

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

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

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

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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

Establishmer	nt name		that it early is a second	Telephone Number	Date of Inspection	ID#	
ma	rath	011	mini mart	() Establishment			
Establishmer	nt addres	SS		() Owner	6/28/22	1430	
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Owner			Example of the state of the sta	1. Routine	6/30/22		
			Frank in IN	2. Follow-up	Summary of Violation	ons:	
Owner addre	ess			3. Complaint	,		
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	r (x (Pri i -)	191	must be 410x	or below	discus ding	100	
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295	Ne			atory and 16	ilet	6/28/22	
			are soiled.				
346	NC		No soup or towned	at the st	6N 100m	6/28/22	
347	NO		hand sink				
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349	NE		The rear door is	not fight	fiffing	7/15/22	
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295	Na		colle dispensat p	1022les a	re 507/201	6/28/22	
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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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550	1	E	500	M	Purpose:		Follow-up Release	se Date		
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Owner addr	ess				3. Complaint					
					4. Pre-Operation	al				
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E-2-17**					6. HACCP		1,			
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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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0 11		and a second		2. Follow-up	30.	illilary of violati	ons.
Owner addre	ess			3. Complaint			
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Establishme	ent name	0	Telephone Number	Date of Inspection	ID#
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Establishme	ent address	1 C Franklin, IN	() Owner	0/21/27	23//
2378	N. N	Porton St. Franklin, IN 4613-1	Purpose:	Follow-up Release	/Date /
Owner			1. Routine	1/es 7/0	1/22
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			4. Pre-Operational		. 6
Person in ch	narge		5. Temporary	CNC	$\frac{4}{R}$
rati	ucia	Barnes/	6. HACCP		
Responsible		nail / A	7. Other (list)	Menu Type (See ba	ick of page)
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ı		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	"R"
Section #			Narrative		To Be Corrected by
399	NC	Alport Mart no	Dain Meldon	1 in	7/4/22
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177	NC	Boxes of food	were stone	ed on	6/22/22
		the walk- in	1- freezer fl	000	1,12,
218	NC	Some refrigerati	one doone	jaskets	7/22/22
101		are spect pagen	agea	A - a - a - time -	1 11
187	C	s pulas ana	Salaas Pile	Danacon	Called
	-	Internal and	ed the for	eewy g	emergence
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		(2) Cut tomatoe	1 53°F		
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295	NC	Extenso top of	mechanicae	dish	6/21/22
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name	1 P 910 _ 4 _ 1 _ 210	Telephone Number	Date of Inspection ID#
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Establishmer	nt address		() Owner	(0772 11870
29	V07	E 500 N	Purpose:	Follow-up Release Date
Owner		12/2/2/cmcl	1. Routine	NO 6 1727
			2. Follow-up	Summary of Violations:
Owner addre	ess		3. Complaint	
			4. Pre-Operational	4
Person in ch	arge		5. Temporary	$C \bigcirc NC \bigcirc R\bigcirc$
			6. HACCP	C
Responsible	person's ema	1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7. Other (list)	Menu Type (See back of page)
	Ţ		7. Other (iisi)	intend Type (see back of page)
Certified foo	d handler			1 2 3 4 5
				1—2—3——————————————————————————————————
		DENTIFIED IN THE CHECKLIST AND NARRATIV		
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		
Section #	C/NC R		Narrative	To Be Corrected by
431	NC	(lean the wal	y h tree re	V + 1 ord
201 34 70	riginal - 1	The Floor 17	tryer ar-	ea
239	NR	Clean fruice t	sucrety (s	urs interdes)
399	N	Replace all Mis	Sting Vent	covers in ceiling
Annual Control of the Control			6	0
711	NZ	Replace all bur	ma out lis	nto the throughou
297	NZ		of Coolers i	a coffee orea
		plus the incide	of the sh	all machine
	400	cosinet		
		Note Do not my	+ any food	containers in
		try hand waching	t any tous	
		The hand was on	5 = 1,20	
		Thank you		1
		Ó		
Received by	(name and title	printed):	Inspec	ted by (name and title printed):
191	11,	CISS	J-6	morter Warrer
Received by	(signature):	Still 1	Inspec	ted by (signature):
9 9	www.	110121	٥	N 741. 47 16
cc:		cc:	cc:	



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

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

Establishment nam Establishment addr Bo Sa Owner Mujl Owner address Person in charge Responsible person Certified food hand	ress Ma	#132 no lon do Tal, 46142	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC Menu Type (See	tions: R R back of page)
Refuned food nand	MA 9	Anne Slruggy		123_\mathbb{Y}	45
• CRITICAL ITEMS	ARE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE			
		ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	e "summary of violations" and i Narrative	N THE NARRATIVE BELOW	To Be Corrected by
Section # C/N	C R		Ivarrative		16 Be Coffected by
310 N	C	Vent wood at rotiss	eril Chricken is	sorted.	6/20/22
218 NU		Me paper towel of the	en at d	to la	6/18/22
Received by (name of	and title	printed):	Inspect	ed by (name and title printed	D: Janjere Blant



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

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

Establishmer	nt name	-			Telephone Num	nber Date of Inspecti			
6 -		_	(2.0	-	() Establish		OH	ID#	
Establishmer	nt addres		()a	7		h ~ -	-7	102	
				& Greener	() Owner	250		407	
Owner	7	\supset	YC I-	- Treenway	Purpose:	Follow-up Re		Date 3 7 7	
Owner					1 Routine	0			
					2. Follow-up	Summary of Vi	Summary of Violations:		
Owner addre	ess				3. Complaint				
					4. Pre-Operatio	onal			
Person in ch	arge				5. Temporary	CN	$C \longrightarrow NC \longrightarrow R$		
-4					6. HACCP		3 1 B - 1 89		
Responsible	person's	email	1.5		7. Other (list)	Menu Type (S	see bac	k of page)	
				dik		390 370			
Certified foo	d handle:	r				123	·'	45	
• CRITICAL I	ITEMS AF	E ID	ENTIFIED IN	THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "(C"			
						ONS" AND IN THE NARRATIVE BEL	LOW AS "	R"	
Section #	C/NC	R			Narrative		Т	o Be Corrected by	
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w 1953			77.1						
					2 1 20	<u> </u>	4.5	77" - 343	
			INC	re you!					
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Received by	- /	1	1 1	eř		Inspected by (name and title pr	rinted):	ovou	
Received by	(signature)	:	17		3	Inspected by (signature):	et.	7371	
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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	n Requirements. The time limit for correcti	ion of each violation is specified in		or this report.
Establishmer Meijl	nt name	195	station # 295	Telephone Number () Establishment	Date of Inspection	ID#
Establishmer	at address	s	station # 295 morton str 46131	M) Owner	6/23/22	
422	4 11	1	mer ton Str 46131	Purpose:	Follow-up Release	e Date
Owner				1. Routine	Mo	
				2. Follow-up	Summary of Violati	ions:
Owner addre	ess			3. Complaint		
N. T O. M. P. S. S. S. S. S. H. H. F. S.				1		
				4. Pre-Operational	C_NC	7 (1)
Person in ch	arge			5. Temporary	CNC	R
	- 4		- 0	6. HACCP	a dina	
Responsible	person's	email	Par the signal of the second o	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	-1 handle					
Cerunea 100	d nandici	Γ			123	_45
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	Æ COLUMNS MARKED "C"	-	
 VIOLATION((S) REPEAT	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
	Hudita	3	No violation dum	ig inspution.	THE RESERVE TO SERVE THE PARTY OF THE PARTY	£91-1
1/2	LEC	1116	en francisco de la constantina della constantina		and a same	6-10x
			Should despress of the second		GLEST TEST TO THE	3-1-2- A
110 May 2 -	-	72.11	remaining a comment of the contract of the con			
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			and the state of t			
100000						
Received by	(name and	title j		Inspected	by (name and title printed)	
Fre	da		Deise	RU	U Betiku	Ells
Received by	(signature)	: ~	-0	Inspected Lew	l by (signature):	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name			Arrial III	* Se (1, 10, 10 10)	Telephone Numb	oer	Date of Inspection	ID#
Mein	er =	# :	295			() Establishm	nent	nt 1 1	
Establishme	nt addres	S	-	. Fr	ranklin, il) Owner		06/23/2	2048
239	DA	l	Morton	n 8t.	4613/	Purpose:		Follow-up Releas	
Owner						1. Routine		MO	
Cor	Roro	ile				2. Follow-up	10	Summary of Violat	ions:
Owner addre	ess			E-Mantha Control		3. Complaint			
						4. Pre-Operation	nal		
Person in ch	arge					5. Temporary		C_NC_	2 R 0
						6. HACCP	=	01,0	
Responsible	person's	emai	1	. 72 1		7. Other (list)		Menu Type (See l	back of page)
1	Г				22.0	7. Giller (1131)		Wiena Type (occ.)	ruck of puge,
Certified foo		r		Serve	safe			1 2 3 V	4 5
KDE	on	0	Wens	Ly 20	27 -				
• CRITICAL	ITEMS AF					E COLUMNS MARKED "C	"		
	_		ROM PREVIOU	IS INSPECTIONS A		E "SUMMARY OF VIOLATION	NS" AND IN T	HE NARRATIVE BELOW	
Section #	C/NC	R	11/20	ne on at		Narrative	F	24 20203	To Be Corrected by
218	Ne		YDOPY	grister.	s wom	at ceoler	umi	al all	6/30/22
	3 72		(ii) Amon	gask.	ets work	at coole	er at	- Cons an	
			food.		els	t are are	er m	frozen	
			1009-	3 3					
411	Ne		One	hght	out at	deli by	Green		-
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									C nor
									101 Land
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Received by	(signåture)		1000					by (signature):	ight in the
\$ KA	ben	11	Aula	A			paul	Betike	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment r	name		West Colonia Belling to the second	Telephone Number	er Date of Inspection ID#	1 - 1			
11/2]	12to	Ĺ		() Establishme	ent Class ICa	0			
Establishment a			Tronfalgar, Tal	() Owner	6/13/22 163	7			
Cole S.	S.	2	135 46181	Purpose:	Follow-up Release Date				
Owner				1. Routine	6/27/2	2 6			
				2. Follow-up	Summary of Violations:				
Owner address				3. Complaint					
				4. Pre-Operation	al				
Person in charge	re			5. Temporary	CONC 3 R	7			
Jose	Cir	71	ON .	6. HACCP	110	7			
Responsible per	-	-		7. Other (list)	Menu Type (See back of page)				
				7. Other (iisi)	Mena Type (see out sy page)				
Certified food h	nandler		(Serv safe)	,	1 2 3 4 $\sqrt{5}$				
Jose	Cui	80			12343				
• CRITICAL ITE	EMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"					
-	REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	The second later was also be a second as a	S" AND IN THE NARRATIVE BELOW AS "R" To Be Corre				
178 Me ; Some bulk ford items does not have lid to									
			Cover it.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		·	= 1 1/2 = == -12 12	000000	201 001000	-			
		- '	Food them movide co	eler unit	not covered				
239 1	re		Dish racks stored ex	the floor	٠,				
25/	ue	_	Bun mes officer es	The food		5			
295	Me		ice machine is so	Red Cimer	upper corner)				
	The free mountains is secret (miles with the								
A	10%	E:	A Law of		4				
			Dish wastes sant	Trer is Qu	beny!				
			broken						
			Mate Sure bulk for	of hist conti	amer tid is				
			reflalld.						
	in well in cooler of	-							
materials are eff the floor in walt in cooler									
-			frel zer'	-					
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505		1	Giron		naul Betirer Ett	5			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name	00	11	Telephone Numb	er Date of Ins	pection	ID#			
m	on.	Mean	t Show	317) 780 100		/22	2521			
Establishme	nt address			() Owner	0/3/	00	2501			
11 De	darati	inn Dr	Ereenwood, IN 46 143	Purpose:	Follow-up	Release J	Date /			
Owner	SALATI	Sh	D	1. Routine	, 1	1)es 6/12/				
ma	ndan	Sino	1	2. Follow-up		() es 6/17/22 Symmary of Violations:				
Owner addr	ess	July	<i>N</i>	3. Complaint	/					
		0		0	_1		1			
Person in ch		Λ.		4. Pre-Operation	2	9				
Person in ch	arge	· Ch	6:1	5. Temporary	C	c_2_nc_9_r				
Promobile	naa	orca	rua	6. HACCP	F 140	Menu Type (See back of page)				
Responsible	person's ema	11		7. Other (list)	Menu Ty	pe (See bac	k of page)			
Certified for	nd handler	0 .		1000	1400	,	/			
Me	indee	o Sin	gh		12_	3V	45			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"										
 VIOLATION 	(S) REPEATED	FROM PREVIOU	US INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	IS" AND IN THE NARRATIV	VE BELOW AS "	R"			
Section #	C/NC R			Narrative		Т	o Be Corrected by			
344	C	Pla	nd Sink in	dish	area	(orrected			
100	TARTIL E	wa	s not acce	essible	0.1	and the Control of				
199	NC	who	He Chicken	and ra	wash	0/110	Corrected			
1100		wer	e thawing	at noom	temper	atur	2 1			
430	NC	Var	uty / cavenet	for two	o vay	,	Replace,			
nac.	C	Link	et is dan	agea jaei	ellocated	0	M 6/23/22			
295	0	110	eat cutting	J saw	mest		Clean			
		Was crusted with Meat								
218	NC	100	acous (Jasa usea on 6-1-22).							
210	///	The key display work white call for								
		CA	un ad conta	in ear	100		1/2/22			
433	NIC	1110	t man ma	t hung	to ain a	tru	6/3/22			
425	NC	Ba	ooms and	dist of	ns mot	9	6/3/22			
120	700	hun	a UN	mare pu	i i i i i i i i i i i i i i i i i i i		11/1			
430	NC	OEmo	Pouce nextro	om wall	peeling	Day	tt 6/12/21			
		(2) 84	ock room c	ontains	unlin	whed	6/26/21			
		cons	truction (i.e.	exposed	drywal	20	/ , / /			
		mat	erial) at t	he entru	vall/de	on pr	ame I			
Received by	(name and title	printed):	12 1 01 1	. 0	Inspected by (name and	title printed):	. DUC/			
U-	J two	<u></u>	Walda Shall	lect.	Marew	1111110	5 278			
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	w Jul	30			www.uw	1 ugli	7			
cc:	0		cc:		cc:					

NARRATIVE REPORT

NAKKATIVE KEPOKI							
Establishment Name Address Greenwood	Inspection Date						
Moda Meat Shop 11 Declaration Dr. IN 46143	6/2/22						
Section# C/NC R REMARKS Step	TO BE CORRECTED BY						
1 1 Phousaidu wet roiling tile	6/22/22						
in dish adea	9 / L						
347 NC no paper towels available	6/2/22						
in employee restroom	<u>' '</u>						
324 NC OFFOIT Water temperature in	6/2/22						
employee restroom was 64°F	- /						
D'adiete in implayee restrioon							
runs water into the bowl							
100 T ALC WAR DO CA A DO CA A	6/8/22						
227 NC Mop Sink loose from	0/8/00						
In the wall are rule sealer							
1 10 ore was							
note: Firm shall							
wash, rinse, and sanitine							
knives up to four (4) hours after							
knives up to four (4) hours after Cutting meat fish items, et							
							
Received By (Name & Title) Inspected By (Name & Title) Inspected By (Name & Title) Inspected By (Name & Title)	Page 2 of 2						
10 years [Navew Rules EAS							