

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>Barnes &amp; Nobles #2329</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/6/25</b>	ID# <b>1268</b>
Establishment address <b>1251 US 31 Currenwood IN 46142</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date
Owner		Summary of Violations:  core <input checked="" type="checkbox"/> pf <input checked="" type="checkbox"/> p <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <b>Jacqueline Finney Food Safety manager 9/28</b>		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"

[illegible]

Received by (name and title printed): Jemiker Aguilar	Inspected by (name and title printed): Paul Bertin EHS
Received by (signature): Jemiker Aguilar	Inspected by (signature): Paul Bertin
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

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 <b>Cheesecake Factory</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/3/25</b>	ID# <b>1291</b>
Establishment address <b>1251 US 31 N. Greenwood, IN</b>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>11/13/25</b>
Owner <b>Corporate</b>		Summary of Violations: <b>P pf Core</b> <b>e 1 NC 0 R 6</b>	
Owner address <b>46142</b>		Menu Type (See back of page) <b>1 2 3 4 ✓ 5</b>	
Person in charge <b>Evans Warrior</b>			
Responsible person's email <b>(ServSafe Exp)</b>			
Certified food handler <b>Bradley B.</b>	<b>11/28/26</b>		

- 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
286	Core	(A)	Hobart floor mixer neck is peeling paint	11/13/25
		(B)	Fraulsen reach-in-coolers contain rusty interior shelving	1
442	Core	✓	Produce and Production walk-in-coolers contain worn and/or peeling paint on the interior	5/5/26
363	Core	(A)	Clean side of mechanical dish machine table contains a loose drain pipe	11/4/25
		(B)	Mechanical dish machine drain pipe (at center bottom) is unhooked	1
286	Core		Heavy ice build-up inside of the walk-in-freezer	11/13/25
286	Core		Walk-in-freezer interior shelving (some) are rusty	12/30/25
354	P		Mop sink faucet with atmospheric vacuum breaker (AVB) contains a y-valve with shut offs	11/6/25
442	Core		Grout repair need in bar area, Expo Area, and dish area	12/31/25

Received by (name and title printed):  
**EVANS WARRIOR**

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

Received by (signature):

Inspected by (signature):

cc:

cc:



cc:

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.1, 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>CHILL'S Grill &amp; Bar</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 11/4/25	ID# 2292
Establishment address 2299 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/14/25
Owner		Summary of Violations:	
Owner address		OP / OPF / 3 CORRECTIONS	
Person in charge TOMY SUNDHEIMER			
Responsible person's email		Menu Type (See back of page) 1    2    3 * 4    5	
Certified food handler TOMY SUNDHEIMER	(SERVSAFE)		

- 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): TOMY SUNDHEIMER - MANAGER FRONT OF HOUSE		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
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

Belton  
11/18

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 China Wok	telephone	Date of Inspection 11/14/2025
Establishment address 200 S. Emerson Ave Greenwood In	Summary of Violations <b>1 P 2PF 8 CORE</b>	
Owner SHANYULIN999@GMAIL.COM	Follow-up Yes	Release Date 11/24/2025
Person - in - Charge Wen Hai Lin	Certified Food Handler Wen Hai Lin	Purpose: Routine
Establishment Identification # 2417	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/C	R?	Violation Observed:	To be Corrected by:
272	Core	yes	Chest freezers are not commercial grade equipment	When replaced
443	core		Area between the fryer and work table is heavily soiled with grease and grime. ( Black gas line is heavily soiled)	11-27-25
306 ©	core		The outside of the large chest freezer in back is soiled on the outside under the lid.	11-27-25
212	Pf		Numerous egg rolls were out cooling in the kitchen at room temperature.	11-14-25
420	core		Restroom door was left open.	11-14-25
306	pf		The rice cooker was very soiled with baked on grease residue.	11-14-25
260b	core		Thermometers were not visible in the chest freezers.	11-21-25
459	P		Hot shot insecticide was located in the kitchen.. This produce is not allowed for commercial use.	11-14-25
306	core		The wok stand is very soiled.	11-21-25
306	core		The microwave oven door is very soiled.	11-14-25
279	core		The food probe thermometer was not functioning. The thermometer is very soiled.	11-14-25
			A 30 day follow up inspection will be conducted.	

Wenhai Lin  
Establishment Representative

Terry Bayless  
Inspected by: Terry Bayless, EHS  
[tbayless@co.johnson.in.us](mailto:tbayless@co.johnson.in.us)

Beky  
11/12



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 **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 Circle K #4700003		telephone 317-738-4744		Date of Inspection 11/6/2025	
Establishment address 349 North Morton Street, Franklin IN 46131			Summary of Violations 0P, 0PF, 2Core		
Owner Mac's Convenience Stores LLC			Follow-up No		Release Date 11/16/2025
Person - in - Charge 4700085@circlek.com		Certified Food Handler		Purpose: Routine	
Establishment Identification # 0153		County Johnson		District D5	
				Menu Type 2-Limited menu	

- **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:
363	Core		Observed the following leaks: 1. 3 compartment sink leaks at the faucet 2. Mop sink AVB leaks	
442	Core		The following items are soiled: 1. Drink walk in cooler right two shelving units 2. Drink walk in cooler fan covers 3. Walk in cooler floor under shelves 4. Walk in freezer floor under shelves 5. Ceiling vent covers	

*[Signature]*  
Establishment Representative

*[Signature]*


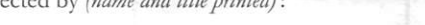
Inspected by: Cassi Hall, EHS  
(317) 346-4371 [chall@co.johnson.in.us](mailto:chall@co.johnson.in.us)

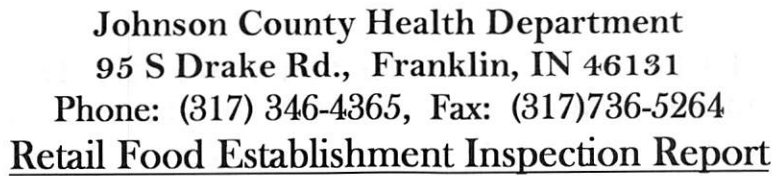
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Circle K #4702395</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>3/24/25</i>	ID# <i>1694</i>
Establishment address <i>989 us 31 white land</i>	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)	Follow-up	Release Date
Owner <i>JH</i>		Summary of Violations: <i>2 / core</i>	
Owner address		C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler			

- 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):	Inspected by (name and title printed):
Received by (signature): 	Inspected by (signature): 
cc:	cc:



Bekm  
11/4

Establishment	Coffee House Five <i>Bargersville</i>	telephone	Date of Inspection 11/3/2025
Establishment address	10 Plummer Ave. Bargersville, IN		Summary of Violations <b>1 core</b>
Owner		Follow-up <b>No</b>	Release Date 11/3/2025
Person - in - Charge <a href="mailto:brian@coffeehousefive.com">brian@coffeehousefive.com</a> <a href="mailto:michelle@coffeehousefive.com">michelle@coffeehousefive.com</a>	Certified Food Handler	Purpose:  Routine	Menu Type 1- Limited menu
Establishment Identification # 2656	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”

[illegible]

Emily Keenness

Inspected by: Terry Bayless, EHS  
Terry Bayless  
tbayless@cedar-rapids.org



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

Bekm  
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	Culvers <i>Greenwood</i>	telephone	317-300-0019	Date of Inspection	11/7/2025
Establishment address	1142 N Emerson Ave., Greenwood IN 46143			Summary of Violations	<b>0P, 0PF, 3Core</b>
Owner	Mike Andrea Flosi			Follow-up	No
Person - in - Charge	culversemerson@gmail.com			Purpose:	Menu Type
Establishment Identification #	2171	County	Johnson	Routine	3-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:
286	Core		The ice machine front interior corner is damaged	1-1-26
436	Core		Observed a light out in the walk in freezer - Observed ice build up	1-1-26
363	Core		Observed the following leaks 1. The 3 compartment sink at faucet connection 2. The cook-line hand washing station at faucet connection	1-1-26
299	P		Dish machine sanitizer solution observed less than 10 ppm - Observed dishes in the machine	Corrected at time of inspection

Establishment Representative

Inspected by: Cassi Hall, EHS  
(317) 346-43731 [chall@co.johnson.in.us](mailto:chall@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

Betsy 11/4

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>DALES a FAMILY RESTAURANT</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/4/25</b>	ID# <b>2524</b>
Establishment address <b>1071 W JEFFERSON ST. FRANKLIN, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>11/14/25</b>
Owner		Summary of Violations: <b>OP / O PF / 6 CORE</b>	
Owner address		Menu Type (See back of page) 1 2 3 <b>4 X</b> 5	
Person in charge <b>PHILIP LADD</b>			
Responsible person's email			
Certified food handler <b>PHILIP LADD (SERVSAFE EXP. 1/17/27)</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"

Section #		Narrative	To Be Corrected by
443	(CORE) (C)	FLOOR NOT CLEAN IN AREAS OF ICE <del>MAKER</del> MAKER 11/8/25 BACK DISHWASHER, FLOOR DRAIN BY DISHWASHER, NEXT TO WALL UNDER EQUIPMENT IN KITCHEN	
306	(CORE) (C)	INSIDE TOP OF ICE MAKER NOT CLEAN	11/8
407	(CORE) (C)	FLOOR COUING MISSING IN AREA	12/10
400	(CORE) (C)	OUTSIDE DUMPSTER LIDS NOT CLOSED	11/5
(NOTE)	(C)	SEVER ODORS NOTICED IN WOMEN'S RESTROOM	CHECK 11/5
306	(CORE) (C)	WALK-IN COOLER - SHELVING NOT CLEAN, FLOOR NEXT TO WALL UNDER SHELVING NOT CLEAN	11/8
432	(CORE) (C) X	HANDSINKS - HANDWASHING SIGNAGE NOT POSTED	11/6
(NOTE)	(C)	BACK DOOR NOT CLOSING TIGHTLY	12/11

Received by (name and title printed):

**Philip Ladd**

Inspected by (name and title printed):

**Bob Smith EAS**

Received by (signature):

**Philip Ladd**

Inspected by (signature):

**Bob Smith**

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

7-26 AM

Best  
11/18

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>Denny's #8559</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>10/13/25</b>	ID# <b>2745</b>
Establishment address <b>4982 N 350 E. Whiteland, IN 46184</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>11/23/25</b>
Owner		Summary of Violations: <b>P O pf Core</b> <b>e O NC O X 6</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>Rosa Sears</b>			
Responsible person's email <b>(ServSafe)</b>			
Certified food handler <b>Rosa Sears (Exp 8/2/28)</b>			

• 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
306	Core		Dump sink for coffee is leaking from the bottom gasket	11/23/25
443	Core		Floors soiled in areas	11/23/25
450	Core		Numerous live small winged insects seen under coffee dump sink	11/18/25
442	Core		Ceiling tiles missing and/or damaged, including ceiling in the kitchen, dessert bar, and coffee bar	11/25/25
442	Core		Shout repair needed in coffee bar and interior threshold of the walk-in freezer	12/1/25
443	Core		Floor drain soiled for mechanical dish machine	11/25/25

Received by (name and title printed): <b>Rosa Sears - Gm</b>	Inspected by (name and title printed): <b>Andrew Miller</b>
Received by (signature): <b>Rosa M. Sears</b>	Inspected by (signature): <b>Andrew Miller</b>
cc:	cc:

Beky  
12/11

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 Dollar Tree #08692		telephone		Date of Inspection 11/24/2025	
Establishment address 787 N US 31 Whiteland			Summary of Violations 0,0,0		
Owner			Follow-up No		Release Date 12/4/2025
Person - in - Charge		Certified Food Handler		Purpose: Routine	Menu Type 1- Limited menu
Establishment Identification # 2461	County Johnson	District D5			

- Violation(s) repeated from previous inspections are denoted in the “summary of violations” & in the narrative below as “R”

Sec#	P/PI/C	R?	Violation Observed:	To be Corrected by:
			Nothing to Note	



Establishment Representative

Inspected by: Carolyn E. Heener E.H.S.  
317-868-8819 cfeener@JohnsonCounty.in.gov



Belen  
11/21

**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 **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	Don Cuervo <i>Restaurant</i>	telephone	317-360-6558	Date of Inspection	11/20/2025
Establishment address	4800 West Smith Valley Road, Greenwood IN 46142			Summary of Violations <b>3P, 3PF, 2Core</b>	
Owner	Don Cuervo Restaurant INC			Follow-up Yes	Release Date 11/30/2025
Person - in - Charge	Certified Food Handler Jason Lopez			Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification #	1989	County	Johnson	District	D5

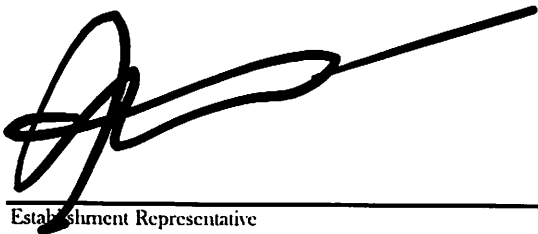
- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
213	P	x	Observed many large metal pans of queso internal food temperatures date marked with a red sticker "Wed" located in the walk-in cooler <ul style="list-style-type: none"><li>- 72°F</li><li>- 67°F</li><li>- 65°F</li></ul>	Vol. discarded
213	P		1. Observed the following internal food temperature inside the flip top cooler <ul style="list-style-type: none"><li>- portioned plastic bags of chicken @ 45°F</li><li>- Portioned plastic bags of beef @ 44°F</li></ul> 2. Observed the queso hot holding in the hot well @ 133°F <ul style="list-style-type: none"><li>- Employee stated it was prepared at 11:00 a.m.</li></ul>	Recommend discarding
173	P		1. Observed raw beef stored above previously cooked mushrooms located in the bottom of the flip top cooler 2. Observed raw beef stored above onions located in the walk-in cooler	11-20-25
212	PF		Observed a large pan of queso @ 79°F appears to be cooling at room temperature on the prep table <ul style="list-style-type: none"><li>- Employee put the product in an ice bath</li></ul>	11-20-25
348	P	x	No air gap at the bar ice bin	11-24-25
456	PF	x	Many spray bottles not labeled	11-21-25
281	PF		Observed no chlorine test kit for sanitizer solution	11-24-25
307	Core		1. The exhaust hood system above the flat top grill is soiled 2. The exhaust hood system above the fryer across from the walk-in cooler is soiled	11-24-25

Establishment Representative

Inspected by: Cassi Hall, EHS  
(317) 346-43731 [chall@co.johnson.in.us](mailto:chall@co.johnson.in.us)

443	Core	Floors and walls are soiled throughout establishment - Detail cleaning is needed	11-24-25
	Note	Observed wet rags stored on the countertop - not in the sanitizer solution	
		Note: 1. Knife storage box is slightly soiled 2. Remove all cardboard and foil - not easily cleanable 3. The top left door gasket is split/worn at the flip top cooler	



Establishment Representative



Inspected by: Cassi Hall, EHS  
(317) 346-43731 [chall@co.johnson.in.us](mailto:chall@co.johnson.in.us)