

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

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

		· ·	in Requirements. The time mint for correction			
Establishmen	nt name	ic	lid	Telephone Number () Establishment	Date of Inspection	ID#
Establishmen	nt addres	S	. A Greenwood IN	() Owner	8/16/22	2604
331	Euc	W	1 AVE. 44142	Purpose	Follow-up Release	Date
Owner				1. Routine	No 8	126/22
Po	ul		J,	2. Follow-up	Summary of Violati	
Owner addre	ess			3. Complaint		1"
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_O_Nc	$+_{R}$
10	111		()((, , ,)	6. HACCP		
Responsible	person's	emai	(Son/late)	7. Other (list)	Menu Type (See be	ack of page)
			Servación (Servación)	7. Other (usi)	Menu Type (see of	ick of page)
Cettified foo	d handle	n	Wilhoit 7/9/27/		123_ ✓	_45
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	5 "R"
Section #	C/NC	R		Narrative		To Be Corrected by
324	NC		Hot water in p	ublic restr	com)	8/16/22
		1 1-	was 138°F (Range	, to be 100°F	to 1200P)	, T,
227	NC	- 131	Pland sink a	nd three	bay	8/25/23
			sink needs	caulked ;	to o	ALE CALL
			the wall	,		, , ,
430	NC	,	Public restroi	om door 1	lubs	8/22/23
Market Committee			the door fran	re in ar	eas	1
399	NC		Basement Vare	a contain	D	Remove
			exposed wood	and unf	inished	Items
			construction -	while Sto	rung	from
			open and seale	d single se	rucke	vasemen
		-7	items (i.e. open	I wake hox	es).	ASAP!
				17		
						diament of
Received by	(name and	title j	printed):	Inspected	by (name and title printed)	FHS
Received by);		Inspected	by (signature):	1
	NI	1		I (i)m	drew / rull	690
cc:	b	7	cc:	cc:		



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Бэгарцыпп	ichi Sain	tatio	ii Requirements. The time mint for confe	edon of each violation is speen	ica in the narrative portion	or and report.
THE RESERVE OF THE PERSON NAMED IN	ys	, 2	General Slove # 402	Telephone Number	Date of Inspection 8/5/22	ID# (AN)
Establishme	ent/addres	S	Trafalgar,	() Owner	/ /	2523
214	S.R	. /	135 IN 46181	Purpose:	Follow-up Releas	e Date
Owner	i			1. Routine	No 8	115/22
ase	OLL			2. Follow-up	Summary of Violat	ions:
Owner addr				3. Complaint		
	0.50			4. Pre-Operational		
Person in ch	narge		47	5. Temporary	CONC	7 R
llin	111		Ketchum=Engel	6. HACCP	0110	
Responsible	Dersons			7. Other (list)	Menu Type (See l	back of page
cesponsible	. persons	Ciliai	Sensate Exp	7. Other (tist)	Went Type (See 8	nack of page)
Certified for		rak	16/10M 1 3/19/25"		123	45
- ILMIL	4 20	U		THE COLUMNS WARRED HOW		
			ENTIFIED IN THE CHECKLIST AND NARRAT FROM PREVIOUS INSPECTIONS ARE DENOTED IN		JD IN THE NARPATIVE RELOW	AS "R"
Section #		-	ROM FREVIOUS INSPECTIONS ARE BENOTED IN	Narrative	VD IN THE NARRATIVE BELOW	To Be Corrected by
382	-		C. L. S. Lagada	1 /		- / /
302	NC	-	Exterior trash	dumpster)	on	12/1/22
111 K		10	sected on grave	crete	070	THE REAL PROPERTY OF THE PERSON OF THE PERSO
431	NC		7	s walk-in	- PATHON	9/10/22
131	NC		GOEREN CONTAINS	- invented	14, Leh 200	1 1
			MICER LINEAU ON	sholiving	2 Corollings	
218	NC	1	DT1/2 0 p - 1 n - 1700	ser for ket	chen	9/10/22
	100		contains condo	7 11011	on the	Add
			ceiling and le	COOL		plastic civi
		1	3 Selfral ala	- dona in	quest	9/1/22
			area (for seed	- service) a	re s	1
			"Sweating" come	ensate and	the	and L
430	NC		wall allower	three door	glass	8/15/22
100	1,00		doors for freeze	1 1 1 1 1 1	BIRBOE	clean
			ice cream) is	model ha	in)	modd.
			apparent "Sivea	ting" on Oco	mdensatio	1) /
			appared a screen	or y we	1-000 04-000	
Received by	(name and	l title	printed):	Insp	pected by (name and title printed	7):
1	du t	10	to him - tingel		ndrew Miller	
Received by		1:/	The state of the s		pected by (signature):	No.
< 1	0-1	10	tabilian = Engo	/	Indrew Mi	DOOL)
cc:	un 1	14	cc:	cc		
	\cup	1			•	
			Fall Control of the C			



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

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

Establishment name	Telephone Number	Date of Inspection	ID#
Charley's Philly Steak	() Establishmen	1 8/10/00	1702
Establishment name Charley's Philly Steak Establishment address 1251 US 31N. IN 46142 Owner Owner	() Owner	0/10/22	1783
1251 US 3/N. IN 46/42	Purpose:	Follow-up Release	Date
Owner VC-06	1 Routine		20/22
nelly Cerono	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
	4. Pre-Operational		,
Person in charge	5. Temporary	C_ONC_	/ R
Cirina Mendez	6. HACCP	010	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Sensate	7. Other (ust)	Mena Type (See 8)	ack of page)
Certified food handler (FyD: 1		1 2 3	4 5
Telly lerens 1 8/23/22			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		AND IN THE NARRATIVE BELOW A	
Section # C/NC R	Narrative	**************************************	To Be Corrected by
		ouse	Corrected
was on the insi	de I bottom	area	Removed
tor deep tryer	/ /- 22::0	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-
295 NC V Rodent-like pell			8-10-22
inside bottom ave	1	1 1 1	6-12-22
		egister,	8-10-22
295 NC Compressor Soiled		preparation	8-21-22
295 NC Compressor soiled table/cooler,	on one acor	preparation	1
140(6/20016)			
NOTES: Some sm	all live winger	+ insects	
near back room/di		und wet	
towels.		the state of the s	
Received by (name and title printed):	ITA	aspected by (name and title printed)	
Received by (name and time primed):	l ⁱⁱ	Andrew Mi	ller, EHS
Received by (signature):	Ir	aspected by (signature):	Marian Art
Cirina Mendez	l ,	andrew me	llog /
сс: сс:		ec:	



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

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

Establishment name	Telephone Number	Telephone Number Date of Inspection				
CHICAGOS PIZZA	() Establishment	8 12 22	1121			
Establishment address	Owner ()	0 10 100	1131			
1047 W DEFFESON ST. FR	Purpose:	Follow-up Release I	Date)			
Owner	1. Routine	- 81	12 20			
MORRIS, EPPLO	BOOKER 2. Follow-up	Summary of Violation	ns:			
Owner address	3. Complaint					
	4. Pre-Operational) (10	2/			
Person in charge		C O NC	D			
	6. HACCP	Temporary CNCR				
Responsible person's email	7. Other (list)	Menu Type (See bac	h of page)			
ROSH MORRES	7. Other (usi)	Menu Type (see out	k oj pagej			
C: C-1 C-11 11		1 2 3	5			
Certified food handler ATT ALLEA	/	12(3	43			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST	T AND NARRATIVE COLUMNS MARKED "C"					
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS A	RE DENOTED IN THE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW AS "	R"			
Section # C/NC R	Narrative	Т	o Be Corrected by			
	RAINTS (CAP, MET, 1	MSOR NOT	8/4/22			
WORN BY	Employees in k	ITS HEN				
		No. of the Control of	1			
	panels in Kitcher	v 20279	8/7			
NOT CLEAR		-:(2)	8111			
		LOUR(3) -	814			
245 NC LABOLY A		e NUT				
0 10 1	of clern	RINC				
	PRISHT REFRESIRE	ut and	9/2			
KITT Hen		MERCHANDER S	ASKET WOR			
Mas NC & Brooms No			814			
431 NC > FLOOR NOT	CLEAN IN Areks OF 1		8/10			
	OVIPPONT, NORT TO	WAZZ				
295 NC - FOP OF I	INSTAL OF ICE MAKE	R NOT CLEAN	816			
431 NC - RESTROOM COT	ZINS EXHAUST COURS	NOT CLEAN	8 9			
= Employa	ORANK CUP - CO	WER, STRAW	*			
(NOVO) NOT Pravio			1			
	ATOR (SALAD BAR ASPA) NO		186 9/2			
Received by (name and title printed):		ected by (name and title printed):	1770			
		Bob Smith.	6N)			
Received by (signature).	Inspe	ected by (signature):	0			
DIALITUM		Du on				
cc: cc:	cc:		1			



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1	1	r	
Establishment name	Telephone Number	Date of Inspection	ID#
Chicago S Filmon	() Establishment	8/12/22	1504
Establishment address	() Owner	0/00/00	1001
11280 US 21 Gregina	Purpose:	Follow-up Release	Date
Owner 0 (1) 40 42	1 Routine	100 9/	1/22
Kon I Coolis	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint		
	•		
D	4. Pre-Operational	$C \bigcirc NC $	/) _
Person in charge	5. Temporary	CNCI	<u> </u>
THE EARLY	6. HACCP		
Responsible person's email (SenSate	7. Other (list)	Menu Type (See ba	ck of page)
Cestified food handler		1 2 3_ 🗸	_45
Tuck appeal 19			POWER OF THE POST
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
	Narrative		To Be Corrected by
218 NC VODOOR gaskets s	plet or so	ine	9/22/23
refrigeration	units		011100
(2) Cours missing	y on soap a	dispenser	9/1/22
(near oven) at	rand sink		01-51-
3 Jape on door	nanale fo	V	9/22/22
HATCO warmer	init U		01-1-0
295 NC V ORefrigeration doo	L gaskets sou	lea	8/22/22
and I unside va	ridis units	150000	0/ 1-0
Va Theling engla	v.walk-in-	wood	9/1/22
ans above the	ue pay sin	ir all	
Solled and draw	I line solled	at server	station
3 Unside top of 1	ce maker	Solled	9/10/22
431 NC V Deport floor	mains, wal	ls	9/10/22
Soiled and Union	is areas (1	ie.wic)	1
Kitchen HVAC Ven	to are rust	4	1
430 NC Back (West) Kite	hen aug)	Ulistea	10/1/33
out with any	ight mitted	near	- 4
the bottom and	Obertical	door	1
trim/seal/mu	sing in an	eas	
Received by (name and title printed): Nich Fools Owner	Inspecte	d by (name and title printed):	r EHS
Received by (signature):	Inspecte	d by (signature):	'M'
40	$I(\lambda h)$	rarew Me	ller
сс: сс:	сс:	and the same of th	

NARRATIVE REPORT

Establishment Nam	* Pina 1 Address 1221 Greenwood	Inspection Date
Lillan	3 JIMML 1280 0331	8/22/22
Section# C/NC R	REMARKS /N 46142	TO BE CORRECTED BY
227 NC V	Dish tables not secured	8/28/22
LAW / NC	and caulted to the walls	Lojoa
295 NC	Too of country linder	8/22/22
12 10 NO	HATCO Warmer unit Solled	Clean
324 NCV	Flot just on at restrain	8/22/22
	hand sinks measured	01-2100
	138-140°F (Range Shall be 100°F	
	to 120°F)	, ,
309 NCV	Mechanical ventilation	9/10/22
	in public restrooms not	
	Tuoking (per Owner)	, 1,
347 NC	Paper tolvels not dispenses	U 8/22/22
	Iron dish area hand	
	Usink towel unit	, 4
411 NCV	Interior bulb not working	8/28/22
	in one 4 door refrigeration	, ,
	unit	
	Thote: of humerous kitchen!	
	lights (inside cover) Contain	
	alaa injects	1
	2) Firm in need of	
	invitasea cleaning nepeat	1
	usul, my was not a gri last I	
	rountine inspection on 2/22/22!	
		. <u> </u>
Received By (Name & Ti	Inspected By (Name & Title)	Page <u>2</u> of <u>2</u>
0///6	Inspected By (Name & Title) Andrew Miller, EHS	raye or
State Farm 40004 (D0 40 0		



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Establishme	nt name		^		an To again	Telephone Numb		Date of Inspection	in sily	ID#	
	NC	20	OPr	229		() Establishm	ent	011	,	77/	
Establishme		s ()				() Owner		8162		L555	
22.	45		hee	MERO	<u> </u>	Purpose:		Follow-up Rele			
Owner (veewood)				1. Routine		MO 8	_	26 22			
						2. Follow-up		Summary of Viol	ation	ns:	
Owner addre	ess					3. Complaint	- 1				
						4. Pre-Operation	ıal	\sim	^		
Person in ch	arge				4-2 I I-	5. Temporary		$C \longrightarrow NC \longrightarrow R \longrightarrow$			
11.						6. HACCP					
Responsible	person's	email		ngen j	S S	7. Other (list)		Menu Type (See	bac	k of page)	
								s /		- Art	
Certified foo	od handle:	r					1	2 7 3		45	
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKL	IST AND NARRATIVI	E COLUMNS MARKED "C"	 '			77	
100000000000000000000000000000000000000						E "SUMMARY OF VIOLATION		HE NARRATIVE BELOV	W AS "	R"	
Section #	C/NC	R				Narrative			T	o Be Corrected by	
				<u></u>						12 -61	
	Simple	ling	No	110	ms no	sted to	das				
	114										
			11/	ant.	Jos.				- 12	-	
					<u> </u>						
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	The same and									k	
		34.3						gar areas	-1		
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	100					111111111111111111111111111111111111111			-		
									+		
									+		
Received by	(name and	title t	orinted): , /				Inspected b	y (name and title print	ted):		
•			NOA	4 EPPLE			100	mileri	N	avner	
Received by	(signature)	:/	11/	1			Inspected b	y (signature);	or far	Inguil and	
		1	Est.	-			2	U SYL	2	1376	
cc:				cc:			cc:				



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Establishme Establishme Owner Owner Owner addre Person in ch	nt addres	is i	tmesson are (preenwood)	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas Summary of Violat C NC Menu Type (See b	e Date ions:
Certified foo			Hai Lin		123\$	<u></u>
			ENTIFIED IN THE CHECKLIST AND NARRATIV			
Section #	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND Narrative	IN THE NARRATIVE BELOW A	To Be Corrected by
112	No No		Store wet wiring sanitizes solution Home type freez Lommerical equip outside down poter closed	es(5) crent a		8/4/22
Received by Received by	vanh	U.	orinted): (M cc:		ted by (name and title printed) Telly D E ted by (signature): They D Bury	Engless fin





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

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Telephone Number Date of Inspection 317 218-9718 1850 Purpose: 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary Charette 6. HACCP 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" Narrative To Be Corrected by Section # C/NC R NC 430 NC 430 NC Refrigeration door Received by (name and title printed) Inspected by (name and title printed): harette Andrew Miller, EHS cc:



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

Establishme	ent name	,	1	Telephone Number	Date of Inspection	ID#
Visi	CIR	」 \		() Establishment	Olaulan	217
Establishme	ent addre	SS	1111011	() Owner	181411	601
200 1	WC	'X	055 54, 46124	Purpose:	Follow-up Releas	e Date
Owner			,)	1. Routine	10 9/4	1122
				2. Follow-up	Summary of Violat	ions:
Owner add	ress			3. Complaint		
n				4. Pre-Operational	OX 1	0
Person in cl	narge			5. Temporary	C NC	1 RZ
				6. HACCP		
Responsible	person's	ema	1 , 11 , 11 , 11 , 11 , 11 , 11 , 11	7. Other (list)	Menu Type (See b	pack of page)
Certified fo	11 11				_	
Ceruned 100	od nandie	er			123	_45
			DENTIFIED IN THE CHECKLIST AND NARRATIV			
	-	-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R	Exercised a real	Narrative	11 con 10 con 10	To Be Corrected by
269	NC	X	COSCIONA GARAGE	07 ALON 21	DIOSE I CONNI	MAK
	100		Lara Sur For	Fram. 30	MI SIND	Olger D
			501×07 0 0 1000	CIT CANADO	and sure	hower.
			Morrada Vall	Son mos	+mm	
			masny farest			14 11
431	NC	X	SPE SANT SCOKE	NMR INITS	Morck	
10.			STOTUL YOUR IS	Solladi		ja ja
			WHERIOF OF COD	met Inder	Ma Coffee	
			Machinesusoile	3		1
			5 STOVA	1 to Get	MOND.	
		-	Floor Moler Sol	HUM PHITS	MSide	
0/0			MONK IN COOKE	15 Soilld.	100	
218	N		LOSKEF COSKEF COOS	est to soda	(Machine)	die
200	N. d	-	5017	15 000 500	1 d	
297	INC	-	TOTALL OF THE	C2 CA C 201	110 · 100/2010	2
			2000 1100 1100 100 100 100 100 100 100 1	CAMA	a Schled inter	30
210	A (C	-		Her DOSSI	5 on solld.	100
Received by	(name an	d title	trinted):	11007, 2011	spected by (name and title printed)	
X	Sha		Λ		USSI HAM	
Received by	(signature	;):		In	pected by (signature):	Little to
3 K	لأ	JO		\	MON CERT	
ćc:			cc:	۶	517-346-4	371
				()	10/16/0. 10/-m	Page 1 of
				CY	nall@Co. Johnson	1. In. us.

NARRATIVE REPORT

Establish	ment N	am)	Address 200 W CXOSS St 4(0124	Inspection Date 8/24/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	27		Storogy room is soiled	
			Storogy room is soiled	
		-	Note: Restroom toilet needs	
			Clemed:	
			Note: Observed a ten tills.	
			Note: Sanitizer Ducket Solution	
			STRUCTURE ESS YYMI,	
		Н		
		Н		
	_	Н	10/1/1/	
		Н	Mark 1m	
			11/1000	
			\ -	
		Н		
		H		
Received By	(Name	& Ti	Inspected By (Name & Title)	Page of



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

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			The time mine for concer-			
Establishme			200 110 121, 820 81	Telephone Number	Date of Inspection	ID#
C1.	7 0	2) 2	() Establishment	0 8 2	1117
Establishme	nt addres	S	N	() Owner	800	4470
101	4	1	whiteland	Purpose:	Follow-up Releas	e Date
Owner			whiteland	1. Routine	VU) 8	18 6
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		0
Person in ch	atge			5. Temporary	$_{\rm C}$ $_{\rm NC}$	D B O
				6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	each of page
rtcopo	Percon		• 100 pm = 500 pm = 5	7. Other (1131)	Menu Type (See a	ack of pages
Certified foo	d handle	r			1 2	4 5
					125	_45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			No time	noted to	la.	William Park
						2211
			Thonk you!			
			0			
						1
						1
						751 +
					5	
U Sec	P1-100 PF 100	0.00				
Received by	(name and	title p	printed):	Inspecte	ed by (name and title printed,	Lavour
Received by	(signature)	: 0	5012) OSCA	Inspecto	ed by (signature):	4376
cc:			СС:	ce:	/ 1	



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

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Establishment name General Ge				Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	ent j	Follow-up Releas Summary of Violat C NC	e Date 20 72 ions:		
Certified foo	d handle	r					1	123	_45
							S" AND IN TE	HE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R				Narrative			To Be Corrected by
			No	i den	S 00	ted bod			
Received by Requived by cc:	101		printed):	sen Loci		. #	Jen	oy (name and title printed) oy (signature):	376



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

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

Establishme	nt name			Telephone Number	Date of Inspection	ID#	
Cold Stone Creamery				() Establishment		-2"	
Establishment address				() Owner	81022 745		
780	7 (> <	531 (neonwood)	Purpose:	Follow-up Relea	se Date	
Owner				1. Routine	NO 8	20 22	
				2. Follow-up	Summary of Viola	tions:	
Owner addr	ess			3. Complaint			
				4. Pre-Operational	. Pre-Operational		
Person in ch	narge		- 13	5. Temporary	CNC_	\mathcal{D}_{R}	
	O			6. HACCP			
Responsible	person's	emai	1	7. Other <i>(list)</i>	Menu Type (See back of page)		
	•		Bi Bii i _{a m}	171011	1 / State of the	77.87	
Certified foo	od handle	r			$1 \qquad 2 \qquad 3$	4 5	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE				
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name County Charm Establishment address 3 MN mendian parke ob. Owner Cureenwood, IN 46142	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up	Follow-up Release Date 8 / 24/22 Summary of Violations:		
Owner address Person in charge	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	C_NC_		
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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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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishment name COURT STREET CARE Establishment address 39 E COURT 31. FRANKLIN, IN Owner SHERRY YOUNG Owner address Person in charge SHERRY YOUNG					Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary	ent	Follow-up Release Date Summary of Violations: C NC R				
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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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00	5 7	CO	Falgor Square, 46181	Purpose:	Follow-up Release	e Date			
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-			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	2. Follow-up	Summary of Violati	ions:			
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-210	NL	-	(DOM 15 5011CA.	C11/2 1(10) 10	Sulla /	Q-20-72			
2211	NU	-	Women's restroom	Child Vintis.	Soiled-	0 23 71			
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NARRATIVE REPORT

Establishment Name Address 705 trafalan Saive			e Address 705 trafalgor Saive	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
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			Observed men's restroin hand	
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			Note: Koola Kare Changin table	
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