

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

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

Establishme	nt name		- 1 65/	Telephone Numbe	T Date of Inspection	ID#
13 A	GAL	18		() Establishme	nt 7/2/12	1112
Establishme			GNEENLE		1/20/62	- Llo10
11	8.(1)	CNY	ation in ste A	Purpose:	Follow-up Releas	e Date
Owner			31011	1. Routine	Ves 8/	5177
a				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint	Summary of Violate	
				4. Pre-Operationa	nl /	
Person in ch	arge			5. Temporary	c 5 NC	O R
				6. HACCP		
Responsible	person's	emai	- Large at the second	7. Other (list)	Menu Type (See l	pack of page)
192			1.4		71	71 87
Certified foo		-	Cac - 1 0007 (8)	W .	1 2 3	4 × 5
KO	10		co Gravcia Lopez (y	18/24/		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
Section #			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Varrative	" AND IN THE NARRATIVE BELOW	
187	n	R	Docadin		761 120	To Be Corrected by
101	U	1	ODSELVA COOKER !	ice made	- 1R6/22	Christian
100		or inte	0100m (9105 of	e Fried Leans	5 (01790)	OF JOS OF CHI
			nects to be reheated	Ethird Denvis	5 9169-1	at in Section
190	0.		DOSENED GLEST S	tored in 4	and Diastic.	Discovery
1/0	0		CONTainers made	m 7/23/	22 (0 450)	at time of
438	0,		Observed Diostic	Prod bot	ties with	Modection
			no label	7 7 7	441	7
173	C		Observed raw O	nicken St	SUDIO BIVE	7126122
		*	and next to cooker	drice.		71101
191	C/		Date Marking hil	R NOT C	102000	1129122
114	MC		DE POROPORTO PUIL	4009 MOD 1	JOY MONTED.	7/20/20
174	5-7	1718	tood profilets Stor	CON VOTE	Stock Dess	1124102
421	N		MSIGN STONE IN TY	MIC ENTIN	LINGER Show	10
1731	100	_	Settan of Stand	10 FV0875	CA CALL	217127
3(1)	NI		For hand sink over	to sake	Olo OF	812172
1016	100		5 reads to V	R 1000F-1	70 OF	
346	NK		SOOD INCISO + DROW	ded of Do	or hand sink.	7/26/22.
Received by	(name and	title]	1 1		Inspected by (name and title printed):
1	vos	1	lelorde		Cassi Hall	90
Received by	(signature)	7			Inspected by (signature):	2 100
1	1		7		111 Day Clark	
cc:	1		ce:		cc:	
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NARRATIVE REPORT

Establishment Name			e Address	Inspection Date
3400	ULS		11 Declaration of Ste A.	7/26/22
Section#	C/NC		REMARKS	TO BE CORRECTED BY
347	NC		paper toxues not provided at low hand	
			Sml-	
NOte	, e		Observed Cardboard lining Shelvy Units	
	- (1		In Dear and Enterior	
324	NC		Observed a leak of the bow 3	
			Day Sink taucet (back).	
			> Physica for is (Moster)	
			Note: Stand up freezer nords to	
			ve Ook or believe	
			Note: thermometer is needed for	
			Walkin Cooper	
			Note: 2 dor Stand up Coler	
			Le course deg to be their down	
			5 reading 410f-4207	
			Note: make Sure Cleaning Supplies	
			ore Stored away from tood products.	
			Note: Map needs thung.	
			Note: personal tens (food Drinks) should	
			be stored away from tood products.	
			~	
				ř.
			1	
			7/10/1	
			Thank Iw.	
			1/ 0.	
Received By	(Name	<u>.</u> & Т	Inspected By (Name & Title)	Page 2_ of 2_
1	4	>	MAC (CO)	. 390 01



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

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

Establishin	ent sam	tatio	n Kequitements.	. The time mint	ioi conectio	on of each violation is sp	pecified in	the manative	portion	or tins report.
Establishme			3 3 = 3			Telephone Numb	Date of Inspection ID#		ID#	
	N		2			() Establishme	ent			
Establishme						() Owner		7-1-	77	Yele
	51	15	31	Ween	MODEL	Purpose:		Follow-up		
Owner						1. Routine		W		122
						2. Follow-up		Summary o	f Violatio	ons:
Owner addre	ess					3. Complaint				
						4. Pre-Operation	al			
Person in ch	arge					5. Temporary		$C \stackrel{\bigcirc}{\longrightarrow} NC \stackrel{\bigcirc}{\longrightarrow} R \stackrel{\bigcirc}{\longrightarrow}$		
						6. HACCP				
Responsible	person's	emai				7. Other (list)		Menu Tyr	e (See ba	ick of page)
	•					, , , , , , ,		71		71 87
Certified foo	Certified food handler							12	3	_45
• CRITICAL	ITEMS AT	RE ID	ENTIFIED IN TH	E CHECKLIST AND) NARRATIVE	E COLUMNS MARKED "C"				
						E "SUMMARY OF VIOLATION		HE NARRATIVE	E BELOW AS	"R"
Section #	C/NC	R			I	Narrative			T	To Be Corrected by
						Anno Anno Succession and Anno Anno Anno Anno Anno Anno Anno An				
		e ra	NOT	tems	not	to too	C	10.8		27X.23
				71			X	1		IGHT TEACH
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			***************************************							I
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Received by	(name and	d title	printed):			4	Inspected	by (name and to	tle printed):	arm
Received by):/	111				Inspected	by (signature):	400	13710
CCI	7	21	cc				cc:	7	10	7/10
cc:										



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Establishmer	nt name		and the state of the state of	Telephone Number	Date of Inspection ID#			
Ala	E	~	m	() Establishment				
Establishmer	nt addres	s		() Owner	72122 2280			
997	E	(olineRd	Purpose:	Follow-up Release Date			
Owner			Grunaval	1. Routine	NO 73172			
				2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint				
			!	4. Pre-Operational				
Person in ch	arge			5. Temporary	$C \bigcirc NC \setminus R \bigcirc$			
				6. HACCP	C			
Responsible	nerson's	emai	34. 19 mk 1 m 1 m 1 m	7. Other (list)	Menu Type (See back of page)			
Responsible	person	CIII		7. Other (usi)	Menu Type (See Oack of page)			
Certified foo	d handle:	r			1234			
• CRITICAL I	TEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	(
• VIOLATION(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "R"			
Section #	C/NC	R	1	Narrative	To Be Corrected b			
431	NR		Clean the extr	aust how				
	•		all filera n	led to be	> in ofree			
	MOLES				A Second			
N 1 0.1 0			Dishmachine in	Litchen	was not			
10 or	_		San tiving tod	03 GF	s was called			
			to Service it	0				
		(If was here w	hun I iel				
					,			
			1. 5					
			Thankyou.					
	11 - 1	_	<u> </u>					
		\vdash						
		7	2 2 2 1 1 1					
					1			
Received by	(name ana	l title	printed):	Inspec	cted by (name and title printed):			
Ka	CPL	1 \	ceonard		- = The Name			
Received by		-	FCITAGO	Inspec	cted by (signature):			
12	er			7	11 346 43710			
cc:			cc:	ce:				
				ı				



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

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Page 1 of

		_							
Establishmer	nt name	0	ON CTALIBRATE	Telephone Number		ID#			
Establishmer	t oddroo	ر	ROSTAURANT MONRUE FRANKLINGEN	() Establishmer	7/19/20	104			
T Stablishiner	it addres	/	MANIROW FORNKLINIAN	() Owner					
THE OWNER OF TAXABLE PARTY.	N		MOTORE		Follow-up Release				
Owner	Ω	11/0	HERIT	1. Routine					
		109	THENTI	2. Follow-up	Summary of Violati	ons:			
Owner addre	ess			3. Complaint					
				4. Pre-Operational	1				
Person in ch	arge	· ^		5. Temporary	CNC	C_O_NC_l_R			
W. E	RIK	1+	CRAWLEY	6. HACCP		1000			
Responsible	person's	email	gressing residents and the second	7. Other (list)	Menu Type (See b	ack of page)			
					643- 6				
Certified foo	d handle	r K16	- Crawley		123	4 0 5			
• CRITICAL I	TEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"					
 VIOLATION(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW A				
Section #	C/NC			Narrative	.E	To Be Corrected by			
218	MC	4	STATION & PEFR	ORN SPLTI	ON	8/10/22			
	10.4		STATION & PEFR	7500CATOR					
			The state of the s						
			A standard to the standard to			7			
			91.5 1.3 1.		1				
						A 15.47 17			
		_				4.1			
				IT	11 / 10/1-11				
Received by	(name and	_	Crawley General	Manager	nspected by (name and title printed)	4 275			
Received by	(signature)	<u>:</u>	and	I	nspected by (signature):	0			
cc:	2/1/1		// cc:		cc:				



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Establishmen	nt name	no	1- Phill & Batil	Telephone Number	Date of Inspection	ID#
Establishmer	ot address	Cl	1	() 858 Li 10744	7/29/22	563
1051	115	(m) 22	3/ N/ Greenwood	() Owner	/ /	
Owner	1-6	7	11 46142	Purpose: 1 Routine	Follow-up Release	101
CI	20	W	rate		Summary of Violati	9/22
Owner addre		V	we	2. Follow-up	Summary of Violati	ons.
Owner addre	:88 -		J	3. Complaint		
D : 1				4. Pre-Operational	1	1
Person in cha	arge)	1,1.0,000	5. Temporary	c_1_nc_4	7 R
\mathcal{M})//U		allson	6. HACCP	(0.1	
Responsible 1	person's e	eman	17 975	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handler	+-	1 #		ini n	/
To	MI	/ ~	(ililson)		13i	
• CRITICAL I	TEMS AR	E ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R	J	Narrative ,		To Be Corrected by
415	C		numinals live sm	Ill winged	seen	7/29/22
11.0			in trush room	n enclose	1)	1,1
413	NC		Back hallway	door and	trash	8/18/22
			som overneas	2 OLOON COX	tauro	- /
431	NC		The contract of the contract o	ma drains	Co. And)	8/1/22
/CF	NC		in come and	10	Sulling	0/1/00
399	NC		Prout Alpain	meeded in	loar.	8/18/22
<u> </u>	1		under server	Station So	da unit	1
			and under me	chanical c	tish	
			machine		1	1070
218	NC	(Desauge on dish	machine re	ad 10 ps1	8/18/22
			ana not 15-25	psi.	anda too	
		- 9	small clear i	and in va	the rot)
			the floor and	month of a	drain!	
			and from when	- 11000 100 U	(V VICE C	
Received by		-		Inspected	by (name and title printed)	1. 1.70C
	~ W	-	402	Ano		ler, EHS
Received by	(signature)	:		Inspected	by (signature): M	10000
de	M U	4		Will	rew Me	ler
cc:			ce:	cc:		



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		tatio	n Requirements. The time limit for correction	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************	of this report.		
Establishme	nt name			Telephone Number		ID#		
W	he	16	Wear & Caterie	() Establishme	nt			
Establishme	nt addres	SS	2 = (Owner)	7-19-22	1472		
750	15	8	revidue St	Purpose:	Follow-up Releas	e Date		
Owner			Greenwood	1. Routine	NOT	19 17		
				2. Follow-up	Summary of Violati	ions:		
Owner addr	ess	-		3. Complaint				
				4. Pre-Operationa	1	lagar r		
Person in ch	arge			5. Temporary	CNC	l R		
	O			6. HACCP	0			
Responsible	person's	emai	1	7. Other (list)	Menu Type (See h	Menu Type (See back of page)		
	1			7. Other (1131)	Menu Type (See 8	uck of puge,		
Certified foo	od handle	r			_ 2 2	4 =		
					123	_43		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"				
 VIOLATION 	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS	" AND IN THE NARRATIVE BELOW A	S "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
431 NO Deed (12 C)			Deplace GIL	Lamoral	(wiling			
			hiles (Felgis	- 1001 £ ((about	NATIONAL DESCRIPTION OF THE PERSON OF THE PE		
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			I hank yours.					
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		K	IC Mason	4	Jenn Jerk	Javren		
Received by	(signature,):]	Inspected by (signature):	20.		
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Establishment name ANDWART Establishment address 1900 Commerce PKW Owner Owner Person in charge Responsible person's email				Telephone Number () Establishm () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas Summary of Violate	ions:
Certified foo	d handle	r		PERMITTANY, THE SALES AND ADDRESS AND ADDR	12_X3	45
				CONTRACTOR OF THE PARTY OF THE	" NS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
7.9\7			SC CONPINIER			
				Half HM,		
Received by	(name and	title printed):	AN		Inspected by (name and title printed):
Received by	(signature)	: A!	ron_		Inspected by (signature):	90ff
cc:	0		cc:		сс:	



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

		tutio	in requirements. The time mine for conte			n or this report.		
Establishme	nt name	1.	1 A Electrospec	Telephone Number	Date of Inspection	ID#		
HVI	INW	CK	£+ (',	() Establishment	1/8/17	11107		
Establishme	nt addres	S		() Owner	11010	1290		
1800) (x	M	merce Phil	Purpose:	Follow-up Relea	șe Date		
Owner	-	-		1. Routine	111	(KILZ		
					Summary of Viola	Summary of Violations:		
Owner addr	ess			3. Complaint	,			
D : 1		-		4. Pre-Operational	NC R_			
Person in ch	arge			5. Temporary				
				6. HACCP				
Responsible	person's	emai	Ege 1 . g = 0 . d . d . d . d . d . d	7. Other (list)	Menu Type (See	back of page)		
C C . 1 C	11 11							
Certified foo	od handle	r			123	45		
CRITICAL	ITEMS AT	DE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLLIMNS MARKED "C"				
ACCURACIONAL PROPERTIES AND ACCURACION AND ACCURACION AND ACCURACION AND ACCURACION AND ACCURACION			FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	Second Property		Narrative		To Be Corrected by		
		_	NO Jens WHO O	A FIME OF IN	DO CTION			
	1111	5	100 Hour I will o	11100 00 1113	precion			
	100		- 144 1 (\$10.4.1) (\$10.00)		14 (144)			
			4 340g TES					
	198 19 F	igh I linky	and the same of th					
			NOte: Freezer	s not in USE	at time			
			OF inspection					
			Note: Observed for	od products inside	(coler			
			Of HICK COMMENTS	1.	ories			
1			LE COMMENT					
	i					alan hil		
			100					
			Mark 10	W.				
			110111	Tr.	11 / 101	7)		
Received by	(name and	1 1	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Inspec	ted by (name and title printe	d):		
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Received by	(signature)	21	*	Inspec	red by (signature):			
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cc:			ce:	cc:				
I				The state of the s		1		



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Establishmer Z 6 Z Owner Owner addre	nt address	<u>J</u>	Ket C KYB Morton St, 41013	Telephone Numb () Establishm () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	Follow-up Rel Summary of Vio	ease Date 118/27 plations:
	Responsible person's email				Menu Type (So	ee back of page)
Certified foo	d handle:	r			123_	45
			PENTIFIED IN THE CHECKLIST AND NARE FROM PREVIOUS INSPECTIONS ARE DENOTED			OW AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
295			Shelving Units inside Soiled. Coffee Condiment	1, 1	rs + freezer	hivis
			Thank	W's		
Received by	(name and	1 /	printed):		Inspected by (name and title pri	inted):
Received by	(signature)		Ginnan		Inspected by (signature):	net grand tight of a
cc:	(сс:		cc:	



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

Establishm	ent Sani	tatio	n Requirements. The time limit for correction	on of each violation is specified i	n the narrative portion	of this report.
Establishment name BOU LOUID Establishment address 1257 VS 31 Greenwood, M Owner Owner Owner address Person in charge Responsible person's email				Telephone Number (3/7) 2/5 + 5/4/20 Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 7/27/22 Follow-up Release Summary of Violati CNC Menu Type (See b	6 / 2 2 ions: 6 _ R
	ega	N	CALLY ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	123	_45
	U		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
324	NC	V	Hot water at pr	es line me	asured	8/18/22
		n i	143°F and at pres	L'area was	85°F	1
431	NC	V	Floors and floor	drains soiles	un areas	8/1/22
218	NC	V	Oce maker drop.	plate and	loft.	8/18/22
205	. 10	V	OENTOURN SIDEN AT D	oen lryen sou	0-1	8/1/12
295	NC		Destinon sides of d	eep fryen soil	led	Correcte
399	NC		ment, nepain mes		irea.	9/27/21
	INC.		mos sink area an		floors	1
295	NC		01	and equipn	1)	Corrected
			are soiled (i.t. I	lexan pans)		
			and the second of the second o		Bollsted 45	acotte mai
					11.	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmen	it name		Food and Committee of the Committee of t	Telephone Number	Date of Inspection	ID#		
Bini	ami	n's	coffeehouse	() Establishmen		2555		
Establishmen				() Owner	1/21/20	4055		
				Purpose:	Follow-up Releas			
Owner				1. Routine	100 8	1100		
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ss			3. Complaint				
				4. Pre-Operational	, ,	1 11 =		
Person in cha	ırge			5. Temporary	CNC	c / NC 4 R O		
15				6. HACCP	92 3112	0		
Responsible p	person's	emai	1 1,0 1 2 3 9	7. Other (list)	Menu Type (See l	Menu Type (See back of page)		
			San Africa Alia		_			
Certified food	d handle	br	ewer Exp. 2027		123_	2 45		
	Maria Maria	V	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
• VIOLATION(S) REPEA	FED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
130	NZ			Stored in food	prepareas	1/27/22		
	-11-4		at any time	111				
1/02	hil		Panels and I in Witch	200 - 000 000	111100	1/21/12		
402	NC		Floors soiled in Ritch	ren in many p	naax	1121100		
257	NC		thermometers not easil	y accessible in	fridges	7/2/22		
2011			000 500 50 1110 600	0		7/201-2		
294	<u></u>		Sanitar is Very high			1/21/72		
			- try adding hater	N BUCKES S		· (-		
734	NC		In use utensils Should	be Stored in	emduct	7/22/22		
211	100			in running W		10110-		
			- Not to be stored in	Still water				
-			NOTE: No Newery wor	n for anyone	Orcaling	N. M. S.		
			food Jewend Wolf	11 Ni aryone	riquing			
A	-	-	7444	()	- 1 - 10 - 20 - 20 - 20			
			MIMIN baileustSt. Lom	(test Strips)				
			pour of the pour of					
Received by	name and	title j	printed): Brewer	In	spected by (name and title printed)	rd		
Received by	(vignature)	1:0		In	spected by (signature):	1 zak		
dc:	N.O.	U	сс:	()	E Julius Variant			
					V	Page 1 of		



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

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Establishmen	it name	^	2 In a later hand me a 27 miles	Telephone Number	Date of Inspe	ction	ID#
BIC	Je (7	rd Assisted Live	() Establishmen	t.		
Establishmen	t addres	s		() Owner	720	77	1759
302	1	5	tella Dr	Purpose:	Follow-up		Date
Owner			Greenwood	1. Routine	W.	73	022
			6120000000	2. Follow-up	Summary of	-	
Owner addre	ss			3. Complaint			
				4. Pre-Operational			
Person in cha	roe			-8	c	NG	n ()
r erson in cha	uge			5. Temporary	[C	NC	R
Responsible p	person's	omoi		6. HACCP	M T	(C 1	1. of 5 400)
Responsible	DEISOII S	Ciliai		7. Other (list)	Menu Type	(See bac	k oj pagej
Certified food	d handle	r			- 1 2	· X	. 1
					12	_3_/_4	5
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	CANADA CANADA DA PARAMANTA DA PA		
• VIOLATION	S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE I	BELOW AS "I	R"
Section #	C/NC	R		Narrative		T	o Be Corrected by
AD4	-		Replace (WIL	along t	un eda	20	F
399	N		drainhourd 1	lear Ol	show an	ne	stories &
46			(molder part)				(eq)
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	100000000000000000000000000000000000000		Thate you!				
	301			All of the second			
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Received by	(name and	l title	printed):	It	aspected by (name and titl	- 1	
D : 11	7.		X 1 1 1 1 1	· ·	senone	YW	averer
Received by	(signature)	:		11	respected by (signature):		271
					cc:	0	710
cc:			cc:				



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

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

Establishment nappe	Telephone Number	Date of Inspection	ID#
Big Reds Place	() Establishment	7/18/22	2397
Establish thent address Edin burgh	() Owner	1/10/00	20.7
124 E. Main Cross IN 46124	Purpose:	Follow-up Release	Date, /
Owner	1. Routine	Ves 7/2	28/32
Telellard Hadley	2. Follow-up	Symmary of Violation	ns:
Owner address	3. Complaint	/	1
	4. Pre-Operational	l , ,	2
Person in charge	5. Temporary	c_/_nc_2	R
Willard Hadley	6. HACCP	and a gloring	
Responsible person's email AFSC EXP:	7. Other (list)	Menu Type (See bac	ck of page)
Certified food handles 1/20/26	ESSET COMMAND CASE DAMES LANGUAGE CONTRACTOR STOCKED S	123/	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "	'R"
	Narrative		o Be Corrected by
187 C Raw Shelled egg.	2) measured	51°F	Called
and hot dogs	measured 50°		for
while inside of	etchen prepar	ation !	emergence
table ambient a	er of this w	net was	repair 1
112 50,9°F at 8:30 am	0	,	2/1/20
218 PNC Four basement	refrigeration	unita	3/1/23
are not NSF/ANSI		and	
2/8 NC the Kennore uni	t (freezer).	ua	
gasket is camar	gest / 1000 ·		4-
		- Contract	The second
			rate of the second
			4
		11 / / / / / / / / / / / / / / / / / /	
Received by Grame and title printed): Hadley	And	I by (name and title printed): New Miller, E	
Received by (signature):	Inspected	drew Mille	
cc: cc:	cc:	was river	



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

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T 11:1			T 7 1 1 37 1	·	
Establishme	10.	00220	Telephone Number () Establishment	Date of Inspection	ID#
Establishme	MIL	Wille.		7/18/77	158
Establishine	in address)	beer wassed at a class	() Owner	1/10/00	
Owner	1111	MININ, CHECKINGA.	Purpose: 1. Routine	Follow-up Release	Date 177
Owner				Summary of Violatic	20 00
Owner addr			2. Follow-up	Summary of Violation 7/25/22	115.
Owner addr	ess		3. Complaint		
			4. Pre-Operational	c	
Person in ch	arge		5. Temporary	CNC	R
D: 1.1		.1	6. HACCP	77 (0.1	1 ()
Responsible	person's en	аш	7. Other (list)	Menu Type (See ba	ick of page)
Certified for	od handler				
Serumeu 100	ra minarer			12_/_3	_45
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEATE	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			the second of th
Section #	C/NC I	2	Narrative		To Be Corrected by
189	C	Observed Milk (C	345 or inside	LECCU-IU	
105		C00/61	2-10 1001	0 1	
181	-	CI DENNE L'ODON NE	CUIS 1112101	reach-in	
177	NC	Small Cooler to 40	7 Stored 111	note !	7/7//27
	100	First are corps in	J 3000 0		1/21/66
174	NC	OBEXUED DINK FOR	n majucts	nside	7/20/27
		Freezer not labe	leg.		
			2 - 1 100	T. 5 5 5 5 1	
	-	Note: hard Silk	Wirst DE Cia	ccessible	
		OF all times.			
		×			
				A Property of the Control of the Con	
Dagging 11	(1)	and the second	Tages	ed by (name and title printed):	
Received by	chame and to	ephniga):	Inspect	(name and title printed):	
Received by	(signature)		Inspect	ed by (signature):	
×	1-3			Mall	
cc:		cc:	cc:	- Collan	



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

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Page 1 of

Establishme			and a payor to the second of the	Telephone Number	Date of Inspection	ID#	
Bob EVANS ROSTAURANT				() Establishment	7/7/22	21211	
Establishme	nt addre			() Owner	11/100	2134	
900	N	mc	DRTON ST. FORANKLIN, IP	Purpose:	Follow-up Releas	se Date	
Owner				(1. Routine	7	117/20	
				2. Follow-up	Summary of Viola	tions:	
Owner addre	ess			3. Complaint	'		
				-			
Person in ch				4. Pre-Operational	c_O_NC_0	5	
Person in ch	arge	1.4	ITHAM	5. Temporary	CNC_	R	
				6. HACCP			
Responsible	person's	email	Dear to	7. Other (list)	Menu Type (See	back of page)	
Certified foo	d bandle				Nation		
Cerunea 100	d handle	-	WARAM		123	4	
• CRITICAL	ITEMS A	_	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	THE REAL PROPERTY OF THE PERSON OF THE PERSO		
PERMANENTAL MARKET STATES			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	TR	1	Varrative		To Be Corrected by	
431	NC	12	FLOOR SURFACE NO	of clean in	AREAS	7/12/20	
	71 11		OF KIRHEN, WA				
n 1 5 1	1 N	17. P		EQUIPMENT, 1			
			and the last of th		Ser I emagn van	1	
177	NC	(4)	Some Food PACKAGE			7/10	
					ZK-IN		
- 10			COOLER/WAZK-IN			1	
295	NC			REFLEGORAFOR		7/18	
. ~ 11	10	(65)	1/212 02	XER) NOT	COAN	-10	
1 /4	NC ((2)	CONTRINER OF SCASONINGTINOT LABOURD				
	-		CONTAINER OF SE	ASONINGTINOT	21010000		
295	NC	10	ENSEDO OF FRONT	BISCUIT WAS	mee NOT	7/10	
010	100	0	Clopp	13452027 00777	rec ru		
256	NC	8	FRONT PROPAGATION 1	20 FRICORATOR	THERMOMETER	7/9	
		0	NOT SOON				
			The second secon		the same of the sa		
(hć	20		mecHANTERE SIHMAC	,			
2	0		temporature Adoqu		MORO ON PLATE		
Received by	(name and	d title f	21 (1)	Inspec	ted by (name and title printed		
John Whitham Coneral Manager Bob Smith Etts							
Received by	(signature):		Inspec	ted by (signature):	I Make Land	
	M	1		/	Dek smo		
cc:			cc:	cc:			
						\	



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

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

Page 1 of

Establishmen		NEIGHBUR.		Telephone Number	Date of Inspection	ID#
1201	7	TI	itur Dow P. 77:	() Establishment		
Establishmer	nt addres	s	eridion St Greenwood	() Owner	72522	2398
510	N	m	exiden St	Purpose:	Follow-up Release	se Date
Owner			Greenwal	1. Routine	ND 8	5 27
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	_	_
Person in ch	arge			5. Temporary	C_O_NC_	
				6. HACCP	-1-	
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r				
Ceranea 100	a minare				123	45
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
	_	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
	2 10		No ctems not	ed today	-	ECONOMIC AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON A
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						residence of the Part Control
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			A		48.00	
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	-					
Received by	Mame and	l title	printed):	Inspec	cted by (name and title printer	d):
4	Drit	100	ny Bowling	Je	nonterly	James
Received by	(signature)	3	0	Inspec	eted by (signature):	13-7
cc:	0		CC:	cc:		e



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

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Establishment name	Telephone Number	Date of Inspection	ID#		
BOJAKS	() Establishment	7/21/22	1365		
Establishment address 377 E SOFFESON ST. FRANKON, #	() Owner				
	Purpose:	Follow-up Release	Date 132		
Owner (1. Routine	- 8	11 10.0		
Gore	2. Follow-up	Summary of Violati	ons:		
Owner address	3. Complaint	(4	7)		
	4. Pre-Operational		TA .		
Person in charge 50 AN LAN HAM	5. Temporary 6. HACCP	CNC4	8 R		
Responsible person's email	7. Other (list)	Menu Type (See be	ack of page)		
toponi, p	7. Office (1131)	Mena Type (occ).	- vek of puge,		
Certified food handler JOHN LANHAM		123_	55		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		1 7 7 7 7		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS			
	Narrative		To Be Corrected by		
415 C & NUMEROUS JMA		SERVED	7/23/23		
		HAMPER	MEMORINE		
4	COSET	1)	THE SECOND SECON		
	ORN/SPEAT OF	N TRUE"	8/20		
	ORATOR	12. 000	7/20		
431 NCO FLOUR MORT TO		NOR	7/28		
EQUIPMENT BYOT	CLEAN FL	LOOR			
351 NC & COVER NOT PROL		omens	7/28		
RESTROOM WASK	O CONTATINOR	71.610	7700		
2/11 NC > LIGHT IN TENSIT		\sim	8/20		
AREA OF WAZ			0 10		
295 NC & INSTILL TOP OF		UDT CLOAN	7/23		
MOAN		, ,	7/23		
	8 NC - HATE RESTRAINT NOT WARN BY				
Employed DU KI	12Hen (Net, 0	AP/VISOE			
	,				
Received by (name and title printed):	Inspecto	ed by (name and title printed) Bob Im (V)	HEHS		
Received by (signature):	Inspecto	ed by (signature)	20		
сс:	cc:				



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

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Establishin	ient Sani	tatio	i Kequirem	ients. The time in	nit for correctio	on of each violation is sp				or this report.
Establishment name Brave Mutrition Establishment address Sol Spring lake dr. 46181				Telephone Number		Date of Inspection ID:		ID#		
Bro	we	14	utrit	ion	191	() Establishment	ent	-1	0/	
Establishme	nt addres	s	1	1 m	a falgor	() Owner	ı	7/26	122	2522
807	SN	mn	gr lat	e dr. IN	46981	Purpose:		Follow-up		
Owner	1		0	and the second s		1. Routine		_ 1		9/22
						2. Follow-up	Î	Summary of		
Owner addr	ess					3. Complaint		•		
					i	-				/
D : 1						4. Pre-Operational	ai	$C \nearrow NC \nearrow R \nearrow$		
Person in charge					5. Temporary		C NC R			
			-			6. HACCP				
Responsible	person's	email				7. Other (list)	-	Menu Typ	e (See ba	ck of page)
0 10 16						7.10		7 9	an Gra	
Certified for	od handle	r						12 \(\sigma \) 345		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	N THE CHECKLIST	AND NARRATIVE	COLUMNS MARKED "C"		CONTRACT SOCIETY		
						"SUMMARY OF VIOLATION	S" AND IN T	HE NARRATIVE	BELOW AS	"R"
Section #	C/NC	R			I	Narrative		***************************************	1	To Be Corrected by
	1 (21-12)		i dita	E al east	٨	124,00		9	- CHEMIN	April 1
	1 1 1 1 1		NO	violation	Juning	insplection	2			10 to 10
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									N. K.	
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	-									
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0.0/	mite	20	STOV	HEOP		l	Dau			Atts
Received by	(signature)	:	JIM!	1111			Inspected l	oy (signature):		12
a	M					l	paul	Believ		
cc:				cc:	Water 1997		cc:			
··· ···										



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

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

Establishment na	me		Telephone Number	Date of Inspection	ID#
Burge		King	() Establishmen		
Establishment ad	dress		() Owner	7/26/22	635
891 1	15	31 N Whiteland IN	Purpose:	Follow-up Releas	e Date
Owner	11-	210	1. Routine	Follow-up Releas	5/2)
			~	Summary of Violat	
Owner address			2. Follow-up	Summary of Violat	ions.
Owner address			3. Complaint		
			4. Pre-Operational		7,
Person in charge			5. Temporary	C_O_NC_	R
1.42.164		200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	6. HACCP		to be well
Responsible perso	on's em	nail	7. Other (list)	Menu Type (See l	pack of page)
Certified food has				_	
Cerunea rood na	1 . !	Solle		123X	45
7/109	CCO	IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	AS "R"
Section # C/	NC I	R	Narrative		To Be Corrected by
324 N	16	The kitchen har	resinc drain	19 Slowly	7/28/22
no Application	240 0		ger in the	men's	7/28/22
3411 H	/c	room is broken			
	_				
		*			
		* Empty +1	le & trash	in the	
	-	meny room	2 7 11.41	111	
	-	77 677 7 607			
					Take of
					1
Received by (name	e and til	tle printed):	Iı	respected by (name and title printed Terry D bay	1 ~1
Received by (signal	ature):	11. Sello	Iı	inspected by (signature):	w vi
cc:	AH YLA	cc:	:	cc:	/
				, ,	Page 1 of/
					ragelor



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

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			1	1	
Establishme	nt name		L	Telephone Number	Date of Inspection ID#
br	N92	N	king	() Establishment	00/ 10/00/
Establishme	nt addres	S	arounwood, Est	() Owner	07/20/22 2606
1830	9E.	M	am st. Greenwood, IN	Purpose:	Follow-up Release Date
Owner		, ,	51 40.7	1. Routine	1 7/29/22
			/		Summary of Violations:
0 11				2. Follow-up	Summary of Violations.
Owner addre	ess			3. Complaint	
				4. Pre-Operational	\sim \sim \sim
Person in ch	arge		The second	5. Temporary	$C \nearrow NC \nearrow R$
				6. HACCP	de Maria
Responsible	person's	emai	Marie Committee of the	7. Other (list)	Menu Type (See back of page)
1	Γ			7. Other (1131)	Mena Type (see out of page)
Certified foo	od handle	r	Servsafe	HARVET STATE OF THE CONTRACT O	
			user Exp. 8/13/26		12345
			ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"	
100000000000000000000000000000000000000			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		IN THE NARRATIVE BELOW AS "R"
Section #		-		Narrative	To Be Corrected by
	-/				
			OF ALL PRINTS	1 0	A SECTION OF STREET
	157.710	535	The state of the s	Λ	
	-		MOTE mechanical a	Pisherasher So	mitizer &
				vitizer are lo	
				quat 4 200 ppm	
		-	Chlorine should be	D 1/6 A 1/1	
			anat 48 should be a	la to a b	
			gray 178 minua 32 4	200 - 30	D fpm "
			@ one small cooler in	m+ by cervic	& window
			used to store ill	cottak temp	ie of 1000
	-		Morti (1- o)		mt.
	-		116.	the cooler	unfit et
<u> </u>	-	116	F3	for woller	ungii a
			get's fixed.		J 9500000
		-			
					* 5
Received by	(name and	d title	trinted):	Inches	ted by (name and title printed):
1 LA	i) SF	17	SHAWN GENERA	L Manager D	Em Betier Etts
			21011		ted by (signature):
Received by	(signature)	2	211	nispec 0	em Betik v
		-		cc;	or record
cc:			сс:	Cey	
ı			1	I	