

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:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Certified food handler			

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

[illegible]

Received by (name and title printed): Marian L. Thang		Inspected by (name and title printed): CASSI Hall	
Received by (signature): [Signature]		Inspected by (signature): [Signature]	
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

Belm
A 10/20



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

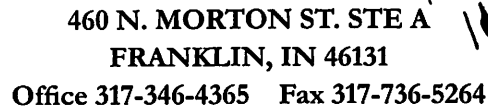
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Dayton Freight - AFR</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/17/23</i>	ID# <i>2781</i>
Establishment address <i>800 Commerce Dr Greenwood Ill 60143</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
Owner		Summary of Violations: <i>C</i> <u><i>0</i></u> <i>NC</i> <u><i>0</i></u> <i>R</i> <u> </u>	
Owner address		Menu Type (See back of page) <i>1</i> <u> </u> <i>2</i> <u><i>✓</i></u> <i>3</i> <u> </u> <i>4</i> <u> </u> <i>5</i> <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): - Mason Hamilton		Inspected by (name and title printed): Paul Betton #43	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



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

- 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 Belton #13	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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Establishment name <i>American Legion Post #233</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11-21-23</i>	ID# <i>708</i>
Establishment address <i>500 Memorial Dr. Edinburgh 46124</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>11-29-23</i>
Owner 		Summary of Violations: C <u> <i>0</i> </u> NC <u> <i>0</i> </u> R <u> <i>0</i> </u>	
Owner address 		Menu Type (See back of page) 1 <u> </u> 2 <u> <i>X</i> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge 			
Responsible person's email 			
Certified food handler <i>Jennifer Schmidt</i> ^{ser/safe} <i>5-8-2024</i>			

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[illegible]

Received by (name and title printed): <i>[Signature]</i>		Inspected by (name and title printed): <i>Caleb Fleener Mia Papageorgiou</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>Caleb Fleener Mia Papageorgiou</i>
cc:	cc:	cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Greenwood American Legion	Post 252	Telephone Number () Establishment	Date of Inspection 11-14-23	ID# 167
Establishment address 334 S US 31	Greenwood	() Owner	Follow-up NO	Release Date 11-24-23
Owner	46142	Purpose: 1. Routine	Summary of Violations:	
Owner address		2. Follow-up	C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge		3. Complaint		
Responsible person's email		4. Pre-Operational		
Certified food handler		5. Temporary	Menu Type (See back of page)	
		6. HACCP	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
		7. Other (list)		

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





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

Bekm
11/15

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 BEES	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)	Follow-up —	Release Date 11/24/23
Owner		Summary of Violations: C <u>0</u> NC <u>4</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>4</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge MIKE KACHELRIES			
Responsible person's email			
Certified food handler MIKE KACHELRIES			

• 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	<input checked="" type="checkbox"/>	PREPARATION AREA - REFRIGERATOR INSIDE PLASTIC COATING ON SHELVES WEARING	12/14/23
256	NC	<input checked="" type="checkbox"/>	PREPARATION REFRIGERATOR - THERMOMETER NOT SEEN	corrected 11/14/23
324	NC	<input checked="" type="checkbox"/>	BAR DISHWASHING SINK DRAIN LEAKING -	11/20
431	NC	<input checked="" type="checkbox"/>	FLOOR NOT CLEAN UNDERNEATH - FEW SMALL FLIES IN THIS AREA	corrected 11/20
(note)			microwave dishwashing hot water sanitization temperature adequate 160°F or more on plate/utensil surface (was 171°F)	OK

Received by (name and title printed):

MIKE KACHELRIES

Received by (signature):

[Signature]

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

[Signature]

cc:

cc:

cc:



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

Establishment name Neavia - Aramark	Telephone Number () Establishment () Owner	Date of Inspection 11/17/23	ID# 2748
Establishment address 850 N Graham rd Greenwood Ind. 46143	Purpose: 1. Routine	Follow-up -	Release Date
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler	6. HACCP		
	7. Other (list)		

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

Received by (name and title printed):

Karen Chasteen

Inspected by (name and title printed):

Paul Bettin LHS

Received by (signature):

5. John H. Chas

Inspected by (signature):

госп. Ветихи

CC:

CC:

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Bekn
11/29

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

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

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• 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
437	C		- CHEMICAL SPRAY BOTTLES ARE NOT LABELED - ADVISED TO USE A SHARPI 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 ENTIRELY - 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 (CANNINGS) NOT STORED 6" OR MORE OFF OF THE FLOOR	11.22.23

Received by (name and title printed): X Yessa Mason	Inspected by (name and title printed): KEVIN R. PAULIN / Mia Papageorge
Received by (signature): X Yessa Mason	Inspected by (signature): KEVIN R. PAULIN / Mia Papageorge
cc:	cc:



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

Establishment name Auntie Anne's	Telephone Number () Establishment () Owner	Date of Inspection 11/20/23	ID# 722
Establishment address Greenwood Park Mall	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11/30/23
Owner		Summary of Violations:	
Owner address		C 0 NC 2 R 0	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Jennifer Hadley (Exp: 2028)			

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[illegible]

Received by (name and title printed):
X Jennifer Slach

Received by (signature):

cc:

cc:

Inspected by (name and title printed):

Inspected by (signature): *Dayne Miller* ☒ *TH*

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 Auntie Anne's Kiosk	Telephone Number () Establishment () Owner	Date of Inspection 11/20/23	ID# 2012
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11/30/23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
257	NZ		Working thermometer needed in cooling unit * Keep an eye out on food temp in cooling unit * food @ 41°F	
			Storage area in back hallways smells like sewage odor a facility has cleaned drains, called plumbers they don't know what else to do.	

Received by (name and title printed): X Margaret Stivers Shift lead		Inspected by (name and title printed): Jayne Miller	
Received by (signature): X Margaret Stivers		Inspected by (signature): Jayne Miller	
cc:		cc:	



1. ~~Beta~~ 1113

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

Page 1 of 1



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-336-5264

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 Bob EVANS	Telephone Number () Establishment () Owner	Date of Inspection 11/1/23	ID# 2134
Establishment address 900 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 11/11/23
Owner		Summary of Violations: C 1 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge PAT ROSE			
Responsible person's email			
Certified food handler PAT ROSE (7/31/25-EXP DEUSARE)			

• 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
239	NC	✓	DISHRACKS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES	11/4/23
431	NC	✓	FLOOR IN AREAS OF KITCHEN WALK-IN COOLER NOT CLEAN	11/8
295	NC	✓	INSIDE TOP OF ICE MAKER NOT CLEAN	11/6
295	NC	✓	UNDERNEATH OF GRILL, AND 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
			MECHANICAL DISINFECTANT HOT WATER SANITIZATION TEMPERATURE ADEQUATE - 160°F OR MORE ON PLATE/UTENSIL SURFACE	OK

Received by (name and title printed):

PAT ROSE

G.M.

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Beta 11/13

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

• 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
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 @ 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 cooler's 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): Allana Blume	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): Allana Blume	Inspected by (signature): Elizabeth Schultz
cc:	cc: 317-346-4373

Eschultz @ co. johnson in us



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Btkm
11/20

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	Telephone Number () Establishment () Owner	Date of Inspection 11-17-23	ID# 2133
Establishment address 159 Marlin Dr. Greenwood	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 11-27-23
Owner		Summary of Violations: C 0 NC 6 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler			

• 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		Floor throughout establishment is soiled. ↳ behind & under cookline ↳ walk-in cooler floor ↳ under Soda machines	
425	NC		map not hung up. ↳ appeared dirty.	
297	NC		Soda machines are soiled around nozzles & water nozzles.	
329	NC		① Observed a leak @ the 2 Bay 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.	
295	NC		① Walk-in freezer door gasket is soiled.	
431			② Sides of cooking equipment are soiled. 3 Bay Sink floor drain is soiled.	Corrected.

Received by (name and title printed):

Ashley Sugaray

Received by (signature):

Ashley Sugaray

cc:

Inspected by (name and title printed):

Cass Hall

Inspected by (signature):

Cass Hall

cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		<p>① the following internal temp, were observed on cooking cooler</p> <p>① Mac & Cheese @ 43°F</p> <p>② Sliced cheese @ 43°F</p> <p>③ the following internal temp, were observed in front flip top cooler</p> <p>① Shredded Cheese @ 42°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)			Inspected By (Name & Title)	Page 2 of 2

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name Burger King # 12113	Telephone Number () Establishment () Owner	Date of Inspection 11/1/23	ID# 123456789 000 635
Establishment address 891 us 31 whiteland,	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner JN		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Certified food handler + Rebecca Richardson			

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

Received by (name and title printed): + Rebecca Richardson	Inspected by (name and title printed): Terry Bayless
Received by (signature): + [Signature]	Inspected by (signature): [Signature]
cc:	cc: