



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

Beky
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 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	Purpose: Routine
Establishment Identification # 1430	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:
			No violations today	
			No open food products	

Establishment Representative

Terry Bayless

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

Bekm
11/18

26


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2, 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 MAYO'S GRILL Express Mexican Food	Telephone Number () Establishment () Owner	Date of Inspection 11/17/25	ID# 2705
Establishment address 89 E JEFFERSON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (YES)	Release Date 11/27/25
Owner		Summary of Violations: OP / MPF / CORE	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge JUAN RODRIGUES			
Responsible person's email			
Certified food handler			

- 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
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 BOTTLES NOT LABELED AS TO CONTENTS IN FRONT AREA AND KITCHEN	11/19
185	(CORE) *	WIPING CLOTH NOT STORED w/ 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	(CORE) *	RESTROOM COILING EXHAUST NOT FUNCTIONING	11/21
443	(CORE)	COILING EXHAUST COVERS NOT CLEAN	11/21
279	(PF) -	PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE NOT AVAILABLE	11/18
348	(PF) -	AIR GAP NOT PROVIDED FOR CULINARY SINK	11/30
407	(CORE) -	HOLE SEEN IN WALL IN KITCHEN	11/30

Received by (name and title printed): C52	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): C52	Inspected by (signature): Bob Smith
cc:	cc:

 RETAIL FOOD ESTABLISHMENT INSPECTION REPORT Title 410 IAC 7-26 Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131		# of Risk Factor/Intervention Violations: 1P, 1PF, 5C		# of Repeat Risk Factor/Intervention Violations: N/A		Release Date: 11/17/2025		Inspection Date: 11/5/2025 10:30 AM							
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									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
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															
1	IN	Person in charge present, demonstrates knowledge, & performs duties	<input type="checkbox"/>	<input type="checkbox"/>											
2	IN	Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>											
Employee Health															
3	IN	Management, food employee & conditional employee, knowledge, responsibilities & reporting	<input type="checkbox"/>	<input type="checkbox"/>											
4	IN	Proper use of restriction & exclusion	<input type="checkbox"/>	<input type="checkbox"/>											
5	IN	Procedures for responding to vomiting & diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>											
Good Hygienic Practices															
6	OUT	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>	<input type="checkbox"/>											
7	IN	No discharge from eyes, nose, & mouth	<input type="checkbox"/>	<input type="checkbox"/>											
8	IN	Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>											
9	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>											
10	IN	Adequate handwashing sinks properly supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>											
Approved Source															
11	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>											
12	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>											
13	IN	Food in good condition, safe, & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>											
14	IN	Required records available: molluscan shellfish identification parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>											
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"/>											
Time/Temperature Control for Safety															
17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>											
18	IN	Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>											
19	IN	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>											
20	IN	Proper cooling time & temperature	<input type="checkbox"/>	<input type="checkbox"/>											
21	IN	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>											
22	IN	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>											
24	IN	Time as a Public Health Control; procedures & records	<input type="checkbox"/>	<input type="checkbox"/>											
Consumer Advisory															
25	IN	Consumer Advisory provided for raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>											
Highly Susceptible Populations															
26	N/A	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>											
Food/Color Additives & Toxic Substances															
27	IN	Food Additives; approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>											
28	OUT	Toxic Substances properly identified, stored, & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Conformance with Approved Procedures															
29	N/A	Compliance with variance/specialized process/HACCP	<input type="checkbox"/>	<input type="checkbox"/>											
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.															
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 not in compliance Mark "X" in appropriate box for COS &/or R COS=corrected on-site during inspection R=repeat violation															

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McDonalds - LP 1451

Compliance Status			COS	R	Compliance Status			COS	R
Safe Food & Water					Proper Use of Utensils				
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"/>
Food Temperature Control					Utensils, Equipment and Vending				
33	<input type="checkbox"/>	Proper cooling methods used: adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Food Identification					Physical Facilities				
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"/>
Prevention of Food Contamination					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: Click here to enter a date.				
Person in Charge (Signature)					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	C	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

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McDonalds - LP 1451

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.



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RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
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Belam 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 Meijer Store # 132	Telephone Number () Establishment () Owner	Date of Inspection 11/05/25	ID# 636
Establishment address 150 South Marlin dr Greenwood IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up ←	Release Date
Owner		Summary of Violations: core 9 pf 0 p 0 @ M3 R	
Owner address		Menu Type (See back of page) 1 2 3 4 <input checked="" type="checkbox"/> 5	
Person in charge Jordan Wilson			
Responsible person's email			
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
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		Delishaker walk-in cooler is soiled.	11/12/25
249	core		Fans inside produce cooler is soiled.	
			Milk cooler fan is soiled.	
			Meat slicer cooler fan is soiled.	
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): Jordyn Wilson	Inspected by (name and title printed): paul Betiku ETS
Received by (signature): <i>Jordan Wilson</i>	Inspected by (signature): <i>paul Betiku</i>
cc:	cc:



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

Establishment name MJ ABUELITO #3	Telephone Number () Establishment () Owner	Date of Inspection 11/4/25	ID# 2460
Establishment address 2797 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: OP / 2 PF 1 CORO	
Owner address		3 2 1 Menu Type (See back of page)	
Person in charge JOSE GONZALEZ		1 <u> </u> 2 <u> </u> 3 <u> </u> 4X 5 <u> </u>	
Responsible person's email			
Certified food handler JUAN GUEZADA SERNSAFE	(3/25/26 EXP)		

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

[illegible]

* Jose Gonzalez

For M. Floyd

CC:

Bob Smith E715

Bob Smith

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
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Belkm
11/12

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-²⁶~~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 MI ABUELTO Mexican Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 11/4/25	ID# 2319
Establishment address 377 E JEFFERSON FRANKLIN, IN	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 (405)	Release Date 11/14/25
Owner		Summary of Violations: 1 P / 1 PF / 6 CORE	
Owner address		Menu Type (See back of page)	
Person in charge Pedro macedo		1 2 3 (4 X) 5	
Responsible person's email			
Certified food handler (X) Jose CAMARONA SERJAP (5/7/26 exp)			

- 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
316	P (X)	SANITIZER NOT DETECTED ON DISHWASH AFTER FINAL SANITIZATION RINSE AT MECHANICAL DISHWASHER	11/5/25
286	(CORE) (X)	SNELTING IN WALK-IN COOLER CORRODED SHELF COATING WORN	12/1
176	(CORE) (X)	BULK CONTAINERS OF SUGAR/SALT NOT LABELED	11/7
443	(CORE) (X)	RESTROOM CEILING EXHAUST COVERS NOT CLEAN	11/7
420	(CORE) (X)	WOMEN'S RESTROOM DOOR NOT SELF-CLOSING	11/20
400	(CORE) (X)	OUTSIDE DUMPSTER LID NOT CLOSED	11/5
432	(CORE) (X)	HANDSINKS - HAND WASHING SIGNAGE NOT POSTED	11/8
456	(PF) (X)	SPRAY BOTTLES OF CLEANER NOT LABELED	11/6

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
INSPECTION REPORT

95 S. DRAKE ROAD
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Bekm
11/18

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 MORNING POINT of Franklin	Telephone Number () Establishment () Owner	Date of Inspection 11/14/25	ID# 1211
Establishment address 75 SOUTH MILFORD FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/24/25
Owner		Summary of Violations: OP / 1 PF / 6 CORE	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge DANIEL KEINER			
Responsible person's email			
Certified food handler X			

- 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 #	CR	R	Narrative	To Be Corrected by
407	CORE	*	FLOOR NEXT TO WALL / UNDER EQUIPMENT NOT CLEAN	11/20/25
281	PF	*	CHLORINE TEST KIT EXPIRED	11/18
306	CORE	*	TOP OF MECHANICAL DISHWASHER NOT CLEAN	11/18
407	CORE	*	WALL BEHIND MECHANICAL DISHWASHER NOT CLEAN	11/20
306	CORE	*	INSIDE TOP OF ICE MAKER NOT CLEAN	11/20
285	CORE	*	SMALL CHEST FREEZER NOT EASILY MOVABLE	11/25
193	CORE	*	APPLES ON DISPLAY IN DINING ROOM NOT WRAPPED (ADEQUATELY PROTECTED)	11/15
note 3 compartment sink not in use				✓
note mgr. advised that not current on Food Safety Certification (11/19 test scheduled)				

Received by (name and title printed): Daniel Keiner Food Service Director	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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95 S. DRAKE ROAD
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*Belm
11/4*

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 New King Buffet LLC	Telephone Number () Establishment () Owner	Date of Inspection 11/2/25	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 XIU LING WU		Summary of Violations: OP/1 PF / 8 CORE	
Owner address		Menu Type (See back of page)	
Person in charge DE FU CHEN		1 2 3 4 X 5	
Responsible person's email			
Certified food handler DE FU CHEN			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P"
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Section #	CORE	R	Narrative	To Be Corrected by
351	PF		CLEANING ITEMS STORED IN HANDSINK BASINS (FRONT HANDSINK AND KITCHEN HANDSINK)	corrected 11/2/25
189	CORE		SOME PACKAGES NOT STORED OFF FLOOR MINIMUM 6 INCHES IN WALK-IN FREEZER	11/6
234	CORE		CARDBOARD BOX USED AS STORAGE NOT EASILY CLEANABLE	11/6
183	CORE		ICE SCOOP STORED ON TOP OF ICE MAKER	11/4
363	CORE		FRONT HANDSINK LEAK NOISE ON HANDSINK FAUCET	11/10
443	CORE		INSIDE OF CABINETS NOT CLEAN (DISHES AND SALAD BAR)	11/7
394	CORE		WOMEN'S RESTROOM - COVER FOR WASTE RECEPTACLE NOT PROVIDED	11/6
443	CORE		FLOOR IN AREAS OF KITCHEN NEXT TO WALL UNDER SHELVES NOT CLEAN	11/6
183	CORE		CLEANERS/KNIVES STORED BETWEEN WORK TABLES IN KITCHEN	11/3

Received by (name and title printed):

DE FU CHEN

Received by (signature):

DE FU CHEN

Inspected by (name and title printed):

Bob Smith ETS

Inspected by (signature):

Bob Smith

cc:

cc:

cc:



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

Bekm
4/12

Establishment name New Kumo JAPANESE Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 11/10/25	ID# 1821
Establishment address 1051 W JEFFERSON ST. FRANKFURT, KY	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/20/25
Owner		Summary of Violations: OP / OPF / 2 CORE	
Owner address		0 0 0	
Person in charge YI LI		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Certified food handler YI LI			

- 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 #	Code	Narrative	To Be Corrected by
432	CORE	HAND SINKS - HANDWASHING SIGNAGE NOT POSTED	11/18/25
260	CORE	CHEST FREEZERS, REFRIGERATOR - THERMOMETERS NOT CONSPICUOUSLY LOCATED	11/15
NOTE	*	SUSHI RICE - TIME USED AS CONTROL VINEGAR IS ADDED FOR PH CONTROL	✓
NOTE		INTERNAL Food TEMPERATURES - WALK-IN COOLER 41°F - 42°F	✓

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature)

CC:

CC:

CC:



Betsy
12/1

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 New Wang Cai Restaurant	telephone 317-888-8595	Date of Inspection 11/25/2025
Establishment address 209 S State Road 135, Greenwood IN 46142	Summary of Violations 0P, 0PF, 2CORE	
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
Establishment Identification # 2519	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/Core	R?	Violation Observed:	To be Corrected by:
443	Core		<ul style="list-style-type: none">- Establishment is soiled in areas throughout the kitchen (floors, walls, ceiling, and floor drains)- The exhaust hood system is soiled- Three bay sink floor drain is soiled Detail cleaning is needed	1/1/26
306	Core		<ul style="list-style-type: none">- Sides of the cooking equipment is soiled- Walk in cooler shelving racks are soiled/rusty	1/1/26
			Notes: <ul style="list-style-type: none">1. Ensure employees eat in designated areas - not in the food preparation area2. Ensure employees wash hands before putting new gloves on3. 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)	

Cassie Hall

[Signature]

X
Establishment Representative

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