

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

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

• 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 Corre H3/NC N FLOOR WINDER WATER HEATER, 2/B/ UNDER REFRIGERATED SISPLAY UNIT FONT LIMP NUT CLORN FLOOR IN BACK HAZO NOT CLORN	Establishme 1143 Owner Owner addre	nt addres	ss	ATTON norion 37. Frankla, An	Telephone Number () Establishment () Owner Purpose: () Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up Releas	14 22 ions:
Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler H. N. P. TTO READ (FOW MY COPT) CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R NATTATIVE TO BE COTTE 43/ NC FLOOR UNDER DEFRICE HAD SIGNATURE TO BE COTTE LING NOT CURT LING NOT CURT 324 NC HOT WITHER AT HAMISTURES DATE FLOOR TO ATT I NOT AT			7/2	vall namive		C _ O NC _	2 R
Certified food handler HNN FTTO ROTA FOOD AS WET. CRITICAL TITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corre 431 NC RECORD GIVER WATER HEATER UNDER REFRIGERATED AS PLORE IN BACK HAZL WOT CURT 324 NC REFRIGERATED AT COMPANIENT SENIK 20 324 NC REFRONT 34°F NOT RIF 1007 200F Restroom 34°F NOT RIF 1007 200F Restroom 34°F NOT RIF 1007 200F Received by (name and title printed): SANANNAH DOANE - GENERAL MANAGER ROD Singulary): Inspected by (injunture): Inspected by (inj)	1.6
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 Natrative To Be Corre 43/ NC FLOOR WINDER WATER HEATER, 2/9, UNDER REFRIGORATE JOS PLAY UNIT FIGURE LIVE AND CLORY 324 NC NOT CLORY 326 NOT ATT 1007 120°F Residence by (name and title printed): Received by (name and title printed): SANANNAH DOANE - GENERAL MANAGER BO D Sn (TH EHS) Received by (signature): Inspected by (signature):	Responsible	persons	emai		7. Other (list)	Menu Type (See E	pack of page)
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 Corre 43/ NC FLOOR UNDER WATER HEATER UNDER REFRIGERATED AT SILVEY UNIT FOUNT LIVE NUT CLEAN FLOOR IN GATE INFOLD 324 NC & COAK NOTES AT SCORPANIES DE AT SCORPANIES D	Anun	UET	Te			123	45
Section # C/NC R Narrative To Be Corre 431 NC FLOOR INFORM WATER HEATER, 2/8, 2/8, 2/14 NC REFRIGERATED AT SISPLAY UNIT FRONT LING NOT CLEAR FLOOR IN BACK HALL NOT CLEAR FLOOR IN BACK HALL NOT CLEAR AT 3 COMPANTMONT SERVICE 2/3 2/4 NC X HOT WATER AT HAMSTINKS IN 2/6 RESTROOM 34°F NOT ATT 1007-120°F 2/6 Received by (name and title printed): Received by (name and title printed): SANNNAH DOANE - GENERAL MANAGER BOD SMITH EHS Received by (signature): Inspected by (signature):						JD IN THE NARRATIVE RELOW	AS "R"
Received by (name and title printed): SAVANNAH DOANE - GENERAL MANGER Under REFRIGITATE display unit Front LHW DUT CLEAR FLOOR IN BATK NACL NOT CLEAR AT 3 COMPANYMENT SENIK 2/2 AT 3 COMPANYMENT SENIK 2/2 AT 1 CONF - 120°F BOD SM (Name and title printed):						TO IT THE TRANSPORT OF THE PERSON I	To Be Corrected by
Received by (name and title printed): SAVANNAH DOANE - GENERAL MANAGER BOD SMITH EHS Received by (signature): Inspected by (signature):			1	UNDER REFRIGERA	VATER HEAS THE DISPLAY O	PR, UNIT FRONT BACK HAZL	2/8/20
Received by (name and title printed): SAVANNAM DOANE — GENERAL MANGER BOB SmITH EHS Received by (signature): But the printed is and title printed in the	324	NC	<		- 3 compar	meat SINK	2/20
SAVANNAH DOANE - GENERAL MANAGER BOB SMITH EHS Received by (signature): BLEFTS BLEF	324	NC ?	*	HOT WATER AT RESTROOF 134°F	HANDSINKS NOT ATT	DN 1009-1200F	2/6
	SAVAY Received by	NNA	H	DOANE - GENERAL	MANAGER (R	30 b Sm 174 e ected by (signature): Bl Line	



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

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

Establishmer	nt name		Service Higgs of	Telephone Number	Date of Inspection	ID#
AO	ece	,	of care	() Establishmen		
Establishmer	nt addres	S		() Owner	7 7 22	7149
484	N	0	natisan Av	Purpose:	Follow-up Releas	
Owner			Greenwood	1. Routine	NO 7	12 27
			(1201)000-0	2. Follow-up	Summary of Viola	
Owner addre	ess			3. Complaint		
			_	4. Pre-Operational		
Person in ch	arge				C_O_NC	0,0
i cison in cir	arge		*	5. Temporary	CNe	K
Responsible	person's	emai		6. HACCP	M T /Can	le sole of the sol
responsible	persons	Ciliai		7. Other (list)	Menu Type (See i	vack of page)
Certified foo	d handle	r				
					123	45
• CRITICAL I	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
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Section #	C/NC	R	I	Varrative		To Be Corrected by
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D : 11	,	11		T _T	11 /	7) -
Received by		title	h 0	In	spected by (name and title printed	
Pagaiyad by	CO		Curd	In	spected by (signature):	Javer
Received by	(signature)	6	0.15	1115	specied by (signature).	12-No
cc:		1	cc:	C	c:	1714
	(J			 .	



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 $_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ 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 Received by (name and title printed): Inspected by (name and title printed): Received by (signature): Inspected by (signature): cc: cc: cc:



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FRANKLIN, IN 46131

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Establishme	ent name	-			Telephone Numb	er Da	te of Inspection	ID#
		010	visia	20/1-1-100) Establishm		or anoperator	10#
Establishme	ent addres	s	0.5(00	Tally Tork	Owner)		782	2 2339
270	N	SVZ	135 (Weenwho	Purpose:	Fo	llow-up Relea	se Date
Owner					1. Routine	1	5 Or	18, 52
					2. Follow-up	Su	mmary of Viola	itions:
Owner addr	ess				3. Complaint			
					4. Pre-Operation	201		
Person in ch	narce)		O_NC	4.0
r cison in ci	large				5. Temporary	10	NC_NC_	
D 11		-11			6. HACCP	_		1 1 6
Responsible	person's	email			7. Other (list)	N	Ienu Type <i>(See</i>	back of page)
Certified for	مال سمال		*****					\ \ \ \
Cerunea 100	od mandie	I ,				1_	3	45
• CRITICAL	ITEMS AI	RE IDENTIFI	ED IN THE CHI	ECKLIST AND NARRAT	IVE COLUMNS MARKED "C	"		
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Section #	C/NC	R			Narrative			To Be Corrected by
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	7	do	zx he	ellen	and do	x (m	the in	side)
- 375	100							The same
170	NZ	00	NOF	put for	od boxes	in two	(100g	1 issall
		W	elle;	~ corder		*		1
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347	M	Ke	pair	puper.	towel dis	pense	/ (UD	front
	-	SO	it	north p	or sperly	1	,	
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324	N	(6,	store	worter	on hono	Kink	in the	back
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1941		4.4	251					ARM THE
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	-	,	nank	dos.				
Received by	(name and	title printed):				Inspected by (name and title printe	d):
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Received by	(signature)		<u>i. k </u>			Inspected by (manager week
a	a Culto					on	3960	4376
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	nt name		W. Salasa T	-11		Telephone Numb	oer	Date of Insp	ection	ID#
ade	ba					() Establishm	nent			
Establishme	nt addres				1	() Owner		7 8	27	2165
101	7 5	512	-135	(ve	bound	Purpose:		Follow-up	Release I	Date
Owner						1. Routine		NO	21	872
						2. Follow-up		Summary o	f Violation	ıs:
Owner addre	ess					3. Complaint				
						4. Pre-Operation	nal			
Person in ch	arge	(-1.)				5. Temporary		c	NC_	\mathbf{R}
1 . 1						6. HACCP		-		Fil .
Responsible	person's	emai	1	is:	, i , j , j	7. Other (list)		Menu Typ	e (See bac	k of page)
					91 - 856 - 3			in the same		
Certified foo	d handle	er						1 2	3	45
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Section #		_	ROM PREVIOUS	INSPECTIONS A		E "SUMMARY OF VIOLATION Narrative	NS" AND IN T	HE NARRATIVE		o Be Corrected by
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			JUST TO	vun	(0.00	er egor		~)	- 10	ALCOHOL:
			76 115 112							
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D : 11	,	1 .:.1					T 1	1 (0 16	(1, 1, 1, 1)	
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Received by	(signature ₎): {) ui	Cu	yle		Inspected	by (signature):	460	1376
cc:				cc:	1		cc:			



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FRANKLIN, IN 46131
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Establishmer	t name			Telephone Number	Date of Inspection	ID#
Ram		lon	s 1 er Gas way	() Establishment		
Establishmer				() Owner	2/7/22	2462
56	o N.	1	St. Pd 135	Purpose:	Follow-up Release	Date
Owner	J 14.5	-		1. Routine		7/22
			Green Wood, IN	2. Follow-up	Summary of Violation	
Owner addre	0.0				outilitiary of violatic	7113.
Owner addre	55			3. Complaint		
				4. Pre-Operational		
Person in cha	rge			5. Temporary	C O NC_	R 4
				6. HACCP		
Responsible 1	person's	emai	The second secon	7. Other (list)	Menu Type (See ba	ck of page)
Certified foo	d handle	r			1 2 X 3	4 5
					12	
• CRITICAL I	TEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEAT	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC	R	No. of the Control of	Narrative		To Be Corrected by
430	NC		gove base is d	amaged by -	the	
1000			drink dispenser			
431	NY		Back Storage room	Floor 15	dirty	(0)
2.39	NC		Boxes of drink a	ups are stored	directly	2/9/22
246			on the Cloor		1.1.	2/14/22
245	NC	V	The shelving and	cabinet unde		6/19/66
			drink dispenser	3 soiled the	av laaky	
218	NC	. /	Drink dispenser li	nes are leak		3/1/22
218	Ne		1hallw 3, bay sink		Med	71125
345	NC	1/	The hand sink	has a heavy	build- up	3/7/22
770		-	of just and co			
						-
Danier 11	(n),	1 4:41-	hainta dh	Innesta	d by (name and title printed):	
Received by	name and	ntie j	onnea).	mspected	T 2	1/655 -
Received by	(signature)	:		Inspected	d by (signature):	agration I is
4					Simo bfor	1-22
cc:			cc:	cc:	1	



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

Telephone Number Date of Inspection Establishment name Establishment address) Owner Purpose: Follow-up Release Date 1. Routine Owner Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational $C \longrightarrow NC \longrightarrow R \longrightarrow$ 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 R Inspected by (name and-title printed): Received by (name and title printed): Received by (signature): Inspected by (signature): cc:



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Page 1 of

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

Establishm	nent Sani	itatio	n Requirements. The time limit for correc	tion of each violation is specifie	d in the narrative portion	n of this report.
Establishme	HAR a	ss	BRICK OVEN PIZZA	Telephone Number () Establishment () Owner	Date of Inspection	ID# 2 1089
	.95	M	ATH ST. FRANKON, IN	Purpose:	Follow-up Releas	se Date
Owner MPR	Y Janu	05/1	RICHARD GOSS	1. Routine 2. Follow-up	Summary of Viola	/フ/スス
Owner addr	The second secon	/ '	77.17.10	3. Complaint		
				4. Pre-Operational		
Person in ch	0	,	MORRISON	5. Temporary	C_O_NC_	R
Responsible				6. HACCP 7. Other (list)	Menu Type (See	back of page)
0 16 16	., ,		^			
Certified foo	od handle	ed.	Goss Sprusage /15-126		123	5
			ENTIFIED IN THE CHECKLIST AND NARRATI		IN THE NADDATIVE RELOW	AC "D"
Section #		-	ROM FRESTOCS INSTECTIONS ARE BENOTED IN T	Narrative	IN THE NAKKATIVE BELOW	To Be Corrected by
2111	NC	4	LFaHT IS OUT		Coolee -	73/5
218	NC	1	door groket week	IN WARK-IN	WAZK-IN-	7 3/20
			coo Ler		175 430	
347	NC	*	HESPOSABO TOWEL	S NOT AVAILAB	10 27	a 126
		Ĺ	HANDSINK DV	CIRHEN		
431	ne	PE	CEILING ENGINEED NOT CLEAN IN		chers	2/28
			NOT CLEAN IN	ROSTROOMS		1
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Received by				. (ted by (name and title printed	_ /
Received by			51 Wollizer		ted by (signature):	3 /2
4	11/1	21	offer ()	cc:	Dar Jour	10
cc:			сс:	cc.		



460 N. MORTON ST. STE A)

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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 ID#) Establishment Establishment address) Owner Purpose: Release Date Owner 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 # Narrative To Be Corrected by C/NC Received by (name and title printed): Inspected by (name and title printed): Received by (signature): cc: cc:



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Establishme	ent name	1 1	d lie i	Telephone Numb	er Date of Inspection	ID#
Rok	24 Je	ishi & Ph	0	317) 8931157	80 2/9/20	21/01/
Establishme	ent address	R. 135 Ste 2506	nwood, IN	() Owner	1/00	2799
2800	1 6.5.	K. 135 Ste 2506	46/43	Purpose:	Follow-up Relea	se Date
Owner	P	10		1 Routine	1/es 2	119/02
les	VU	ina Shaw	na	2. Follow-up	Summary of Viola	ations:
Owner add	ress	0		3. Complaint	/	
				4. Pre-Operation	al	H
Person in c	parge	and the state of		5. Temporary	c_1_Nc_	R
1	- 5.			6. HACCP		
Responsible	e person's er	mail	SenSate	7. Other (list)	Menu Type (See	back of page)
Certified fo	od håndler	-11	EXP: 1	1	1 2 3	4 1/5
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-					IS" AND IN THE NARRATIVE BELOW	
	C/NC	R		Narrative		To Be Corrected by
324	NC	Left de	ain sipe	on thre	e lay	2/16/22
	Walleton .	Serk -	leaking;	. 0 /	sugar	1 1
218	NC	Osalt	buck ven	I lea an	d salt am	2/12/22
-		(2) B 0000 10	magea		1.	+'-/-
234	NC	Pica	on pune	bitch may	ctord	Corrected
201	1,00	IMI CON	tainoni	with wat	01)	Correction
431	NC	FILOURDE	walls so	uled in	kitchen	2/11/22
177	NC	Frond &	tored on -	walk-in	- freezer	1/1/1
		floor			0	1. 1.
218	NC	1 Inter	ion ceilin	a light.	for	2/22/20
	. h	walk-l	n- cooler	O"ple	ishing"	1,2
		3 Inter	ion shell	ung Ofi	N WIK	3/9/22
		rusty	soiled	0 0		1 1
345	C	dusk!	area har	rd sink	Storing	Correcteg
2117	210	straine	e vasket		oors and	10 / 101
347	NC	no pap	er towels	provided	at SIR	Corrected
-						1
Received by	-	itle printed):	7.1-		Inspected by (name and title printe	ller, EHV
Received by	(signature):				Inspected by (signature):	1 00
CPI	1 (006	IG / GENACT	Y		Maren Mi	uller
cc:	<u> </u>	CC:			cc:	



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Establishme	nt name		also parts of the state of the	Telephone Number	Date of Inspection	ID#
Sal	tor	50	- Army	() Establishment		1
Establishmer	nt addres	S		() Owner	2222	2 1085
325	~	w	Wet Plaza	Purpose:	Follow-up Relea	
Owner			Greenes	1. Routine	NO Z	
			Ch 200 Deep	2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	/	
Person in ch	arge	A-14-1	37 3	5. Temporary	C NC	\sim R
			the second second	6. HACCP		5 T T 1
Responsible	person's	emai	2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. Other (list)	Menu Type (See	back of page)
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Certified foo	d handle	r			$1 \qquad 2 \qquad 3$	4 5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	N THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
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Received by	(name and hew	l title j	printed): Manley	Inspecto	ed by (name-and title printe	al):
Received by	(signature)	M		Inspecto	ed by (signature):	776
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Establishme			and the second of	Telephone Number	Date of Inspection	ID#
Establishme	in's		club	() Establishment	2/8/22	486
Establishme				() Owner		
	110	1	utadhorst Way	Purpose:	Follow-up Release	
Owner			Greenwood, IN	1. Routine		18/22
				2. Follow-up	Summary of Viola	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		particular and the second second	5. Temporary	C & NC -	3_R
1,00				6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See)	back of page)
Certified foo	od handle	r /	1 Correa		123	<u></u>
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C 1995 M (State Color Tolland Associated St. 4 to 5			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NADDATIVE BELOW	AC "D"
Section #				Narrative	THE WARRATIVE BELOW	To Be Corrected by
- CCCCCOTT //	0,110					10 De Golfeeten Sy
324	Nr		Hot water is not re	eadily available	a the hand	sinks
	100		Hot water is not re	, meat pres and	1 fotisserie	2/15/22
			areas.			
	<u></u>		The hothis off at handsine- Repairs			
324	Ne		The hotais off at	the demo 100	m	2/15/22
			HandsiNC- Regairs	are pending.		
239	Ne		The knife holder	-13 SAI/OJ -54	-t he	2/8/22
	740		preat cutting 100 m	77 201144 /11	1116	-1-12
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		1.1	H.S. on the second	12-		
		191				
Received by	(name and	title p	crinted):	Inspected	by (name and title printed	kas /
Received by	(signature)	:/			1 by (signature): (ANY, D Buy	
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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.

Telephone Number Date of Inspection) Establishment Grenwood) Owner Purpose: Follow-up Release Date 100 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 R WI From Unaux + Spiled inside Received by (name and title printed): Inspected by (name and title printed): cc:

460 N. MORTON ST. STE A 2/25 FRANKLIN, IN 46131

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

Establishme	ent name		^	^			Telephone Numb	or	Date of Insp	ection	TD#
XOLL	than	10	(nm	lmt			(317) 395 bil 64		1	1	ID#
Establishme	ent addre	ss _o	wire	Tisa	Glar III		() Owner	011-	2/25	122	2329
200	(0)	Por	170 CP.	j Irai	algar, IN		Purpose:		Follow-up	Release	Date /
Owner	00,	0	Ja, Ji		4681		1. Routine		No	3/	7/22
MAN	101	X	mhan	N	10101		2. Follow-up		Summary of		CONTRACTOR OF THE PARTY OF THE
Owner add	ress	UU	usu	Ш			1990		outilities of	· violatio	
Wifer add	1035						3. Complaint				
							4. Pre-Operation	al	c 0	/	/
Person in c		. 1	801		ماد		5. Temporary		C	NCK	2 R
1 / / 0	mbe	000	1 xx	suno	U_	_	6. HACCP		2 7 7		
Responsible	e person's	emaj	Lizace (1-	((Sew Sat	e]	7. Other (list)		Menu Typ	e (See ba	ck of page)
Certified fo	od handle	- 11	L Sch	aunose	EXP:	/23			12	3	45
-	A STATE OF THE PARTY OF THE PAR	7				RATIVE	COLUMNS MARKED "C"			£	1 -
 VIOLATION 	N(S) REPEA	TED I	FROM PREVIO	US INSPECTION	S ARE DENOTED	IN THE	"SUMMARY OF VIOLATION	S" AND IN	THE NARRATIVE	BELOW AS	"R"
Section #	C/NC	R				1	Varrative			7	To Be Corrected by
324	NC	V	0 8	ot wa	ter to	em	perature	at			3/10/22
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200	10	_	tal	re s	rangs	/	velow fl	oval	rum		,1,
295	NC		Exte	non s	ides of	CO	oking egi	upm	ent Je	red	3/12/22
		-	ana	Unte	rior 9	hel	ves for	Edi	sa Hi	20	
112	. 10	. /	2000	COOL	to all	1 0	oiled		a. a +		clitan
112	NC	V	NICE	11000	nep CI	200	t freezer	10	nui		5/1/22
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			10	din	udos t	ho.	114 lb-in-	- CAN	Pos)		
284	NC	V	FUN	ral h	inse on	1111	ies on mi	cha	mical.		3/9/22
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411	NC	V	Light	1	in	pu	blic restr	Dom	N.		3/9/22
,			note	: Hot			mechanica	l di	sh m	achi	ne ASAF
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			unit		U			/	/ /		
	BER	de	printed):	chau	inger	٠.٠	- g of e	Inspected	by (name and till	tle printed):	EHS
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer			slan	Telephone Number	Date of Inspection	ID#
500	Pr	11.	LOV	() Establishment	21/1/	11110
Establishmer	nt addres	s		() Owner	7/15/2	64011
501	10	1	Smith Uniter (d.	Purpose:	Follow-up Release	Date
Owner	VI	10	Villia council 19.	1. Routine	NO 31	7111
				2. Follow-up	Summary of Violati	ons:
Owner addre	rss			3. Complaint		
o wher addre				1		
Person in cha	roo			4. Pre-Operational	C NC) B
i erson in cha	age			5. Temporary	CNC	<u></u>
Responsible :	nercon's	emai		6. HACCP	Many Type (See h	ach of page)
responsible	persons	CIIIAI		7. Other (list)	Menu Type (See b	ack of page)
Certified foo		r	due (exp. 7/22/26))	123	_45
• CRITICAL I	TEMS AF	E 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		Narrative		To Be Corrected by
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0	4 0			paysink)	
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211	NC		Soda Nozzles Sli	ghtly Soiled		
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-	100			III COM		
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cc:		J	cc:	cc: 317	-346-437	3 Page 1 - C
Yon.)	mai	1	make written com	ments - fax,	email or	Page 1 of
1.00	(20,70		mail.	



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 1. Routine Owner Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) 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): Received by (signature): cc: cc:



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

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

Substitute address Sony S. Minerich Fd. Sonner Norwerk, JN Owner Norwerk, JN Owner Norwerk, JN Owner Norwerk, JN Owner address Owner of Pollow-up Summary of Violations: Summary of Violations: Owner address Owner Norwerk, JN Summary of Violations: Owner of Norwerk of Pollow-up Summary of Violations: Owner of Norwerk of No	Establishmer	it name			Telephone Number	Date of Inspection	ID#
Purpose: Normer Normerh Fol. Purpose: Normerh Follow-up Redease Date 2 Follow-up 3 Complaint 4 Pre-Operational 5 Temporary 6 HACCP 7 Other (list) Menu Type (See back of page) Certified food handler DHRUV Pated Certified food handler DHRUV Pated Certified food handler DHRUV Pated Certified Food 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 Nota Kitchham Floor His are Waster of Operation Are No famels: In the market to out in the Waster of Operation Are No famels: In the market to out in the Waster of Operation Are No famels: In the market to out in the Nota Kitchham Floor His are No famels: In the market to out. Inspected by (name and title printed):	54	Luca				•	
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler DHRU Patel Certified food handler DHRU Patel Certified Food promprevious are denoted in the "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Hall Patel Walter in cealer No found in the printed; Inspected by (name and title printed): Inspected by (name and title printed):					() Owner	2/7/22	1862
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler DHRU Potes Certified food handler DHRU Potes Certified Food page) Certified Food page of the Commission of the Columns Marked "C" VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Hall Potes of the Commission of the Columns of the C	800	4	5.	Hine weh Rd.	Purpose:	Follow-up Releas	e Date
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4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page)	Owner addre	SS					
Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler DHRUV Pated 1 2 X 3 4 5 CERTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS, REPEATED PROM 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 Hall Cloor needs Swapt out in the walls of the content of the co							
Responsible person's cmail 6. HACCP 7. Other (list) Menu Type (See back of page) 1. 2 X 3. 4 5 Certified food handler DHRUV Pater Certified food handler DHRUV Pater Certifical Fiems are identified in the Checklist and narrative columns marked "C" VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by H31 Nota School 10 A he Walle in Checklist and Narrative and in the walle in the printed; No fowels 1 A hyperans 100 am ? Received by (name and title printed): Inspected by (name and title printed):	Person in che	roe				C A NC	/ D
Responsible person's email 7. Other (list) Menu Type (See back of page) 1 2 X 3 4 5 Certified food handler D HR U V PAtel CERTICAL 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 Natrative To Be Corrected by Half in Charles Swapt out in the walls in the walls in the walls in Charles Are Walls in Charles In the prints foom? No town is the prints foom? Inspected by (name and title printed): Inspected by (name and title printed):	r crson in ch	inge				C_D_NC_	K
Certified food handler DHRUU PATED CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by H31 HU - Floor needs swapt out in the waller in cooler Waying out - No towels in the printed: Received by (name and title printed): Inspected by (name and title printed):	Responsible t	person's	email			Menu Type (See)	pack of page)
DHRUV PAted 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 H31 H2	responsible	Jeison's	CIIIIII		7. Other (usi)	Wienu Type (See 8	ruck of puges
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Received by (name and title printed): NICIATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by H31 H2	2	HR	u	v Pater		123	45
Section # C/NC R Narrative To Be Corrected by 431 Ac Floor nex als sweet and in the walls in cooler Note Kitchen Floor 19 les are wew ing out - No fowels In the mens 100 m? Received by (name and title printed): Inspected by (name and title printed):					VE COLUMNS MARKED "C"		
Note the hen floor to be men! Note the hen floor to be men! No towels out - No towels out - No towels out - No towels out - No towels out the print form. Received by (name and title printed):	• VIOLATION(S) REPEAT	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW	Marie Marie Committee of the State of the St
No.th 16th han Floor +9 les are Waw Ing owl- No fowed: In the print 100 m? Received by (name and title printed): Inspected by (name and title printed):	Section #	C/NC	R		Narrative		To Be Corrected by
No.th 16th han Floor +9 les are Waw Ing owl- No fowed: In the print 100 m? Received by (name and title printed): Inspected by (name and title printed):						The same to be about the same	
No.th 16th han Floor +9 les are Wew Ing out - No Powels In the mens 100 m? Received by (name and title printed): Inspected by (name and title printed):	431	NC		- Floor needs swa	ept out in	the.	
No Nowels In the mens room? No nome and title printed): Inspected by (name and title printed):			_	walls-in cooler			
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No Nowels In the mens room? No nome and title printed): Inspected by (name and title printed):							
No Nowels In the mens room? No nome and title printed): Inspected by (name and title printed):					- 167	l ser l =	
No Nowels In the mens room? No nome and title printed): Inspected by (name and title printed):							
No Nowels In the mens room? No nome and title printed): Inspected by (name and title printed):							
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cc: / cc:	cc:			cc:	cc:		



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

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

				1	1			
Establishme Süb i	nt name		#29977	Telephone Number () Establishment	Date of Inspection	ID#		
Establishme	nt address	s c A	# 29977 Te Rd 135 TH, 46106	() Owner	02/7/2:			
07	7.	570	Ul Kd 135 TN, 46106	Purpose:	Follow-up Releas			
Owner				1. Routine		121/22		
011				2. Follow-up	Summary of Viola	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational		1 2		
Person in ch	arge			5. Temporary	C NC	CNCR_&		
Responsible			1	6. HACCP	70	Menu Type (See back of page)		
				7. Other (list)	Menu Type (See)	pack of page)		
Certified foo	od handle	r .	Servs age		-			
Certified foo	uv P	201	el (Emp 5/4/26)		123V	45		
• CRITICAL	ITEMS AR	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE					
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW			
Section #	C/NC	R	ļ	Narrative		To Be Corrected by		
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FIL	140	19°	O. The state of th		/	a reservant		
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cc:			cc:	60	:			



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

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

Establishme	nt name	11	442293	Telephone Number	Date of Inspection	ID#	
SUBWAY /WAZ-MART				() Establishment	2/4/22	1923	
Establishme				() Owner	Del I Idd	, , , , ,	
THE RESERVE AND ADDRESS OF THE PARTY OF THE	5 N	1	MORTON ST. FANKLIN, IN	Purpose:	Follow-up Release	Date	
Owner				1. Routine	- 2/1	4/22	
()	tru	10	PATEL	2. Follow-up	Summary of Violatio	ns:	
Owner addr	ess			3. Complaint			
				4. Pre-Operational			
Person in ch		,	and then /-	5. Temporary	c \ _ NC \ 2 R		
			October Gomes	6. HACCP			
Responsible	person's	emai		7. Other (list)	Menu Type (See ba	ck of page)	
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Certified foo	RU		PATEL Serusare	s)	123X	<u>4/5</u>	
-			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
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Section #	C/NC			Narrative		To Be Corrected by	
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			is recommended in massacratic service in the			and the second	
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			the state of the s				
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer		1 .		Telephone Number		ID#		
50	6W	JC	~	() Establishmer	~ -			
Establishmer	nt addres			Owner)	2117			
18	8 t		Main St Greenwar		Follow-up Releas			
Owner				1. Routine	MIL	NO 27172		
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess		Manufacture de construir à la contract de la construir de la c	3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	$_{\rm C}$ $_{\rm NC}$	$C \bigcirc NC \bigcirc R \bigcirc$		
				6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See)	Menu Type (See back of page)		
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Certified foo	d handle	r		***************************************	1 2 8 3	1 5		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establish					In the manual operation	· · · · · · · · · · · · · · · · · · ·	
Establishment name				Telephone Number	Date of Inspection	ID#	
\sim	100	2	anden	() Establishment		10-	
Establishmer	it addres	s	5 37 Greenwood	() Owner	21122	1855	
103	, 0	C	5 37 Overwood	Purpose:	Follow-up Release		
Owner				1. Routine	NO	21 22	
				2. Follow-up	Summary of Violation	ons:	
Owner addre	ess		KALLEN ON BUT DE VERSEN DE DE DE VERSEN DE BENER EN BENER MAN DE MAN BENER DE MAN MENTE DE LES ESTE DE SE EN D	3. Complaint			
				4. Pre-Operational			
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Person in Cha	arge		_	5. Temporary	CNC	R	
				6. HACCP			
Responsible	person's	email		7. Other (list)	Menu Type (See ba	ick of page)	
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Certified foo	d handle	r			123	_45	
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE			unu.	
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Section #		R		Varrative		To Be Corrected by	
411	NC		Replace are bi	and out 1.	you will	>	
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