



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  
12/11

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	Taco Bell <b>30265</b>	telephone 317-535-2374	Date of Inspection 11/25/2025
Establishment address	3042 W Stones Crossing Rd, Greenwood IN 46143		
Owner		Follow-up No	Release Date 12/5/2025
Person - in - Charge Rs030265@tacobell.com	Certified Food Handler	Purpose: Routine	Menu Type 2-Limited menu
Establishment Identification # 1828	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:
			Complaint: Caller stated that two people in their household had ground beef from the above establishment and became ill.	
			<ul style="list-style-type: none"><li>• Manager stated that no employees have reported sick/ill</li><li>• Manager stated that there has been no complaints filed with their establishment</li><li>• Establishment policy is to cook the ground beef to an internal food temperature of 165°F</li><li>• Manager stated that the establishment sold 428 beef tacos on 11-23-25</li><li>• 814 dish with ground beef in it was sold on 11-23-25</li><li>• Their temperature logs showed that the ground beef was cooked to an internal temperature 200°F at 2:19p.m.</li></ul>	
			Observed the following: <ul style="list-style-type: none"><li>• Walk-in cooler ambient air temperature @ 35°F</li><li>• Internal food temperature of pico de gallo @ 36°F located in the walk in cooler</li><li>• Ground beef hot holding in the warmer unit @ 142°F and 156°F</li><li>• A metal container of ground beef hot holding in the warmer cabinet @ 179°F</li></ul>	



Establishment Representative

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



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

BELSM 11/21

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>TACO BPLL #31940</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11/20/25</b>	ID# <b>2023</b>
Establishment address <b>211 N US 31 NEW WHITELAND, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>CLEAN UP</b>	Release Date <b>11/30/25</b>
Owner	Summary of Violations:		
Owner address	<b>OP / 1 PF / 5 ORE</b>		
Person in charge <b>CHRISSESSA HENRY</b>	<b>NO</b>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <b>(P)</b> 4 <input 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 #	C	R	Narrative	To Be Corrected by
247	PF	(P)	Thermometer NOT OBSERVED IN WALK-IN COOLER	11/25/25
306	(COR)	(P)	FLOOR NEXT TO WALK-IN COOLER NOT CLEAN	11/30
407	(COR)	(P)	CEILING TILES ARE MISSING IN FRONT OF FOOD PREPARATION AREA	11/30
243	(COR)	(P)	FLOOR, FLOOR DRAIN NOT CLEAN INSIDE DRINKING ROOM. SOFT DRINK CABINET UNDER DRINK-THRU SOFT DRINK STATION, NEXT TO FLOOR UNDER EQUIPMENT	11/30
306	(COR)	(P)	SOME EQUIPMENT, SHELVING NOT CLEAN, SHELVING ON SIDE DRINK-THRU SOFT DRINK STATION UNIT STORED	11/30
363	(COR)	(P)	HOT WATER NOT AVAILABLE AT HANDSINK IN AREA OF DRINK-THRU STATION	11/30

Received by (name and title printed):

**Carissa Henry**

Received by (signature):

**Carissa Henry**

cc:

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

Bexton  
11/18

7-26 AM

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>Tameka Woods</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>11-14-25</b>	ID# <b>812</b>
Establishment address <b>4849 S. 450 W. Trafalgar IN 46181</b>	Purpose: <b>1. Routine</b>	Follow-up <b>Yes</b>	Release Date <b>11-24-25</b>
Owner <b>Jim Hague III</b>	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>P pf Core x 1 NC 0 R 7</b>	
Owner address	Menu Type (See back of page)		
Person in charge	1 2 <b>✓</b> 3 4 5		
Responsible person's email			
Certified food handler			

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

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Section #	C/NC	R	Narrative	To Be Corrected by
442	Core		missing floor tile around toilet base in men's restroom	12-14-25
421	Core		North door to golf lobby is deteriorated and contains an exterior gap	12-14-25
353	Core		lawn lacks a mop sink	12-31-25
306	Core		interior of Coca-Cola two door cooler is soiled	11-18-25
286	Core		Sanitizer test kits, (Quat and Chlorine) are expired	11-20-25
260	Core		Ambient air thermometer not seen in coldspot (Sears) chest freezer	11-15-25
363	Core		ice maker leaks from rear water connection	11-18-25
348	P		ice maker drain line lacks an air gap	11-18-25

Received by (name and title printed):

**Shelly Frazier**

Received by (signature):

**Shelly Frazier**

cc:

Inspected by (name and title printed):

**Andrew Miller, EHS**

Inspected by (signature):

**Andrew Miller**

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

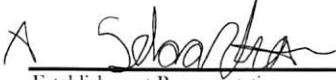
Bekm  
11/18  
✓

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.

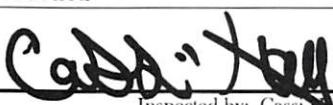
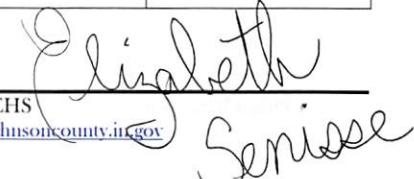
Establishment	Ten Cuts	Telephone	Date of Inspection
		317-319-8625	11/14/2025
Establishment address	1001 North SR 135, Greenwood IN 46142		
Owner		Summary of Violations	
Person - in - Charge	Certified Food Handler	3P, 3PF, 8Core	
Sebastian		Follow-up	Release Date
Establishment Identification #	County	Routine	11/24/2025
2933	Johnson	Purpose:	Menu Type
			4-Extensive handling
District	D5		

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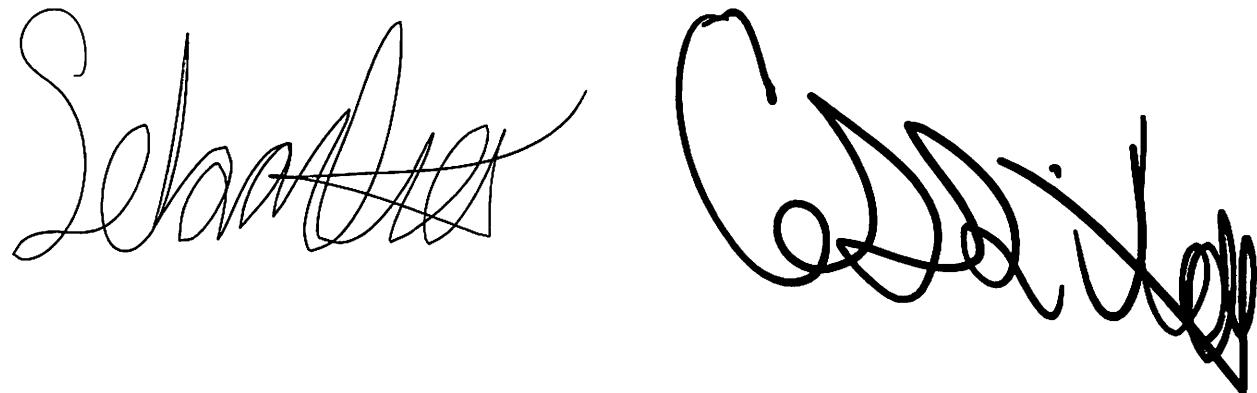
Sec#	P/PF/Core	R?	Violation Observed:	To be Corrected by:
213	P		Observed cut watermelon and jalapeno @ 44°F located at the salad bar	Recommend to discard all TCS food
213	P		1. Observed previously cooked shrimp internal food temperature @ 55°F located in the walk in cooler - Employee stated the shrimp was cooked on 11/13/25 2. Observed the internal food temperature of ribs @ 57°F in the tomas cooker 3. Observed salami internal food temperature around 60°F located at the salad bar	Recommend to discard all TCS food
210	PF		Observed fish thawing at room temperature located on the prep-table next to the one compartment sink	11-14-25
286	Core		1. Observed watermelon @ 43°F located in the Coca-Cola cooler - Cooler needs repaired or turned down 2. Yellow fruit squeezer utensil, paint is peeling	11-19-25
419	Core		Observed a "fly wand" that appears to zap the flies Not approved	11-14-25
450	PF		Observed small flies throughout establishment	12-1-25
430	PF		Observed no hand soap located at the bar hand washing station	Corrected at time of inspection
299	P		Observed the dish machine chlorine sanitizer solution at 0 ppm	Corrected at time of inspection
431	Core		Observed a plastic bin and napkins stored in the bar hand washing station basin	11-14-25
306	Core		1. Bar soda nozzle is soiled 2. The interior of the ice machine is soiled	11-19-25

  
Establishment Representative

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

363	Core		The bar ice bin drain line leaks into a large metal pan	11-19-25
443	Core		Floor drains are soiled	11-19-25
183	Core		1. Observed scoop and knives stored in stagnant water 2. Observed the ice machine scoop stored on top of the machine - not a clean surface	Corrected at time of inspection
148	Core		Observed an employee's drink without a lid stored on top of the flip top cooler	11-14-25
	note		Ambient air thermometers not seen/easily seen in many cooler units	





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Bethany  
11/12

Establishment <b>Walmart #3435</b>	telephone	Date of Inspection <b>11/10/2025</b>
Establishment address <b>1133 N. Emerson Ave. Greenwood, IN</b>	Summary of Violations <b>4 core</b>	
Owner	Follow-up <b>No</b>	Release Date <b>11/20/2025</b>
Person - in - Charge <b>Secret Pearson</b>	Certified Food Handler <b>Secret Pearson</b>	Purpose: <b>Routine</b>
Establishment Identification # <b>1123</b>	County <b>Johnson</b>	District <b>D5</b>

- Critical Items are Identified in the Checklist & Narrative Columns Marked “P”
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Establishment representativeness

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 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 <b>Wild Eggs</b>	telephone <b>502-376-5405</b>	Date of Inspection <b>11/10/2025</b>
Establishment address <b>1279 North Emerson Ave, Greenwood IN 46143</b>	Summary of Violations <b>2P, 3PF, 4CORE</b>	
Owner <b>Yes</b>	Follow-up <b>Yes</b>	Release Date <b>11/20/2025</b>
Person - in - Charge <b>camara@wildeggs.com</b>	Certified Food Handler	Purpose: <b>Routine</b>
Establishment Identification # <b>2915</b>	County <b>Johnson</b>	District <b>D5</b>

- 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:
306	Core		<ul style="list-style-type: none"><li>- Sides of cooking equipment is soiled</li><li>- Interior of ice machine is soiled</li><li>- Interior of drain pipes are soiled</li><li>- The exhaust hood system is soiled located by the walk in cooler</li><li>- The bar soda nozzle is soiled</li></ul>	
363	P		3 compartment sink "sanitize bay" leaks at drain connection 3 compartment left faucet leaks at the connection	
223	PF		Unpasteurized (raw) orange juice not declared on menu <ul style="list-style-type: none"><li>- "WARNING: This product has not been pasteurized and, therefore, may contain harmful bacteria that can cause serious illness in children, the elderly, and persons with weakened immune systems(207)"</li></ul>	
212	PF		Observed a plastic container of chorizo with a lid cooling in the walk in cooler	
443	CORE		Ice machine floor drain is soiled Bar floor drain is soiled Floor under equipment is soiled	
286	CORE		Observed a damaged silicone spatula	
359	PF		Observed a cotton cloth and scrub pads stored in the hand washing station	
429	PF		Observed no hand soap located at the bar hand washing station	
299	P		The dish machine final rinse was observed less than 165°F (156.5°F)	

*X J. Sopely*  
Establishment Representative*Cassi Hall*  
Inspected by: Cassi Hall, EHS  
(317) 346-43731 [chall@JohnsonCounty.in.us](mailto:chall@JohnsonCounty.in.us)

443	CORE	Observed yellow stagnant waste water (sewage) on the floor near the mop sink and 3 compartment sink	
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x J. Lopez

Cassie Hall



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

95 S. DRAKE ROAD

FRANKLIN IN 46131

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

Batson  
1114

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 <b>WINGS ETC.</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>11/12/25</b>	ID# <b>2687</b>
Establishment address <b>2239 N MORTON ST. FRANKLIN, TN</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>11/12/25</b>
Owner	Summary of Violations:  <b>OP / O PF / 5 CORE</b>		
Owner address			
Person in charge <b>NICOLE HELLAMS</b>			
Responsible person's email			
Certified food handler <b>KELLEY FONDER EXP: 7/5/28</b>	Menu Type (See back of page)  1    2 <b>3</b> <del>4</del> 5		

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Received by (name and title printed):

Inspected by (name and title printed):

Received by signature

Inspected by (signature):

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

Bekan  
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>Yats</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>11/24/25</i>	ID# <i>1335</i>
Establishment address <i>1280 W.S. 31 Greenwood, Tx</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list)</li></ul>	Follow-up	Release Date
Owner	Summary of Violations: <i>3/ - C 06e</i>		
Owner address	C <u>      </u> NC <u>      </u> R <u>      </u>		
Person in charge	Menu Type (See back of page)		
Responsible person's email			
Certified food handler <i>Ryan Waldron</i>	1 <u>      </u> 2 <u>      </u> 3 <u>      </u> 4 <u>      </u> 5 <u>      </u>		

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Received by (name and title printed):	Inspected by (name and title printed):
Received by (signature): 	Inspected by (signature): 
cc:	cc: