

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

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

		tatio	in Requirements. The time filling for confection			-		
Establishme			sopieti at Patata	Telephone Numbe		ID#		
Mo	V0	tV	non Express	() Establishme	nt			
Datablish	11	_		() Owner	5 222	2 2463		
2710	5	12	135 Freemwal	Purpose:	Follow-up Relea	se Date		
Owner				1. Routine	NOA	ND 4-1-55		
				2. Follow-up	Summary of Viola	tions:		
Owner addre	ess			3. Complaint				
			1	4. Pre-Operationa	al			
Person in ch	arge	-		5. Temporary	C NC	$C \bigcirc NC \bigcirc R \bigcirc$		
	11475			6. HACCP				
Responsible	person's	emai	1	7. Other (list)	Menu Type (See	back of page)		
	1			Galler (many	Azena zype (ese	5 5) F8-7		
Certified foo	od handle	r			1 2 3	4 5		
					12_5			
• CRITICAL	ITEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
 VIOLATION 	(S) REPEA	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE BELOW	CHARLES AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN		
Section #	C/NC	R		Narrative	Management and the second seco	To Be Corrected by		
			No rtems notes	d todas				
)			
						-		
			Thank you.					
			<u> </u>	6				
						128		
	†							
						i		
						10.00		
			2017 II d		Yes	# # # # # # # # # # # # # # # # # # #		
						La se se		
						1		
Danie 17	(11.0111.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	l sist.	L triuta () :		Inspected by (name and title printe	od):		
Received by	(name and	i title	primea):		lem teru	James		
Received by	(signature)):			Inspected by (signature):	1376		
cc:			ce:		cc:			



460 N. MORTON ST. STE A Y W LZ FRANKLIN, IN 46131 ce 317-346

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

	Contract the street	-						
Establishme Establishme	Establishment address QUILLELIA OF TOOK MARK Whiteland, W				rt nd, N	Telephone Number (317) 535 fis 73	3/24/2	1839
Owner	1 Hu	1	31	76189	4	Purpose: 1. Routine	No.	lease Date, 4/3/22
	Umi	t	Pate	el		2. Follow-up	Summary of Vi	olations:
Owner addr	ress					3. Complaint		
						4. Pre-Operation		0
Person in ch	narge	it	tel			5. Temporary 6. HACCP	CNO	C R
Responsible	person's	email		Karama Zh		7. Other (list)	Menu Type (S	See back of page)
Certified for	od handler	A					123	45
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN	THE CHECKLI	ST AND NARRATIVI	E COLUMNS MARKED "C"		
		-	ROM PREVIOU	S INSPECTIONS A			S" AND IN THE NARRATIVE BEI	
Section #		R	-1/1		, , , , ,	Narrative		To Be Corrected by
346	NC		100	soap	in	restrico	m	3/24/22
431	NC		U Res	troom	vent	eation i	cover is	///
		_	2000	ea 1h-in	PARPOL	floor 1	1110/01)	3/24/23
		_(2) Wa	nt. 1101	100000	11/21	encer)	127/23
(A)			1(3)	Back	1 tobase	non	Louth was	11/4/122
	-		Rlon	1 Min	tine of	s soiled	11 moldy	////
			0	9		,		
	-							
					1 18			
	-	-						
Received by	(name and	title	brinted):				Inspected by (name and title pr	rinted): ler, EHS
Received by		1	of				Inspected by (rignature):	Neller
cc:			3	cc:			сс:	



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

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

	ecified in the narrative portion of this report.
Establishment name Telephone Number	
1100000000000000000000000000000000000	2/10/10 17/11
Establishment address () Owner	110122 6611
989 N S 3 4(184 Purpose:	Follow-up Release Date
Owner 1. Routine	NO 5/28/22
2. Follow-up	Summary of Violations:
Owner address 3. Complaint	
4. Pre-Operationa	
Person in charge . 5. Temporary	C NC R
× chorens 6. HACCP	e e e e
Responsible person's email 7. Other (list)	Menu Type (See back of page)
Certified food handler	12345
• 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
324 NC Observed a leak from the fail	Met 0+ the 3-25-22
3 boy sink	
J	U j
1/2/2006: 1/0 () 1/2/2006	
Note: PRPSI ICE Chinte has	some build-lip.
	inder all
equipment	M 10327 VAII
5 Observed build W) Willer Some
of the equipment (P. PSi Cooler)
1000 0000000000000000000000000000000000	
Note: Observed a plastic of	DON ORCHING
the over official to the	SUCH DUST HOUG
the over official to the	SXHOTIST HOOF
the over attached to the	exhaust hood
the over attached to the	Over Oxima
the over official to the	SVER DYCLING.
the over attached to the	OVER OXIST HOUG
the over official to the	OVER DYCLAND,
the over official to the	nspected by (name and title printed):
Received by (name and title printed): ** Cody Perry SHF / lead	nspected by (name and title printed):
Received by (name and title printed): ** Cody Perry SHF+ lead	Cassi Hall
Received by (name and title printed): ** Cody Perry SHF+ lead	Cassi Hall



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

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

Establishme	nt name		ex 9	Telephone Number	Date of Inspection	ID#
ſ	nc Do	na	10/5	() Establishment	, ,	
Establishme	nt addres	s		() Owner	3/24/22	903
22	52 L	13	31 Greenwood IN	Purpose:	Follow-up Release	e Date
Owner		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1. Routine	Tonow-up Recease	Date 4/4/22
				2. Follow-up	Summary of Violati	the state of the second
Owner addr	000			-i -	Julimiary of Violati	ons.
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	CNC	3_R
			is the	6. HACCP	1.5	
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handle	r/		Market Ma	123_X	4 5
1	190	1	is flow			
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	
Section #	C/NC	R	plat.	Narrative		To Be Corrected by
239	NC		- Box of drink cups	stored on the	-	3/24/22
324	NC		- No not water 11	the restroom	n for	4/24/22
			proper handwashing			
295	C		The machine To	a shall is me	oldy.	3/24/22
			[Food contac.			
425	NC.		maintenance equipme	int not bug hi	ing up	
	-					
			4 U. s. 191			20080
			1132 (6.1 4		X 101 897 UI	d. only
						1
					E	
Received by					d by (name and title printed)	:
XB	lain	e	Bennett Shift Ma	naget	Terry D. Bayl	25\$
Received by	(signature,	:	1111	Inspected	d by (signature):	
X/5	li	2	MA		Semon by	/ w
cc:			cc:	cc:	10 11	
			1	ı	1,	



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

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

	-		1			T	
Establishme	nt name	7	11/	Telephone Number	Date of Inspection	ID#	
//	1 d	101	nalds	() Establishment	3/14/22	4/4	
Establishme	nt addres	s /	en Dr Greenwood IN 46142	() Owner	/ //	101	
121	Mu	m	ender IN 46142	Purpose:	Follow-up Release		
Owner	1 4		-to :)	1. Routine	No 3/	24/22	
rau	l U	Va.	itowicz)	2. Follow-up	w-up Summary of Violations:		
Owner addr	ess		1 /)	3. Complaint			
				4. Pre-Operational		_	
Person in ch	arge	-	1 00 102.100	5. Temporary	c	3 R	
1)A	was	N	ran Marquez	6. HACCP			
Responsible	person's	emai	I de la companya de l	7. Other (list)	Menu Type (See	back of page)	
						,, ,,	
Certified foo			h Mariana		1 2 3 1	4 5	
Sau	MAN	na	ch Marques				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW		
Section #		R	100 t	Narrative		To Be Corrected by	
218	NC	47 yr	2 thanks with	1 - 0	maged	3/16/22	
	18175		took days	en aver gas	ROLU	/	
399	NC	1	minon asout	renain mee	101	4/14/22	
0//	100		mean lever	Cha tank	and	1/11/02	
			mean druse-up	window #	2	1	
431	NC		Floors not cl	ean und	er	3/22/22	
7			newer drink St	tation nea	N	/ //	
			drive-up window	1 # 2 /			
				1 0 /.1	== 1		
-			notes: Levo o	of four W	It fan	<u> </u>	
		. **	Mades worke	ng al time	, cof		
			Mispecian, rea	se monitor	/,		
					V	1	
Received by	(name and	title	printed: Dopartme	ent Managa Inspec	ted by (name and title printed	1):	
Sav	anna	avi	Totocool o	4	navew Mi	THEY EH	
Received by	(signature) WW	:	Marrayez Departme	Inspec	Ged by (signature):	,000 O	
1	VVVV	re v		UV	ndrew Mi	eller	
cc:			cc:	cc:			



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

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

Establishment name Mc Donald's Establishment address 706 w Trafalgar Pointa way Owner Trafalgar, 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	Summary of Violation	//8 /2 Z. ons:
Certified foo	od handle	r	\ /	7. Other (list) E COLUMNS MARKED "C"	Menu Type (See be 123_ ∠	
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R		Narrative		To Be Corrected by
324 431 239 43[347	NC NC NC NC NC		- The dish rack - In - The walk - in fr - No towels avai Kitchen hand gill - The grall area	nobile unit / i rether floor i lable at the Floors are so	rease fanks s soiled- s soiled. e	3/9/22 3/9/22 3/8/22 3/15/22 3/9/22
Received by Received by Cc:	38E	4	printed): Harr CC:	•	Terry D. Fay Ted by (signature):	less



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

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

-						
Establishme	nt name	pelaku in A. a. m., i	Telephone Number	Date of Inspection	ID#	
Mal	mac	5	() Establishment	3/2/1/2020	7187	
Establishme			() Owner	1/21/2002	- 6101	
US	31		Purpose:	Follow-up Release		
Owner			1. Routine	3/3	112022	
			2. Follow-up	Summary of Violation	ons:	
Owner addr	ess		3. Complaint			
			4. Pre-Operational	1		
Person in ch	narge	1	5. Temporary	C_NC_	RO	
			6. HACCP	1,0		
Responsible	person's em	nail	7. Other (list)	Menu Type (See back of page)		
			7. Other (tist)	There is you love out of page)		
Certified foo	od handler			1 2 3 1	7, 5	
				123	_43	
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
	-	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			To A SHEET HOUSE AND A SHEET HOUSE AND ASSESSMENT	
Section #	C/NC I	8	Narrative	ľ	To Be Corrected by	
2015	M	Ice cream machine s	oiled	and the state of	3/21/2022	
000	12	NO Cupiniany -> 45	e scooper only + stor		212 12 -2	
25/	NC	1107 hermometers to und 1	n many cooling as	2113	3/30/2022	
402	NC	Floors spiled behind b	nuraer arille		3/25/2022	
102	100	1 10013 SUITED DETINA D	Miger GIIIH		2/20/1022	
753	NC	cooling unit w/ breakfor	ast product needs	timed	3/21/2722	
		down (Food betw		TATION.	101100	
		William (1000 Rouse				
139	NC	Hairshould be restrain	to by hair or has	irnet	3/21/2012	
100		Try Constitution of the co	J		7 7 0	
431	NC	Lear observed in back 5	brage mon when	bucket	3/31/2027	
		is placed + by 3 bar	1 SIGK	1,	1 1	
2 100	1	Dil ama and Alot	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
100	t	Dish racks should NOT	be stored on floor	/		
	 					
	1					
Received by	(name and til	(le printed):	Inspecte	d by (name and title printed):	0 0	
XA	ACIC	Charles Ast n	16R (101)	(c) Blanford	Paul Botiku	
Received by		30 10	Inspecte	d by (signature):	1	
1 a	MA	Mandel	/ Ja	mistallo		
cer		ce:	ce;	hansing		
1			2	51 154104510		



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

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

Establishment name	Value 1	Telephone Number	Date of Inspection	ID#		
Meijler #1	32	() Establishment	2/2/22	(20		
Establishment address	lin dr. Cirlenwoodii	() Owner	3/8/22	636		
150 3 Mar	lm dr. 46142	Purpose:	Follow-up Release			
Owner	_	1. Routine	_ 3	122/22		
Meiler		2. Follow-up	Summary of Violation	ons:		
Owner address		3. Complaint				
		4. Pre-Operational				
Person in charge		5. Temporary	C NC 6	\mathbf{R}		
		6. HACCP		C_SO NO N		
Responsible person's email	Bar de la companya del companya de la companya del companya de la	7. Other (list)	Menu Type (See bo	ick of page)		
			- 45 mg-10			
Certified food handler Ryan Kirk	Enf 3/20/22		123_	_45		
CRITICAL ITEMS ARE IDENT!	FIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
	PREVIOUS INSPECTIONS ARE DENOTED IN TH					
Section # C/NC R	A	Narrative		To Be Corrected by		
411 Ne Q1		zer at baken	La contraction de la contracti	3/15/22		
	Lights out at freeze	1	en potatoles			
	rawarle bulk is out	al deli-	2 TVL			
410 Ne (iii)	Bull net Chiefded at	frozen fronts cool	en	3/14/22		
110	may may a majorar a	from from peace		31.1100		
218 NC D	arry walk-in Cooler of	gasket is worn	t as these sites to the second	3/15/22		
(b)	John gasket at prove		re worn			
(ii)	Frying basket at fry	1				
324 NC LU	at at 3-boy sink	by prep room		L		
ANT M. M.	no not stone I said of	MOD but of a	I Station 2	115/22		
346 Ne M	of not shoved out of	Out at men?s	18 stroom.	3/15/22		
346 Ne UN	c sour aspurser tr	cae ac years	stationic.			
)				
N/C	It: Check mechan	cal exhaust	fan in restroom	ns:		
		1	10 40 0			
D : 11 (1:2	n		. 11 / 1			
Received by (name and title printed			ected by (name and title printed)) While Blt (100 feb.)	Doh Cmothe		
Received by (signature):	-ost Fashian ArEa	icam icao i	ected by (signature):	DOD SHIMILE		
olaunda	Kront		tul Beltilov			
cc:	cc:	cc:				
and the second s						
				Page 1 of		



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

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

Establishmen	nt name			Telephone Number	Date of Inspection	ID#
Mi	1212			() Establishment	S Li La a	11 20
Establishmen			Trafalgor, IN	() Owner	3/4/22	1639
106	5. 7	K	135 46181	Purpose:	Follow-up Release	1
Owner			and the same of th	1. Routine		18/22
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		,
Person in cha	2			5. Temporary	CNC=	R_/
Jusi	2	ins	211.	6. HACCP	3.1	
Responsible	person's	emai		7. Other (list)	Menu Type (See ba	ack of page)
Certified foo	d handle	in	Qn-		123	4 2 5
1			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW AS	
Section #	C/NC	R		Narrative		To Be Corrected by
29.7	Ne	146	Suda norrles one sui	lo d	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3/5/22
	NCC		Some unit	00,	100 Table 1	5/5/20
411	Me		No light in cooler or	1 ile machine &	by the hord.	3/17/22
244	100	-/	cond materials cont	C. B. Chin	inside walk-in	3/9/22
241	MC	V	some materials stored	en the floor	inside walk-m	3/9/22
			(200)		,	
				Λ .		
	NOI	£	food item placed me	de coler por	too long ago	is moved
			msiele walk-in coe	ler.	0 0	U
			Alara is a Continueto	Ou pour fu	Day with some o	E 400
		-	there is a constructi	on going on	by with some o.	f the
			pipes by the upnght	CO O CO TO M		
		0.00	Dish washer Samtiz	el is cican	E	
			Pl o to sel	U		
D : 11	/	1 ,:,1	-Mank yeu!!	Tan	pected by (name and title printed)	
Received by	(name and	1	ivo o			etts
Received by			401		pected by (signature):	
	se	_	ivon	R	pected by (signature):	
cc:			cc:	cc	:	



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

Establishmer			_ounts of the second	Telephone Number	Date of Inspection	ID#
774	2 4	M_	INT	() Establishme	3/30/22	2257
Establishmen				() Owner	3/30/00	500
	Wf	ITE	est. Frankanian	Purpose:	Follow-up Release	Date/
Owner				1. Routine	- 3/	9/22
		de	OORL	2. Follow-up	Summary of Violati	ons:
Owner addre	ss			3. Complaint		3
				4. Pre-Operationa		7
Person in cha	ırge			5. Temporary	C 1/NC	€ R
Gor	ANT		Young	6. HACCP		
Responsible 1	erson's	emai		7. Other (list)	Menu Type (See b	ack of page)
						77.87
Certified foo					1 2 3	A 5
J	HOL	n A	s moore			
1			ENTIFIED IN THE CHECKLIST AND NARRATIV			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	-	San Confidence In	Narrative 7 HTS OUT P	LIDHON .	To Be Corrected by
200	NC	₩		KITCHEN C	JACKHT FROGA	2/10/22
043	IVC	-8Y	INSIDE BASE OF	~ ITCHETO C	11 (1711 / 11 0000	(410
MOTO	9)	7		ER NOT IN L	SO IN KIRHER	V
191	C	4		15 IN CONTR		3/3/
		-	opposed LUNCH MEAT		age NOT	
-			dAD MARKED (USE BY ORTE		1.
431	NC	4	FLOOR MEXT TO	WALL, UND	LER EQUIPMON	T 4/6
			IN KTICHEN, BAR	NOT CLOR	/	
			FLOOR NOT CLEAN	LATEMS ON F		211
228	NC	7			Hen, BOOR	6/1
	1/0			STLY Move		3/31
295	NC	×	DEC MAKER ANSID		ge not clear	4/6
431	NC	7	PESTROOM COTLIN	of EXITIOSI	FIND ECCENC	7/6
224	NC	0	HOT WATER FAV	CET EDAKS	IN KATCHEI	5/1
9001		0	7707		70	
Received by	name and		Voust	I	Inspected by (name and title printed) Bub Sm 1714 2	
Received by	-	-	John Sam	I	nspected by (signature):	ins.
cc:	- fift		сс:		cc:	



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

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

			1			1	
Establishmen	t name	0	10 110:	Telephone Numbe		Date of Inspection	ID#
1600	le /		mans Craft Persa &	(317)743 abotts 416	Vi.	3/24/22	7384
Establishmen	t addres	S	CD 1350 1 Pub	() Owner		/ /	201
2026	٥,	-	breenwood	Purpose:		Follow-up Releas	se/Date/
Owner	00	0	man's Inc	(. Routine		NO 1	3/22
100	le.	KI	mans Inc	2. Follow-up		Summary of Viola	tions:
Owner address	SS			3. Complaint			
				4. Pre-Operationa	ıl	\wedge	1
Person in char	rge	20	01.1	5. Temporary		CNC	6 R 7
Cade	46	h	andler .	6. HACCP	7.4		
Responsible p	rson's	emai	6.00	7. Other (list)		Menu Type (See	back of page)
· "			· /sensafe		W 7 (2)	an feet and a	
Certified food	0 1		nnings EXP: 9/8/23			123_\	_45
• CRITICAL IT	TEMS A	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
• VIOLATION(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		" AND IN T	HE NARRATIVE BELOW	AND DESCRIPTIONS OF THE PARTY O
Section #	C/NC	R	/	Narrative			To Be Corrected by
346	NC	V	no hand soap	availa	re	mon	3/24/23
347	NC	le V	paper towels	it par	na	nd Sin	3/24/22
218	NC	V	Low gaskets s	put on	10	me	4/24/22
1121	10	/	refugilation	Carlina	nine	niento	1/0/20
721	100	V	and Alen) ham	Custom	VITC	Dilad.	70/22
218	NC.		De Qual to Dom	molile	in	nodiont	4/12/22
all l	100		lyn Carred lan	maald	No Co	y ance a	17/2/22
		(2) Inside right C	solen do	n		
			storing sincor	Red brei	ad s	ticks,	
			is pilling awa	y from	the	door	1,1,
295	NC		Exterior top of	mecha	nica	el dish	3/24/02
		V	unit is soll	ed o wal	RI	n-cooler	///
			green shelving				<u> </u>
			- U				
-		_					
Received by	name and	l title	brinted):		Inspected	by (name and title printed	d):
X C	6 dy		printed):		Ano	drew Mille	IN EHS
Received by (.	signature):	+]	Inspected	by (signature): M.	1000
0/4	A)	(1)		UN	rarew Mu	ler
cc:		U	cc:		cc:		



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

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

Establishment name	Telephone Numbe	r Date of Inspection	ID#
NORMA JEANS PASTRIES	() Establishme	nt 1. 1.	21109
Establishment address	() Owner	3/4/20	2 2409
+ 49 N MATON ST. FIANKLIN, IN	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	Follow-up Releas	14/22
WHITMEY MYERS	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operationa	al l	6.1
Person in charge	5. Temporary	c _ O _ NC	H-R
Person in charge WHITNEY MYERS	6. HACCP	0110	<u> </u>
Responsible person's email	7. Other <i>(list)</i>	Menu Type (See b	ack of page
proposed persons training	7. Other (usi)	Menu Type (See 6	ack of pages
Certified food handler		$ \left(\left$	
		12 \ \ 3 \ \ \ 3 \ \ \ \ 3 \ \ \ \ \ 3 \ \ \ \ \ 3 \ \ \ \ \ 3 \ \ \ \ 3 \ \ \ \ 3 \ \ \ \ 3 \ \ \ \ 3 \ \ \ \ 3 \ \ \ \ 3 \ \ \ 3 \ \ \ 3 \ \ \ 3 \ \ \ 3 \ \ \ 3 \ \ \ 3 \ \ \ 3 \ \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \ \ 3 \	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		the second
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE BELOW A	
Control of the contro	Narrative		To Be Corrected by
Objection of MILK -	- DATE MAX	15/22	TUBE
NOW IN REFRIGERATOR			discharged
1711	111-11 0	V ~ 1	315
	1997 ON CON		315
STURY (NOT LAB	elled on con	VTAZOCR)	3/3
431 NC - FLOOR NOT CLOPE	N on ARO	PTS OF.	3/10
	TO WALL	under	5110
EOUTPMENT	10 Whoe	, 01-016	
CGO FT V. S.			
239 NC & CUPCAKE YEN MOLE	ds (TRAY)	NOT	3/6
STURD OFF FLOOR	MINIMUM	OF	
6 prickes		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SPACE AND
			drawers de les
TO TO THE STORES IN	HANGSINK	BASION H)cocrector
(PO)	- 500		3/4/22
* OFFTHE THERMO!	mover not	FUNCTION ING.	10
255 NY Properly			~3/8
Desired to the state of the sta		[
Received by (name and title printed):		Inspected by (name and title printed) Bob Smarr	
Received by (signature):		Inspected by (signature):	
cc: cc:		cc:	
			14
			Page 1 of

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

FRANKLIN, IN 46131

Page 1 of A

INSECTION REPORT RETAIL FOOD ESTABLISHMENT JOHNSON COUNTY HEALTH DEPARTMENT



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

		:00		:00		0) ::::
	Me (signature): Milled	M)		-go	71.	. (ว.เกาจนอีเร):	Received by
SHI	d by (name and title printed):	ilf !		SS 7)	ung 2/11	ק א טיטעט שטע ז	Received by (
					_		
					_		
	- Geogle 1			/ -			7
		No	left edge	1007			
ee/1/1	ay	The Leading	1 otho	TOE (2	-	
7/4	7 41910	Januage A	orani To	Ruge	1		
/	CAST MON LO	Cholan La	all soll	Jak C	1		
ce/81/8	anno	Marchand L	hmor)	nryggo	7) 4	201	817
CE/31/E	-	tariones	S'WOOV	ropun	2/	011	010
	wood	server On	alled in	1 m	7		
	400	Jana Jana	and James	2001 L	(2)		
ce/8/4	/0	worm in	and low	Horry	(1)	DN	18h
o Be Corrected by	T	Varrative	I	• •	Я	C/NC	# noisos
у.	THE NARRATIVE BELOW AS "I	" SUMMARK OF VIOLATIONS" AND IN	НЕОКТІЗТАЛВ ИАВРАТІVЕ СТІОИЅ АВЕ ВЕИОТЕВ ІИ ТНЕ				/ (
	Т	IOI IIIOI WARED IICII	92/3/11 / (1/1)	mmlu	\(\alpha\)	mm	A NOTICIAS I
2	7 3 7		dxa (+ cour	70	i handler	Certified food
(ə8pd fo y	Menu Type (See bac	7. Other (list)	Servsate		man	etson s c	Kesponstble F
1 1	1 3/	6. HACCP	Kning	20111	N	in	K
Я	7 ON 0	5. Temporary	/	wh	1 01	lge /	Person in cha
		4. Pre-Operational	pi				
		3. Complaint		/	210	ss nn	Owner addres
	Summary of Violation	1 Routine 2. Follow-up	- 0	no	usp	401	TOUR
Sel 33	Follow-up Released	Purpose:	7.4	194	1//	00	V A / A
	22/2/2	тэпиО ()	NI poon	(16919)	17/6	r address	Establishmen
Lee	CC/8/8	0808-188 (LIE)		room	M	7	MO
ID#	Date of Inspection	Telephone Number	73-1	1	10	វ ពនាញខ	Establishmen



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

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

Establishmer	nt name		I see to the second of the sec	Telephone Number	Date of Inspection	ID#
ORIGI	INA	(CHTERGO'S PIZZA & CURRY	() Establishment	1 1 1	Service Control of
Establishmen	nt addre	ss		() Owner	3/1/22	2495
153	Ito	LI	dity PLACE FrANKLIN, IN	Purpose:	Follow-up Release	Date
Owner				Routine	- 3//	1/22
			SINGH	2. Follow-up	Summary of Violation	
Owner addre	ecc					
o wher addit	200		•	3. Complaint		
D : 1				4. Pre-Operational	C_O_NC_	
Person in ch		20	MINT SHEEM	5. Temporary	CNC	<u> </u>
D 311			NAT SHEEMA	6. HACCP		
Responsible	person's	emai	Longe filippe ("gg" per long the second of the	7. Other (list)	Menu Type (See ba	ick of page)
Certified foo	1111		600,1100			
GAT	RAU	JE	et SINGH SERNSAFTE EXP 6/23/25		12_(_3_/	_4/5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R]	Narrative		To Be Corrected by
392	NC	@	OUTSFUE DUMPSTER	LID NOT CLOS	Se	3/2/20
413	NC	8			AZK DOOR	3)8
		-AL			3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2-0-55x2 P
411	NC	×	DIFFHT OUT IN WI	MZK-In cooler	7	318
			.,			
228	nc	æ	CHEST FREEZER NO THERMOMETER NOT	T EPISIZY MO	VERBLE 3	3112
255	nc	多	VITERMOMETER NOT	HECURATE		314
		-				
			X			
		-				
					A	
			<u> </u>			
		\vdash				
			and the second of the second o			
Received by		d title VAN	printed):	1 . /	ed by (name and title printed): Bob SwIT	
Received by	(signature	int	ン	Inspecto	ed by (signature):	8
cc:			cc:	cc:		
						9
						Page 1 of



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

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

Establishmer			al mil spakasan mark	Telephone Number	Date of Inspection	ID#
O He	50	No	- Center	() Establishment		Car
Establishmer				() Owner	3150	804
681	681 Shule Ld Greenwar			Purpose:	Follow-up Releas	e Date
Owner				1. Routine	Follow-up Releas	25 22
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess	-		3. Complaint	***	
				,		
D				4. Pre-Operational	C_O_NC_	0.0
Person in cha	arge			5. Temporary	CNC_	R
				6. HACCP		
Responsible	person's	email	-1 g -11 111 1g	7. Other (list)	Menu Type (See l	vack of page)
0 10 10	11 11				- 0	
Certified foo	d handle	r			123	45
		~ ~ ~		COLVINOIS NA DVERD HOU		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		NO IN THE NABBATIVE BELOW	AC IIDII
Section #	-			Narrative	ND IN THE NARRATIVE BELOW	To Be Corrected by
Section #	C/NC	K		Variative		To be confected by
	THE RE		1	1 1-0-	e your engineers	7.0
	Est to		No Hems note	a may		
			9 BU - B			ser region ;
			Mark son!			
			move go.			
	- 2	7.1				
					- 1	
	7					
						-
Received by	(name and	title j	printed):	Insp	pected by (name and title printed):
					Junater a	Jana /
Received by	(signature)	: _	15551)	Inst	pected by (signature):	771
			100		M 7960	1916
cc:			cc:	cc	:	



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

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

Establishmer Establishmer Owner Owner Owner addre Person in cha	nt addres	S	Madison Av Greenwood	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 ID# 3
Certified food handler					1 2 3 4 5
I .			ENTIFIED IN THE CHECKLIST AND NARRATIV		
	_	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		
Section #	C/NC	R		Narrative	To Be Corrected by
431	NC		Clean the Certi	of thes 1-	- tre leitele
411	N		12 iteran	out light	wibs throughout
247	W.C.		Stove, the de- stove, the de- -remove food of	Hove an	d (cert by me d) fryers (too)
Received by		title	printed):	In	spected by (name and title printed):
Received by	(signature)):		In	spected by (signature):
cc:			сс:	Ċ	c:



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#
PIZZA HUT	() Establishment	2/29/22	2105
Establishment address	() Owner	3/01/90	2183
440 N MORTON SX. FRANKLIN, IN	Purpose:	Follow-up Release I	Date /
Owner	1. Routine	- 4/8	9/22
QUAZITY HUB ENDIANAPOLIS ILC	2. Follow-up	Summary of Violation	ns:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$C \bigcirc NC $	R
m Adam Pol	6. HACCP	27.3	
Responsible person's email	7. Other (list)	Menu Type (See bac	k of page)
6 30 30			
Certified food handler ANNIE SERVIATE MARITM COL EXP. 7/1/183		12_(_3X)	45
	COLUND ON A DVED HOU		
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE 		N THE NARRATIVE BELOW AS "	R"
	Narrative		o Be Corrected by
DINING ROOM GROW	CASTONES OF USO	FOR STOTAGE	V
AND THE STATE OF T)	0	THE STATE OF
399 NC & WALL (FRP) WORN,	NOT CLEAN I	N ARRAS -1	ceptes/1
2131 NC OF KITCHEN (mole			eAN 4/6
	SOUN IN PROP	PRATION - C	remement
COOLER REPORT - IN	No to com incom in	· Parenatalas	3/04)
216 MC & CARDBOARD NOT DUTBE	le /clean role an	PROPERTATION	1- Remar
431 NGD) FLOOR DN AGERS UF	KITCHEN /FLA	OR SCHIN -	4/6
under disampet in		011171	- 4/0
411 NOR OME LIGHT OUT OR	1 / - 1 //	d	4/10
218 NCR) EXHAUST HOOD ABOUT		Pecitry -	4/15
324 NC Q TOTLET SORT OMEKO	of pr woman	S RESTROOM	4/4
ATR BROKK NOT PROM	ded FOR 3 CO	120 BULLINE WA	611
NOW SENK DRAIN			
Received by (name and title printed):	Inspect	ed by (name and title printed):	
Received by (name and the printed):	Bo	DMITH B	75
Received by (signature): Marline Polymer Poly	Inspect	ed by (signature):	
cc: cc:	cc:		
			1



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

		-			1	
Establishme	_	y	INN	Telephone Number	Date of Inspection	ID#
Establishme		1	440.10	() Establishment	3/25/20	2025
Listablishine 1 =	()	///	ers In Franklin, IN	() Owner		1
Owner	0 2	200	the The Illink Plant the	Purpose: 1. Routine	Follow-up Release	Date 4/22
CIT	INT	6	PATEL	2. Follow-up	Summary of Violati	
Owner addr				3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary		b
TRAC		H	199INS	6. HACCP	C NC	
Responsible				7. Other (list)	Menu Type (See b	ach of page)
	Perconc			7. Other (1131)	Mena Type (See Of	ick of pages
Certified foo	od handle	r			1 2 7 3	4 5
• CRITICAL	ITEMS A	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW AS	
Section #	C/NC	R	,	Narrative	2.4.0	To Be Corrected by
411	NC	4	LIGHT DUTENSATT	AREA HORAU	me	48000
	-	_ <	on disturbiting	Merch		10.1425 (40)
191	^	nak.	THATING IN	UPCISHY REFO	15ecttica	000000E66
		*	USE BY OFFE 2/23		pr Freezer)	015 CAPJES
		(FFYR BRING		3/25
218	we	4	door grokeT work	en on uprigi	HT REFLISERA	488 5/1
			,	,		1
228	ne	70	UPPERHT FREEZER,	RUFREGULAT	OR NOT	5//
	-		EASTLY MOVERBY	2		
		۸	mouse droppings s	cean an CAB	START	367
(NO	10	^		HING AREA) the f	2/2/
			Jine Ci Dasii II	The same		
					₹u	
						-
	7		The state of the s		And the second second second	
		_				
D i 11	(1 4:41		Į _T	oated by (name and title tains I)	
Received by	(name and	-	acey (Hagins	Inspe	ected by (name and title printed) Bob Sm 1 TH	
Received by	(signature		THE STATE OF THE S	Inspe	ected by (signature):	8
CC:		2	cc:	cc:	the series	7
cc:				CC		



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

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

Establishment name	T-11 N1	ID CI	
Pallus # 7208	Telephone Number	Date of Inspection	ID#
Establishment address Coccern (Coccern)	3.7 401 100	3/22/22	2287
Establishment address Greenwood, IN	() Owner	/ /	(12)
00103010	Purpose:	Follow-up Release	
Owner 46142	1 Routine	Ves 4/	1/22
Colobiate	2. Follow-up	Summary of Violatio	ns:
Owner address	3. Complaint	/	4.7
	4. Pre-Operational	1 1	,
Person in charge	5. Temporary	c / Nc 2	R
Franciso amaya / Jensate Exp	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)
Brenda (normes)	<u> </u>		/
Certified food handler		1 2 3	45
Samountha Menbricks			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			1
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
	Narrative	1. m ()	To Be Corrected by
193 C Golding Shart	usea as		3/22/23
Part dated 3/20)	usus not	RIILLANT	200 F 100 F
last them gay	11041 Chick	an i beton	
DANCH CHICKON	and line	n)	
256 NC no thermeters	Teen Din	9	3/23/22
mobile meat for	iener and		111
small reach- in	- cooler		,1,
431 NC Celling soiled as	ound HVAC	vent	3/26/23
above, make-lie	re & wall a	vove	/ //
two down freezer			
0 0			Line Age
			-1 (marre)
100 100 100 100 100 100 100 100 100 100			reconstruction
Received by (name and title printed):	Inspec	ted by (name and title printed):	in EHS
Received by (signature):	Inspec	ted by (signature):	10
Relevoir Chisa		ted by (signature):	celle
сс:	cc:		
Ŭ			



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

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

		tauo	n Kequirein	ems. The mile	mint for correction	on of each violation is sp			_	or tins report.	
Establishment name			Telephone Numbe	er	Date of Insp	ection	ID#				
1/5/15	ei	7	1201			() Establishme	ent				
Establishme	nt addres	S				() Owner	l	3 25	77	2126	
127	7	1	SR	135	-	Purpose:		Follow-up			
Owner			(135	beron	1. Routine	ı	an	4	5 22	
						2. Follow-up	1	Summary o	f Violatio	ons:	
Owner address					3. Complaint						
						4. Pre-Operationa	al				
Person in ch	aroe					5. Temporary C NC_			NC C	0,0	
	80					6. HACCP			.110		
Responsible	person's	emai				7. Other (list)	}	Monu Tun	o (See he	ick of page)	
responsible	persons	Ciliai				7. Other (usi)		Menu Typ	ie (see ou	ick of puges	
Certified foo	od handle	r						1 2	\bigwedge_{a}	4 5	
								12	3	_45	
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN	THE CHECKLIS	ST AND NARRATIV	E COLUMNS MARKED "C"					
 VIOLATION 	(S) REPEA	TED I	ROM PREVIOU	IS INSPECTIONS A	RE DENOTED IN TH	E "SUMMARY OF VIOLATIONS	S" AND IN T	HE NARRATIVE	E BELOW AS	"R"	
Section #	C/NC	R	**************************************			Narrative				To Be Corrected by	
			-								
	1.4	1	No	iten	15 no	red too	lan	A CONTRACT	an H		
	Tax series)	103	MORE THE	
		-	Tha	V X	001					į.	
							-				
	- 0										
	-	_									
	-	_									
	-	_									
	-	-	- 45 /								
ļ	1 45		-		Alt.				- 4		
										1	
										1	
		300	-								
	T									N.E.	
									=	1 16	
Received by	(name and	l title				XXXIII XXXII	Inspected l	by (name and to	tle printed):		
			Micho	SW SW	ank	4	len	n te	VV	Javar	
Received by	(signature,):	0111	1. /.	1	-	Inspected l	oy (signature):	1200W A	CHARLET THE	
		(1)	1//	Mg	GN	X	0	1 50	100	15/6	
cc:				cc:			cc:				
I											