

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

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

Establishmen Establishmen 153 Owner	Bell at address		te Rd 135	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up	Date of Inspection 3 28 22 Follow-up Release	ID# 040 se Date 8/22
Person in charge Responsible person's email Certified food handler				 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 	C NC	back of page)
1			ENTIFIED IN THE CHECKLIST AND NARRATIV		NATURE NARRATINE RELOW	AC IIDII
	C/NC		ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	N THE NARRATIVE BELOW	To Be Corrected by
411	NC	A	Light intensity in walk 1			417122
711	100		Cight it density in volume in	Trecent Voy 1000		171122
431	NZ		Freezer(stand-up) by dis	nana soiled on bo	Hom inside	3/28/22
402	NC		Floor soiled behind fige Under anny machi	rs and drive thr	u arca	4/7/22
347	NO		No paper towels provided	at handsink by 1	rep sink	3/28/22
257	NC		No thermometer found cheece lettuce, some		With	3/28/22
195	C	V	Buildup on ice dispense	er on dnnk ma	lnine	3/28/22
	-iCL	10	printed):	()(ed by (name and title printed	d
	(signature,				ed by (signature):	terd
cc:			cc:	ccy		Page 1 of



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

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

Establishmen	it name		0	Telephone Number	Date of Inspection ID#
Taxr	mam		Gastrobult	() Establishment	101 11 1026
Establishmen		,	2	() Owner	3/25/22 1830
12	. 8	1-	Saldwin 46106	Purpose:	Follow-up Release Date
Owner	X		TOTAL TOTAL	1. Routine	4-6-20
-				2. Follow-up	Summary of Violations:
Owner addre	ec.				building of violations.
Owner addre	35			3. Complaint	<u>U</u> .
				4. Pre-Operational	7 2
Person in charge			and the second of	5. Temporary	$c_{NC_{NC_{NC_{NC_{NC_{NC_{NC_{NC_{NC_{NC$
			rå : 👾	6. HACCP	6
Responsible p	person's e	emai	er festoutien to be la	7. Other (list)	Menu Type (See back of page)
			The state of the s	1 11 12	H & H M COVERNMENT NO.
Certified foo	d handler		"		12345
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section #	C/NC	R		Narrative	To Be Corrected by
18/	C		Food temps taken i	n top of fly	0-top deli 3/25/22
			48 F located is	2 flip-top i	next to
			Wall to across	Aron Mor	of light will
			foods temps	Velow 41	t in cotton.
			Utodo stored	n plastie	Containers
			mulliple s	in metal	pans -
			Establishmen	t put ice	in pans 4
			that sit do	un into un	on alives
			doc hast	maintain	Of Street Co.
			02 9.000141	10 F	from Care
138	(0)		Dovic Spray potter	not labele	l in 3-25-22
100	/		Several locat		
173	0				4 alone 3-25-22
1,70	not		cooked meat	- in Walk	La Cooler
	7000		behind dish	machine	
402	NC		1 0	not smooth &	pasile 4-25-20
, ,			Cleanable in	upstains D	tore room
					1
Received by					ted by (name and title printed)
			an Unger General N		inabeth Schulty
Received by	(signature)	. ,		Inspec	ted by (signature):
P	The state of the s	1			WY TILL
cc:			cc:	cci	17-346-4373

NARRATIVE REPORT

Establishr		ame	11	Inspection Date
Jaxor	ian		Gastropul 13 S. Baldwin	3-25-22
Section#		R	REMARKS	TO BE CORRECTED BY
218	NC		Door gasher split on left side of	4-25-22
			2 done upriable cooler outside	
	-77		of walk in Cooler	
431	NC		Hodrs, Walls & Ceiling Slightly soiled in Bees Walk -is	94-1-22
			soiled in Been Walk -18	
		\vdash	Cooler top	
		Н	not 10 in 10 to 10 mit	
		Н	Note: Disposable towels Not Provided a Upstairs Car Okand sink	
		H	Charal Vinh	
		H	V-IWILL PURISE	
V	hot	,;	Thermometer not observed in	
-	, 0		downstain bar cooler below	
			Cash register Cooler has 1	nilk
		\Box	note: Sanitines buckets - use 70%	- water
			Do not Ouse water hotter	than.
			70°F,	
		Ц		-
•			note: Observed a few flies.	
		Н	Please Contact Dour Spest	
		Н	Control operator	
		Н		
		\vdash		
		Щ		
		\vdash		
		\vdash		
		\vdash		
-	-			
Received B	l y (Name	& Ti	Inspected By (Name & Title)	2 9 . 0
P N	atho	10	Unger General Manas Colinabeth Schultz	Page 2 of 2
State Form 4	_		//	



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

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Establishment name Telephone Number Date of Inspection) Establishment Establishment address) Owner Purpose: Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC Inspected by (name and title printed): Received by (name and title printed) Inspected by (signature): Received by (signature): cc: cc:



460 N. MORTON ST. STE A 3/24 FRANKLIN, IN 46131 ce 317-346-4365 Fav 247

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

Establishment name TOWO Establishment address Owner Owner	IWood Plaza	Telephone Number () Establishment			
Responsible person's ema	il	6. HACCP 7. Other (list)	Menu Type (See ba		
	DESCRIPTION OF THE CHECKS SET AND MARRATHY	E COLUNDIS MARKED IICII	123_	.45	
	DENTIFIED IN THE CHECKLIST AND NARRATIVI FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		IN THE NARRATIVE BELOW AS	"R"	
Section # C/NC R		Narrative		To Be Corrected by	
402 NC	Thors is Soiled under gr	illand oven		3/25/22	
		I to Oak I do	200	212112	
431 NC	Sprinklers under vent p	toog soiled wight	986	3/21/2075	
NOTE	Proper PH Den not in U.S.	P.		Concerted	
12012	- ordered newone	307		0-11-01-01	
187 C	Rice @ holding @ 107 J			3/21/2022	
	- That holding is is	35°F		1 !	
N/OTE:	Temps of food look good	d @ 40-1110T			
100/0	But Kelp in mind wil	ner it get lynn	ner		
	cooling units need to be	se cooler to get to	nod		
	at accurate temp?	ß.			
	1				
	A STATE OF THE STA				
Received by (name and title	printed):	Inspec	ted by (name and title printed):		
X	X Parcin	Day	1cie Biantord/Pa	ul Botikes	
Received by (signature):		Inspec	ted by (signature):		
cc:	XINGLIN cc:	/ // / co:	mmauni		
		Y).	<i>V</i>		



460 N. MORTON ST. STE A

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

Establishmer	nt name		mail and	0.1			Telephone Numb	er	Date of Insp	ection	ID#
Tris	20	8	True	A	enc	N30	() Establishm	ent			
Establishmer	nt address						() Owner		514	21	2016
580	C	SY	213	S (V. 20 4	Lessus	Purpose:		Follow-up	Release I	Date
Owner					and the second second		1. Routine		372	3	747
							2. Follow-up		Summary o	f Violation	ns:
Owner addre	ess						3. Complaint				
							4. Pre-Operation	a1			
Person in ch	arge						5. Temporary		c	NC 9	p 🔾
	8*						6. HACCP		<u> </u>	.110	
Responsible	person's	emai					7. Other (list)		Menu Typ	e (See hac	b of page)
	1						7. Other (use)		wichu Typ	c (see out	k of page
Certified foo	d handler	r							1 2	3 4	A
									14		13
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN	THE CHE	ECKLIST AN	ID NARRATIVE	E COLUMNS MARKED "C"				4
 VIOLATION((S) REPEAT	ED F	ROM PREVIOU	S INSPECT	IONS ARE DI		"SUMMARY OF VIOLATION	S" AND IN T	HE NARRATIVE	-	
Section #	C/NC	R					Narrative			Т	o Be Corrected by
431.	NL		Hand	Sin	u Go	y the	ditice -	0.00	in the	4 (well
447	347 Nr provide paper tours remove stre board						e byard				
324	NZ		repo	~~	de	اميد	iale			0	
	7.				ſ			1.51		2.5	
431	NC		Clea	~ +1	re b	ocer C	wea tion	6	der	290	ipmoent
250	NC		Prox	de	Me	man	eters in	ale	coole	evs	
20-			0								
277	NC		Reno	Ne	100	0 50	oil on tr	yer	>		
431	- 1 0		0		Cana		inh.o.	0		~ _	
9 71	NC		Kim	we.	VO	col 50	on the	tche	en Hi	25	
411	N	<i>I</i>	Provi	de	1:3	to be	ilbs whe	re f	redec)/bu	redout
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131	ne		Chea	- 1	re T	who	ist hovo	≀			N.
Note	-		Chic	R- C	200	zer i	n hall i	20	Fice	-	Mary
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Received by	(name and	title j	brinted):		7			Inspected	by (name and ti	7	avrev
Received by	(signature)	:		by)	01			_	by (signature):	Hers was	goland
								5	N 30	149	7 10
cc:			L	cc:				cc:			



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

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name
TWISTED SICILIAN MARKET & EASTERY Date of Inspection Telephone Number) Establishment 2293 Establishment address) Owner 175 N MORTON ST. FRANKLIN, IN Purpose: Follow-up Release Date Owner 1. Routine CHEHCARMACK Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary CHEH CHRMACK 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler CITOR CARMACK 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 door gaskets worn ISPLIT ON 200R AND 3 DOOR PEACH-IN REFLIGERATORS 218 4/2 (1) HANDSINK IN KITCHEN SOAP NOT 746 AVAILABAR CHEST FREEZER NOT EASLIY MOVERBLE 228 Received by (name and title printed):/ Bob Smath Etts
Inspected by (signature): Received by (signature): cc:

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

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

		······				or each violation is speem	•	
Establishme						Telephone Number	Date of Inspection	ID#
	10/m					() Establishment	3/31/22	1123
Establishme						() Owner		
	//33	Λ	· Emel	son Ave		Purpose:	Follow-up Relea	
Owner						(. Routine		4/11/22
				Greenwood,	IN	2. Follow-up	Summary of Viola	ations:
Owner addr	ess			-		3. Complaint		
						4. Pre-Operational	1	
Person in ch	narge		1.1 19	A CONTRACTOR OF THE OWNER, THE OW		5. Temporary	C_O_NC_	2 R
	O					6. HACCP	0	-
Responsible	person's	email			76	7. Other (list)	Menu Type (See	
F	Persone					7. Other (1131)	Wiena Type (See	ouch of puges
Certified for	od handle	r,	0	\bigcirc			1 2 3	ζ 4 5
. /	nis		1 (0	Steet			123	<u>C_4</u> 5
• CRITICAL	ITEMS A	RE HD	ENTIFIED IN	THE CHECKLIST AND	D NARRATIVI	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOU	S INSPECTIONS ARE DE	NOTED IN THE	E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	7 AS "R"
Section #	C/NC	R				Narrative		To Be Corrected by
								-81
216	He	TU5‡	1.47 自然为在。	meat racks	in	the wall -;, ing to rusy-	1 Loober	N. I-
	-				start	ing to susy-	Paint is	
			c Ki	pping				
30/	<u> </u>			,,	.1 1.7	16 F 12 11 7		4/2/22
295	NE		12	els ment	shelve	es [97 Wall]	are 3011601-	9/112
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Received by	(signature)): /	110	1)	Inspe	ected by (signature)?	2
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme			Application of the second	Telephone Numbe	Date of Inspection	ID#		
Wo	1 m	رى	1	() Establishme	nt			
Establishme				() Owner	3、1-72	- 18clo		
88-	2	8	R 135 Greenwood	Purpose:	Follow-up Relea	se Date		
Owner				1. Routine	ND 3	ND 3 11 22		
				2. Follow-up	Summary of Viola	tions:		
Owner addr	ess			3. Complaint				
				4. Pre-Operationa	d >	CNCR		
Person in ch	narge			5. Temporary	C NC			
				6. HACCP		7		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See	Menu Type (See back of page)		
Certified foo	od handle	r	e i i			M		
Geranea 100	oci maricire	•		15	13	4^5		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			1		
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE BELOW			
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	nt name		16 11× 200	Telephone Number	Date of Inspection	ID#
CONT	dre	CY	15 #6393	() Establishment	2/1/11	242
Establishme			11/4/21	() Owner	111166	01)
	SOLX	tV	Morton, 46131	Purpose:	Follow-up Release	Date
Owner				1. Routine	5//	0/62
				2. Follow-up	Summary of Violatio	ns:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	1 1	
Person in ch	Λ Λ		. **	5. Temporary	c Nc 2	R
x Carlabauth				6. HACCP	es a confer	
Ŕesponsible	person's	emai	dy den er e	7. Other (list)	Menu Type (See ba	ck of page)
Certified foo	d bandla				V	4
Ceruned 100	od Handie.	L			13	45
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	4	
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC	R	A C	Narrative		To Be Corrected by
139			H tem Expired D	aby tormula	5 OV	7 22
-			Shelves Sterly	c Coand Ele		corrected
			Commune (1)	13/12/2000 Stav	T	A the out to
			70.1.1100 (2			inspection
430	NC		Missing baseboard	Comple Observed	in wall	3-10-72
			under trash com	cactor		
0 10 1				,		
154	NO		Thermometer in	malk in thetse	r appears	3-10-62
			inversioned (UO OH	her thermone	xers abserve	1)
			Note: Leso on eu	e on contac	o freezer	
			day auskets for	oc solits	VIIICA	
			3			
			Manak VIII			
			11/10/11/2)/ 3		
Received by	(name and	title ;	printed):	Inspecte	d by (name and title printed):	
x (A		Barth -shift super		isi Hall	
Received by	(signature)	:	V	Inspecte	d by (signature):	ர் உயறு
X	Coul	ay	Sarth	10	DDOM	
cc:			cc:	cc:		



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

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

Establishment name LOUGENS Establishment address Owner Owner Owner address Person in charge X Beth Baneth Responsible person's email Certified food handler			e A	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 3/2/22 Follow-up Releas 3/ Summary of Violat CNC Menu Type (See b	12/22 ions: 3R
					1-7-12-3-	
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
411	N		few lights out in t	he back Stoo	K LOOM.	3-10-22
	rada		3			THURST THE STATE OF
309	NC		exhaust vents in	WENS & MOR	NEN'S	3-10-22
1101	0		Cestroom soiled.	C. 1101 10		2 - 12
431	NC		71001 1000	les soiled in	Walk-In	3-5-22
431			FOR COVERS in 120	UK-in Coolfr	Cailed	3-10-22
9131		-	town covers in 120	de la Coolta	2011611.	2 10 22
			Note: Cooler door	asket tomill	2 Solit	1 1
			NOte: Many Cell	int tiles throu	Air Out	
			Store damas	ed (Store man	ger Said.	
			toor uniqueno	teak. Mork o	Peter in	
			process to fi	x t)		1
			,			
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Received by	(name and	d title j	orinted):	Inspect	ted by (name and title printed)):
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X	(1se	& Savett Store 1	Mange a	Malfred	
cc:			cc:	cc:	7	



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.

Establishme		-		T-11 N1	D	
DUI	976	e y	is #05853	Telephone Number		ID#
Establishme	nt addres	S		() Owner	12/8/66	1961
770	5	4	ate Rd 135 Greenva	Purpose:	Follow-up Releas	e Date
Owner		<u> </u>	ous 150 175 Offernoo	1. Routine	NO 31	18/12
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operationa	al C	7 ^-
Person in ch	arge	1	1.	5. Temporary	C = NC	R
V CILL	lie.	K	urdine	6. HACCP		
Responsible	person's	-		7. Other (list)	Menu Type (See b	ack of page)
	F			7. Other (tist)	Mena Type (see a	ucit of puge,
Certified foo	od handle	r			133	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		" AND IN THE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC		wall under trask	compact	or soilld.	
	V-4.1.					
414	NC		Emergency exit	by restroo	ms not proted	d
	-		trow both the roc	Jenas	ologi.	
			2009 HAVE OUSE	Alla Prillia	CILION	-
420	iNC		ice building observ	1801 in 1.101K	in freezer	
	000		the same up the	Ma III Mant	ar heret	
431			Floor by mop Si	nk soiled.		
			Note: Floor drain	COURT M	issing by max	
			5,014	, Cook 1.1.	133119 139 114	
			Note: Hoor in	walk in p	vannar Freezer	
			has ice build up	on it-		
			Note: few door gast	Kets Worn (so	oiled	
			The coals viale			
			MONK JON 8			
						-
Received by	(nama an	l title	triuted):	- In	Inspected by (name and title printed	<u> </u>
Celved by	I P	Pi			CASSI Hall	
Received by	(signature	1):	ardine Store Mana		Inspected by (signature):	
X	(Signamo)				(a) Hall	
cc:			cc:		cc:	

317-346-4365

Page 1 of _



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

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

Establishment name WILLOW CAPE AT JMH Establishment address II 25 W JEFFESON ST. FRWKLTN, IN Owner JMH Owner address Person in charge JESSICA JOWLS 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 Date Owner Follow-up Release Date A A A A A A A A A A A A A A A A A A A			
Certified food handler Sessich Tomes (Server) • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT		1235			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		THE NARRATIVE BELOW AS	'R"		
Section # C/NC R MO VIOLATIONS MOLHANACHE DISH PLATE/VIEWSIL SUO SHMITIZATION RAIN	Narrative OBSORVOD MACHINO 164 F REPARE / HOT W B PEMPE (HIVEE)	UN	To Be Corrected by		
Received by (name and title printed): TESSICA JONES SUPERVISOR Received by (signature): CC: CC:	B	d by (name and title printed): by (signature):	EHS.		

Jehnson Co. Health Bept

NARRATIVE REPORT

Establish			Address 1280 US 31 Grean wood In 1335	Inspection Date
	YA	13	1280 47 71 -1211 1000 111 1335	3/3/22
Section#	C/NC	R	REMARKS 0/1	TO BE CORRECTED BY
218			The maker is is rusted asound the)
			tid.	
		Ш		. <u>.</u>
		Ш		
		Ц	Certafied food Handler Eyan Waldron eff 2024	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name			Telephone Number	Date of Inspection	I ID#	
a Valor C				() Establishment	Date of Hispection	ID#	
Establishment address					3477	1977	
^				() Owner			
1274 N Emerson IV				Purpose:	Follow-up Release Date Summary of Violations:		
Owner				1. Routine			
				2. Follow-up			
Owner address				3. Complaint			
				4. Pre-Operational			
Person in charge				5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$		
			4	6. HACCP	gent p p 4.		
Responsible person's email				7. Other (list)	Menu Type (See back of page)		
that are some				16	110 3 4 1-20	And the second	
Certified food handler					123_	45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R				e "summary of violations" and in the narrative below Narrative		To Be Corrected by	
Section #	C/NC	R		Narrative		10 Be Corrected by	
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