

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

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

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Establishmer		7	0	Telephone Number		ID#
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Establishmer				() Owner	6172	297
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Owner			Evelopo	1. Routine	MD 195	772
				2. Follow-up	Summary of Violation	ıs:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		5
Person in ch	arge			5. Temporary	$C \longrightarrow NC \longrightarrow$	$_{\rm R}$
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Responsible	person's	emai	la de la companya de	7. Other (list)	Menu Type (See back	k of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name				M" III	Telephone Numb	er	Date of Inspect	tion	ID#
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Establishme	nt addres	s		8	() Owner		6 110	77	2503
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Owner			SR 135	lacour	1. Routine			0 2	7. 22
				,0000	2. Follow-up		Summary of V	iolation	18:
Owner addre	ess				3. Complaint				
					4. Pre-Operation	ıal			
Person in ch	arge				5. Temporary		$C \bigcirc NC \bigcirc R \bigcirc$		
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Responsible	person's	emai	192 10		7. Other (list)		Menu Type (See bac	k of page)
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Certified food handler							12	34	1_5
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishin	em sam	tatio	i Kequitements. The time innit for correct			i of this report.
Establishme	nt name		an make in Camina	Telephone Number	Date of Inspection	ID#
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Establishmer	nt addres	S		() Owner	(016/17)	1506
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	MI	M	national in 46131	Purpose:	Follow-up Releas	se Date
Owner				1. Routine	NU	1100
				2. Follow-up	tions:	
Owner addre	ess			3. Complaint		
				4. Pre-Operational	\sim	
Person in ch					C NC	\mathcal{N}
Person in ch	arge			5. Temporary	C NC	R
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Certified foo	od handle	r			1 2 \ \ 3	4 5
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 VIOLATION 	(S) REPEAT	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"
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Office 317-346-4365 Fax 317-736-5264

Establishmer	nt name		a verge 1 1 th one	Telephone Number	Date of Inspection ID#			
500	Nous	N	2	() Establishment				
Establishmer	nt addres	s		() Owner	6 (822 17			
1291	N	N	radison	Purpose:	Follow-up Release Date			
Owner			Granwood	1. Routine	NO 7822			
				2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$			
				6. HACCP				
Responsible person's email				7. Other (list)	Menu Type (See back of page)			
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Certified foo	d handle	r	-		12345			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment Sanitation Requirements. The time limit for corre									177	of this report.
Establishmer					18	Telephone Number		Date of Insp	ection	ID#
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Establishmer			0	40	N	() Owner		628	22	738
135	0	1	15 31	Gvd	bornes	Purpose:		Follow-up	Release	Date
Owner						1. Routine		NO		8 2-5
						2. Follow-up		Summary o	f Violatio	ons:
Owner addre	ess		THE RESERVE			3. Complaint				100
						4. Pre-Operation	al			
Person in ch	arge					5. Temporary		c e	NC C	R = 0
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Responsible person's email					7. Other (list)		Menu Typ	e (See ba	ck of page)	
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Certified foo	d handle	r						1 2	$\binom{1}{3}$	4 5
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Section #	C/NC	R				Narrative				To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name			Co. Land Corp. III and I	Telephone Numb	er	Date of Inspection	ID#	
Spe	edi	UC	# W	8031	() Establishme	ent	1 /2012	11.110	
Establishmer	nt addres	S	J		() Owner		10/64/6	- 1649	
721	5. 5	5R	135	Briggersville	Purpose:		Follow-up Release	Date	
Owner			,		1. Routine		716012 710	9/22	
					2. Follow-up	Construction of the Constr			
Owner addre	ess				3. Complaint				
					4. Pre-Operation	al	. ,		
Person in ch	arge				5. Temporary		C NC R L		
					6. HACCP		<u> </u>		
Responsible	person's	emai	earr d		7. Other (list)	i	Menu Type (See b	ack of page)	
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Certified foo	d handle	1	Such	1/2 chush alist	2(0)		12_X_3	_45	
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN	THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"				
• VIOLATION	S) REPEA	TED F	ROM PREVIOU	IS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATION	S" AND IN T	HE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		ı	Varrative			To Be Corrected by	
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1,00			reach	-in-cooler am	town Anna	18mps	exoture	at time of	
			reads	46°F	Allent			inspection	
			_	Oh Snap Pickl	85 9459	1 ()			
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-171			Soile	d.	mpt som	1100	WILLIAM.	1	
131			legal	behind sode by	ox Shelving	Soile	d	A Paris	
431	1	11	lisal	behind 3 Mil	SINK SOH	ed.	Color of the State of		
218	NC		Walk	-in-Cooler "Mis	L' door gas	KH	Split/Worn	1/6/22	
295	NC	X	Delig	A Crecimer 100	72th SOME	4 (0	jachin)	76130122	
797			Brew	Coffee much	IN NOZIL	\$ 30	iled		
795			1ce	Coffee Machin		Soile	9.		
297			Speed.	& Premium Spe	ecial ties M	JUCHI	120	II.	
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NARRATIVE REPORT

Establishr				Inspection Date
Soer	disc	N	#8031 221 5.5R 135	6/29/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
399	NC		Wall coving Wher 3 bay Sink	7/(0/72
			in disrepair	
399			wall county at front counter in	
200			Floor tiles word missing through out	
399			Floor tiles word missing through out	
1100	N 1 C	_	Store.	(0/29/7.2
425	NC		mop not hung	6/29/22
324	NC		Women toilet Soiled	(.170177
2001	100		WOTTER FOILET SOTTED	0109100
			note: One light out in back room	
			note: She have in reach in cooker in	
			Date: Shelving in reach in cooler in back room starting to get worn	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmen Establishmen Owner Owner addre Person in cha	nt address	s	Greenwood Mall	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Released NO Viola C NC Menu Type (See	1/23/22 tions:
Certified food	d handler	î			12_3	45
			ENTIFIED IN THE CHECKLIST AND NARR		D IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
NO.	TE		equipment & cabi	ne areas in bar	Date: Pecha Emp: Empleade Part Blue Bar Turns Orange And CAMBA ACOR NAMAN ATT CAMBA ACOR NAMAN ATT CAMBA ACOR NAMAN	9/25/22
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

			1			
Establishment name		+ 0.0 4	Telephone Number	Date of Inspection	ID#	
Subway		#29448	() Establishment	^ h	10 11	
Establishment addres	ss	21 M Creenwood, IN 46192	() Owner	6/16/22	1240	
1251 US	2	ST M Wienwood, In	Purpose:	Follow-up Releas	1 1	
Owner		40192	1. Routine	orlo 6	130/22	
			2. Follow-up	Summary of Viola	tions:	
Owner address			3. Complaint			
			4. Pre-Operational	- X		
Person in charge			5. Temporary	$\mathcal{O}_{\mathbf{R}}$		
l electric change			6. HACCP			
Responsible person's	emai		7. Other (list)	Menu Type (See back of page)		
responsible person's	Ciliai	The second of th	7. Other (usi)	Menu Type (See	ouck of page)	
Certified food handle	r			2 11 2		
Autumn (aw	rebell 9/10/23		123	45	
		ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
 VIOLATION(S) REPEA 	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	a company of the comp	IN THE NARRATIVE BELOW		
Section # C/NC	R		Narrative		To Be Corrected by	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer				Telephone Number	Date of Inspection	ID#		
50	4/2 W	ay		() Establishmen	6/27/22	1429		
Establishmer	nt addres	s		() Owner	0/21122	727		
212	OE	K	ing st. Franklin, IN	Purpose:	Follow-up Releas	se Date		
Owner				1. Routine		17/22		
				2. Follow-up	Summary of Violat	tions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operationa				
Person in cha	arge	enent.		5. Temporary		2 p		
r croon in ch	inge				CNC	C 2 NC 3 R		
Responsible	nercon's	email		6. HACCP 7. Other (list)	Menu Type (See i	hach of page)		
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Certified foo	d handle	167	nate not found		12X_3	45		
			ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"				
 VIOLATION(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
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			drine cups		ign 1 min spript	A Witch and a second		
430	NG		wall paper is dans	aged peside	the private up	nest inspect		
			window.	, ,		3 months		
433	NC		map + broom 75	,	P	6/27/22		
327	MC		The hand sinic	druin leale	are i	11-21-		
187			maintained at 13	- b -		6/27/27		
			maintained at 13	35 F ON TH	e solvice line			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer			.1 222	Telephone Number		ID#
Sub	Nom		# 21971	() Eştablishme	nt Olmal	10111
Establishmer	nt addres	S	1 - Bangersvi	(L) Owner	6/08/22	1779
84	S. 2	30	ite rd 135 Bongersvi	Purpose:	Follow-up Releas	e Date
Owner				1. Routine		22/22
And the second second				2. Follow-up	Summary of Violat	
Owner addre	ess			3. Complaint		
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D				1	C = NC	P. A
Person in cha	arge			5. Temporary	C_NC_NC_	R R
D 31		- 1		6. HACCP	(0.1	1.6
Responsible	person's	email	Laboration of the British and the State of t	7. Other (list)	Menu Type (See l	pack of page)
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	WV	Ro	tel (EUP 5/4/26)		123_	45
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Section #	C/NC	R		Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name	.1		(V/A? -MART	Telephone Numb	per Date of Inspection	ID#
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Establishme	nt addres	SS			() Owner	6/7/20	1923
212	5 n	11	nortan	Franklin, pu	Purpose:	Follow-up Releas	e Date
Owner					1. Routine	Tonow-up Reicas	117/22
	UII	P	TRE		2. Follow-up	Summary of Viola	
Owner addr	Mary Control	4 .	114		-	Junimary of Viola	ions.
Owner addi	CSS				3. Complaint		
					4. Pre-Operation	c NC_)
Person in ch	arge		Came	25	5. Temporary	R	
And the second second second second	Jordan Gomos				6. HACCP	10 10 12 19	
Responsible	Responsible person's email				7. Other (list)	Menu Type (See	back of page)
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431	NC	*	FIDO	R SCHIN NOT	Clopn in	BATY PMA	6/10
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						\$1.00 to 10.00 to 10.	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		tatioi	i Kequirements. The time limit for correct	•		
Establishme	4			Telephone Number	Date of Inspection	
うし Establishme	4P ME	ix	THE STATE OF THE AND SERVICE OF THE STATE OF	() Establishment	6/13/22	2444
			4	() Owner	, , ,	2.47
9	24	N. I	morton st Franklin, IN	Purpose:	Follow-up Relea	
Owner			1	1. Routine	6/2	3/22
				2. Follow-up	Summary of Viola	itions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	7_ p
	8"				CNC_	
Responsible	percon's	email		6. HACCP	M T /Caa	hash of hasal
Responsible	persons	Cilian		7. Other (list)	Menu Type (See	vack of page)
Certified food handler						1000
N.	0 C.2	147	ifiale found service		123	45
		to division in the same	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	ΓED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
324	NC		No hol water	at the	hand SIAK	6/15/22
	110		man man and an analysis of the second			Mary Constitution of the C
295	No	7	The men's room	1 trash can	12d 75	6/13/22
			soiled.	,	50 T	1189
		-		and the second s		
						4
		Tel 1	A Part of the second			4
	del ser		eelle ellee			
		97. 1				
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1	20	_	The sales .		Terry D Ba	4 6.35
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X	RA	7			Man & Bu	1/ fest
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

			in Requirements. The time mine for conce	^	
Establishme			and the rest of the second	Telephone Number	Date of Inspection ID#
70	non	3	andren	() Establishment	1 - 10-
Establishme	nt addres	s	531 Greens	() Owner	62221855
103	0	V	531 Greenst	Purpose:	Follow-up Release Date
Owner				1. Routine	ND 6 1222
				2. Follow-up	Summary of Violations:
Owner addr	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge			5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$
r crson in ch	arge				CNCR
Responsible person's email				6. HACCP	M. T. (Control of tree)
rcesponsible	persons	CIIIAI		7. Other (list)	Menu Type (See back of page)
Certified food handler					
Geranea roc	a minute				12345
• CRITICAL	ITEMS AT	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
			No Tems no	ted toda	Alex a service property for the second
dia hi	- 1 191			7	The state of the s
			0019 10444 1009 (104)		12 34(11 (441 10)
			Mank Son.		
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SANK	Ret	Ax	JAROOR	de	1 341,4276
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmen			- Para - Arrange	Telephone Number	Date of Inspection	ID#
Sine	et_	Sco	OP MARKET	() Establishmen	6/10/22	2449
Establishmer	nt addre	ss	2 [2	() Owner	6/10/00	9111
300	TCK	TCY	PS NOW W HATCHTOLD	Purpose:	Follow-up Releas	e Date
Owner				1. Routine		Tax.
ITAC	MITT	RA	IR SACAN	2. Follow-up	Summary of Violat	ions:
Owner addre		0-19	12) 11.11.0			
Owner addit	255			3. Complaint		1
				4. Pre-Operational	C_ONC_	
Person in ch	arge	0	1/1/22	5. Temporary	CNC	R
7	00	H	HYATT	6. HACCP		
Responsible	person's	email	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. Other (list)	Menu Type (See l	back of page)
			e tau u g		a party in the second second	
Certified foo	d handle	er			1 2 3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
		20	FRONT STOCK ROOM			111110
			(2) CHEST FREEZERS-	BOTH JON LY	P	6./15/22
000	1.50	2	(1) WITH ITE CHEAM THERMOMETER NOT SEC	n - THERMOM	elec holden	200000
258	NC	1/				TOUR
		1	THER MOMERTER NOT	39 FONT 0		
			THER momertee NOT.	seen for or	VIT	
239	210	7	BOX OF SINGE SERVE	FID MUDE DY	ON OTPONO	6/13
3	NE	N	BOX OF STRIP SERVE	LOCA A MININ	wam of Links	ya .
			1001 310000 01-1	200K N 01111011	warren o free	9
392	No	2	LTO NOT CLOSED O.	N OUTSTOLE OF	110mp STER	6/12
310	100		20 101 Cosq 0.	o ourseas of	Original	0/1
239	MC	1	STYPA CHAM QUPS	NOT IN OF	spenser	6/13
00/	100	3.0	UNET BY SOFT DITIVE		J. S. K.	0710
891	NG		01-21 01 2011 1374. 15	- 0,017		6/15/27
(00)0	The same of	1	DUAT SANITEZER NOT	TSEEN /BLOO	ACH AVAILABO	NO TEST
399	ne	8	100111	one one i		STRITS
		(10)	FRE CREAM SERVING	mea	_	>7/1
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						1
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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				· · · · · · · · · · · · · · · · · · ·			
Establishme			01 00-11 . 0.10	Telephone Number	Date of Inspection	ID#	
Establishme	_	7011	more of Mallan Kun Borgersville	() Establishment () Owner	6/24/2	2 1983	
707	0	N	White land Kd	Purpose:	Follow-up Releas	se Date	
Owner				1. Routine	[[[4/22	
				2. Follow-up	Summary of Viola	ions:	
Owner addr	ess			3. Complaint			
				4. Pre-Operational	\bigcap		
Person in ch	narge		N i Si m	5. Temporary	C NC_(R	
				6. HACCP	,-		
Responsible person's email				7. Other (list)	Menu Type (See)	back of page)	
Certified for	11 11				V		
Cerunea 100	od nandie	er			123	45	
• CRITICAL	ITEMS A	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
 VIOLATION 	I(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
295	NC		Shelving in Stand Mg	Cooler in home strac	Kitchen	718122	
/ 11 / 1	(n (/		Soiled.	-:0111 001010	1101	-10:00	
914	NC		CONTRACTOR OF COMMENT	STORES INTIVI	Kitchen	718122	
			110+ Protected troin is	entiq juyla goor		1	
I	Temp)	>Rite.		TIVE WEST COOL		7.1	
	Date: Fecha Emp:		-> free dish machin	XO sering as	F-4		
	Empleado PASS WHI BAR TURN	EN BLUE					
	ES ACEPTABLE AZUL CAMBIA 160	CUANDO LA BAS A COLOR NARAS	SRA NIA			5	
	100	1//				1	
			NOTE: YOU COOK NO	eds a therma	2010/		
			DOLOGIAM COURT	eds a therma	VITETER		
						4	
						-	
Received by	(11 - 111 - 111	l siste		Incorporate	by (name and title printea	7) -	
Have Have	name and		Graphman, manager		Si + Call the prime	<i>)</i> ·	
Received by	(signature):	chi api mari, manager	Inspected	by (signature):	web and	
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cc:	10		cc:	cc:	271/ /10	-1	
			1	31	1-34(0-43		



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

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Establishme	nt name		_8 A251 _36	Telephone Number	Date of Inspection	ID#
540	000	1	me Ice Cream	() Establishment		
Establishme	nt addres	S	Enerson A	() Owner	6177	2563
200	> 5) (aner sun Al	Purpose:	Follow-up Release	Date
Owner			Greenwood	1. Routine	NO 6	11 27
			Gillwie	2. Follow-up	Summary of Violation	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO
Owner addre	ess	No.		3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	R O
	Ö			6. HACCP	4 (6) (5)	A. Fr
Responsible	person's	emai	4	7. Other (<i>list</i>)	Menu Type (See ba	ck of page)
				in o takes (may	- 1	7 F. 89
Certified foo	d handle	r			123	_45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
	-	THE ROOM	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI			
Section #	C/NC	R	and the second s	Narrative		To Be Corrected by
239	n		Store the stra	ms off t	ne grow	
					0	
			Provide more	shelving a	5 redea	9
			Note dum	rate u nem	50 MM	Simila
			Note Change	1.13	100	11116
			6-10			
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		¥	Trank you:	esilar i		
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	Place					
Received by	(name and	title	printed):	Inspect	ed by (name and title printed):	
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						Page 1 of
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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-	Total Colonia	1000			THE RESERVE OF THE PARTY OF THE	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH
Establishme	ent name	1	reatment Center	Telephone Number (9/2) 526 26//	Date of Inspection	ID#
Establishme	ent addres			() Owner	6/22/22	160
423	1 S,	0	15 31 Franklin, IN	Purpose:	Follow-up Release	
Owner			1	1. Routine	No 7/	12/22
Ja	a		reatment Center	2. Follow-up	Summary of Violation	ns:
Owner addr	ress			3. Complaint		
				4. Pre-Operational	1	
Person in ch	narge	2	a Troha.	5. Temporary	c_0_Nc_2	R
Responsible	CALL STATEMENT AND ADDRESS OF			6. HACCP	Many Tara (Cooling	oh of page)
Responsible	persons	CIIIai	Sensate Exp:	7. Other (list)	Menu Type (See bac	er of page)
Certified for	od handle	d	a Iroha 11/29/26,		12_/3	45
• CRITICAL	ITEMS A	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
	-	-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			ALCOHOL TO THE RESIDENCE OF THE PARTY OF THE
Section #		R	Original Landon	Narrative		o Be Corrected by
7/2	NC	774	(CO) contain	Da bottor	n)	1/4/22
	100		outside goo.	C Berten	27 1 20 1 1 1	The state of the s
7.			101		TOTAL STREET	
			flote: fum n	as a new		
-			dom cools.	mercial on	2	
			(190) (2001).			
				A STATE OF THE STA		
	- 61					C. XI
-	-	-				1
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		-				
Establishme	A THE REAL PROPERTY.	F	Bell #31940	Telephone Number	Date of Inspection	ID#
	TO address			() Establishment	6/10/20	2023
Establishme	nt addres	s	rew HTRLand, IN	() Owner		1
Committee of the last of the l	31	70	IN INCOMED, I.	Purpose:	Follow-up Relea	se Date
Owner				1. Routine	Commence of the second	
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	1	
Person in ch	arge	ac	16.000	5. Temporary	C_O_NC_	✓ R
Total Control Control		-	MOMAN	6. HACCP		
Responsible	person's	email	Stepsolg 7 regular ji tirin ilgi ilgi ilgi ilgi ilgi ilgi ilgi il	7. Other (list)	Menu Type (See	back of page)
Certified foo	nd handle	r			(A	
Geranea 100	A mariere		- NICHOLAS NORMAN		12(3/)	5
• CRITICAL	ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
	_	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
256	we	>	WACK- IN cooled	2 - THERMON	reta	6/15/23
100000	SIT OF		not proutded		Triple School of	
431	nc	O	FLOOR NEXT TO	safe on Prep	BOATION	6/12
93/	100	0	AVER NOT CLER	N	10111110	0/13
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		-		No. of the second		
$\equiv \pi$					= 2	
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						1,000
				F.T.		
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						<u> Madagaal</u>
	W					
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name THO BOLL #35305	Telephone Number	Date of Inspection	ID#
	() Establishment	6/7/22	2316
Establishment address 115 G (ANSUTLLE DT. FLANKLIN, IN	() Owner		
		Follow-up Release	Date
Owner	1. Routine	- 6/1	7/22
TACO BELL OF AMORKA 2LC	2. Follow-up	Summary of Violatio	ns:
Owner address	3. Complaint		
Ę.	4. Pre-Operational	, , , , ,	
Person in charge	5. Temporary	C = 0 NC	R
BOTTON RINGER	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)
	5 1222 (1109)	a con a sin Brusto	3) [1.89]
Certified food handler EXP-10/4/24	7	1 2 3	4 5
EMFLY DOYCE SEXP. 10/4/24	/		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN			
Section # C/NC R	Narrative		To Be Corrected by
BACK AREA BEHTIN	,	LOOK MEXT	6/10/22
WAZL NOT CLEAN	/	(y - 20, 00) (, · · · · · · · · · · · · · · · · · · ·
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		je je	MG1
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Received by (signature):	Insp	ected by (signature):	10 12
Brian Ruger		Bel Im	
сс:	cc:		



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

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		_		-						
Establishmer		0-	A				Telephone Numb		Date of Inspection	ID#
Villag			itry				() Establishm	ent	11	505
Establishmer				Cirol	nwoo	d, IM	() Owner		6/23/28	205
899 1	E M	av	nst	Coreco		1	Purpose:		Follow-up Release	Date
Owner							1. Routine		NO 7/	7/22
							2. Follow-up		Summary of Violation	ons:
Owner addre	ess						3. Complaint			
							4. Pre-Operation	al		45
Person in charge				25 61	5. Temporary		C NC NC	R		
						41	6. HACCP		and the second	
Responsible	person's	emai	l	F = 180 L	10 1	A) N	7. Other (list)		Menu Type (See ba	ick of page)
					CONV	coste.				
Certified foo		r (isibe	r (E	Serve	7/11/24)		123	_45
• CRITICAL I	ITEMS AI	RE ID	ENTIFIED II	N THE CHE	ECKLIST A	ND NARRATIVI	E COLUMNS MARKED "C"	•		
 VIOLATION((S) REPEA	TED F	ROM PREVIO	US INSPECTI	ONS ARE D	-	E "SUMMARY OF VIOLATION	IS" AND IN T		
Section #	C/NC	R					Narrative			To Be Corrected by
218	Me	V	Boos	seaf	py	foozen	n Marian	11229	is worn	6/30/22
	HE		A .		U	1	(1			
411	MC		tight	15 6	out b	on fro	2em p1220	1 pri	lezer unt	
			0			0	0 7 0	f		
297	NC		Soda	200	eles	are	Solled			
	-		NOTO	- 10.01	2 He	in Dro	our don	in to	ten out	
			14018	=. PUC	0-	on frea	urrently no	W 70	War lace	
			Walk	-m	free	Ter C	ursenery m	of h	r Wort	
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									1.18(1)(1)	
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Establishme	Wend nt addres no N. ess	s'	Porton St. Franklin, IN	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 6/8/22 Follow-up Release 6/1 Summary of Violation C_O_NC_3 Menu Type (See both)	8/2:2- ons:
Contract of the Contract of th	h d	CC	CGUY ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	123/	_45
• VIOLATION	(S) REPEA	TED F	ROM 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
218	NC NC			the sink is equipment are grill area.	507/201-	6/9/22 6/8/22 6/14/22
Received by LPC Received by Cc:	Jan	ċ	printed): DC OSGAN CC:	1	d by (name and title printed): -esty To Eagle d by (signature): May To Bu	iss plan



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

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Establishme	nt namo	n.	1000	11000	Telephone N	Number	Date of Inspection	ID#
VIaV	195		ncak		317888	6800	6/24/22	1756
Establishme	nt addres	S	. 01	Greenwood, IN 46142	() Owner		/ / /	1100
11694	W. I	VIa	in St.	46142	Purpose:		Follow-up Release	
Owner		_ ,	00	C1. L=	1 Routine		YES 17/	122
Sil	W	U	15	Ga110103	2. Follow-up)	Summary of Violati	ons:/
Owner addre	ess				3. Complain	ıt	'	
					4. Pre-Opera	ational		Q
Person in ch	arge	1	1.1	h A	5. Temporar		$c_{NC_{NC_{NC_{NC_{NC_{NC_{NC_{NC_{NC_{NC$	O_R
Pat	ti	-	(ll	Mely	6. HACCP			
Responsible	person's	emai	1	0	7. Other (list	t)	Menu Type (See b	ack of page)
				6 (CS			1 11 2	/
Certified foo			1/ 1	Servai			1 2 3 V	45
	ki	*	Kapit	any (Exp 202	5			
				J	TIVE COLUMNS MARKE			
			FROM PREVIOU	IS INSPECTIONS ARE DENOTED IN	MELICIPATION OF THE PROPERTY O	ATIONS" AND IN	THE NARRATIVE BELOW A	
Section #	C/NC	R	000		Narrative		2	To Be Corrected by
218	NC		Our	nana mici	peraves	15-0	Ch	1/1/22
	370		exie	non nama	The day	1000	10.	Well Oni+
			At. P	tenior of	1 uala	mane	-1)	100000
		(3)	modhavor	12 dish	mage	hine	7/4/22
			lend	en into	a hun	tul)	Call tech
			(4) Po	Dringnated	don	nskoti	arel	7/24/22
			ton	Ny on	one	un	to	1
411	NC		Leal	its out in	U smal	e sto	nage	7/1/22
			roo	m and 1	walk-in	- coc	lero/	//
	12	57	Rre	ezer	-		1	, <u>L</u> ,
430	NC		DP	eeling pai	nt no	ted s	2n	7/7/22
		154	HVA	2 vert a	nd cei	ling	unit	Skrape
1121			nea	1 mecha	nical	ausia	unit	7/1/22
431	NC		1818	some a	llo, Cou	ling) Sullid) 7/1/22
112	NC		300	some a	2	Lien	en not	11/1/02
112	100		NSF	AUST A OF	noired	800	DI TUCK	new unit
295	NIC		Lh	ble slic	en un	1+ 86	Wood/	6/24/22
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· ·						W	When Mil	llen
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1						ı		

NARRATIVE REPORT

NARRATIVE REPORT							
Establish	ment N	lam	OUSL of Pancakes 1694 W. Main St. 1W 46142	Inspection Date			
Section#	C/NC	1 1	REMARKS	TO BE CORRECTED BY			
			Mear Sharpening Stone +	1			
			inside too of I we maken				
			is sailed 0	, 🖵			
413	NC	Ш	Back or alley side door	7/4/22			
			contains and exterior	///			
160 11	- <u>-</u>		gap	1			
187		\vdash	1 The following internal	Emergency			
	-		moduct temperatures were	recry.			
		H	measured for the "Fancake"	ONS(te)			
<u> </u>			The said of the sa				
			house Meaning 430 F and	 			
			2) Sliced Cheese Minsured	7			
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Received B	y (Name	& T	Inspected By (Name & Title)				
ı			Inspected By (Name & Title) White FHS	Page <u>2</u> of <u>2</u>			
State Form 4			, , ,	****			