



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

*Best  
6/24*

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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.

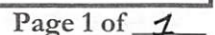
Establishment name <b>Main and Madison Market Café</b>		Telephone Number		Date of Inspection <b>6/23/2025</b>	
Establishment address <b>100 N Main St Franklin, IN 46131</b>			Summary of Violations: <b>0P, 0Pf, 0Core</b>		
Owner <b>Stephanie Northern, Amy Richardson</b> Email- <a href="mailto:knecal@mainandmadison.cafe">knecal@mainandmadison.cafe</a> <a href="mailto:arichardson@sixtusmanagement.com">arichardson@sixtusmanagement.com</a> <a href="mailto:snorthern@mainandmadison.cafe">snorthern@mainandmadison.cafe</a>			Follow-up <b>No</b>		Release Date <b>7/3/2025</b>
Person in charge <b>Kristin Neal- general manager</b>		Certified food handler <b>Kristin Neal ServSafe</b>		Purpose <b>Routine</b>	
Establishment Identification # <b>2208</b>		County <b>Johnson</b>		District <b>D5</b>	
				Menu Type <b>3-Extensive handling</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”

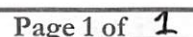
Sec#	C/P/Pf	R	Narrative	To Be Corrected by:
475	P		Notes: Raw egg wash stored above ready-to-eat foods in walk-in cooler	Corrected
			- Floor in walk-in freezer littered with food debris	

  
Received by

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











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

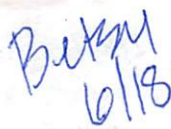
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC ~~4-2.4~~ 24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

- 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): <i>Andrew Miller</i>		Inspected by (name and title printed): <i>Andrew Miller, EHS</i>	
Received by (signature): <i>Andy Cole</i>		Inspected by (signature): <i>Andrew Miller</i>	
cc:	cc:	cc:	







**Johnson County Health Department**  
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**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 <b>Meijer Gas Meijer</b>		Telephone 317-885-3029		Date of Inspection 6/3/2025	
Establishment address 72 North SR 135 Greenwood IN 46143			Summary of Violations 0P, 0 PF, 0 CORE		
Owner			Follow-up No		Release Date 6/13/2025
Person - in - Charge Jeanette Goens		Certified Food Handler		Purpose: Routine	
Establishment Identification # 683		County Johnson		District	
				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:
			Temperatures observed:	
			Tornado: 133 F	
			Hot Dog: 130F	
			Temperature is time controlled. These items are discarded after 4 hours, per the log.	

by: Kevin Paulin

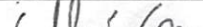
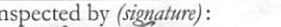



Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.1, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <del>Mr. Doe</del> Mr. Rueble	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 6-19-25	ID# 2919
Establishment address 126 E Main Cross St. Edinburg	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 6-29-25
Owner		Summary of Violations:	
Owner address		Core 1 <u>9</u> <u>PF</u> <u>MC</u> <u>1</u> <u>R</u> <u>Ø</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> <u>X</u> 3 <u>4</u> <u>5</u>	
Certified food handler N/A			

- 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 Frenser	
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**

Beth  
6/16

Based on an inspection this day, the item(s) noted below identify violation(s) 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 <b>New Wang Cai</b>	telephone 317-888-8595	Date of Inspection 6/12/2025
Establishment address 209 S State Road 135, Greenwood IN 46142	Summary of Violations <b>1P, 0PF, 4CORE</b>	
Owner Jchong2005@yahoo.com	Follow-up Yes	Release Date 6/22/2025
Person - in - Charge	Certified Food Handler Jessica Chong (4/10/28)	Purpose: Menu Type 4-Extensive handling
Establishment Identification # 2519	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:
286	Core		<ul style="list-style-type: none"><li>- Chest freezer located in the dining room handle is broken</li><li>- Flip top cooler door gaskets are worn</li></ul>	
443	Core		<ul style="list-style-type: none"><li>- Establishment is soiled in areas throughout the kitchen (floors, walls, and ceiling)</li><li>- The exhaust hood system is soiled</li><li>- Three bay sink floor drain is soiled</li><li>- 1 bay prep sink floor drain is soiled</li></ul>	
306	Core		<ul style="list-style-type: none"><li>- Sides of the cooking equipment is soiled</li><li>- Walk in cooler shelving racks are soiled</li><li>- Walk in cooler condenser drain tube needs cleaned</li></ul>	
286	Core		Ambient air temperature of the Snapple cooler observed at 46°F <ul style="list-style-type: none"><li>- Employee moved all TCS food products that have not been in the cooler longer than 4 hours to a different cooler</li></ul> Cooler needs turned down or repaired (employee called repair company)	
213	P		Garlic and oil mixed observed @45°F	
Notes			<ol style="list-style-type: none"><li>1. Wet wiping cloths need stored in sanitizer unit</li><li>2. Boxes of paper pails not stored 6" off floor</li></ol>	

X   
Establishment Representative

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



*Belm 6/26*

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**Retail Food Establishment Inspection Report**

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Establishment <b>Nothing Bundt Cakes</b>		Telephone 317-300-7158		Date of Inspection <b>6/25/2025</b>	
Establishment address <b>3113 W Smith Valley Rd. GREENWOOD IN 46142</b>				Summary of Violations <b>0 P, 0 P/I, 2 CORE</b>	
Owner				Follow-up <b>No</b>	Release Date <b>7/5/2025</b>
Person - in - Charge <b>Matty Bussard</b>		Certified Food Handler		Purpose: <b>Routine</b>	Menu Type <b>2-Limited menu</b>
Establishment Identification # <b>2323</b>		County <b>Johnson</b>	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:
176	C	R	Observed bulk food containers not labeled	6/27/25
440	C		Observed personal food items not stored in a designated location	6/26/25





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Betsy  
6/24

<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:  2P, 3Pf, 3C		# of Repeat Risk Factor/Intervention Violations:  0		Release Date: 7/4/2025		Inspection Date: 6/20/2025 12:00 AM  1:15pm to 3:45pm						
			Establishment Oaken Barrel Brewing Co.		Address 50 Airport Parkway, STE L		City Greenwood		State IN		Zip 46143				
License/Permit # 0629		Permit Holder Kwang Casey		Purpose of Inspection Routine		Establishment Type Restaurant		Risk Category 4		email oakenbarrel@comcast.net PIC Toby					
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>															
Choose designated compliance status (IN, OUT, 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															
<b>Compliance Status</b>				<b>COS</b>		<b>R</b>		<b>Compliance Status</b>				<b>COS</b>		<b>R</b>	
<b>Supervision</b>								17 <b>IN</b> Proper disposition of returned, previously served, reconditioned & unsafe food							
1 <b>IN</b> Person in charge present, demonstrates knowledge, & performs duties								<b>Time/Temperature Control for Safety</b>							
2 <b>IN</b> Certified Food Protection Manager															
<b>Employee Health</b>								18 <b>IN</b> Proper cooking time & temperatures							
3 <b>IN</b> Management, food employee & conditional employee, knowledge, responsibilities & reporting								19 <b>IN</b> Proper reheating procedures for hot holding							
4 <b>IN</b> Proper use of restriction & exclusion								20 <b>OUT</b> Proper cooling time & temperature							
5 <b>IN</b> Procedures for responding to vomiting & diarrheal events								21 <b>IN</b> Proper hot holding temperatures							
<b>Good Hygienic Practices</b>								22 <b>OUT</b> Proper cold holding temperatures							
6 <b>IN</b> Proper eating, tasting, drinking, or tobacco products use								24 <b>N/A</b> Time as a Public Health Control; procedures & records							
7 <b>IN</b> No discharge from eyes, nose, & mouth								<b>Consumer Advisory</b>							
8 <b>IN</b> Hands clean & properly washed								25 <b>IN</b> Consumer Advisory provided for raw/undercooked food							
9 <b>IN</b> No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed								<b>Highly Susceptible Populations</b>							
10 <b>IN</b> Adequate handwashing sinks properly supplied & accessible								26 <b>N/A</b> Pasteurized foods used; prohibited foods not offered							
<b>Approved Source</b>								<b>Food/Color Additives &amp; Toxic Substances</b>							
11 <b>IN</b> Food obtained from approved source								27 <b>IN</b> Food Additives; approved & properly used							
12 <b>IN</b> Food received at proper temperature								28 <b>OUT</b> Toxic Substances properly identified, stored, & used							
13 <b>IN</b> Food in good condition, safe, & unadulterated								<b>Conformance with Approved Procedures</b>							
14 <b>N/A</b> Required records available: molluscan shellfish identification parasite destruction								29 <b>N/A</b> Compliance with variance/specialized process/HACCP							
<b>Protection from Contamination</b>								<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.							
15 <b>IN</b> Food separated & protected															
16 <b>IN</b> Food-contact surfaces; cleaned & sanitized															
<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															
<b>Compliance Status</b>				<b>COS</b>		<b>R</b>		<b>Compliance Status</b>				<b>COS</b>		<b>R</b>	
<b>Safe Food &amp; Water</b>								<b>Proper Use of Utensils</b>							
30 <input type="checkbox"/> Pasteurized eggs used where required								43 <input checked="" type="checkbox"/> In-use utensils; properly stored							
31 <input type="checkbox"/> Water & ice from approved source								44 <input type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled							
32 <input type="checkbox"/> Variance obtained for specialized processing methods								45 <input checked="" type="checkbox"/> Single-use/single-service articles: properly stored & used							
<b>Food Temperature Control</b>								46 <input type="checkbox"/> Gloves used properly							
33 <input checked="" type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control								<b>Utensils, Equipment and Vending</b>							
34 <input type="checkbox"/> Plant food properly cooked for hot holding								47 <input type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed, & used							
35 <input type="checkbox"/> Approved thawing methods used								48 <input type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips							
36 <input type="checkbox"/> Thermometers provided & accurate								49 <input checked="" type="checkbox"/> Non-food contact surfaces cleaned							
<b>Food Identification</b>								<b>Physical Facilities</b>							
37 <input type="checkbox"/> Food properly labeled; original container								50 <input type="checkbox"/> Hot & cold water available; adequate pressure							
<b>Prevention of Food Contamination</b>								51 <input type="checkbox"/> Plumbing installed; proper backflow devices							
38 <input checked="" type="checkbox"/> Insects, rodents, & animals not present								52 <input type="checkbox"/> Sewage & wastewater properly disposed							
39 <input type="checkbox"/> Contamination prevented during food preparation, storage & display								53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & cleaned							
40 <input type="checkbox"/> Personnel cleanliness								54 <input type="checkbox"/> Garbage & refuse properly disposed; facilities maintained							



41	<input 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:		Adam
							N/A		

Person in Charge (Signature)

Date

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.

Sec#	P, Pf, C	Section Number & Narrative Report	Complete by Date:
450	P	<ul style="list-style-type: none"> <li>Observed a few dead rodents inside traps</li> <li>Observed raid fly traps being used – not approved</li> </ul>	6/21/25
213	P	Observed the following internal food inside the walk in cooler: <ul style="list-style-type: none"> <li>Pot roast @ 52°F date marked Monday</li> <li>Previously cooked ground beef @ 47°F date marked Thursday</li> <li>Previously cooked chicken @ 45°F date marked Thursday</li> </ul> Establishment and our department's thermometer was observed calibrated correctly	6/21/25
212	PF	Previously cooked noodles portioned out in plastic bag internal temperature observed @ 49°F <ul style="list-style-type: none"> <li>Employee stated the noodles were prepared 6-20-25 @ 11:00 a.m.</li> </ul>	6/21/25
443	PF	<ul style="list-style-type: none"> <li>Floors, walls, ceiling vents, and ceiling are soiled</li> <li>Knives stored on the wall magnet were soiled</li> <li>Many shelving units are soiled</li> </ul>	7/21/25
189	Core	Food products not stored 6" off the walk in cooler and freezer floor	6/21/25
421	Core	Kitchen exterior door not self-closing	7/21/25
286	Core	<ul style="list-style-type: none"> <li>Many door gaskets are split/worn</li> <li>Observed ice buildup inside walk in freezer</li> </ul>	7/21/25
442	PF	<ul style="list-style-type: none"> <li>Floor tiles are damaged throughout the kitchen</li> <li>Grout is missing in areas</li> </ul>	7/21/25
		Notes: <ul style="list-style-type: none"> <li>Label all spray bottles</li> <li>Hood filters should be tight fitting</li> <li>Dawn spray bottle stored above bacon</li> <li>Kitchen hand sink located by true cooler appears to be leaking</li> </ul>	

Published Comment:

Sanitizer concentration correct in the automatic dish machine.

Reminder – wash hands prior to donning gloves

Chicken wings in 2 drawer cooler at 46°F at 1:27pm – wings were recently out for prep of lunch hour

Cooked fish at 39°F in same 2 drawer cooler at 1:28pm

Mashed potatoes at 141°F in steam table at 1:33pm

Tomato sauce at 31°F at 1:34pm in 2 door True Flip-top

Diced Tomatoes at 41°F at 1:36pm in 3 door flip-top RIC

Bean soup at 165°F at 1:46pm in soup well pot

*[Handwritten signature]*

*[Handwritten signature: Elizabeth Penisse]*

*[Handwritten signature: [illegible]]*



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

Establishment name <b>ORIGINAL CHICAGO'S PIZZA &amp; CURRY</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>6/6/25</b>	ID# <b>2495</b>
Establishment address <b>153 HOLIDAY LANE, 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)	Follow-up <input checked="" type="radio"/>	Release Date <b>6/16/25</b>
Owner <b>NICK SINGH</b>		Summary of Violations:  (1)P (2)RF (1)CORE <del>1</del> <del>2</del> <del>3</del>	
Owner address			
Person in charge <b>JASNEET KAUR</b>			
Responsible person's email		Menu Type (See back of page)  1 2 <input checked="" type="radio"/> 3 4 5	
Certified food handler <b>GARY SINGH (SERUSA FE EXP 6/23/25)</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 #	Code	R	Narrative	To Be Corrected by
214	PF	*	PRECOOKED, COOLED CHICKEN, LAMB PRODUCTS IN CONTAINER ON SHELF IN WALK-IN COOLER PREPARED MORE THAN 24 HOURS PRIOR NOT DATE MARKED	corrected 6/6/25
400	CORE	S	OUTSIDE DUMPSTER LID NOT CLOSED	6/7
(NOTE 1)		X	"QUAT" SANITIZER NOT DISPENSING INTO	
301	PF	S	COMPARTMENT (SANITIZER LEVEL LOW IN BOTTLE) (CHLOROX IS AVAILABLE/CHLORAMP TEST STRIPS NOT AVAILABLE)	6/7
213	P	Q	INTERNAL TEMPERATURE OF ground BEEF IN REFRIGERATOR 43°F NOT AT 41°F OR LESS	corrected 6/6

5 JASNEET KAUR

Garment Care

Bob Smith EHS

Bail Smith

CC: