

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

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

					1		
Establishmer				Telephone Number	Date of Inspection ID#		
Establishmer	Denn	y':	5	( ) Establishment	2/1/22	8 36	
Establishmer	nt addres	\$		( ) Owner	71120		
1253	Soul	sh	Paril Ave Greenwood IN	Purpose:	Follow-up Release		
Owner				1. Routine		41/22/	
				2. Follow-up	Summary of Violati	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge			5. Temporary	CO_NC	/ / R	
	0			6. HACCP	0		
Responsible	person's	emai		7. Other <i>(list)</i>	Menu Type (See back of page)		
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Certified foo	d handle	r		NOTIFICATION OF THE PROPERTY O	1 2 3 🗸	4 5	
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<ul> <li>VIOLATION(</li> </ul>	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
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177	NC		ice stoop improper	ly stored gr	the	21,122	
			ice bin-				
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			21-1 - 221:	cooler on the	1912		
					high-		
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			901-	Keep at :	384-40°F		
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16		h	deciman programs		- 1 1 1 1 X - max	- 4	
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Establishme	stablishment name				Telephone Number	er	Date of Inspe	ID#		
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Establishme	nt addtes	}			N	( ) Owner		214	22	1532
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Owner						1. Routine		NO	7 -	24 22
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Owner addr	ess			100 100 100 100 100 100 100 100 100 100		3. Complaint				
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Person in ch	arge					5. Temporary		$C \longrightarrow NC \bigcirc R \bigcirc$		
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Responsible	person's	emai	1			7. Other (list)	-	Menu Type (See back of page)		
l corp					7. Other (usi)		Menu Type	e (see out	k of puge	
Certified food handler					THE RESIDENCE OF THE PERSON OF	12	_34	5_5		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST ANI	O NARRATIVE	E COLUMNS MARKED "C"				
						E "SUMMARY OF VIOLATION		HE NARRATIVE	BELOW AS "	R"
Section #	C/NC	R			]	Narrative			Т	o Be Corrected by
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Office 317-346-4365 Fax 317-736-5264

Establishment name				Telephone Number	Date of Inspection	ID#	
	Des	ì	Bazar	( ) Establishment	2/11/22		
Establishmer	nt addres	S		( ) Owner	911/22	2325	
	916	E	main St Greenwood	Purpose:	Follow-up Relea	se Date /	
Owner		-		1. Routine	Follow-up Relea	2/21/22	
			IN	2. Follow-up	Summary of Viola		
Owner addre	200	-		-1 ^			
Owner addre	255			3. Complaint			
				4. Pre-Operational		,	
Person in ch	arge			5. Temporary	C2_ NC	6R	
				6. HACCP	26		
Responsible	person's	emai	a managa	7. Other (list)	Menu Type (See	back of page)	
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Certified foo			6 1		123	<del>1</del> 4 5	
X	50	49	kasan Singh				
			ENTIFIED IN THE CHECKLIST AND NARRATIV				
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
218	NE		- compressor in the	freezes is	I cing up-	2/21/22	
	1.79		Noted a large from		- /	The second secon	
245 (4)	C		- The white nylon	cutting Board		2/11/22	
			prep cooler is very stained and spiled-				
293	NC			- The 3-bay sight bays are soiled			
187			- GOO Red potatoes	and vege	tables are	2/11/22	
			not being maintain	- 11	of below		
			in the kitchen	refrigerator		, ,	
295	NC	_	- white bulk Food	containers	are very	2/21/22	
		_	distry-	1 7		1 . 1	
431	Ni		- The floor through		15 501/ed	2/21/22	
				he equipmen		1./.	
431	NC		- the olisplay area		is soiled	2/2//22	
			unoler the shelvi		1 . 1 .	11/	
426	NC		- storage areas are	6/15 organize	l and in	2/21/22	
	14		disarray- prevent	ing easy cle	uning of		
		_	these spaces				
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection	ID#
Dickinson Juvenile Detention	( (n) Establishment	11100 10	CUD
Establishment address	( ) Owner	2/15/2	2 570
1121 HOSpital Rd. 46131	Purpose:	Follow-up Relea	se Date
Owner	1. Routine	NG 31	
JOHNSON COUNT GOV'T	2. Follow-up	Summary of Viola	ations:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_Ø_NC_	7. R
MARSHALL DOTY	6. HACCP	0	
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
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Certified food handler  MARSHALL OOVY		1 2 3	4 5
MARSHALL DOVY			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
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739 NC Dish racks Stored	an Class		1-97-77
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mailtowith distor	MAZKINO MITL	UPTER	COLX
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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. Establishment name Telephone Number Date of Inspection ) Establishment ) Owner Purpose: Follow-up Release Date 1. Routine Owner Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary VICKA 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 R No ink Inspected by (name and title printed): Received by (name and title printed): RICKA R.SMith AST. Mar. Inspected by (signature): Received by (signature): cc: cc:



#### 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.

Establishment name Telephone Number Date of Inspection Establishment address Purpose: 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 297 pathroom Inspected by (name and title printed): Received by (name and title printed): Received (rignature):



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

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Establishment name  Dolar tree  Establishment address  787 M 33 H 6184  Owner  Owner address  Person in charge  Mchael Mathew  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 NO 3/5 Summary of Violation  Menu Type (See both	5/22 ons:
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			ENTIFIED IN THE CHECKLIST AND NARRATIVEROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW AS	5 "R"
Section #				Narrative		To Be Corrected by
218	NC	X	ICC Duild up Obse	erved in walk	K IN	7 18 1
414	NK		Exterior door or	obstrad perm	nen doors.	
433	NG		tuch not und			
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D: 11		1 2 2	Thank you!	ĺ7.	-11. (a	
Received by Received by cc:	hae		printed):  A  CC:	(as	ed by (signature):	Variation



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

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

Establishmo  Establishmo  Owner  Owner  Owner addr  Person in cl	ress harge	s US	ee #09029 31, 46142	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  C NC NC NC New York Control of Cont	122 ns:
Certified fo	od handle	r			12_X3	45
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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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Establishmer	at address	S				( ) Owner		1-1-66	1140
110 1	= N	20	in (1	055 St.	46124	Purpose:	Fo	ollow-up Release I	Date
Owner		10.				1. Routine	1	ollow-up Release I	7-22
					-		Follow-up Summary of Violations:		
Owner addre	200					3. Complaint			
o wher water	.00					-	.		
	Person in charge				4. Pre-Operation	ial	$C \bigvee NC \bigvee R \bigvee$		
-				5. Temporary		C NC R			
David Bauman				6. HACCP	_				
Responsible	person's	email			4, 1	7. Other (list)	N	Menu Type <i>(See bac</i>	ck of page)
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Certified foo	d handles	ľ					1_	2_X_3	45
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

	Establishment name Elias Yourt			1.7	ne Number tablishment	Date of Inspe	ection	ID#	
Establishme	nt addres	S	0	-	( ) Ow	ner	7110	77	2456
570 Owner		( <	5/2/3	55 freenw	Purpose:  1. Routin 2. Follow		Follow-up Release Date  7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Person in ch	Owner address  Person in charge  Responsible person's email					r-up laint perational prary CP (list)	C	NC_C	)_R
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Section #	C/NC	R			Narrative			Т	o Be Corrected by
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name		and anything a literature and the	Telephone Number	Date of Inspection	ID#
Fni	von	1	Casis	( ) Establishment		
Establishmer	nt addres	8	. Benearwalle T		02/01/22	2489
80 5	Sto	Te	rd 135 Hongersville, I	Purpose:	Follow-up Release	10,
Owner		- (-	76106	1. Routine	onow-up Release	Date
[ Dail	. 1	0 0	amer	2. Follow-up	Summary of Violati	ons:
Owner addre		< X	dir Ci		Journally of Violati	ons.
Owner addre	.00			3. Complaint		
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Person in cha	ırge			5. Temporary	CNC	R
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# 460 N. MORTON ST. STE A 7 S FRANKLIN, IN 46131 ce 317-346 4267

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

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Establishmer			1 0	Telephone Number	Date of Inspection	ID#
Enero		20	t Center Grove	( ) Establishment	21-1111	1270
Establishmer			OLIZE Greenvood	( ) Owner	611166	L) 17
5891	S St	-Cit	e Rd.135	Purpose:	Follow-up Release	Date
Owner			,	1. Routine		17-72
144500				2. Follow-up	Summary of Violati	
Owner addre				-	Junimary of Violati	ons.
Owner addre	SS			3. Complaint	1	
				4. Pre-Operational	Ω. Ο	OX.
Person in cha	arge			5. Temporary	C NC	$R \sim 1$
6				6. HACCP		settle-
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
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Certified foo	d handle	r.			1 2 × 3	4 5
					12_/	
• CRITICAL I	TEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION(</li> </ul>	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
	-		NO VIOLATIONS TOWN	d during inspect	1000	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme		<u>L</u> t	5	( ) Establishment	Date of Inspection	ID#		
Establishme				( ) Owner	2/7/32	1860		
			NORTON ST. FRANKLEN, ITU		Follow-up Release	Data		
Owner				1. Routine	APS) 2	17 22		
- CALA	NTUL	P	ATPL	2. Follow-up	Summary of Violati	ons:		
Owner addr	THE RESERVE			3. Complaint	•			
				4. Pre-Operational				
Person in ch	narge			5. Temporary	C_1 NC_	2 R		
2m	TCH	PLL	e Romaroski	6. HACCP	10	Menu Type (See back of page)		
Responsible				7. Other (list)	Menu Type (See b			
1				, is a size (integ		9, P.189		
Certified for	od handle ICH	eu	O ROMANOSKI		123	5		
		Marine 200	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW A			
Section #	C/NC	R		Narrative	7 4h. 1800 1	To Be Corrected by		
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection	ID#	
FLORES WESTERN WEAR	( ) Establishment			
Establishment address	( ) Owner	2/8/22	2194	
Establishment address  200 5 WAZNVT ST. EctivBVR9# I	Purpose:	Follow-up Release I	Date	
Owner	1. Routine	2/18	3/22	
IREME FLORES	2. Follow-up	Summary of Violation		
Owner address	3. Complaint	,		
o what accepts	4. Pre-Operational	The second		
Person in charge				
IRENE FLORES	5. Temporary	C_O_NC_O	K	
Responsible person's email	6. HACCP	The Contract	1 . ( )	
Responsible person's email	7. Other (list)	Menu Type (See bac	k of pagej	
Certified food handler				
Certained 1994 mandet		1 3 3	15	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "	R"	
	Narrative ,		o Be Corrected by	
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#### 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#		
Fredd	U'S			( ) Establishment	2/11/1/2	0300		
Establishmer			Franklin, IN	( ) Owner	4/14/26	2015		
7306	NIN	10	Honst 44131	Purpose:	Follow-up Release	Date		
Owner		_	,	1. Routine	Yes 2126122			
				2. Follow-up	Summary of Violation	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		
Owner addre	ess			3. Complaint		1		
				4. Pre-Operational	11 6			
Person in cha	arge			5. Temporary	C 4 NC	$C \stackrel{f}{=} NC \stackrel{f}{=} R \stackrel{f}{=}$		
				6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See ba	ich of nage)		
1	Γ			7. Other (1131)	Mena Type (occ or	ck of pages		
Certified foo	d handle	r			1 2 3 /	2 5		
				A CONTRACTOR OF THE CONTRACTOR		Z1		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE					
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE					
Section #	C/NC	R		Narrative	2.2 / 12	To Be Corrected by		
402	NC	Į.e.	Floors Soiled bening t	njers, dish area,	and in	2/20/22		
/121	nv		David College and	treeters		2122/27		
200	100	(	Drain under custaucurvuc	chine soiled		210100		
224	C(b)		THAK AT MODERNE AND	ON A CONV FALLO	+>	2.121.122		
204	1		Chamical cantrevial	1 at mechanical	olish machine	2/20/22		
724	NO		a improper storage of in	use whensils one	ENR d	71111127		
	,,,,		- Should be held in for	od @ 41°F or in runi	ing water	-11410-		
795	NU		Chand up frezer by forte	is are soiled in	Side	2114122		
425	NC		monsing not clear	mornot hung	JI CA Z	2/11/2/2		
295	NC (	()	ice machine soiled or	outside 1	11 17	2/11/0/22		
			-no food should be pla	ced on machine		1. 7		
324	C(a)		Blue tube under dist mo	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ing on floor	2/14/22		
	- ,		- Alot of water obse	enved on floor		, ,		
			MINTE IL I I I I I I I I I I I I I I I I I I	Alumin I I I I I I I I I I I I I I I I I I I		-		
			NOTE: Hole in wall w/	plumbing ungle	sidled			
			Me chanical dish n	nachine Inleds	Julia			
Received by	(name and	title	brinted):	Inspecte	d by (name and title printed):			
1/	rell.	- 6	De4.4	F-	re Blanford /F	MI Betiku		
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X	1027	0	1 200	VIRU	aiblanted			
cc:	tembyyd raedyga		cc:	ce:	V			



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

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

E - 1 E - 1						Telephone Number	Date of Inspection	- T "		
Establishmer	nt name	_	rad Su	mis club		( ) Establishment	100	n ID#		
Establishmer			Car Ja	rica Civij		-	2/8/22	2106		
				1 15		( ) Owner				
Owner Greenwood, IN						Purpose:  1. Routine	Follow-up Rele			
Grazimoso, IN							Summary of Violations:			
0 11						2. Follow-up	Summary of vio	lations:		
Owner addre	ess					3. Complaint				
						4. Pre-Operational		4		
Person in ch	arge					5. Temporary	C_O_NC	C O NC R		
			di (3.			6. HACCP		January J		
Responsible	person's	email				7. Other (list)	Menu Type (Se	ee back of page)		
Certified foo	d handle	t.					-   / .			
Cerunea 100	d nandie	20	Lia	n .			12_3_	45		
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN	N THE CHECKLIST A	AND NARRATIVI	E COLUMNS MARKED "C"	MANAGEMENT STATE OF THE STATE O			
• VIOLATION	(S) REPEAT	ΓED F	ROM PREVIOU	JS INSPECTIONS ARE	DENOTED IN THI	E "SUMMARY OF VIOLATIONS" A	AND IN THE NARRATIVE BELO	OW AS "R"		
Section #	C/NC	R				Narrative		To Be Corrected by		
				1						
					TSVI	71777	V 1 1 2 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3			
								1417		
			P. V. B. B. B. B.			7 19 196				
:1										
								The second secon		
	7									
				Product Management of						
Received by	(name and	/ .	//	1		Ins	spected by (name and title prin	nted);		
Received by	(cion atura)	-	1161	Correa		In	spected by (signature):	7 243		
Received by (signature):							John D B	our here		
cc: cc:						c	e:	)		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		tatio		<del></del>	ned in the harrative portion	for this report.
Establishment name				Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishmen	at addres	211	The Impacts =	( ) Establishment	2/7/22	222
Establishment address  109 W Mam Cross 46124				( ) Owner		2381
Owner	4 111	VI.	76124	Purpose:  1. Routine	Follow-up Releas	se Date
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint	,	
				4. Pre-Operational		
Person in cha	arge			5. Temporary	C_NC_	Q D D
	-0-			6. HACCP	CNO	<u> </u>
Responsible 1	person's	emai	au San, efforts energy and analysis	7. Other <i>(list)</i>	Menu Type (See )	hach of page)
				7. Other (1131)	Menu Type (occ a	rack of page
Certified food		5	avils (54.9/26/26)		12/3	45
	No. of the Contract of the Con	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
		_	TOTAL COLUMN			
			NO son Do tron - Pares	in Canton	1 X <sup>11</sup> - 1 a	ARC 1
			No violation dur.	ng inspection	· ·	
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		$\dashv$				
		$\dashv$				
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	rie.	L	acres		ected by (signature): fall BITIEV	
cc:			cc:	cc:	0	



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

Page 1 of

Establishment name	Telephone Number	Date of Inspection	ID#
GROCKS PIZZOTIA & TAPP ROOM	( ) Establishment	2/9/22	1909
Establishment address	( ) Owner	2/ ///	(101
18 E JEFFERSON ST. Franklin, IN	Purpose:	Follow-up Release	Date
Owner	1 Routine	((Yes)211	9120
JASON TAPP	2. Follow-up	Summary of Violatio	ns:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	c_\_Nc_(	
PATRACIA DOAN	6. HACCP	Ni.	
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
4			
Certified food handler		123	4 2 5
JUSON TAPP			"
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT      VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		ID IN THE MADDATINE DELOW 40	ID!
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN  Section # C/NC R	Narrative		To Be Corrected by
218 NC B JOOR GASKET WOR		JOOR REFLECTATION	
	/ -	BURATOR	7 37170101
399 NLB FLOOR THE WORM		ven and BY	3/1
necitarista John	ReHow	1	
324 NC - COPK NOTED AT	3 compartine	NT STNK	2 20
FAVORT IN KITO	1 -		
	ROWAND MISSE		31(
	TLAPPS NOT C	LEAN (dUSTY)	2/30
	X HAUST HOOD	11 = 1701 0 -100	2/30
a markon or as +1 do	LE dough - WAZ		instorm
INOTE DU RESTROOMS	031 1001 1611 M	210121 000201	V 2/30
	- SPUTTINGS -	TUTPRNAZ	2/10
Temperature 47	OF HOT AT L	tion or less	_
	ATTON REPOSE	CATOR	
324 NC & MECHANICAZ JESHMAZI		K-WATER	3/1
370 NC Z NOT AUALABLO AT A		AD NOT AVAREAB	
346 NC & NO HANDSTONK & SOPP	/	BAR ITEMS STONE	
256 MC & BASEMENT CHEST FREEZ		rmometer soen	2/15
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme			a bodf sodiakan e	Telephone Number	Date of Inspection	ID#
(TVe	en	2	ood Christia Chur	( ) Establishment	-	
Establishme	nt addres	S		( ) Owner	2 28 2	21748
500	P5	1	verithal Greenwood	Purpose:	Follow-up Release	se Date
Owner			Greenwood	1. Routine	Y00 5	8 22
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_O_NC_	D (
r croon in ch	mge				CNC	<u>n</u>
Responsible	percon's	emai	1	6. HACCP	M T /Caa	hash of mass
Responsible	persons	CIIIAI		7. Other (list)	Menu Type (See	vack of page)
Certified foo	nd handle	t.				
octuned too	d militare				12_3	45
• CRITICAL	ITEMS AF	E ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
399	N	9	Repair danage	I flord +	sein	
			hitmen o		Contract of the second	N-4-1
			02			1 1919
			Replace missing	tiles)	* * *1	
				) /		
	R*10 11.00					
			Thate pe			_
			9			
<b>-</b>						
						-
Received by	(name and	title ]	printed):	Inspec	cted by (name and title printed	
X	ethy	S	tahlhut		enon ter o	tre
Received by	(signature)	1	et 10/1 1	Inspec	eted by (signature):	7 -12
9	all	4	Stall hut		N 216,	75/6
cc:		/	ce:	cc:		



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

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

Establishmen  The (- Establishmen  138 E  Owner  Owner  Huc  Owner addre	aril at address Jef ghe s ss	s Le	ar 30N St Franklin, IN 4/e/31	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection  2/23/22  Follow-up Release  3  Summary of Violation  C NC  Menu Type (See both	Date   3   2 2   2   2   2   2   2   2   2	
Certified food	d handle	r		7	123	_45	
1			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	"R"	
Section #	C/NC	R		Varrative		To Be Corrected by	
347	NC		No hand towels provided o	2/23/22			
355	NC	V	mopsink not installed	4/23/22			
2.28	NC	NC v upright freezer, chestfreezer in backroom upright freezer in gnill area not easily movable					
399	NC		Ploor in walk in cooler a	3/1/22			
129	C		Employees must wash hands after enouging gloves, 2/23/22 fourhing face/hair, or touching non-contact foodsurfaces				
177 NC Store Hems in walk incooler temperature floor NOTE: Check raw burger themperature before 4hrs and place in Walk in cooler if above 417 Handsim Not provided in back norm						3/3/22	
			V				
Received by	name and			Jay	to by (name and title printed). UCB UNFORD		
Received by (signiture)					Mu Ham	nd	
cd:	H	J	cc:	kc/	7 ,000		



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

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					1			
Establishmer				Telephone Number	Date of Inspection	ID#		
	4arde			( ) Establishment	2/2/22	1873		
Establishmer				( ) Owner		16		
100	1 >	٧.	us 31 New Whiteland, JIV	Purpose:	Follow-up Release			
Owner				1. Routine		112/22		
				2. Follow-up	Summary of Violati	ons:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational		1		
Person in cha	arge			5. Temporary	cO_nc7_r			
				6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See b	Menu Type (See back of page)		
				- Es-	i na digani, th	per const		
Certified foo					123/	45		
	L	371	Fahy					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE					
-		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	NAME OF THE PERSON NAMED O		
Section #	C/NC	R		Narrative		To Be Corrected by		
1101			-61	uh. 2 h		210122		
431	NL			by the 3-big sint	ζ	2/5/22		
430				ucet is clean a behind ice n	na Vor	3/2/22		
345	NC			sould is soile	naker-	2/2/22		
431	NC			Soiled behind	1he	2/9/12		
77	NC			ank		and the same of the same of		
190	NC		- sursuge is being		Gooled	2/2/22		
			in a deep pan	2+ ceeding 4	11-			
218	NC		- the storage	cobinet uni	der the	2/9/22		
			drive dispensers	is rusted an	1 / /			
		ng J	1					
7510	N 21							
				***************************************		5*		
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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. Establishment name Telephone Number Date of Inspection 104 Blosham 20200 Establishment address ) Owner Purpose: Release Date 1. Routine 2. Follow-up Summary of Violations: 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" Section # C/NC R Narrative To Be Corrected by Received by (name and title printed): Inspected by (name and title printed): cc: