

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

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

Establishment name EMUE GOLF CENTER	Telephone Number () Establishment () Owner	Date of Inspection 11/13/25	ID# 2733
Establishment address 2993 S GROVE BLVD	Purpose: ① Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/23/25
Owner Doug Short		Summary of Violations:	
Owner address St 205 - Burgersville		C _____ NC _____ R _____	
Person in charge Doug Short		Menu Type (See back of page)	
Responsible person's email		1 X 2 _____ 3 _____ 4 _____ 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"

[illegible]

Received by (name and title printed): X Doug Short	Inspected by (name and title printed): Kevin R. Paxon / EAS
Received by (signature): X [Signature]	Inspected by (signature): [Signature]
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 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:	Menu Type
Establishment Identification # 2584		County Johnson	District D5	Routine	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


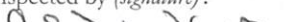

Inspected by: Carolyn E. Heener E.H.S.
317-868-8819 cfleener@JohnsonCounty.in.gov



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-736-5264

7-26

- 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"

Received by (name and title printed): 1 Mitchell	Inspected by (name and title printed): Cassi Hall
Received by (signature): 	Inspected by (signature): 
cc:	cc:



Betsy
11/20

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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	Four Seasons <i>Restaurant</i>	telephone	317-859-1985	Date of Inspection	11/19/2025
Establishment address	1140 N State Road 135, Greenwood IN 46142			Summary of Violations 0P, 2PF, 5Core	
Owner	George Potamousis			Follow-up Yes	Release Date 11/29/2025
Person - in - Charge	Steve margaritabg@comcast.net	Certified Food Handler	Nick Potamousis	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification #	0324	County	Johnson	District	D5

- 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:
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	

X Steve U...
Establishment Representative

Cass Hall

Inspected by: Cassi Hall, EHS
(317) 346-43731 chall@JohnsonCounty.in.gov



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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.


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[illegible]



Received by (name and title printed): + DAVID R. HINES		Inspected by (name and title printed): KEVIN R. PAULIN	
Received by (signature): + [Signature]		Inspected by (signature): [Signature]	
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 Gordon Food Service	Telephone Number () Establishment () Owner	Date of Inspection 11-7-25	ID# 648
Establishment address 790 N US 31 Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 11-17-25	Release Date
Owner		Summary of Violations: PO NC R 1 PF Core	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email Tim.Kalberer@GFS.com			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" 
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[illegible]

Received by (name and title printed): Tim Kelberer		Inspected by (name and title printed): Cassi Hall	
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

Buttm
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 GROOKS PIZZERIA & TAPP Room	Telephone Number () Establishment () Owner	Date of Inspection 11/6/25	ID# 1909
Establishment address 18 E JEFFERSON ST, FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/16/25
Owner J. TAPP		Summary of Violations: OP / 1 PF / 4 COR	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge LILAH MYERS			
Responsible person's email			
Certified food handler JASON TAPP			

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Section #		Narrative	To Be Corrected by
286	PF	2 DOOR REFRIGERATOR, 2 DOOR REFRIGERATOR BY 3 COMPARTMENT SINK DOOR GASKETS WORN	12/6/25
281	PF	CHEMICAL TEST PAPERS ARE EXPIRED	11/21/25
247	COR	SOME CHEST FREEZERS IN BASEMENT NOT PROVIDED WITH THERMOMETERS	11/20
247	COR	FLOOR IN BAR UNDER EQUIPMENT NOT CLEAN / NEXT TO WALL	11/10
NOTE	X	BAR TENDER USING CUP TO DISPENSE ICE FROM ICE BIN	11/8
432	COR	HAND WASHING SIGNAGE NOT PROVIDED AT HAND SINKS	11/8
NOTE	X	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):

[Signature]

Inspected by (signature):

[Signature]

cc:

cc:

cc:



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Retail Food Establishment Inspection Report

Beky
11/4

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.

establishmentHH	Hardees	telephone	Date of Inspection
Establishment add	1001 N 31 Whiteland IN	Summary of Violations	11/3/2025
Owner	1501064@falconholdings.com	Follow-up	Release Date
Person - in - Charge	Certified Food Handler Marise Herrera Rivero	No	11/3/2025
Establishment Identification #	County	Purpose:	Menu Type
1873	Johnson	Routine	3-Extensive handling
	District		
	D5		

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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 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

newberr C.
Establishment Representative

Terry Bayless
Inspected by: Terry Bayless, EHS

tbayless@co.johnson.in.us



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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Betsy
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 HELPING HANDS OF TURNING POINT CHURCH	Telephone Number () Establishment () Owner	Date of Inspection 11/20/25	ID# 2225
Establishment address P.O. BOX 158 FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 11/30/25	Release Date 11/30/25
Owner TURNING POINT CHURCH		Summary of Violations: 0 / 1 PF / 5 CORP	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge RICHARD RIDGEWAY			
Responsible person's email			
Certified food handler			

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Section #		Narrative	To Be Corrected by
NOPE		PREPARED AND FROZEN FOOD IN FREEZER DATED MARKED 4/25	discarded 11/20/25
260 OF 183	PF	FREEZER #3 - THERMOMETER NOT SEEN	(CORRECTED)
		ICE SCOOP HANDLE IN CONTACT WITH ICE IN ICE MAKER	corrected 11/20
281	CORP	CHLORINE TEST PAPERS EXPIRED	11/30/25
330	CORP	CLEAN STOCK POT STORED ON TOWEL	11/25
443	CORP	FLOOR UNDER STOVE NEXT TO WALL NOT CLEAN	11/30
432	CORP	HANDSINK - HANDWASHING SIGNAGE NOT PROVIDED	11/30

Received by (name and title printed): Richard Ridgeway Pastor	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Bethu
11/12

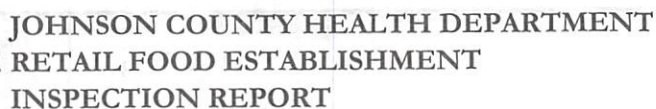
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name House Of Tokyo	Telephone Number () Establishment () Owner	Date of Inspection 11/5/25	ID# 515
Establishment address 172 melody lane Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date
Owner		Summary of Violations: core 9 PF 0 P 0 C NC R	
Owner address		Menu Type (See back of page) 1 2 3 4 V 5	
Person in charge Hai Vuong			
Responsible person's email			
Certified food handler			

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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		Spilled 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 lid worn.	
286	core		Door gasket upright cooler by the ^{over} door is worn.	
306	core		Fan is soiled.	
286	core		Door gasket at salad upright cooler is worn	
306	core		Ice-machine inner plastic layers is soiled.	11/7/25
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 detected detected.	

Received by (name and title printed): Hai DUONG	Inspected by (name and title printed): Paul Beticu EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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

Establishment name LA COCINA Mexican Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 11/6/25	ID# 1673
Establishment address 912 N MARTIN FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/16/25
Owner		Summary of Violations: OP 1PF 2 CORO	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge GABRIEL MACEDO			
Responsible person's email			
Certified food handler AZBERTO SIXTO (See USAF 6/19/30 EXP)			

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[illegible]

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC:

CC:

Bukem
11/4



Johnson County Health Department
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Retail Food Establishment Inspection Report

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establishment	La Herradura 2	telephone	317-422-8226	Date of Inspection	11/3/2025
Establishment address	226 IN-135, Bargersville IN 46106			Summary of Violations	2P, 4PF, 5Core
Owner	Juan Quezada			Follow-up	Yes
Person - in - Charge	Nestor Quezada Jackie	Certified Food Handler	Juan Quezada (9/27/26)	Purpose:	Menu Type
Establishment Identification #	2259	County	Johnson	Routine	4-Extensive handling
		District	D5		

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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		<ul style="list-style-type: none">• 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

Chad Hall
Inspector
(317) 346-4377
chad@co.joh.in.gov

			<ul style="list-style-type: none"> The bar 4 compartment sink leaks at the middle bay drain line 	
443	CORE		1. Sides of cooking equipment are soiled 2. Exhaust hood system is soiled - Grease is leaking down the side	11-13-25
286	CORE		1. True cooler located in the bar is not functioning 2. The exhaust hood filters are not tight fitting 3. The bottom of a metal colander is damaged located by the dish machine	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 - Not easily cleanable	12-1-25
238	PF		The green lime squeezer interior paint is missing	11-3-25
			Notes: 1. Observed pink wiping cloths hanging off the bar trash cans	

Cassi Hall

A Jackie F.



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

Betsu
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 Long John Silver's #70195	Telephone Number () Establishment () Owner	Date of Inspection 11/18/25	ID# 2167
Establishment address 2191 Independence Dr	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 11/28/25
Owner Greenwood, IN 46143		Summary of Violations: Core 14 Pf 2 P 2 CL INC R	
Owner address		Menu Type (See back of page) 1 2 3 V 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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

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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		Core 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 kitchen	11/18/25
306	Core		plastic shelving is not clean in kitchen	11/18/25
363	Core		Cold water faucet missing in hand sink by prep-sink	11/18/25
			(i) paper towel handle is loose in women's restroom.	
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 Crostley

Received by (signature):

Cath Crostley

Inspected by (name and title printed):

Bob Smith / Andrew Miller / Paul Betsu

Inspected by (signature):

Bob Smith / Andrew Miller / Paul Betsu

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name			Address		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
316	P		Sanitizer bucket solution is insufficient		11/18/25
285	Core		Display cooler at front register is not easily movable		12/1/25
<p>NOTE: Firm was ordered to close for a gross unsanitary occurrence.</p>					
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
Catherine Crossley			Paul Betiku EHS		

Andrew Miller, EHS
Bob Smith EHS



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Betsy
11/20

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establishment Luciana's Mexican Restaurant <i>Cantina</i>	telephone 317-743-8925	Date of Inspection 11/19/2025
Establishment address 1133 N SR 135, Greenwood IN 46142	Summary of Violations 2P, 0PF, 2Core	
Owner	Follow-up Yes	Release Date 11/29/2025
Person - in - Charge	Certified Food Handler Daniel Lagunas 10/23/28	Purpose: Routine
Establishment Identification # 2220	County Johnson	District D5
Email: leticiatecuapetla@gmail.com		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:
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