Bekny 9-8

**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

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: 1926 CHOP HOUSE | Telephone Number: ( ) Establishment ( ) Owner | Date of Inspection: 9/2/26 | ID#: 3134 |
| Establishment address: 180 E. KING ST. 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: 9/12/26 |
| Owner: GLEMMER / ADMIRE | | Summary of Violations: 2P/0PF /6 CORE | |
| Owner address: | | | |
| Person in charge: JOSHUA HUFFMAN | | | |
| Responsible person's email: | | Menu Type *(See back of page)*: 1 2 3 AP 5 | |
| Certified food handler: MARK STIKER (SERVSAFE 12/13/30 EXP) | | | |

- 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 # | P/NC | CDR | Narrative | To Be Corrected by |
|---|---|---|---|---|
| 429 | CORE | X | HANDSOAP, DISPOSABLE TOWELS NOT PROVIDED AT HANDSINKS | 9/3/26 |
| 430 | CORE | | BAKERY AREA - THERMOMETER NOT CONSPICUOUSLY LOCATED IN SMALL REFRIGERATOR | 9/3 |
| 176 | CORE | X | BULK CONTAINERS OF FLOUR, SUGAR NOT LABELED AS TO CONTENTS | CORRECTED 9/2 |
| 316 | P | X | SANITIZER NOT DETECTED ON DISHWARE AFTER FINAL SANITIZATION RINSE | 9/3 |
| 213 | P | X | GREEN BEANS, ONIONS IN WARMER 70°F NOT AT 135°F MINIMUM (INTERNAL TEMPERATURE) | CORRECTED 9/2 |
| NOTE | | X | 9 GAL. OF MILK BEST BUY DATE 8/3/26 | DISCARDED 9/2 |
| 443 | CORE | X | FLOOR UNDER ICE [illegible] NOT CLEAN SOFT DRINK | 9/3 |
| 363 | CORE | X | BAR (ROD) DRAIN LINE NOT OFF FLOOR SURFACE | 9/21 |
| NOTE | | X | DISHRACK NOT STORED OFF FLOOR | 9/3 |

Received by *(name and title printed)*: Joshua Huffman Executive Chef

Inspected by *(name and title printed)*: Rob Smith EHS

Received by *(signature)*:

Inspected by *(signature)*: Rob Smith

cc:

cc:

cc:

Betsy
9-28

# 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 | telephone | Date of Inspection |
|---|---|---|
| Aldi Franklin | | 9/8/2026 |

| Establishment address | Summary of Violations | |
|---|---|---|
| 1538 N Morton Street, Franklin, IN | 0,0,0 | |
| Owner | Follow-up: No | Release Date: 9/18/2026 |
| Person - in - Charge / Certified Food Handler | Purpose: Routine | Menu Type: 3-Extensive handling |
| Establishment Identification #: 3095 / County: Johnson / District: D5 | | |

- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | P/Pf/C | R? | Violation Observed: | To be Corrected |
|---|---|---|---|---|
| | | | Nothing to note | |
| | | | | |
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# 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~~ 7-22, 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 | ID# |
|---|---|---|---|
| American Legion | ( ) Establishment<br>( ) Owner | 9-23-26 | 167 |
| **Establishment address** | **Purpose:** | **Follow-up** / **Release Date** | |
| 334 US 31 S Greenwood IN | 1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other *(list)* | | |
| **Owner** | | **Summary of Violations:** | |
| | | 4 Core<br>C ____ NC ____ R ____ | |
| **Owner address** | | | |
| **Person in charge** | | | |
| **Responsible person's email** | | **Menu Type** *(See back of page)* | |
| | | 1 2 X 3 4 5 | |
| **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"

| Section # | C/NC | R | Narrative | To Be Corrected by |
|---|---|---|---|---|
| 306 | Core | | - Can opener is soiled. | |
| 306 | Core | | - Micro. Wave is soiled. | |
| 260 | Core | | - No thermometer in the chest Freezer | |
| 234 | Core | | - The paint on the interior of the exhaust hood is worn. | |

| Received by *(name and title printed)*: | Inspected by *(name and title printed)*: |
|---|---|
| DONNA L VANDERPOOL | Terry D Bayless |
| **Received by** *(signature)*: | **Inspected by** *(signature)*: |
| Donna L Vanderpool | Terry D Bayless |
| **cc:** | **cc:** |
| | **cc:** |

Betsy 9-8

**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

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: ANN'S RESTAURANT | Telephone Number: ( ) Establishment ( ) Owner | Date of Inspection: 9/3/26 | ID#: 104 |
| Establishment address: 77 W MONROE FRANKLIN, IN | Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* | Follow-up: — | Release Date: 9/13/26 |
| Owner: (THA TREATMENT CENTER) | | Summary of Violations: OP / OPF / 2 CORE | |
| Owner address: | | | |
| Person in charge: MERIKA CRAWLEY | | | |
| Responsible person's email: | | Menu Type *(See back of page)*: 1 2 3 (4) 5 | |
| Certified food handler: MERIKA CRAWLEY | | | |

- 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 # | ~~CRITICAL~~ CORE | ~~REPEAT~~ | Narrative | To Be Corrected by |
|---|---|---|---|---|
| 286 | (CORE) | X | OUTDOOR WALK-IN FREEZER DOOR GASKET WORN/SPLIT | 9/25/26 |
| 442 | (CORE) | X | CEILING/WALL JUNCTURE IN KITCHEN HAS GAP | 9/20 |

Received by *(name and title printed)*: Merika Crawley

Received by *(signature)*: Merika Crawley

Inspected by *(name and title printed)*: Bob Smith EHS

Inspected by *(signature)*: Bob Smith

cc: | cc: | cc:

Betsy 9/18

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

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

7-24 (cH)

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: Aspen Creek Grill | Telephone Number: ( ) Establishment ( ) Owner | Date of Inspection: 9-11-26 | ID#: 2895 |
| Establishment address: 1287 N Emerson Ave 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: 9-21-26 |
| Owner | | Summary of Violations: ~~C~~ 0 NC 0 ~~R~~ 3 P Pf Core. | |
| Owner address | | | |
| Person in charge: Rich Levenhagen | | | |
| Responsible person's email | | Menu Type *(See back of page)*: 1 2 3 X 4 5 | |
| Certified food handler: Rich levenhagen (exp 2/7/28) | | | |

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

| Section # | ~~C~~/NC P/Pf/Core | R | Narrative | To Be Corrected by |
|---|---|---|---|---|
| • 183 | Core. | | In-use knife stored between flip top cooler & prep-table/countertop. - cooler | |
| • 286 | Core | | Observed 1 damaged fryer basket | |
| • 180 | P | | Observed a metal container (contains squeeze bottles etc) stored in the bar ice bin. | |
| • 443 | Core | (1) | bar area floor is soiled under equipment | |
| | | (2) | bar area floor drain is soiled (under ice bin) | |

Received by *(name and title printed)*: Rich Levenhagen
Received by *(signature)*: Rich Levenhagen

Inspected by *(name and title printed)*: Cassi Hall
Inspected by *(signature)*: Cassi Hall

cc: | cc: | cc: Elizabeth Senisse 317-346-4373

Betsy 9-5

**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: ASTRAL AT FRANKLIN | Telephone Number: ( ) Establishment ( ) Owner | Date of Inspection: 9/1/26 | ID#: 2569 |
| Establishment address: 1375 NICOLE DR. FRANKLIN, IN | Purpose: (1) Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up: — | Release Date: 9/11/26 |
| Owner: | | Summary of Violations: OP/OPF/3 CORE | |
| Owner address: | | | |
| Person in charge: WENDY CLARK | | | |
| Responsible person's email: | | Menu Type (See back of page): 1 2 (3) 4 5 | |
| Certified food handler: WENDY CLARK (CFMP / CFPP CDM) | | | |

- 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 # | CORE | X | Narrative | To Be Corrected by |
|---|---|---|---|---|
| 443 | CORE | X | FLOOR NOT CLEAN IN AREAS OF KITCHEN NEXT TO WALL, UNDER EQUIPMENT | 9/6/26 |
| NOTE | | X | PLASTIC TUB USED AS SUPPORT/SHELF IN WALK-IN COOLER | 9/6 |
| 260 | CORE | X | THERMOMETER NOT SEEN IN ICE CREAM FREEZER (NOT CONSPICUOUSLY LOCATED) | 9/3 |
| 228 | CORE | X | SOME BOXED STAGED SERVICE ITEMS NOT STORED OFF FLOOR - MINIMUM OF 6 INCHES IN STOCK ROOM | 9/6 |
| NOTE | | | MECHANICAL DISHMACHINE HOT WATER SANITIZATION TEMPERATURE ADEQUATE 168°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 167°F) | OK |

Received by (name and title printed): WENDY CLARK Director of Dining Services
Inspected by (name and title printed): Bob SMITH EHS

Received by (signature): W Clark
Inspected by (signature): Bob Smith

cc: | cc: | cc:

Betsy 9-28

**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 | telephone | Date of Inspection |
|---|---|---|
| AVI - Electro-Spec INC INDPLS Market C | | 9/14/2026 |

| Establishment address | Summary of Violations | |
|---|---|---|
| 1800 Commerce PKWY, Franklin | 0,0,0 | |
| Owner | Follow-up: No | Release Date: 9/24/2026 |
| Person - in - Charge / Certified Food Handler | Purpose: Routine | Menu Type: 1- Limited menu |
| Establishment Identification #: 2492 / County: Johnson / District: D5 | | |

- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | P/Pf/C | R? | Violation Observed: | To be Corrected |
|---|---|---|---|---|
| | | | No violations observed | |
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Caleb Fleener

Betsy 9-26

**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 | telephone | Date of Inspection |
|---|---|---|
| AVI KYB Americas Corp Franklin Main Market C | | 9/14/2026 |

| Establishment address | Summary of Violations | |
|---|---|---|
| 2625 N Morton Street, Franklin | 0,0,0 | |
| Owner | Follow-up: No | Release Date: 9/24/2026 |
| Person - in - Charge / Certified Food Handler | Purpose: Routine | Menu Type: 1- Limited menu |
| Establishment Identification #: 2230 / County: Johnson / District: D5 | | |

- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | P/Pf/C | R? | Violation Observed: | To be Corrected |
|---|---|---|---|---|
| | | | No violations observed | |
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Caleb Heeper

Betsy
9-24

**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 | telephone | Date of Inspection |
|---|---|---|
| AVI - L&E Engineering LLC Greenwood | | 9/14/2026 |
| Establishment address: 254 N Graham Road Greenwood 46143 | | Summary of Violations: 0,0,0 |
| Owner | | Follow-up: No / Release Date: 9/24/2026 |
| Person - in - Charge / Certified Food Handler | | Purpose: Routine / Menu Type: 1- Limited menu |
| Establishment Identification #: 2972 | County: Johnson / District: D5 | |

- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | P/Pf/C | R? | Violation Observed: | To be Corrected |
|---|---|---|---|---|
| | | | No violations observed | |
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Caleb Fleener

Betsy 9-28

**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 | telephone | Date of Inspection |
|---|---|---|
| AVI - Meijer INC Store #132 | | 9/15/2026 |

| Establishment address | Summary of Violations | |
|---|---|---|
| 150 S Marlin Street Greenwood 46142 | 0,0,0 | |
| **Owner** | **Follow-up** | **Release Date** |
| | No | 9/25/2026 |

| Person - in - Charge | Certified Food Handler | | Purpose: | Menu Type |
|---|---|---|---|---|
| | | | Routine | 1- Limited menu |
| **Establishment Identification #** | **County** | **District** | | |
| 3067 | Johnson | D5 | | |

- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | P/Pf/C | R? | Violation Observed: | To be Corrected |
|---|---|---|---|---|
| | | | No violations observed | |
| | | | | |
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Caleb Fleener

Betsy 10/2

**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 | telephone | Date of Inspection |
|---|---|---|
| Baldwin (The) | (317) 458-3026 | 9/29/2026 |

| Establishment address | Summary of Violations | |
|---|---|---|
| 23 N. Baldwin Bargersville, IN 46106 | **P:0 Pf:0 C:0** | |
| Owner: Patricia Timmons, Email: letseat@lolastable.net | Follow-up: No | Release Date: 10/8/2026 |
| Person - in - Charge: Patricia Timmons / Certified Food Handler: Patricia Timmons | Purpose: Routine | Menu Type: 3-Extensive handling |
| Establishment Identification #: 3060 / County: Johnson / District: D5 | | |

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

| Sec# | P/Pf/C | R? | Violation Observed: | To be Corrected by: |
|---|---|---|---|---|
| | | | No violations observed at time of inspection. | |
| | | | *Note: Ensure thermostat in prep cooler is easily visible. * | |
| | | | *Note: Ensure mops are hung to dry. They have a cleaning service that comes in once a week, so mop is only used in case of spills. * | |
| | | | *Note: The Bar on Baldwin is no longer using a commissary kitchen. They are using their own kitchen (Lola's Table) next door and then bringing over any food on their menu that cannot be prepared in their small kitchen. The Bar on Baldwin and Lola's Table are owned by the same person. * | |

Establishment Representative

Inspected by: Lauren Mays, EHS
(317) 346-4370 lmays@JohnsonCounty.in.gov

Betsy 9-6

**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

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: 9-4-26 | ID#: 1931 |
| Establishment address: 4800 W Smith Valley Rd | Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* | Follow-up: No | Release Date: 9-14-26 |
| Owner: Liyun Li Greenwood 46142 | | Summary of Violations: C 0 NC 0 R 2 | |
| Owner address: | | P Pf Core | |
| Person in charge: Liyun Li | | Menu Type *(See back of page)*: 1 2 3 X 4 5 | |
| Responsible person's email: | | | |
| Certified food handler: Liyun Li (10/9/30) exp | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" P/Pf/Core
- 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 |
|---|---|---|---|---|
| 306 | Core | 1 | the faucets @ cooking PS soiled. | 9-21-26 |
| | | 2 | hood system is soiled. | 1 |
| 212 | Core | | Two metal pans of previously cooked grilled chicken measured 70°F and 76°F while inside the walk-in-cooler. | Corrected 1 |

Received by *(name and title printed)*: Liyun Li
Received by *(signature)*:
Inspected by *(name and title printed)*: Andrew Miller, EHS, Cassi Hall
Inspected by *(signature)*: Andrew Miller, Cassi Hall

cc: | cc: | cc:

Betsy
9.29

# 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 | telephone | Date of Inspection |
|---|---|---|
| BJ's Restaurant & Brewhouse | (317)881-3500 | 9/24/2026 |

| Establishment address | Summary of Violations | |
|---|---|---|
| 1251 US 31 N Greenwood, IN 46142 | **P:0 Pf:0 C:0** | |
| Owner: BJ's Restaurant Operations Co<br>Email: bjs476@bjsrestaurants.com | Follow-up: No | Release Date: 9/3/2026 |
| Person - in - Charge: Todd Hicks | Certified Food Handler: Joseph Glass Food Protection Manager EXP: 11/10/2030 | Purpose: Routine |
| Establishment Identification #: 1344 | County: Johnson / District: D5 | Menu Type: 1-Extensive handling |

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

| Sec# | P/Pf/C | R? | Violation Observed: | To be Corrected by: |
|---|---|---|---|---|
| ~~260~~ | ~~Pf~~ | | No thermometer observed in cook prep table drawer coolers. | Corrected on Site |
| | | | *Note: BJ's pizza prep cooler is currently out of order, so they are keeping the pizza toppings on ice. They replace the ice every 2 hours and rotate the product every 3 hours. In the non-busy hours, they put the toppings in the walk-in refrigerator. I advise them to increase mopping frequency around the pizza prep area to once every hour, as the ice is leaking onto the floor. The unit is anticipated to be replaced by December. * | |
| | | | *BJ's Restaurant & Brewhouse has an employee health policy, a bodily fluid clean up kit, and allergen alert information. * | |

Establishment Representative

Inspected by: Lauren Mays, EHS
(317) 346-4370 lmays@JohnsonCounty.in.gov

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

## Retail Food Establishment Inspection Report

Betsy 9/16

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 |
|---|---|---|
| Bonefish Grill #7502 | | 9/16/2026 |

| Establishment address | Summary of Violations |
|---|---|
| 1001 N SR 135, Greenwood IN 46142 | **1P, 1PF, 6Core** |

| Owner | Follow-up | Release Date |
|---|---|---|
| | Yes | 9/26/2026 |

| Person - in - Charge | Certified Food Handler | Purpose: | Menu Type |
|---|---|---|---|
| Taran | | Routine | 4-Extensive handling |

| Establishment Identification # | County | District |
|---|---|---|
| 1014 | Johnson | 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 | | 1. Observed the following internal food temperatures at the kitchen salad flip top cooler<br>- Asian Bang Sauce @ 65*F<br>- Bang Sauce @ 63*F<br>- Diced Tomatoes @ 65*F<br>- Flip top cooler was not turned on / plugged into electrical outlet<br>2. Observed the internal food temperature of previously cooked shrimp @ 47*F dated marked Saturday 9/12 located in the two door stand up cooler | Recommend Discarding all TCS Food |
| 450 | PF | | 1. Observed an alive cockroach located in the kitchen<br>2. Observed one dead cockroach<br>- Establishment is working with ECOLab Pest Control | 10-1-26 |
| 146 | CORE | | Food preparation employees are wearing bracelets | 10-16-26 |
| 185 | CORE | | Red sanitizer buckets are stored on the floor | 10-16-26 |
| 443 | CORE | x | Floors, walls, and ceilings are soiled throughout kitchen<br>- Manager stated that they will start detail cleaning at the cookline | 10-16-26 |
| 306 | CORE | x | Sides of cooking equipment is soiled | 10-16-26 |
| 442 | CORE | x | Grout missing/worn in areas throughout kitchen (holding stagnant water, food, and grease) | 12-10-26 |
| 286 | CORE | | 1. The evap thermalizer machine located by the walk-in cooler is leaking onto the floor<br>2. The walk-in cooler condenser is leaking onto the shelving racks<br>3. The walk-in freezer contains ice build-up around the condenser | 10-16-26 |

x Darren Hurley — Cassi Hall Andrew Miller

Establishment Representative

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

Betsy 9-28

# 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 | telephone | Date of Inspection |
|---|---|---|
| Buffalo Wild Wings #3832 | | 9/23/2026 |

| Establishment address | Summary of Violations | |
|---|---|---|
| 2330 N Morton Street Franklin 46131 | 0,0,0 | |
| Owner | Follow-up: No | Release Date: 10/3/2026 |
| Person - in - Charge | Certified Food Handler: Lisa Singh exp2027 | Purpose: Routine |
| Establishment Identification #: 2163 | County: Johnson / District: D5 | Menu Type: 3-Extensive handling |

- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

| Sec# | P/Pf/C | R? | Violation Observed: | To be Corrected |
|---|---|---|---|---|
| | | | No items noted, great job! | |
| | | | | |
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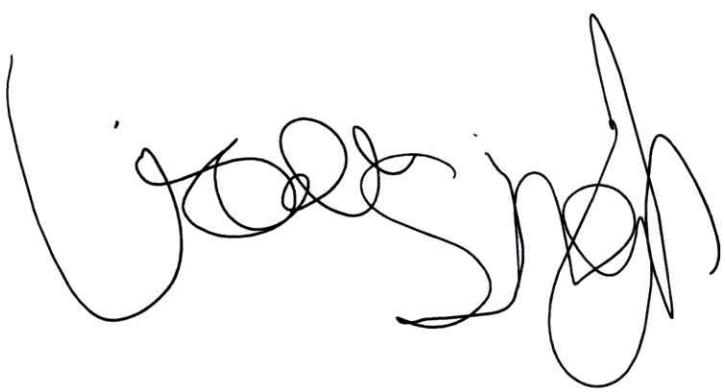

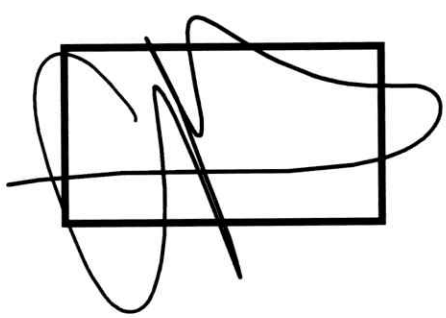

Betsy 9-8

**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

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: BURGER KING #7447 | Telephone Number: ( ) Establishment ( ) Owner | Date of Inspection: 9/3/26 | ID#: 569 |
| Establishment address: 1079 N MORTON 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: 9/13/26 |
| Owner | | Summary of Violations: 0P/0PF/2 CORE | |
| Owner address | | | |
| Person in charge: ALLEN FISHER | | | |
| Responsible person's email | | Menu Type *(See back of page)*: 1 2 3 (4) 5 | |
| Certified food handler: ALLEN FISHER (EXPIRED) | | | |

- 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 # | ~~CRITICAL~~ | ~~P~~ | Narrative | To Be Corrected by |
|---|---|---|---|---|
| 429 | (CORE) | | DISPOSABLE TOWELS NOT PROVIDED AT BACK HANDSINK | 9/4/26 |
| 443 | (CORE) | | FLOOR NEXT TO WALL NOT CLEAN - BACK ROOM | 9/10 |
| NOT | | | MECHANICAL DISHMACHINE HOT WATER SANITIZATION RINSE ADEQUATE OF 160°F OR MORE ON PLATE/UTENSIL SURFACE (WAS 165°F) | |

Received by *(name and title printed)*: Allen F. Sher

Received by *(signature)*:

Inspected by *(name and title printed)*: Bob Smith EHS

Inspected by *(signature)*: Bob Smith

cc: | cc: | cc: