



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Bekam
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 CASEY'S GENERAL STORE	Telephone Number () Establishment	Date of Inspection 6/11/25	ID# 2005
Establishment address 3048 N. MURTON FRANKLIN, IN	() Owner	Follow-up —	Release Date 6/21/25
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: O(P) O(PF) (S) CORE 6 20 20	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge KAILIE AUSTIN			
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	R	Narrative	To Be Corrected by
443	CORE		FLOOR IN AREAS OF KITCHEN NOT CLEAN	6/15/25
			FLOOR IN KITCHEN UNDER COOLER	6/15
306	CORE		NOT CLEAN	
306	CORE		WATER POOLED INSIDE BASE OF KITCHEN FRONT REFRIGERATOR	6/15
443	CORE		WALL NOT CLEAN BY SODA DISPENSER WALK-IN COOLER PASS-THRU DOOR, WALL UNDER 3 COMPARTMENT SINK NOT CLEAN	6/15
400	CORE		OUTSIDE DUMPSTER LID NOT CLOSED, some TRASH ON ground	6/12

Received by (name and title printed): Kailie Austin Kitchen Manager	Inspected by (name and title printed): Bob Smith - ETS
Received by (signature): 	Inspected by (signature):
cc:	cc:

Betsy
6/9



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 7-26, 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	
Establishment Identification # 2523		County Johnson		District D5	
Menu Type 2-Limited menu					

- 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

Beky
6/24



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Retail Food Establishment Inspection Report

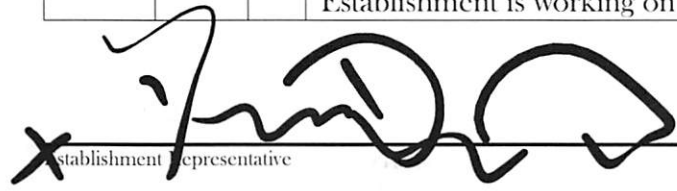


Based on an inspection this day, the item(s) noted below identify violation(s) of **110 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Cellar's Market		telephone 317-533-0810		Date of Inspection 6/18/2025	
Address: 63 North Baldwin Street, Bargersville IN 46106				Summary of Violations 0P, 1PF, 1Core	
Owner Taxman Holdings INC				Follow-up No	
Person - in - Charge Chris Frank.desantis@thecupcellar.com		Certified Food Handler Felipe Castro 8/23/27		Release Date 6/28/2025	
Establishment Identification # 2677		County Johnson		District D5	
				Purpose: Routine	
				Menu Type 3-Extensive handling	

- **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	


 Establishment Representative


 Inspected by: Cassi Hall, EHS
 (317) 346-4371 chall@co.johnson.in.us



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RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

7-26 AM

Bekm
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. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 6/27/25
Owner Hyang Suh		Summary of Violations: P pf core 1 NC 0 6	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Jesus Hernandez Pascual			
Responsible person's email			
Certified food handler Elvia Rogel	(APSC Exp: 9/8/27)		

- 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/NC	R	Narrative	To Be Corrected by
443	Core		Rodent like pellets (RLPs) were seen on the floor behind deep fryer, near three bays sink and on shelving storing packaged bread at front line.	6/17/25
343	Core		Mop 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)	6/18/25
			(A) NOTES: Two juvenile mice were noted in metal tin cat at front line under table storing sauces.	
			(B) Seal soda chase cap near bulk tanks.	
			(C) New Food Code IAC 410 7-26	

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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Betsy
6/19

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.4, 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, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (P)	Release Date 6/19/25
Owner		Summary of Violations: (1) P 0 (PF) (5) CORE	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge BETH MORRIS			
Responsible person's email			
Certified food handler Chase Kean			

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

Received by (name and title printed):

Beth Morris, manager

Received by (signature):

Beth Morris

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

Bob Smith

cc:

cc:



cc:

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.5, 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 CHILI'S	Telephone Number () Establishment () Owner	Date of Inspection 6/6/25	ID# 2292
Establishment address 2299 N MAIN ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up FS	Release Date 6/16/25
Owner		Summary of Violations: 2(P) (C)PE(2) CORRE	
Owner address		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Person in charge KYLEE GASKINS		Menu Type (See back of page) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input checked="" type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	
Responsible person's email			
Certified food handler KYLEE GASKINS (SERVSAFE EXP 7/13/29)			

- 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
363	(core)	A	LEAK NOTED AT HANDSINK	6/10/25
318	P	X	CHLORINE NOT DETECTED ON DISHWASHER AFTER FINAL SANITIZATION RINSE AT MECHANICAL DISHWASHER	6/7
213	P	A	INTERNAL TEMPERATURE OF RESTAURANT made (in house) RANCH (WITH BUTTERMILK) 48°F NOT AT 41°F OR LESS	corrected 6/6
414	core	X	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	6/10

Received by (name and title printed): Kylee Gaskins Mgr		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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Retail Food Establishment Inspection Report

Betsy
6/9



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
		Menu Type 4-Extensive handling

- 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:
272	Core	yes	Chest freezers are not commercial grade equipment	When replaced
443	core		Area between the fryer and work table is heavily soiled with grease and grime.	6/9/25
306 ©	core		The outside of the large chest freezer in back is soiled on the outside under the lid.	6/9/25
212	Pf		Numerous egg rolls were out cooling in the kitchen at room temperature.	6/3/25
443	core		The screen door at the rear exit is soiled with cob webs and dust.	6/9/25

Wen Hai Lin

Terry Bayless

Establishment Representative

Inspected by: Terry Bayless, EHS

tbayless@co.johnson.in.us

Betsey
6/24



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Retail Food Establishment Inspection Report

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
Establishment Identification # 0153	County Johnson	District D5
		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	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.	

[Signature]
Establishment Representative

[Signature]
Cassi Hall

Inspected by: Cassi Hall, EHS
(317) 346-4371 chall@co.johnson.in.us



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

36-5264

7-26

- [illegible]

Page 1 of 1

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 COFFEEHOUSE FIVE	Telephone Number () Establishment () Owner	Date of Inspection 6/18/25	ID# 2335 1813
Establishment address 41 W MONROE FRANKLIN, IL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 6/28/25
Owner MITCHELLE PETERS		Summary of Violations: (O)P (O)PF (O)CORE C <u>NC</u> <u>R</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 4 5	
Person in charge MITCHELLE PETERS			
Responsible person's email			
Certified food handler PETERS BRIAN PETERS			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" *P*
- 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): Michelle L. Peters	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Michelle L. Peters	Inspected by (signature): Bob Smith
cc:	cc:



Belen
6/11/25

✓

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 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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

- Priority items are identified in the checklist & narrative columns marked "P", Priority Foundation items are marked "P/I" 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/I		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






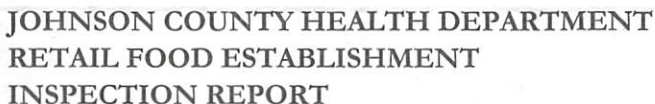
95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

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"

[illegible]

Received by (name and title printed):  Susan Heckert	Inspected by (name and title printed): Paul Beltrick EHS
Received by (signature):  Susan Heckert	Inspected by (signature):  Paul Beltrick
cc:	cc:





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FRANKLIN IN 46131
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Establishment name <i>Cotton Candy University</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6-3-25</i>	ID# <i>2710</i>
Establishment address <i>192 Eastview Dr. Bensenville 48108</i>	Purpose: <u>1. 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>6-13-25</i>
Owner		Summary of Violations:	
Owner address		<i>C</i> <i>PP</i> <i>MC</i> <i>PC</i> <i>MC</i> <i>PC</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <i>X</i> 3 _____ 4 _____ 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"

[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Caleb Flemer
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



Betsy
6/19

Johnson County Health Department
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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 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	Menu Type 2-Limited menu
Establishment Identification # 1626		County Johnson	District		

- 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



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Retail Food Establishment Inspection Report

Bekm
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 Crow and Clover Café		Telephone 317-215-4758		Date of Inspection 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	
Menu Type 3-Extensive handling					

- 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



Belen
6/30

✓

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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 Crumb 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		Menu Type 2-Limited menu	
Establishment Identification # 2498		County Johnson	District	Purpose: Routine	

- Priority items are identified in the checklist & narrative columns marked "P", Priority Foundation items marked "P/I" 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/I 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

Establishment Representative

Inspected by: Kevin Paulin, EHIS
(317) 346-4373 kpaulin@JohnsonCounty.in.gov



1 Beckm
6/24

Page 1 of _____





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FRANKLIN IN 46131
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Establishment name CVS #6663	Telephone Number () Establishment () Owner	Date of Inspection 06/10/2025	ID# 762
Establishment address 11 N. Morton St. Franklin	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		PO PFO COPEO E NE R	
Person in charge		Menu Type (See back of page)	
Responsible person's email FS06663@cvshhealth.com		1 <input checked="" type="checkbox"/> 2 3 4 5	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P" priority, "Pf" priority foundation, "core"
- 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): Carrie Welby		Inspected by (name and title printed): MYLA HADLEY / Prubpreet Singh	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	

