



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131

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

Bekannt  
12/11

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 <b>HS PETRO Inc (45 Petro Inc)</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>11/13/25</b>	ID# <b>1701</b>
Establishment address <b>1229 North Buff Rd</b>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date <b>11/23/25</b>
Owner <b>KULTAR SINGH Greenwood</b>	Summary of Violations:  <b>C ✓ NC ✓ R ✓</b>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			
Menu Type (See back of page)  <b>1 X 2    3    4    5</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"

Received by (name and title printed):

**X Sandeep Sangha**  
Received by (signature):

Received by (signature):

Received by (signature):  


CC:

CC:

Inspected by (name and title printed):

Specified by (name and title printed):  
*Kevin R. Paul - EHS*

Inspected by signature):

pected by (signature):  


CC



JOHNSON COUNTY HEALTH DEPARTMENT  
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INSPECTION REPORT

95 S. DRAKE ROAD  
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Establishment name <b>ANN'S RESTAURANT</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>11/14/25</b>	ID# <b>104</b>
Establishment address <b>77 W MONROE ST. FRANKLIN IN 46701</b>	Purpose:  <b>1. Routine</b>	Follow-up —	Release Date <b>11/24/25</b>
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <b>OP / OPF / O CORE</b> <b>2 2 2</b>	
Owner address			
Person in charge <b>MERITA CRAWLEY</b>			
Responsible person's email			
Certified food handler <b>MERITA CRAWLEY SERVSAFE</b>	Menu Type (See back of page)  <b>1 2 3 4 5</b>		
	(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"

Received by (name and title printed):

by name and title printed:  
Merika Crawley

Inspected by (name and title printed):

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

Received by (signature)

ed by (signature): 

Entered by (signature):

ed by (signature): 

CC:

CC

CCS



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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95 S. DRAKE ROAD  
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Bethel  
11/18

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-22, 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>APPLEBees Neighborhood Grill + Bar</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/14/25</i>	ID# <i>687</i>
Establishment address <i>760 N MORTON FRANKLIN, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>RICHARD GAede</i>	Follow-up <i>YES</i>	Release Date <i>11/24/25</i>
Owner	Summary of Violations: <i>1P / 1PF / 7 CORE</i>		
Owner address			
Person in charge			
Responsible person's email	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Certified food handler <i>RICHARD GAede (SERVSAFE)</i>			

• 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"

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 Discard 11/14/25
176	core	SPRAY BOTTLE OF OIL NOT LABELED	corrected 11/14
363	core	WATER NOTED AT BACK MOP SINK FAUCET	11/30
460	core	* HANDLE NOT PROVIDED FOR HOT WATER	
256	core	TERMOMETER NOT CONSPICUOUSLY LOCATED IN PREPARATION REFRIGERATOR	11/18
407	core	BAR AREA - REFRIGERATOR SHELF COATING WORN	
443	core	WALL WORN/MISSING IN AREAS - BEHIND GRILL, UNDER FRONT BAR SINKS	12/5
363	core	FLOOR, FLOOR DRAIN NOT CLEAN, GROUTING WORN	11/20
450	PF	* FLOOR IN BAR AREA - WATER LEAKING FROM 4 COMPARTMENT SINK	
450	PF	* SMALL FLIPS SEEN FRONT BAR AREA	11/25

*(NOTE) \* indicate critical item requiring hot water sanitization  
temperature of 160°F on plate/utensil surface (was 165°F)*

Received by (name and title printed):

*Richard Gaede - Assistant Manager*

Received by (signature):

*Richard Gaede*

cc:

Inspected by (name and title printed):

*Bob Smith EHS*

Inspected by (signature):

*Bob Smith*

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**

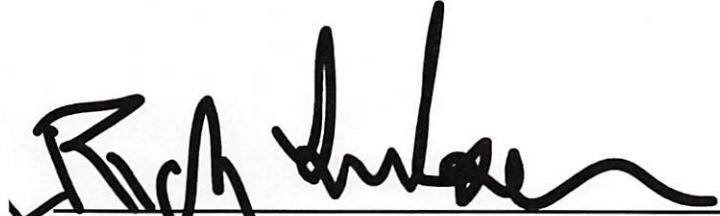
Beth  
11/12

Based on an inspection this day, the item(s) noted below identify violation(s) of **I10 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 <b>2P, 0PF, 3Core</b>		
Owner	Follow-up Yes		Release Date 11/17/2025
Person - in - Charge Rich	Certified Food Handler	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 2895	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/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

  
Establishment Representative


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



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RETAIL FOOD ESTABLISHMENT  
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95 S. DRAKE ROAD  
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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 <del>Amazon - AVI</del> AVI-Amazon-DW4- Market C	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 11/20/25	ID# 2821
Establishment address 1621 Collins rd Greenwood IN 46143	Purpose: <ul style="list-style-type: none"><li>1. Routine</li><li>2. Follow-up</li><li>3. Complaint</li><li>4. Pre-Operational</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list)</li></ul>	Follow-up —	Release Date
Owner	Summary of Violations:  <i>core ① ff ① p ①</i>		
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		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed):

Received by (name and title): Shelly Hinman ops. mngr.  
Received by (signature):

Received by (signature):

cc: Shelly Dinnan cc:

cc:

CC:

Inspected by (name and title printed):

Paul Betchu 281

Inspected by (signature):

Specified by (signature):  
Paul Betsch



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

Establishment name <u>AMAZON - IND 9 AVI</u>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <u>11/20/25</u>	ID# <u>2826</u>
Establishment address <u>1151 Coraham Rd Greenwood IN 46143</u>	Purpose:  <ul style="list-style-type: none"><li><input checked="" type="radio"/> 1. Routine</li><li><input type="radio"/> 2. Follow-up</li><li><input type="radio"/> 3. Complaint</li><li><input type="radio"/> 4. Pre-Operational</li><li><input type="radio"/> 5. Temporary</li><li><input type="radio"/> 6. HACCP</li><li><input type="radio"/> 7. Other (list) _____</li></ul>	Follow-up <input checked="" type="checkbox"/>	Release Date <u>11/20/25</u>
Owner	Summary of Violations:  <u>core D Pf D P D</u>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

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Received by (name and title printed):

Shelly Hinman ops. mng.

Received by (signature):

Received by (Signature): Sh. Olyy Denman  
cc: \_\_\_\_\_ cc: \_\_\_\_\_

CC:

CC:

Inspected by (name and title printed):

Paul Betiku Etts

Inspected by (signature):

Inspected by (signature):  
Paul Befiku

CC



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Establishment name <u>Amazon - IND 9 AVE</u>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <u>11/20/25</u>	ID# <u>2829</u>
Establishment address <u>1151 Currahm Rd Greenwood IN 46143</u>	Purpose:  <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) _____</li></ul>	Follow-up <u>—</u>	Release Date
Owner	Summary of Violations:  <u>Core D pf D p 6</u> <u>C Me R</u>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			
Menu Type (See back of page)  <u>1 2 V 3 4 5</u>			

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Received by (name and title printed):

Received by (name and title): **Shelly HINMAN ops. mngr.**  
Received by (signature):

Received by (signature):

Received by (signature):  
Shelly Hinman

CC:

CC:

Inspected by (name and title printed):

inspected by (name and title printed):  
*Paul B. Stirewalt*

Inspected by (signature):

Inspected by (signature):  
Paul Betzen

cat.



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11/20

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Establishment name - <u>AVI-Amazon - MQS2-Market C</u> <u>Amazon - AVI</u>		Telephone Number (      ) Establishment (      ) Owner	Date of Inspection	ID#
Establishment address <u>19 Bob Cildden Blvd</u> <u>IN</u>			<u>11/20/25</u>	<u>2842</u>
Owner		Purpose:  <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner address			<u>—</u>	
Person in charge			Summary of Violations:	
Responsible person's email			<u>core</u> <u>RF</u> <u>PF</u> <u>PC</u>	
Certified food handler			<u>NE</u> <u>PC</u>	
Menu Type (See back of page)				
1 <u>2</u> <u>V</u> 3 <u>4</u> <u>5</u>				

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Received by (name and title printed):

Shelly Hinman ops mngr.

Received by (signature):

Received by (signature):  
✓ Shelly Hinman  
cc: \_\_\_\_\_ cc: \_\_\_\_\_

CC:

CC:

Inspected by (name and title printed):

Paul Belknap Etts

Inspected by (signature):

Paul Bettie

cd:



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Bekay  
11/18

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Establishment name <b>AVI - Amazon - MQJ 9</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection 10/13/25	ID# 2977
Establishment address 120 Jimblack rd from plin IN 46131	Purpose: <ul style="list-style-type: none"><li>1. Routine</li><li>2. Follow-up</li><li>3. Complaint</li><li>4. Pre-Operational</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list)</li></ul>	Follow-up	Release Date
Owner <b>AVI Food Systems</b>	Summary of Violations:  <b>core A ff A P A</b>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler	Menu Type (See back of page)  1 2 <b>V</b> 3 4 5		

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Received by (name and title printed):

Er. Eka Smith

Received by (signature):

• Edmund

CC:

CC:

Inspected by (name and title printed)

Paul Betts ETS

Inspected by (signature):

Specified by (signature):  
Paul Betts

CC

- Safdey@amazon.com



JOHNSON COUNTY HEALTH DEPARTMENT  
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Establishment name <del>Amazon</del> <del>AVI</del> <del>Amazon-Sing~</del> <del>Market C</del>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 11/20/25	ID# 2843
Establishment address 305 chaney Ave Creenwood IN 46143	Purpose: 1. Routine 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"/> B <input checked="" type="checkbox"/> de <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

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Received by (name and title printed):

Received by (name and title printed):  
**Shelly Hinman** ops. mngr.  
Received by (sign and date):

Received by (signature):

Received by (signature):  
Shelly Hinman

CC:

CC:

Inspected by (name and title printed):

Paul Belknap et al.

Inspected by (signature):

inspected by (signature):  
*Paul Settimi*  
cc:



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Be.  
11/18

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

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Establishment name <u>AVI-Asin Logistics</u>		Telephone Number	Date of Inspection	ID#
Establishment address 187 Bartram Pkwy Franklin IN 46131		( <input type="checkbox"/> ) Establishment ( <input type="checkbox"/> ) Owner	11/13/25	2721
Owner		Purpose:  <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 —	Release Date
Owner address		Summary of Violations:		
Person in charge		<i>Core</i> <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> D		
Responsible person's email		Menu Type (See back of page)		
Certified food handler		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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Received by (name and title printed):

Received by (name and title):  
Robert Reese G.M.

Received by (signature):

✓ (L.S.)

Inspected by (name and title printed):

Paul Belcher EHS

Inspected by (signature):

Paul Betiku

CC:

CC:

CC



JOHNSON COUNTY HEALTH DEPARTMENT  
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*cancel* 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 <del>Cooper-tive Avi</del> <del>Franklin</del>	Telephone Number	Date of Inspection	ID#
Establishment address <del>2450 Whiteland Rd</del> <del>Whiteland</del> IN 46143	( <input type="checkbox"/> ) Establishment ( <input type="checkbox"/> ) Owner	11/20/25	2975
Owner <del>500 BARTRAM PKWY.</del>	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)  Core D of D P R N E R O	Follow-up	Release Date —
Owner address	Summary of Violations:		
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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Received by (name and title printed):

Shelly Hinman ops. Mgr.

Received by (signature):

Received by (signature):  
Shelly Hinman

cc:

CC:

Inspected by (name and title printed):

Paul Betsch EHS

Inspected by (signature):

Inspected by (signature):  
*Paul Betrone.*

C



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Establishment name <b>DHL - AVI-DHL Supply Chain</b>	Telephone Number Establishment Owner	Date of Inspection u/20/25	ID# 2690
Establishment address <b>186 Bob Cridgeen Blvd 2W</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date
Owner	Summary of Violations:  <b>cons ① ff ① R ①</b> <b>① we ① R</b>		
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"/>		

- 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):

Received by (name and title printed):  
Shelly Hinman

Ops. Mngr.

Received by (signature):

Received by (signature):  
Sue Oly Hinman  
cc: \_\_\_\_\_ cc: \_\_\_\_\_

CC:

Inspected by (name and title printed):

Paul Bettis

Inspected by (signature):

Paul B. St. Luc

etc.



JOHNSON COUNTY HEALTH DEPARTMENT  
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INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131  
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Beth  
11/20

**AVI-L&E Engineering LLC Greenwood**

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 <del>ACE</del> <b>Engineering</b> <del>Greenwood</del> <b>AVT</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/20/25</b>	ID# <b>2972</b>
Establishment address <b>254 N Curahaw Rd Greenwood IN 46143</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <b>—</b>	Release Date
Owner	Summary of Violations:  <b>core</b> <b>PF</b> <b>D</b> <b>P</b> <b>O</b> <b>C</b> <b>NC</b> <b>R</b>		
Owner address			
Person in charge			
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <b>2</b> <b>✓</b> 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):

Received by (name and title printed): Shelly HINMAN ops. mngr.  
Received by (signature):

Received by (signature):

Received by (signature):  
*Shelly Brinman*

CC:

CC:

Inspected by (name and title printed):

Paul Bettencourt  
Inspected by (signature):

Inspected by (signature):

inspected by (signature):  
*Paul B. Bixby*  
cc:

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