

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

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

Establishme	nt name		11000	Telephone Number	Date of Inspection	ID#
Tal	OF	30	1 #1980	( ) Establishmen	1110.10	
Establishme	nt addre	ss /	1531 Grenwood, 11N	( ) Owner	4/21/2021	
00	1	10	1551 46142	Purpose:	Follow-up Release	
Owner				1. Routine		1/22
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		+1
Person in ch	arge	277.00		5. Temporary	CNC_	$\int R \Theta$
				6. HACCP		7
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
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Certified foo	d handle	er	2000	NEGOTI POPULATION CONTRACTOR CONT	1 2 3 1	4 5
ann	stia	h	Porjest Exp 2025			
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
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431	NC	(1)	ice machine on drive	thru owink i	ria crivie	9/21/22
			Soiled			' /
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2-0	100		42/2017 101VI 10 1VI VIII	y wich		1100
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16	(6)		NOTE: NO Utensil ha	ndles shall b	re touching	shape of
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme			2 11	Telephone Number	Date of Inspection	ID#		
Establishme	1910		3411	( ) Establishment	4/11/22	1699		
Establishmen	nt addres	S	1. SI Comment 1/1	( ) Owner				
112	7 %	NI	an 4. Greenwood IN	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine				
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	CO_NC_O	R		
				6. HACCP	1 11 10			
Responsible	person's	email		7. Other (list)	Menu Type (See l	back of page)		
Certified foo	d handle		10		an tra resident for			
Cerunea 100	L	6	Meur		1237	_45		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"				
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Section #	C/NC	R		Narrative		To Be Corrected by		
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Establishment	address	S		1	( ) Owner		47122	1904	
1751	7 5	5	31	Greenwood	Purpose:		Follow-up Release	Date	
Owner					1. Routine		479 5	177	
					2. Follow-up		Summary of Violation	ons:	
Owner address	S				3. Complaint				
					4. Pre-Operation	no1			
Person in char	rge	-				iai	$C \bigcirc NC \bigcirc R \bigcirc$		
r croon in char	50			31-7-11	5. Temporary		CNCR		
Responsible p	erson's	email			6. HACCP 7. Other (list)		Menu Type (See back of page)		
теоронолого р	Parameter Parame						Menu Type (See oa	ck of page)	
Certified food	Certified food handler						1 2 3	$\sim$	
							123	_45	
• CRITICAL IT	EMS AR	E ID	ENTIFIED IN	THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C'	,			
<ul> <li>VIOLATION(S)</li> </ul>	REPEAT	ED F	ROM PREVIOU	IS INSPECTIONS ARE DENOTED IN THE		IS" AND IN T	HE 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

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Establishme	nt name	n) ais		d	Telephone Number		Date of Inspection	ID#	
Establishme	nt address	Man CL	Frankli	nIN	( ) Owner	,	4/1/22	2104	
Owner O	10./	VI ain 07.	4613	/	Purpose:  1. Routine		Follow-up Release	Pate /22	
(1)	40.	4 Mica	Po Rell	is	2. Follow-up		Summary of Violation		
Owner addr	ess	1 mil	ce r-acr	<i>(</i> 3)	3. Complaint		•		
					4. Pre-Operationa	ıl	4	. /	
Person in ch	arge	1	lacor.		5. Temporary	O.	c_0_Nc_4	₹R	
ama	rea	arte	W		6. HACCP	4 =			
Responsible	person's e	email	5-2 I P		7. Other (list)	0			
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Certified too	cole	Kain	12				1 <u>V</u> 23	_45	
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2 108	C/NC	R DI	rital &	and .	t hoom on	0.70	1)	To Be Corrected by	
210	100	moto	DOUBH	ina 1	turning	m	1)	4/5/22	
256	NC	am	beent	Ja la	in the	nn	omeler)	4/5/22	
		not	seen	in	"Mini	me	lts"		
.,,,,		mol	ree ice	e cre	am frees	ser		4/18/22	
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200	100	Time	Do der	one	door	000	n	1//	
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### 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.

77 11:1			on requirements. The time initial correction	*		-
Establishme	nt name	1	la realizade Claurecha	Telephone Number	Date of Inspection	ID#
Establishme	ent addres	SS	1- O-1 1/121	( ) Establishment ( ) Owner	411122	2249
Owner	(2)	10	Man Kal, 46151	Purpose: 1. Routine	Follow-up Release	21/22
				2. Follow-up	Summary of Violati	ons:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	FX 2	?
Person in ch	arge		XI	5. Temporary	$c \nearrow Nc \supset$	R
Responsible	percon's	ama	:1	6. HACCP	) (C 1	1 ()
Responsible	persons	CIIIAI	I springing in the land of the land	7. Other (list)	Menu Type (See b	ack of pagej
Certified foo		T.	11/500 (8x8:10124)	-	12_X3	_45
• CRITICAL	ITEMS A	RE II	DENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
Committee of the Commit	_	-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	
Section #		_		Narrative	Manager and Artist and State of the Artist and Artist a	To Be Corrected by
	NOT	00	Clean litersils and	1 Contoiners St	NO 6910	
			TUNKI	(1.20)	R THE PLANE	
411	NC		tew lights out in extr	nallst hood	1 1 1 1 1 1 1 1	4-21-22
174	NC		A few bulk Cortainers	in dry storage	not labelia	
25(0	NC		No thermaneter obsi	ensed in freeze		
		À	Note: ice machine	has some build	110	
		412-15	Note: Dish machine	d food thermore	meter not	75 (m)
				e of inspection,		
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Page 1 of \_



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

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

Establishmer	nt name		al garage a	Telephone Number	Date of Inspection	ID#
V	Naff	7	House	( ) Establishment	4/6/22	
Establishmer		S		( ) Owner	7/6/22	1676
10	69	E.	Main St Greenwood IN	Purpose:	Follow-up Release	e Date
Owner				1. Routine		1/16/22
				2. Follow-up	Summary of Violati	
Owner addre	ess	-		3. Complaint		
D 1				4. Pre-Operational	1	D _
Person in ch	arge			5. Temporary	C 6 NC 2	Z R
7 71				6. HACCP	* * * * * * * * * * * * * * * * * * * *	
Responsible	person's	email	On Physical Control of the Control o	7. Other (list)	Menu Type (See b	ack of page)
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Certified foo	SINO	ilr	ida Holman		123	5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
	9					,
295	NC	841	Map fink basin	is soiled.		4/7/22
347	Ne	3 155	Map sink basin	at the Kitch	en hard sink	corrected
295	Ne		Reach - in coolers	are, soiled.		1
75 17						
			1.	1 - 5 .1.111	<i>FC</i>	
			£ £ 99 COC	ples is slightly 200 med be	y off	
			temp.	yer must be	38-401	
						460
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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#	
WAZ-MART # 995	( ) Establishment	4/20/25	101	
Establishment address	( ) Owner	7/90/00	091	
2125 N MORTON FrANKE	In Purpose:	Follow-up Release	Date )	
Owner	1. Routine	- 4	130/22	
WAL-MART STORES EX	2. Follow-up	Summary of Violati		
Owner address	3. Complaint			
	4. Pre-Operational	1	1	
Person in charge	5. Temporary	C O NC + R		
KRISTENA ROMEG	6. HACCP	CIVCI_R		
Responsible person's email	7. Other (list)	Menu Type (See be	ack of page)	
		770	77.87	
Certified food handler  KRISTINA ROMIG		123(	4 × 5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AN	D NARRATIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DE	NOTED IN THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	S "R"	
Section # C/NC R	Narrative	1	To Be Corrected by	
	FLOORS ORATIN		4/28/20	
	IF BACK HAZL NO	TCLEAN		
(WAZL WORN I	on Areas,			
218 NC BAKORY D	epartment WAZK	-477	5/20	
FREEZER O	YOOK GASKET WORK	INOT CLEAT	<i>V</i>	
346 WC & BAKER DEDT	T. (1) HANDSINK N	10 SO ADO	4/22	
346 mc A BIHAR REPT	(1) HANDSINK de		7/00	
HAND TOWERS		spositione		
71711 2 12 12 12 12	icor riving.		1	
CHEST FREE	Zer displipy - so.	ne	4/22	
(NO) C) PHEKAGES OF	F FROZEN FOOD A	Bove		
LOAD LIMIT	HEIGHT			
(EMPLOYEOS)			11/2-	
	om - CEILING mecHA		4123	
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Telephone Namber   Establishment anne   Establishment   Date of Inspection   ID#							
Establishment address  Owner	Establishme	nt name		and a growth of	Telephone Number	Date of Inspection	ID#
Purpose:   Routine   Release Date   Routine   Release Date   Routine   Routi	Wes	200	7	<u> </u>	( ) Establishment	1. 75 -	27-
Owner address  Owner address  Owner address  Responsible person's cmail  Person in charge  Responsible person's cmail  Outlier (list)  Outlier (list)  Menu Type (See back of page)  Certified food handler  Outlier (list)  Outlier (list)  Menu Type (See back of page)  Certified food handler  Outlier (list)  Outlier (list)  Menu Type (See back of page)  To Be Corrected by Menu Type (See back of page)  Outlier (list)  Outlier (list)  Menu Type (See back of page)  To Be Corrected by Menu Type (See back of page)  Outlier (list)  Outlier (list)  Outlier (list)  Menu Type (See back of page)  To Be Corrected by Menu Type (See back of page)  Outlier (list)  Outlier (list)  Inspected by (name and title printed):  Outlier (list)  Outlier (list)  Inspected by (name and title printed):  Outlier (list)  Outlier (list)  Outlier (list)  Outlier (list)  Outlier (list)  Inspected by (name and title printed):  Outlier (list)  Outlie	Establishme	nt address			( ) Owner	4 25 CL	1578
2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page) 1 2 3 4 5  Certified food handler 9. Certifical ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" 9. VIOLATIONS) REPEATED FROM 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 Narrative  To Be Corrected by (name and fifte printed):  Received by (name and fifte printed):  Received by (name and fifte printed):  Received by (name and fifte printed):  Inspected by (ingulary):  Inspected by (ingulary):	1060	> 5	10			Follow-up Release	Date
Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  - VIOLATIONS) REPEATED FROM 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  1. 2. 3. 4. 5.  To Be Corrected by  1. 2. 3. 4. 5.  To Be Corrected by  1. 2. 3. 4. 5.  To Be Corrected by  1. 3. 4. 5.  To Be Corrected by  1. 4. 5.  To Be Corrected by  1. 4. 5.  To Be Corrected by  1. 5. 5.  The printed by (name and life printed):  1. 5. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Owner			Greenwoo	1. Routine	NOSC	22
Person in charge  4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  • CRITICAL TIEMS 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 R  Narrative  To Be Corrected by  A C C C NC C R  Menu Type (See back of page)  To Be Corrected by  To Be Corrected by  To Be Corrected by  To Be Corrected by  To Be Corrected by (name and fifth printed):  Received by (name and fifth printed):  Inspected by (ingulary):  Inspected by (ingulary):					2. Follow-up	Summary of Violation	ns:
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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 R  Narrative  To Be Corrected by  1	Responsible	person's	emai			Menu Type (See ha	ck of page)
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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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340	S U	15	31	Purpose:	Follow-up Release	
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				2. Follow-up	Summary of Violation	ons:
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment	name	,	7/1 m/	CAGO A TIN	1#	Telephone Numbe		Date of Inspe		ID#
Establishment	address	W.	LLOW	CAFFE OJM	(	) Establishme	ent	4/18	122	2235
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name			Telephone Numb	er Date of Inspection	ID#
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Establishmer			SUFTOP	( ) Owner	ent 4/18/23	2029
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Owner addre	ess			3. Complaint		
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Person in ch	arge				C O NC	) P
1 crson in ch	NARI	210	AHLERELD	5. Temporary 6. HACCP	CNC_	K
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• CRITICAL I	TEMS A	RE IL	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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431	NC		FLOOR IN KITCHE		to ware,	4/26/32
200 1 100	THE REST		NOT CLOAN	To And I	WAZK-IN FROUT	<del>1</del>
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	100	6	Ja MAKER	Colored a delication		
399	NC	(2		MY AROUN	o grease TRAF	4/20
431	NC	0	CAUCK MISSING AT	ROUND MO	OP SINK BASIN	15/1
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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	_		al A a labora de mesta de la	Telephone Number	Date of Inspection	ID#
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Establishme	nt addres	s		( ) Owner	42022	2125
250	1 1	~	Corumnad Grund	Purpose:	Follow-up Release	Date
Owner			( www. nessonal	1. Routine	NOM	30 22
			5 /· O 18 3	2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
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			19 x0	6. HACCP		
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme			Algorithm (Control of the Control of	Telephone Number	Date of Inspect	ion ID#	
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Establishme	nt addres	S	,	( ) Owner	1/1/2/	112	
2	599	116	oney Creek Rd.	Purpose:	Follow-up R	elease Date	
Owner			Grashwood, I,	1. Routine	4/29/22		
l			000, 27	2. Follow-up	Summary of V		
Owner addr	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge				5. Temporary C NC R R		
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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

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Establishmen 61: Owner Owner addre	Great address 5 M.	\$ on	th vally Rd.  Greenwood, IT	Telephone Number  ( ) Establishment ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up  Summary of  C	Release I	R
• CRITICAL I	nnie Items af	RE IDE	DA YES ENTIFIED IN THE CHECKLIST AND NARRATIV			34	
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2 95	Ne		Can quards in are soiled.	the walk-in	2.06/21		
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