460 N. MORTON ST. STE A W

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

Establishment name 1823 BALO HOUSE Establishment address	Telephone Number () Establishment	Date of Inspection 3/25/20	1D# 3 (40
E COURT ST. FRANKON, IN	Purpose: 1. Routine	Follow-up Releas	
(maxe)	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		17
Person in charge	5. Temporary	c NC	#_ R
HEATHER LENNING	6. HACCP	1 14	
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
Certified food handler WENNING SerUSAFE)		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	AS "R"
	Narrative		To Be Corrected by
138 NC & HATR RESTRATINTS	(CAPS MASORS / H	ATR NETS)	3/26/20
NOT WORN BY	Employees D	U KITCHEN	
228 NC - KITCHEN CHEST	FREEZER, UPREG		R>14/28
256 NC NOT EASTLY MOU	PABLE / about TH	ermoneted	
NOT SEEN			> 3/28
218 NC 2 NOOR GASKETS U	JORN - KAR	HON -	-4/28
2 door REFRIGERATI		OR	7100
REFITSERATOR IN	F ~ 0		
AND FRONT DISPLA			
<u> </u>			transl was
		3	
	THOO REVIEN	_	- 13/25
PREW APPED BARS O	in trade ma	de an sate	/ .
NOT LABELY (STORE		Them puto)	911
The Children Color	e vonine jano (es)	416116	
Received by (name and title printed): Heather (Nonne Manag		d by (name and title printed,	EAS
Received by (signature):	Inspecto	ed by (signature):	0
cc: CC:	cc:	The same of the sa	
			Page 1 of



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

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

		tado	on requirements. The time mint for correction			or mo report.		
Establishme				Telephone Number	Date of Inspection	ID#		
71-C	5	0 5	544	() Establishment	5	~ .		
Establishme	nt addres	S		() Owner	9 25 27	2006		
591	10	8	J SP 135 Greenwood	Purpose:	Follow-up Release	se Date		
Owner			Greenwood	1. Routine	NOU	522		
				2. Follow-up	Summary of Viola	Summary of Violations:		
Owner address				3. Complaint				
				4. Pre-Operational		100		
Person in ch	arge			5. Temporary	C_NC_	\bigcirc R \bigcirc		
	0			6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See	hack of page)		
	r		1	7. Other (iisi)	Mena Type (See	such of pages		
Certified foo	od handle	r			1 2 3	1 5		
					123	45		
• CRITICAL	ITEMS AI	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
		TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW			
Section #	C/NC	R	J	Narrative		To Be Corrected by		
				A , A				
			No Herr not	red today	•	46.00		
					The standings with a			
		_	7-1:			-		
	-	_	Thank you.		i g	-		
			9					
		-						
			6.5		1.31	- 1		
	-							
						-		
Received by	(name and	l title	triuted):	Inene	cted by (name and title printed	<u>d</u>):		
Received by	(name and	i iiile j	primeu).	mspec	2 . Al A A	1		
Received by	(cionature) •		Inspe	cted by (signature):	Unval		
received by	(Signainie)			mspc	2 340 C	93710		
cc:		/	cc:	cc:				
1	awall		Market Control					



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

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

77 11/1	7 7	In ar	
Establishment name APPLE BEES NEIGHBORHOOD GEELLEBAR	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address	() Owner	3/16/00	687
700 N MORTON ST. FRANKTININ	Purpose:	Follow-up Release l	Date /
Owner	1. Routine		76 30
	2. Follow-up	Summary of Violation	ns:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$c = 0$ $Nc \rightarrow$	R
RYAN CLARK	6. HACCP	, e. Se _{3,1} 11	
Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)
Certified food handler RYAN CLARK (6/23/22)		1233	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		1
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			
	Narrative		o Be Corrected by
DICHZORVOS PEST STE		ITZHEN	Remove
Area (POTEN PLAZ	HEAZTH RISK)	Contract Contract	3/18/22
431 NC SO FLOOR NOT CLEAN	IN ARRAS OF 1	LITCHEN/	3/21/22
		INI-BARN	5/41/401
324 NC			, ,
GARANO BIAR - SOFT DRIN	K TUBE CLOGGE	NOT	3/20/22
de Roo Ing		,	
· ·			
*		1	+ + + +
Received by (name and atte printed):	Inspected	by (name and title printed):	
Kyan Clark	B	ab Smith &	= 45
Received by (signature):	Inspected	by (signature):	
сс:	cc:		1



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

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

STRIDGSDMet	at name			Tolophora Nambar	Data of Imamastica	1 10 "
(It)	nt name	Post	ninant	Telephone Number () Establishment	Date of Inspection	ID#
Establishmer	nt addres	s	od Playa IN	() Owner	3/3/22	105
1800	1/4	nthwoo	od Plaza IN	- Luxposes		se _j Date /
wner	0,00	-Li. 1.	46131	1 Routine	yes 3	/13/22
Si	MM	July	/	2. Follow-up	Summary of Viola	tions:
wner addre	ess			3. Complaint	U	
				4. Pre-Operational		15
erson in cha	arge	Fill		5. Temporary	c_1_nc_/	/ <u></u>
10	110		De Carlo	6. HACCP	77 77 /0	7 7 C
esponsible _]	person s	emau	/servare	7. Other (list)	Menu Type (See	back of page)
ertified foo	d handle	1 1 0	EXP: 11		1 2 3	1 / 5
Jor	n	July	L 1/17/23	/	12	43
			IN THE CHECKLIST AND NARRAT			
The second second			OUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	
ection#	C/NC	R	al Dollaniina	Narrative 00	Odust	To Be Corrected by
187	0	+ Am	O Shatuara	and man man	value !	2/3/22
ρ1 11 1	is the	no +	the Man	Station	in	1 1 1 1
		din	una AMM)	· man)	10	7 (4)
		C	1 Shreadea	Cheese 55	OF	
		(2)	Macaroni	Salad 50°	F	
		3	Cole slac	U, 47.0F.	1 0 1 1	
		* an	went are	of this uni	t was	
000		1 25	idal and apple	Fundally 2.	30 pm	1,
						2/1/22
95	NC	VIns	chan en ma	not and coile	gious	3/4/22
131		by OCA	chen laupme	int are soile	d der and	3/4/22
131	NC	V O Ca	chen laupme get ilnaer	nt are soile White free	ger and	3/4/22
131		V O Car	chen laupme get whales I cooler ar Loors, walls	nt are soile White free & Soiled Ceilengs Sou	der and	3/4/22
131	NC	V O Ca	chen equipme chen equipme b cooler ar loors, walls vous areas	certengs sou		3/4/22
131		V O Ca	chen laupme coet whaley I cooler ar Loons, walls vous areas iets in pul	Ceilengs Sou		3/4/22
131	NC	V O Ca	chen laupme chen laupme chen laupme b Cooler ar loors, walls hous areas lets in pul soiled	Ceilengs Sou	Ped in	
131	NC	10 Ca V (2) 30 V (2) 30 V (3) Ol V (1) M	enual can o	Ceilengs Sou	Ped in	3/4/22 Corrected
131 130 295	NC NC	Det V () Ca V (2) Fr V (2) Fr V (3) Oct V (4) Oct	chen laupme chen laupme chen laupme b Cooler ar loors, walls, uous areas iets in pul soiled anual can s	Ceilengs Soul of the fire Opener and h	Ded in w w blder ted by (name and title printe)	Corrected
131	NC NC	V () Ca V (2) Jr V (2) Jr V (3) Ol And V (1) MA Little printed):	enual can o	Ceilengs Soul of the fire Opener and h	Ded in w w blder ted by (name and title printe)	Corrected L
131 130 295 eccived by	NC NC (name and	V () Ca Va V (2) J V (enual can o	Ceilengs Sould of the first opener and h	ted by (name and title printed YEW Miller EHS/Puted by (signature):	Corrected Land Betile / Cassi H
431 430 295	NC NC (name and	V () Ca Va V (2) J V (enual can o	Ceilengs Sould Collengs Sould Find	ted by (name and title printed YEW Miller EHS/Puted by (signature):	Corrected

ø:			NARRATIVE REPORT Franklin	
Establish	ment N	am	estaurant 1800 Northwood Plaza 46131	Inspection Date 3/3/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			3 Jable micer unt is sailed	3/3/22
399	NC	$ \checkmark $	Floor worn under	3/23/22
295	110		South Bend Stove	3/3/22
293	NC	<u> </u>	In makes an Soled lie	3/3/22
			molan)	1
218	NC		Bar area ice maker interior	Replace,
		_	Contains grey duct type and	unit 4/3/22
1001	410		two rusty bott/screw	1
254_	WC_		and themometer	Corrected
			CAAPIL, (M. CAAPIL)	
309	NC		Mechanical Ventilation in Dublic	3/23/22
			restrooms appeared not working	
431	NC		Women's restroom walls and	3/3/22
1112			floor are. Soiled	111
412	NC		1) Back ketchen door (to exit)	3/23/22
285	NC		Dumples life mot chosed.	3/3/22
411	NC		(1) Costing light in and of am.	3/5/22
			Walk- Jin. A cooler not working	3/10/22
			2) Interior light bulbs not	-/-
			working in various refugeration	
219	110		www.	7/2/22
210	NC		Ostrainer with nandle worn/	10 blace
		(2) Warmer table missing	3/24/22
	-		the bottom lea siece. Unit	1
			pas an inverted metal pan	
228	UC_		some cooking equipment are	4/3/22
			not easily movable and bar	' '
	<u> </u>		Cooler.	
	4	F	notes furm in need of significant	
			Cleaning to both equipment and *	
			facility Repeat Audiations	
			V VI	
Received B	v YNama	<u> </u>	tle) Inspected By (Name & Title)	
-	on		Indrew Melley	Page <u>2</u> of <u>2</u>
			I // WWW I WATER	!

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.

Establishmen	nt name		and the desired	Telephone Number	Date of Inspection	ID#
BH	M	(-	nergy	() Establishme	2/1/1	7515
Establishme	nt addres	ss		() Owner	7/2/1	2010
1037	1)5	5	31.5 Greenwood	Purpose:	Follow-up Release	se Date
Owner)))	1. Routine		112/22
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint	1/0	Score
				4. Pre-Operation	al	
Person in ch	arge		11	5. Temporary	C NC	/ R_/
XM	nds	14	Heck	6. HACCP	-	n. J. I.
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)
x bac	eme	M	vau31@ ameil			anol .
Certified foo	d handle	r	<u> </u>		1 2 3	45
				Larran market and the second		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			AS "D"
	C/NC	THE R. P. LEWIS CO., LANSING		Narrative	S" AND IN THE NARRATIVE BELOW	To Be Corrected by
beedon //	0/110		· Need to have two	.00-0	O(h) Or	4-1-22
	32		DOCKFION DEFINATION		Sink	1
	81	1	(Only One is provided			
			, , , , , , , ,	of the botto	m is soiled	A ALPHA A
			5 needs cleaned			
				door are t	woken I damaged	
No.			Freeds replaced.		The same of the sa	and the second s
			· ice Machine is soiled			
			· Light out by back	day		
			· Need to have on	open front	toilet seat	
			For Ountic USE	· William	1 CHE 1 Jan	
			· Door Sweep for Day		Caplacas	
			THAT STITES	10 1101 1101	-/ANSI approved	2.
			Unit must be commerce	. / /	Va // 21.4.4	
		-	· Three bay sink ne	eds sealed	to the wall	
			R-ank!	JOIL ;		4
			Manne	400.		
Received by	(name and	l title	printed):		Inspected by (name and title printed	D: , ~ 1
XX	ind	18	av Heck		Cassi Hall /A	ndrew 11/1/
Received by	(signature)):	1100		Inspected by (signature):	7 1 mm
XMIX	200	a	y Helpe		(assida)	marew/all
cc:	, .0) cc:		cc:	
						Page 1 of 1

317-346-437



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

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

Establishmer	nt name			Telephone Number	Date of Inspection	ID#
Franc	hac			() ISi90Bhment		10-1
Establishmer	nt addres	SS	46142	() 5600	3-31-22	1931
4800) (N)	5	mith Valley Bd Ste. T	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	4.	0-22
Ligge	m	y	: & natimine Ciane	2. Follow-up	Summary of Violat	
Owner addre	ess			3. Complaint		
				4. Pre-Operational	.0	7
Person in ch	arge			5. Temporary	C_O_NC_	
\times				6. HACCP	3 189	
Responsible	person's	email	Vertical Paris	7. Other (list)	Menu Type (See l	ack of page)
Certified foo	d handle	r			1 2 3 X	4 5
XX	in	11	V Li 11-4-25		123_/	45
· CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
187	gro	ti	Garlis in oil @	63°F @ 3:30	pm	3-31-22
-	1	4 11	located a h	Vok shelf	1 0	Correcte
216	NC		Re use of card boa	ud - to line	shelves &	4-2-22
			7) / /	s good cont	ainers -	
			Card board is	not smooth	9 easily	
431	NC		Cleanable & Sha	y not be	sed 1	4-2-22
190	NC		Cooked modiles a	58-62 F in	Walk in.	3-31-22
190	100		Cooked modes (a)	//	walk in	0-3100
			Cooler righty	corocca m	Care Tive	and the second
					No. of the second	was stated
						x
						-
D : 11		7			11 (1	
Received by	(name and	i title f	Ciyun L		ed by (name and title printed, Eabeth S	chult E
Received by	(signature)):	<u> </u>		ed by (signature):	00
X	^				ingletto V	Schults
cc:			сс:	cc:	1-346-	4373
					1, 9, 5	Page 1 of



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

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

						-/-
Establishme	nt name	0	alotte of modelle	Telephone Number	Date of Inspection	JD#
Darki	us	P	Moble Book Steller	() Establishment	3/22/22	- 1200
Establishme	nt addres	ss ((Ston bucks)	() Owner		1208
1251	VS	3	1 M Cireenwood, Ill	Purpose:	Follow-up Release	
Owner			46142	1. Routine		05/22
	-			2. Follow-up	Summary of Violati	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		0
Person in ch	arge		16	5. Temporary	C NC_	5 R /
			r subt	6. HACCP		
Responsible	person's	emai	trustes to easier to be to to	7. Other (list)	Menu Type (See b	eack of page)
C ic ic	11 11		CANAL ME PERSON		7912	
Certified foo	ulhr	r L	Finney (FSP 3/10/22)		12_/_3	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
347	NC		NO papertowel of hom	ed smx by dis	hnasher	3/25/22
341	ne	7	NO papertonel got hom	a one on cos	70 000 000	2/22/10
239	Ne		Disk racks one on 1	the floor		3/25/22
And			floor inside walk - m	a Granden Ic a	orto de	3/30/22
D#1	Me		- floor by main dra	in freezer 15 st	vashir 15	3/30/22
			soiled.	The go allow	15	
			5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				A	A/ -	20.1
			NOTE: Manager is taking	ing food safety	Class.	
	-					
	-					
			Togggeration of the transfer of the second			
Received by		27	_	Inspect	ed by (name and title printed) W Bott (CV	e ele
Received by			Finney	Topport	ed by (signature):	T 113
✓ Keceived by	Det	ille	in Jen	paul	Better.	
cc: //	/ //		cc:	cc:		
V						



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

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

Establishme			d s	Telephone Number	Date of Inspection	ID#
BA	mo	WI	INN	() Establishment	26-10-	1200
Establishme	SCHOOL ALTERNATION OF THE SECOND			() Owner	3/25/22	1200
2123	r 140	ULTO	day IN FRANKLIN, IV	Purpose:	Follow-up Release	Date
Owner				1. Routine	_ 4	4/22
C	HIN	17	L PATEL	2. Follow-up	Summary of Violati	ons:
Owner addr	ress			3. Complaint		1
				4. Pre-Operational	0.	
Person in ch	narge			5. Temporary	C__NC_	$\frac{1}{R}$
RUB	SIN		ALBERTS	6. HACCP		177
Responsible				7. Other (list)	Menu Type (See be	ack of page)
				The states (may	incline Type (out of	
Certified foo	od handl	er			123	_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		1
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW AS	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
203	MC	×			RAPROJ,	3/26/22
	0,311		TUNGS NOT AVI	AZZABO		
1			5/10:5	120 - 11		2/20
431	NC	4	CABINET SHEEF UN		cle Pr,	3/29
254	0.1-			SERN THE TO CHECK F	2)	3/28
059	NC	*	TEMPERATURES NO		200	2100
			The state of the s	1 101120111111		
256	nc	×	BACK ROOM - , CHO.	ST FREEZER	Thermomer	PR 3/28
			NOT OBSERNE		,,,,	3/
						and the second s
187	0	-	NOT AT UPF O	REFITGERATION	48°F	376ms 70
	100		NOT AT 41°F O	R Less'		DO PLACES IN
		0 -	2000	1		ANOTHER
(W)	TO	*	RAID LISTED FOR H	touse HOLD		PLATERIATE
			¥ 10	Be Removed)		3/25)
				ise randores		
Received by	(name an	d title	printed):	Inspecte	b SmITH	Z7/C
Received by	(signatur	9):	du a fa	Inspecte	ed by (signature);	
- 1	OV.	1)	n Museau		Il Sme	\mathcal{V}
cc:			cc:	cc:		
						1
						Page 1 of



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

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

Establishmer	nt name	1	1150011	Telephone Number	Date of Inspection	ID#
Bia	10	+	5 #5/84	() Establishment	211100	19115
Establishme	nt addres	ss		() Owner	5/1/22	1890
15 38) \	norton St 416131	Purpose:	Follow-up Release	
Owner			1	1. Routine	100 31	10122
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	N	
Person in charge				5. Temporary	C NC NC	R
X Dic	W.C	>	West	6. HACCP		
Responsible				7. Other (list)	Menu Type (See b	ack of page)
			1 2 2	LANGE OF THE PARTY	10 JUL 3 - 15	
Certified foo	d handle	er			123	_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	and the second s	
 VIOLATION 	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
414	NC		Emergency EXH	door in Sto	ck room	3-12-22
			and in noone sec	From DOT O	rotected	
			from botation	1 Odent	100-1811 about	
			5 1 mg 1191	4 Orsava	MEG GOIZ	
420	NC		Base bound miss	19 W Pai	NEV ORNEN	3-12-77
	100		exit dow in hom	18 Section	· · · · · · · · · · · · · · · · · · ·	0 10 00
			333 11 101			
2111	NC		Lights out in to	oth emera	ency exit	3-10-22
			northings work	uger in De	ocess to	
			colors spow)			
1121	N.IC	_	Clare Callalia 0	100 B100 C = 211 B	Val look last	2 2-22
451	NC		to along	mergency &	XH Dallway	2-6-6
			22 acci			
			NOTE: NO DOSEDO	sound in ste	ock room	
			(gop between floor			
			-3 (
D : 11	<u> </u>	77	7	Ir	11 / 10/11/11/11	
Received by	(name and	title j	ellest	Ins	pected by (name and title printed)	
Received by	(signature,):	1 0	Ins	pected by (signature):	1 - 1
WX	LO	0	o West		MITTERS	
cc:			cc:	cc		



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

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

T 11: 1		-		T #11 37 1	- 15 ·	
Establishmer		0	4 1 1 0 1	Telephone Number	Date of Inspection	ID#
BJs		1485	Parrant and Brewhouse	() Establishment	3/23/22	12 170
Establishmer	nt addres			() Owner	7/20/22	1279
125	IN	U	15 31 Greenwood, IN	Purpose:	Follow-up Release	e Date
Owner				1. Routine	4/2	2/22
				2. Follow-up	Summary of Violati	ions:
Owner addre	ess			3. Complaint		
				0 ~	7	
		-		4. Pre-Operational	7	2 1
Person in cha	arge			5. Temporary	CNC	2 R V
			re d e	6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
				-	411.1	
Certified foo			A. Voge		123	45
• CRITICAL I		-	. []	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative	CARLON DE PROPERTIES DE LA CONTRACTOR DE L	To Be Corrected by
				1		collected.
347	No	-	No hand youres at	the front are	a handsinc	3/22/22
71.	140	100	No marie 70 mil	110111	THE PERSON NAMED IN	1201
187	C		Raw chicken and maca	ioni are not b	Ling	3/22/22
			maintained of 41°E	of below i	n the	, ,
				gerated draw		
345	C		mold was not	/ .	rear .	4/2/22
			Kitchen hand sinl		it hardle	
			assembly-7			
295	NC	_	The dry storage	shelving is	1/6/4	3/24/22
			soiled.	,	7	- //
		15				
2/8	No	V	The walk-in freez	zer is cove	red in	4/24/22
			frost. [Shel			
			und completed	are covered	7	Refler
	-			compliance t	5 the	to ABC"
			above mentioned iter		ilt in	7 1
			a suspension of you			
Received by	. 1 .	title p	orinted): A - Voqel	Inspec	Lecry D Ba	165
Received by			212	Inspe	cted by (signature):	unco) soi
+ 1	CY	1	Weser &		1em D	alles
cc:			cci	cc:	1217	//
			0		,	



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

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

Establishme	nt name		2 1 1 1 No. 1	Telephone Number	Date of Inspection	ID#
BO	JF	M	5	() Establishment	3/1/22	.7/5
Establishme			-	() Owner	2/1/00	1365
3	77	E	SOFFERSON ST.	Purpose:	Follow-up Releas	e Date
Owner			32.	1. Routine	(YES) 3/	11/22
	An	SVI	N GORE		Summary of Violat	151
		OLL	1º CONE	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	, .	_
Person in ch	arge			5. Temporary	C_\\NC_	/ R
66	4	6	4961	6. HACCP		
Responsible	/			7. Other (list)	Menu Type (See l	pack of page)
	1			7. Guier (mst)	Mena Type (occ)	were of puges
Certified foo	d handle	r	(AEME)		1 0 A	A) .
すつ	WAS	1760	~ 2ANHAM (FMP)		123 \$	55
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
415	C	4	NUMEROUS SMAZE F	FIRS OBSORUE	PROUND	CONTROL
117		4	BACK SOFT ORDUK	STATION BAR.	SOFT drINK	3/8/22
			NO ZZLES	/		2007 10 1
245	NC		BAR SUFT DIENK NO	2210 /dogn N	OT CLERN	
392	NC	-	OUTSEDE DUMPSVER			3/4
295	NC	2	EXHAUST HOOD F	JUTERS NOT	clean	3 110
H31	NC	X		NOT CLOPN, N		3110
107	14 -		WAZL, UNDER GR		BACK	
			SUFT ORANK STATE	Jon, Next 7	2 WALL	
			AN KITCHEN /	FLOOR WET UN		
			BACK SOFT DRIFT			
218	NC	8		IN KATRHON O	LOOR GASKE	741
5/15			0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		REFRIZERATO	
351	NC	B		oon - LAD NO	T Provide	3 30
				THINER		
211	NC	4	LIGHT PUTEOUS FT	Y NOT AJER	VATE IN	3 28
		70 0-	ARRA OF WACK			
339	NC	-	TRAYS NOT STORE	& DFF FLOO	OR MTHIM	un 6 priche
					TION AMEA	3/3
Received by	(name and	d title j			by (name and title printed	
- Gr.	e9	6	iali	Q-	306 Jmin	+ 245
Received by	(signature,): 0	7		by (signature);	
Dros	0-	M	iali	<u> </u>	Sel Jim H	~
cc:	()		CC:	cc:	THE PARTY OF THE P	
			NAME OF THE OWNER OWNE	and the second s		Page 1 of



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

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Establishmer Establishmer Owner	nt address	sl s	SE 135 Greenwood	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint	Date of Inspection 3 7 77 Follow-up Release I 3 Summary of Violation	1777	
Person in characteristics Responsible	person's			4. Pre-Operational5. Temporary6. HACCP7. Other (list)	Menu Type (See back of page) 1 2 3 4 5		
		TED FI	ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			TR"	
			No items not	ed toda			
Received by Received by CC:	ah	C	orinted): SEEDEL cc:	De	I by (name and title printed): I by (signature):	1371p	



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

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

Establishme	ant address N ess	us 31 6	PO Freenwood I	N (Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	F S	Date of Inspection ID# 3/22/22 847 Follow-up Release Date			
	MAN ITEMS AF	E IDENTIFIED I			E COLUMNS MARKED "C"		23			
			US INSPECTIONS ARE DEN	The state of the state of	E "SUMMARY OF VIOLATIONS	S" AND IN TH	E NARRATIVE BELOW AS			
Section #			1	-	Narrative	/	10:00	To Be Corrected by		
187			tion slice	11/05	aken is	not	being	3/22/22		
.12.	.1.	, A	stained at	or below		14 600				
431 DC Floor under Kitchen edupment							# are	XIII		
413	K		Rear entrance door does not fit light							
		N	lote: walk.	-in a	coler 420	F				
	Note: Walk-in cooler 42°F Suggest maintaining at 38°F-40°F									
		111111111111111	ala de	1.00				Here are		
								THE PROPERTY.		
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Received by	Mame and		An		r y	Inspected by	(name and title printed)	1/2/ 59		
Received by	(righature)	and the same of th	1			Inspected by	(signature):	11		
cc:	/-~//	11/1	сс:			cc:		A COLOR OF THE PROPERTY OF THE		