



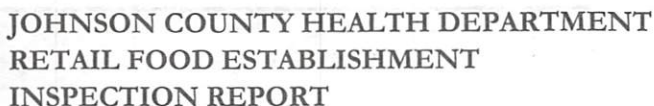
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>O'Charley's #406</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/4/25</b>	ID# <b>1111</b>
Establishment address <b>886 S. SR 135 Greenwood, IN 46143</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>11/14/25</b>
Owner <b>O'Charley's LLC</b>		Summary of Violations:  <p>P pf core          e 0 NC 0 x 1</p>	
Owner address		Menu Type (See back of page)  1 2 3 <input checked="" type="checkbox"/> 4 5	
Person in charge <b>Lindsey Chamberlain</b>			
Responsible person's email			
Certified food handler <b>Lindsey Chamberlain</b> (ServSafe Exp: 12/4/25)			

- 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" *p/p/p/core*

[illegible]

Received by (name and title printed): Lindsey Chamberlain		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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

Betsy  
11/20

7-26

✓

- Purpose:**
1. Routine
  2. Follow-up
  3. Complaint
  4. Pre-Opera
  5. Temporary
  6. HACCP
  7. Other (*list*)

Follow-up —	Release Date 11-28-25
Summary of Violations:	
<del>S</del> O <del>NC</del> O <del>R</del> 4 P Pf Core	
Menu Type (See back of page)	
1 2 3 X 4 5	

Inspected by (name and title printed):

Inspected by (signature):

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 <i>Papa Murphy's Pizza</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>11/13/25</i>	ID# <i>2918</i>
Establishment address <i>1011 N ST Rd 135 Ste F3</i>	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date <i>11/23/25</i>
Owner <i>Rob Scario &amp; Tony Ross Greenwood.</i>		Summary of Violations:	
Owner address		C <i>φ</i> NC <i>φ</i> R <i>φ</i>	
Person in charge <i>TRINA LAWRENCE</i>		Menu Type (See back of page)	
Responsible person's email		1 <u>    </u> 2 <i>X</i> 3 <del><i>X</i></del> 4 <u>    </u> 5 <u>    </u>	
Certified food handler <i>TRINA EXP 6/17/2020</i>			

- 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 Trina Lawrence Manager		Inspected by (name and title printed): Kevin R. Paul EHS
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

Becky  
11/18

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-<sup>26</sup>, 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>PARKHURST DINING (FRANKLIN COLLEGE)</b>	Telephone Number <b>( ) Owner</b>	Date of Inspection <b>11/13/25</b>	ID# <b>2273</b>
Establishment address <b>101 BRANKIN BLVD FRANKLIN, IN.</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>11/23/25</b>
Owner <b>PARKHURST DINING</b>		Summary of Violations: <b>OP / 1 PF / 5 CORP</b>	
Owner address		Menu Type (See back of page) <b>1 2 3 4 X 5</b>	
Person in charge <b>NATASHA SMOTHERS</b>			
Responsible person's email			
Certified food handler <b>DIVA DUNKIN</b>			

• 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 #	<del>CODE</del> R	Narrative	To Be Corrected by
407	<del>CORP</del>	Hole in ceiling in women's EMPLOYED RESTROOM	12/10/25
443	<del>CORP</del>	FLOOR NOT CLEAN IN AREAS OF KITCHEN NEXT TO WALL, UNDER EQUIPMENT	11/26
<del>NOTE</del>	<del>R</del>	(1) EXHAUST HOOD FILTER NOT IN GOOD CONDITION	12/1
247	<del>PF</del>	THERMOMETER NOT ACCURATE IN CRES - CORE WARMER UNIT ON FRONT SERVING LINE	11/20
151	<del>CORP</del>	COOK WITH BEARD - FACIAL HAIR RESTRAINT NOT WORN	11/21
193	<del>CORP</del>	SMELLS GUARDS NOT SET UP ADEQUATELY TO <del>SETUP</del> PROTECT FOOD ON DISPLAY AT FRONT SALES BAR AREAS	11/18
<del>443</del>	<del>CORP</del>	CEILING DUSTY IN KITCHEN	11/18
<del>NOTE</del>	<del>R</del>	(1) DICKZORVOS REST STRIP USED AT FRONT CABINET NEAR FLOOR DRAIN	11/13/25
<del>NOTE</del>	<del>R</del>	MECHANICAL DISINTEGRATING HOT WATER SANITIZATION ADEQUATE 160°F OR MORE ON PLATE/STOVE SURFACE	11/12/25

Received by (name and title printed):

**Natasha Smothers Assistant Director**

Inspected by (name and title printed):

**Bob Smith EHS**

Received by (signature):

*Natasha Smothers*

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

Belm  
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>Pizza Hut</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/6/25</b>	ID# <b>2185</b>
Establishment address <b>4800 W. Smith valley IN 46142</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>11/20/25</b>
Owner <b>Quality Huts Indianapolis LLC</b>		Summary of Violations:  <b>core 4 PP @ P @</b> <b>@ NC R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 ✓ 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Ken Anderson exp. 6/5/30</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/NC	R	Narrative	To Be Corrected by
348	core		One main drain by dish washer doesn't have air-gap.	11/18/25
151	core		Couple of employees seen without hairnet	corrected
443	core		floor & wall across prep area & dish washer is soiled	11/12/25
286	core		couple of door gaskets are soiled - walk-in cooler & upright freezers.	!
			NOTE: (i) oven temperature is reading 475°F, pizza straight out of oven reads 218°F ↳ there's an inconsistency with temperature reading.	
			(ii) small wing piece observed across the facility - please eradicate this.	
			(iii) please make sure food items on the line are changed at 7 days.	
			(iv) please make sure broken pipe at mechanical dish washer is replaced & make sure there's air gap.	

Received by (name and title printed):

**Sarah Army**

Inspected by (name and title printed):

**Paul Beliku ETS**

Received by (signature):

*Sarah Army*

Inspected by (signature):

*Paul Beliku*

cc:

cc:

cc:



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

Establishment name <b>RITTER'S Frozen Custard</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/13/25</b>	ID# <b>2371</b>
Establishment address <b>3219 W County Ln Rd</b>	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>11/23/25</b>
Owner <b>BRANT STOCKAMP Greenwood</b>		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge <b>Haley Waterman</b>		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler			

- [illegible]

Received by (name and title printed): X Hailey Waterman		Inspected by (name and title printed): Kevin R. Pucio EAS
Received by (signature): X Hailey Waterman		Inspected by (signature): K. R. Pucio
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

Betty  
11/18

Based on an inspection this day, the item(s) noted below identify violation(s) of **110 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Sam's Club #6325	telephone	Date of Inspection 11/13/2025
Establishment address 1101 Windhorst Way Greenwood In	Summary of Violations 1 pf 4 core	
Owner complic@wal-mart.com	Follow-up No	Release Date 11/13/2025
Person - in - Charge	Certified Food Handler Candido Delreal	Purpose: Routine
Establishment Identification # 486	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:
430	pf		No hand towels were provided in the dispenser in the café. ( Towel dispenser was jammed)	11-13-25
306	core		Lower storage shelves were soiled in the Home solutions area.	11-14-25
347	core		Hot water was not provided at the rotisserie area hand sink. ( took too long for the supply to get hot)	11-20-25
430	core		Hand towel dispenser was jammed in the Demo prep room.	11-13-25
443	core		The floor sink under the 3-bay sink was soiled. Demo room	11-15-25

*Continued*

Inspected by: Terry Bayless, ELS  
tbayless@co.johnson.in.us



Bukm  
11/18

✓

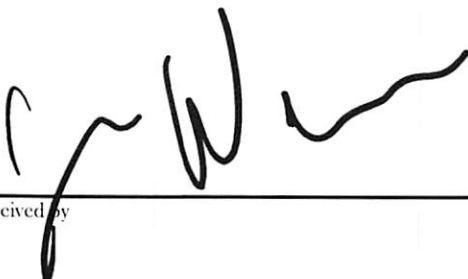
**Johnson County Health Department**  
**95 S Drake Rd Franklin, IN 46131**  
**Phone: (317) 346-4365, Fax: (317) 736-5264**  
**Retail Food Establishment Inspection Report**

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 name <b>Speedway #6215</b>		Telephone Number		Date of Inspection <b>11/14/2025</b>	
Establishment address <b>130 SR 135 Trafalgar, IN 46181</b>			Summary of Violations: <b>0P, 3Pf, 3Core</b>		
Owner <b>Speedway LLC</b> <b>Email- kakyni73@gmail.com</b>			Follow-up <b>No</b>		Release Date <b>11/24/2025</b>
Person in charge <b>Jackie Webber</b>		Certified food handler <b>N/A</b>		Purpose <b>Routine</b>	
Establishment Identification # <b>358</b>		County <b>Johnson</b>		District <b>D5</b>	
				Menu Type <b>2-Limited menu</b>	

- Core Items are Identified in the Checklist & Narrative Columns Marked "C", Priority as "P", and Priority foundation as "Pf"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/P/Pf	R	Narrative	To Be Corrected by:
286	Core		Ice build-up in reach-in ice cream cooler	11/20/25
306	Pf		Gaskets of sliding doors on reach-in ice cream cooler soiled	11/16/25
279	Pf		No thermometer observed in reach-in ice cream cooler	11/18/25
306	Pf		Soda nozzles soiled	11/15/25
443	Core		Floor next to walls heavily soiled	11/21/25
445	Core		Walk-in drink cooler fans dusty	11/16/25

Received by 



Received by

Inspected by Mia Papageorge, EHS  
(317) 868-8818 [mpapageorge@co.johnson.in.us](mailto:mpapageorge@co.johnson.in.us)





Bekn  
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.

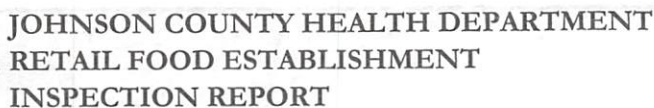
establishment <b>Speedway #8031</b>		telephone <b>317-422-1165</b>	Date of Inspection <b>11/25/2025</b>
Establishment address <b>211 S State Road 135, Bargersville IN 46106</b>		Summary of Violations <b>0P, 0PF, 6Core</b>	
Owner <b>Speedway LLC</b>		Follow-up <b>No</b>	Release Date <b>12/5/2025</b>
Person - in - Charge River <b>River.wright@7-11.com</b>	Certified Food Handler		Purpose: Routine
Establishment Identification # <b>1649</b>	County <b>Johnson</b>	District <b>D5</b>	Menu Type <b>2-Limited menu</b>

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

Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
286	Core		The large metal pizza spatula is damaged	
363	Core		Observed the Grundfos pump located on the top wire shelf above the 3 compartment sink leaking into a grey bucket stored on the grease trap	
307	Core		<ul style="list-style-type: none"><li>- Slurpee machine seal for drink/food product is soiled - appears to be mold like substance</li><li>- Speedy Premium Specialties machine nozzles are soiled</li><li>- Interior of cabinets are soiled</li><li>- Walk in cooler shelves are soiled</li></ul>	
443	Core		Floors and walls are soiled throughout the establishment <ul style="list-style-type: none"><li>- Walk in cooler walls appear to have mold like substance</li></ul>	
442	Core		Many broken floor tiles throughout the establishment	
436	Core		Observed two lights out in the walk in cooler The light is not functioning properly next to the walk in cooler door	
			Note: Establishment needs detailed cleaned	

X *River*

*Cassi Hall*



Bekal  
12/11

Establishment name <b>STARBUCKS #2659</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/13/25</b>	ID# <b>991</b>
Establishment address <b>1011 SR 135 Greenwood</b>	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 <b>—</b>	Release Date <b>11/23/25</b>
Owner		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge <b>BRITTANY THOMPSON</b>		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <b>X</b> 3 _____ 4 _____ 5 _____	
Certified food handler			

- [illegible]

Page 1 of 1



Beky  
11/12



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



Based on an inspection this day, the item(s) noted below identify violation(s) of **110 IAC 7-26**, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment Starbuck's Coffee #9560	telephone 317-736-9753	Date of Inspection 11/4/2025
Establishment address 2279 North Morton Street, Franklin IN 46131	Summary of Violations <b>0P, 0PF, 4Core</b>	
Owner Starbuck's Corporation	Follow-up <b>No</b>	Release Date 11/14/2025
Person - in - Charge Tyler US1434253@starbucks.com	Certified Food Handler	Purpose: Routine
Establishment Identification # 1122	County Johnson	District D5
Menu Type 2-Limited menu		

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

400	CORE	Dumpster lid is not closed - Observed bags of trash inside the dumpster	
402	CORE	Observed trash on the ground in the dumpster area - Observed a cardboard box holding stagnant water - possible mosquito concern	
189	CORE	Observed a bag of breakfast sandwiches not stored 6" off the walk in cooler floor	
363	CORE	The 3 compartment sink leaks at the faucet connection	
		Note: 1. Dish machine final rinse observed in adequate range 165°F or more (179°F) 2. One restroom toilet is soiled	

*Tyler M...*

*Call: Hall*

Establishment Representative

Inspected by: Cassi Hall, MHS  
(317) 346-43771 [chall@co.johnson.in.us](mailto:chall@co.johnson.in.us)



Betsy  
11/18

✓

**Johnson County Health Department**  
**460 N. Morton St., Ste. A, 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 <b>Stone Creek Dining</b>	telephone <b>317-889-1200</b>	Date of Inspection <b>11/14/2025</b>
Establishment address <b>1464 W. Stones Crossing Road, Greenwood, IN 46143</b>	Summary of Violations <b>1 P 1 Pf 1 C</b>	
Owner <b>CGR Holdings, LLC <a href="mailto:StoneCreekGreenwood@crgdining.com">StoneCreekGreenwood@crgdining.com</a></b>	Follow-up <b>No</b>	Release Date <b>11/26/2025</b>
Person - in - Charge <b>Vince &amp; Chef Mike</b>	Certified Food Handler <b>Michael Taylor 1/18/28</b>	Purpose: Routine
Establishment Identification # <b>1057</b>	County <b>Johnson</b>	District <b>D5</b>
		Menu Type <b>4-Extensive handling</b>

- P = Priority
- Pf = Priority foundation
- C = Core
- COS = Corrected on site

Sec#	P/Pf/C	R?	Violation Observed:	To be Corrected by:
141 142	P		Observed employee rinse hands in designated hand station, wipe her hands off on her apron, then wipe her hands on a cloth towel, fold the towel and place on cutting board of flip-top deli. Later, observed same employee wipe gloved hands on apron. Recommend refreshing employees of proper hand hygiene	11/14/25
316	P		NOTE: Dishmachine not sanitizing at time of inspection. Establishment called their dishmachine company & they came out & corrected the issue.	COS
214	Pf		Walk-in-cooler - Short Ribs and Cream cheese icing are date marked for discard on 11/13/25 - that was yesterday	11/14/25
443	C		Floor under ice maker is soiled as is the area around the bar running water dipper well	11/20/25
185	C		Observed wet cloth under cutting board.	11/20/25
			Following items observed at proper requirements - Cut melon at 38°F, Soup at 180°F, both Corn goulashes at 38°F on 2 separate flip-top coolers, Both diced tomatoes at 39°F, Cooked onion & pepper mix at 41°F, Brown Au Jus at 163°F	Thank You

*MJ*

*Elizabeth Senisse*





Betsy  
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.

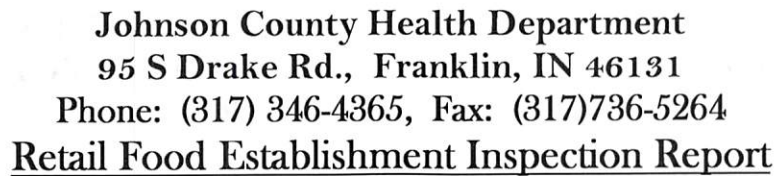
establishment <b>Story Book Play Café</b>		telephone		Date of Inspection <b>11/21/2025</b>	
Establishment address <b>1001 SR 135, Greenwood IN 46142</b>			Summary of Violations <b>0P, 0PF, 0Core</b>		
Owner <b>Ryan Gutzwiller</b>			Follow-up <b>No</b>		Release Date <b>12/1/2025</b>
Person - in - Charge <b>Cgutzwiller1@gmail.com</b>		Certified Food Handler		Purpose: <b>Routine</b>	
Establishment Identification # <b>2995</b>		County <b>Johnson</b>	District <b>D5</b>	Menu Type <b>2-Limited menu</b>	

- 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:
			No items noted at time of inspection	

X  Establishment Representative

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



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

[illegible]

**Garvey**  
Establishment Representative

Terry Bayless

tbavless@co.johnson.in.us





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

Bekah  
11/18  
✓

Based on an inspection this day, the item(s) noted below identify violation(s) of **110 IAC 7-26** Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment <b>The Sycamore at Mallow Run</b>	telephone	Date of Inspection <b>11/12/2025</b>
Establishment address <b>7070 West Whiteland Road, Bargersville IN 46106</b>	Summary of Violations <b>0P, 0PF, 0Core</b>	
Owner	Follow-up <b>No</b>	Release Date <b>11/22/2025</b>
Person - in - Charge	Certified Food Handler	Purpose: <b>Routine</b>
Establishment Identification # <b>1983</b>	County <b>Johnson</b>	District <b>D5</b>
		Menu Type <b>2-Limited menu</b>

- 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:
			No items noted at time of inspection	
			Note: Dish machine final rinse not observed	

+   
Establishment Representative



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