

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 parrative portion of this report

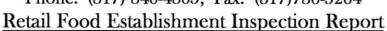
Establishment name	14 75 161 YEAR	Telephone Number		Date of Inspection
Jack's Pizza		8/14/2025		
Establishment address	Summary of Violations	:		
2801 Fairview Pl Ste	G Greenwood, IN	46142	1P	P, 1Pf, 1C
	liam Haas pizza@comcast.net		Follow-up Yes	Release Date 8/24/2025
Person in charge	Certified food handler		Purpose	Menu Type
Katelyn Hillis- manager		2-Limited menu		
Establishment Identification #	District	Routine		
374	Johnson	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/P	R	Narrative	To Be Corrected by:
306	С		Pizza ingredient prep cooler interior bottom soiled	8/16/25
279	Pf		No thermometer observed in sauce cooler	Corrected
281	Pf		No sanitization test strips observed for quat	8/14/25
213	P		Pizza prep cooler top food storage internal temperatures ranging 44-47°F	8/14/25
			Notes: - Handwashing sink in kitchen leaks at sink and drain connection - Some small flies observed	

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





Bush 3/21

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 LAC 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		telephone		Date of Inspection
Jimmy Johns				8/18/2025
Establishment address			Summary of Violations	S
733	Loews Blvd. Gr	eenwood, In	1	core 1 pf
Owner			Follow-up	Release Date
Admin@cul	inary-capital.com		No	8/21/2025
Person - in - Charge	Certified Food Handle	r	Purpose:	Menu Type
	Austin	Gundrum		3-Extensive handling
Establishment Identification #	County	District	Routine	
2585	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"

Sec#	P/PF/C	R?	Violation Observed:	To be Corrected by:
286	core		The cover is missing on the ice maker.	8/19/25
306a	pf	-	The ice maker chute is discolored. Maybe mold build up Check manual on how to clean and sanitize the unit.	8/26/25
			1	
		F		

Establishment Representative

Inspected by: Terry Baylers, EHS

tbayless@co.johnson.in.us



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. Telephone Number Date of Inspection arino's 2059 Establishment 8-7-25 Greenwood, IN Establishment address Owner Follow-up Release Date Owner . Routine Summary of Violations 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary Bennott 6. HACCP Menu Type (See back of page) 7. Other (list) Certified food handler CRITICAL ITEMS ARBYDEATIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # Narrative To Be Corrected by CLNC R 443 8-11-25 Core 306 Core v 442 Core 11-28-25 450 Pf 8-8-25 442 Core 348 212 corrected fore Received by (name and title printed): ected by (name and title printed): MARIAH Received by (rignature): cc:



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 correcti	on of each violation is specified	in the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
KING BUFFET	() Establishment	8.118/25	- 2041
Establishment address Franklin, In 2239 y MORTON SY.	() Owner	271075	1 - 1-38
3 5 7 % 1.07 (810 39).	Purpose:	Follow-up Release	28 /25
Owner AN SHENOX	1. Routine		
	2. Follow-up	Summary of Violati	ions:
Owner address	3. Complaint	6 16	21100
transfer that buttering bosoners are stantout that was more known	4. Pre-Operational	120 41	+) HEORE
Person in charge	5. Temporary	00F 100	4
XIU LING WU	6. HACCP	pureany cholcing, coli im	al raciaonid
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler XIU LING WU 8/8	12030 (1)	123(4 2 5_
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	1 1 2 1/1		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	S "R"
Section # Section #	Narrative	Colo gar was at statement	To Be Corrected by
286 COPS * WALK - DN COOL	ir shelves c	orroded,	8/26/25
NOT CLOPP			
443 CORD * FLOOR DON RIGHTS		UOT CLOPPIN,	8/26
Under Equipment		THELL STORY	71,-
359 (PF) & I TEMS STORED I		DO KITCHED	
359 (PF) & ITEMS STORED I		DA KEICHEN	8/18
& FROZEN IMITATIO		TON TH	Corrected >
	INDER RUNNIN		8/18)
WAS IN PAN DY	CWATER ON 1		016
457(P) & gRILL CLEANUR S			romaced,
on KITCHEN SHELI	_	_	(8/18)
238 RFX BULK FOOD CONTAG	THER ADDO 2.	FO CRACK	2,911
732 PORTUR THROUGH FIN TORN		chicken, fut man	T42-454 81
238 PF) & deep Fry BASKE		10 - 10	911
CAZIBLATION SULUTI		ITABLE TO	8/32
1 (1/2/10/11/11)	PATATION SMAZ	1 0000-004	mp 0/25
	vot slen	CVERTISEIN	0,00
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Received by (signature):	Inspect	ed by (signature):	
cc: cc:	cc:	500 371100	
		Service and the service and th	4





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 K K Pizza Establishment address Franklin, IN 3955 S, U31 46131 Owner Shwet Ka Khanna Owner address Person in charge Shivani Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Sommary of Violation P P Menu Type (See ba	22-25 ons: Core O **(3) ack of page)
Certified food handler		123_	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		N THE NARRATIVE BELOW AS	5 "R"
	Narrative	Comprehensive And Andrews	To Be Corrected by
272 Core De Longhi table fryer glabeles 0 Use Only a approved	top deep f as "House and not NS	ehold F/ANSI n I vater	9-1-25 NSF only 8-25-25
442 Core Excessive amor entering the t kitchen back kitchen floor	Solid door	interior	
286 Core Door seal (on two door Cooler	Right) torn	edch-in-	9-12-25 L
		je room.	Please
1	which is a	lso used	B-20-25
as a preparation	sink lacks of	en all	"Air Gap"
Received by (signature):	Inspecto	arew Miller,	ENG
cc: cc:	Cin cc:	drew Mille	1



CF

Regisert Duce - 9-10-25 Regisert # 8114 Pd 8-15-25 Johnson County Health Department

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

Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment	1307 15 15	telephone		Date of Inspection
Kroger J #735		317-530-3086		8/5/2025
Establishment address		Summary of Violation	s	
5961 North SR 135, Greenwood IN 46142			1P, 2	PF, 4CORE
Owner			Follow-up	Release Date
Kroger Busin	ess License		No	8/15/2025
Person - in - Charge	Certified Food Handle	r	Purpose:	Menu Type 4-Extensive handling
Hannah.jenkins@stores.kroger.com			Routine	Platensive manning
Establishment Identification #	County	District		
2008	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"

Sec#	P/PF/CORE	R?	Violation Observed:	To be Corrected
Seci	T/TF/CORE	K.		by:
307	P		Meat slicers located in the raw meat room are soiled	
307	1		- Employee stated the slicers were used last night	
150	DE	-	Observed many flies throughout the establishment	
450	PF		- Many were noted in the chicken area	
			Wire basket connected to raw chicken cart is soiled/rusty	
200	CODE		- Not easily clean able	
306	CORE		The top and bottom of customer display coolers are soiled	
			 Where smoked meat and breakfast food products are stored 	
			Silicone guard in cheese grater machine is damaged	
286	CORE		- Silicone pieces are chipping off	
			Private selection cooler door gaskets are split/worn	
430	PF		Observed no paper towels at deli front hand sink	
450	FF		 Hand sink located by fryer is almost out of hand soap 	
			Prep sink right handle not functioning located in meat room	
363	CORE		- Employee stated the establishment turned the hot water off	
			Observed a leak at the produce 3 bay sink faucet connection	
442	CORE		Floor is soiled under equipment	
442	CORE		- Starbucks area, under cooking equipment, etc.	
			Note: Ensure employees wash their hands after each task or when	
			changing gloves	

Estably ment Representative

Inspected by: Jassi Hall, EHS



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 7-54, 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 LA COCINA MEXICAN RESTAUTANT Establishment address 912 N MOTONST. VS31 FANKONTON	Telephone Number () Establishment () Owner Purpose: 1. Routine	Date of Inspection 8/12/25 Follow-up Release 4 05 8	e Date
NORI	2. Follow-up	Summary of Violati	1
Owner address	3. Complaint4. Pre-Operational	2(P) a(E) Score
Person in charge BENANDINO MACEDO Responsible person's email	5. Temporary6. HACCP7. Other (list)	Menu Type (See b	pack of page)
Certified food handler PLBPRTO SZKTO NERT (SERUSTE)	EXPIRED .	1 2 3	(4)D5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	COLUMNS APKED "C" "SUMMARY OF VIOLATIONS" AND II	N THE NARRATIVE BELOW A	s "R"
	Varrative		To Be Corrected by
213 P & INTERNAL TEMPERA	HORE OF INST	TATTON	d 150APd9
CLAB MEAT IN BANG			8112
	LE55		1
213 P = INTERNAL TEMPERT	HOURE OF SOUR	CREAM	DECAPO
	erator 46°F	NOT AT	
189 CORE + BAGGED ONIONS NOT	CARON NEC E	ZOOR MINI	NIM COTTECT
189 love + BAGGES ONIONS NOT	STORED OFF F	ZOOK III HOLL	(8/12
432 COR & EMPLOYER HAND WA		& NOT POS	ra 8/20
AT HANDSINKS	31041-9 31-10	7 1001 100	0700
328 cord HANDLE OF IRE SCO	LENDY? TON SE	OUT OF JO	of corrected
	CONTACT WITT		8110
351 (PF) & WATER TURNED OF	FAT KITCHE	n HANDSI	NX 8/13
I HANDSINK ACCESS	NOT CONCENT		
456 PED SPRAY BOTTESS OF	CLORMERS NOT	LABELS	8/15
ON SHELF WEST STATE		1 7 2 1	m = 1.11
189 COPER Some PACKAGES OF FO	ON NOT OFF FL	COR MITH MO	n 8/14
of 6 Inches In wh		DOSTONO	die
151 GORD EMPLOYED (CCOK) NOT		PESTRAZAL	
Received by (name and fittle primed). Servia Fle Expired	Rejoea mispecti	od Smith Z	245
Received by (signature):	Inspect	ed by (signature)	
сс: се:	сс:		





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	15-27	telephone	TOTAL TOTAL POSSESSES	Date of Inspection
La Herradura 2	Mexican	317-422-8226		8/8/2025
Establishment address 226 IN-135, Bargersville I	Summary of Violations 4P,	7PF, 3Core		
Owner Juan Q	uezada		Follow-up Yes	Release Date 8/18/2025
Person - in - Charge Nestor Quezada Establishment Identification # 2259	Certified Food Hand Juan Que County Johnson	ler ezada (9/27/26) District D5	Purpose: Routine	Menu Type 4-Extensive handling

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

Sec#	P/PF	R?	Violation Observed:	To be Corrected by:
213	P		Observed the following internal food temperatures inside the flip top cooler: - Raw chicken @ 50*F - Raw, Sliced Steak @49*F - Raw Chorizo @53*F Manager also took internal food temperatures - Raw Chicken @52*F	Recommend discarding all TCS Food
450	PF		 Observed flies in the kitchen Observed mice dropping on the shelving units located in the storage room by bar area Pest control records are needed at follow up inspection Ensure all outer openings are sealed and exterior screens are tight fitting 	8-13-25
456	PF		Observed the following leaks: • Hand Sink located by the cooking equipment is leaking onto floor at drain connection • Observed a leak at the 3 bay sink middle drain connection	8-13-25
307	PF	gir it	Meat slicer machine is soiled	8-8-25

Establishment representative.

		- Shall be wash, rinsed, and sanitized at least every 4 hours	
214	PF	Observed no date marks on ready to eat, TCS food products inside walk in cooler	8-9-25
429	PF	Observed no soap at the bar hand sink	8-8-25
210	PF	 Observed shrimp thawing in the two bay prep sink at room temperature Observed pork thawing in stagnant water 	8-8-25
363	P	 Observed a leak at the dish machine Appears there is a leak by the ice machine and 2 bay sink Stagnant water (waste water) observed on the floor 3 bay sink leaks at the faucet connection The right handle is not functioning at the hand sink located next to the cook line 	8-13-25
348	P	Bar ice bin lacks an air gap	8-13-25
443	CORE	Floor throughout the establishment is soiled Sides of equipment are soiled	8-22-25
286	CORE	 True cooler located in the bar is not functioning Coca-Cola cooler - bulk cherries @47*F - cooler needs repaired Observed no hood filters in the hood system during operation 	8-13-25
409	CORE	Ceiling is not smooth and easily cleanable in the bar and kitchen	1-1-26
221	PF	Pre-packed ice cream bar are not labeled properly	8-22-25
155	Р	Observed zucchini and banana nut bread for sell at the front counter. Food products are produced in a home kitchen Not an approved food source	Discard or remove products from sale
		Notes: - Upstairs storage room is located in living quarts - Flip top cooler and ice cream unit stored outside	

Establishment Representative

Inspected by: Cassi Hall, EHS

Inspected by: Cassi Hall, EHS (317) 346-43771 <u>chall@co.johnson.in.us</u>



selent 8112 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 Marcos Establishment address 989 US 31 Whiteland, Ind Owner Owner address Person in charge Responsible person's email			Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 8/7/25 2211 Follow-up Release Date Summary of Violations: 2 < & r & R Menu Type (See back of page)	
Certified foo	od handler	Hrield Bridges 2028		123_ /	- 45
	ITEMS ARE I		E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	s "R"
Section #	C/NC R	and the summarism of the control of	Narrative	an alternative programme	To Be Corrected by
307	Core	Mote: Wash Chan	trands when		30 duys 8/1/25
Received by Received by	MADIS	ON GIRESMER	Inspec	ted by (name and title printed) ted by (signature):	ayless/



95 S. DRAKE ROAD FRANKLIN IN 46131

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

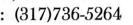
7-26 (AM)

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 724, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

	T 711 1 11 1	In av .:	_
Establishment name Materia Medica Restorative Establishment address Restorative Herbalis M	Telephone Number () Establishment	Date of Inspection 8-1-25	1D# 20.75
Establishment address	() Owner	0-1-27	2013
200 Byrd Way	Purpose: 1. Routine	Follow-up Release 1	Date 11-25
Varen Burr Owner address Person in charge Varen Burr Responsible person's email Certified food handler	 Follow-up Complaint Pre-Operational Temporary HACCP Other (list) 	P P P P P P P P P P P P P P P P P P P	Core O K O ck of page)
		12_\sqrt{3}	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E COLUMNS MARKED "P E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS	'R"
	Narrative		To Be Corrected by
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Received by (name and title printed):	l Ar	ted by (name and title printed):	r, EHS
Received by (signature): CC: CC: CC:	cc:	drew Mille	N .







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 telephone				Date of Inspection	
McDonald's		317-738-4471	317-738-4471		
Establishment address		•	Summary of Violations		
2080 E King Street	131	0P, 1PF, 6Core			
Owner	X 14 10 11 11 11 11 11 11 11 11 11 11 11 11		Follow-up	Release Date	
Ball manag		No	9/2/2025		
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
Jaime.deeken.bmg@gamil.com	D	3-Extensive handlin			
Establishment Identification #	County	District	Routine		
1555	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"

Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
286	Core		The walk in cooler handle is missing/damaged - A small sharp piece of the handle is still attached to door	
442	Core		Grout is in despair in areas of the kitchen and dish room	
306	Core		The interior of the ice machine located in the back of the kitchen is soiled - Ice scoop not stored on a clean surface - Bulk bags of ice: the label lack the establishment address Sides of cooking equipment are soiled	
443	Core		Floors, walls, and ceiling are soiled throughout kitchen - Establishment will start cleaning at cookline	
421	Core		Kitchen exterior back door observed open	
450	PF		Observed a few flies	
363	Core		The AVB connection at dish machine appears to be leaking Grey hose used for filter for soda machine is leaking	
			Note: women's restroom toilet is clogged	



Inspected by: Cassi Hall, EHS

(317) 346-4371 chall@johnsoncounty.in.gov



95 S. DRAKE ROAD FRANKLIN IN 46131

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

26

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 MI ABVELTTO #3	Telephone Number	Date of Inspection	ID#
	() Establishment	8/12/25	2460
Establishment address 2797 N MORTON FRANKLIN, IN	() Owner		
Owner	Purpose:	Follow-up Release	10 Date /25
Owner	1. Routine	Summary of Violati	
0 11	2. Follow-up	Summary of violati	ions:
Owner address	3. Complaint	10 PF	5 (CORC)
ertific suspense shoulder musticulered sentil suspenses liber	4. Pre-Operational		5 (6.9
Person in charge	5. Temporary	<u> </u>	
Alonso H - minor and desired of the	6. HACCP	ne mente diminor dumin	DIOCESSES BY
Responsible person's email	7. Other (list)	Menu Type (See)	pack of page)
Certified food handler BULMARO GARCH (SERVSAFE) 28 2	(av	123	4 2 5_
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	The state of the s		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		ND IN THE NARRATIVE BELOW	AS "R"
Section # 2/NC R	Narrative	the state of the s	To Be Corrected by
432 KORD EMPLOYER HANDW	ASHINS STEN	Age NOT	8/20/25
POSTED AT SOME A	fandstails	0	
1112 200 1200 1200 120	50	1 + /	0/1
407 CORPA WALL COVERY LOO	Se, MISSING	, In	9//
MICHS OF PATIONS	VO		
400 (ond - LID NOT CLOSED ON	1 cutstill de	Impsver	8/14
247 rate UPrigHT FREETER &	N KITCHEN	-THERMOM	etter 8/B
NOT SEEN	require hor and cold holdin	season in runner A. sho	1 0 /2
	p - cover	NOT PROUM	8/20
394 FOR WASTE CONT	MANUEL		January 1997
213 P) & INTERNAL FOOD	Temper ATUR	es of singi	mp.
CHICKON, MORT,	HUT 0095	430F -450F	18/13/25
AN KITCHEN REF	riserator n	UOT AT HIPF	
OR 455	0		
The second secon	galos artizas artizas loni la soci		
Received by (name and title printed):	Ine	pected by (name and title trinted	7) -
A A	IIIS	Bob Smit	H EHS
Received by (signature):	Insp	pected by (signature):	A
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			1
			Page 1 of



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 Mrs. Cu	rl	telephone		Date of Inspection 8/29/2025
Establishment address 2	59 S. Meridian Greenw	ood, In	Summary of Violations	
Owner			Follow-up No	Release Date 9/9/2025
Person - in - Charge		Certified Food Handler Ashley Miller		Menu Type 4-Extensive handling
Establishment Identification # 233	County Johnson	District D5	Routine	

- 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:
443	c		The floor around the cone storage is very soiled.	9/8/25
260	С		No thermometer was noted in one of the ice cream mix coolers.	9/8/25
306	С		The large can opener blade is very soiled with metal filings.	8/29/25
246	pf		The food thermometer is not adequate.	9/8/25
			Note: no sanitizer test strips were available.	

Establishment Representative

tbayless@co.johnson.in.us