

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

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

Establishmer	nt name			Telephone Number	er Date of Inspection	ID#
10	KO	Sc	λ	() Establishme	7/11/17	2010
Establishmer	nt addres	ss	0.0	() Owner	1161166	16019
50 N	15	2	135 Ste A Bargersville		Follow-up Release	Date
Owner				1. Routine	YES. 1811	0/16
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint	9	
					al /	1
Person in charge				5. Temporary	c l NC) R.
				6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	ack of page)
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Certified foo	d handle	r	tienen Ulizalza		123	_45
			DENTIFIED IN THE CHECKLIST AND NARRATIV			
	-	-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R	Gozen	Narrative		To Be Corrected by
199	NC		Observed next wish	de a plastic	DUCKET OF	Collected
Call	5 -1	V	moster bitto no i	novini, Moto		Ot time it
1714	NC	Λ	Prink tood Cartainer	2 1)0+ 101061	ed.	inspection
			toca products Ston	A MI SIPI	ick bass inside	
191	0	-	THINK - IN THE SEL	TO TUBLIA	m man	71101111
	V		Containers words	Costroll	Cadler	1161166
718	NO	X	Flin-too Coole Co	and anskate	1.000 (SO) H-	8/3/77
295	NC		interior of ice in	MChild Soil	t d.	01 01 66
295			Stand IN COOKE	his Chest +	(2878C Shelvin	
		n	Tacks Soiled.	199)
295			Bottom of Stand	MO COOLE	My Chest	
-	1		Freezer solled.	71)	
245	NC		observed wet wipi	10.111	Stored on	712112
7110-	_			ortitizer Du	VK8+	7107170
545			Contract Con	esignated ha	NO SINK	116116
			Note: Cleaning Supplies	Dr (0, Oft	Stored own tro	in tolla him
			Note: ptool should	De lo VII	Fored in destances	d bins (dish o
Received by	(name and	l title	Mote Soiled Utensils	Shana De	Inspected by (name and title printed)	
X	P3L		Good Palusier	april 1	(assi HIII)	
Received by			acc sange		Inspected by (signature):	ac select
Y	Mer	1	_		(a) Figure	
cc:	/		ce:		317-3410-42	71
NICHO :		6	Marindred wilden 1	nose luith =	Orani Maria	Page 1 of
CODECT	The state of the s		Mop Sink, backflow	device agood	to the noting t	N
Cant	W.0.	10	OCCUSSION DUCKTON	a - a or orkhon	a sto litt. De 10	
COIII	NO	ハン	Pressure.			



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

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			in requirements. The time mint for contest					
Establishment name				Telephone Number		Date of Inspection ID#		
Lie	Cro	2	ssart	() Establishme	ent	- 1-		
				() Owner		12	122	2506
911	E		rain & Greenw	Purpose:	F	ollow-up	Release	Date
Owner				1. Routine	1	50	8 -	722
				2. Follow-up	s	Summary of Violations:		
Owner addr	ess			3. Complaint	- 1			
				4. Pre-Operation	al			
Person in ch	narge			5. Temporary		$_{\rm C}$	NC Z	RO
	0			6. HACCP		$C \longrightarrow NC \nearrow R \bigcirc$		
Responsible	person's	emai	il	7. Other (list)	H	Monu Typ	o (See ha	ck of page)
responsible	persons	CIIIII		7. Other (ust)	1	мени тур	e (see out	ck of pages
Certified for	od handle	r			— l) -	
					1.	2	<u>J</u> 3	.45
• CRITICAL	ITEMS AI	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATION	S" AND IN TH	E NARRATIVE	BELOW AS	'R"
Section #	C/NC	R		Narrative			Г	o Be Corrected by
411	NR	1	Fix the hant	In the	Dur de			
1,,,		30	red next of	ut ba	126/1	was	mi	Balter
191	100					2.44		J. 1841
			7.			160	n zwaa.	and the second
			Work on the	Floor b	n n	est	cec	V
					8		0	
	-							
		,	Thank you.					
						11		
			1 II					
	100 10			- kil				
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Received by	Ynamo and	(4;+la	brinted):		Inspected by	(name and tim	tle trinted).	
received by	mame and	, iiie	printed):		inspected by	mame and the	ac prinica):	1
Received by	(cianatura	0	11111 7		Inspected by	(cionaturo)	V	Javaly
Received by	(signature)	•			Thispected by	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	16	1376
cc:			ce:		cc:			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name	1. C.PD CD. 1.	Telephone Number	Date of Inspection	ID#
The Leger Establishment address	11	() Establishment	7/7/22	1576
	Franklin	() Owner	1 1	
Owner August	ucane Rd 14	Purpose: 1. Routine	Follow-up Release	late /
Buha	701		Summary of Violation	11/00
Owner address	<i></i>	2. Follow-up	Summary of Violatio	ons:
Owner address		3. Complaint	1	
D :		4. Pre-Operational	1	P
Person in charge	0. 110	5. Temporary	C_O_NC_3	2R
anley	Davidson	6. HACCP	(0.1	and the second
Responsible person's mail	(Serv Sate	7. Other (list)	Menu Type (See ba	ack of page)
Certified food handler	Daydran (EXP 1/21/2)		1 21/2	4 5
ashley	Lavidson ~ 1/26/26		121/3	_45
CRITICAL ITEMS ARE IDE	ntified in the checklist and narrative	E COLUMNS MARKED "C"		
	OM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section # C/NC R	3)	Narrative		To Be Corrected by
228 NC	Dar area cools	es and che	st	8/7/22
	freezer by al	est exit do	or	/.
399 NC	William and a detail	M COLLUAN	est	12/1/22
077 700	AMOUT IN	re certify in		14/100
295 NC "	Ice maker	shoot area	/	7/7/22
	soiled & walk-in	h- woler	Deliver a notice and	1///
	shelving rusty.			
		1	,	
	Moter Wie fle	oor is rus	ty	
	ana works		the second	
				disensional
Received by (name and title pr	inted) ·	Inspecte	d by (name and title printed):	
A Shely	Davidson	An	Ivel Mill	er FH8
Reecived by (signature):		Inspedte	d by (signature):	n
ashelis &	Jandsen	(U	dien Mills	61
cc:	сс:	cc:		
$\overline{}$	1	1		



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 ID# Establishment address Greenwood Purpose: Follow-up Release Date Owner 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 DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

cc:

Section #	C/NC	R	Narrative	To Be Corrected b
218	NC		at server area, is peeling paint	8/31/22
				200
		2		1
				14 m
Received by	(name and tian	title j		er, EHS
Received by	(signative)	:	Inspected by (signature):	lew



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

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

Page 1 of

Establishme			are de and design of the second	Telephone Number	Date of Inspection	ID#	
Long	7 K	f Le	en of Franklin	() Establishment	7/19/22	2110	
Establishme				() Owner	/ / / / / / / / / / / /	1110	
w Je	Frer.	Pou	ST. FRANKLEW, IN	Purpose:	Follow-up Release	Date 1	
Owner				1. Routine	~ 7/	29/22	
			CHEN	2. Follow-up	Summary of Violation	ns:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge			5. Temporary	c_O_Nc_4	R	
	0	UI	JIANG	6. HACCP	0		
Responsible person's email				7. Other (list)	Menu Type (See back of page)		
					and the property of	71.89	
Certified foo	d handle	Fus	DIANG		123	45	
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS '	'R"	
Section #	C/NC	R	J	Narrative	Γ	o Be Corrected by	
197	NC	X		TE BUTLT UP-	2-00	7/23/20	
010	. 10	1	AMBIBUT PUR 28°F	NOT AT OP	DR 2055,	A 10 d	
218	W.C	X	WACK IN COOLER	door gasker o	OOK DACET	810	
431	NC	X	FLOOR Around gre	ASE TrAP NO	TCLEAN	7/23	
2112	. 10	C	· POTA · MATTLE	The string of the	21	- 1-00	
245	anc.	0	SANTTIZING SOLL	NOT STORES I	Dh 1250	7/20	
	-		3 NIO +112119 30CC	717010	(10 03p)		
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		Secretary of					
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Received by	(signature		ang		ed by (signature):	8	
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cc:			cc:	cc:		1	
V			1	ľ		A	



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Establishme	ent name		was the state of the	Telephone Numbe	er Date of Inspection	ID#		
Lon	290	1	ravel Stop	() Establishme	ent			
Establishme	ent addres	S	•	() Owner	7777	1518		
511	5 A	1	300 €	Purpose:	Follow-up Release	Date		
Owner				1. Routine	NO	1772		
			Whiteland	2. Follow-up	Summary of Violation			
Owner addı	ress			3. Complaint	•			
				•	-1			
Dance in al				4. Pre-Operation:		$C \bigcirc NC \bigcirc R \bigcirc$		
Person in cl	narge			5. Temporary	CNC_) R (
n 11				6. HACCP	(0.1			
Responsible	Responsible person's email			7. Other (list)	Menu Type (See ba	Menu Type (See back of page)		
Certified fo	- 1111-							
Cerunea 10	od nandie	Г			123	_45		
CRITICAL	ITEMS AI	DE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	F COLUMNS MARKED "C"				
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW AS	S "R"		
Section #		_		Narrative		To Be Corrected by		
	 '					1		
	Siner		No stems not	rd food	A SECRET FOR THE PROPERTY OF THE PARTY OF TH	recent to		
	2 3300		TOTAL STORY	100				
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			Thank and					
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cc:			сс:		cc:			



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Establishment name Main & grille Establishment address 200 5 EMRES en Aule Owner Greenwood TN Owner address Person in charge Responsible person's email				Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Owner Owner 7/8/22 193 Purpose: Routine Follow-up Release Date 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary C		
Certified foo			5		123		
• CRITICAL			SPENCET DENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"			
		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		O IN THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
426	No	je	mops nothing up to	diy	10 30 10 30	7/3/22	
218 430	NG NC		Floor tike is he unst	holding temp often areund	the Foyer	7/8/22	
Received by Received by cc:	Hall	W	printed): Reset Roof cc:	1	cted by (name and title printed	9: (35) (4) M	



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P		-					
Establishmer	nt name	10	LITO 3	Telephone Number		Date of Inspection	ID#
Establishmer			CITO D		ent	7/7/20	2460
0797	V m	S SID	YOU FRANKLIM, FN	() Owner		/ /	D
Owner	4 /15			Purpose: 1. Routine		Follow-up Release	17 (22
7	TURAN	1	QUESADA	2. Follow-up	- (Summary of Violation	
Owner addre	SS.		0.	3. Complaint			
				4. Pre-Operations	o1		4
Person in ch	arge			5. Temporary	aı	c 2 NC 6	P
BUL	MA	0	GARUTA CENNA	6. HACCP		CNC_O	
Responsible				7. Other (list)		Menu Type (See ba	ck of page)
						The latest the state of the sta	
Certified foo BUL	d handle	RO	GASTACONA (3/17)	26 Servs AF	e)	123	4 5_5
8			ENTIFIED IN THE CHECKLIST AND NARRATIVE				
 VIOLATION 	S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN T		
Section #	C/NC	R		Narrative			To Be Corrected by
187	0	7	INTERNAL FOOD	remperat	vices	06	Food ITEMS
218	NC		RAW BACON, FISH	Chicken	-	. /	MITTER
278		<u>ن</u>	FROM GRELL 4	PUFRISARA		ACROSS OT AT	111100
80		1	HIOF OR less) door			
			OF THIS UNIT	WORN	9013	LEI \	8/7
	-	7	01, 17723 0.577	700707			3/ '
392	NY	Q	OUTSTUR DUMPSTAC	LID NOT	CLO	sod .	719.
174	nc	8	BULK CONTRIBURA	OF SACT	NOT	LABELOU, O	1AERS 719
431	NC	X,	10001	UF KITCHE			719
197	NC	¥		Ack-IN P	= nee	TOR DOOF	719
115			NOT AT OF OR	1295		20000	10
438	C	×	SPCAY BOTTLES OF	- CLEANERS	NOT	LABOUR	718
010	2.55	X	LIBCICILT DACRICARI	2508 (1000)	000	TOSONKS)	817
218	NC	0	DOOR SASKET WO	RN	JUP	(OLD-N)	011
-		-	COOK JISTEL	101-			
Received by	(name and	l title j	printed):		Inspected BO	by (name and title printed):	-13:45
Received by	(signature,):			Inspected	by (signature):) or ! og!
601	novo	R	Garcia		t	El Jm	
cc:			сс:		cc:		
							٨



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 JOHNSON CO HEALTH DEPT 346 4370 Fex 736 5264

The time li	mit for cor	rectio	n of each violation is specified in the narrative portion of th	is report.			
Establishm	ent Name			Telephone Number	Date of In	spection	ID#
1	1005	01	Ladok	() Establishment	(mm/dd/yr		
Establishm	ent Addres	s (nu	mber and street, city, state, ZIP code)	() Owner	1-1-1	8-53	Ī
				Owner			
Owner				Purpose:	Follow-u	p Releas	se Date
				1. Routine	No		-78-20
Owner's A	ddress						700 0
				2. Follow-up	Summary of Violations:		
Person in C	horge			3. Complaint	Complaint C NC R		
I CI SOII III C	.nai ge			4. Pre-Operational	C	_ NC	<u>'</u> K
Responsible	Dorgon's	F mo	ft	5. Temporary	Manu Ti	pe (See back	k of nage)
responsion	e reison s	C-1114	11	6. НАССР	Micha 1)	pe (See Duci	t of puge)
Certified F	d TT d1-			7. Other (list)	١, ,	V 2	4 5
Certified Fo	ood Handie	er			12	-XL3	_45
				<u> </u>	<u> </u>		
• CRITICAL	. ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
295	Nc		S. Kliming	V. Il			
013	100		Shack var ice ma	ne grap.			
			alightly soiled	<u> </u>			
345	NC		designated hand si	ink is only	<u></u>		
			200 mable Cara	track to 1	and	R	5.0
	h.1.	, –	Was I OT to to the	· ·	Jany	7,00	
2111	16		Avoa fillers not sinua	~	1		
341	700		Towells (disposable)	not prove	Led		
			@ kitchen desi	exated Kan	& si	ule	
256	NC		Thermometers not p		•		
	/ -		0 0 0 0	WI WEAL	~		
			Cooles/ Greene	<u> </u>			
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cc:	,		cc:		•••		



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

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

Establishmer	nt name		D.	Telephone Number	Date of Inspection	ID#
NE	W	KL	mo TRAAMESO RESTAURAN	() Establishment	7/10/22	1001
Establishmer	nt addres	SS		() Owner	7/19/22	1821
1051	w	20	FRESON FRANKLIN, IN	Purpose:	Follow-up Release	Date /
Owner				1. Routine		29/22
	YI	1	T	2. Follow-up	Summary of Violation	ons:
Owner addre	ess	L	4	3. Complaint		
			6	_		
Daman in Al				4. Pre-Operational	c_O_Nc_(5
Person in ch)	T	5. Temporary	CNCC	R
Responsible person's email				6. HACCP		Markey 1
Responsible	person's	emai	aren Joga etige 1°ga . gileti	7. Other (list)	Menu Type (See be	ick of page)
Certified foo	d handle		×		1 2 3	(AP) 5
	YI	- 4	25		12	
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		1-
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC			Varrative		To Be Corrected by
255	NC	8		T ACCURAGE	Coke"	7/22/23
008-			REFIGERATOR		10.50-	
295	NC	A			UNDENSER	7/24
				COAN, WA	1800	5011
			ORTPPING INTO	BUCKET		7811
431	WC	_	FLOOR UNDER E	QVIPPENT /N	ext To	7/24
	10 C	9	WALL NOT CLER	9	561 10	1101
295	NC	S)	EXHAUST HOOD - A		4000 grotts	7/24
)		0	NOT CLORA	20,000	/	
291	NC	0	CHOMICAL TEST	PAPERS (CH	120 (INO)	7/22
228	NC	10	FRONT SUSHI	Mer- smr	tel	811
			CHEST FREEZER	NOT ETISTLY	moverbace	7000
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Received by	(signature,):		Inspecto	ed by (signature):	0
Y	il	٧.			DU Jor	
cc:			cc:	ce:		



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

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

Establishment name Not Just Poscorn Etc Establishment address OIE. Main Cross				Telephone Number 8/2 526ish 8256 Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 7/26/22 Follow-up Release Summary of Violation C NC Menu Type (See both 1 / 2 3	ORO
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	; "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			The violation	s noted per		
Received by Received by Cc:	na		brinted): IACKE++ SACKEETT	Ana	by (name and title printed): YEW Mille by (signature): YEW Mi	r, EHS



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Establishme	nt name	-		Telephone Number	Date of Inspection	T 70#	
		0	- 0	() Establishment	Date of Hispection	ID#	
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Establishine	nt addres	S		() Owner	1186	669	
20	N	5	rout Plan	Purpose:	Follow-up Release I	Date	
Owner			Geograph	1. Routine	NO	28 2	
				2. Follow-up	Summary of Violations:		
Owner addr	ess			3. Complaint			
				4. Pre-Operational			
Dancen in ab	- 40.0	-		-4	c_{NC}	0	
Person in ch	arge			5. Temporary	CNC	R	
				6. HACCP	3		
Responsible	person's	email		7. Other (list)	Menu Type (See bac	ck of page)	
			br co		to a F L Doge	216:-11	
Certified foo	od handle	r			123	4 5	
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI				
Section #	C/NC	R		Narrative	Т	To Be Corrected by	
437	NC		Clean the certi	a in kitch	no over		
	Land Branch		rochline			salvi a	
						1941	
411	SR		Replace Syrus	and little	xy ai xdic	house	
			Madal	0			
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			work on flies	as diswis	20		
						11	
			7				
			Thank you				
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Received by	(sionature)		110	Inspecte	ed by (signature):	3000,00	
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cc:		/ 0	l cc:	cc:	7 / 10	1510	
			- CC.				



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

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

			I		
Establishmen				Telephone Number	Date of Inspection ID#
MA	L0	i,		() Establishment	7 11 . 77 7
Establishme				() Owner	7 14 22 2022
1000	3 6	7	Madison DV Grenvous	Purpose:	Follow-up Release Date
Owner			Greenvous	1. Routine	ND 77-122
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge			4	C O NC Y R O
r crson in ch	arge			5. Temporary	CNCT_R
Deemanail le		:	1	6. HACCP	76 7 1 1 6
Responsible	person s	emai	I have the second of the second	7. Other (list)	Menu Type (See back of page)
Certified foo	d bandla				V
Cerunea 100	d Halldie.	ı			123_45
• CRITICAL	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
297	M		Work on clean.	on Master	rest atmir
		"HI.			att Brand and Landing State of
al a T	1.00		(seting Equipm		
431	NZ		work an cleaner	o tru franco	- under he
,			E guinnert	8	
374	N		Repart Colda	later on ha	skink so it
			will work		
347	NZ		Provide paper-	towels at h	andsing
			- do not use (araboard	an shelving
	41				
			I have gov.		
			U .		
Received by	(name and	title	trinted):	Inspecte	ed by (name and title printed):
Received by	(name ana	une j	hw _	Inspect	nn fer Warner
Received by	(cionature)			Inspecte	ed by (signature):
received by	(signainre)			7	1741-437
cc:			cc:	cc:	2 3 10 116
				1	



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Establishmer	nt address	s	State Rd 135 Greenwood, TN	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 7/25/22 Follow-up Release Date 8/5/22 Summary of Violations: C_O_NC_3_R_		
Responsible	od handle:	r	R Irvin DeCamp	6. HACCP 7. Other (list)	Menu Type (See back of page) 12345		
	1000000	-	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"			
• VIOLATION(Section #		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND IN Narrative		"R" To Be Corrected by	
Section #	C/NC	К		TVarrative		To Be Coffected by	
431 NC The floor under the 3-bay sink is soiled. Ethong the Well T 295 NC - the extraord filters are soiled. 411 NC - The lighting is not adequate in the Walk in cooki-							
Received by Received by cc:	tmbe) (ner	d by (name and title printed): 1857	Jess/	



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	n Requirements. The time limit for correction			or tills report.
Establishment name	HUT	Telephone Number	Date of Inspection	ID#
P12ZA Establishment address	1101	() Establishment	7/13/23	12183
	ORTON ST. FIANKLININ	() Owner	M 10 10 10 10	
	ORIAN SC. 4/MORE PAR	Purpose:	Follow-up Releas	e Date
Owner	1/ - 120	1. Routine	CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	23/22
QUAZITY	HUTS INDIANAPULTS LZC	2. Follow-up	Summary of Violat	ions:
Owner address		3. Complaint		
		4. Pre-Operational		V
Person in charge		5. Temporary	C_O_NC_	R
John o	CROSLEY	6. HACCP	1	
Responsible person's emai		7. Other (list)	Menu Type (See l	back of page)
				71 67
Certified food handler	811		1 2 3 1	4 5
	(Need to VERIFY)			
	ENTIFIED IN THE CHECKLIST AND NARRATIV			
	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	PRINCIPLE OF THE PRINCI
Section # C/NC R		Narrative		To Be Corrected by
(NOTO)		FOR STOCAGE	31 21 200 K	REPAIR 9/
399 NC (8)		RN, NOT CLORE		MAN DOL
M31 MCK	FLOOR DY ANOTE OF	= 21 = 1	can,	1000
UII NO A	ONE LIGHT OUT ON	EXHTUST HOOD		7/21
295 NC &	PHOUTUS NOT CLEX		W LOOLER	7/20
239 NC =	311-21	HEM ACHINE NOT		7/14
031 10	OFF FLOOR MINE			
295 NC 4	SUSTOP OF PIZZH		PRATOR	7/20
013	NOT CLEAN	000/10		7,7
346 NC &	SHANDSOAD NOT 1	TVATLABQ IN ME	ens pestipoc	on corrected 71
392 NC =	LAN NOT CLOSED	ON OUTSEAP OF	rempster	7/14
431 NC 2	cetting vent cove	R NOT CLEAR	Du '	7/21
	KITCHEN		aptor a	
				al,
(OCT)	3 compiler men	TSINK doe	3 NOY	
MUL	HAVE AIR GBP	100		
	,			11-1
		Ę.	11 / 1	7)
Received by (name and title)	01 11 1	Inspect	ed by (name and title printed	5 #P
	rostey Shift Lead		ob Sin itt	
Received by (signature):		Inspect	ed by (signature):	
Jan V		Je	e since	
cc:/	cc:	cc:		
		l l		



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

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

					1	-
Establishmer	1	D	1	Telephone Number	Date of Inspection	ID#
Piss	at	tu	et	() Establishment	7/27/22	2184
Establishble	It address	s	315. IN 46143	() Owner		
	_ U	5	315. IN 46143	Purpose:	Follow-up Release	/ /
Owner	1 0	- 1	11-1-1-1-1-1-1	1: Routine	No 8/	
		et	y Huts Inapls, LLCS	2. Follow-up	Summary of Violati	ons:
Owner addre	SS		,	3. Complaint		
				4. Pre-Operational		2
Person in ch	irge	Ta		5. Temporary	c_O_NC_3	5R
1	NOY	5	Blakelo	6. HACCP	3	-3
Responsible	erson's	email	Sen Safe	7. Other (list)	Menu Type (See b	ack of page)
Certified fog	d handle:	r	EX		1 2 3	4 5
1 1 1/	OU	E	3lake 10/17/24 /		123_	_45
· CRITICAL I	TEMS AR	E ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	Andrew Control of the	
• VIOLATION	S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R	I	Narrative		To Be Corrected by
431	NC	=	Floors walls ce	ilings soiled	in	8/8/22
		4 7	firm !	U	A TO BUILDINGS	14
295	NC		Jos of mechan	ical dish N	nachene	8/1/22
			Soiled three pa	y sink fai	icet	///
			area, and mune	your green		
324	116		spewing throng	emsloyee or	entron.	Corrected
327	NC		was 161°F, (Range	100°0F to 12	20°F)	Corverta
			and to the transfer	100011010		
						1 1
					7	
			**		A Sea	
						duesis d
		\dashv				
		-				
Received by	(warme and	title i	hainted).	Inspected	by (name and title printed)	
Havy	rain	1	Lildora Shift Man	ager And	drew Miller	EH8
Received by	(signature)	: ;	1 - 0	Inspected	by (signature):	1.111.
Han	red	1	plane.	W	narew 11	ller
cc:			/ cc:	cc:		



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

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

Establishmer Establishmer Nowner Owner addre Person in cha	nt addres		Mac		Telephone Numb () Establishm () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	Follow-up Summary o	Release I	7 7 7 7 7 ns:
Certified foo	-				7. Other (usi)		$\sqrt{3}$	
Certified foo	d nandle	r				12/	3	45
				N THE CHECKLIST AND NARRAT US INSPECTIONS ARE DENOTED IN 1			E BELOW AS "	R"
Section #	-	-	KOMTREVIO	33 INSTECTIONS ARE DENOTED IN	Narrative	NO AND IN THE NAMED IN	and the second second second second	o Be Corrected by
Section #	0/110		nı	. 1	oted tod	No.		o De doniceteu sy
			100	lens n	oted TUC	X	Tell Harris	TRIU 14 - 1
	E 70.		11.0076	217 24			- general	
			1-3-					
			TING	me you!				
				10				
	-							
		ă.		The same of the sa				
					20.00			Loven
		A					3.3.30	
								184
<u> </u>								
Received by	(name and	title	printed):			Inspected by (name and to	1 (anne
Received by	(signature)		blu	rper		Inspected by (signature):	164	1270
cc:		O		ce:		сс:		



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

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

Establishmer 3100 Owner Owner addre Person in cha	at address MC	<i>M</i> (dian Park Dr	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Summary of Violation C NC	ons:
Certified foo	d handle	r			123_	<u>/</u> 45
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW A	S "R"
Section #				Narrative		To Be Corrected by
431	nk		monsinksoiled			7129122
721	100	98	THOUS SITUR SOTTED		1.50	1/4/1/22
174	NC	V	Label bulk food in wa	un cooler	100 TO 2 TO	7/30/22
402	NC		Floors under i've mai	enine soired		7/31/22
130	WC		handsink used for k	rand washing	only	7/29/27
1827	-		VAIN medt in cooling un	nit WHE OF		7/22/22
101	6		- recommend putting		Ilma motal	1130/22
			pane to keep it	& temp	mo raid	
			part to peop 11.	o i Cry-		
			^	,	N N N N	23.0
			Gradt Impov	ement	(32)	the co
			010007 7117			
Received by	(name and	title	printed)	Inc	pected by (name and title printed)	
\square 1	Mike		there	1113	Touche Blanford	
Received by	(signature	1	7	Ins	peeted by (signature)	
cc:	V. G		СС:	(se	, , , , , , , , , , , , , , , , , , , ,	



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

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Establishme				Tolonkana Nama	Data of Inspecting
Establishme	nt name		FD FRANKLIN	Telephone Number	Date of Inspection ID#
Establishme	nt cd.1		L D LVU. VETI	() Establishmen	7/27/22 2241
			MSON FANKLIN, IN	() Owner	150
-	1	11/1	KINDER OF THE RELIEVE 129	Purpose:	Follow-up Release Date 8/6/22
Owner	20 14		21160	1. Routine	
CONTRACTOR OF THE PARTY OF THE	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Arv.D	el-TAZIGY	2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	_	n de la companya de l	to date	5. Temporary	$C \setminus NC \subseteq R$
A	Uph	J	CLARK	6. HACCP	
Responsible	person's	emai	1 Age Financial Control of the Con	7. Other (list)	Menu Type (See back of page)
Certified foo	d handle	er LPI	U CLARK (SERVITARE 2/35/25 T	XP.)	12345
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		
Section #	C/NC	R		Narrative	To Be Corrected b
187	0	0) FONTERNAZ TEMPECA		ENTHELY FOOD ITEMS
			HAZARDOUS FOOD (ment cheese	
	-		From grill (SDV		ACROSS 7/27/20
	-			-48ct)	-111 01
218	NC	(2)		IN KITCHE	n re 7/30
210	-		BUILT UP INSZAP		IR ~ 42°F-43F
295	NC	(2)	WAZK-IN COOLOR -		
324	NC.	_		O STNK - CO	old water
			NOT Provided AT		AK) (BAB) -8/15
431	ne	+			EXHAUST - 811
			· COVER NOT CLEAN		-6-12-2
1	0	a		EC Claymach	- 000
100	NO	K	HUBIPSANITIZER NOT	derected -	NOT IN USE) CHECK
		1	UNDERMERTH (LEAR)	- (ILLACTIVE	NOT THE SE DE
21111	NC	-	BASEMENT - NORTHO	LEST GOOR A	FAS ALR GAP 85
11	1-0	-2	TO OUTSINE	is. Own /	77. 00
	17.5				
Received by	(name an	d title	printed):	_ In	spected by (name and title printed):
8/	Han	(Marin Execution Che	d	GOD JMITH EHS
Received by			1 1/2	In	spected by (signature):
3	Albe	_	Come .		54 Im
cc:			cc:	C	cc:
I				1	A