



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

Bekay  
6/12

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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 317-889-5182		Date of Inspection 6/9/2025	
Establishment address 455 Greenwood Park Dr South Suite A Greenwood IN 46142			Summary of Violations 0P, 0 PF, 0 CORE		
Owner <b>Ferrero</b>			Follow-up <b>No</b>		Release Date 6/13/2025
Person - in - Charge <b>Sharri Lengers</b>		Certified Food Handler		Purpose:  Routine	Menu Type 2-Limited menu
Establishment Identification # 1625		County Johnson	District		

- 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

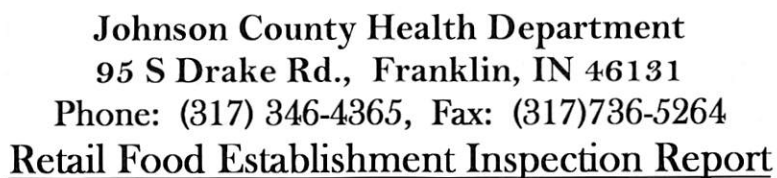
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.4, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>FRANKLIN 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: <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 <b>—</b>	Release Date <b>6/19/25</b>
Owner <b>WILLIAMS</b>		Summary of Violations:  <input checked="" type="checkbox"/> OP <input type="checkbox"/> PF <input type="checkbox"/> CORO <input checked="" type="checkbox"/> <del>NE</del> <input checked="" type="checkbox"/> <del>DE</del>	
Owner address		Menu Type (See back of page)  1    2 <input checked="" type="checkbox"/> 3    4    5	
Person in charge <b>PERRY CARTER</b>			
Responsible person's email			
Certified food handler <b>WILLIAMS</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"

[illegible]

Received by (name and title printed): Perry M. Carter		Inspected by (name and title printed): Bob Smith ETS
Received by (signature): Perry M. Carter		Inspected by (signature): Bob Smith
cc:	cc:	cc:



Belam  
10/30

Establishment	Fujisan	telephone	Date of Inspection
Establishment address		Summary of Violations	
1101 Windhorst Way Greenwood, IN		0	
Owner		Follow-up	Release Date
		No	6/29/2025
Person - in - Charge	Certified Food Handler		Menu Type 4-Extensive handling
Establishment Identification #	County	District	
2106	Johnson	D5	

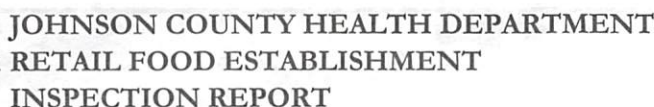
- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

[illegible]

Not Available  
Establishment Representative

*Terry Bayless*  
Inspected by: Terry Bayless, EHS  
tbayless@co.johnson.in.us





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

Establishment name <b>Creek's Pizzeria &amp; Tapp Room II</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/19/25</b>	ID# <b>2146</b>
Establishment address <b>1642 Olive Branch Park Ln Greenwood, IN 46030</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date
Owner <b>Jason Tapp</b>		Summary of Violations:	
Owner address		<b>9 PF 2 R</b>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<b>1 2 3 ✓ 4 5</b>	
Certified food handler <b>Jasmine Johnson 8/28/28</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"




Section #	C/NC	R	Narrative	To Be Corrected by
213			Hot temp- holding unit IS at 97°F	
			NOTE Vent in dry storage where <sup>there is a</sup> chest freezer is sorted	
249			Vent hood is sorted - please clean!	

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 Berrow CH

Inspected by (signature):

Inspected by (signature):  
Paul Butler  
cc:

66



Betsy  
6/30

**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 <b>H2 Nutrition</b>		Telephone Number <b>317-886-0265</b>		Date of Inspection <b>6/26/2025</b>	
Establishment address <b>53 S Madison Ave Greenwood, IN 46142</b>			Summary of Violations: <b>2P, 2Core, 0Pf</b>		
Owner <b>Megan Harlow</b> Email- <b>h2x.nutrition@gmail.com</b>			Follow-up <b>No</b>		Release Date <b>7/6/2025</b>
Person in charge <b>Megan Harlow</b>		Certified food handler <b>N/A</b>		Purpose <b>Routine</b>	
Establishment Identification # <b>2838</b>		County <b>Johnson</b>	District <b>D5</b>	Menu Type <b>2-Limited menu</b>	

- 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		<ul style="list-style-type: none"><li>- "Mr. clean" cleaning solution stored above single use items (lids, cups, etc.)</li><li>- Moxie window cleaner solution stored above single use items</li></ul>	corrected
151	Core		Employees not wearing a hair restraint	6/26/25
234	Core		Cardboard boxes being used as storage boxes for food items <ul style="list-style-type: none"><li>- Not easily cleanable</li></ul>	7/1/25
148	P		Employee eating in kitchen area - not a designated area	6/26/25
Notes:			<ul style="list-style-type: none"><li>- Employee observed wearing open toe shoes in kitchen</li><li>- Person in charge needs to demonstrate food safety knowledge</li></ul>	

Received by

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


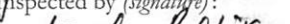


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Hawaiian Smoothie LLC</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/12/25</b>	ID# <b>2777</b>
Establishment address <b>1251 US Highway 30 N Greenwood Dr 46142</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date
Owner <b>AARON BARKSDALE</b>		Summary of Violations:  <b>C <u>0</u> NC <u>0</u> R <u>   </u></b>	
Owner address		Menu Type (See back of page)  <b>1 <u>   </u> 2 <u>✓</u> 3 <u>   </u> 4 <u>   </u> 5 <u>   </u></b>	
Person in charge			
Responsible person's email			
Certified food handler <b>No <del>seen</del> certification seen.</b>			

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

Received by (name and title printed): Suk: Martin	Inspected by (name and title printed): Paul Betika etts
Received by (signature): 	Inspected by (signature): 
cc:	cc:

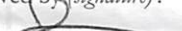
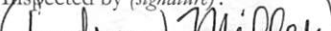



Office 317-346-4365 Fax 317-736-5264

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): <b>JOSH BERGER</b>		Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): 		Inspected by (signature): 
cc: 	cc:	cc:



Best  
6/13



**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 **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 <b>Indian Gyro &amp; Grill</b>		telephone <b>317-300-1104</b>		Date of Inspection <b>6/2/2025</b>	
Establishment address <b>1211 North Madison, Greenwood IN 46142</b>				Summary of Violations <b>2P, 2PF, 2CORE</b>	
Owner <b>Charanjit Singh</b>				Follow-up <b>Yes</b>	Release Date <b>6/12/2025</b>
Person - in - Charge		Certified Food Handler		Purpose: <b>Routine</b>	Menu Type <b>4-Extensive handling</b>
Establishment Identification # <b>2913</b>		County <b>Johnson</b>	District <b>D5</b>		

- **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
<del>213</del>	<del>P</del>		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) 346-4371 [chall@co.johnson.in.us](mailto:chall@co.johnson.in.us)






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 TITABAWA, IN</b>	Purpose: 1. <u><b>Routine</b></u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>7/5/25</b>
Owner <b>INDIANA FFA</b>		Summary of Violations:  <b>OP OJPF 2) CORE</b> <b>0 0 0</b>	
Owner address		Menu Type (See back of page)  <b>1 2 <u>3</u> 4 5</b>	
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"

[illegible]

Received by (name and title printed): Jennifer Meredith Client Relations Director	Inspected by (name and title printed): Bob Smith / Cass: Hall
Received by (signature): 	Inspected by (signature):  / Cass: 
cc:	cc:

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.2, 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 SEFFERTON ST. FRANKLIN, IN</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>6/16/25</b>
Owner <b>GARRETT</b>		Summary of Violations: <b>0(P) 0(PF) 2(CORE)</b> <b>0 NG 0</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>CAMERON NEWBY</b>			
Responsible person's email			
Certified food handler <b>[Signature]</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"

[illegible]

Received by (name and title printed): Cameron Newby		Inspected by (name and title printed): Bob Smith E715
Received by (signature): Cameron Newby		Inspected by (signature): Bob Smith
cc:	cc:	cc:


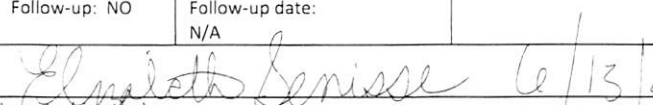


Betsy  
6/17  
✓

 <b>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT</b> Title 410 IAC 7-26 Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131		# of Risk Factor/Intervention Violations:		# of Repeat Risk Factor/Intervention Violations: 0		Release Date: 6/25/2025		Inspection Date: 6/13/2025 12:00 AM  2:15pm					
Establishment <b>KUMO JAPANESE STEAKHOUSE</b>		Address <b>1251 US 31, STE P210</b>		City <b>GREENWOOD</b>		State <b>IN</b>		Zip <b>46142</b>		Telephone <b>317-360-6060</b>		Inspector <b>SENISSE</b>	
License/Permit # <b>1930</b>		Permit Holder <b>XIAO HUI JIA YUN LIU</b>		Purpose of Inspection <b>Routine</b>		Establishment Type <b>Restaurant</b>		Risk Category <b>4</b>		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													
Mark "X" in appropriate box for COS and/or R													
IN = In Compliance    OUT = Not in Compliance    N/O = Not Observed    N/A = Not Applicable    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, conditioned & unsafe food			<input type="checkbox"/>	<input type="checkbox"/>
2	IN	Certified Food Protection Manager			<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>						
<b>Employee Health</b>					<input type="checkbox"/>	<input type="checkbox"/>	18	IN	Proper cooking time & temperatures			<input type="checkbox"/>	<input type="checkbox"/>
3	IN	Management, food employee & conditional employee, knowledge, responsibilities & reporting			<input type="checkbox"/>	<input type="checkbox"/>	19	N/O	Proper reheating procedures for hot holding			<input type="checkbox"/>	<input type="checkbox"/>
4	IN	Proper use of restriction & exclusion			<input type="checkbox"/>	<input type="checkbox"/>	20	N/O	Proper cooling time & temperature			<input type="checkbox"/>	<input type="checkbox"/>
5	IN	Procedures for responding to vomiting & diarrheal events			<input type="checkbox"/>	<input type="checkbox"/>	21	IN	Proper hot holding temperatures			<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>					<input type="checkbox"/>	<input type="checkbox"/>	22	IN	Proper cold holding temperatures			<input type="checkbox"/>	<input type="checkbox"/>
6	IN	Proper eating, tasting, drinking, or tobacco products use			<input type="checkbox"/>	<input type="checkbox"/>	24	N/O	Time as a Public Health Control; procedures & records			<input type="checkbox"/>	<input type="checkbox"/>
7	IN	No discharge from eyes, nose, & mouth			<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Populations</b>						
8	IN	Hands clean & properly washed			<input type="checkbox"/>	<input type="checkbox"/>	25	IN	Consumer Advisory provided for raw/undercooked food			<input type="checkbox"/>	<input type="checkbox"/>
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>					<input type="checkbox"/>	<input type="checkbox"/>	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>					<input type="checkbox"/>	<input type="checkbox"/>							
15	IN	Food separated & protected			<input type="checkbox"/>	<input type="checkbox"/>							
16	IN	Food-contact surfaces; cleaned & sanitized			<input type="checkbox"/>	<input type="checkbox"/>							

GOOD RETAIL PRACTICES													
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>					<input type="checkbox"/>	<input type="checkbox"/>	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>					<input type="checkbox"/>	<input type="checkbox"/>	<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>					<input type="checkbox"/>	<input type="checkbox"/>	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"/>

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"/>
 Person in Charge (Signature)					Follow-up: NO      Follow-up date: N/A				
					 Inspector (signature)				

#### 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.

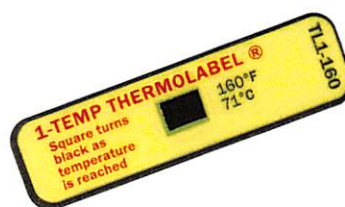
Soda nozzles clean at the time of inspection.

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







JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Bekay  
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	Date of Inspection <b>6/10/25</b>	ID# <b>2145</b>
Establishment address <b>Greenwood 1241 N. Emerson Ave IN 46143</b>	( ) Owner	Follow-up <b>Yes</b>	Release Date <b>6/20/25</b>
Owner <b>Alfredo Melendez</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>P 3 pf Core x 3 x 3 x 2</b>	
Owner address		Menu Type (See back of page)	
Person in charge <b>Miguel Lopez</b>		1 2 3 4 <input checked="" type="checkbox"/> 5	
Responsible person's email			
Certified food handler <b>Gerardo Vicens</b> (ServSafe Exp 6/13/28)			

• 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 1
442	Pf		Bar three bay sink drains contained paper towels as drain stoppers	6/11/25 1
361	Pf		Backflow preventer on main domestic water line (RPZ) lacked an inspection tag	6/20/25 1
442	Core		Back kitchen door rubs the door frame	6/25/25 1
348	P		Kitchen server station ice bin and large ice maker lack an air gap on drain piping	6/13/25 1
461	P		Chlorine sanitizer in a bucket was greater than 200 ppm	Corrected 1
317	P		Kitchen mechanical dish machine contained a chemical concentration less than 50 ppm	Corrected 1
306	Core		Inside top of ice bin (kitchen) is soiled	6/15/25 1

Received by (name and title printed):

X Miguel A.L.

Received by (signature):

X Miguel A.L.

Inspected by (name and title printed):

Andrew Miller, EHS

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**

Bekn  
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 <b>Lift Off Creamery</b>		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 <b>Jason Coates</b>			Follow-up <b>No</b>		Release Date 6/13/2025
Person - in - Charge <b>Jason Coates</b>		Certified Food Handler		Purpose:  Routine	Menu Type 2-Limited menu
Establishment Identification # 2861		County Johnson	District		

- 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



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: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>6/16/25</b>
Owner <b>FARID FAIZHAZIK</b>		Summary of Violations:  <b>0(P) 6(XP (1)CORE</b> <b><del>0</del> <del>NO</del> <del>R</del></b>	
Owner address		Menu Type (See back of page)  <b>1 <u>2</u> 4 5</b>	
Person in charge <b>GURDEEP SINGH</b>			
Responsible person's email			
Certified food handler <b>VIPIN SOMARR</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"

[illegible]

Received by (name and title printed): Gurdeep Singh	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): Gurdeep Singh	Inspected by (signature): Bob Smith
cc:	cc: