



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

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

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

Received by (name and title printed):

Lindsey Chamberlain

Received by (signature):

y (signature): 2 -

66

661

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Inspected by (signature): Andrew Miller

CC:



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95 S. DRAKE ROAD
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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 Panda Express #1546	Telephone Number () Establishment () Owner	Date of Inspection 11-18-25	ID# 1265
Establishment address 331 SR 135 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 11-28-25
Owner 323	Summary of Violations: DO NO R Core		
Owner address			
Person in charge Vicky			
Responsible person's email 15466panda@rg.com			
Certified food handler Vicky Vargas (2123121)			

- 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):

elved by (name and title)
Vernon

Received by (signature):

Inspected by (name and title printed):

Inspected by (name and title)
Cassie Hall

Inspected by (signature):

CCS

CC

CC



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Beth M
12/11

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.

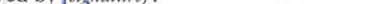
Establishment name <i>PAPA Murphy's Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/13/25</i>	ID# <i>2918</i>
Establishment address <i>1011 N ST Rd 135 STE F3</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="radio"/> 1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list)	Follow-up -	Release Date <i>11/23/25</i>
Owner <i>Rob Serio & Tony Ross</i>	Summary of Violations:		
Owner address			
Person in charge <i>TRINA LAWRENCE</i>	C <i>Ø</i> NC <i>Ø</i> R <i>Ø</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>TRINA</i> EXP 6/17/2020	1 <u> </u> 2 <u>X</u> 3 <u>Ø</u> 4 <u> </u> 5 <u> </u>		

- 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):

X Trina Lawrence Manager
Received by (signature):

Received by (signature):

Received by (signature): 

cc:

CC:

Inspected by (name and title printed):

inspected by (name and title printed):
Kevin R. Paauw EHS

Inspected by (signature):

ected by (signature): 

CC



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FRANKLIN IN 46131

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Beth
11/18

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 PARK HURST DINING (FRANKLIN COLLEGE)	Telephone Number () Establishment () Owner	Date of Inspection 11/13/25	ID# 2273
Establishment address 101 BRADY BLVD FRANKLIN, IN.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 11/23/25
Owner PARK HURST DINING	Summary of Violations: 0 P / 1 PF / 5 CORP		
Owner address	✓		
Person in charge NATASHA SMOTHERS	✓		
Responsible person's email	Menu Type (See back of page)		
Certified food handler DEIA DUNKIN	1 2 3 4 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 #	Category	Narrative	To Be Corrected by
407 (CORP)	R	HOLE IN CEILING IN WOMEN'S EMPLOYEE RESTROOM	12/10/25
443 (CORP)	R	FLOOR NOT CLEAN IN AREAS OF KITCHEN NEXT TO WALL, UNDER EQUIPMENT	11/26
(NOTE)	R	(1) EXHAUST HOOD FILTER NOT IN GOOD CONDITION	12/1
247 (PP)	R	TERMOMETER NOT ACCURATE IN CRES-COR WARMER UNIT ON FRONT SERVING LINE	11/20
151 (CORP)	R	COOK WITH BEARD - FACE HAIR RESTRAINT NOT WORN	11/21
193 (CORP)	R	Sneeze guards not set up adequately to protect protect food on display at front service bar areas	11/18
443 (CORP)	R	CEILING DUSTY IN KITCHEN (DIRECTOR'S REST STRIP USED AT FRONT CABINET REMOVED) NEAR FLOOR DRAIN	11/13/25
(NOTE)	R	Mechanistic disinfecting hot water sanitization (OK) adequate 160°F or more on plate/wire surface WHS 160°F	11/18

Received by (name and title printed):

Natasha Smothers Assistant Director

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

Natasha

Inspected by (signature):

Bob Smith

cc:

cc:

cc:



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Beth
11/12

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

Establishment name <i>Pizza Hut</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/16/25</i>	ID# <i>2185</i>
Establishment address <i>4800 W. Smith valley Greenwood IN 46142</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/> Yes	Release Date <i>11/20/25</i>
Owner <i>Quality Huts Indianapolis LLC</i>	Summary of Violations: <i>core 4 PFD P D</i>		
Owner address			
Person in charge			
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>Renelle Anderson exp. 6/5/30</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

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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 hair net	corrected
443	core		floor & wall berets prep area & dish washer is soiled	11/12/25
286	core		couple of door gaskets are soiled - walk-in cooler & upright freezer.	1
<p>NOTE: (i) oven temperature is reading 445°F, pizza straight out of oven reads 218°F & there is an inconsistency with temperature (ii) reading (iii) small wing flies observed across the facility - please eradicate this. (iv) please make sure food items on the line are changed at 7 days. (v) please make sure broken pipe at mechanical dish washer is replaced & make sure there is air gap.</p>				

Received by (name and title printed):

Sarah Army

Received by (signature):

Sarah Army

cc:

cc:

Inspected by (name and title printed):

paul Betiku EHS

Inspected by (signature):

paul Betiku

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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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.

- 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):

X Hailey Waterman
Received by (signature):

Received by (signature):

Received by (signature):
Thierry Wam

Inspected by (name and title printed):

inspected by (name and title printed):
KEVIN R FAUCETT DAS

Inspected by (signature):

inspected by (signature):


CC:

CC5

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
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

- 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”

anthem

Inspected by: Terry Bayless EHS
tbayless@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

BK/M
11/18

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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

- 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

Mia Papageorge, EHS
(317) 868-8818 mpapageorge@co.johnson.in.us



Johnson County Health Department
95 S Drake Rd., Franklin, IN 46131
Phone: (317) 346-4365, Fax: (317)786-5264
Retail Food Establishment Inspection Report

Beth
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	Speedway #8031	Telephone	Date of Inspection
Establishment address	211 S State Road 135, Bargersville IN 46106	Summary of Violations	11/25/2025
Owner	Speedway LLC	Follow-up	Release Date
Person - in - Charge	River River.wright@7-11.com	Certified Food Handler	Purpose: Routine
Establishment Identification #	1649	County Johnson	Menu Type 2-Limited menu
		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:
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">- Slurpee machine seal for drink/food product is soiled - appears to be mold like substance- Speedy Premium Specialties machine nozzles are soiled- Interior of cabinets are soiled- Walk in cooler shelves are soiled	
443	Core		<ul style="list-style-type: none">Floors and walls are soiled throughout the establishment- Walk in cooler walls appear to have mold like substance	
442	Core		Many broken floor tiles throughout the establishment	
436	Core		<ul style="list-style-type: none">Observed two lights out in the walk in coolerThe light is not functioning properly next to the walk in cooler door	
			Note: Establishment needs detailed cleaned	

X *River Wright*

Cassi Hall



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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FRANKLIN IN 46131
317-346-4365 Fax 317-736-5264

Bekal
12/11

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>STARBUCKS #2659</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>11/13/25</i>	ID# <i>981</i>
Establishment address <i>101 SR 135, Greenwood</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 _____	Summary of Violations: C _____ NC _____ R _____		
Owner address _____			
Person in charge <i>BRITTANY THOMPSON</i>			
Responsible person's email _____			
Certified food handler _____			
Menu Type (See back of page) 1 _____ 2 <i>K</i> 3 _____ 4 _____ 5 _____			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed):

Received by (name and title printed):
 Brittany Thompson

Received by (signature):

Received by (signature):
ABM Inc

CC:

cc:

Inspected by (name and title printed):

inspected by (name and title printed):
KEVIN R. PAULS CHT

Inspected by (signature)

ected by (signature):
KRBB

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

Beth M
11/12

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 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 0P, 0PF, 4Core	
Owner Starbuck's Corporation	Follow-up No	Release Date 11/14/2025
Person - in - Charge Tyler US1434253@starbucks.com	Certified Food Handler	Purpose: Routine
Establishment Identification # 1122	County Johnson	Menu Type 2-Limited menu
District D.5		

- 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	

Establishment Representative

Inspected by Cassie Hall, RHS
(317) 346-43771 chall@co.johnson.in.us

Tyler Mels *Cassie Hall*

Beth
11/18



Johnson County Health Department
460 N. Morton St., Ste. A, Franklin, IN 46131
Phone: (317) 346-4865, 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	telephone	Date of Inspection
Stone Creek Dining	317-889-1200	11/14/2025
Establishment address	Summary of Violations	
1464 W. Stones Crossing Road, Greenwood, IN 46143	1 P 1 Pf 1 C	
Owner CGR Holdings, LLC StoneCreekGreenwood@crgdining.com	Follow-up No	Release Date 11/26/2025
Person - in - Charge Vince & Chef Mike	Certified Food Handler Michael Taylor 1/18/28	Purpose: Routine
Establishment Identification # 1057	County Johnson	Menu Type 4-Extensive handling
District D5		

- 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

Vincent Jansen
Establishment Representative

Inspected by: Elizabeth Senisse, REIIS
(317) 346-4373 esenisse@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

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 Story Book Play Café	Telephone	Date of Inspection 11/21/2025
Establishment Address 1001 SR 135, Greenwood IN 46142	Summary of Violations 0P, 0PF, 0Core	
Owner Ryan Gutzwiller	Follow-up No	Release Date 12/1/2025
Person - in - Charge Cgutzwiller1@gmail.com	Certified Food Handler	Purpose: Routine
Establishment Identification # 2995	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:
			No items noted at time of inspection	

Establishment Representative

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



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Retail Food Establishment Inspection Report

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Establishment Subway #20355	telephone	Date of Inspection 11/6/2025
Establishment address 2110 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	Menu Type 4-Extensive handling
Establishment Identification # 1429	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”

Gray
Establishment Representative

Establishment Representative

Terry Bayless
Inspected by: Terry Bayless, EHS

Inspected by: Terry Bayless, EHS

tbayless@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**

Beth
11/18
✓

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26 Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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

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


Amy McRae

Establishment Representative


Cassi Hall

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