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

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: CASEY'S GENERAL STORE #3499	Telephone Number: (X) Establishment ( ) Owner	Date of Inspection: 9/11/26	ID#: 2005
Establishment address: 3048 N MORTON 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/6 CORE	
Owner address:			
Person in charge: APRIL DAVIS		Menu Type *(See back of page)*: 1 2 (3) 4 5	
Responsible person's email:			
Certified food handler: —			

- 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 #	CORE/NC	P/R	Narrative	To Be Corrected by
443	(CORE)	*	WALL NOT CLEAN (WET/MOLDY) ON OUTSIDE OF CUSTOMER REACH-IN DOOR OF WALK-IN FREEZER	9/6/26
443	(CORE)	*	STOCK ROOM - FLOOR UNDER SHELVING NOT CLEAN	9/6
(NOTE)		*	SOME TRASH ON FLOOR ELECTRICAL ROOM	9/3
443	(CORE)	*	FLOOR, FLOOR DRAINS NOT CLEAN IN BAG-IN BOX SOFT DRINK ROOM, AREAS OF KITCHEN	9/6
443	(CORE)	*	WALL BEHIND SOFT DRINK UNIT/DISPENSER NOT CLEAN (CUSTOMER SERVICE)	9/6
404	(CORE)	~	TRASH FULL IN MENS RESTROOM	9/2
436	(CORE)	~	SOME LIGHTS OUT IN NORTH SIDE STOCK ROOM	9/8

Received by *(name and title printed)*: April Davis Store Manager	Inspected by *(name and title printed)*: Bob Smith EHS
Received by *(signature)*: A. Davis	Inspected by *(signature)*: Bob Smith
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

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: Casey's General Store # 4022	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9/2/26	ID#: 2523
Establishment address: 214 Indiana SR 135	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: Yes	Release Date: 9-14-26
Owner: Casey's Marketing Co. Trafalgar 46181		Summary of Violations: 0 P, 1 Pf, 1 Core	
Owner address:		A ____ No ____ Do ____	
Person in charge:		Menu Type (See back of page) 1 ____ 2 X 3 ____ 4 ____ 5 ____	
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"

Section #	C/NC	R	Narrative	To Be Corrected by
399	Core	X	Broken Trash receptacles outside holding water	9/2/26
459	Pf		Raid© for residential use only observed on ledge above Mop sink	9/2/26
286	Core		Walk-in Freezer has ice build-up	10/15/26
286	Core		Automatic dish machine not in use. Equipment is being stored. Please either * Use dish machine or * Remove it from the store	10/15/26
			Gaskets are slightly soiled	
			Sausage @40°F on flip-top	

Received by (name and title printed): Korey Garrison
Received by (signature): Korey Garrison
Inspected by (name and title printed): Elizabeth Senisse
Inspected by (signature): Elizabeth Senisse
cc:
cc:
cc: 317-346-4373

Bekm 9-14

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: CHICAGOS PIZZA	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9/18/26	ID#: 1131
Establishment address: 1047 W 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: 9/18/26
Owner:		Summary of Violations: OP/ 1 PF /6 CORE	
Owner address:			
Person in charge: CHASE KEAN			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 (3) 4 5	
Certified food handler: CHASE KEAN (SERVSAFE)			

- 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/NP/R	B	Narrative	To Be Corrected by
442	(CORE)	R	FLOOR WORN IN AREAS OF KITCHEN	10/1/26
286	(CORE)	R	DOOR GASKETS WORN ON UPRIGHT 3 DOOR REFRIGERATOR IN KITCHEN	9/20
151	(CORE)	R	EMPLOYEES NOT WEARING HAIR RESTRAINTS (HAIR NET, CAP/VISOR)	9/10
212	PF	R	WARM FOOD PRODUCT (CHEESE) IN COVERED APPROXIMATELY 6 INCH DEEP PLASTIC CONTAINER ON SHELF IN WALK-IN COOLER (NOT USING QUICK METHOD)	9/9
432	(CORE)	R	EMPLOYEE HANDWASHING SIGNAGE NOT POSTED BY HANDSINK IN RESTROOM -	9/9
443	(CORE)	R	FLOOR UNDER UPRIGHT TRUE COOLER, ICE MAKER NOT CLEAN	9/12
284	(CORE)	R	TRUE COOLER UPRIGHT NOT EASILY MOVEABLE FOR CLEANING	9 → 10/1
	(NOTE)		(1 RESTROOM NOT IN USE (SIGN OUT OF ORDER)	

Received by *(name and title printed)*: Chase Kean GM	Inspected by *(name and title printed)*: Bob Smith EHS
Received by *(signature)*: Chase Kean	Inspected by *(signature)*: Bob Smith
cc:	cc:
cc:	cc:

Betsy 9-25

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
Chicago's Pizza				9/9/2026
Establishment address			Summary of Violations	
706 W Trafalgar Pointe Way, Trafalgar 46181			0,0,1	
Owner			Follow-up	Release Date
			No	9/21/2026
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
			Routine	2-Limited menu
Establishment Identification #	County	District		
2807	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
447	C		Hang Mops to properly dry	
			Nothing else noted at time of inspection	

Bethany 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: CHILI's Grill & Bar	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9/2/26	ID#: 2292
Establishment address: 2299 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: —	Release Date: 9/2/26
Owner:		Summary of Violations: OP / 0 PF / 3 CORE C ___ NC ___ R ___	
Owner address:			
Person in charge: TOMY SUNDHEIMER			
Responsible person's email:		Menu Type *(See back of page)*: 1 ___ 2 ___ 3 ~~4~~ 4 ___ 5 ___	
Certified food handler: TOMY SUNDHEIMER (SERVSAFE)			

- 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/~~NC~~/~~R~~		Narrative	To Be Corrected by
429	CORE	*	BACK ~~HANDSINK~~ – HANDSOAP NOT PROVIDED	9/3/26
443	CORE	*	FLOOR NOT CLEAN – IN CORNER UNDER MECHANICAL DISHMACHINE	9/4
328	CORE	*	SOME DISHRACKS NOT STORED OFF FLOOR	9/3
NOTE		*	~~SOME~~ 2 COMPARTMENT ~~SINK~~ SINK NOT IN USE (WORK ORDER – LEAK)	✓
NOTE		*	SOME EQUIPMENT NOT IN USE	✓

Received by *(name and title printed)*: * TOMY SUNDHEIMER HOSPITALITY MANAGER	Inspected by *(name and title printed)*: Bob Smith EHS
Received by *(signature)*: *	Inspected by *(signature)*: Bob Smith
cc:	cc:
cc:	

Betsy 9-23

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: Circle K #4702288	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 8/31/26	ID#: 1183
Establishment address: 800 US 31 N	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up / Release Date	
Owner: Greenwood IN		Summary of Violations: 1 core C___ NC___ R___	
Owner address			
Person in charge		Menu Type *(See back of page)* 1 2 ✓ 3 4 5	
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"

Section #	C/NC	R	Narrative	To Be Corrected by
443	Core		Floor around bag in box system soiled	

Received by *(name and title printed)*: ✓ Amy Villanueva

Received by *(signature)*: Amy Villanueva

Inspected by *(name and title printed)*: Terry D Bayless

Inspected by *(signature)*: Terry D Bayless

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
Continental Canteen Milwaukee Tool		9/15/2026

Establishment address	Summary of Violations	
2198 South tech drive Greenwood 46143	0,0,0	
Owner	Follow-up: No	Release Date: 9/25/2026
Person - in - Charge / Certified Food Handler	Purpose: Routine	Menu Type: 1- Limited menu
Establishment Identification #: 2473 / 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	

Caleb Fleener

Betsy 9-28

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: COURT STREET CAFE	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection: 9/25/26	ID#: 2232
Establishment address: 39 E COURT 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: 10/5/26
Owner: SHERRY YOUNG		Summary of Violations: 0P / 2PF / 8CORE	
Owner address:			
Person in charge: SHERRY YOUNG			
Responsible person's email:		Menu Type *(See back of page)*: 1 2 3 4 5	
Certified food handler: SHERRY YOUNG			

- 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 #	~~CORE~~	~~R~~	Narrative	To Be Corrected by
210	PF	~~R~~	PACKAGED FROZEN MEAT AND PORK BEING THAWED ON KITCHEN COUNTER AT ROOM TEMPERATURE (71°F)	CORRECTED 9/25/26
176	CORE	R	WHITE POWDER IN PLASTIC CONTAINER ON SHELF IN STOCK AREA - CONTAINER NOT LABELED AS TO CONTENTS	9/28
328	~~CORE~~	R	SOME SINGLE SERVICE ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN STOCK ROOM	9/28
284	CORE	R	(2) UPRIGHT REFRIGERATORS NOT EASILY MOVEABLE	11/1
286	CORE	R	DOOR GASKETS WORN ON (1) UPRIGHT REFRIGERATOR	11/1
247	PF	R	THERMOMETER NOT SEEN IN SMALL CHEST FREEZER	10/1
436	CORE	R	CEILING LIGHT OUT - DISHMACHINE AREA	10/15
443	CORE	R	FLOOR IN AREAS OF KITCHEN NOT CLEAN	10/2
363	CORE	R	LEAK NOTED - 3 COMPARTMENT SINK DRAIN	10/15
443	CORE	R	RESTROOM CEILING EXHAUST COVER NOT CLEAN	10/1
		P	MECHANICAL DISHMACHINE HOT WATER	
NONE			SANITIZATION TEMPERATURE ADEQUATE (160°F)	OK

Received by *(name and title printed)*: SHERRY YOUNG OWNER
Received by *(signature)*: Sherry Young

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

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 (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: Culver's Greenwood	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9-3-26	ID#: 2171
Establishment address: 1142 N Emerson Ave Greenwood IN 46143	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:		Summary of Violations: C 0 NC 0 R 3 (P 0 Pf Core.)	
Owner address:			
Person in charge: Sarah & Tiffony.			
Responsible person's email:		Menu Type *(See back of page)*: 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Certified food handler: Sarah Long			

- 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~~ C/NC/Core	R	Narrative	To Be Corrected by
421	Core		the front exterior door is not tight fitting/ Self Closing.	11/5/26
363	Core	(1)	the 3 compartment Sink left faucet leaks @ the Connection	
		(2)	the hand WASHing Station @ Cookline faucet leaks @ the Connection.	
286	Core	(1)	the bulk Custard freezer lid knobs are loose	9/10/26
		(2)	the 2 door cooler (drawer not doors) bottom is not functioning Properly.	
Note:			the Ice Machine lid is being repaired today 9-3-26.	

Received by *(name and title printed)*: Sarah Long	Inspected by *(name and title printed)*: Cassi Hall
Received by *(signature)*: Sarah Long	Inspected by *(signature)*: Cassi Hall
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
Dairy Queen - Trafalgar		9/9/2026

Establishment address	Summary of Violations	
1 Trafalgar Square Trafalgar 46181	0,0,0	
Owner	Follow-up: No	Release Date: 9/21/2026
Person - in - Charge / Certified Food Handler	Purpose: Routine	Menu Type: 3-Extensive handling

Establishment Identification #	County	District
2955	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	

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 CD

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: Don Cuervo Restaurant	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9-4-26	ID#: 1989
Establishment address: 4800 W Smith Valley Rd. Greenwood 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up	Release Date: 9-14-26
Owner: Don Cuervo Restaurant INC		Summary of Violations: C 1 NC 0 R 7 (P, Pf, Core)	
Owner address:			
Person in charge:		Menu Type *(See back of page)*: 1 2 3 4 X 5	
Responsible person's email:			
Certified food handler: Jason Lopez (exp 7/5/28) Pf Core			

- 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	R	Narrative	To Be Corrected by
213	R		Observed the internal food temp. of the pre-portion plastic bags of raw cut chicken 42°F-145°F located in the flip top cooler Observed a metal pan of raw chorizo internal food temp. 95.4°F with a plastic cover located in the walk-in cooler -employee stated they prepared the Chorizo @ 10:00 am on 9/4/26.	9-4-26
234	Core		Observed rice in a plastic grocery bag located in the microwave -not easily cleanable or food grade	—
286	Core		the flip top cooler (with raw chicken) top left door gasket is split/worn.	10-29-26
348	R		the bar ice bin lacks an air gap	
443	Core (1)		bar floor drain is soiled	
	(2)		walls & ceiling throughout kitchen is soiled	
146	Core		Observed food prep. employees wearing watches	9-4-26

Received by *(name and title printed)*: Luis Cruz

Received by *(signature)*:

Inspected by *(name and title printed)*: Cassi Hall / Andrew Miller EHS

Inspected by *(signature)*: Cassi Hall Andrew Miller

cc: | cc: | cc:

Page 2

NARRATIVE REPORT

Greenwood, IN 4 LP1989

Establishment Name	Address	Inspection Date
Don Cuervo	4800 W. Smith Valley Rd	9-4-26

Section#	P/PF/C	R	REMARKS	TO BE CORRECTED BY
197	P		A strainer with handle containing lettuce was inside the mop sink	Corrected
363	Core		Temperature and Pressure (T&P) Valve was leaking on the hot water heater	9-16-26
442	Core		① Floor is worn/damaged near three bay sink and around floor grease trap ② Interior of employee restroom door is damaged and soiled	11-26-26
286	Core		One deep fryer basket was damaged.	9-5-26

Received By (Name & Title)

Inspected By (Name & Title) Andrew Miller, EHS

Page 2 of 2

State Form 48621 (R2 / 8-05)

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
Dye's Walk Members Inc.	317-535-8635	9/23/2026

Establishment address	Summary of Violations
2080 South SR 135, Greenwood IN 46143	0P, 0PF, 3Core

Owner	Follow-up	Release Date
Dye's Walk Members INC	No	10/3/2026

Person - in - Charge	Certified Food Handler	Purpose:	Menu Type
Calvin CHEF@DYESWALKCC.COM Generalmanager@dyeswalkcc.com	In progress Taking the exam 9-24-26	Routine	4-Extensive handling

Establishment Identification #	County	District
1628	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	R?	Violation Observed:	To be Corrected by:
~~442~~	~~Core~~	x	1. Floor is damaged in the dish room 2. Wall behind the dish machine area is worn - Working with repair company	11-2-26
306	Core	x	1. The can opener is soiled 2. Downstairs ice machine is soiled	11-2-26
442	Core		1. Floors, walls, and ceilings are soiled in the kitchen, walk-ins, bar, and dish area 2. Kitchen ceiling vents are soiled 3. Exhaust hood system is soiled	11-2-26
286	Core		1. Walk in cooler door handle is loose 2. Right door of the salad flip top cooler gasket is worn/split	11-2-26
Note			1. Observed the following internal food temperatures of the salad flip top cooler: Pico De Gallo @ 42*F and Blue cheese @ 42*F Ambient air thermometer showed 41*F - Manager turned cooler down to 35*F 2. See **section 489** of the food code about **Outdoor Food Operations** and contact the fire department for additional requirements 3. Written allergen notice not observed	

X _____
Establishment Representative

_____
Inspected by: Cassi Hall, EHS
(317) 346-43771 chall@JohnsonCounty.in.gov

Betsy 9-14

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: El Abuelo	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9-8-26	ID#: 1833
Establishment address: 989 N. US 31 Whiteland, IN 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: Yes	Release Date: 9-18-26
Owner: Juan Quezada		Summary of Violations: P pf Core; C 1 NC 0 R 1	
Owner address:			
Person in charge: Hector Hernandez		Menu Type *(See back of page)*: 1 2 3 4 ✓ 5	
Responsible person's email:			
Certified food handler: Hector Hernandez (ServSafe Exp 10/9/30)			

- 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 #	C/NC	R	Narrative	To Be Corrected by
213	P		The following internal product temperatures were measured inside the True three door True Cooler: (1) 2% milk 47°F (2) Salsa in portioned cups	Corrected
450	Core		Numerous live small winged insects were seen throughout the facility	9-11-26

Received by *(name and title printed)*: Hector Hernandez
Received by *(signature)*: Hector Hernandez

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

cc: | cc: | cc:

Beth 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
El Potro Mexican Restaurant		9/4/2026
Establishment address: 8002 S Nineveh Road, Nineveh 46164	Summary of Violations: 0,0,1	
Owner	Follow-up: No	Release Date: 9/14/2026
Person - in - Charge / Certified Food Handler	Purpose: Routine	Menu Type: 4-Extensive handling
Establishment Identification #: 2147 / 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
247	C		Thermometer not seen in cooler	

Betsy 4/18

JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC ~~7-24~~ 7-26 (CH), 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: El Toro Bravo of Greenwood	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9-15-26	ID#: 2603
Establishment address: 172 Melody Ave. Ste. A Greenwood IN 46142	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: Yes	Release Date: 9-25-26
Owner: Ezequiel Fuentes		Summary of Violations: 6 (AM) — ~~6~~ P, ~~NC~~ 3 Pf, ~~R~~ 8 Core	
Owner address:			
Person in charge: Carlos Delgado - Mgr			
Responsible person's email:		Menu Type *(See back of page)*: 1 ___ 2 ___ 3 ___ 4 X 5 ___	
Certified food handler: Miguel Delgado (exp. 3/24/27)			

- 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
213	P		Observed a large Plastic Container of Salsa (on 16) with an internal temperature @ 59°F located in Server area.	Recommend to discard.
299	R		Kitchen dish machine Sanitizer observed @ 0 ppm.	9-15-26
429	Pf		Observed no hand Soap located @ the following hand-washing stations ① Hand washing Station by kitchen 3 compartment Sink ② hand washing Station by Server area / Prep-area.	
430	Pf		Disposable towels not observed @ the hand washing Station by Server area / Prep-area.	
347	Pf		Hot water (85°F or more) not provided @ hand washing Station by 3 compartment Sink (kitchen)	9-30-26
363	P		3 compartment Sink Jet spray Observed below the flood rim.	9-17-26

Received by *(name and title printed)*: Carlos Delgado	Inspected by *(name and title printed)*: Cassi Hall / Andrew Miller
Received by *(signature)*: Carlos Delgado	Inspected by *(signature)*: Cassi Hall / Andrew Miller
cc:	cc:
cc:	cc:

NARRATIVE REPORT Greenwood,

Establishment Name	Address	Inspection Date
El Toro Bravo	172 Melody Ave. IN 46142	9/15/26

Section#	P/PF/C	R	REMARKS	TO BE CORRECTED BY
306	Core		Interior of ice machine is soiled.	9/15/26
442	Core		Outside storage shed/unit floors, walls, and ceilings not smooth & easily cleanable.	10/31/26
213	P		Internal food temp of ice cream @ 48°F & 50°F located leevot ice cream machine.	9/15/26
272	Core		Leevot ice cream machine appears not NSF approved. (Model BQL-8218)	9-15-26 Remove from use
213	P		Almond milk measured 51°F and salsa in portion cups measured 53°F while inside the CF one door cooler	Corrected
213	P		Chicken tenders measured 46°F and sour cream measured 48°F in the CF cooler (open top) by deep fryer.	9/15/26
443	Core		Kitchen ceiling tiles and HVAC vents are soiled.	9/25/26
2816	Core	✓	Ice maker (Kitchen) rear left leg is bent and metal inverted pans are holding up the unit	10/15/26
363	Core	✓	Kitchen ice maker lacks a drain pipe and water drips directly onto the floor	9/20/26
~~348~~	P		~~Three bay sink jet spray hangs below the flood rim and~~ The jet spray unit leaks from a connection	9/25/26
363	Core			9/25/26
306	Core		Four drawer undercounter cooler compressor is soiled.	9/16/26
155	P		Flam cake is made at home	9/15/26
(A)	NOTE:		Firm does not have an updated Employee Health Policy	
(B)	NOTE:		Firm does not have a written policy to clean-up Vomit and Diarrhea (including kit)	9/22/26

Received By (Name & Title)	Inspected By (Name & Title)	Page 2 of 2
	Andrew Miller / Cassie Hall	

State Form 48621 (R2 / 8-05)