



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

Bekal  
M/PZ

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 Marathon Mini Mart #2	telephone	Date of Inspection 11/6/2025
Establishment address 2120 E. King St. Franklin, In	Summary of Violations 0	
Owner	Follow-up No	Release Date 11/6/2025
Person - in - Charge	Certified Food Handler	
Establishment Identification # 1430	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”



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**Establishment Representative**

Terry Bayless  
inspected by: Terry Bayless, EHS

Inspected by: Terry Bayless, EHS

tbayless@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

Beth  
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>MARYE'S GRILL Express Mexican Food</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/17/25</b>	ID# <b>2705</b>
Establishment address <b>89 E JEFFERSON Franklin, IN</b>	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <b>OP MPF / core</b>	Follow-up <b>(YES)</b>	Release Date <b>11/27/25</b>
Owner	Summary of Violations:		
Owner address			
Person in charge <b>JUAN RODRIGUEZ</b>			
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 2 3 <input checked="" type="radio"/> 4 <input checked="" type="radio"/> 5		

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

• 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
212 (PF) *	COOKED REFRIED BEAN IN deep PLASTIC CONTAINER STORED IN SINK WITH WATER (TEMPERATURE ~56°F) TO COOL - QUICK CHILL METHOD NOT BEING CONDUCTED	corrected 11/17/25
456 (PF) *	SPRAY BUTTLES NOT LABELED AS TO CONTENTS IN FRONT AREA AND KITCHEN	11/19
185 (PF) *	WIPING CLOTH NOT STORED FOR SANITIZING SOLUTION BETWEEN USE IN KITCHEN	11/18
301 (PF) *	FRONT WIPING CLOTH SOLUTION EXCESSIVE GREATER THAN 200 ppm	11/18
281 (PF) *	CHEMICAL TEST STRIPS FOR CHLORINE NOT AVAILABLE	11/18
437 (COR) *	RESTROOM CEILING EXHAUST NOT FUNCTIONING	11/21
443 (COR) *	CEILING EXHAUST COVERS NOT CLEAN	11/21
279 (PF) *	PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT AVAILABLE	11/18
3418 (PF) *	AIR GAP NOT PROVIDED FOR CULINARY SINK	11/30
409 (COR) *	HOLE SEEN IN WALL IN KITCHEN	11/30

Received by (name and title printed):

**CS2**

Inspected by (name and title printed):

**Bob Smith EHS**

Received by (signature):

**CS2**

Inspected by (signature):

**Bob Smith**

cc:

cc:

cc:

Page 2

# NARRATIVE REPORT

LP2705

Received By (Name & Title)

C59

Inspected By (Name & Title)

Bob Smith Esq

Page 2 of 2

 <b>RETAIL FOOD ESTABLISHMENT INSPECTION REPORT Title 410 IAC 7-26</b> Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131			<b># of Risk Factor/Intervention Violations: 1P, 1PF, 5C</b>		<b># of Repeat Risk Factor/Intervention Violations: N/A</b>		<b>Release Date: 11/17/2025</b>	<b>Inspection Date: 11/5/2025 10:30 AM</b>									
Establishment Mc Donald's		Address 706 West Trafalgar Pointe Way		City Trafalgar		State IN	Zip 46181	Telephone 812-799-3724	Inspector Senisse								
Owner Ball Management Group		Purpose of Inspection Routine		Establishment Type Restaurant		Risk Category		email Andy.Ball@Partners.MCD.com									
Certification Click here to enter text.				Permit # 1451		PIC Ashley Stevens											
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																	
Choose designated compliance status (IN, OUT, N/O, N/A) for each numbered item      Mark "X" in appropriate box for COS and/or R IN = In Compliance   OUT = Not in Compliance   N/O = Not Observed   N/A = Not Applicable   COS = Corrected On-Site During Inspection   R = Repeat Violation																	
Compliance Status			COS	R	Compliance Status					COS	R						
Supervision								Time/Temperature Control for Safety									
1	IN	Person in charge present, demonstrates knowledge, & performs duties	<input type="checkbox"/>	<input type="checkbox"/>	17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food				<input type="checkbox"/>	<input type="checkbox"/>					
2	IN	Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>	18	IN	Proper cooking time & temperatures				<input type="checkbox"/>	<input type="checkbox"/>					
Employee Health								19	IN	Proper reheating procedures for hot holding				<input type="checkbox"/>	<input type="checkbox"/>		
3	IN	Management, food employee & conditional employee, knowledge, responsibilities & reporting	<input type="checkbox"/>	<input type="checkbox"/>	20	IN	Proper cooling time & temperature				<input type="checkbox"/>	<input type="checkbox"/>					
4	IN	Proper use of restriction & exclusion	<input type="checkbox"/>	<input type="checkbox"/>	21	IN	Proper hot holding temperatures				<input type="checkbox"/>	<input type="checkbox"/>					
5	IN	Procedures for responding to vomiting & diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	22	IN	Proper cold holding temperatures				<input type="checkbox"/>	<input type="checkbox"/>					
Good Hygienic Practices										24	IN	Time as a Public Health Control; procedures & records				<input type="checkbox"/>	<input type="checkbox"/>
6	OU T	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory												
7	IN	No discharge from eyes, nose, & mouth	<input type="checkbox"/>	<input type="checkbox"/>	25	IN	Consumer Advisory provided for raw/undercooked food				<input type="checkbox"/>	<input type="checkbox"/>					
8	IN	Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations												
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>	26	N/ A	Pasteurized foods used; prohibited foods not offered				<input type="checkbox"/>	<input type="checkbox"/>					
10	IN	Adequate handwashing sinks properly supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives & Toxic Substances												
11	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	27	IN	Food Additives; approved & properly used				<input type="checkbox"/>	<input type="checkbox"/>					
12	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	28	OU T	Toxic Substances properly identified, stored, & used				<input checked="" type="checkbox"/>	<input type="checkbox"/>					
13	IN	Food in good condition, safe, & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	29	N/ A	Compliance with variance/specialized process/HACCP				<input type="checkbox"/>	<input type="checkbox"/>					
14	IN	Required records available: molluscan shellfish identification parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures												
Protection from Contamination																	
15	IN	Food separated & protected	<input type="checkbox"/>	<input type="checkbox"/>													
16	IN	Food-contact surfaces; cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>													
GOOD RETAIL PRACTICES																	
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, & physical objects into foods																	
Mark "X" in box if numbered items is <b>not</b> in compliance      Mark "X" in appropriate box for COS &/or R      COS=corrected on-site during inspection      R=repeat violation																	

Compliance Status		COS	R	Compliance Status		COS	R				
<b>Safe Food &amp; Water</b>				<b>Proper Use of Utensils</b>							
30	<input type="checkbox"/>	Pasteurized eggs used where required		<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored		<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	Water & ice from approved source		<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled		<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	Variance obtained for specialized processing methods		<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used		<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>						46	<input type="checkbox"/>	Gloves used properly		<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	Proper cooling methods used: adequate equipment for temperature control		<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils, Equipment and Vending</b>					
34	<input type="checkbox"/>	Plant food properly cooked for hot holding		<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	Approved thawing methods used		<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips		<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	Thermometers provided & accurate		<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	Non-food contact surfaces cleaned		<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>						<b>Physical Facilities</b>					
37	<input type="checkbox"/>	Food properly labeled; original container		<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot & cold water available; adequate pressure		<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>						51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		<input checked="" type="checkbox"/>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	Insects, rodents, & animals not present		<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Sewage & wastewater properly disposed		<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display		<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned		<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	Personnel cleanliness		<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained		<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	Wiping cloths: properly used & stored		<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, & clean		<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	Washing fruits & vegetables		<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	Adequate ventilation & lighting; designated areas used		<input type="checkbox"/>	<input type="checkbox"/>
Inspection findings reviewed at time of inspection with Ashley Stevens, although the report was not complete & therefore Ms. Stevens could not sign. Emailed to owner 11/6/25, pm.						Follow-up:	Follow-up date: <a href="#">Click here to enter a date.</a>				
Person in Charge (Signature)			Date			Inspector (signature) 					

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail food Establishment Food Code.

Item#	P, Pf, C	Section Number & Narrative Report	Complete by Date:
28	P	Sec. 459 Home Raid observed stored on plumbing lines in mop sink area. Under no circumstances may you have home-style pesticides in your facility. Recommend discussing with your Certified Pest Control Operator	COS
38	Pf	Sec. 450 Flies were observed inside the facility.	12/6/25
47	C	Sec. 286 Both UHC cabinets malfunctioning; specifically the timers are no longer working. Establishment has the new cabinets in their store room, but are awaiting the certified technician to install the units so as to keep their warranty.	11/8/25
6	E	Note: Sec. 148 Observed employee drinking out of tumbler without a straw	11/5/25
51	P	Note: Sec. 354 Observed a jet spray nozzle on the end of the hose coming from the mop sink faucet provided with an atmospheric backflow prevention device. Spray nozzle removed – thank you. Recommend installing mop sink faucet with a backflow prevention device approved for use under "Continuous Pressure".	COS
55	C	Sec 442 Door seal broken on 1 door freezer to the left of the griddle Water heater appears to be leaking	12/6/25
55	C	Sec 443 Vent soiled above 1 door reach in freezer above & to the left of the griddle Soft Serve machine is soiled on top & in front – inside the built-in containers. Customer Soda drink station is soiled inside the cabinet as well as the floor under the unit.	12/6/25
55	C	Sec. 453 1 door "Tempering Cheese" reach in cooler is broken and no longer in use. Recommend removing broken, unnecessary items.	12/6/25

55	C	Sec 409 Floor by & under the Auto Dish machine and the Follett® Ice maker hold water. Standing water is an ideal breeding condition for insects such as flies. Recommend purchasing & using a squeegee, & repairing your water heater.	12/6/25
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## Published Comment:

Water temp at hand wash station 107°F

Sanitizer concentration in auto dish machine was adequate at time of inspection.

Observed employee taking temperatures & logging them.

Soft Serve mix in top hopper at 36°F

Chicken nuggets at 140°F in malfunctioning UHC cabinet

Cooked hamburger patties at 170°F in malfunctioning UHC cabinet.



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Belman  
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>Meijer Store # 132</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/05/25</i>	ID# <i>636</i>
Establishment address <i>150 South Martin Ave Greenwood IN 46142</i>	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:		
Owner address	<i>core 9 pf D P D</i>		
Person in charge <i>Jordan Wilson</i>	<i>e NOB a</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 2 3 4 <input checked="" type="checkbox"/> 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/NC	R	Narrative	To Be Corrected by
306/234	core		Hood vent at deli area is soiled - last cleaning service date 4/20/25.	11/12/25
286	core		Door gasket at few cooling unit are soiled.	11/10/25
249	core		Deli abatement walk-in cooler is soiled.	11/12/25
249	core		(1) Fans inside produce cooler is soiled. (1) Milk cooler fan is soiled. (1) Meat slicer cooler fan is soiled.	11/12/25
363	core		Bakery area mop sink pipe/ faucet is leaking ASAP	
363	core		there's a water leak at 3-bay sink in produce cooler.	
436	core		There's insufficient lighting by produce cooler entrance of the produce cooler).	11/10/25
436	core		Couple of lights are out at grocery frozen freezer	
443	core		Floor in few walk-in cooler & freezer are soiled. - milk cooler, meat cooler	

Received by (name and title printed):

*- Jordan Wilson*

Received by (signature):

*- Jordan Wilson*

cc:

cc:

Inspected by (name and title printed):

*Paul Betzke ETS*

Inspected by (signature):

*Paul Betzke*

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 7-21, 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>MJ ABUELITO #3</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>11/14/25</b>	ID# <b>2460</b>
Establishment address <b>2797 N MORTON 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 <b>—</b>	Release Date <b>11/14/25</b>
Owner	Summary of Violations: <b>OP / 2 PF / CORE</b> <b>—</b> <b>—</b> <b>—</b>		
Owner address			
Person in charge <b>JOSE GONZALEZ</b>	Menu Type (See back of page)		
Responsible person's email			
Certified food handler <b>JUAN QUEZADA SERVSAFE</b>	3/28/26 EXP)	1 <b>4X</b> 2 3 5	

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED 
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	Category	Narrative	To Be Corrected by
281	PF X	CHIMICAL TEST PAPERS EXPIRED	11/8/25
247	PF +	Thermometer NOT seen in BACK UPRIGHT Freezer	11/8
400	OPEN	OUTSIDE DUMPSTER LID NOT CLOSED	CORRECTED 11/4/25

Received by (name and title printed):

Jose Gonzalez

Received by (signature):

Received by (signature): *Miss M. Goyder* cc: cc:

Inspected by (name and title printed):

Bob Smith 2715

Inspected by (signature): 

660

cc:

CC2

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 M  
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>MI ABUELITO Mexican Restaurant</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/14/25</b>	ID# <b>2319</b>
Establishment address <b>377 E JEFFERSON 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 <b>(YES)</b>	Release Date <b>11/14/25</b>
Owner	Summary of Violations: <b>1 P / 1 PF / 6 core</b>		
Owner address			
Person in charge <b>Pedro macedo</b>			
Responsible person's email	Menu Type (See back of page)		
Certified food handler <b>✓ Jose CAMARINA SORIA (5/17/26 EXP)</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		

• 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
316 P	SANITIZER NOT detected on DISHWARE AFTER FINAL SANITIZATION RINSP AT MECHANICAL DISHWASHING	11/15/25
286 Core	STERLING IN WORK-IN COOLER CORRODED SELF CUTTING WORN	12/1
176 Core	BULK CONTAINERS OF SUGAR/SALT NOT LABELED	11/17
443 Core	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	11/17
420 Core	WOMENS RESTROOM DOOR NOT SELF-CLOSING	11/20
400 Core	OUTSIDE DUMPSTER LID NOT CLOSED	11/15
432 Core	HANDLINKS - HAND WASHING SIGNAGE NOT POSTED	11/18
456 PF	SPRAY BOTTLES OF CLEANER NOT LABELED	11/16

Received by (name and title printed):

**Pedro Macedo**

Inspected by (name and title printed):

**Bob Smith EHS**

Received by (signature):

Inspected by (signature):

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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BECKY  
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>MORNING POINT<sup>2</sup> of Franklin</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/14/25</b>	ID# <b>1211</b>
Establishment address <b>75 SOUTH MIFORD FRANKLIN, IN</b>	Purpose: <b>1. Routine</b>	Follow-up <b>—</b>	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 / 1 PF / 6 CORE</b> <b>8 10 12</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in charge <b>DANIEL KEINER</b>			
Responsible person's email			
Certified food handler <b>X</b>			

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

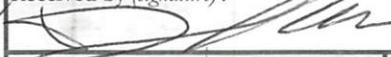
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C	R	Narrative	To Be Corrected by
407	CORE	X	FLOOR NEXT TO WALL/UNDER EQUIPMENT NOT CLEAN	11/20/25
281	PF	X	CHLORINE TEST KIT EXPIRED	11/18
306	CORE	X	TOP OF MECHANICAL DISTILLATION NOT CLEAN	11/18
407	CORE	X	WALL BEHIND MECHANICAL DISTILLATION NOT CLEAN	11/20
306	CORE	X	INSIDE TOP OF ICE MAKER NOT CLEAN	11/20
285	CORE	X	SMALL OUTST FREEZER NOT EASILY MOVEABLE	11/25
193	CORE	X	APPLES ON DISPLAY IN DINING ROOM NOT WRAPPED (ADEQUATELY PROTECTED)	11/15
<i>note</i> 3 compartment sink not in use				
<i>note</i> mqr. ADVISED THAT NOT CURRENT ON Food SAFETY CERTIFICATION / (11/19 TEST SCHEDULED)				

Received by (name and title printed):

**Daniel Keiner Food Service Director**

Received by (signature):

 **Food Service Director**

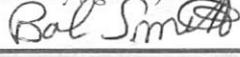
cc:

cc:

Inspected by (name and title printed):

**Bob SMITH EHS**

Inspected by (signature):



cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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95 S. DRAKE ROAD  
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Office 317-346-4365 Fax 317-736-5264

Below  
11/1

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 <del>RE</del> New King Buffet LLC	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection 10/2/25	ID# 3028
Establishment address 2239 N MORTON 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 11/12/25
Owner XULING WU	Summary of Violations: OP/1PF/8 CORE @ NO NO NO		
Owner address			
Person in charge DEFU CHEN			
Responsible person's email	Menu Type (See back of page)		
Certified food handler DEFU CHEN	1 2 3 4 <input checked="" type="checkbox"/> 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
351	PF	CLEANING ITEMS STORED IN HANDSINK BASINS (FRONT HANDSINK AND KITCHEN) HANDSINK	corrected 11/2/25
189	OP	some packages not stored off floor minimum 6 inches in walk-in freezer	11/6
234	OP	CARD BOARD BOX USED AS STORAGE NOT EASILY CLEANABLE	11/6
183	OP	ICE SCOOP STORED ON TOP OF ICE MAKER	11/4
363	OP	FRONT HANDSINK LEAK noted on handsink FAUCET	11/10
MH3	OP	INSIDE OF CABINETS NOT CLEAN (WASHI AND SIZAD BAR)	11/7
	OP	WOMENS RESTROOM - COVER FOR WASTE RECEPTACLE NOT PROVIDED	11/6
443	OP	FLOOR IN AREAS OF KITCHEN NEXT TO WALL UNDER SHELVES NOT CLEAN	11/6
183	OP	CLOUTERS/KNIVES STORED BETWEEN WORK TABLES IN KITCHEN	11/3

Received by (name and title printed):

DEFU CHEN

Received by (signature):

DEFU CHEN

cc:

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

Bob Smith

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

Bekannt  
11/12

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-14, 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>New Kumo Japaneso Restaurant</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>11/10/25</b>	ID# <b>1821</b>
Establishment address <b>1051 W Jefferson St. Frankfort, KY</b>	Purpose:  <b>1. Routine</b>	Follow-up —	Release Date <b>11/20/25</b>
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <b>OP/OPF/2 CORE</b> <del>      </del> <del>      </del> <del>      </del>	
Owner address			
Person in charge <b>YI LI</b>			
Responsible person's email			
Certified food handler <b>YI LI</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):  Yi Li	Inspected by (name and title printed):  Bob Smith	
Received by (signature):  Yi Li	Inspected by (signature):  Bob Smith	
cc:	cc:	cc:



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

Bethel  
12/11

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	New Wang Cai Restaurant	telephone 317-888-8595	Date of Inspection 11/25/2025
Establishment address	209 S State Road 135, Greenwood IN 46142		
Owner	Jchong2005@yahoo.com	Follow-up No	Release Date 12/5/2025
Person - in - Charge	Certified Food Handler Jessica Chong (4/10/28)	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 2519	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:
443	Core		<ul style="list-style-type: none"><li>- Establishment is soiled in areas throughout the kitchen (floors, walls, ceiling, and floor drains )</li><li>- The exhaust hood system is soiled</li><li>- Three bay sink floor drain is soiled</li></ul> <p>Detail cleaning is needed</p>	1/1/26
306	Core		<ul style="list-style-type: none"><li>- Sides of the cooking equipment is soiled</li><li>- Walk in cooler shelving racks are soiled/rusty</li></ul>	1/1/26
			Notes: <ol style="list-style-type: none"><li>1. Ensure employees eat in designated areas - not in the food preparation area</li><li>2. Ensure employees wash hands before putting new gloves on</li><li>3. Employee was preparing a food dish and set raw meat on top of a package of noodles (noodles was not part of the dish they were preparing)</li></ol>	

X  
2023-12-11

Cassi Hall