



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

Becky
9-18

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 AFC Sushi @ Kroger #864T		Telephone Number		Date of Inspection 9/15/2025	
Establishment address 2200 Independence Dr. Greenwood, IN 46143			Summary of Violations: 0P, 0Pf, 1Core		
Owner Advanced Fresh Concepts Franchise Corp Email- ceuhlei@gmail.com / hdinspections@afcsushi.com			Follow-up No		Release Date 9/25/2025
Person in charge Ceu Ling		Certified food handler Ceu Ling ServSafe exp 12/5/27		Purpose Routine	
Establishment Identification # 2301		County Johnson	District D5	Menu Type 4-Extensive handling	

- 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:
212	C		Brown rice cooling in reach-in cooler covered, improper way to cool	Lid was removed

Mia

Mia

Received by

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



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Phone: (317) 346-4365, Fax: (317) 736-5264
Retail Food Establishment Inspection Report

*Bekm
9-18*

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 Aldi Inc #22		Telephone Number 463-300-4081		Date of Inspection 9/15/2025	
Establishment address 1595 US Hwy 31 S Greenwood, IN 46143			Summary of Violations: 3 Core, 0P, 0Pf		
Owner Aldi Indiana LP Email- Stephen.hackert@aldi.us			Follow-up No		Release Date 9/25/2025
Person in charge Levi Masters- Assistant manager		Certified food handler N/A		Purpose Routine	
Establishment Identification # 466		County Johnson		District D5	
				Menu Type 2-Limited menu	

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority Marked P, Priority Foundation Marked 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:
443	C	R	Walk-in dairy cooler floor soiled under display gallons of milk and eggs	9/20/25
445	C	R	Walk-in dairy cooler fans dusty	9/20/25
442	C		Ice build-up on ceiling of walk-in freezer	9/21/25

[Signature]

[Signature]

Received by

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



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 Barnes & Noble Booksellers Inc	Telephone Number () Establishment	Date of Inspection 9/4/25	ID# 1268
Establishment address 1251 US 31 N. Greenwood, IN 46142	() Owner	Follow-up Yes	Release Date 9/14/25
Owner Barnes & Noble Inc.	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: P 1 PF 0 Core 14	
Owner address		Menu Type (See back of page) 1 2 3 <input checked="" type="checkbox"/> 4 5	
Person in charge Briana Talley			
Responsible person's email			
Certified food handler Jacqueline Finney (State Food Safety Exp: 9/4/29)			

- 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
421	Core		North exterior doors to Barnes + Noble are not light-fitting at the center bottom when the doors are closed	9/27/28
437	Core		Both employee/public restrooms appear to lack mechanical ventilation	12/1/25
443	Core		Women's employee/public restroom walls are dusty (i.e. soiled)	9/10/25
348	P		No air gap noted on drain piping for the following items: ① Front Starbucks dipper well ② One bay sink at front line with pitcher rinser ③ Hobart undercounter high temperature dish machine	9/21/25
363	Core		Jet spray metal hose is damaged at three bay sink	9/25/25
307	Core		Ice maker drop plate is soiled	9/4/25

Received by (name and title printed):

Briana Talley

Received by (signature):

[Signature]

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

[Signature]

cc: andrew.miller@

co. johnson.in.us Page 1 of 2
(317) 346-4380

NARRATIVE REPORT

[illegible]



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

Bellem
9.6

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 Bickford of Greenwood	Telephone Number () Establishment () Owner	Date of Inspection 9/2/25	ID# 1759
Establishment address Greenwood 3021 Stella Drive IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 9/12/25
Owner		Summary of Violations: P pf Core C 1 NC 1 X 14	
Owner address		Menu Type (See back of page) 1 2 3 <input checked="" type="checkbox"/> 4 5	
Person in charge Katelyn Holding - E.D.			
Responsible person's email			
Certified food handler Ruth Palos			

- 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/NC	R	Narrative	To Be Corrected by
443	Core		Kitchen floors "heavily" soiled in various areas	9/3/25
443	Core		Various floor drains in kitchen are soiled	
442	Core		Drywall is damaged under jet spray area of the dish area	10/1/25
306	Core		Exterior top of mechanical dish machine is soiled	9/3/25
286	Core		Quat test papers (for sanitizer) are expired (8/2024)	9/2/25
348	P		Two bay sink used for food preparation lacks an air gap on drain piping	10/1/25
307	Core		Manual can opener blade and table mount are soiled	9/2/25
306	Core		Interior of GE microwave is soiled	9/2/25
306	Pf		Interior of ice maker is soiled	9/2/25
306	Core		Compressor for True one door refrigerator is soiled	9/10/25

Received by (name and title printed): Katelyn Holding, Executive Director	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Katelyn Holding	Inspected by (signature): Andrew Miller
cc:	cc:

Greenwood

State Form 48621 (R2 / 8-05)



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

Belal
10/3

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 Biggby Coffee 1130		Telephone Number 317-497-5480		Date of Inspection 9/29/2025	
Establishment address 156 S Marlin Dr Greenwood, IN 46142			Summary of Violations: 1C, 0Pf, 0P		
Owner Chintu Patel Email- delinatesfai31@gmail.com			Follow-up No		Release Date 10/9/2025
Person in charge Nikki/ Delina Tesfai- manager		Certified food handler Lovedip Singh ServSafe exp 2028		Purpose Routine	
Establishment Identification # 2854		County Johnson		District D5	
Menu Type 2-Limited menu					

- 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:
286	C		Green lids on containers storing prepared foods broken and cracked	10/1/25



Received by



Inspected by Mia Papageorge, EHS
(317) 868-8818 mpapageorge@johnsoncounty.in.gov



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

Before
9-24



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 Blue Cactus Taco Tequila Bar		Telephone Number 317-914-8819		Date of Inspection 9/22/2025	
Establishment address 188 E Jefferson St Franklin, IN 46131				Summary of Violations: 2C, 7Pf, 4P	
Owner Jose Murillo Email- bluecactusfranklin@gmail.com				Follow-up No	
Person in charge Jose Murillo		Certified food handler Ismael Murillo ServSafe exp 3/17/26		Release Date 10/2/2025	
Establishment Identification # 2349		County Johnson		District D5	
		Purpose Routine		Menu Type 4-Extensive handling	

- 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:
363	C		- Faucet of kitchen handwashing sink leaking - Drain pipe under bar three bay sink leaking	10/1/25
450	Pf		Excessive amount of flies in dish machine room	9/22/25
429	Pf		Dish machine room handwashing sink without soap	Corrected on site (COS)
430	Pf		No paper towels at bar, kitchen, and dish machine room handwashing sinks	COS
456	Pf		Toxic spray bottles not labeled	COS
281	Pf		No quaternary test strips available for three bay sink	9/22/25
306	Pf		Soda nozzle at bar soiled	COS
189	C		- Drink mixes stored under three bay sink waste drain pipes - Food stored in walk-in cooler without covering	COS
175	P		Raw meat stored above ready-to-eat foods in walk-in cooler, upright three door cooler, and prep cooler	COS
214	P		No date marking labels on ready-to-eat time temperature control food (queso, cooked meats) kept on site longer than 24 hours in walk-in cooler and upright cooler	COS
299	P		Dish machine sanitizer concentration low at 10-50ppm	COS
213	P		Hot held carnitas on stove top internal temperature of 119°F	COS
306	Pf		Stored equipment not clean (mixer bowl)	COS

Received by

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

Betsy
9.15



Johnson County Health Department
95 S Drake Rd., Franklin, IN 46131
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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 Bob Evans #426		telephone 317-885-1280		Date of Inspection 9/12/2025	
Establishment address - <i>South</i> 159 Marlin Drive, Greenwood IN 46142				Summary of Violations 2P, 0PF, 4Core	
Owner				Follow-up No	Release Date 9/22/2025
Person - in - Charge Ashley Ber.0426@bobevas.com		Certified Food Handler Ashley Swazay (8/10/28)		Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 2133		County Johnson	District D5		

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

Sec#	P/PF	R?	Violation Observed:	To be Corrected by:
213	P		Observed the internal food temperature of "Pure Dairy Half and Half Creamer" @ 49°F located in the single door cooler at server line - Ambient air temperature observed around 50°F	
142	P		Observed employee at cook line change their gloves - did not wash their hands before putting on new gloves	
443	CORE		1. Floors, walls, ceiling are soiled throughout kitchen - Equipment is soiled (door gaskets, sides of equipment, etc.)	
363	CORE		1 South soda station drain line is leaking onto floor 2 Soda stations' ice bin drain line lacks an air gap	
286	Core		One fryer basket is damaged	
234	CORE		Hobart table mixer is rusty/soiled - Not easily cleanable	
			Notes: 1. A few flies observed under south soda station 2. Chicken noddle soup prepared 9/11/15 @ 42°F, sausage gravy prepared 9/10/15 @ 42°F	

[Signature]
Establishment Representative

[Signature]
Inspected by: Cassi Hall, EHS

(317) 346-43771 chall@co.johnson.in.us

			3. Bacon container lid used as a plate in the microwave - not recommend	
			4. Ice buildup inside walk in freezer	

Debra Anderson

Cassi Hall
Andrew Miller



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

BUTSM
9-8

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

Establishment name Bob EVANS #453	Telephone Number () Establishment () Owner	Date of Inspection 9/4/25	ID# 2134
Establishment address 900 N MORTON FRANKLIN, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 9/14/25
Owner _____	Summary of Violations: 1P / 2PF / 5CORP		
Owner address _____	Menu Type (See back of page) 1 _____ 2 _____ 3 _____ 4 <u>X</u> 5 _____		
Person in charge BRAD YANTISS	Certified food handler BRAD YANTISS SERVSAFE EXP - 7/21/27		
Responsible person's email _____			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P"
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Section #	CORE	R	Narrative	To Be Corrected by
443	CORE	<input checked="" type="checkbox"/>	FLOOR/WALL IN AREAS OF KITCHEN NOT CLEAN	9/12/25
306	CORE	<	WALK-IN COOLER - SHELVING, FLOOR NOT CLEAN	9/12
306	CORE	*	KNIFE HOLDER NOT CLEAN	9/8
436	CORE	⊗	LIGHT OUT ON EXHAUST HOOD	9/8
429	SPF	§	PREPARATION AREA - HANDSINKS NOT PROVIDED WITH SOAP/DISPOSABLE TOWELS	(corrected 9/4)
430	PF	2	SHELL EGGS IN CONTAINER IN PREPARATION	
213	P		NOT AT 41°F OR LESS / TIME AS CONTROL NOT PROVIDED	corrected 9/4
306	CORE	⊗	INSIDE OF FRONT BISCUIT/ROLL WARMER NOT CLEAN	9/12
(NOTE) (⊗) some equipment not in use)				
MECHANICAL DISINFECTION HOT WATER SANITIZATION TEMPERATURE ADEQUATE				
160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 165°F)				


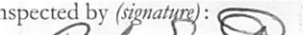
Received by (name and title printed): Brad Yantiss Jr General Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Brad Yantiss Jr</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:

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 BOJAKS'	Telephone Number () Establishment () Owner	Date of Inspection 9/26/25	ID# 2965
Establishment address 377 E Jefferson Franklin	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/5/25
Owner AJAY SINGH/BHARAT SINGH		Summary of Violations: OP OFF 3 CORE OP MC MC	
Owner address			
Person in charge JOHN LANHAM		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler JOHN LANHAM			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "R"
- 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): John Lanham		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	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

Belm
10/3

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 Buffalo Wild Wings #3342	Telephone Number () Establishment	Date of Inspection 9/29/25	ID# 2129
Establishment address 1077 N. Emerson Ave. Greenwood IN 46143	() Owner	Follow-up Yes	Release Date 10/9/25
Owner Wingmen V, LLC	Purpose: 1. Routine	Summary of Violations: p pf Core 1 0 11	
Owner address	2. Follow-up	Menu Type (See back of page)	
Person in charge Amber Seal	3. Complaint	1 2 3 <input checked="" type="checkbox"/> 4 5	
Responsible person's email bww3342@worldwidewingsus.com	4. Pre-Operational		
Certified food handler Amber Seal	5. Temporary		
	6. HACCP		
	7. Other (list)		

• 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 #	G/NC	R	Narrative	To Be Corrected by
442	Core		① Cove base is damaged on walk-in-freezer side wall	12-1-25
			② Cove base and wall are damaged on short wall across from walk-in-freezer	
			③ Cove base is missing at interior left interior ^{corner} at back kitchen door	
442	Core		Kitchen floor tiles are missing (mainly near deep fryers)	
286	Core		Top door seal damaged on double warmer cabinet	10-29-25
421	Core		① Bottom of kitchen back door not sealing	12-1-25
			② Front exterior double doors are not tight-fitting at the center bottom	
450	Core		Numerous live small winged insects seen throughout the firm	12-1-25
343	Core		Bar mechanical dish unit leaks from side (left) bottom box with chemical	10-3-25

Received by (name and title printed):

Amber Seal

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Amber Seal

Inspected by (signature):

Andrew Miller

cc:

cc:

cc:

Buffalo Wild Wings # 3342

NARRATIVE REPORT

Greenwood, IN

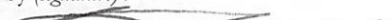

Establishment Name p/pf/core			Address 1077 N. Emerson Ave 46143		Inspection Date 2/29
Section#	C/MC	R	REMARKS	TO BE CORRECTED BY	
			lines	I	
306	Core		Exterior top of kitchen dish unit is soiled	09/29/25	
363	Core		Map sink atmospheric vacuum breaker (AVB) leaks	10/1/25	
443	Core		Floors soiled under server area 100 + 200's soda station + cabinets	10/1/25	
421	Core		West exterior double doors to patio are not tight-fitting at the center bottom	12/1/25	
442	Core		Server area 100 + 200's need floor grout repair	I	
348	P		No air gap provided at server area 100 + 200's ice bin drain lines	10/15/25	
				I	
			* Note:		
			Firm maybe subject to fines and/or 2026 Food & Permit suspended if the following items are not corrected on or before 12-1-25:	12/1/25	
			(1) Repairing all damaged cove base		
			(2) Repairing all damaged walls		
			(3) Repairing all door that have outer openings		
			(4) Repairing all damaged/missing floor tiles		
			(5) Eliminating all pest activity (i.e. live small winged insects)		
			(6) Repairing all areas that need floor grout repair		
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
Kiana Sal GM			Andrew Miller, EHS		

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 BURGER KING #7447	Telephone Number () Establishment () Owner	Date of Inspection 9/24/25	ID# 569
Establishment address 1079 N MORTON FRANKLIN, IN	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/3/25
Owner Premier Foods		Summary of Violations: OP OFF 2 CORRE ● — NO — R —	
Owner address		Menu Type (See back of page) 1 — 2 — <u>3 X 4</u> — 5 —	
Person in charge A. BAKES			
Responsible person's email			
Certified food handler A. BAKES			

- 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): <u>Ann Baker</u>		Inspected by (name and title printed): <u>Bob Smith ENT</u>
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc: