



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

Bethal
12/14

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 Applebee's Neighborhood Applebee's Grill + Bar	Telephone Number () Establishment () Owner	Date of Inspection 12/03/25	ID# 563
Establishment address 1251 US 31 North L-5 Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 12/23/25
Owner Corporate	Summary of Violations: P PF core e 0 NC 0 A 8		
Owner address	Menu Type (See back of page)		
Person in charge Justin Rork	1 2 3 4 5		
Responsible person's email fa008732@flynn.com			
Certified food handler Justin Rork			

• 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/A/C	R	Narrative	To Be Corrected by
442	Core		Floor tiles missing under Expo	12-20-25
442	Core		Grout repair needed under cookline, near ice maker, mechanical dish machine, under kitchen soda station	12-26-25
286	Core		Temperature control knobs missing (4) on flat top grill	12-25-25
443	Core		Floor soiled under kitchen server station, Expo, kitchen soda station, and areas of the bar	12-25-25
443	Core		Rodent-like pellets (RLP's) seen inside cabinet with electrical panel (near Max Induction Units), on shelf with plastic to go bags, and on the enclosed trash room floor	12/4/25
421	Core		Enclosed trash room overhead door not tight-fitting along the sides and top of the door (when looking up from inside the trash room)	12/13/25
343	Core		Kitchen ice maker leaks a drain pipe	12/8/25
343	Core		Bar four bay sink leaks under the far right drain bay	12/8/25

Received by (name and title printed):

X Justin Rork Manager

Received by (signature):

cc:

cc:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

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

Bethy
12/18

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 <u>Applebee's Neighborhood Bar & Grill</u>	Telephone Number <u>Establishment</u> () Owner	Date of Inspection <u>12/8/25</u> <u>3:00pm</u>	ID# <u>1063</u>
Establishment address <u>874 SR 135 Greenwood</u>	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) <u>Open to</u>	Follow-up <u>No</u>	Release Date <u>12/18/25</u>
Owner <u>Apple Indiana 1, LLC</u>	Summary of Violations:		
Owner address			
Person in charge <u>Jimmy</u>			
Responsible person's email <u>FAD9842@Flynn.com</u>			
Certified food handler <u>Adri Ader 4/5/28</u>	Menu Type (See back of page) <u>1 2 3 X 4 5</u>		

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

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Section #	C/NC	R	Narrative	To Be Corrected by
			<p>I will be checking into the cutting boards & will email you my findings</p> <p>The new minimum hand washing temperature is 85°F</p>	
			<p>All food temperatures taken were acceptable</p> <p>Sanitizers observed in wiping buckets</p> <p>Auto dish machine adequately sanitizing @ time of inspection</p>	

Received by (name and title printed):

Jimmy Mink

Inspected by (name and title printed):

Received by (signature):

Bo Me

Inspected by (signature):

Elizabeth Senisse
cc:

317-346-4373



You may make written comments



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

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 Armark - Neovia Logistics	Telephone Number () Establishment () Owner	Date of Inspection 12/28/25	ID# 2748
Establishment address 850 Currachan rd Currenors of TN 46142	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) _____	Follow-up —	Release Date _____
Owner	Summary of Violations: C D NC D R		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler	Menu Type (See back of page) 1 2 V 3 4 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"

Received by (*name and title printed*):

Nicholas Watson

Received by *(signature)*:

W. H. S.

Inspected by (name and title printed):

Paul Betiku Ette

Inspected by (signature):

Paul Blaauw

CC:

cc:

cd

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

Below
12/14

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	Aspen Trace	Telephone	Date of Inspection
Establishment address	3154 South SR 135, Greenwood IN 46143	Summary of Violations	12/4/2025
Owner			0P, 0PF, 1Core
Person - in - Charge	Jackie jcarlton@cardon.us	Certified Food Handler	Follow-up No
Establishment Identification #	1794	County Johnson	Release Date 12/14/2025
		District D5	Purpose: Routine
			Menu Type 3-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:
363	Core		1. Dish machine leaks at the Hobart water treatment solutions filter and shut off valve 2. Mop sink leaks at hot water handle	
			Note: 1. Hot water should be provided at hand sink located by dish machine at least 85°F 2. In use scoop in stagnant water - corrected 3. Dish machine final rinse at 162.6°F	

Establishment Representative

Inspected by: Cassi Hall, EHS
(317) 346-4371 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

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):

T. De Paz

Received by (signature)

cc: He Pay

CC:

CC:

Inspected by (name and title printed):

Paul Betiku etts

Inspected by (signature):

Paul Betske

20



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

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 A.V.E. Danzer Vener Americas Inc.		Telephone Number	Date of Inspection	ID#
Establishment address 206 south Holland St. Edinburgh		(<input type="checkbox"/>) Establishment (<input type="checkbox"/>) Owner	12/23/25	2974
Owner		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) <hr/>	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner address		Summary of Violations:		
Person in charge		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R _____		
Responsible person's email		Menu Type (See back of page)		
Certified food handler		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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):

Kami Ervin

Received by (signature):

Received by ^{(signature):}
John Egan

CC:

CCS

Inspected by (name and title printed):

Paul Belice ETS

Inspected by (signature):

pected by (signature):

CC



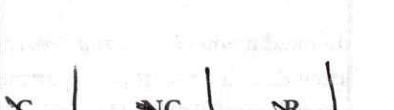
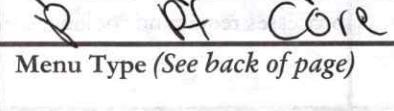
**JOHNSON COUNTY HEALTH DEPARTMENT
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Bamboo	Telephone Number () Establishment () Owner	Date of Inspection 12-3-25	ID# 10131
Establishment address 4800 W Smith Valley Rd.	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <hr/>	Follow-up —	Release Date 12-13-25
Owner Greenwood Ste 1	Summary of Violations: 		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler Lillian Li 10/9/36	Menu Type (See back of page) 		
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			

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

Liyun Li

Received by (signature):

John

SCC

CC

Inspected by (name and title printed):

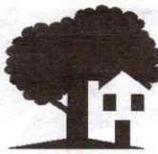
Cass; Hall

Inspected by (signature):

Cassandra Hall

14

Elizabeth Senisse
Page



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Bethany
12/19/19

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 BAYMONT INN	Telephone Number () Establishment () Owner	Date of Inspection 12/18/25	ID# 2648
Establishment address 2122 HOLIDAY LN. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up YES	Release Date 12/28/25
Owner address <hr/>	Summary of Violations: OP / 4 PF / 10 CORE NO NO NO		
Person in charge BILL COCHRAN	Menu Type (See back of page)		
Responsible person's email <hr/>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified food handler <hr/>			

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

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Section #	R	Narrative	To Be Corrected by
456	PF	SPRAY BOTTLE OF CLEANER NOT LABELED	12/19/25
429	PF	HANDSOAP / DISPOSABLE TOWELS NOT PROVIDED	12/20
430	PF	AT HANDSINK - HANDWASHING SIGNAGE	12/20
432	CORE	NOT POSTED	
234	CORE	TOP OF REFRIGERATOR under counter NOT CLEAN	12/20
306	CORE	INSIDE OF REFRIGERATOR NOT CLEAN,	12/20
286	CORE	SHelf COATING WORN	11/15/26
279	CORE	Thermometer NOT SEEN for REFRIGERATOR	12/21
281	PF	CHMICAL TEST KIT EXPIRED	12/23
443	CORE	FLOOR NOT CLEAN IN AREAS	12/22
		BACK Room - CHEST Freezer NOT in use,	
286	CORE	HANDLE BROKEN on UPRIGHT Freezer	11/15/26
285	CORE	Freezer NOT EASILY MOVED, BCO,	11/15/26
279	CORE	Thermometer NOT SEEN, ICE BUILT UP	12/22/25
409	CORE	INSIDE BACK Room AREA NOT CLEAN	12/28

Received by (name and title printed):

Bill Cochran

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

Bill Cochran

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

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 BIG Woods Franklin	Telephone Number () Establishment () Owner	Date of Inspection 12/19/25	ID# 2047
Establishment address 1800 E KING ST. FRANKLIN, IN	Purpose: 1. Routine	Follow-up —	Release Date 12/29/25
Owner	Summary of Violations: OP /OPF /6 core		
Owner address			
Person in charge TYLER PEDRAZOLI	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 8/20/30	Menu Type (See back of page) 1 2 3 4 <input checked="" type="radio"/> 5	
Responsible person's email			
Certified food handler TYLER PEDRAZOLI SERVSAFE EXP. 8/20/30			

• 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
443 CORE *	FLOOR IN AREAS NOT CLEAN, UNDER EQUIPMENT, NEXT TO WALK, STAIRwell, BASEMENT	12/26/25
247 CORE *	TERMOMETER NOT SEEN IN 2 DOOR	12/22
260 CORE *	REFRIGERATOR, NOT CONSPICUOUSLY LOCATED IN PREPARATION COOLER	→ corrected
151 CORE *	RESTRAINT FOR FACIAL HAIR (BEARD) NOT WORN	12/19/25
238 CORE *	PLASTIC LID FOR FOOD CONTAINER IN WALK-IN COOLER CRACKED	12/21
447 CORE *	BROOMS NOT HUNG UP OFF FLOOR	12/21
NOTE *	ONE REFRIGERATOR ON PREPARATION LINE NOT IN USE	(WORK ORDER)
NOTE *	SOME ITEMS STORED IN BASEMENT TO BE DISCARDED	12/31

Received by (name and title printed):

Tyler Pedrazi General Manager

Received by (signature):

Tyler

cc:

cc:

Inspected by (name and title printed):

Bob Smith EHS

Inspected by (signature):

Bob Smith

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

Betal
12/14

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
Bob Evans Restaurant #426	317-885-1280	12/4/2025
Establishment address 159 Marlin Drive, Greenwood IN 46142		Summary of Violations 2P, 1PF, 2Core
Owner	Follow-up No	Release Date 12/14/2025
Person - in - Charge Ber.0426@bobeavans.com	Certified Food Handler Ashley Swazay (8/10/28)	Purpose: Routine
Establishment Identification # 2133	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:
213	P		Observed the internal food temperature of chicken noodle soup @ 106°F, hot holding in the two door warmer cabinet - Manager stated the food product was made 1 hour ago	Corrected at time of inspection
142	P		Observed the final dish machine rinse @ 149°F - A rack of dishes were observed in the machine before tested - Dish machine showed 14 psi	Corrected at time of inspection
443	CORE	x	1. Floors, walls, ceiling are soiled throughout kitchen - Equipment is soiled (door gaskets, sides of equipment, etc.)	2/1/25
457	P		Observed a spray bottle of Clorox stored next to the food products on the prep-table	Corrected at time of inspection
450	PF		Observed small flies in the cabinet under the soda station	1/1/25
363	CORE		Mop sink leaks at the AVB (atmosphere vacuum breaker) connection	1/1/25
	Notes:		1. Observed raw chicken in plastic portion bags @ 43°F in the walk in cooler 2. Ice buildup inside walk in freezer	


Establishment Representative


Inspected by: Cassi Hall, EHS
(317) 346-43771 chall@co.johnson.in.us

Beth M
115



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 Burger King	Telephone Number	Date of Inspection 12/22/2025
Establishment address 1251 US Hwy 31 N Space VC04 Greenwood, IN 46142	Summary of Violations: 0P, 0Pf, 1Core	
Owner IMRG Burger of Greenwood Park, Inc Email- Alesha Engelsen- GM	Follow-up No	Release Date 1/2/2026
Person in charge Alesha Engelsen- GM	Certified food handler Dawn Guerrero- District manager ServSafe exp 8/4/28	Purpose Routine
Establishment Identification # 2920	County Johnson	District D5

- 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:
306	Core		Three bay sink drain soiled	12/31/25
			Note- Mayo on line @62, sliced cheese at 47 Mayonnaise packaging not available to verify if condiment is safe to store at room temperature. Mayonnaise is stored on the serving line for 24 hours. Sliced cheese is discarded every 4 hours.	

Received by

Inspected by Mia Papageorge, EHS
(317) 868-8818 mpapageorge@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

Beth
12/19

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 Casey's General Store #3499	Telephone Number () Establishment () Owner	Date of Inspection 12/18/25	ID# 2005
Establishment address MORTON ST. (3048) FRANKLIN, IN	Purpose: 1. Routine	Follow-up	Release Date 12/28/25
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: OP/OPP/15 core	
Owner address			
Person in charge BRIAN CAMPBELL		Menu Type (See back of page)	
Responsible person's email		1 2 3 X 4 5	
Certified food handler Jennifer Bowden EHS			

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

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Section #	Narrative	To Be Corrected by
400 (core)	LID NOT CLOSED ON OUTSIDE DUMPSTER SOME TRASH ON GROUND IN ENCLOSURE	12/20/25
443 (core)	FLOOR IN AREAS OF Food PREPARATION AREA NOT CLEAN, WALL under 3 compartment SINK NOT CLEAN, RESTROOM EXHAUST COVERS NOT CLEAN	12/28
436 (core)	LIGHTS OUT ON EXHAUST Hoods (2)	12/28
286 (core)	door gaskets worn/split on WALK-IN COOLER door, PIZZA PREPARATION REFRIGERATOR	11/10/26
286 (core)	ICE BUILT UP ON condenser FAN - STORE WALK-IN COOLER	12/28
247 (core)	Thermometer not seen ICE cream chest Freezer	12/28

Received by (name and title printed):

Brian Condren

Received by (signature):

Brian

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**

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Betty
A 12/10

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 Chili's Grill & Bar	Telephone Number () Establishment () Owner	Date of Inspection 12/8/25	ID# 2291
Establishment address 1281 US 31N.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 12/18/25
Owner	Summary of Violations: P pt Core ✓ 0 NC 0 R 2		
Owner address			
Person in charge Pedro Cortez			
Responsible person's email			
Certified food handler Pedro Cortez	Menu Type (See back of page) 1 2 3 ✓ 4 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"

Received by (*name and title printed*):

Penro Coates

Received by (signature):

Received by (signature):
Declarative Categories

CC:

CC:

Inspected by (name and title printed):

Inspected by (name and title printed):
Andrew Miller, EHS

Inspected by (signature):

Inspected by (signature):
Andrew Miller

CC2



JOHNSON COUNTY HEALTH DEPARTMENT
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INSPECTION REPORT

95 S. DRAKE ROAD
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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.

Establishment name CHURCH ON JEFFERSON	Telephone Number () Establishment () Owner	Date of Inspection 12/30/25	ID# 2900
Establishment address 201 E JEFFERSON 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 1/9/26
Owner	Summary of Violations:		
Owner address	1 P / 3 PF / 1 core		
Person in charge	— N —		
Responsible person's email	Menu Type (See back of page)		
Certified food handler ✓	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 #	C R	Narrative	To Be Corrected by
348	P	ICE MAKER DRAIN DOES NOT HAVE AN AIR GAP AT THE FUNNEL OUTLET	1/10/26
430	PF	DISPOSABLE HAND TOWELS NOT SEEN AT THE HANDSINK	1/3/26
279	PF	METAL STEM PROBE TYPE THERMOMETER REGISTERING 0-220°F OR DIGITAL TYPE THERMOMETER NOT SEEN	1/3
281	PF	OTHE MECAL TEST KIT NOT SEEN (NOTE) SANITIZER NOT SEEN	1/3
328	C	UTENSILS STORED UNDER WATER SUPPLY LINE IN NON COVERED STORAGE CONTAINER	1/3

Received by (name and title printed):

✓

Inspected by (name and title printed):

Bob Smith EHS

Received by (signature):

✓

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

Bekal
12/19

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 <u>COFFEE House</u> 5 <u>Five Greenwood</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>12/5/25</u>	ID# <u>1813</u>
Establishment address <u>323 MARKET PLAZA</u>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) _____	Follow-up	Release Date <u>12/15/25</u>
Owner <u>Greenwood</u>	Summary of Violations:		
Owner address <u>Bryan & Michelle Peters</u>	C _____ NC _____ R _____		
Person in charge <u>HEIDI JENSEN</u>	Menu Type (See back of page)		
Responsible person's email			
Certified food handler <u>HEIDI JENSEN</u> <u>7/5/27</u>	1 _____ 2 <u>X</u> 3 _____ 4 _____ 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"

Received by (name and title printed): Heidi Jensen	Inspected by (name and title printed): Kevin R. Fawcett et al	
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

Bethany
115

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 Continental Canteen - Milwaukee Tool	Telephone Number () Establishment () Owner	Date of Inspection 12/23/25	ID# 2473
Establishment address 2198 South Tech dr	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up —	Release Date
Owner Greenwood	Summary of Violations: core D B D D P D		
Owner address			
Person in charge			
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"

Received by (name and title printed):

Marka Mark Brown

Received by (signature):

Mr Br

Inspected by (name and title printed):

Paul Bélice EBS

Inspected by (signature):

Paul Seawell

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

Bethany
DM

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 Crowbar Restaurant + Lounge	Telephone Number () Establishment () Owner	Date of Inspection 12/1/25	ID# 1444
Establishment address 209 S. S.R. 135	Purpose: 1. Routine	Follow-up Yes	Release Date 12-11-25
Owner Brian M.	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Kim Hourigan	Summary of Violations: P pf Core e 1 nc 3 x 6	
Owner address	Responsible person's email ServSafe EXP	Menu Type (See back of page) 1 f 2 3 V 4 5	
Person in charge	Certified food handler Angelika Oakes 7/23/25	Kim Hourigan has valid FPM certificate	

• 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
285	Core		Krownne coolers (2 door) in front bar and back bar are not easily movable	12/25/25
359	pf		Hand sink in kitchen lacked a supply of hot and cold water	12/2/25
343	Core		Mop sink atmospheric vacuum breaker leaks (AVB)	12/10/25
443	Core		Floor under kitchen server area ice bin contains stagnant water	12/2/25
286	pf		No Quat test papers	12/2/25
286	Core		Sanitizer test papers for chlorine are expired (2024)	12/31/25
286	Core		Some kitchen refrigeration units contain split/torn door gaskets	12/31/25
461	P		Bar undercounter dish machine contained less than 50 ppm of Chlorine	12/1/25
286	Core		Bar undercounter dish machine left top of the door rubs the frame	12/8/25
216	pf		No Standard Operating Procedure provided for raw chicken and fish breading products.	12/5/25

Received by (name and title printed):

Inspected by (name and title printed):

Kim Hourigan

Andrew Miller, EH8

Received by (signature):

Inspected by (signature):

B - 18 -

Andrew Miller

cc:

cc:

cc: