



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131

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

→ EAGLE Two Golf Center

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"

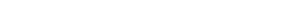
Received by (name and title printed):

Inspected by (name and title printed):

100

KEWU R

CC

CC:  CC:

66

cc:

Beth  
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.

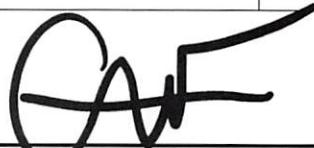
establishment Energy Spot 360 Greenwood	telephone	Date of Inspection 11/24/2025
Establishment address 3100 Meridian Park Drive		Summary of Violations 0,0,0
Owner	Follow-up No	Release Date 12/4/2025
Person - in - Charge	Certified Food Handler	Purpose: Routine
Establishment Identification # 2584	County Johnson	Menu Type 1- Limited menu

- 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:
			Monitor Temps	
			No violations observed	

Establishment Representative

Inspected by: Carol Cleener E.H.S.  
317-868-8819 cleener@JohnsonCounty.in.gov





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RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131

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

Bekm  
M/12  
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 <b>Five Guys Burgers &amp; Fries</b>	Telephone Number (317) 429-1778.	Date of Inspection 11-6-25	ID# 3001
Establishment address <b>1146 N Emerson Ave</b>	( ) Owner		
Owner <b>William Geller</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>11-16-25</b>
Owner address	2. Follow-up	Summary of Violations:	
Person in charge	3. Complaint	<b>O</b> <b>NC</b> <b>R</b>	
Responsible person's email <b>Emerson@gellerthg.com</b>	4. Pre-Operational	<b>O</b> <b>NC</b> <b>R</b>	
Certified food handler <b>Duncan Fritz (10/2/18)</b>	5. Temporary	<b>O</b> <b>PF</b> <b>Core</b>	
	6. HACCP	Menu Type (See back of page)	
	7. Other (list)	1 <b>2</b> 3 <b>X</b> 4 <b>5</b>	

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED **CRITICAL**

- 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):

B-11 (continued)

cc:

CC:

Inspected by (name and title printed):

Cassi Hall

Inspected by (signature):

Costs

CC:



Benton  
11/20

**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	Four Seasons <i>Restaurant</i>	telephone	Date of Inspection
		317-859-1985	11/19/2025
Establishment address	1140 N State Road 135, Greenwood IN 46142		
Owner	George Potamousis		
Person - in - Charge	Steve margaritabg@comcast.net	Certified Food Handler Nick Potamousis	Purpose: Routine
Establishment Identification #	0324	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:
221	Core	x	Bulk sugar container lid is broken/damaged	12/1/25
443	Core		Grout is missing in many areas of the kitchen	1/1/26
212	PF		1. Observed potato soup in a large plastic container @ 103°F cooling on the prep-table 2. Observed what appeared to be vegetable soup in a large plastic container @130°F cooling on the prep-table Manager stated the soups were made around 2:00 p.m.	11/19/25
363	Core		1. Observed the jet spray leaking located by the dish machine 2. 3 compartment sink leaks at right faucet handle connection	12/1/25
214	PF		Date marking not observed on ready to eat TCS food products located in the walk-in cooler	11/23/25
286	Core		Observed sour cream @ 42°F located in the two door display cooler - Doors are not tight fitting, creating a gap/hole - Cooler needs repaired	12/1/25
306	Core		1. Exhaust hood filters above the flat top grill is soiled 2. Many shelving units are soiled/rusty	12/1/25
			Notes: 1. Sour Cream located in a small plastic containers with a lid @ 58°F - Manager stated the containers were made at 2:00 p.m. - they added more ice to the "ice bath" 2. Continue to detail clean	

*Staci Weber*  
 Establishment Representative

*Callahan*  
 Inspected by: Cassi Hall, EHS  
 (317) 346-43731 [chall@JohnsonCounty.in.gov](mailto:chall@JohnsonCounty.in.gov)



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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 <u>GAUCHE'S PIZZA</u>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <u>11/13/25</u>	ID# <u>2033</u>
Establishment address <u>1273 BLUFF RD Greenwood</u>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>-</u>	Release Date <u>11/23/25</u>
Owner <u>Nick Himes</u>	Summary of Violations:  <u>C P NC ✓ R</u>		
Owner address <u>1273 Bluff Rd Greenwood, IN 46226</u>			
Person in charge <u>Nick Himes / David Himes</u>			
Responsible person's email <u>nick.himes@outlook.com</u>	Menu Type (See back of page)		
Certified food handler	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" 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*):

+ DAVID R. HINES

Received by (signature):

Received by (signature):

Inspected by (name and title printed):

KEVIN R. PAULIN

Inspected by (signature):

pected by (signature):  
  
c:

CC:

CC:

CC3



**JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

95 S. DRAKE ROAD  
FRANKLIN IN 46131

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

Bethel  
11/12

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>Gordon Food Service</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>11-7-25</b>	ID# <b>6480</b>
Establishment address <b>790 N US 31 Greenwood IN 46142</b>	Purpose:  <b>1. Routine</b> <b>2. Follow-up</b> <b>3. Complaint</b> <b>4. Pre-Operational</b> <b>5. Temporary</b> <b>6. HACCP</b> <b>7. Other (list)</b>	Follow-up	Release Date <b>11-17-25</b>
Owner	Summary of Violations:  <b>C O NC D R</b> <b>PF Core</b>		
Owner address			
Person in charge			
Responsible person's email <b>Tim.Kelberer@GFS.com</b>	Menu Type (See back of page)		
Certified food handler	1 <input checked="" type="checkbox"/> 2 <input 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".
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Received by (name and title printed):

Tim Kelberer

Received by (signature):

*[Signature]*

cc:

CC:

Inspected by (name and title printed):

Inspected by (name and title print)  
Cassi Hall  
Inspected by (signature): 

Inspected by (signature)

*Cass Hall*

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

BXK/M  
11/12

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 <b>GREEKS PIZZERIA &amp; TAPP Room</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/6/25</b>	ID# <b>1909</b>
Establishment address <b>18 E JOFFERSON ST, FRANKLIN, IN</b>	Purpose: <b>1. Routine</b>	Follow-up	Release Date <b>11/6/25</b>
Owner <b>J. TAPP</b>	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	<b>OP / 1 PF (4 core)</b>	
Person in charge <b>LILAH MYERS</b>	4. Pre-Operational	<b>2</b>	
Responsible person's email	5. Temporary	<b>3</b>	
Certified food handler <b>JASON TAPP</b>	6. HACCP	<b>4 X 5</b>	
Menu Type (See back of page)			

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Section #	Narrative	To Be Corrected by
286 (C)	2 DOOR REFRIGERATOR, 2 DOOR REFRIGERATOR BY 3 COMPARTMENT SINK DOOR GASKETS WORN	10/6/25
281 PF	CHEMICAL TEST PAPERS ARE EXPIRED	11/21/25
247 (C)	SOME CHEST FREEZERS IN BISCUIT NOT PROVIDED WITH THERMOMETERS	11/20
247 (C)	FLOOR IN BAR UNDER EQUIPMENT NOT CLEAN / next to WALL	11/10
NOTE	BAR TENDER USING CUP TO DISPENSE SO FROM SCO BIN	11/8
432 (C)	HAND WASHING SIGNAGE NOT PROVIDED AT HAND SINKS	11/8
NOTE	MOP SINK - HOSES CONNECTED TO MOP SINK FAUCET WITH SPLITTER VALVE	

Received by (name and title printed):

**Lilah Myers, operations manager**

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***Bethany  
11/4*

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	Telephone	Date of Inspection
Hardees		11/3/2025
Establishment Address	1001 N 31 Whiteland IN	
Owner	1501064@falconholdings.com	
Person - in - Charge	Certified Food Handler Marise Herrera Rivero	Purpose: Routine
Establishment Identification # 1873	County Johnson	District D5
Summary of Violations <b>1 pf, 4 core</b>		Release Date 11/3/2025

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
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Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
216	pf		Tomatoes on the prep line are not labeled for time temperature control.	11-3-25
430	core		No hand towels at the kitchen hand sink	11-3-25
430	core		No hand towels at the men's restroom.	11-3-25
447	core		Maintenance items are not stored neatly. Mop was not hung up to dry	11-3-25
407	core		The freezer floor is rusted	6 months

Establishment Representative

*nebels C.*Inspected by: *Terry Bayless*[tbayless@co.johnson.in.us](mailto:tbayless@co.johnson.in.us)



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RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD  
FRANKLIN IN 46131

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Beth M  
11/21

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 <i>HELPING HANDS OF TURNING POINT CHURCH</i>	Telephone Number Establishment Owner	Date of Inspection <i>11/20/25</i>	ID# <i>2225</i>
Establishment address <i>P.O. Box 188 FRANKLIN IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>11/30/25</i>
Owner <i>Bob TURNING POINT CHURCH</i>	Summary of Violations: <i>0 / 1 PF / 5 SCORE</i>		
Owner address			
Person in charge <i>RICHARD RIDGEWAY</i>			
Responsible person's email			
Certified food handler	<i>1 2 3 4 5</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 #	Narrative	To Be Corrected by
<i>NOTE</i>	<i>PREPARED AND FROZEN FOOD IN FREEZER DATED MARKED 4/25</i>	<i>DISCARDED 11/20/25</i>
<i>260 OF</i>	<i>FREEZER #3 - THERMOMETER NOT SEEN</i>	<i>(CORRECTED)</i>
<i>183 COR</i>	<i>ICE SCOOP HAD TO IN CONTACT WITH ICE IN ICE MAKER</i>	<i>NO CORRECTED 11/20</i>
<i>281 COR</i>	<i>CHLORINE TEST PAPERS EXPIRED</i>	<i>11/30/25</i>
<i>330 COR</i>	<i>CLEAN STOCK POT STORED ON TABLE</i>	<i>11/25</i>
<i>443 COR</i>	<i>FLOOR UNDER STOKE NEXT TO WALL NOT CLEAN</i>	<i>11/30</i>
<i>432 COR</i>	<i>HANDSINK - HANDWASHING SIGNUP NOT PROVIDED</i>	<i>11/30</i>

Received by (name and title printed):

*Richard Ridgeway Pastor*

Inspected by (name and title printed):

*Bob Smith EHS*

Received by (signature):

*Kelley*

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

Beth  
11/12

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>House of Tokyo</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/5/25</i>	ID# <i>515</i>
Establishment address <i>172 Melody Lane Greenwood IN 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>coreg PF O P R</i>	Follow-up <i>Yes</i>	Release Date
Owner address	Summary of Violations:		
Person in charge <i>Hai DUONG</i>	Menu Type (See back of page)		
Responsible person's email	1 2 3 4 <i>V</i> 5		
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"

Section #	C/NC	R	Narrative	To Be Corrected by
189	core		Food items inside walk-in freezer not 6" off the floor.	11/10/25
214	core		Sprout food product inside walk-in cooler not date marked.	ASAP
192	core		Some food items inside walk-in cooler are not covered & during prep.	11/10/25
176	core		Bulk food not labelled. "Rice" bulk food not worn.	
286	core		Door gasket upright cooler by the <del>wood</del> door gasket is worn.	
306	core		Fan is soiled.	
286	core		Door gasket at salad upright cooler is worn.	
306(c)	core		Ice-machine inner plastic layers is soiled.	11/9/25
NOTE:			Toilet seat at employee bathroom not open front.	
443	core		Bathroom floor both men & women restroom is soiled.	11/10/25
NOTE:			(i) Make sure new rice container is labelled, (ii) Mechanical dish washer sanitizer not <del>detected</del> detected.	

Received by (name and title printed):

*Hai DUONG*

Received by (signature):

*Hai DUONG*

cc:

Inspected by (name and title printed):

*Paul Belcher EHS*

Inspected by (signature):

*Paul Belcher*

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

Beth  
11/12

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-~~20~~, 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>LA COCINA Mexican Restaurant</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/16/25</b>	ID# <b>1673</b>
Establishment address <b>912 N MARTIN FRANKLIN, IN</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 <b>11/16/25</b>
Owner	Summary of Violations: <b>1 PF</b> <b>OP</b> <b>2 COR</b> <b>2</b> <b>3</b>		
Owner address			
Person in charge <b>GABRIEL MACEDO</b>			
Responsible person's email	Menu Type (See back of page)		
Certified food handler <b>AZ BERTO SZETO (SAFE 6/19/30 EXP)</b>	1 <b>4R</b> 2 3 5		

• 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
432	<b>(COR)</b>	<b>HANDSINKS - HANDWASHING SIGNAGE NOT POSTED</b>	<b>corrected</b> <b>11/6/25</b>
210	<b>(COR)</b>	<b>FROZEN PACKAGE OF BEEF BEING THAWED IN SINK WITHOUT RUNNING WATER</b>	<b>corrected</b> <b>11/6/25</b>
281	<b>(PF)</b>	<b>CHLORINE TEST PAPERS ARE EXPIRED</b>	<b>11/13/25</b>

Received by (name and title printed):

Inspected by (name and title printed):

**Bob Smith EHS**

Received by (signature):

Inspected by (signature):

**Gabriel Macedo H2**

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

BXCM  
11/11

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	La Herradura 2	Telephone	Date of Inspection
Establishment address	226 IN-135, Bargersville IN 46106		
Owner	Juan Quezada	Follow-up	Release Date
Person - in - Charge	Nestor Quezada Jackie	Certified Food Handler Juan Quezada (9/27/26)	Purpose: Routine
Establishment Identification #	2259	County Johnson	Menu Type 4-Extensive handling
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:
Note			Observed a bag of goat meat located in the walk in freezer - It appears the goat meat is an employee personal food product - needs removed	
213	P		Observed shredded beef in plastic bags @ 46°F located in the walk in cooler - Manager stated the beef was made 11-2-25	Recommend discarding all TCS Food
450	PF		Observed small flies in the kitchen and bar area	11-13-25
299	P		Observed the dish machine sanitizer solution less than 10 ppm	11-5-25
429	PF		Observed no soap at the bar hand sink - Hand soap wall device is broken	11-5-25
363	CORE		• 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 • The right handle is not functioning at the hand sink located next to the cook line	11-13-25

Jackie P.  
Establishment Representative

Indiana County Health Department  
(317) 346-43771 [cham@co.johnson.in.us](mailto:cham@co.johnson.in.us)

			<ul style="list-style-type: none"> <li>• The bar 4 compartment sink leaks at the middle bay drain line</li> </ul>	
443	CORE		<ol style="list-style-type: none"> <li>1. Sides of cooking equipment are soiled</li> <li>2. Exhaust hood system is soiled           <ul style="list-style-type: none"> <li>- Grease is leaking down the side</li> </ul> </li> </ol>	11-13-25
286	CORE		<ol style="list-style-type: none"> <li>1. True cooler located in the bar is not functioning</li> <li>2. The exhaust hood filters are not tight fitting</li> <li>3. The bottom of a metal colander is damaged located by the dish machine</li> </ol>	12-1-25
409	CORE		Ceiling is not smooth and easily cleanable in the bar and kitchen	1-1-26
430	PF		Observed no disposable towels located at the hand sink by the dish machine	11-5-25
234	CORE		Observed card board and foil lining shelving units <ul style="list-style-type: none"> <li>- Not easily cleanable</li> </ul>	12-1-25
238	PF		The green lime squeezer interior paint is missing	11-3-25
			Notes: <ol style="list-style-type: none"> <li>1. Observed pink wiping cloths hanging off the bar trash cans</li> </ol>	

*Cassi Hall*

*Attackie F.*



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95 S. DRAKE ROAD  
FRANKLIN IN 46131

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

Bekon  
11/20

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>Long John Silver's #70195</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/18/25</b>	ID# <b>2167</b>
Establishment address <b>2191 Independence Dr</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>11/28/25</b>
Owner address	Summary of Violations:		
Person in charge	<b>Core 14 Pf 2 P 2</b> <b>14 NC 2 R</b>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 2 3 <b>V</b> 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"

Section #	C/N/C	R	Narrative	To Be Corrected by
450	Core		Small wing flies observed in kitchen area - By hand sink & soda fountain.	11/18/25
443	Core		Floor is soiled in kitchen area, next to the wall & equipments by 3-bay sink	11/18/25
442	Core		Cove base is missing in the kitchen/wall worn in area	11/27/25
286	Core		Door gasket is worn in walk-in freezer & pass-through	12/18/25
286	Core		door not functioning properly & small refrigerator in	11/18/25
306	Core		plastic shelving is not clean in kitchen	11/18/25
363	Core		Hot water faucet missing in hand sink by prep-sink (ii) faucet handle is loose in women's restroom.	11/18/25
NOTE:			One corn container discard date is 11/13/25	Vol. Discarded
430	Pf		No paper towels in hand sink by 3-bay sink & men's restroom.	11/18/25
286	Core		Fried basket is worn.	11/18/25
216	Pf		SOP not provided for shrimp, chicken & fish.	11/18/25
348	P		No air-gap provided by drive-up window drain	(soda) 11/19/25
151	Core		One employee does not have facial restraint.	Corrected
306	Core		Small oven interior is "heavily" soiled and/or contained "heavily" debris	11/18/25

Received by (name and title printed):

**Catherine Crowley**

Inspected by (name and title printed):

**Bob Smith/Andrew Miller/paul B**

Received by (signature):

**Cath Crowley**

Inspected by (signature):

**Bob Smith/Andrew Miller/paul B**

cc:

cc:

cc:

# NARRATIVE REPORT

Establishment Name			Address	Greenwood	Inspection Date
Long John Silver's			2191 Independence Dr IN 46143		11/18/25
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
306	Core		Ice-bucket is cracked at the outer opening		11/18/25
284	Core		Caulking is insufficient at 3-bay sink, prep-sink & prep-table.		11/19/25
306	Core		Inner part of ice-machine is soiled.	11/19/25	Descale
316	P		Sanitizer bucket solution is insufficient	11/18/25	
285	Core		Display cooler at front register is not easily movable	12/1/25	

**NOTE:**

*Firm was ordered to close for a gross insanitary occurrence.*

Received By (Name & Title)	Inspected By (Name & Title)	Page <u>2</u> of <u>2</u>
Catherine Crosby	Paul Betiku EHS	



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  
11/20

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	
Luciana's Mexican Restaurant <i>Cantina</i>	317-743-8925	11/19/2025	
Establishment address	Summary of Violations		
1133 N SR 135, Greenwood IN 46142		<b>2P, 0PF, 2Core</b>	
Owner	Follow-up	Release Date	
	Yes	11/29/2025	
Person - in - Charge	Certified Food Handler	Purpose:	
	Daniel Lagunas 10/23/28	Routine	Menu Type
Establishment Identification #	County		4-Extensive handling
2220	Johnson	D.5	
Email:			
leticiatecuapetla@gmail.com			

- 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:
197	P		There appears to be a leak above the ice machine - Observed water leaking from ceiling tile and light above ice machine	11-20-25
175	P		Observed raw, diced pork stored above a box of lettuce in the produce walk-in cooler	11-19-25
213	P		Observed containers of salsa internal food temperature @ 45°F located in the two door, reach-in cooler	
442	Core		Floor tiles throughout establishment is damaged	12-1-25
363	Core	X	1. Prep-sink right handle is not functioning properly 2. Observed a leak at the jet spray connection located by the dish machine	12-1-25
			Notes: 1. Employees must wash hands before putting gloves on 2. Bar area was being cleaned during inspection	

Establishment Representative

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