



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

Balkat  
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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 <b>Fannie May</b>	Telephone 317-889-5482	Date of Inspection <b>6/9/2025</b>
Establishment address <b>455 Greenwood Park Dr South Suite A Greenwood IN 46142</b>	Summary of Violations <b>0P, 0 PF, 0 CORE</b>	
Owner <b>Ferrero</b>	Follow-up <b>No</b>	Release Date <b>6/13/2025</b>
Person - in - Charge <b>Sharri Lengers</b>	Certified Food Handler	Purpose: <b>Routine</b>
Establishment Identification # <b>1625</b>	County <b>Johnson</b>	Menu Type <b>2-Limited menu</b>

- Priority items are Identified in the Checklist & Narrative Columns Marked "P", Priority Foundation items with "P/F" and Core items with a "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:
			No violations observed	

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

Bekar  
6/9

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 <b>FRANKLEN SKATE CLUB</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>6/9/25</b>	ID# <b>119</b>
Establishment address <b>2680 N MORTON</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>6/9/25</b>
Owner <b>WILLIAMS</b>	Summary of Violations: <b>O P O PF O COPE</b> <b>O E ME P</b>		
Owner address			
Person in charge <b>PERRY CARTER</b>	Menu Type (See back of page)		
Responsible person's email			
Certified food handler <b>WILLIAMS</b>	1 <b>2</b> <b>3</b> 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".

Received by (name and title printed):

Received by (signature):

CC:

CC:

Inspected by (name and title printed):

Bob Smith 87K

Inspected by (signature):

Accepted by (signature):  
Baldwin

cc:



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

Bekan  
v/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 Fujisan	telephone	Date of Inspection 6/19/2025
Establishment address 1101 Windhorst Way Greenwood, IN	Summary of Violations 0	
Owner	Follow-up No	Release Date 6/29/2025
Person - in - Charge	Certified Food Handler	Purpose: Routine
Establishment Identification # 2106	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”

Not Available

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**Establishment Representative**

Terry Bayless  
Inspected by: Terry Bayless, EHS

Inspected by: Jerry Bayless, EHS

[tbayless@co.johnson.in.us](mailto:tbayless@co.johnson.in.us)



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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. ✓

Received by (name and title printed):

Received by (name and title printed): **Jasmine Johnson**

Received by: (signature):

Received by (signature):   
cc: cc:

cc:   cc:

Inspected by (name and title printed):

Inspected by (name and title printed):  
Paul Belvoir SH

Inspected by (signature):

Inspected by (signature):  
Paul Schreier  
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 ✓

Beth  
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 name	Telephone Number	Date of Inspection
H2 Nutrition	317-886-0265	6/26/2025
Establishment address 53 S Madison Ave Greenwood, IN 46142		Summary of Violations: <b>2P, 2Core, 0Pf</b>
Owner Megan Harlow Email- h2x.nutrition@gmail.com	Follow-up No	Release Date 7/6/2025
Person in charge Megan Harlow	Certified food handler N/A	Purpose Routine Menu Type 2-Limited menu
Establishment Identification # 2838	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/P/Pf	R	Narrative	To Be Corrected by:
457	P		- "Mr. clean" cleaning solution stored above single use items (lids, cups, etc.) - Moxic window cleaner solution stored above single use items	corrected
151	Core		Employees not wearing a hair restraint	6/26/25
234	Core		Cardboard boxes being used as storage boxes for food items - Not easily cleanable	7/1/25
148	P		Employee eating in kitchen area - not a designated area	6/26/25
Notes:			- Employee observed wearing open toe shoes in kitchen - Person in charge needs to demonstrate food safety knowledge	

Received by

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



JOHNSON COUNTY HEALTH DEPARTMENT  
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INSPECTION REPORT

95 S. DRAKE ROAD  
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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):

Suk: matlin

Received By (signature):

Received By (signature): Sue Ann Martin

cc:

CC:

Inspected by (name and title printed):

inspected by (name and title printed):  
Paul Betica effs

Inspected by (signature):

Paul Bettiya  
cc:



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

95 S. DRAKE ROAD  
FRANKLIN IN 46131

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 <b>Holiday Inn Express</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>6/26/25</b>	ID# <b>889</b>
Establishment address <b>1180 Wilson Dr. IN 46143</b>	Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <i>ServSafe</i>	Follow-up <b>No</b>	Release Date <b>7/6/25</b>
Owner	Summary of Violations:  <i>P      PF      Core E 0      NC 0      A 1</i>		
Owner address			
Person in charge <b>Josh Berger</b>			
Responsible person's email			
Certified food handler <b>Josh Berger</b>	Menu Type (See back of page)  <i>1      ✓ 2      3      4      5</i>		
Responsible person's email <b>Exp 1/6/29</b>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
  - VIOLATION(S) REVEALED 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 (sign name)

Andrew Miller, ER

Received by (signature):

Inspected by (signature):

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

Beth M  
6/13

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 Indian Gyro & Grill	telephone 317-300-1104	Date of Inspection 6/2/2025	
Establishment address 1211 North Madison, Greenwood IN 46142	Summary of Violations <b>2P, 2PF, 2CORE</b>		
Owner Charanjit Singh	Follow-up Yes		Release Date 6/12/2025
Person - in - Charge	Certified Food Handler	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 2913	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:
213	P		Observed raw cut chicken located on the prep table internal food temperature @ 50°F - Employee stated they started to prepare the chicken at 1:00 p.m.	
213	P		Observed the following internal food temperatures (located in two door cooler): 1. Chicken @ 58°F 2. Cooked diced chicken @51°F (employee stated the chicken was made Sunday 6/1/25) 3. Gyro meat @44°F	Recommend Discarding all TCS Food Products
243	P		Chopped garlic located on the prep-table observed at 71°F	
456	PF		Toxic spray bottles not labeled	Corrected
286	CORE		One knife blade very damaged	Discarded
189	CORE		1. Seasoning containers lacked a cover 2. Food not stored in food grade containers	

  
Establishment Representative

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



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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 <b>INDIANA FFA CENTER</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>6/25/25</b>	ID# <b>382</b>
Establishment address <b>6595 S. 125 W. MCAFARSHAM, IN</b>	Purpose: 1. <b>Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up —	Release Date <b>7/5/25</b>
Owner <b>INDIANA FFA</b>	Summary of Violations:  <b>(OP OPF QC) CORE</b> <b>2 3 4</b>		
Owner address			
Person in charge <b>JENNIFER MEREDITH</b>			
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"**

Received by (name and title printed):

Received by (signature)

CC:

CC:

Inspected by (name and title printed):

Entered by (signature):

CCS



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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-~~22~~, 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 <b>JACK'S DONUTS</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>6/6/25</b>	ID# <b>2306</b>
Establishment address <b>219 W SEFFELSON ST. FRANKLIN, IN</b>	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)  <input checked="" type="radio"/> 0(P) <input type="radio"/> 0(PF) <input type="radio"/> 2(Core) <input checked="" type="radio"/> 0(E) <input type="radio"/> 0(S) <input type="radio"/> 0(R)	Follow-up —	Release Date <b>6/16/25</b>
Owner <b>GRANDE</b>	Summary of Violations:		
Owner address			
Person in charge <b>CAMERON NEWBY</b>			
Responsible person's email			
Certified food handler 	Menu Type (See back of page) 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED ~~10~~
  - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS ~~10~~

Received by (name and title printed):

~~cameron Newby~~

Received by (signature):

Edmeron Newby

CC:

CC:

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature): 

667

 <b>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT Title 410 IAC 7-26</b> Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131			# of Risk Factor/Intervention Violations:		# of Repeat Risk Factor/Intervention Violations:		Release Date: 6/25/2025	Inspection Date: 6/13/2025 12:00 AM
				0				2:15pm

Establishment		Address		City		State	Zip	Telephone	Inspector
KUMO JAPANESE STEAKHOUSE		1251 US 31, STE P210		GREENWOOD		IN	46142	317-360-6060	SENISS
License/Permit # 1930	Permit Holder XIAO HUI JIA YUN LIU	Purpose of Inspection Routine	Establishment Type Restaurant	Risk Category 4	email <a href="mailto:greenwoodKUMO@gmail.com">greenwoodKUMO@gmail.com</a>				
					PIC Jin & Michael				

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Choose designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN = In Compliance

OUT = Not in Compliance

N/O = Not Observed

N/A = Not Applicable

Mark "X" in appropriate box for COS and/or R

COS = Corrected On-Site During Inspection

R = Repeat Violation

Compliance Status			COS	R	Compliance Status			COS	R
<b>Supervision</b>					<b>Time/Temperature Control for Safety</b>				
1	IN	Person in charge present, demonstrates knowledge, & performs duties	<input type="checkbox"/>	<input type="checkbox"/>	17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
2	IN	Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>	18	IN	Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>					19	N/O	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
3	IN	Management, food employee & conditional employee, knowledge, responsibilities & reporting	<input type="checkbox"/>	<input type="checkbox"/>	20	N/O	Proper cooling time & temperature	<input type="checkbox"/>	<input type="checkbox"/>
4	IN	Proper use of restriction & exclusion	<input type="checkbox"/>	<input type="checkbox"/>	21	IN	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
5	IN	Procedures for responding to vomiting & diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	22	IN	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>					24	N/O	Time as a Public Health Control; procedures & records	<input type="checkbox"/>	<input type="checkbox"/>
6	IN	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>				
7	IN	No discharge from eyes, nose, & mouth	<input type="checkbox"/>	<input type="checkbox"/>	25	IN	Consumer Advisory provided for raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
8	IN	Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Populations</b>				
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>	26	N/A	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
10	IN	Adequate handwashing sinks properly supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives &amp; Toxic Substances</b>				
<b>Approved Source</b>					27	IN	Food Additives; approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>
11	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	28	IN	Toxic Substances properly identified, stored, & used	<input type="checkbox"/>	<input type="checkbox"/>
12	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>				
13	IN	Food in good condition, safe, & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	29	N/A	Compliance with variance/specialized process/HACCP	<input type="checkbox"/>	<input type="checkbox"/>
14	IN	Required records available: molluscan shellfish identification parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<b>Risk factors</b> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.				
<b>Protection from Contamination</b>									
15	IN	Food separated & protected	<input type="checkbox"/>	<input type="checkbox"/>					
16	IN	Food-contact surfaces; cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>					
<b>GOOD RETAIL PRACTICES</b>									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, & physical objects into foods									
Mark "X" in box if numbered items is <b>not</b> in compliance			Mark "X" in appropriate box for COS &/or R			COS=corrected on-site during inspection			R=repeat violation
Compliance Status			COS	R	Compliance Status			COS	R
<b>Safe Food &amp; Water</b>					<b>Proper Use of Utensils</b>				
30	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>					46	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	Proper cooling methods used: adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils, Equipment and Vending</b>				
34	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	Non-food contact surfaces cleaned	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>					<b>Physical Facilities</b>				
37	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	50	<input checked="" type="checkbox"/>	Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>					51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Sewage & wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>

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40	<input type="checkbox"/>	Personnel cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>
							Follow-up: NO	Follow-up date: N/A	

Person in Charge (Signature)

Date

Inspector (Signature)

Elizabeth Benisse 6/13/25

## OBSERVATIONS AND CORRECTIVE ACTIONS

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail food Establishment Food Code.

Item#	P, Pf, C	Section Number & Narrative Report	Complete by Date:
50	Pf	347 Hand Wash Sink water temperature at 75°F located across from ice cream chest. Need to run for 5 minutes.	6/23/25
43	C	183 Ice cream scoop stored in stagnant water, & clean knives stored between the DHWS and the Turbo Air RIC	6/13/25
	C	324 Drying clean dishes with cloth	6/13/25
41	C	185 Wet wiping cloths out of solution stored at room temperature	6/13/25
55	C	442 Freezer chest is rusty, 3 Door Migali RIC's interior door is in disrepair, plastic wrap used as handle on lid of single-well hot holding unit.	6/23/25
	C	234 Porous material used to line shelves of wheeled cart	6/13/25
39	Pf	197 Ceiling is leaking onto bags of sugar and rice	

## Published Comment:

Adequate sanitizer observed in automatic dishmachine.

Bar dishmachine took 3 cycles to get an adequate amount of sanitizer.

Cooked noodles in baggies at 40°F at 2:17pm located in the 3 door Advantco RIC.

Raw Bay Scallops in 3 door Migali RIC at 40°F at 2:40pm.

Soup at 162°F at 2:28pm in 2 well Galaxy Food warmer.

Soup at 161°F in single hot well at 2:30pm.

Soda nozzles clean at the time of inspection.

Raw diced chicken at 41°F at 2:33pm in the 3 door MC Turbo Air RI, flip-top cooler.

102°F water observed in the DHWS by the hoods & 3 door MC Turbo Air RI, flip-top cooler.

90°F water at the DHWS in the sushi bar.

101°F water at the DHWS in the wait station. The new law states the temperature has to be 85°F minimum





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Beth  
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 <b>Leon Mexican Restaurant</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/10/25</b>	ID# <b>2145</b>
Establishment address <b>Greenwood 1241 N. Emerson Ave IN 46143</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <b>Gerardo Vicens (ServSafe Exp 6/13/28)</b>	Follow-up <b>Yes</b>	Release Date <b>6/20/25</b>
Owner <b>Alfredo Melendez</b>	Summary of Violations: <b>1 AM</b> <b>P 3 Pf 3 Core 3 NC 3 X 2</b>		
Owner address	Menu Type (See back of page)		
Person in charge <b>Miguel Loper</b>	1 2 3 4 <b>✓</b> 5		
Responsible person's email			
Certified food handler			

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

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

Section #	C/N/C	R	Narrative	To Be Corrected by
429	Pf		No hand soap provided at bar hand sink	6/10/25
442	Pf		Bar three bay sink drains contained paper towels as drain stoppers	6/11/25
361	Pf		Backflow preventer on main domestic water line (RPZ) lacked an inspection tag	6/20/25
442	Core		Back kitchen door rubs the door frame	6/25/25
348	P		Kitchen server station ice bin and large ice maker lack an air gap on drain piping	6/13/25
461	P		Chlorine sanitizer in a bucket was greater than 200 ppm	Corrected
317	P		Kitchen mechanical dish machine contained a chemical concentration less than 50 ppm	Corrected
306	Core		Inside top of ice bin (kitchen) is soiled	6/15/25

Received by (name and title printed):

**X Miguel A. L.**

Inspected by (name and title printed):

**Andrew Miller, EHS**

Received by (signature):

**X Miguel A. L.**

Inspected by (signature):

**Andrew Miller**

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

Bekki  
6/16



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 Lift Off Creamery	Telephone 317-884-8929	Date of Inspection 6/10/2025
Establishment address 1280 US 31 Suite F Greenwood IN 45142		Summary of Violations 0 P, 0 P/I, 0 CORE
Owner Jason Coates	Follow-up No	Release Date 6/13/2025
Person - in - Charge Jason Coates	Certified Food Handler	Purpose: Routine
Establishment Identification # 2861	County Johnson	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:
			NOTE: The line freezers have vents that are soiled and dented. Jason stated they are buying all new freezers for the line ASAP. There is a supply chain issue with the manufacturer so date is able to be provided.	

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

Bekan  
619

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 <b>LITTLE CAESARS PIZZA</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>6/6/25</b>	ID# <b>2685</b>
Establishment address <b>906 N MORTON ST. FRANKLIN, IN</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>6/16/25</b>
Owner <b>FARID FAIEH AZIZ</b>	Summary of Violations:  <b>(P) 6)PF (1)CORE</b> <b>E NO R</b>		
Owner address  <i>Address of establishment</i>			
Person in charge <b>GURDEEP SINGH</b>			
Responsible person's email  <i>Responsible person's email</i>			
Certified food handler <b>VIPIN ROMAR</b>	Menu Type (See back of page)  <b>(A) 2 3 4 5</b>		

- 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):

Gurdeep Singh  
Received by (signature):

Received by (signature):

Surinder Singh  
CC:

CC:

CC:

Inspected by (name and title printed):

Bob SMITH EHS

Inspected by (signature)

ed by (signature):  
Bill Smith

CC: