

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

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

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Establishme	nt addres	ss)					() Owner		511	22	18	24
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Owner addr	PSS	-					3. Complaint					
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Establishment name SCICK OVEN PIZZA	Telephone Number	Date of Inspection	ID#			
RICHARDS KITCHEN	() Establishment					
Establishment address	() Owner	5/25/27	1001			
229 SOUTH MASNA. FANKLIND	Purpose:	Follow-up Release	Date 1			
Owner	1. Routine	(48) 5	14/22			
RICHARD GOSS	2. Follow-up	Summary of Violation				
Owner address	3. Complaint					
Person in charge	4. Pre-Operational					
	5. Temporary	C_O_NC_	R			
MICHAEL MORRISON Responsible person's email	6. HACCP	75 TR (C 1 1 C)				
responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)			
Certified food handler						
RICHARD GOSS		123	55			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	etern plant or the second or t	THE RESERVE THE PARTY OF THE PA			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS	s "R"			
	V arrative		To Be Corrected by			
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931 NC = Womens ResTROOM	11- COTLING	EXHIUST	6//			
COVER NOT CLEAR	\sim					
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	ATO	X	Jom	0				ollow-up		Sumn	Summary of Violations:				
Owner addre	*							mow-up omplaint		Cum	iary or	Totation	10.		
								e-Operatio	nal						
Person in ch	arge							emporary	ııaı		0	vc_3	R		
HA	NNA	H-H	ASH	PR			2	ACCP				10	<u> </u>	1	
Responsible				-				ther (list)		Men	u Type	(See bac	k of pag	ze)	
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Certified foo	d handle	r								1(2_	3	45		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN	THE CHE	CKLIST	AND NARRAT	TIVE COLUM	NS MARKED "C	C"			_			
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	S INSPECTION	ons ari	E DENOTED IN	THE "SUMMAI	RY OF VIOLATIO	NS" AND IN	THE NAR	RATIVE B	ELOW AS "	R"		
Section #	C/NC	R					Narrati					Т	o Be Cor	rrected by	
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Establishme	ent name	On.	naet	# 176	181111	Telephone Number		Date of Inspection	ID#			
Establishme	ent addres	s s	goc	#226 Greenwage	d	() Owner		5-13-22	70			
1/0/5 1	F Y	na	in St.	IN 7614	34	Purpose:		Follow-up Release	Date			
Owner	- / /	100	2			1. Routine		No 5-	23-22			
Ko	ad	Æ	ange	E, LLC		2. Follow-up		Summary of Violations:				
Owner addr	ess		0			3. Complaint			1			
						4. Pre-Operation	al	1	-			
Person in ch	narge /	, 4	1100	1		5. Temporary	:::	$c = \frac{0}{Nc} = \frac{5}{3}$	R			
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Responsible	person's	email			Bar () See	7. Other (list)		Menu Type (See back of page)				
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Section #		R	0 -			Narrative	-	7.0	To Be Corrected by			
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399	NC	1	Fil	pon tile	1	missing a	ma	www.	6-13-22			
- /	,		non	theast as	ul si	north e	ntry	- ways	Replace &			
2/8	NC		Sul	way tur	to E	neone s	per	d Oven	16-13-22			
	2		inter	ion also	V/	seeling '	a d	Place	Replace			
239	AIC		es al	ing.	11/	not numa	nod	(Dam)	5-14-22			
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430	NC	(estor	age noon	m	interior	wa	els.	6-13-22			
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Establishii	ient Sam	tatio	n Requirements. The time limit for correct	ion of each violation is specified	in the narrative portio	on of this report.		
Establishme	ent name	/		Telephone Number	Date of Inspection	ID#		
VISTE	ers	K	orean Restaurant	() Establishment	5/37/2	2 2143		
Establishme	ent addres	s ,	St. 210 Greenwood 1N 46143	() Owner	0/2//00	~ a17 a		
916 E	Ma	M	St. IN 46143	Purpose:	Follow-up Relea	se Date /		
Owger	,			1. Routine	No F	5/6/22		
NII	MI	10	n Lockhart	2. Follow-up	vions:			
Owner addi	4	-		3. Complaint				
				4. Pre-Operational				
Person in cl	arge	-	0	5. Temporary	c_O_NC_	/ p		
Kilr	of .	1	ni Lockhart	6. HACCP	C_O_NC_	<u> </u>		
Responsible	person's	emai	10 0000110000	7. Other (list)	Menu Type (See	hash of page		
Att	am (J	121 441 441	7. Other (usi)	Menu Type (see	oack of page)		
Certified for	od handle	r ^	11 11	Dec 100 Telephone Control Cont	1 2 2 3	1		
100	W;	X	ockhart		123	45		
• CRITICAL	ITEMS AR	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"				
 VIOLATION 	(S) REPEAT	ΓED F	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		
431	NC		mechanical ex	haust fans	are	6/1/22		
	William		soiled in th	e restrooms	and	///		
A Seal une	38 50205	2011	walls below -	the hand	dryers			
16 KT			1 44 g 2 2 4 6 5 7 4 6 7 2 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	1		
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Establishme	nt name eelwo	m	Telephone Number () Establishment	Date of Inspection	ID#		
Establishme	nt address	ahorn od Chreenwood,	() Owner	5/26/22	2493		
5.	J. (h	anorm ra IN	Purpose:	Follow-up Releas	e Date		
Owner			1. Routine	102/22			
			2. Follow-up	ions:			
Owner addre	ess		3. Complaint	_			
			4. Pre-Operational				
Person in ch	arge	1930	5. Temporary	CNC	NC_{R}		
D		1	6. HACCP	1 6			
Responsible	person's ema		7. Other (list)	Menu Type (See l	ack of page)		
Certified foo	od handler	Sasey (Exp. 1/27/23)		123	_45		
• CRITICAL	ITEMS ARE II	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		D IN THE NARRATIVE BELOW			
	C/NC R		Narrative		To Be Corrected by		
425	MC	Mos sot hung	MINORAL IN THE		5/30/21		
346	NC	one soap not despens	ma monee	rest rom.	5/31/21		
570	ne	one stry mer comp	of in man	1 2 2 200 1 2 2	3/3. /20		
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Establishme						1	() Owner		5 4	77	791		
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Owner	Jan Company	492.1					1. Routine		ND 51422				
							2. Follow-up		Summary of Violations:				
Owner addr	ess						3. Complaint		-				
							4. Pre-Operation	nal					
Person in ch	arge		1.1		armad.		5. Temporary		C NC R				
beautiful from							6. HACCP		g = refy				
Responsible	person's	emai	I			100	7. Other (list)	. In	Menu Typ	e (See bac	ck of page)		
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• CRITICAL	ITEMS AR	E ID	ENTIFIED IN	N THE CHEC	CKLIST AN	D NARRATIVI	E COLUMNS MARKED "C	C"			THE RESERVE		
 VIOLATION 	(S) REPEAT	CED F	ROM PREVIOU	JS INSPECTIO	NS ARE DE	NOTED IN THE	E "SUMMARY OF VIOLATIO	NS" AND IN T	HE NARRATIVE	E BELOW AS "	'R"		
Section #	C/NC	R					Narrative				o Be Corrected by		
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460 N. MORTON ST. STE A DL FRANKLIN, IN 46131

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

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Establishmer			1				Telephone Numb		Date of Inspection		ID#	
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Establishmer	nt addres	S					() Owner		552	ン	1109	
1035	5 }		Ma	n 5	+		Purpose:		Follow-up Rele	ase I	Date	
Owner				6	(ev	(sour	1. Routine		5-125	-17	5-22	
						lowin	2. Follow-up		Summary of Viol			
Owner addre							3. Complaint					
							4. Pre-Operation					
Person in cha	arge						5. Temporary	ilai	C NC	7	2 R 2	
l croon in ch	inge							N_				
Responsible	norcon's	omoi					6. HACCP		M T (C.	Type (See back of page)		
Responsible	persons	Ciliai					7. Other (list)		Menu Type (See	bac	ck of page)	
Certified foo	d handle	r							\sim			
Cerunea 100	d Handie	.1							123_		45	
• CRITICAL I	TEMS AT	RE ID	ENTIFIED II	N THE CH	ECKLIST A	AND NARRATIVI	E COLUMNS MARKED "C	;"				
							E "SUMMARY OF VIOLATION		THE NARRATIVE BELOV	W AS "	'R"	
Section #							Narrative			-	o Be Corrected by	
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			and	5	+	stars	woon	0		(3	
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Establishme 37	nt name	31)	cks			Telephone Number		ate of Inspection	ID#
Establishme	nt addres	S				-1° °	CIII	5/26/22	2327
			1+10	Frankl	The m	() Owner		<u> </u>	
Owner	0111	700	nece	Frankl S COR	A. Coro	Purpose: 1. Routine	ollow-up Release	Date 22	
	DTA	RI	BUCK	S COR	P.	2. Follow-up	Si	ımmary of Violatio	
Owner addr	-					3. Complaint			
						4. Pre-Operations	al		
Person in ch	arge					5. Temporary	R		
CHY	FT ZIS	-N	A 10	LERRMA	TNN	6. HACCP			
Responsible					1 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. Other (list)	1	Menu Type (See ba	ck of page)
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Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN							1_	2 (()3)	.45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN	THE CHECKLIS	T AND NARRATIV	E COLUMNS MARKED "C"			
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOU	US INSPECTIONS A	RE DENOTED IN TH	E "SUMMARY OF VIOLATION	S" AND IN THI	E NARRATIVE BELOW AS	'R"
Section #	C/NC	R				Narrative			To Be Corrected by
138	MC		some	5 Embo	orees	NOT WHAR	DAG	, ,	
	-18277		1+	ATRO R	25TRAIN	175 (CAPS	/VISOR	S/HATRI	ers 1
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmen		_	Line of Arthur 21 S.A. Francisco and	Telephone Number	Date of Inspection	ID#			
Sta	re	a	reele Dining le	() Establishment		T.			
Establishmen	t addres	S	0	() Owner	5 1922	1057			
911	N	5	125 Greens	Purpose:	Follow-up Relea				
Owner				1. Routine	NO 5	7977			
				2. Follow-up	Summary of Viola				
Owner addres	ee.				,				
Owner address	55			3. Complaint					
				4. Pre-Operational	m A				
Person in char	rge			5. Temporary CNCR_					
hash	State of the	-		6. HACCP	and the part of the desired in				
Responsible p	erson's	email	Note that the state of the stat	7. Other (list)	Menu Type (See	back of page)			
			The same parent of	r Jan III	quite mailier	\ \ \ \			
Certified food	d handle	r			123	45			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Owner address Person in charge Responsible person's email	S 31 Creenwood, Inf 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release NO Summary of Violatio C NC NC Menu Type (See ba	R R ack of page)	
Autumn Ca	mpbell (Servsafe)		123_	45	
	ENTIFIED IN THE CHECKLIST AND NARRATIVI ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW AS	"R"	
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	ent name	Pagos aus	lete of menoming near to make	Telephone Numb	er Date of Ins	spection	ID#
Sura	sat.	India	n Cuisine	() Establishm	ent –/	/ /	
				() Owner	5/.	26/22	2337
11 De	eclarat	ion Dr.	Greenwood, IN 46143	Purpose:	Follow-up	Release I)ate .
Owner		ste	C	1. Routine	Ves	6	15/22
H	744,	1	· of	2. Follow-up	The same of the sa	of Violation	STREET, SQUARE, SHARE SH
Owner addi	ess	SU	agr .	•	7	or violation	
o wher add	.035		V	3. Complaint			
2 : :				4. Pre-Operation	al 1	11	1
Person in ch	narge	0 -	1	5. Temporary	C	_NC_11	R
Ma	rry	Sing	\mathcal{N}	6. HACCP	The state of the state of	lang .	
Responsible	persons ema	il (7. Other (list)	Menu T	ype (See bac	k of page)
C .:C 1.C	11 11	0 0		Syr I can be gar		10 July 20	/
Certified for		Singh			12_	3V	45
	1	7	N THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
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Section #	C/NC R		0	Narrative	THE PERSON NAMED OF THE PE	T	o Be Corrected by
177	NC	a	large pot of	I food te	ras coole	na (orrected
	(1985) (F) (QB	on	the sloon	vat t	ime of		7,4377 - 17
	33 324	en	spection	C. E. J. S. Unit. H. C. Con.		1 101 1	
324	NC	Wet	spray unit	leaking s	rom une	terned	th 6/7/2
		(2)	middle three	vay di	ain Sta	pper	1
	1 5	unit	leaking		/	/	
	Name of	(3) P/O	t water in f	more resi	rooms w	ero	6/1/22
1120		1407	ana 16 F / Na		00°F to 120).	+
430	NC	Till of the second	y Side Rita	nen alon	Tuebs &	ne	6/11/22
		2000	1 frame	1 10 00000	1 CON du	. +	
	17	2000	Post IIII Ca	il I da D.	ab t an	1.	
	100	DIN	190 000 1110	DI DI DOM	at m	nit	
		(3) [1]	Divina	and ru	all plu	00	
		m	raina	ca ac ac	The part	0	
399	NC	FR	con / concre	te repai	1) mear)	6/11/22
		keto	hen grease	trap n		oth	//
		and	easily, cle				
413	NC	alle	y side kite	hen door		CARLO STATE OF THE PARTY OF THE	6/1/22
Received by	(name and title		Jan Sand		Inspected by (name and	title plinted):	1 710
\sim		win	all Jung 7	2	Marew	1/1/1/	er, EAS
Received by	(signature):	1			Inspected by (signature)	200	111
X	2017	4			andreu	1/11	elet !
cc:			cc:		cc:		

NARRATIVE REPORT

Establish	ment N	lam	e Address Greenwood	Inspection Date
I A		7	Indian 11 Declaration Dr. IN 46143	5/26/22
Section#	T 8			TO BE CORRECTED BY
			not tight-fitting at the	6/1/22
			bottom 0	1
187	<u>_</u>	L	oHeavy Whipping Cream	Called
		<u> </u>	56°F and 48°F while in	for
	<u> </u>			Emergen
		<u> </u>	the avantes one door kitchen	Repair
			2 Chicken Tikka Measured 46°F	5/26/22
		-	and cooked coat measured	
			46°F while inside the WIC	
			at 2:09 pm.	
			That is Right fam for 11/1/C Mot	
			producing bruch cold air	
0.5		_		- 1 - 1 -
217	NC		an apparent 2" paint brush	5/27/22
		H	was stored in a pan with	Food grade
218	NC	_	al for bread	6/1/22
210	100		to the incide of the wic down	6/1/22
			to help with Closing	1
411	NC	/	to help with closing Overhead light ballast out	6/11/22
			in server soda station area	1/1
218	NC		Door seal torn on awanter	6/26/22
112.2		_	one don cooler	5/26/22
433	2ر	_	Three wet maps were not	3/26/22
324	NC	Н	hung to air dry	Corrected
54.7	NC		dish area hand sink was 163°F	Corrected
			(max 120°F).	
		_		
		H		
		\vdash		
		H		
Received By	(Name	& Ti	tle) Inspected By (Name & Title)	Page 2_ of 2_
SIE			andrew Miller, EHP	rageU
State Form 4	8621 (R2	/ 8-0	5)	



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

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

Establishme	nt name			lag veni	armer of	Ki i Trigli	Telephone Numbe	er	Date of Inspection	II	D#
Ter	tas	5 6	2000	lhow	50	(() Establishme	ent			
Establishme		THE PERSON NAMED IN	Partie of the Control			(() Owner	1-	5 76 2	2 1	781
てつつ	N	0	dia	2			Purpose:		Follow-up Release Date		
Owner			and a state of	GV	eeno	rel !	1 Routine		NO 6	6	22
					~		2. Follow-up		Summary of Violat	ions:	
Owner addre	ess						3. Complaint				
						Ī	4. Pre-Operationa	al		- TI	>
Person in ch	arge	tr.	That I		Land Yes		5. Temporary		CNC	_	R
14.						laine i	6. HACCP		for the way		
Responsible	person's	email	ri e lan T	inap ela	parties 7	100	7. Other (list)	- /	Menu Type (See l	ack of	f page)
			host			1 1,000	erm s. We-			1	1
Certified foo	d handle	r							123	_4_	5
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN	THE CHECK	CLIST AND NA	RRATIVE	COLUMNS MARKED "C"				
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	This safe		10	wa	eu i	<u> </u>	Greeze,	/	The second of the second second	17.24	P 75
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neces ea sy	(orginamic)	1	118)				to	71	42	576
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment na Establishment ad Owner Owner Owner address Person in charge Responsible person Certified food has	dress	Sta folf & Conf Man of Excerned	Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release I Summary of Violation C NC Menu Type (See back)	R Ck of page)
Certified 100d flat	ndici			123_	45
		DENTIFIED IN THE CHECKLIST AND NARRATIVE			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		agent and the second to be	Telephone Number	Date of Inspection ID#
Wa	en	Va	VF	() Establishment	
Establishme	nt addres	SS		() Owner	5 2627 1866
88	2	5	2135 Greenwood	Purpose:	Follow-up Release Date
Owner				1. Routine	NO 6 6 22
				2. Follow-up	Summary of Violations:
Owner addr	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge		THE THE CONTRACT OF THE CONTRA	5. Temporary	$C \bigcirc NC \nearrow R \bigcirc$
in I				6. HACCP	. Walter to the state of the st
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)
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Certified for	od handle	r			1345
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			is produce & c	Jet.	
2			2		
347	M		in Der: (in h	Del per to	met holder
Y 341	NC		Cran the sale	ers inde	in coller flow
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				responsible to the same state of	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishm	ent name		Land a framework which make the	Telephone Number	Date of Inspection	ID#
41	lone	11	is	() Establishment	-/-/-	740
Establishm	ent addres	s /	breenwood	() Owner	5/19/20	177
747	7		.R.135 IN 46143	Purpose:	Follow-up Releas	e Date /
Owner	1 .		00	1. Routing	1/2 5	129/22
1	Ilm	1	Cole	2. Follow-up	Summary of Violat	
Owner add	ress			3. Complaint		
				4. Pre-Operational	A	
Person in c	harge		2	5. Temporary	CNC_	7 p Z
Bo	ind	10	DINKON	6. HACCP	10	1 1 1
Responsible	e person's	emai	1 CCCC	7. Other (list)	Menu Type (See l	pack of page)
,	1		Serwate	a sea	internal Type (see)	/ puge
Certified fo	od handle	Б	1 1 NEXP. 8/21	25	1 2 3 4	4 5
Ell	wal	H	the Mernhille "			
			DENTIFIED IN THE CHECKLIST AND NARRATIV			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	
Section #		R		Narrative		To Be Corrected by
431	NC	V	floors and gu	est area &	oaa	5/25/22
399	10	/	arach are	Manda de 14	Comman /	6/19/22
377	NC	-	anguer repair	reeala in	SONCE	9/19/20
718	NC		Henry Penny W	Janner dripi	rina	5/19/22
210	100		legues on to les	low raw h	amburger) / 1
		-	cooler well.		0	1
385	NC		Exterior dumpsi	ter lid ope	N (10+2)5/19/22
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	10000	Sept.		halible of the second	Pile	and a first of
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icceved by	(signature)	K		Inspect	la Dag M	illen
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection ID#
Whits Inn Bar + Grill	() Establishmer	-11
Establishment address	d. () Owner	5/24/22 201/
Establishment address 1020 N US 31 New Whiteland	Purpose:	Follow-up Release, Date,
Owner	1. Routine	No 6/3/22
Mark Clark	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	C O NC 4 R
mark Clark,	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
/ Sen Sat	re i	
Certified food handler		1 2 3 1 4 5
Man almance There	3/	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NATIONAL CONTROL OF THE CHECKLIST AND NATIONAL CONTR		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE Section 4 LC (NICL P. I.		
Section # C/NC R 399 WG Hloon Mot	Narrative	To Be Corrected by
399 NC Filon not	du i bitche	la easily 6/24/22
meghanicalc	expance and	el +ho
431 NC SLOON IN ADI	led are	6/24/22
295 NC DO JOD AT M	retal table	Under 1 5/28/22
flat top	gull is soil	led
3 Exterior	I sides of Ce	roking
equipment s	poiled D	
30 Walk-in-	- cooler (green	r & Silver)
shelving see	lled on a coil	
(3) Ocer Sun a	a gun soil	ed the
413 NC Kitchen area	rup peace	Soiled 5/28/22
money over	1) 1 Dessins	to Event Center) 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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Establishme				Telephone Number	Date of Inspection	ID#
Establishme	YDK	oho	mq	() Establishment	5/5/22	1673
Establishme	ent addres	SS		() Owner	17120	1)
	6	7 1	w. madison Ale Greenwood, IN	Purpose:	Follow-up Releas	e, Date
Owner			Casa a aus sien al Tak	1. Routine	5	115/22
			Gierin Cod, Alv	2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
the second				4. Pre-Operational		
Person in charge				5. Temporary	CO NC	3 p
r croon nr ch	large				CONC	K
Responsible	norgania	om ail	ARRIVATI	6. HACCP	N 7 (C 1	1 C
Responsible	persons	eman		7. Other (list)	Menu Type (See l	pack of page)
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Cerunea 100	Sen	11	Banatt		123>	<u></u>
• CRITICAL		COLUMN TO	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW A	AS "R"
	-	-		Narrative		To Be Corrected by
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245	NC	1.15	wat kitchen weipi	ng clothes not	Stored	Company of the
			in sunitizer	Solution	the stage to the stage of	
313	NC		Exhaust Filders	(110 30: /20)		†
			and the second second second second second	Erect or second		territoria de la constitución
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	4		Transport of the second		\$10.2	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		tatio	on Requirements. The time limit for correcti	on of each violation is specified i	if the narrative portion	for this report.
Establishmer	nt name		where the form of displaced on the state of	Telephone Number	Date of Inspection	ID#
200	830	، د	Asian Grocery	() Establishment		
Establishmer	t addres	S		() Owner	5427	2416
280	1	ai	irvien Place	Purpose:	Follow-up Releas	e Date
Owner			(reenvers)	Routine	NO 5	1927
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	1-2	
Person in charge				5. Temporary	C_O_NC_	T R O
1000				6. HACCP	60 - 60	Now Jamin's Pro-
Responsible	person's	emai	l distribution of the state of	7. Other (list)	Menu Type (See l	back of page)
				7. Other (iist)	Mena Type (See a	such of pages
Certified foo	d handle	r			123	45
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Our Lady of Greenwood Establishment address 399 S. Meridian H Owner Owner Greenwood In 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)	Follow-up Release Summary of Violation C NC NC NC NC NC NC NC	ns:
Certified food handler John Testler		12X_3	45
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name South west Elementary Establishment address 619 W. Sm!th Walley Rd. Owner Greenwood, IN 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)	Date of Inspection S/2/22 390		
1		- /	er consecu		12 <u></u>	45	
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