



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

95 S. DRAKE ROAD
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.

- 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): hailie fustin kitchen Manager	Inspected by (name and title printed): Bob Sim - E78	
Received by (signature): 	Inspected by (signature): 	
CC:	CC:	CC:



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

Betsy
6/19



Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, 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 Casey's General Store #4022	Telephone Number 317-878-2393	Date of Inspection 6/9/2025	
Establishment address 214 SR 135 Trafalgar, IN 46181	Summary of Violations: 2C, 0Pf, 0P		
Owner Casey's Marketing Co Email- store_4022@cgsretail.com		Follow-up No	Release Date 6/19/2025
Person in charge Andrea Brown- store manager	Certified food handler Andrea Brown State Food Safety exp 4/28/30	Purpose Routine	Menu Type 2-Limited menu
Establishment Identification # 2523	County Johnson	District D5	

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority as "P", and Priority foundation as "Pf"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/Pf/P	R	Narrative	To Be Corrected by:
286	C		Customer walk in freezer has ice build up	6/16
443	C		Floor under dry storage shelves littered with debris	6/10


Received by
Inspected by Mia Papageorge, EHS
(317) 868-8818 mpapageorge@co.johnson.in.us



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Retail Food Establishment Inspection Report

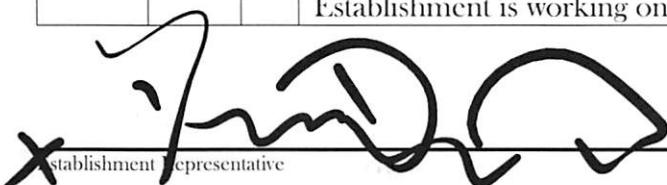


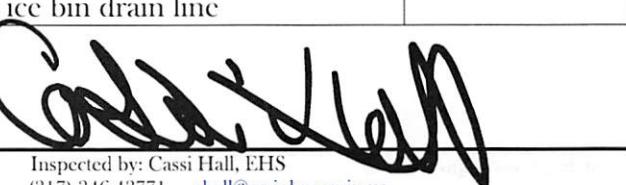
Based on an inspection this day, the item(s) noted below identify violation(s) of **410 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment	telephone	Date of Inspection
Cellar's Market	317-533-0810	6/18/2025
Address: 63 North Baldwin Street, Bargersville IN 46106		Summary of Violations OP, 1PF, 1Core
Owner Taxman Holdings INC	Follow-up No	Release Date 6/28/2025
Person - in - Charge Chris Frank.desantis@theupcellar.com	Certified Food Handler Felipe Castro 8/23/27	Purpose: Routine
Establishment Identification # 2677	County Johnson	Menu Type 3-Extensive handling
	District D5	

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

Sec#	P/PF	R?	Violation Observed:	To be Corrected by:
213	P		Observed the following internal food temperatures inside the flip top cooler located across from the cooking equipment: - Chicken salad @57°F - Raw beef @57°F Ambient air thermometer located in the unit showed 46°F Trash can located next to the flip top cooler was blocking the fan/condenser	Discarded TCS Food Products
306	Core		Soda nozzle are soiled	
450	PF		Observed small flies in the bar area	
Note:			Observed no paper towels at the bar hand sink	
Note:			Bakery items located in the customer display coolers lacked a label - Address, ingredients, weight, etc. Label all spray bottles Establishment is working on correcting the ice bin drain line	


X establishment representative


Inspected by: Cassi Hall, EHS
(317) 346-43771 chall@co.johnson.in.us

Bethany
6/24



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

7-26 AM

Below
6/18

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 Charley's Philly Steak	Telephone Number () Establishment () Owner	Date of Inspection 6/17/25	ID# 1783
Establishment address 1251 US 31 Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) (APSC Exp: 9/8/27)	Follow-up Yes	Release Date 6/27/25
Owner Hyang Suh	Summary of Violations: P pf core x 1 NC 0 X 6		
Owner address			
Person in charge Jesus Hernandez Pascual	Menu Type (See back of page)		
Responsible person's email	1 2 3 ✓ 4 5		
Certified food handler Elvia Rogel			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **P (AM)**

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

Section #	C/N/C	R	Narrative	To Be Corrected by
443	Core		Rodent like pellets (RLPs) were seen on the floor behind deep fryer, near three bay sink and on shelving storing packaged bread at front line.	6/17/25
343	Core		Map sink atmospheric vacuum breaker (AVB) leaks	6/27/25
348	P		Ice bin drain line lacks an air gap, at front soda station and prep sink drain line.	6/27/25
421	Core		Walk-in-cooler evaporator contains a build-up of ice	6/17/25
306	Core	✓	Ice bin maker interior top is soiled	6/20/25
363	Core		Preparation sink faucet knobs and center neck leaks.	7/1/25
286	Core		Quat test papers are expired (date: 12/1/2019) ① NOTES: Two juvenile mice were noted in metal tin cat at front line under table storing sauces.	6/18/25
		②	Seal soda chase cap near bulk tanks.	
		③	New Food Code IAC 410 7-26	

Received by (name and title printed):

Received by (signature):

cc:

cc:

Inspected by (name and title printed):

Andrew Miller, EHs

Inspected by (signature):

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

Bekah
6/19

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 CHICAGO PIZZA	Telephone Number () Establishment () Owner	Date of Inspection 6/9/25	ID# 1131
Establishment address 1047 W JEFFERSON ST. FRANKLIN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (Y)	Release Date 6/19/25
Owner address	Summary of Violations:		
Person in charge BETH MORRIS	(1) P O(PF) (5)core		
Responsible person's email	Menu Type (See back of page)		
Certified food handler Chase Kean	1 2 (3) 4 5		

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

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

Section #	Narrative	To Be Corrected by
213 P	X INTERNAL TEMPERATURE OF CHEESE IN WARMER 125°F NOT AT 135°F OR MORE	6/10/25
443 core	X CUTTING NOT CLEAN IN AREA OF KITCHEN	6/12
286 (core)	X 3 DOOR UPRIGHT REFRIGERATOR IN KITCHEN - DOOR GASKET IS WORN	8/1
	X SHELF COATING WORN ON SOME SHELVES	
407 (core)	X FLOOR WORN IN AREAS OF PIZZA PREPARATION REFRIGERATORS	8/1
306 (core)	X WALK-IN COOLER - FLOOR NOT CLEAN SHELVING NOT CLEAN	6/11
285 (core)	X UPRIGHT REFRIGERATOR ACROSS FROM STACED BAR NOT EASILY MOVEABLE	8/1
	X NO HAND WASH SIGN NOT POSTED IN RESTROOM	6/15

Received by (name and title printed):

Beth Morris, Manager

Received by (signature):

Beth Morris

cc:

cc:

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

Bob Smith

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

7-26 (AM)

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 Chick-fil-A	Telephone Number () Establishment () Owner	Date of Inspection 6/27/25	ID# 0179			
Establishment address 1251 N US 31 #C19 IN 46142 Greenwood	Purpose: 1. Routine	Follow-up No	Release Date 7/7/25			
Owner Rick Johnson	2. Follow-up	Summary of Violations:				
Owner address	3. Complaint	P	PF			
Person in charge Shean Cirabisi	4. Pre-Operational	C	Core			
Responsible person's email SenSafe	5. Temporary	O	NC			
Certified food handler Micah Hayden	6. HACCP	4	X			
	7. Other (list) Exp 12/7/28	Menu Type (See back of page)				
		1	2	3	4	5

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Section #	C/N/C	R	Narrative	To Be Corrected by
443	Core	①	Floor soiled under kitchen ice maker	7/1/25
306	Core	②	Interior of bun toaster contains build-up of debris	6/27/25
363	Core	③	Apparent leak from kitchen high temperature dish machine drain piping	7/4/25
442	Core	④	Peeling paint noted on ceiling just left of kitchen three bay sink.	7/10/25
			Note: Mop sink faucet with atmospheric vacuum breaker (AVB) contains y-value with shutoffs.	7/20/25

Received by (name and title printed):

ved by (name and title printed):

Received by (signature)

10

1000

Inspected by (name and title printed)

pected by (name and title printed): Andrew Miller, EHS
pected by (signature): Andrew Miller

Inspected by (signature):

三



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-20, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Received by (name and title printed):

Khylee Gaskins Myr

Inspected by (*name and title printed*):

spected by (name and title printed):
Bob Smith EHS

Received by (signature):

16

Inspected by (signature):

ed by (signature):


cc:

CCS

CC:



Johnson County Health Department

95 S Drake Rd., Franklin, IN 46131

Phone: (317) 346-4365, Fax: (317)736-5264

Retail Food Establishment Inspection Report

Bekal
619

Based on an inspection this day, the item(s) noted below identify violation(s) of **110 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment China Wok	telephone	Date of Inspection 6/3/2025
Establishment address 200 S. Emerson Ave Greenwood In	Summary of Violations 4 core 1 Pf	
Owner SHANYULIN999@GMAIL.COM	Follow-up No	Release Date 6/13/2025
Person - in - Charge Wen Hai Lin	Certified Food Handler Wen Hai Lin	Purpose: Routine
Establishment Identification # 2417	County Johnson	District D5

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

Wan 'ai lin

Terry Bayles

Establishment Representative

Inspected by: Terry Bayless, EHS

tbayless@co.johnson.in.us



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

Bethal
6/24

Based on an inspection this day, the item(s) noted below identify violation(s) of 110 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Circle K #4700003	telephone 317-738-4744	Date of Inspection 6/19/2025	
Establishment address 10 North Morton Street, Franklin IN 46131	Summary of Violations 2P, 0PF, 0Core		
Owner Mac's Convenience Stores LLC	Follow-up Yes	Release Date 6/29/2025	
Person - in - Charge 4700085@circlek.com	Certified Food Handler	Purpose: Routine	Menu Type 2-Limited menu
Establishment Identification # 0153	County Johnson	District D5	

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

Sec#	P/PF	R?	Violation Observed:	To be Corrected by:
363	P		Observed a sewage back up at the 3 bay sink floor drain Observed stagnant water inside mop sink (mop sink is not draining properly)	
450	PF		Observed many dead cockroaches (appears to be oriental cockroaches) inside old carwash storage room - Establishment is working with pest control	
			Notes: - Ensure grease trap is clean - Customer reach in, display cooler out of order at time of inspection	
490	P		Establishment kitchen and prep area is closed due to the sewage back up. Only pre-packaged items can be sold. Establishment cannot reopen until the sewage back up is corrected and verified by our office.	


Establishment Representative


Cassi Hall

Inspected by: Cassi Hall, EHS
(317) 346-43771 chall@co.johnson.in.us



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95 S. DRAKE ROAD
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC-7-14, 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 CIRCLE K #4700121	Telephone Number () Establishment () Owner	Date of Inspection 6/11/25	ID# 686
Establishment address 2105 E KING ST. FRANKEN, MI	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/21/25
Owner	Summary of Violations: O(P) (O)PF (H)kore 8 ME 8		
Owner address			
Person in charge MATTHEW HUNSTABLE			
Responsible person's email			
Certified food handler ✓			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED ~~NOTE~~

- 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): Matthew Hunstable	Inspected by (name and title printed): Bob Smith OHS	
Received by (signature): 	Inspected by (signature): 	
CC:	CC:	CC:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC:

CC



Johnson County Health Department
95 S Drake Rd., Franklin, IN 46131

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Retail Food Establishment Inspection Report

Below
6/11/25

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment	Telephone	Date of Inspection
Cold Stone Creamery	317-882-2501	6/10/2025
Establishment address	Summary of Violations: 2 P, 1 P/f, 2 CORE	
789 E US 31 N Suite K Greenwood IN 46142		
Owner	Follow-up No	Release Date 6/20/2025
Person - in - Charge	Certified Food Handler	Purpose: Routine
Establishment Identification # 2455	County Johnson	Menu Type 2-Limited menu

- Priority items are identified in the checklist & narrative columns marked "P", Priority Foundation items are marked "P/f" and Core items are marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/C	R?	Violation Observed:	To be Corrected by:
301	P/f		Did not observe chemical test kit for sanitation	6/15/25
461	P		Sanitizer tested with my test kit showed 150ppm not between 200-400ppm.	6/10/25
260	C		Did not observe a thermometer in the residential chest freezer	6/15/25
286	C		Walk in cooler ambient temperature observed at 49F	7/13/25
			Observed the following internal temperatures of foods in the walk-in cooler:	
213	P		Strawberries: 45F Cookie Chunks: 49F Mini M&Ms: 47F Maraschino Cherries: 49F Strawberry Ice Cream Base: 49F Vanilla Ice Cream Base: 49F	6/10/25

by Kevin Paulin



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Beth
6/12
31
7-736-5264

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 Community Health Network Rehab	Telephone Number () Establishment () Owner	Date of Inspection	ID#
Establishment address 607 Greenwood Spring drive IN 46143	Greenwood	6/10/25	2234
Owner Kinchred healthcare/Life point health	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner address	Summary of Violations:		
Person in charge	C D NC D R _____		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 2 3 4 V 5 _____		

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

Susan Heckert
Received by (signature): Susan Heckert

Received by (signature):

1 by (signature):
Susan Hackett

cc:

CC:

Inspected by (name and title printed):

Inspected by (name and title, printed):
Paul Betiku EAS
Inspected by (signature):

Inspected by (signature):
Paul Betts

fc:



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

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- 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):	Inspected by (name and title printed):
Received by (signature): 	Inspected by (signature): 
CC: _____	CC: _____



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

Bekah
6/19



Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Country Nutrition	Telephone 317-889-1305	Date of Inspection 6/3/2025
Establishment address 1480 Olive Branch Parke Ln Greenwood IN 46143	Summary of Violations 0P, 0 PF, 0 CORE	
Owner Audra Nicholls	Follow-up No	Release Date 6/13/2025
Person - in - Charge Audra Nicholls	Certified Food Handler	Purpose: Routine
Establishment Identification # 1626	County Johnson	Menu Type 2-Limited menu

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

Sec#	P/PF/C	R?	Violation Observed:	To be Corrected by:
			No violations observed.	

by: Kevin Paulin



Johnson County Health Department
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Retail Food Establishment Inspection Report

Beth
4/19

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment	Telephone	Date of Inspection
Crow and Clover Café	317-215-4758	6/4/2025
Establishment address 916 E Main St #112 Greenwood, IN 46131		Summary of Violations 1P, 2C, 0Pf
Owner Elissa McKee Email- crowandclovercafe@gmail.com	Follow-up No	Release Date 6/14/2025
Person - in - Charge Elissa McKee	Certified Food Handler Elissa McKee ServSafe exp 5/2028	Purpose: Routine
Establishment Identification # 2646	County Johnson	District D5

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority as "P", and Priority foundation as "Pf"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/Pf/P	R?	Violation Observed:	To be Corrected by:
299	P		Sanitizer concentration at 3 bay sink insufficient	6/4/25
306	Core		Two door prep freezer and cooler interiors soiled	6/5/25
185	Core		Wet wiping cloths stored outside of a sanitizer bucket	6/4/25
			Notes: 1. Bulk powder ingredients' labels illegible	6/5/25
			2. Noncommercial toaster oven and upright freezer in kitchen	When equipment fails to function properly

Establishment Representative

Inspected by: Mia Papageorge, EHS
(317) 868-8818 mpapageorge@co.johnson.in.us



Johnson County Health Department
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Retail Food Establishment Inspection Report

Batem
6/30

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Crumbl Cookies	telephone 463-200-5249	Date of Inspection 6/27/2025	
Establishment address 1675 W Smith Valley Rd Suite D4B Greenwood IN 46143		Summary of Violations 4 C 0 P/f 0 P	
Owner Tyson Barrett	Follow-up No	Release Date 7/7/2025	
Person - in - Charge Olivia Brundt	Certified Food Handler Kimberly Jones exp 7/9/25	Purpose: Routine	Menu Type 2-Limited menu
Establishment Identification # 2498	County Johnson	District	

- Priority items are identified in the checklist & narrative columns marked "P", Priority Foundation items marked "P/f" and Core items marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P P/f C	R	Violation Observed:	To be Corrected by:
286	C	R	Observed the door gasket on Fridge 7 in disrepair.	7/27/25
176	C	R	Observed bulk food items not labeled	6/29/25
421	C		Observed a gap at the bottom of the back door	7/27/25
443	C		Observed the trays under the glass doors on both warmer ovens as soiled	6/29/25



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Bekämpf
6/20

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, 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>Culver's of Greenwood</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6/19/05</i>	ID# <i>1971</i>
Establishment address <i>320 St Rd 135 Greenwood IN 46142</i>	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 	Follow-up	Release Date
Owner <i>Culver's</i>	Summary of Violations: <i>P PF K</i>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Timothy Hanson 3/28/07</i>	Menu Type (See back of page) <i>1 2 3 V 4 5</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"

Received by (name and title printed):

• Tyler Ellis

Received by (signature):

✓ *Wm Cr*

CC:

CC:

Inspected by (name and title printed):

Paul Betts EHS

Inspected by (signature):

Specified by (Signature):
Paul Betti

100



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Bekal
6/12

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 CVS #6663	Telephone Number () Establishment () Owner	Date of Inspection 06/10/2025	ID# 762
Establishment address 11 N. Morton St. Franklin	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
Owner	Summary of Violations: P O PF O C O R E O C NC R		
Owner address			
Person in charge			
Responsible person's email FSU6663@cvshcalth.com	Menu Type (See back of page)		
Certified food handler	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P" priority, "Pf" priority for finding, "C" core
- 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):

printed):
Carrie Welty
(signature): Carrie Welty

Received by (signature):

(signature): 

CC:

CC:

Inspected by (name and title printed):

MYLA HADLEY / Prubpreet Singh
Inspected by (signature):

Inspected by (signature):

Inspected by (signature):
Myla Hadley | Bubly Ranch
cc:

10



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
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 7-20, 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 CVS #5408	Telephone Number 98106	Date of Inspection 6-3-25	ID# 1393
Establishment address 5028 57 Rd 135 N Bergenville	(<input type="checkbox"/>) Establishment (<input type="checkbox"/>) Owner		
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 6-13-25
Owner address	Summary of Violations:		
Person in charge	C <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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):

by (name and title printed):
Zachary Krebbs Sheriff Super

Inspected by (name and title printed):

ected by (name and title printed)
Caleb Flennix

Received by (signature):

by (signature):

Inspected by (signature):

pected by (signature):
John Elemen

CC:

CC:

cc: