2025 |
| Establishment address 259 S. Meridian St Greenwood IN 46143 | | Summary of Violations 1 C 4 NC | |
| Owner Archer Family | | Follow-up Yes | Release Date 2/7/2025 |
| Person - in - Charge Chris | Certified Food Handler | | Purpose: Routine |
| Establishment Identification # 472 | County Johnson | District WR | Menu Type 1- Limited menu |

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | C/NC | R? | Violation Observed: | To be Corrected by: |
|------|------|----|--|---------------------|
| 402 | NC | | The walls and ceiling in the cold storage room are not easily cleanable | |
| 431 | NC | R | The dry storage room needs detailed cleaning to remove any insulation or construction material that is not in its proper place or hanging. | |
| 430 | NC | R | The dry storage room in not in good repair. Observed hanging insulation and construction material that shall be removed. Observed evidence of water leaks on the wood ceiling. | |
| 426 | NC | R | Observed unnecessary items in the dry storage room and the storage room on the north side of the building with its own designated entrance. | |
| 136 | C | R | Observed evidence of smoking inside the building. Employee's shall smoke in designated areas only. Please check the Greenwood Ordinance for smoking in restaurants. | |
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Establishment Representative

Inspected by: Kevin Paulin, EHS
 (317) 346-4373 kpaulin@co.johnson.in.us



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

BeAM
1-17-25

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 BIG Woods | Telephone Number () Establishment () Owner | Date of Inspection 1/17/25 | ID# 2047 |
| Establishment address 1800 E KING ST. FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up (Yes) | Release Date 1/27/25 |
| Owner | | Summary of Violations: C 3 NC 12 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 X 5 | |
| Person in charge KATLYN DeZARN | | | |
| Responsible person's email | | | |
| Certified food handler JAKE COOPER SERVSAFE | | | |

• 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 |
|-----------|------|---|---|-------------------------------|
| 200 | C | x | CHLORINE NOT DETECTED ON DISHWASHER AFTER FINAL SANITIZATION RINSE AT MECHANICAL DISHWASHER | 1/18/25 |
| 413 | NC | o | WEST SIDE DOOR CLOSURE BROKEN | 1/27 |
| 295 | NC | o | INSIDE BASE OF (2) REACH-IN REFRIGERATORS NOT CLEAN IN KITCHEN | 1/23 |
| 295 | NC | x | FLOOR AND SHELVING NOT CLEAN IN WALK-IN COOLER | 1/25 |
| 191 | C | o | BBQ MEAT, CHICKEN WINGS PRECOOKED AND COOLED IN WALK-IN COOLER (MORE THAN 24 HOURS OLD) NOT DATED/MARKED | 1/18 |
| 431 | NC | o | MECHANICAL EXHAUST COVER NOT CLEAN ABOVE MECHANICAL DISHWASHER | 1/27 |
| 431 | NC | o | FLOOR WALL NOT CLEAN IN AREAS OF KITCHEN, FLOOR IN BAR NOT CLEAN, FLOOR GRAIN WORN, WALL COVERING WORN, MISSING IN KITCHEN, BASEMENT FLOOR NOT CLEAN, STAIRWELL NOT CLEAN | (REPAIR) 2/10 (CLEAN) 1/25 |

Received by (name and title printed):
Katlyn DeZarn, Assistant Manager

Inspected by (name and title printed):
Bob Smith EAS

Received by (signature):
[Signature]

Inspected by (signature):
[Signature]

cc:

cc:

cc:

NARRATIVE REPORT



| | | |
|--|--|-----------------------------------|
| Establishment Name Big Woods | Address 1800 E KING ST. FRANKLIN, TN | Inspection Date 1/17/25 |
|--|--|-----------------------------------|

| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY |
|---|------|---|--|--------------------|
| 346 | NC | | NO SOAP PROVIDED AT (1) HANDSINK | 1/18/25 |
| 347 | NC | | IN KITCHEN, DISPOSABLE TOWELS NOT PROVIDED AT (1) HANDSINK IN KITCHEN | |
| 438 | C | | SPRAY BOTTLES OF CLEANERS NOT LABELED IN BAR | 1/18 |
| 411 | NC | | (2) LIGHTS OUT ON EXHAUST HOOD IN KITCHEN | 1/25 |
| 239 | NC | | DISHRACK NOT STORED OFF FLOOR | 1/18 |
| 295 | NC | | TOP INSIDE OF ICE MAKER NOT CLEAN | 1/23 |
| 218 | NC | | WATER STATION INSIDE REFRIGERATOR SHOLF COATING WORN | 2/15 |
| 239 | NC | | BASEMENT - BOXES SINGLE SERVICE ITEMS (CUPS/PANS) NOT STORED OFF FLOOR MINIMUM OF 6 INCHES | 1/25 |
| <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"> NOTE </div> <p style="margin-left: 20px;">(KITCHEN MAINTENANCE WORK BEING DONE AT TIME OF INSPECTION)</p> | | | | |
| <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"> NOTE </div> <p style="margin-left: 20px;">AIR GAP NOT PROVIDED FOR DISHWASHER DRAIN</p> | | | | |
| <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"> NOTE </div> <p style="margin-left: 20px;">GARBAGE DISPOSAL NOT FUNCTIONING</p> | | | | |

| | | |
|---|---|---------------------------|
| Received By (Name & Title) Katlyn DeLarn, Assistant | Inspected By (Name & Title) Bob Smith, RN | Page 2 of 2 |
|---|---|---------------------------|



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Butt
1-29-25

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>Biggy Coffee #1130</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>1-28-25</i> | ID# <i>2854</i> |
| Establishment address <i>156 S. Marlin Dr. Greenwood, IN 46142</i> | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>—</i> | Release Date <i>2-28-25</i> |
| Owner <i>Chintu Patel</i> | | Summary of Violations: C <u>0</u> NC <u>2</u> R <u>—</u> | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge <i>Abigail Jewell - shift lead</i> | | 1 <u>—</u> 2 <u>0</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u> | |
| Responsible person's email | | | |
| Certified food handler <i>NIA</i> | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section # | C/NC | R | Narrative | To Be Corrected by |
|------------|-----------|---|--|--------------------|
| <i>259</i> | <i>NC</i> | | <i>Whirl pool counter cooler ambient air temp. at ~50°F, holding cut strawberries with internal temp of 45°F</i> | <i>2-1-25</i> |
| <i>295</i> | <i>NC</i> | | <i>where metal tables connect & under side of connection table ledge soiled with syrup</i> | |
| | | | <i>Note: plastic bin stored under 3 bay sink to catch over flowing water - employee states problem was fixed</i> | |

| | |
|--|--|
| Received by (name and title printed): <i>Abigail Jewell</i> | Inspected by (name and title printed): <i>Mia Papageorge, EHS</i> |
| Received by (signature): <i>abigail Jewell</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

Betiku
1-17-25
✓

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>Bj's Brewhouse</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>1/9/25</i> | ID# <i>1344</i> |
| Establishment address <i>1251 US 31 Greenwood IN 46142</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>-</i> | Release Date <i>-</i> |
| Owner | | Summary of Violations: <i>C 0 NC 1 R</i> | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> | |
| 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 |
|---|-----------|---|--|--------------------|
| <i>214</i> | <i>NC</i> | | <i>cutting board is worn & should be changed</i> | <i>1/23/25</i> |
| <p><i>NOTE: (i) soda gun at the bar is okay</i> <i>(ii) mechanical dish washer pump is okay</i> <i>(iii) some stagnant water at the back by the water supplier is due to cleaning</i> <i>(iv) please change paper buckets printed out during inspection.</i></p> | | | | |

| | |
|---|--|
| Received by (name and title printed): <i>Jeremy Carter General Manager</i> | Inspected by (name and title printed): <i>Paul Betiku 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

95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Belton
1-17-25

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>BP Gas Station</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>1-14-25</i> | ID# <i>2654</i> |
| Establishment address <i>125 N Marton St. Franklin</i> | Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>Yes</i> | Release Date <i>1-24-25</i> |
| Owner | | Summary of Violations: <i>C 1 NC 2 R 0</i> | |
| Owner address | | Menu Type (See back of page) | |
| Person in charge | | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> | |
| 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 |
|---------------------|-----------|---|---|--------------------|
| | | | <i>2025 permit fee is \$250 do to late fee. Failure to pay \$250 permit fee by Friday January 17th 2025, will result in closing of facility.</i> | |
| <i>187</i> | <i>C</i> | | <i>Observed milk at 69°, employee stated cooler unit vent out last night 1-13-25 and it will be worked on. Milk was thrown out.</i> | <i>1-28-25</i> |
| <i>347</i> | <i>NC</i> | | <i>No paper towels by hand sink.</i> | <i>1-14-25</i> |
| <i>310</i> | <i>NC</i> | | <i>Clean restroom vent</i> | <i>1-14-25</i> |
| <i>317-346-4365</i> | | | | |

| | |
|---|--|
| Received by (name and title printed): <i>[Signature]</i> | Inspected by (name and title printed): <i>Caleb Pleno</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>Caleb Pleno</i> |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Betsy
1-29-25

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 Bob Evans Restaurant #1426 | Telephone Number () Establishment () Owner | Date of Inspection 1-28-25 | ID# 2133 |
| Establishment address 159 South Main Dr Greenwood, IN 46142 | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 2-8-25 |
| Owner Bob Evans Restaurants LLC | | Summary of Violations: C <u>0</u> NC <u>3</u> R <u>1</u> | |
| Owner address 8111 Smith's Mill Rd New Albany, OH 43054 | | Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___ | |
| Person in charge Ashley Glidden-GM | | | |
| Responsible person's email ber. 0426 @ bobevans.com | | | |
| Certified food handler Angie Mcelroy (Serv Safe exp) 5/8/26 | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | R | Narrative | To Be Corrected by |
|--|------|---|--|--------------------|
| 431 | NC | R | walk-in cooler floor soiled | 2-1-25 |
| | | | walk-in freezer floor soiled, littered with food debris | |
| 218 | NC | | dish blue metal shelving rusty & chipping blue paint onto clean dishes | |
| 231 | NC | | can opener soiled | |
| Notes: ^{mp} 1) flies seen in mop area 2) time used as public health control for liquid egg mix | | | | |

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|--|--|
| Received by (name and title printed): Ashley Glidden | Inspected by (name and title printed): Mia Papageorge, EHS |
| Received by (signature): <i>Ashley Glidden</i> | Inspected By (signature): <i>Mia Papageorge</i> |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Bethany
1-22-25

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 BURGER KING #7447 | Telephone Number () Establishment () Owner | Date of Inspection 1/22/25 | ID# 569 |
| Establishment address 1079 N MORTON FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 2/2/25 |
| Owner | | Summary of Violations: C 1 NC 5 R | |
| Owner address | Menu Type (See back of page) 1 2 3 4 5 | | |
| Person in charge ANNA BAKE | | | |
| Responsible person's email | | | |
| Certified food handler ANNA BAKE (SERVSAFE EXP 10/1/28) | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|----------------------------|
| 336 | C | X | "Y" VALVE INSTALLED ON MOP SINK FAUCET WITH HOSES CONNECTED | 2/1/25 |
| H31 | NC | X | FLOOR NOT CLEAN NEXT TO WALL IN AREA OF KITCHEN, STOCK ROOM AREAS | 1/28 |
| 218 | NC | X | LATCH NOT PROVIDED FOR WALK-IN ENTRANCE DOOR HANDLE | 2/15 |
| 208 | NC | X | NUCO WET NOT EASILY MOVABLE NOT ON STAND | 3/1 |
| 309 | NC | X | WOMEN'S RESTROOM - REPAIRING MECHANICAL 2/1 EXHAUST NOT FUNCTIONING | |
| 324 | NC | X | TOILET NOT FLUSHING SLOWLY | 2/1 |
| | | | (note) (1) REACH-IN REFRIGERATOR NOT IN USE MGR. ADVISED UNIT NOT FUNCTIONING | REPAIR OR REMOVE 3/1 |

| | |
|--|--|
| Received by (name and title printed): Anna Bakes | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: |



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

*Betsy
1-17-25*
✓

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>The Burger Poet</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>1/15/25</i> | ID# <i>2890</i> |
| Establishment address <i>175 N Morton St. Franklin</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>—</i> | Release Date <i>1/25/25</i> |
| Owner | | Summary of Violations: <i>C 0 NC 1 R</i> | |
| Owner address | | Menu Type (See back of page) <i>1 2 3X 4 5</i> | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler <i>Brendan San Agustin 7-7-20</i> | | | |

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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| Section # | C/NC | R | Narrative | To Be Corrected by |
|---------------|-----------|----------|--|--------------------|
| <i>(NOTE)</i> | | | <i>SPRAY NOZZLE ATTACHED TO HOSE CONNECTED TO MOP SINK FITTING</i> | <i>✓</i> |
| <i>257</i> | <i>NC</i> | <i>X</i> | <i>METAL STEM PROBE TYPE THERMOMETER REGISTERING <i>0</i> 220°F OR DIGITAL TYPE NOT PROVIDED</i> | <i>1/18/25</i> |
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|---|--|
| Received by (name and title printed): <i>Brendan San Agustin</i> | Inspected by (name and title printed): <i>Bob Smith / Caleb Fleener</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |