

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

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

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. Establishment name Telephone Number Date of Inspection Establishment address 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 IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC Inspected by (name and title printed): Received by (name and title printed): MIMI Inspected by (signature): Received by (signature): cc:



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

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Page 1 of

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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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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# (317) 893 1 2268 Establishment address) Owner Purpose: Release Date 1. Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational c = 0 Nc = 5 RPerson in charge 5. Temporary rarganto Cuenca 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC Narrative To Be Corrected by 430 218 NC 430 NC Received by (name and title printed): Inspected by (name and title printed): cc: cc:



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Establishmer Establishmer Owner	FF (10	state, Rd 144	Telephone Number () Establishment () Owner Purpose: 1. Routine	Follow-up Release Summary of Violate	16/22
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection	T rou
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Person in charge	5. Temporary	C_O_NC_	\ R
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

			n requirements. The time material concer-					
Establishmen	nt name		1/	Telephone Number	Date of Inspection	ID#		
BUTT	all i	Di	ld wings	() Establishment	5/11/200	222143		
Establishmer	nt addres	S	4/0/31	() Owner	0/11/202	22145		
2330	D ///	40	rton St Franklin, N 46131	Purpose:	Follow-up Release	se Date		
Owner	7.			1. Routine	NO 51	21/2012		
				2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint				
				4. Pre-Operational		2 0		
Person in ch	arge			5. Temporary	C NC	C R		
	0			6. HACCP	10			
Responsible	person's	emai	1	7. Other (list)	Menu Type (See	hack of nage)		
				7. Other (11st)	Mena Type (see	ouch of puges		
Certified foo	d handle:	r			1 2 3	1 5		
					1			
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		/		
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
431	NC		Floor and floor dra	in soiled in bar	area	5/15/2072		
			under rebin	English S	10, 10 00 10 10 10 10	1 /		
/li.	1		1 20 1 20 1 5 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	50 /		16/10/10 05		
711	100		Light not sufficient	in treater		5/31/2022		
			U .			l l		
NATO			Make sure to clean f	In mecces alt	V COM			
1000			THURE SINC TO CREWIT !	VOI THUSDES ON TO	· spiii			
			Recommend to tur	ndown dressing	a enoier			
			Dressingl @ 41 F	11 000 0011 000 00 511 0	7			
			10 10 10 11					
			The state of the s		1 11.00	Laborate P		
			VIII 2 12			the later of		
						-		
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X Sa	line	5 M	Tha Pappors	Cau	Ge Blanford	Onul Betiler		
Received by	(signature)	:	11	Inspected	by (signature):	July Miroc		
VA	am		Mufamor	- / thi	Mi Glanto	d END		
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Establishment name	Telephone Number	Date of Inspection ID#		
Establishment address 165 County line rd	() Establishmer			
Establishment address	() Owner	5/26/22 1885		
165 County me 19	Purpose:	Follow-up Release Date		
Owner Cweenbrood;	1. Routine	NO 6/02/22		
Inf 46142	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	$C O NC^2 R O$		
a 17	6. HACCP			
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
Sa v. C. D.	The states (trees)	internal Type (see emote sy pugsy		
Certified food handler Kimberry Mcandiens Ey 4/18/24	Martine Control of the Control of th			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE WIGHTONICS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND DUTHE NADDATES SEV. OW. 45 SEC.		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	Narrative	To Be Corrected by		
162 maeline	at on the 1	Color by the 3/8/22		
Att after the present of the late of the present of		The second secon		
ti de light in both walk-in	Allerer & C	orter not		
brout enough.				
	2			
431 Ne floor by pref area 8	Byer sorted	-		
Mease Clean floors	I after Shift	this would be -		
neer ful.	1			
11				
11050 00 115 010	o · OA ·	20 than		
HOIE: Eventhing Else is Okay, temperatures				
ne pre. 0				
pl .				
thank you!	V			
U				
Received by (name and title printed): KIM MANOREWS General	Manager	spected by (name and title printed): Plul Betiev Ett		
Received by (signature):	Ir	spected by (signature):		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name		proposition with the second of the second	Telephone Number	Date of Inspection	ID#
Ch	cag	01	s Pizza	() Establishment		
Establishmer	nt addres	s D	135 Alerele	() Owner	05/18/22	/
d. 14	. 4		12) take	Purpose:	Follow-up Release I	
Owner				1. Routine		
	San Grande			2. Follow-up	Summary of Violation	is:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	OX 2	
Person in cha	arge		-	5. Temporary	c 8 NC 3	R
			1 1 2	6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See bac	k of page)
Certified foo Kich			in's Exp. 9/2/25	Laboratoria de la companya de la com	123	45
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #		_		Narrative		o Be Corrected by
	NOT	E:		two door cooler	by oven does	
		t	not have smooth surge	all	27 20 2 20 12 12	
20 6	0/4		change this soon.	Co. and Co. C. A.	Area conta	05/05/00
295	Me		Imer upper part of 1	ce maetrine get	ting soiled.	05/25/22
239	NCC		Bash racks are on the	floor.		
200	0.16	in 1700	P-12 12-120) /		A STATE OF THE PARTY OF THE PAR
297	MC	-	Soda nordel are sou		y three dans	05/21/22
	is I recommend dearning them every three days 05/21/2					02/2/00
			mercou y vies y v	VLL		
			And the second of the second o			
	NOTE		Circuit job on date mo	meings.		and the second
	· WAL		Creat job on fring	mechanical dish	washer Samitiz	lr.
			Make sure food cent	aineri are lab.	elled on the	Side.
						-
Received by	(name and		printed): Megan Morris		eted by (name and title printed):	eds
Received by			7,19,901	Inspec	eted by (signature):	
	المح		Morris		ul Betiker-	
cc:	0		cc:	cc:		
			1			-



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

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Establishment name	Telephone Number	Date of Inspection	ID#
CIMPEMAXE MAX	() Establishment	0/20h	7787
CIMEMANS MAX Establishment address 870 MAZZORY PATKWAY B	Owner (5/27/20	1 2300
	, ,	Follow-up Releas	e Date
Owner	1. Routine	- 6	16/00
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	c_O_NC_	9 R
HEATHER DUNAWAY	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See I	back of page)
spôci u.a.	The Cine (1135)	micha Type (see c	were of puge,
Certified food handler		1 6 (1)	A E
		1	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	N THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
324 NC X HOT WATER PEI	mper ATURE LES	5 THAN	6/6/20
100°F NOT AT	100°F-120	OF AT	
THAND STAK		, ,	word I
WUTD & 3 COMPATTMENT SIA	IK SET UP: WRSH/	RIDUZE SANIT	
346 NC × HANDSINK A	I 3 comparis	YORY	5/28
STNK AREA -	HANDSOAP NO	Provided	1-2
	o i pici	UT STUPOS	5/29
	The same of the sa	NCHOS	-/22
0.73	ITE MAKER NOT	CLEAN	5/30
	10T Seen pr	PEFFICER	
NOTO A I FREEZER UPRES	PREFREGE	TATO E /Fred	00 2/0/
A	21= :22	=nearers.	111
H31 NC & FLOOR BOHTNO	L NOT CLEAN	100000	611
399 NCB RESTROOM CETLING		VOT SMOOT	1-8/1
197 NC & FREDZER SECTION			75/29
	OF OR LESS	7.	10-10-1
291 NCA QUAT SANITIZED		ST STREPS	6/4
NOT AVAILABO			
Received by (name and title printed):	Inspect	ed by (name and title printed): 52
* Heather Donaway	10	ob SMINA	-60
Received by (signature):	Inspect	ed by (signature)	igration of the
- Hat	•	Bel Joor O	,
сс: сс:	ce:		
			-1
			Page 1 of



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

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25tttoHom.		- Lucio	ar requirements. The time mint for conte			n or this report.		
Establishment name CTRCLO K 121			2 V	Telephone Number	Date of Inspection	ID#		
				() Establishment	5/23/2	787 [
Establishme	nt addres	ss K	EDUGSTREET	() Owner	2/000	000		
I-65	1604	HEK	FRITNKLIN, IN	Purpose:	Follow-up Relea	se Date		
Owner				1. Routine	_ 6	12/22		
(CIR	CU	e K	2. Follow-up	Summary of Viola	tions:		
Owner addr	ess			3. Complaint				
				4. Pre-Operational	V	1.1		
Person in ch	arge	na lu	1.000	5. Temporary	cO_NC_	$\frac{1}{2}$ R		
A	MB	er	- PARTON	6. HACCP		oli mi		
Responsible				7. Other (list)	Menu Type (See	Menu Type (See back of page)		
					h 12 (12)	71 87		
Certified foo	od handle	er			1 2 73	4 5		
	C							
• CRITICAL	ITEMS A	RE ID	DENTIFIED IN THE CHECKLIST AND NARRAT	TVE COLUMNS MARKED "C"				
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN		D IN THE NARRATIVE BELOW			
Section #	_	R	10 11 20 1	Narrative	i a	To Be Corrected by		
394	NC	4	TRASH BAY ON	GROUND - INSIE	8	5/30/32		
0	1210		THERMOMETER A	V CHEST FROM	200	5/27		
255	NC	×	THERMOMETER IN	NOT ACCURAT		5/27		
256	NC	2	THERMOMETER N		BARN	5/27		
0.00	1-0	4		= nearer	13/110.	70.7		
			(3/20-7)	and the same of th				
431	NC	٧	FLOOR NOT CLE	aAN INSTOR SE	OFT OCTOR	5/29		
			UNIT CABINET 1	And UNDER	FROSPER			
			UNIT			1 5		
					Les III			
	_							
	2.55				And the second	Caracteria Company		
						d bear		
	-					-		
Received by	(name and	d title j	printed):	Insp	ected by (name and title printe	d):-		
R	H	m	her Parton	Ć.	BOD SMITH	=/75		
Received by	(signature,): /		Insp	ected by (signature):			
		//	live Pacton	I	OW Sond			
cc:			cc:	cc:				
						1		



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Establishme	nt name	_	A CHECK TO THE TOTAL OF	Telephone Number	Date of Inspection	ID#		
COUR	ZT -	STI	reit CAFE	() Establishment	5/23/22	2222		
Establishment address		() Owner	3/23/20	2232				
390	EC	ov	RTST. FIANKLIN, IN	Purpoșe:	Follow-up Releas	e Date		
Owner				1. Routine	- 6/a aa			
24	CRR'	7	Young	2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge	3.1	16	5. Temporary	C_ONC_6	c Nc R		
5 He	PRRY		Young	6. HACCP	47 638	in war new light to the		
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)			
Certified foo	11 11				- 196 Y			
S He		7	SUNG		123\	45/		
• CRITICAL	ITEMS A	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 A			
Section #	C/NC	R		Narrative		To Be Corrected by		
256	NC	2	THERMOMETER NOT SOEN IN			5/26/22		
220	ate	201	CHEST FREEZER	-11 - OUTH	00000	7/1		
228 NC = (TWO) LARGE VPCITHT REFLIGORATORS				7/1				
		NOT EASILY MODERBIL						
218 NC - BEVERAGE HAR REFRIGERATOR LOOR GASKET					RGRSKET	6/20		
WORN / NOT CLEAN					1			
229	229 NC + (2) RUBBER SPATULAS WORN				5/28			
295	NC	0	INSTOR TOP OF	JO MAKER		N 5/26		
410	410 DC - CETLING FLUORISANT LIGHTS SOME 610					6 110		
	PROPECTIVE END CAPS NOT PROVIDED							
		1	mechanical distan	DACHINO HOT	WATER	10 mm		
	TO)	SANITIZATION Pero 160°F OR MORE	DO RATION A	DEQUATE	(at)		
(N	DIE	/	1600F OR MORE	ON PLATELL	Penst			
			SURFAGE (WAS	172°F)		10		
N - 11		7 Fall						
	Ļ	,			11 (1)			
Received by	(name and HERR\	title]	TOUNG OWNER	Inspect	ed by (name and title printed,			
Received by	(signature	000	W/ March	Inspect	ed by (signature):			
yang grang			Cc:	cc:	Lee Jillo			
cc:			· V CC.			J.		
						Page 1 of		



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

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					1		
Establishme	nt name		1 3 5 -	Telephone Number	Date of Inspection	ID#	
Cro	mb	1	Collies	() Establishment	- 3	7	
Establishme	nt addres	S		() Owner	> 312	2998	
NOF	> (N	Smith Valley RO	Purpose:	Follow-up Release	Date	
Owner			Smith Vally Rd	1. Routine	NO 6	1022	
			0,000,000	2. Follow-up	Summary of Violation	ns:	
Owner addre	ess			3. Complaint			
				-			
D : 1				4. Pre-Operational	$c \bigcirc Nc $	0	
Person in ch	arge			5. Temporary	CNC	CNCR	
				6. HACCP	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)		
C :: C 1 C	11 11		0 10	-	~		
Certified foo	d handle	r			12_3	45	
CDVTVOAV	WEN 10 A F		ENGINEER IN THE CHECK OF AND MARRATHE	E COLUMNIC MARKED HOW			
1			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE RELOW AS	'R"	
Section #	C/NC	_		Narrative		To Be Corrected by	
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1 19	N		Laser our John	r ingredie	M YOU	eran (x) tij	
299	N.A.		Install dow	Ever on	back do	21	
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			,				
			Drive - extre)-				
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				1	S. Seneralis	rine :	
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Received by	(signature)	: //	- Blackford	Inspect	ted by (signature):	42571	
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