JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Bekah 9-28

Based on an inspection this day, the item(s) noted below identify violations 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: Marco's Pizza	Telephone Number * ( ) Establishment ( ) Owner	Date of Inspection: 9-25-26	ID#: 3318
Establishment address: * 586 S SR 135 Ste B Greenwood IN 46142	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		Summary of Violations: P 0 PF 0 CORE 3 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: Patrick Bridges (exp. 3/27/28)			

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

Section #	P/PF/CORE	R	Narrative	To Be Corrected by
443	Core	①	Floor under equipment is soiled.	11-4-26
		②	1 compartment sink floor drain is soiled.	
286	Core	①	Walk-in cooler door gasket is split/worn	
		②	2 door stand up cooler "true" located next to pizza oven door gasket is split/worn	
363	Core		Mop sink atmospheric vacuum breaker (AVB) is leaking - observed a hose attached to mop sink faucet stored below flood rim.	
			Notes: ① employee health policy not observed. ② Vomit/diarrhea clean-up procedure not observed. ③ Written allergen notice not observed.	

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

cc: | cc: | cc:

Bckm
9-28

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

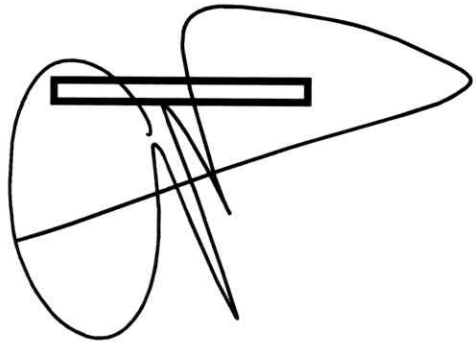
Retail Food Establishment Inspection Report

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
McAlister's Deli			9/23/2026
Establishment address		Summary of Violations	
2378 N Morton Street, Franklin		0,0,0	
Owner		Follow-up	Release Date
		No	10/5/2026
Person - in - Charge	Certified Food Handler	Purpose:	Menu Type
	Skylar Bray	Routine	3-Extensive handling
Establishment Identification #	County / District		
2311	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 9-14

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 [redacted], 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: MI ABUELITO Mexican Restaurant	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9/8/26	ID#: 2319
Establishment address: 377 E JEFFERSON FRANKLIN, IN	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: 405	Release Date: 9/18/26
Owner:		Summary of Violations: 2P / 1PF / 7 CORE	
Owner address:			
Person in charge: ERIK DIAZ			
Responsible person's email:		Menu Type (See back of page): 1 2 3 4 (A) 5	
Certified food handler: ERIK DIAZ (SERVSAFE EXP 10/9/30)			

- 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 #	[redacted]		Narrative	To Be Corrected by
400	CORE	X	OUTSIDE DUMPSTER LID NOT CLOSED	9/10/26
[redacted]	[redacted]	X	BOXES OF RAW CHICKEN - STORED ON KITCHEN COUNTER NOT PROPERLY THAWED	CORRECTED 9/8
210	CORE		(CHICKEN BEING THAWED AT ROOM TEMPERATURE ~75°F)	
432	CORE	X	KITCHEN HANDSINK DOES NOT HAVE EMPLOYEE HANDWASHING SIGN POSTED	CORRECTED 9/8
213	P	X	KITCHEN ROACH IN REFRIGERATOR, RAW BEEF, CHEESE, CUT LETTUCE, CUT TOMATOES SOUR CREAM INTERNAL TEMPERATURE 43°F NOT AT 41°F OR LESS	
189	CORE	X	CHICKEN IN PLASTIC TUB NOT STORED OFF FLOOR A MINIMUM OF 6 INCHES IN WALK-IN COOLER	9/10
443	CORE	6	KITCHEN CEILING VENT COVERS NOT CLEAN	9/17
[redacted]	[redacted]	X	THERMOMETER NOT SEEN IN CHEST	CORRECTED 9/8
247	PF		FREEZER AT WAIT STATION	
		N		

Received by (name and title printed): ERIK Diaz	Inspected by (name and title printed): Bob SMITH EHS
Received by (signature): ERIK Diaz	Inspected by (signature): Bob SmA
cc:	cc:
cc:	

Page 2

NARRATIVE REPORT

LP 2319

Establishment Name	Address	Inspection Date
MI ABUELITO	377 E Jefferson Franklin, IN	9/8/26

Section#	P/PF/C	R	REMARKS	TO BE CORRECTED BY
457	P	X	SPRAY BOTTLES of CLEANERS STORED ON SHELF WITH SINGLE SERVICE CUP LIDS AT WAIT STATION	9/9/26
447	(OP)	X	BROOMS NOT HUNG UP FLOOR IN IN KITCHEN	9/10
442	(OP)	X	WALL COVING MISSING IN AREAS OF KITCHEN	INSTALL 10/2

Received By (Name & Title)
Erik Rm

Inspected By (Name & Title)
Bal Smith EHS

Page 2 of 2

State Form 48621 (R2 / 8-05)

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-~~24~~ 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: Mrs Curl	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9/18/26	ID#: 223
Establishment address: 259 s. meridian st	Purpose: 1. ~~Routine~~ 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up	Release Date
Owner: ~~Greenwood INN~~		Summary of Violations: 1 core C___ NC___ R___	
Owner address:			
Person in charge:			
Responsible person's email:		Menu Type *(See back of page)* 1___ 2X 3___ 4___ 5___	
Certified food handler: Bethany Miller			

- 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
260 b	core		Keep visible thermometers in all freezers and refrigerators	
			overall very good!	

Received by *(name and title printed)*: X Sabra Johnston
Received by *(signature)*: X Sabra Johnston

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

cc: | cc: | cc:

Betsy 9/23

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
Mt Auburn Church Inc.	(317) 535-8555	9/18/2026

Establishment address	Summary of Violations
3100 W Stones Crossing Rd Greenwood, IN 46143	**P:0 Pf:0 C:0**

Owner	Follow-up	Release Date
Mt. Auburn Church, INC. Email: brendar@mountauburn.church	No	9/28/2026

Person – in – Charge	Certified Food Handler		Purpose:	Menu Type
Brenda Reynolds	N/A		Routine	1- Limited menu
Establishment Identification #	**County**	**District**		
2170	Johnson	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: Discussed employee health policy, manager mentioned they only had volunteers that worked mainly in the kitchen. *	

Establishment Representative

Inspected by: Lauren Mays, EHS
(317) 346-4370 lmays@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

BekM 9-25

Based on an inspection this day, the item(s) noted below identify violations 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: New Hope Church	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9-25-26	ID#: 2732
Establishment address: 5307 W. Fairview Rd. 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: 10-5-26
Owner: New Hope Church		Summary of Violations: P 0 PF 0 CORE 3 R	
Owner address:			
Person in charge:		Menu Type *(See back of page)*: 1 2 3 X 4 5	
Responsible person's email:			
Certified food handler:			

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

Section #	P/PF/CORE	R	Narrative	To Be Corrected by
363	Core		the right handle (marked blue) @ 3 bay Sink leaks.	11-4-26
443	Core		the floor around the ice machine floor drain needs cleaned - Soiled.	
234	Core.		Wooden knife holder not smooth & easily cleanable.	
			NOTES: (1) interior of ice machine needs cleaned. (2) bottom of 2 door Stand up "maxx cold" cooler needs cleaned. (3) toxic item stored above syrup @ kitchen's shelf. (4) 2 door stand up cooler (alley cat) ambient air thermometer read 42°F - I called owner & talked about it.	

Received by *(name and title printed)*: X Gannon Parker
Received by *(signature)*: X Gunn Parker
Inspected by *(name and title printed)*: Cassi Hall
Inspected by *(signature)*: Cassi Hall

cc: | cc: Chalk@JohnsonCounty.in.gov | cc: 317-346-4371

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: NEW KING BUFFET LLC	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection: 9/2/26	ID#: 3028
Establishment address: 2239 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: YES	Release Date: 9/12/26
Owner:		Summary of Violations: 1 P / 5 PF / 13 CORE	
Owner address:			
Person in charge: DEFU CHEN		Menu Type *(See back of page)*: 1 2 3 (4) 5	
Responsible person's email:			
Certified food handler: DEFU CHEN			

- 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/PF/P	R	Narrative	To Be Corrected by
450	PF	X	NUMEROUS LIVE COCKROACHES SEEN IN KITCHEN AND FRONT SUSHI AREA	CONTROL 9/8/26
210	PF	X	FROZEN FISH BEING THAWED IN PAN OF NON-RUNNING WATER IN KITCHEN 3 COMPARTMENT SINK	(CORRECTED 9/2)
176	CORE	X	BULK CONTAINER OF FLOUR NOT LABELED	9/4
430	CORE	X	DISPOSABLE ~~PAPER~~ HAND TOWELS NOT PROVIDED AT KITCHEN HANDSINK	CORRECTED 9/2
443	CORE	X	FLOOR NOT CLEAN IN AREAS OF KITCHEN	9/8
436	CORE	X	LIGHT IS OUT ON EXHAUST HOOD	9/8
307	PF	X	SOFT DRINK DISPENSER NOZZLES NOT CLEAN	(CORRECTED 9/2)
247	PF	X	ICE CREAM CHEST FREEZER IN DINING ROOM - THERMOMETER NOT PROVIDED	(CORRECTED 9/2)
458	PF	X	DICHLORVOS POST STRIP OBSERVED IN KITCHEN	(CORRECTED 9/2)
306	CORE	X	INSIDE OF DEEP FRYER CABINETS NOT CLEAN	9/8
213	(P)	X	INTERNAL TEMPERATURE OF PASTA IN UPPER SECTION OF PREPARATION REFRIGERATOR 53°F NOT AT 41°F OR LESS	(CORRECTED 9/2)

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

Page 2

NARRATIVE REPORT

LP 3028

Establishment Name	Address	Inspection Date
New King Buffet	2239 N Morton (Rte 44) Franklin, IN	9/2/26

Section#	P/PF/C		REMARKS	TO BE CORRECTED BY
421	(CORE)	*	BACK SCREEN DOOR NOT SELF-CLOSING	9/10/26
306	(CORE)	*	WALK-IN COOLER SHELVING WORN AND REPAIR	10/1
218	(CORE)		NOT CLEAN	CLEAN 9/8,
218	(CORE)	X	SHELVING WORN IN 2 DOOR (SLIDING GLASS DOOR) IN KITCHEN	REPAIR 10/1
~~306~~ 432	(CORE)	2	SUSHI BAR HANDSINK EMPLOYEE HANDWASHING SIGNAGE NOT POSTED	CORRECTED 9/2
306	(CORE)	X	PIPES OF PREPARATION COOKING EQUIPMENT NOT CLEAN IN KITCHEN	9/8
306	(CORE)	X	EXHAUST HOOD, FILTERS NOT CLEAN	9/8
363	(CORE)	X	LEAK NOTED ON 3 COMPARTMENT SINK DRAIN	9/10

Received By (Name & Title)	Inspected By (Name & Title)	Page 2 of 2
Jeff Owen	Bal Singh EHS	

State Form 48621 (R2 / 8-05)

Betsy 10/7

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: Nutrition 317	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection: 9-29-26	ID#: 2947
Establishment address: 50 N SR 135 Ste G Bargersville IN 46106	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up	Release Date: 10-9-26
Owner: Hunter Meredith		Summary of Violations: C 0 NC 3 R 3 (P Pf Core)	
Owner address:		Menu Type *(See back of page)*: 1 2 X 3 4 5	
Person in charge: Hunter Meredith.			
Responsible person's email:			
Certified food handler: N/A			

- 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/Core) R	Narrative	To Be Corrected by
• 432	Core	"employees must wash hands" sign not posted @ hand washing stations	11-3-26
• 153	Pf	Vomit + diarrhea clean-up procedure not observed.	10-15-26
• 173	Pf	Employee health policy not observed.	1
• 222	Core	written allergen notice not observed.	11-3-26
• 221	Pf	Label not provided on packaged donuts	10-15-26
• Note ?		3 bay sink floor drain is soiled.	
• 481	Core	"Rockfire" oven was installed - plans + menu change not submitted to our office for review	
		↳ hand sink not installed in area	1

Received by *(name and title printed)*: Hunter Meredith
Received by *(signature)*:

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

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

BEAM 9-29

Based on an inspection this day, the item(s) noted below identify violations 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: Paddock Lounge	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection: 9-25-26	ID#: 3015
Establishment address: 654 N. Front St. Whiteland, IN 46184	Purpose: 1. (Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	Follow-up: No	Release Date: 10-5-26
Owner: Tamara McLaughlin		Summary of Violations: P 0 PF 0 CORE 0 R 0	
Owner address:			
Person in charge: Tamara McLaughlin		Menu Type *(See back of page)*: 1 2 ✓ 3 4 5	
Responsible person's email:			
Certified food handler: Tamara McLaughlin AFSC Exp: 3-4-30			

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

Section #	P/PF/CORE	R	Narrative	To Be Corrected by
			No violations noted per this inspection	

Received by *(name and title printed)*: Tamara L McLaughlin	Inspected by *(name and title printed)*: Andrew Miller, EHS
Received by *(signature)*: Tamara L McLaughlin	Inspected by *(signature)*: Andrew Miller
cc:	cc: / cc:

Retail 9-23

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: Pana Donuts		Telephone Number: 317-668-8888		Date of Inspection: 9/18/2026
Establishment address: 440 N. Morton Street, Franklin, IN 46131			Summary of Violations: **2P, 0Pf, 2Core**	
Owner: Arron Suk Chhour Email- renidyslin@gmail.com			Follow-up: No	Release Date: 9/28/2026
Person in charge: Reni Dyslin- shift lead	Certified food handler: N/A		Purpose: Routine	Menu Type: 3-Extensive handling
Establishment Identification #: 3077	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:
299	P	R	No approved sanitizer observed - Scented bleach was being used	9/21/26
211	P	R	Improper cooling of cooked eggs in preparation cooler	9/21/26
419	Core		Unapproved pest control observed - Electric fly swatter not approved	12/18/26
175	Core		Sugar in bag and palm soy donut fry shortening not protected from potential sources of contamination	12/18/26
			Notes: - Rubber spatulas worn- discarded - Black debris around and on water heater near clean dishes (potential source is ceiling vent)	

Reni Dyslin

Mia Papageorge

Received by

Inspected by Mia Papageorge, EHS
(317) 868-8818 mpapageorge@johnsoncounty.in.gov

Retail 9-23

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	Telephone Number		Date of Inspection
Panera Bread #6272	317-610-0890		9/18/2026
Establishment address		Summary of Violations:	
2156 N Morton St Franklin, IN 46131		**1Core, 0P, 0Pf**	
Owner		Follow-up	Release Date
Panera LLC Email- cafe6272@panerabread.com		No	9/28/2026
Person in charge	Certified food handler	Purpose	Menu Type
Bree Cupp- Team Manager	Amber Weaver ServSafe exp 8/30/28	Routine	3-Extensive handling
Establishment Identification #	County / District		
2713	Johnson / 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		Drive through and self-service front of house soda nozzles soiled	12/18/26

Received by

Inspected by Mia Papageorge, EHS
(317) 868-8818 mpapageorge@johnsoncounty.in.gov

Betsy 9-14

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 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
Pho Lai Restaurant	(317)535-2155	9/8/2026

Establishment address	Summary of Violations
1000 North Madison Avenue, Suite B	**P:0 Pf:1 C:5**

Owner	Follow-up	Release Date
Kyaw Myint Aung Greenwood 46142 Email: andy202005@gmail.com	No	6/18/2026

Person – in – Charge	Certified Food Handler	Purpose:	Menu Type
Kyaw Myint Aung	Kyaw Myint Aung exp: 1/14/2027	Routine	3-Extensive handling

Establishment Identification #	County	District
2022	Johnson	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:
306	C	R	Interior and sides of equipment soiled.	10/08/2026
443	C	R	Ceiling, floors and walls throughout kitchen soiled.	10/08/2026
214	Pf		Observed no dates on the following items, beef/bean/carrot mixture in steel pot, cooked noodles, raw chicken, and raw fish.	9/11/2026
308	C		Observed both microwaves soiled	9/15/2026
306	C		Observed bottom of two door Sir Lawrence refrigerator soiled with food debris.	9/15/2026
183	C		Observed in use utensil (ice scoop) not stored with handle up.	9/15/2026
			*Note: discussed employee health policy, vomit and diarrhea clean-up procedure, and allergen alerts. *	
			*Note: I would like owner to focus on cleaning the stove and oven area first before addressing the rest of the kitchen cleaning. *	

Establishment Representative

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

Betsy 9-23

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
Qdoba #2293	(317)865-1023	9/18/2026

Establishment address	Summary of Violations
704 St Rd 135 STE 100 Greenwood, IN 46142	**P:0 Pf:0 C:2**

Owner	Follow-up	Release Date
North Fork Fresh Mex LLC Email:qdoba2293@northforkfreshmex.com	No	9/28/2026

Person - in - Charge	Certified Food Handler	Purpose:	Menu Type
Connor Salyer	Caitlin Haas 2/01/2028	Routine	3-Extensive handling

Establishment Identification #	County	District
2693	Johnson	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:
443	C	R	Observed fan in walk-in refrigerator dusty.	09/25/2026
443	C		Observed equipment sides are soiled. Prep area in front and back below counter refrigeration has sticky residue. Other equipment in facility has food debris on their surfaces.	10/18/2026
			Discussed employee health policy.	

Establishment Representative

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

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

726

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~~: Roscoe's Tacos Curbside	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection: 9/18/26	ID#: 2525
Establishment address: 640 S. Madison	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			
Responsible person's email		Menu Type *(See back of page)* 1 2 X 3 4 5	
Certified food handler: Mr. James Townsend			

- 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
420	core		Front door sticks open (cajar) Note: Throw out worn spatulas	

Received by *(name and title printed)*: X

Received by *(signature)*: X

Inspected by *(name and title printed)*: Terry Dalyless

Inspected by *(signature)*:

cc: | cc: | cc: