



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
6/23/24

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	
Main and Madison Market Café			6/23/2025
Establishment address	100 N Main St Franklin, IN 46131		Summary of Violations: 0P, 0Pf, 0Core
Owner	Stephanie Northern, Amy Richardson Email- kneal@mainandmadison.cafe arichardson@sixtusmanagement.com snorthern@mainandmadison.cafe	Follow-up No	Release Date 7/3/2025
Person in charge	Certified food handler Kristin Neal ServSafe	Purpose Routine	Menu Type 3-Extensive handling
Establishment Identification #	County Johnson	District D5	

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

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

Received by

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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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 McAlister's Deli	Telephone Number () Establishment () Owner	Date of Inspection 6/4/25	ID# 1924
Establishment address Greenwood, IN 46142			
Owner Southern Rock Restaurants	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 6/14/25
Owner address		Summary of Violations: P PF Core C NC O X O	
Person in charge Marcus B.			
Responsible person's email			
Certified food handler Marcus B.		Menu Type (See back of page) 1 2 3 ✓4 5	

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

Received by (name and title printed):

Marcus Jilgspach

Received by signature:

Received by (signature):

CC:

cc:
Marco

cc*

Inspected by (name and title printed):

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

Inspected by (signature): *Andrew Miller*

66



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

7-26 (AM)

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

Establishment name McAlisters Deli	Telephone Number () Establishment () Owner	Date of Inspection 6/30/25	ID# 2311									
Establishment address 2378 N. Morton St. Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7/10/25									
Owner	Summary of Violations:											
Owner address	<table border="0"> <tr> <td>P</td> <td>PF</td> <td>Core</td> </tr> <tr> <td>1</td> <td>NC</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td>X 4</td> </tr> </table>			P	PF	Core	1	NC	0			X 4
P	PF	Core										
1	NC	0										
		X 4										
Person in charge Skylar Bray	Menu Type (See back of page)											
Responsible person's email Skylar Bray	<table border="0"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>			1	2	3	4	5				
1	2	3	4	5								
Certified food handler Skylar Bray												

- 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 #	CFNC	R	Narrative	To Be Corrected by
306	Core		Floor soiled under front ice bins and the floor drain under Kitchen ice maker contains single service items	7/4/25
286	Core		Door gaskets (2) torn/split on S1 prep table	8/10/25
286	Core		Top left hinge area for sandwich + spud prep table is broken off	7/10/25
442	Core		Grout needed to floor tile in dish area	7/10/25
213	P		S1 preparation table contained the following internal product temperatures ① Swiss Cheese 46°F ② Pepper Jack Cheese 43°F NOTE! Bottom of this unit had an ambient air temperature of 43°F.	Corrected Called G.M. for further repair

Received by (name and title printed):

John B.

Received by (signature):
Jeffrey Bay
cc:

cc.

CC:

Inspected by (name and title printed):

Andrew Miller, EMT

Inspected by (signature):

inspected by (signature):
Andrew Miller

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

7-26 AM

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 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):

Ado ab

Received by (signature):

Andy Cole

cc:

CC:

Inspected by (name and title printed):

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

Inspected by (signature):

Andrew Miller

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

Bixby
6/18

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-21, 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 McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 6/17/25	ID# 1058
Establishment address 2556 S. S.R. 135 IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 6/27/25
Owner	Summary of Violations:		
Owner address	<p>P PF Core</p> <p>EO NC O R 3</p>		
Person in charge Aaron Corbin	Menu Type (See back of page)		
Responsible person's email			
Certified food handler Aaron Corbin	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>		

- 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"

Section #	C/N/C	R	Narrative	To Be Corrected by
443	Core		Floor under kitchen three bay sink and under wall filter system is soiled	6/18/25 1
306	Core		Inside top of ice maker (large) is soiled	6/17/25 4
286	Core		Some deep fryer baskets are damaged.	6/18/25

Received by (name and title printed):

ved by (name and title printed):
AARON CORBIN

SUPERVISOR

Inspected by (name and title printed):

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

Received by (signature):

by (signature): 

Inspected by (signature):

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

Bexon
6/9



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 Meijer Gas Mcijer	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	Menu Type 2-Limited menu
Establishment Identification # 683	County Johnson		

- 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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

Beton
4/24

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-21, 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 <u>AA Puebla</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>6-19-25</u>	ID# <u>2919</u>
Establishment address <u>126 E Main Cross St. Edinburgh</u>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list)	Follow-up <u>no</u>	Release Date <u>6-29-25</u>
Owner	Summary of Violations: <u>Core</u> <u>C</u> <u>4</u> <u>PF</u> <u>1</u> <u>R</u> <u>D</u>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <u>N/A</u>	Menu Type (See back of page) <u>1</u> <u>2</u> <u>X</u> <u>3</u> <u>4</u> <u>5</u>		

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

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

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

100

CC

inspected by (signature).
Alv. Elmer



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

Bekah
6/11

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 224, 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 Mt. Auburn Church	Telephone Number () Establishment () Owner	Date of Inspection 6/13/25	ID# 2170
Establishment address 3100 W. Stones Crossing Rd.	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 6/23/25
Owner IN 46143	Summary of Violations: P pf core C O NC O R I		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			
	Menu Type (See back of page)		
	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" *P/Pf/Core AM*
- 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 (name and title printed): Christopher S. Pittman, Facility Mgr
Received by (signature): Christopher S. Pittman

Inspected by (name and title printed):

Andrew Miller, EHS
Inspected by (signature):

Received by (signature):

Inspected by (signature):

65

65

CC

**Johnson County Health Department****95 S Drake Rd., Franklin, IN 46131****Phone: (317) 346-4365, Fax: (317)736-5264***Beth M
6/16***Retail Food Establishment Inspection Report**

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 New Wang Cai	telephone 317-888-8595	Date of Inspection 6/12/2025
Establishment address 209 S State Road 135, Greenwood IN 46142	Summary of Violations 1P, 0PF, 4CORE	
Owner Jchong2005@yahoo.com	Follow-up Yes	Release Date 6/22/2025
Person - in - Charge Certified Food Handler Jessica Chong (4/10/28)	Purpose: Routine	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		- Chest freezer located in the dining room handle is broken - Flip top cooler door gaskets are worn	
443	Core		- Establishment is soiled in areas throughout the kitchen (floors, walls, and ceiling) - The exhaust hood system is soiled - Three bay sink floor drain is soiled - 1 bay prep sink floor drain is soiled	
306	Core		- Sides of the cooking equipment is soiled - Walk in cooler shelving racks are soiled - Walk in cooler condenser drain tube needs cleaned	
286	Core		Ambient air temperature of the Snapple cooler observed at 46°F - Employee moved all TCS food products that have not been in the cooler longer than 4 hours to a different cooler Cooler needs turned down or repaired (employee called repair company)	
213	P		Garlic and oil mixed observed @45°F	
Notes			1. Wet wiping cloths need stored in sanitizer unit 2. Boxes of paper pails not stored 6" off floor	


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



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

Revised
6/26



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 Nothing Bundt Cakes	Telephone 317-300-7158	Date of Inspection 6/25/2025
Establishment address 3113 W Smith Valley Rd. GREENWOOD IN 46142	Summary of Violations 0 P, 0 P/f, 2 CORE	
Owner	Follow-up No	Release Date 7/5/2025
Person - in - Charge Matty Bussard	Certified Food Handler	Purpose: Routine
Establishment Identification # 2323	County Johnson	Menu Type 2-Limited menu

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

Sec#	P/PF/C	R?	Violation Observed:	To be Corrected by:
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



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

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

Establishment name <i>Nutrition 317</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>6-3-25</i>	ID# <i>2947</i>
Establishment address <i>50 N 57 Rd. 135 Ste G Bayside MI 48106</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine 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: <i>d P d PR C d NC d R</i>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			
Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			

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

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature)

Inspected by (signature):

CC:

cc;

cc:

 <p>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT Title 410 IAC 7-26 Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131</p>			# 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
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Beth
6/24

Establishment Oaken Barrel Brewing Co.		Address 50 Airport Parkway, STE L		City Greenwood		State IN	Zip 46143	Telephone 317-887-2287	Inspector SENISS
License/Permit # 0629	Permit Holder Kwang Casey	Purpose of Inspection Routine	Establishment Type Restaurant	Risk Category 4	email oakenbarrel@comcast.net	PIC Toby			

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
Supervision					Time/Temperature Control for Safety				
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"/>
Employee Health					19	IN	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	OUT	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	OUT	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices					24	N/A	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"/>	Consumer Advisory				
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"/>	Highly Susceptible Populations				
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"/>	Food/Color Additives & Toxic Substances				
Approved Source					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	OUT	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"/>	Conformance with Approved Procedures				
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	N/A	Required records available: molluscan shellfish identification parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	Risk factors 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.				
Protection from Contamination									
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 **not** 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
Safe Food & Water					Proper Use of Utensils				
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 checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control					46	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	Proper cooling methods used: adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending				
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 checked="" type="checkbox"/>	Non-food contact surfaces cleaned	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification					Physical Facilities				
37	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination					51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
38	<input checked="" 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 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 type="checkbox"/>	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input checked="" 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 checked="" 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		Adam

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

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

English Sonisse
Good job



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

B6FM
6/19

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

Establishment name ORIGINAL CHICKAGO'S PIZZA & CURRY	Telephone Number () Establishment () Owner	Date of Inspection 6/6/25	ID# 2495
Establishment address 153 HOLIDAY LN. FRANKLIN, IN	Purpose: 1. Routine	Follow-up (YES)	Release Date 6/16/25
Owner NICK SINGH	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: (1)P (2)F (1)C	
Owner address			
Person in charge JASNEET KAUR			
Responsible person's email		Menu Type (See back of page) 1 2 3 (X) 4 5	
Certified food handler GARY SINGH (SERUSAFe EXP 6/03/25)			
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>			
Section #	C R	Narrative	To Be Corrected by
214 PF	X	PRECOOKED, COOLED CHICKEN, LAMB PRODUCTS IN CONTAINERS ON SHELF IN WALK-IN COOLER PREPARED MORE THAN 24 HOURS PRIOR NOT DATE MARKED	corrected 6/6/25
400 core	X	OUTSIDE DUMPSTER LID NOT CLOSED	6/7
(NOTE) 301 PF	X	"QUAT" SANITIZER NOT DISPENSING INTO 3 COMPARTMENT SANITIZER (SANITIZER LEVEL LOW IN BOTTLE) CHLORINE IS AURALABO/CHLORINE TEST STRIPS NOT AURALABO	6/7
213 P	X	INTERNAL TEMPERATURE OF GROUND BEEF IN REFRIGERATOR 43°F NOT AT 41°F OR LESS	corrected 6/6
Received by (name and title printed): JASNEET KAUR		Inspected by (name and title printed): Bob Smith EHS	
Received by (signature): Jasneet Kaur		Inspected by (signature): Bob Smith	
cc:	cc:	cc:	cc: