

460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name FAIR FIELD INN & SULTES Establishment address 3 SO PACIS OR FANKIN IN Owner Genoral Horels Owner address Person in-charge BRITTRY KIRKHAM	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# 9/9/22 2274 Follow-up Release Date 9/9/22 Summary of Violations:		
Responsible person's email Certified food handler	7. Other (list)	Menu Type (See bo	ack of page) _45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED.		IN THE NARRATIVE BELOW AS	5 "R"	
Section # C/NC R	Narrative	AND THE PARTY OF T	To Be Corrected by	
NO VIOLATIONS	observed			
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WORD A DINING ROOM HATE NOT PROVISED FOR	VOSIWK - dISPOSITION GVESTS	e Towels		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishmer			To the state of th	Telephone Number	Date of Inspection	ID#
Establishment address B9 US 31 Greenwood			aprane	() Establishment	97177	15
Establishing	it addres	8	7: 1	() Owner	1 -1 -	
	10	5	31 Greenwood	Purpose:	Follow-up Releas	
Owner				1. Routine	NB 10	()
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	CNC_(R_{\perp}
				6. HACCP	- 1	
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)
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Certified foo	d handler	r			12_3	_45
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishin	em sam	tatio	i Kequirein	ents. The time limit for correction	on of each violation is s	pecified in the narrative port	ion of this report.
Establishment name FRANKLIN MART					Telephone Numb		
Establishment address HOO E JEFFPSONST. FINKLING IN				() Owner	7/7/00	3 2218	
Owner		20	11(0)01	31. 1111776 9,21	Purpose:	Follow-up Rele	Pase Date / 22
		_			2. Follow-up	Summary of Vio	lations:
Owner addre	ess				3. Complaint		
					4. Pre-Operation	nal	
Person in ch	arge				5. Temporary	CNC	\circ
SB	*	PAC	ML		6. HACCP		
Responsible					7. Other (list)	Menu Type (Se	e back of page)
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Certified foo	d handle	r				1(2_3)	45
				THE CHECKLIST AND NARRATIVI			OW AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer GYU	. (7,2	Jamia of Edinburg	Telephone Number () Establishment	Date of Inspection	ID#
Establishme	nt addres		Edinburgh	() Owner	11/22	2386
114 t	= N	lai	n ciace St IN 400174	Purpose:	Follow-up Release	Date
Owner		001	14013 = 1 110 14121	1. Routine	1)0 9	111/2
Creeks	PIE	Per	in of Edinburgh, LLC	2. Follow-up	Summary of Violati	ons:
Owner addre)01	or of the state of the state of	3. Complaint		
			U	4. Pre-Operational	0 /	A. a
Person in ch	arge			5. Temporary	C NC	P _R
	Ü		211 12	6. HACCP		
Responsible	person's	emai	na liga tangga manangan sa manangan sa	7. Other (list)	Menu Type (See b	ack of page)
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Certified foo			2 17 10 1 - 1		1 2 3 🗸	45
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			ENTIFIED IN THE CHECKLIST AND MARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	S "R"
Section #				Narrative	THE WARRENTY E BEEO WIT	To Be Corrected by
402	NIC		FIDOR AND WALLS COILED	1 at alms in vita	chen	9/15/22
	100	12	- 1 revis Which Vereing Server	cor prome mone	TOTAL TRANS	11010
399	NC	le/	tile broken under topp	ing cooling anit	TETY TROPS	9/30/22
174	NC		lake 1 God not in origin	ral container		9/1/22
000	01-		1/	161112 12 121	wit	01.100
257	NC		themometer not easily	sun in cooling	unit	9111122
4418V1	NC		Stand up woller closes	+ to coca cola cook	er soiled	9/1122
			Whaler on bottom			, ,
430	NZ	n	locacola cooler don	ralass proven		9/20/12
150	,,,,	U	+ firm snall not be	asing it until		12100
			1 7 7	is butedo		
		0	THA COND.	140 (14)		010412
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer				Telephone Number	Date of Inspection	ID#
Establishmer	es i	NO	tod United Moth	Establishment		
Establishmer	nt addres	S		() Owner	97077	11017
525	> ~	1	madisan	Purpose:	Follow-up Release	Date
Owner			Green (A BTX)	1. Routine	MO 9	30 22
			7, 60, 100	2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	2 =	
Person in ch	arge			5. Temporary	$C \longrightarrow NC $	R C
	0			6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	ack of page
	ı			7. Other (use)	Wiena Type (oce o	ucic of puges
Certified foo	d handle	r	CASE AND		$_{1}$ $_{2}$ \nearrow $_{3}$	4 5
					123	_45
• CRITICAL I	TEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	3 3355	
 VIOLATION 	(S) REPEAT	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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			No Hems no	fed foday	and the second	THE RESERVE OF THE PERSON OF T
			Thank you!			
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D : 11	<u> </u>	1		T.	11 / 101 1 1 1	
Received by	(name and	title	printed):	Inspected	d by (name and title printed)	1
RIVERIC	41		MEN	Tamasta	d by (signature):	James
Received by	(signature)	10	and Dox	Inspected	d by (signature):	4271
CC:	ul	1	cc:	cc:	796	1716
				, cc.		



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment Sanitation Requirements. The time limit for correct			of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Siren ward Mare. 14	() Establishment	0/11/11	1570
Establishment address Green	www. Owner	4/16/17	1500
461 Greenwood PAKSD	Purpose:	Follow-up Release	e Date
Owner	1. Routine	NO - 191-	76/77
	2. Follow-up	Summary of Violati	ions:
Owner address	3. Complaint		
	•		
Person in charge	4. Pre-Operational	c NC 1	_
Person in charge	5. Temporary	C NC _	R
D	6. HACCP	77 (0. 1	7.6
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler	_	Y	
Certified 100d Handiel		123	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
Date: Share	V long swall	JAN.	
Emp:	3.01/11/00	La surth del	
PASS WHEN BLUE BAR TURNS ORANGE BACTRIBLE CAMPO IA MARIA ACAD CAMBA A COLOR MANANA		- Astronomy	
160°F/71°C			
	- acc/101	1	
18 NC MAINE IN COURT	doe alread	75	
274 NC 1 MONE rocke	an hand si	ak (1st and)	1
E HAT DIVING	TITOMENTA CAN FO	rentre The	1 10
Note: How Re	in so sol in Mr.	Was obside	d
CX 18°F		No.	
55hould be	COF 05/85	ali a - a e lo apono	and the second
Note; Bar hand =	MK INVEREN OVE	53 SW 15	róm.
Usra las.			
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Trat	1000		
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Mike Lysk, GM	C	S (Hand and the printer)	ME 216
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X AS M	18	MAHTER	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmen Establishmen Owner	ill	&7 :s	1755. Nigeveh	Telephone Number () Establishment () Owner Purpose: 1. Routine	Date of Inspection ID# 9/21/22 2249 Follow-up Release Date 100 100 100 100 100 100 100 100 100 10	
J.L				2. Follow-up	Summary of Violations:	
Owner addre	arge person's			3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	CO_NC_2_R Menu Type (See back of page)	
J.L		.1			123_/_45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NARRATIVE BELOW AS "R"	
Section #	C/NC	R	,	Narrative	To Be Corrected by	
430	NC NC	R Narrative To Be Corrected by Political Cooked that Mist Corrected by Political Cooked that With a Lid Milliania 1986 The Contains of the Contains 10/1/25 The Cooked that C				
Received by Received by	t,	re	port with Ou	HOW And Inspected	by (name and title printed): The Miller, EHS I by (signature):	
cc:			cc:	cc:	hew Miller	



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name FRAMPTON JNN Establishment address 361 PATIS DR. FRANKLIN, JN Owner Owner address Person in charge TRACI LINN Responsible person's email Certified food handler			361 PATIS DR. KIN, IN	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 9 / 9 / 22 356 Follow-up Release Date 9 / 9 / 2 3 Summary of Violations: C NC 3 _ R Menu Type (See back of page) 1 2 3 4 5
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"	
ł .			ROM PREVIOUS INSPECTIONS ARE DENOTED IN		D IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
757	NC	A		OBE TYPE THER DOO'F OR 19	MONTERER 9/11/22
291	me	4	CHEMIEAT TEST	PAPERS NOT	AURILABIO 9/15
179	NC	*	ar Tongs Prol	PLAT NOT PR	LE WINTERPER (CONTECTED O
(N)	OP.)-	MECHANATAL OJSK	tmaterial NOT.	m uso
Received by Received by	18	A(printed): Inn Broak for a CC:	ast thest	ected by (name and title printed): BOD MITH EMS ected by (signature): BL Sm



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment baintation requirements. The time limit for con-	ection of each violation is specified	in the narrative portion of this report.
Establishment name HOKKOIDO ROMEN HOUSE Establishment address ESTA	Telephone Number (317) 993+423	Date of Inspection ID# 9/2/22 2558
1201 US SIN. ACIAO	Purposer	Follow-up Release Date
Owner 5 te # 105 To 172	1 Routine	1/85 1/12/22
Owner address Owner address	2. Follow-up	Summary of Violations:
Owner address // /	3. Complaint	1'
Person in charge	4. Pre-Operational	c_1_nc_9_r
Kenny Weng	5. Temporary 6. HACCP	CNCR_
Responsible person's email	7. Other (list)	Menu Type (See back of page)
	in other (may	/ / / / / / / / / / / / / / / / / / /
Certified food handler		12345
CRITICAL ITEMS ARE IDENTIFIED ON THE CHECKLIST AND NARRA		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	N THE "SUMMARY OF VIOLATIONS" AND IT Narrative	
Section # C/NC R 431 NC Floors Soiled	Narrative 2004	To Be Corrected by
431 NC FLOORS Soiled	Wall Sinb	and 1/0/02
numerous f	loon drains	Soiled-
including mos	sink bas	in
347 NC no paper to	xuels moud	ed, at 9/2/22
cookline has	nd sink and	a aush '
177 NC Food stored o	The land	e room 9/18/2:
PLOOD & LANGE	Walk-in-CAR	Pari (brooser)
Genits	11.	1000 1,
210 NC mechanical o	Jishmachene	temperature 9/1
gauge not won	king (Stuck,	on v 420 F).
4/5 C J James Small	u winged	insects 9/2/22
0000 000 000	nt. Ouleas 11	Lea Soda (Inens
STATION	ace guest w	in some wins
199 NC Raw chicken	thaweng	Inside 9/2/22
one vay Si	rk,	1 1
430 NC Walk-un-	presen do	9/2/22
Received by (name and title printed):	Inspecto	ed by (name and title printed):
	Inspecto	by (signure):
Received by (signature):		marie Melle
сс:	сс:	1
	-	

NARRATIVE REPORT Address Inspection Date Establishment Name 1251 US 31 N. Granwood Ramen House TO BE **REMARKS** Section# C/NC **CORRECTED BY** 190 Ite: lies more Received By (Name & Title) Page_2of_2

460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

317-346-4373 (250007)

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 HOMETOWN NUTRITION Establishment address 3 3 S. MORTON ST. FRANKLING Owner FLESIMAN Owner address Person in charge 5 ANAH BUNTON Responsible person's email	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# 9/26/22 2395 Follow-up Release Date (FeS) 90/5/25 Summary of Violations:		
Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	7. Other (list)	Menu Type (See b	_45	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		N THE NARRATIVE BELOW A	s "R"	
Section # C/NC R	Narrative		To Be Corrected by	
218 NC & FRONT AROA - SI	MAZZ REFRIG	CIRATORS	9/28/22	
	AZARdous Foo	HACH OD INEM FOR	5995 150AP) 4 9/26/22	
Registermente of Prov	-220°F OR	MOREHER DEG FTAC	10/1	
336 C & HOSE WITH SPIR TO MOPSTAK FI AN ANTI-STATOR TYPP) INSTACES	AVCET WITHOU DEVICE	nnected ot R pressur	J0/1	
Received by (name and title printed): Surah burton - employee Received by (signature):	7 1 1 mars 4 1 (Bob Sm L		
cc: cc:	cc:	the sing	Page 1 of	



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishm	ent name	(And	Telephone Number	Date of Inspection	ID#
Ind	Sign K	Barar	() Establishment	alaska	1078
Establishm	ent address	Exact 0 46143	() Owner	9/30/22	1810
55	7).	CMErson Alre	Purpose:	Follow-up Releas	1 1
Owner			1. Routine	yes 10	10/22
			2. Follow-up	Surnmary of Violat	fons: /
Owner add	lress		3. Complaint	1	
			4. Pre-Operational		9
Person in c	charge	son the conjument confer Remarkle	5. Temporary	c_1_nc_	7 R
		Marchell D. W. M. C. C.	6. HACCP	magasit is it	. (Riseg
Responsibl	e person's ema	il seed for a figure of seeds to an include to di	7. Other (list)	Menu Type (See l	pack of page)
		ession and text	Santa a San Da .	ranch pagni mere	1
Certified fo	ood handler	- Klyman (4/17/23)		123	_45
CRITICA		DENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	AS "R"
Name and Post Of the Owner, where the Party of the Owner, where the Owner, which is the Owner	C/NC R		Narrative		To Be Corrected by
146	NC	Garlie in a A	realed cont	tainer	9/30/22
	h, rung	and bass of	leas prode	ict	
111111111111111111111111111111111111111	in designation (e)	for retail so	eled in qu	est area	obussed
		lacked a produ	ut many,	weight,	. 1
		and name an	d address	of Druser	uss 11/1/2
413	NC	East and West	exterior a	ous	1
./7.		contained exter	ion gaps	and the	1 /2./
430	NC	gilest door ru	bs the d	on fran	re 10/31/3
218	NC	Walk-in- coolen a	door gasket	dona	
	_	guest area seach	-in- cooler		
234	NC	metal tong h	Indle) 1141-	touching	Corrected
22/	100	Modust (desert)	in bulk	lun in	1
		greet area.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Hing yozus Ley,
324	NC	Of Hot water at	kitchen h	and	10/8/22
		Sink (by three	lay) con	tained	1
		770F not water	and lef	t handle	
			vater	les an ai	
Pagainad b	by (name and title	1 Three Way	Sink lace	cted by (name and title printeg	W.
Neceived b	(name and title		An	rew Miller EHS/	COSSI HILL
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	cin	Tiwann	Cen	drew Meller/	asset of
cc:		cc:	cc:		

NARRATIVE REPORT

Establish	ment N	lam		Address 231 S Francisco A	Greenwood	Inspection Date
Section#	C/NC	R	Bazar	334 S. Emerson Av.	46/43	TO BE
2201101111	0/110	, ``		KENAKKO	14/10	CORRECTED BY
220			gap			1
228	NC		1 Chest	freezen in sto	nage	11/1/22
		Н	Noon (o	Retchen)	vas	
25%	110		Mor easi	ly movable		10/1/22
256	NC	\vdash	Lusplay	coolers, flip to	of Inep	10/1/22
		\vdash	salte, 1	ipught greezes	and	
			moure	the older fre	mometer	
295	.10		Sackea a	mblant an tron	morrales	
295	NC		auspeay 11	coolers (1.e. Store	19 + 1 1 1 1 1 2 2 2	10/1/22
			guero vi	Jon 150 hot	to) were	
		Н	sheller ,	units	DNO	
43/8	C		Soller 19.	toxic items/	containe	O Correcte
130			11400 Atn	ned allows on	ment	~ Correct
			to unale	service items		-
			in surge	74000 CC 740100		
			Notes :00.	ne toxic spray	bottle	
			not la	beled '		
			37	nissing ceiling	tile	i i krai
			noted in	storage noo	m with	
			Chest fr	eezens		
			(3) V Z	ast pest control	Visit	
	-		was 9/	6/22 per repor	t	
			(4)	o muce active	ty or	
			mauct	annage was N	wied/se	en
			'On the	s inspection	/	
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X	m	ω II	Tim	(a) Hall		Page <u>2</u> of <u>2</u>
State Form 4	8621 (R2	/ 8-05	5)	andrew Mil	Der, EHS	



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer			2 515 61	Telephone Number	Date of Inspection	ID#
to	tia	~	* Boptist College	() Establishment	0	
4				() Owner	100	1071
	W	1	Colineral	Purpose:	Follow-up Release	e Date
Owner			Greenwood	1. Routine	NOUD	770
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	C _ NC_	\bigcirc R \bigcirc
- 4				6. HACCP	1	
Responsible 1	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
			i asi the a			24.
Certified foo	d handle	r			12_X_3	45
• CRITICAL I	ITEMS AF	E ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
strate proceduration contribute transce			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	.s "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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	1912079 41	10-	No items not	ed today	A CONTRACTOR OF THE PARTY OF	2-2
17.463	1 7 1 1 1				1	F 1800
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			AND SOME STATE OF STA		166 mg (in the second
						outrus 1- s-
		_				
Received by	(name and	title	twisted).	Inspected	d by (name and title printed)	
		_	N TELEVISION CONTRACTOR CONTRACTO	P	Toy (name part)	vour ver
Received by	elle K (signature)	eer	d Kitchen Manager	Inspected	d by (signature):	WY Car
	rello l		200 d		1 346	4376
cc:	1140	1.70	cc:	cc:		
			,			

460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		tatio	in Requirements. The time mint for correction			
Establishmer		-	Street short to be	Telephone Number	Date of Inspection	ID#
Jac	Jes.	1	Jonn 75	() Establishment	0,7,7	7 7
Establishmer	it address	S	urdia Parker	() Owner	92022	
	7 11	9	undia Parker	Purpose:	Follow-up Release	Date
Owner				1. Routine		30 22
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	CNC	
20,000				6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See be	ack of page)
					11 - 12 - 12 - 12 - 12	JI G /
Certified foo	d handle	r			$1 \qquad 2 \qquad 3$	4 5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	
Section #	C/NC	R		Narrative		To Be Corrected by
			A. C.	2 Page 1		
50	4 7 7 7		No items not	red trodes		
			AND Specific and Section 1995)	
		\vdash	1722 1 2123			
			Thank you.			
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			and the second			3 - 241
			P 0435			
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Received by	(signature)	2	Mashima	Inspecte	d by (signature):	4376
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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.

Telephone Number Date of Inspection Establishment name ID# Establishment Owner Purpose: Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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 Narrative To Be Corrected by Received by (name and title printed): Inspected by (name and title printed): DORA Received by (signature):



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Establishment ad 109/ Owner 0/ Owner Owner address Person in charge	Idress Hosp WSoh	COUNTY DALL KARCHEN THE PO FRANKLIN, IN TO. GOVT TUITT ROPTHEMPIER	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 9/30 /22 Follow-up Release / 0 Summary of Violation C NC Menu Type (See ba	Date /9/22 ons:
• CRITICAL ITEM	IS ARE ID	BHWBY ENTIFIED IN THE CHECKLIST AND NARRATIVE		1_2_3	45
	NC B	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative		To Be Corrected by
218 N			AN NOT FUNCT		WORK OPSER
210	CX	ABOVE VULCAN O	wers	10.01.00	10/10/22
NOTO	0	MecHANICAZ DI SANITIZATZON DE 160°F OR MORE ON SURFREE (WAS)	mperATURE A	OT WATER Deguare	oK
		.27			
Received by (name	ar a la	printed): TIXFANY PYUHAR	cethingual.	by (signature):	TH EM
<u> </u>		VV 41/11/11/	6	Bill Ind	7
cc:		J Je:	cc:		

460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name		× n=8 (2) = 1	Telephone Number	Date of Inspection	ID#
jen	09R1			() Establishment	9/14/22	922
う <u>ら</u> Establishmer	nt address	3		() Owner	9/14/22	146
2200	Ina	le 16	unce or Greenwood	Purpose:	Follow-up Release	Date
Owner		-	11.00	1. Routine		4/22
				2. Follow-up	Summary of Violatio	/ '
Owner addre	ess			3. Complaint	_	
				4. Pre-Operational	-	
Person in ch	rae				C O NC 3	2 D
r erson in en	arge			5. Temporary	C NC 2	R
Responsible	parcon's	omoil		6. HACCP	M T (C. 1.	-1C+
Responsible	persons	еппап		7. Other (list)	Menu Type (See bac	ck of page)
Certified foo	d handler					
Geranea 100	a minute.	5.4	any Inglam	1	123<	45
• CRITICAL I			ENTIFIED IN THE CHECKLIST AND NAF	RRATIVE COLUMNS MARKED "C"		
 VIOLATION(S) REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTE	D IN THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	'R"
Section #	C/NC	R		Narrative		o Be Corrected by
	Min to		a se il il se i		(G) C (A) (C) (C)	ner il
347	NC		- Deli hand how	el dispenses s + hermometers (Built in + herm	ot full	9/14/22
256	NE		Toels hase 127	+ hermometers	arre	
		_	not accurate	CBuilt in I harm	nometers)	
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Received by	1			Inspect	ed by (name and title printed):	1
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Received by	(signature)	:	1 /200	Inspecto	ed by (signature):	
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cc:			cc:	cc:		



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme			r Requirements. The time limit for cor	Telephone Number	•	ID#
Kroc	ier			() Establishme		2 2602
Establishme	nt addres	s IA A		() Owner	01/201/2	4 2005
	UN	M	orronst	Purpose:	Follow-up Releas	
Owner				1. Routine	NOIC	19/22
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
D : 1				4. Pre-Operationa	c O NC_	3 - 0
Person in ch	arge			5. Temporary	CNC	R_C
Responsible	person's	email		6. HACCP 7. Other (list)	Menu Type (See l	hack of trage)
сеорологого	persons			7. Other (usi)	Wiend Type (See 8	ruck of puges
Certified foo	od handle	r			123	_45
			ENTIFIED IN THE CHECKLIST AND NARR		s" and in the narrative below.	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
411	NC		Deli Freezer in back	of hot foods	Schon	MANDO
			has light out +	necds picked is	p	10/19/22
402	NC		Floors soiled in ba	CROP hot foods	area	9/29/22
257	NC		Themometer need	ed in Cheese Ce	oodex	9/19/22
						120/-
			NOTE:	T + 0.11 /10	e malust	
			- Cheese station:		can be accurate	
	discuss.		Leave to Augh Par to	1 0/4 0/0 1		
	59 19	OF L	- Lakin proofer in	a part)		
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				is tood right (2414	
				it on temps or	lower	
			Cooler sett	ing		
Received by	(name and				Inspected by (name and title printed	Paul Botz
Received by			1011 / 10 C		Inspected by (signature):	1 1 mil pursa
X	9				Mary Blan	ford
cc:			сс:		ge:	/
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460 N. MORTON ST. STE A

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

		· · · · · · · · · · · · · · · · · · ·	requirements. The time mint for conte		peemed in the harrance portion of this rep	,ort.
Establishme				Telephone Numb		
KVO	SQO	N		() Establishm	ent	
Establishme	nt addres	SS		() Owner	72172 20	80
596	1 10	V	SR135 Green	Purpose:	Follow-up Release Date	
Owner				1 Routine	NB 10 12	2
				2. Follow-up	Summary of Violations:	-
Owner addr	ess			3. Complaint		
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Person in ch	arge			5. Temporary	CNCR_	
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Responsible	person's	email		7. Other (list)	Menu Type (See back of page	ge)
0 :6 16		nw.				
Certified foo	od handle	er			12345	5
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			OM PREVIOUS INSPECTIONS ARE DENOTED IN			
Section #				Narrative		rrected by
324	R	-	Stray bouches -	recour-	2 han sixle (4)	Part 1
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		- (Deri -	free words a second or		
347	NR		provide pay	ser times	is at honorwise.	1
			by 3 han Si	he		
	18.5		0			
3-19	VC		floor under	Moun	mars is still	
			por repair	must be	smooth ocle	nab
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			must be coupl	eted by	1-31-73 at 1	L.
		1	monetary fin	15		
			σ			
			Day I			
	-	\vdash	I want your			
D : 11		100	·		I was and by (upon of title things).	
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Received by	(signature)): •	W. J.		Inspected by (signature):	211
	10				JW 396 47	10
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

E - 111 1				T TILL NI	TD - 47
Establishmen	nt name	(apanese Stealth	Telephone Number Establishment	Date of Inspection ID#
Establishmer	nt addres	s	your en securit	() Owner	91977 1930
175	1 0	1	115 31 Gran NATE	Purpose:	Follow-up Release Date
Owner	1 0	V		1. Routine	NO 97927
25F 11F 8884 75				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge		e) to	5. Temporary	C O NC R O
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Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)
Certified foo	d handle	r			12345
• CRITICAL	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	The state of the s	
Section #	C/NC	R		Narrative	To Be Corrected by
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		-	rice ex	18 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	-				SATE OF THE SATE O
					The second second
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Received by			printed):	Inspec	ted by (name and title printed):
		rllu	Sangkelen.	Je	noter Ward
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			1		