

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.

- 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): * Sandeep Sangha		Inspected by (name and title printed): Kevin R. Parker EHS
Received by (signature): *		Inspected by (signature): KRP
cc:	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 ANNA'S RESTAURANT	Telephone Number () Establishment () Owner	Date of Inspection 11/14/25	ID# 104
Establishment address 77 W MONROE ST. FRANKLIN, LA 70604	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/24/25
Owner —		Summary of Violations: OP / OPF / CORE 0 / 0 / 0	
Owner address —		Menu Type (See back of page) 1 2 3 4X 5	
Person in charge MERIKA CRAWLEY			
Responsible person's email —			
Certified food handler MERIKA CRAWLEY SERVSAFE (10/6/26 EXP)			

- CRITICAL ITEMS ARE IDENTIFIED 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"

[illegible]

Received by (name and title printed): Merika Crawley		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

Bekah 11/18

26

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name APPLE BEES Neighborhood Grill + Bar	Telephone Number () Establishment () Owner	Date of Inspection 11/14/25	ID# 687
Establishment address 760 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 11/24/25
Owner		Summary of Violations: 1P / 1PF / 7CORE	
Owner address		Menu Type (See back of page) 1 2 <u>3</u> 4 5	
Person in charge RICHARD GAEDE			
Responsible person's email			
Certified food handler RICHARD GAEDE (SERVSAFE)			

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Section #	R	Narrative	To Be Corrected by
213	P	* INTERNAL TEMPERATURE OF BEEF PRODUCTS, CHICKEN, SALMON, SHRIMP, CHEESE IN PREPARATION REFRIGERATOR 44°F-54°F NOT AT 41°F OR LESS (GRILL AREA)	Food Items discarded 11/14/25
176	CORE	SPRAY BOTTLE OF OIL NOT LABELED	corrected 11/14
363	CORE	LEAK NOTED AT BACK MOP SINK FAUCET	11/30
		* HANDLE NOT PROVIDED FOR HOT WATER	
260	CORE	THERMOMETER NOT CONSPICUOUSLY LOCATED IN PREPARATION REFRIGERATOR	11/18
256	CORE	BAR AREA- REFRIGERATOR SHELF COATING WORN	
		WALL WORN/TILE MISSING IN AREAS- BEHIND GRILL, UNDER FRONT BAR SINKS BAR AREA	12/5
407	CORE	FLOOR, FLOOR DRAIN NOT CLEAN, GROUTING WORN	11/20
443	CORE	FLOOR WET BAR AREA- WATER LEAKING FROM 4 COMPARTMENT SINK	
450	PF	SMALL FLIPS SEEN FRONT BAR AREA	11/25
NOTE: MECHANICALS DISAMBIASING HOT WATER SANITIZATION TEMPERATURE (OR) 160°F + ON PLATE/UTENSIL SURFACE (OR) 165°F			

Received by (name and title printed):
Richard Gaede - Assistant Manager

Inspected by (name and title printed):
Bob Smith EHS

Received by (signature):
Richard Gaede

Inspected by (signature):
Bob Smith

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

Beky
11/12

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 Aspen Creek Grill		telephone 317-886-9120	Date of Inspection 11/7/2025
Establishment address 1287 North Emerson Ave., Greenwood IN 46143		Summary of Violations 2P, 0PF, 3Core	
Owner Rich		Follow-up Yes	Release Date 11/17/2025
Person - in - Charge Rich	Certified Food Handler		Purpose: Routine
Establishment Identification # 2895	County Johnson	District D5	Menu Type 4-Extensive handling

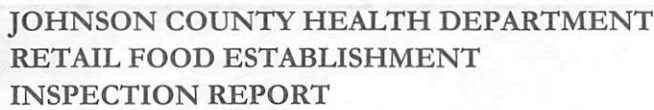
- **Critical Items are Identified in the Checklist & Narrative Columns Marked "P"**
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
213	P		Observed raw chicken internal food temperature @ 44°F located by the cook line	Employee added more ice
142	P		Observed a food preparation employee wipe their nose with a tissue, then went to put their gloves on without washing their hands	Corrected
299	P		Observed the dish machine final rinse at 156°F - not 165°F or more	11-8-25
307	Core		Observed a few "clean utensils" that were soiled with food	11-7-25
307	Core		Interior of the ice machine is soiled	11-17-25
	Note:		1. Observed some broken glass inside bar coolers 2. Mop sink leaks at faucet connection 3. Observed many pans of cooked ribs cooling with plastic and foil covers	
442	Core		Floor under equipment is soiled in areas	12-1-25

Rich Dubae
Establishment Representative

Cassi Hall
Andrew Miller

Inspected by: Cassi Hall, EHS
(317) 346-4371 chall@johnsoncounty.in.gov



Bekm
11/20

7-26

Follow-up —	Release Date
Summary of Violations:	
core <input checked="" type="checkbox"/> ff <input checked="" type="checkbox"/> p <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____	
Menu Type (See back of page)	
1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	

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Received by (name and title printed): Shelly Hinman ops. mngr.	Inspected by (name and title printed): Paul Beticu est
Received by (signature): Shelly Hinman	Inspected by (signature): Paul Beticu
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 Amazon - IND 9 AVI	Telephone Number () Establishment () Owner	Date of Inspection 11/20/25	ID# 2826
Establishment address 1151 Craham Rd Greenwood IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up ✓	Release Date
Owner		Summary of Violations: Core <u>2</u> PF <u>2</u> P <u>2</u> C <u>1</u> DC <u>1</u> R <u>1</u>	
Owner address			
Person in charge			
Responsible person's email		Menu Type (See back of page) 1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): Shelly HINMAN ops. mgr.	Inspected by (name and title printed): Paul Botica etts
Received by (signature): Shelly Hinman	Inspected by (signature): Paul Botica
cc:	cc:

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

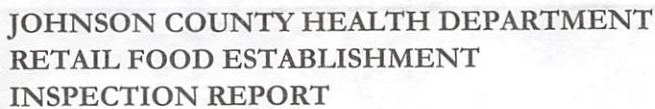
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Amazon - IND 9 Ave	Telephone Number () Establishment () Owner	Date of Inspection 11/20/25	ID# 2829
Establishment address 1151 Curaham Rd Greenwood IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner		Summary of Violations: Corr 0 Pf 0 P 0 C RE R	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler		Menu Type (See back of page) 1 2 <input checked="" type="checkbox"/> 3 4 5	

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[illegible]

Received by (name and title printed): Shelly Hinman ops. mngr.		Inspected by (name and title printed): Paul Beticu ETT
Received by (signature): Shelly Hinman		Inspected by (signature): Paul Beticu
cc:	cc:	cc:



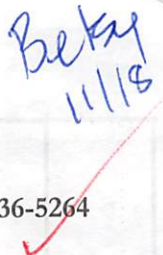
Bekne
11/20

7-26

core *Pf* *P*
e 100 R

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Page 1 of _____



- Safdey@amazon.com

Betm
11120

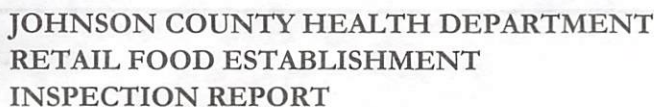
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Establishment name Amazon AVI - Amazon-Singapore Market C	Telephone Number () Establishment () Owner	Date of Inspection 11/20/25	ID# 2843
Establishment address 305 Chaney Ave Greenwood IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: Core <input checked="" type="checkbox"/> PF <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> O <input type="checkbox"/> ME <input type="checkbox"/> R <input type="checkbox"/>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

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[illegible]

Received by (name and title printed): Shelly Hinman ops. mgr.		Inspected by (name and title printed): Paul Beltrich ETS	
Received by (signature): Shelly Hinman		Inspected by (signature): Paul Beltrich	
cc:	cc:	cc:	





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Received by (name and title printed): Robert Reese G.M.		Inspected by (name and title printed): Paul Beticu 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
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Bekal
11/20

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 Cooper-tire Ave Franklin	Telephone Number () Establishment () Owner	Date of Inspection 11/20/25	ID# 2975
Establishment address 2450 Whiteland Rd IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date
Owner 500 BARTRAM PKwy.		Summary of Violations: core D PF D P NE R	
Owner address		Menu Type (See back of page) 1 2 V 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Shelly HIRMAN ops. Mgr.		Inspected by (name and title printed): Paul Betina EHS
Received by (signature): Shelly HIRMAN		Inspected by (signature): Paul Betina
cc:	cc:	cc:

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Establishment name DHL AVI AVI-DHL Supply Chain	Telephone Number) Establishment) Owner	Date of Inspection u/20/25	ID# 2690
Establishment address 186 Bob Celadden Blvd IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date
Owner		Summary of Violations: <div> <div>corr</div> <div>0</div> <div>pf</div> <div>0</div> <div>re</div> <div>0</div> </div>	
Owner address		Menu Type (See back of page)	
Person in charge		1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Responsible person's email			
Certified food handler			

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[illegible]

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Received by (signature): Shelly Hinman		Inspected by (signature): Paul Beticu	
cc:	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 48 E Engineering - AVE	Telephone Number () Establishment () Owner	Date of Inspection 11/20/25	ID# 2972
Establishment address 254 N Cuthbert Rd IN 46143	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner		Summary of Violations: corrected CF D P D C MC R	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler		Menu Type (See back of page) 1 2 ✓ 3 4 5	

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[illegible]

Received by (name and title printed): Shelly HINMAN ops. mgr.	Inspected by (name and title printed): Paul Blouin ETS
Received by (signature): Shelly Hinman	Inspected by (signature): Paul Blouin
cc:	cc: