



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

7-26 AM

Bekah
12/24

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>Apple's Grill + Bar</i> <i>Neighborhood</i>	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. <u>Routine</u> 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 R 8	
Owner address		Menu Type (See back of page) 1 2 3 <u>4</u> 5	
Person in charge Justin Rork			
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/X/C	R	Narrative	To Be Corrected by
442	Core		Floor tiles missing under Expo	12-26-25
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 (RLPs) 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
363	Core		Kitchen ice maker lacks a drain pipe	12/8/25
363	Core		Bar four bay sink leaks under the far right drain bay	12/8/25

Received by (name and title printed): Justin Rork Manager	Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): <i>Justin Rork</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
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Betsy
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>26 888</u>	Date of Inspection <u>12/8/25</u>	ID# <u>1063</u>
Establishment address <u>874 SR 135 Greenwood</u>	() Owner	Follow-up <u>No</u>	Release Date <u>12/18/25</u>
Owner <u>Apple Indiana I, LLC</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <u>P 0 P 0 C 0</u>	
Owner address		Menu Type (See back of page) <u>1 2 3 X 4 5</u>	
Person in charge <u>Jimmy</u>			
Responsible person's email <u>FA009842@Flynn.com</u>			
Certified food handler <u>Cynthia Ader 4/5/28</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"

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



Received by (name and title printed): <u>Jimmy Mink</u>	Inspected by (name and title printed): <u>Elizabeth Senisse</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc: <u>317-346-4373</u>

You may make written comments

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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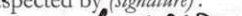
Belam
115

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC ~~7-24~~ ⁷⁻²⁵, 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 Aramark - Neovia Logistics	Telephone Number () Establishment () Owner	Date of Inspection 12/23/25	ID# 2748
Establishment address 850 Cushman rd IN 46042	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner		Summary of Violations:	
Owner address		C <u>D</u> NC <u>D</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>V</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Nicholas Watson		Inspected by (name and title printed): Paul Betiku Ets
Received by (signature): 		Inspected by (signature): 
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

Beky
12/14

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.

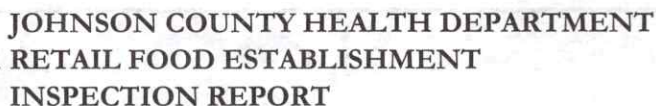
establishment Aspen Trace	telephone 317-535-3344	Date of Inspection 12/4/2025
Establishment address 3154 South SR 135, Greenwood IN 46143	Summary of Violations 0P, 0PF, 1Core	
Owner Cardon Associates INC	Follow-up No	Release Date 12/14/2025
Person - in - Charge Jackie jcarlton@cardon.us	Certified Food Handler	Purpose: Routine
Establishment Identification # 1794	County Johnson	District D5
		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	

Jackie Carlton
Establishment Representative

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

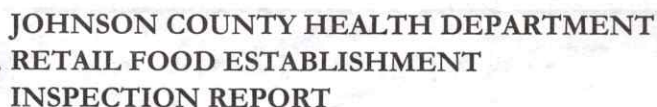


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6-5264 ✓

Establishment name Amos Hill - AVI AVI-Amos Hill Assoc Inc.		Telephone Number () Establishment () Owner		Date of Inspection 02/23/25	ID# 2976
Establishment address 112 Shelby Ave Edinburg TX 76124		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up -	Release Date
Owner				Summary of Violations:	
Owner address				C <u> P </u> NC <u> P </u> R <u> </u>	
Person in charge				Menu Type (See back of page)	
Responsible person's email				1 <u> </u> 2 <u> ✓ </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler					

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Page 1 of _____



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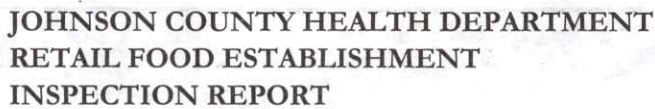
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

- 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"

[illegible]

Received by (name and title printed): • Kami Ervin	Inspected by (name and title printed): paul Betiku ERS
Received by (signature): Kami Ervin	Inspected by (signature): paul Betiku
cc:	cc:




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



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1214

7-26
AC 7.24 In

Establishment name Bamboo	Telephone Number () Establishment () Owner	Date of Inspection 12-3-25	ID# 1931
Establishment address 4800 W Smith Valley Rd.	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 —	Release Date 12-13-25
Owner Steel Greenwood		Summary of Violations: <div style="display: flex; justify-content: space-around;"> <div>C 1</div> <div>NC 1</div> <div>R 1</div> </div> <div style="display: flex; justify-content: space-around;"> <div>2</div> <div>PF</div> <div>Core</div> </div>	
Owner address		Menu Type (See back of page)	
Person in charge		1 2 3 X 4 5	
Responsible person's email			
Certified food handler William Li 10/9/30			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" 
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[illegible]

Received by (name and title printed): Liyun Li	Inspected by (name and title printed): Cass Hall
Received by (signature): 	Inspected by (signature): 
cc:	cc: Elizabeth Semisse



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131
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Betsy
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 BRAYMONT 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)	Follow-up YES	Release Date 12/28/25
Owner CHIRAG PATEL		Summary of Violations: 08 / 4 PF / 10 CORE	
Owner address		Menu Type (See back of page)	
Person in charge BILL COCHRAN		1 2 X 3 4 5	
Responsible person's email			
Certified food handler			

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Section #	PF	R	Narrative	To Be Corrected by
456	PF		SPRAY BOTTLE OF CLEANER NOT LABELED	12/19/25
429	PF		HANDSOP / 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	12/20
			NOT CLEAN	
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		CHEMICAL TEST KIT EXPIRED	12/23
443	CORE	X	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 MOVABLE,	11/15/26
279	CORE		THERMOMETER NOT SEEN, ICE BUILT UP	12/22/25
			INSIDE	
409	CORE		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
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Beta
1/5

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. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 12/29/25
Owner		Summary of Violations: OP / OPF / 6 core	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge TYLER PEDRAZOLI			
Responsible person's email			
Certified food handler TYLER PEDRAZOLI (SERVSAFE EXP. 8/30/30)			

• 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 #	Code	Narrative	To Be Corrected by
443	CORE	FLOOR IN AREAS NOT CLEAN, UNDER EQUIPMENT, NEXT TO WALL, STAIRWELL, BASEMENT	12/26/25
247	CORE	THERMOMETER NOT SEEN IN 2 DOOR	12/22
260	CORE	REFRIGERATOR, NOT CONSPICUOUSLY LOCATED IN PREPARATION COOLER	
151	CORE	RESTRAINT FOR FACIAL HAIR (BEARD) NOT WORN	corrected 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	12/27
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 Pedrazoli General Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Butal
12/14



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 Bob Evans Restaurant #426		telephone 317-885-1280		Date of Inspection 12/4/2025	
Establishment address 159 Marlin Drive, Greenwood IN 46142				Summary of Violations 2P, 1PF, 2Core	
Owner Ber.0426@bobevans.com				Follow-up No	Release Date 12/14/2025
Person - in - Charge Ber.0426@bobevans.com		Certified Food Handler Ashley Swazay (8/10/28)		Purpose: Routine	Menu Type 4-Extensive handling
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 noddle 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	

Natasha Mege
Establishment Representative

Cassi Hall
Inspected by: Cassi Hall, EHS
(317) 346-4371 chall@co.johnson.in.us



Betsy
115

Johnson County Health Department
95 S Drake Rd Franklin, IN 46131
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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-			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	Menu Type 3-Extensive handling
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: <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 —	Release Date 12/28/25
Owner		Summary of Violations: OP / OFF / E CORE	
Owner address		Menu Type (See back of page) 1 — 2 (3 X) 4 — 5	
Person in charge BRIAN CAMDEN			
Responsible person's email			
Certified food handler JAMIE BOLOZ			

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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	12/22
436	CORE	LIGHTS OUT ON EXHAUST HOODS (2)	12/28
286	CORE	DOOR GASKETS WORN/SPLIT ON WALK-IN COOLER DOOR, PIZZA PREPARATION REFRIGERATOR	1/10/26
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 Camden	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Brian	Inspected by (signature): Bob Smith
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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

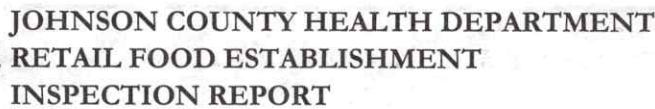
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Chili's Grill & Bar	Telephone Number () Establishment () Owner	Date of Inspection 12/8/25	ID# 2291
Establishment address 1281 US 31N. Greenwood, IN 46142	Purpose: 1. <u>Routine</u> 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 pf Core 0 0 NC 0 R 2	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Pedro Cortez			
Responsible person's email			
Certified food handler Pedro Cortez			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

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






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7.24

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

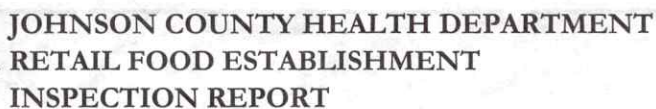
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. ✓

Establishment name COFFEE HOUSE Five Greenwood	Telephone Number () Establishment () Owner	Date of Inspection 12/5/25	ID# 1813
Establishment address 323 MARKET PLAZA	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 12/15/25
Owner Greenwood		Summary of Violations:	
Owner address Brian's Michelle Peters		C _____ NC _____ R _____	
Person in charge Heidi Jensen		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 X 3 _____ 4 _____ 5 _____	
Certified food handler HEIDI JENSEN 7/5/27			

- 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 Heidi Jensen		Inspected by (name and title printed): KEVIN R. PAXTON EAS
Received by (signature): Heidi Jensen		Inspected by (signature): KRP
cc:	cc:	cc:



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





Barth
115

7-26

Establishment name Continental Canteen - Milwaukee Tool	Telephone Number () Establishment () Owner	Date of Inspection 12/23/25	ID# 2473
Establishment address 2198 South Tech Dr Greenwood #6142	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner		Summary of Violations:	
Owner address		core <u>D</u> PP <u>D</u> P <u>D</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>2</u> ✓ 3 <u>4</u> <u>5</u>	
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"

[illegible]

Received by (name and title printed):  Mark Brown		Inspected by (name and title printed):  Paul Berman E&S	
Received by (signature): 		Inspected by (signature): 	
cc:	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

7-26 (AM)

Bekm
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 Crowbar Restaurant + Lounge	Telephone Number () Establishment () Owner	Date of Inspection 12/1/25	ID# 1444
Establishment address 209 S. S.R. 135 Tratalgar, IN 46181	Purpose: Routine	Follow-up Yes	Release Date 12-11-25
Owner Brian M.	2. Follow-up	Summary of Violations: p pf Core e 1 NC 3 x 6	
Owner address	3. Complaint	Menu Type (See back of page)	
Person in charge Kim Hourigan	4. Pre-Operational		
Responsible person's email	5. Temporary		
Certified food handler Angelika Oakes (ServSafe Exp 7/23/25)	6. HACCP		
	7. Other (list)		
	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		Krowne 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
280	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	12/1/25
461	P		Bar undercounter dish machine contained less than 50 ppm of Chlorine	12/8/25
286	Core		Bar undercounter dish machine left top of the door rubs the frame	12/5/25
216	PF		No Standard Operating Procedure provided for raw chicken and fish breading products.	

Received by (name and title printed):
Kim Hourigan

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

Received by (signature):
[Signature]

Inspected by (signature):
[Signature]

cc:

cc:

cc: