



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 AFC Sushi	Telephone Number () Establishment () Owner	Date of Inspection 11-28-23	ID# 2006
Establishment address 5961 N SR 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up —	Release Date 12-8-23
Owner _____	Summary of Violations: C 0 NC 0 R _____		
Owner address _____			
Person in charge _____			
Responsible person's email _____	Menu Type (See back of page) 1 2 3 4 X 5		
Certified food handler _____			

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

Received by (name and title printed):

Received by (signature): MacNIG L Thang

Received by (signature):

to pool

cc:

CC:

Inspected by (name and title printed):

Goss, Hall
Inspected by (signature):

Inspected by (signature)

~~Class 5 Call~~

cc:

cc. McWayne



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Establishment name <i>Dayton Freight - AFR</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/17/23</i>	ID# <i>2731</i>
Establishment address <i>800 Commerce dr Greenwood IN 46143</i>	Purpose: <ul style="list-style-type: none"><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 <i>C</i>	Release Date
Owner	Summary of Violations: <i>C (Q) NC (P) R</i>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler	Menu Type (See back of page) <i>1 2 V 3 4 5</i>		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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Received by (name and title printed):

ceived by (name and title printed):
- Mason Hamilton

Inspected by (name and title printed):

spected by (name and title printed):
Paul Betrice 2015

Received by (signature):

ceived by (signature): 

Inspected by (signature):

spected by (signature):
Paul Betts

cc:

CC:

CC



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Establishment name Dayton Freight - AFV	Telephone Number () Establishment () Owner	Date of Inspection 11/17/23	ID# 2730
Establishment address 800 Commerce dr Greenwood IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up C	Release Date NC
Owner	Summary of Violations: C NC R		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			
Menu Type (See back of page) 1 2 3 4 5			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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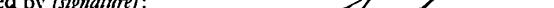
Received by (name and title printed):

Mason Hamilton

Inspected by (name and title printed):

Paul Béthouart

Received by (signature):

Received by (signature): 

Inspected by (signature):

Inspected by (signature):
Paul Blodde

CC:

CC:

cd



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Received by ~~(name and title printed)~~:

Inspected by (name and title printed):

~~Received by (signature):~~

Inspected by (signature):

cc:

cc:

CC:



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Establishment name Greenwood American Legion Post 252	Telephone Number () Establishment () Owner	Date of Inspection 11-14-23	ID# 167
Establishment address 334 S US 31 Greenwood 46142	Purpose: <ul style="list-style-type: none"><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 NO	Release Date 11-24-23
Owner	Summary of Violations: C O NC O R		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

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Received by (Name and title printed):

ed by (name and title printed): Karen Mason

Inspected by (name and title printed):

Inspected by (name and title printed):
Cassie Hall / Lake 6 Fleener

Received by (signature)

1. *Leucania* *luteola* (Hufnagel)

CC:

CC

CC:



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Establishment name Ann's	Telephone Number () Establishment () Owner	Date of Inspection 11/18/23	ID# 104
Establishment address 77 W Monroe Franklin, IN	Purpose: 1. Routine	Follow-up	Release Date 11/18/23
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Summary of Violations: C 0 NC 1 R _____	
Owner address			
Person in charge MERKKA CRAWLEY	Menu Type (See back of page)		
Responsible person's email <hr/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Certified food handler MERKKA CRAWLEY			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed):

→ Merikka Crawley
Received by (signature):

Received by (signature):

Walter C. J.

cc:

CC

Inspected by (name and title printed):

Bob Smith B75

Inspected by (signature):

pected by (signature):

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
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11/15
BEM

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 APPLE BEERS	Telephone Number () Establishment () Owner	Date of Inspection 11/14/23	ID# 687
Establishment address 700 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up —	Release Date 11/24/23
Owner <hr/>	Summary of Violations: C 0 NC 4 R		
Owner address <hr/>	<hr/>		
Person in charge MIKE KACHELRIES	<hr/>		
Responsible person's email <hr/>	Menu Type (See back of page) 1 2 3 4 5		
Certified food handler MIKE KACHELRIES	<hr/>		

• 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
218	NC	✓	PREPARATION AREA - REFRIGERATOR INSIDE PLASTIC WRAPPING ON SHELVES WEARING	12/14/23
256	NC	✓	PREPARATION REFRIGERATOR - THERMOMETER NOT SEEN	11/14/23
324	NC	✓	BRR DISHWASHING SINK DRAIN LEAKING - → 11/20	
431	NC	✓	FLOOR NOT CLEAN UNDERNEATH - FEW SMALL FLIES IN THIS AREA	11/20
<hr/>				
note RECOMMENDED DISINFECTION NOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 171°F) ✓OK				
<hr/>				

Received by (name and title printed):

Mike Kachelries
Signature: *Mike Kachelries*

Received by (signature):

Mike Kachelries

cc:

cc:

Inspected by (name and title printed):

Bob Smith EHS
Signature: *Bob Smith*

Inspected by (signature):

Bob Smith

cc:



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Received by (name and title printed):

Karen Chasteen

Received by (signature):

John Clash

CC:

CC:

Inspected by (name and title printed):

Paul Bettine LHS

Inspected by (signature):

Paul Böttcher

CC



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Beth
11/22

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Establishment name <i>Archer's MEAT & CATERING</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11.22.23</i>	ID# <i>472</i>
Establishment address <i>259 S. MEZIDIAN ST GREENWOOD IN 46143</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <i>YES</i>	Release Date <i>12.02.23</i>
Owner <i>BOBBI ARCHER</i>	Summary of Violations:		
Owner address <i>886 Sleepy Hollow PL 46142</i>	C <u>1</u> NC <u>7</u> R <u> </u>		
Person in charge			
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>ROBERT NORTON EXP 5/10/28</i>	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		

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Section #	C/NC	R	Narrative	To Be Corrected by
437	C		- Chemical Spray Bottles are not labeled - Advisor to use a Sharpie and apply clear tape over the writing	11.27.23
430	NC		- Ceilings throughout the facility are missing panels	12.22.23
216	NC		- Floor near the walk in freezer is in disrepair	1.22.23
218	NC		- Back door is in disrepair - door does not seal properly - air gap is visible on right side near the bottom	1.22.23
426	NC		- Unused equipment being stored in storage room (former walk in cooler)	
227	NC		- Bandsaw has a crack in the protective cover	12.22.23
430	NC		- Mold is still visible in the storage room (former walk in cooler). Ceiling is in disrepair. - Chris stated he has a down payment for a new roof with extreme roofing	
239	NC		- Food items (cavaties) not stored 6" or more off of the floor	11.27.23

Received by (name and title printed):

X Yesa Mason

Received by (signature):

X Yesa Mason

cc:

cc:

Inspected by (name and title printed):

Kevin R. Fauci / Mia Papageorge

Inspected by (signature):

K.R.F. / Mia Papageorge



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Received by (name and title printed):

X Jennifer Slack

Received by (signature):

cc:  cc:

Inspected by (name and title printed):

Jayene Miller

Inspected by (signature):

Dayni Miller ext
3173444369



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Establishment name Auntie Anne's Kiosk	Telephone Number	Date of Inspection	ID#
Establishment address	() Establishment () Owner	11/20/23	2012
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 11/30/13
Owner address	Summary of Violations:		
Person in charge	C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

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Received by (name and title printed):

X Margaret Stivers Shift lead

Received by (signature):

X Margins 300

CC:

CC:

Inspected by (name and title printed):

Jayne Miller
Inspector by (signature):

Inspected by (signature):

Payne Miller
cc:

cc



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

60 N. MORTON ST. STE A

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Benjamin's Coffeehouse</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-13-23</i>	ID# <i>2555</i>
Establishment address <i>49 E Court St Franklin 46131</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>11-23-23</i>
Owner	Summary of Violations:		
Owner address	<i>C ✓ NC ✓ R ✓</i>		
Person in charge	Menu Type (See back of page)		
Responsible person's email			
Certified food handler <i>Andrea Brewer Service BCP 7-12-2023</i>	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

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Received by (name and title printed):

Andrea Brewer

Received by (signature):

Received by (signature):
John

Inspected by (name and title printed):

Caleb Fleener

Inspected by (signature):

Col. Eleanor

CC:

CC:

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
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Establishment name <i>Bob Evans</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/1/23</i>	ID# <i>2134</i>
Establishment address <i>900 N MORTON FRANKLIN, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>JerUSARe</i>	Follow-up <i>—</i>	Release Date <i>11/1/23</i>
Owner	Summary of Violations:		
Owner address	<i>C 1 NC 5 R</i>		
Person in charge <i>PAT Rose</i>	Menu Type (See back of page)		
Responsible person's email	<i>1 2 3 4 5</i>		
Certified food handler <i>PAT Rose (7/31/25-EXP</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
239	NC	✓	DISHRACKS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	11/4/23
431	NC	✓	FLOOR IN AREAS OF KITCHEN WET - IN COOKER NOT CLEAN	11/8
295	NC	✓	INSIDE TOP OF ICE MAKER NOT CLEAN	11/6
295	NC	✓	UNDERNEATH OF GRILL, ON SIDES OF SOME EQUIPMENT IN KITCHEN NOT CLEAN	11/8
256	NC	✓	THERMOMETER NOT SEEN IN FRONT REFRIGERATOR IN WHICH MILK STORED	11/4
187	C	✓	INTERNAL TEMPERATURE OF CUT TOMATOES, CHEESE ~49°F NOT AT 41°F OR LESS	ITEMS DISCARDED 11/1

(NOTE) MECHANICAL DISINFECTION HOT WATER
SANITIZATION TEMPERATURE ADEQUATE -
160°F OR MORE ON PLATE/OPENING
SURFACE OK

Received by (name and title printed):

Pat Rose

6A

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

Pat Rose

Inspected by (signature):

Bob Smith

cc:

cc:

cc:



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Beth
11/13

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Establishment name Bone fish Grill	Telephone Number () Establishment () Owner	Date of Inspection 11-6-23 4pm	ID# 1014
Establishment address 1001 N SR 135 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 11-16-23
Owner	Summary of Violations:		
Owner address	C 0 NC 5 R 0		
Person in charge Allana	Menu Type (See back of page)		
Responsible person's email			
Certified food handler Brian Newlan	1 2 3 4 X 5		

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Section #	C/NC	R	Narrative	To Be Corrected by
193	C		Note: Mango Sauce @ room temperature - SOP states Mango sauce shall be timed - but it is not	11-6-23
187	C		Batter @ 71°F - Should be kept @ note or below 41°F - Will reice	Discarded
411	NC		Grill / Prep line has less than 10 foot- candles of light provided. Food prep areas shall have 70 foot- candles of light. It is very dim	12-15-23
431	NC		Floor under equipment @ prep/grill line & bar are soiled.	11-6-23
402	NC		Grout missing in many areas	12-15-23
295	NC		True @ double door reach-in coolers interior surfaces are soiled	11-6-23
245	NC		Sanitizer concentration observed lower than allowed.	11-6-23

Automatic dish machine appears to be
sanitizing properly @ time of inspection



Received by (name and title printed):

Inspected by (name and title printed):

Allana Blum

Elizabeth Schultz

Received by (signature):

Allana Blum

Inspected by (signature):

Elizabeth Schultz

cc:

cc:

cc:

317-346-4373

Page 1 of 1

E Schultz @ co. johnson, in.us



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Beksm
10/20

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Establishment name <i>Bob Evans</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-17-23</i>	ID# <i>2133</i>
Establishment address <i>159 Martin Dr. Greenwood</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>11-27-23</i>
Owner address	Summary of Violations:		
Person in charge	<i>C 0 NC 6 R</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	<i>1 2 3 4 X 5</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
413.1	NC		Floor throughout establishment is Soiled. ↳ behind & under collage ↳ walk-in cooler floor ↳ under Soda Machines	
425	NL		Mop not hung up. ↳ appeared dirty.	
247	NC		Soda machines are Soiled around nozzles & water nozzles.	
324	NC		① Observed a leak of the 2 Day sink @ hot water handle connection. ② Soda machine ice bin appears to be leaking. ③ Establishment's back flow prevention device appears to be leaking - Should be tested every year.	
195	NC		① Walk-in freezer door gasket is Soiled. ② Sides of Cooking equipment are Soiled.	
431			3 bay SINK floor drain is Soiled.	Corrected.

Received by (name and title printed):

Ashley Snayay

Received by (signature):

Ashley Snayay

cc:

cc:

Inspected by (name and title printed):

Cassie Hall

Inspected by (signature):

Cassie Hall

cc:

NARRATIVE REPORT

Establishment Name Bob Evans			Address 159 Marlin Dr	Greenwood	Inspection Date 11-16-23
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
218	NC		<p>① the following internal temp, were observed on cookline (cooler)</p> <p>① Mac + Cheese @ 43°F</p> <p>② Sliced cheese @ 43°F</p> <p>② the following internal temp, were observed in front flip top cooler</p> <p>① Shredded cheese @ 92°F</p> <p>Coolers need turned down.</p>		
<p>Notes:</p> <p>① relabel toxic spray bottles</p> <p>② Observed a hose connected to mop sink with a spray nozzle attached to hose without an approved back siphonage</p> <p>③ Small flies observed.</p>					
Received By (Name & Title) Wesley L. Johnson			Inspected By (Name & Title) CDR: HAH		Page <u>2</u> of <u>2</u>



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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. ✓

Establishment name Burger King # 12113	Telephone Number () Establishment () Owner	Date of Inspection 11/1/23	ID# 08009
Establishment address 891 US 31 Whiteland	Purpose: 1. Routine	Follow-up	Release Date 635
Owner JN	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:	
Owner address	C 0 NC 3 R _____		
Person in charge	Menu Type (See back of page)		
Responsible person's email	1 2 3 4 5		
Certified food handler Rebecca Richardson			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed):

ed by (name and title printed):
+ Rebecca, Richardson

Inspected by (name and title printed):

by (name and title printed):
Terry Bayless

Received by (signature)

ed by (signature):
+ John Richardson

Inspected by (signature):

ed by (signature):
Spud Bowers

CC:

CC

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