

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

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

Establishment address 1/4/22 1326 1/90 N. Graham Rd. Graefwood N Owner			tatioi	n Requirements. The time limit for correct			of this report.
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - 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 At Water is disping Inside freezes unit. Received by (name and tile printid):				And made	Telephone Number	Date of Inspection	ID#
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - 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 At Water is disping Inside freezes unit. Received by (name and tile printid):	Can	idle u	100	d Suite	() Establishment	1111-	12-
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - 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 At Water is disping Inside freezes unit. Received by (name and tile printid):	Establishmer	nt addres	S		() Owner	1/4/22	4326
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - 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 At Water is disping Inside freezes unit. Received by (name and tile printid):	119	0 N.	60	aham Rd. Greenwood IN	Purpose:	Follow-up Releas	se Date
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler • 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 243 NC Volex 35 dispairy 145/de freezer unt. Received by (name and title printed): Received by (name and title printed): Terry D. Dayless Inspected by (faguatory): Manager Inspected by (faguatory): Ma	Owner				1. Routine		
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Person in charge 4. Pre-Operational 5. Temporary 6. HACCP 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 243 No Worker is dispoing 145/de freezer work. Received by (name and title printel): Received by (name and title printel): Terry D. Dayless Received by (tignafter): Menu Type (See back of page) 1	Owner addre	ess		A CONTRACTOR OF THE CONTRACTOR	3. Complaint		
Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 1					•		
Responsible person's email 6. HACCP 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 "SUMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by A light of the example of th	Person in ch	arge) ^	C & NC	<i>t</i> R
Responsible person's email 7. Other (list) Menu Type (See back of page) 1 2 3 4 5 Certified food handler To Be Corrected by Andler of the Certified handler Certified food handler To Be Corrected by Andler of the Certified handler Certified food handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler Certified food handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the Certified handler To Be Corrected by Andler of the		8				0	
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• 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 Corrected by 248 NC Water is dispoing Inside freezer unit.	Certified foo	d handle	r			1 10 2	4
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Received by (signature): Lamy Bay lan	4	A	29	irch Drufke General	Manager	Terry D. Bayly	255
		(signature)				cted by (signature);	parent Sary)
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	cc:			ce:	cc:	1	



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

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

		tatio	ii Requirements. The time limit for coffee		
Establishmer	nt name	C	eneral Store #2582	Telephone Number () Establishment	Date of Inspection ID#
Establishmer	nt address	s		() Owner	01/24/22/11/24
				Purpose:	Follow-up Release Date
Owner				1. Routine	No 01/31/22
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge			5. Temporary	C = NC = R = 0
				6. HACCP	e dubiglio se
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)
Certified foo	d handle		el (Exp. 2023)		123_У45
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	1000
 VIOLATION 	(S) REPEAT	red f	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		
Section #	C/NC	R		Narrative	To Be Corrected by
411	NC		couple of bight's	out by the ove	
218	Me	log .	there is a leak ins	ale the LOTTer	Cottle product
			Estalk-in Cooler).		
				2005 - x - 20 P	
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1 . 191					ART THE RESERVE AND THE RESERV
D : 11		1		IT.	and by (u ama and title trainted).
Received by	(name and	title j	printed):	Ra	ed by (name and title printed): MBUTKU FHS
Received by	(signature)	Part	1 9 15	Inspect LAU	ed by (signature):
cc:	1 wil	V	cc:	cc:	y Lat
0.74(5)(0)			\$1000A		



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

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

Establishmer	nt name	-		Telephone Number	Date of Inspection ID#
Chi	aga	02	s pirra	() Establishment	A
Establishmer	it address	3		() Owner	01/31/22 367
2 M	. SR	1.	35 Sorgersville, IN 46106	Purpose:	Follow-up Release Date
Owner	,		10.04	1. Routine	NO 02/08/22
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	1 100
Person in cha	arge	100.20	97	5. Temporary	c = 2 NC 3 R
			H 42	6. HACCP	
Responsible	person's o	emai	us tour dans	7. Other (list)	Menu Type (See back of page)
			= 1 1 is it =		2000
Certified foo	d handler	Per	rkin's Exp 9/2/25		12345
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	Stome up To Be Corrected by
191	С			oducts in two	door, cooler 02/2/22
		111	does not have date	markings.	Standup
l jr-	1 ** .		- Some Of the food		mgle aloor
			cooler unt closes no	et date marki	nas.
295	MC		Some areas inside (C)	e naehrne is s	oiled. 02/2/22
294	C		Mechanical dish was		have enough 02/2/22
- 11			Samitizer.	1 1 .	9 01 12
291	NC			ot provided (9	nat test paper) 02/7/22
•			> Mot seen.		
186	NC		Pizza Sauce tempirati	n	corrected
			- Since it's only been	out for less th	an two hours,
	157		heat up to 135 F.		
		_	Eggs & bacon, temperature	at 47°F, both	food products corrected
			one thrown out.	ou II I positi	The production of the second
			dia C. I have a good		
					-
Received by	(name and		printed): Larp		ed by (name and title printed): W Bltiw Etts
Received by					ed by (signature):
. W	Lad	M	on E. Though	fai	u Betiev
cc:			cc:	cc:	



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	Trail
ORIG	INA	-1	CHICAGO'S PIZZA & CURRY	() Establishment		ID#
Establishme			1 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	() Owner	1/14/22	2495
153	3 H	621	day PLACE FRANKLIN IN	Purpose:	Follow-up Release	Date
Owner				1. Routine	Tonow-up Recease	24/22
66	TRY	5	Ing H	2. Follow-up Summary of Violations:		
Owner addr				3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_O_Nc	5 R
		Y	SMCH	6. HACCP		Type In .
Responsible	person's	email	5mgH	7. Other (list)	Menu Type (See b	ack of page)
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Certified for	od handle AVY	er D	ingH Gerusare)		123(3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	
Section #		_		Narrative To the Narrative	87 V - m1	To Be Corrected by
431	NC	×		WALL IN W	MZK-DN	1/20/22
25-6	NC	>		T CONSPICUO	34514	cospected 1/1
00 0	1.0	/ -	200ATED IN CITES			
216	WC	Δ	WOOD CRATE DU	REACH DO RE	FRISORATOR	2 1/18
			NOT EASTLY CLOS	An ABLE		
			0.50	(72.1 0)	O a a m	Carpo a Grad
190	NC			COOKER GAIL	2 MeTItad	COSPECTED
		\vdash	not used	WVELL CHILD	LI EITTOO	1 ()
	<u> </u>		1001 0 \$20)		1
392	NC	A	agisted dumps	TER LIT NOT	020592	1/16
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						ultura del
	-					
	-					-
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D 11	6	ary	Singh Manage		BOD JIII	17 610
Received by	signature): 2-C	nk 2 res	Inspecte	d by (signature):	A
cc:			сс:	cc:		
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						Page 1 of



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

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

Establishmer Establishmer 251 Owner Owner addre	nt address	15	Greenwood Mali	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID#			
Responsible _I	person's e	email		6. HACCP 7. Other (list)	6. HACCP			
Certified foo			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	13	_4/5		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW AS	"R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
				uning inspection				
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cc:			cc:	ce:/				



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

Establishm	ent Sani	itatio	n Requirem	ents. The time limit for correction	on of each violation is sp	pecified in the narrative portion	of this report.
Establishme	nt name	11	1 1 1 0	10	Telephone Numb	er Date of Inspection	ID#
in	11s	2	ull a	na Bar	() Establishme	ent 1/2//22	1304
Establishme	nt addres	SS	. 1	Greenwood, IN	() Owner	1/26/00	1301
1201	US	31	N	46142	Purpose:	Follow-up Releas	e/Date
Owner				70	1. Routine	Ves 2	15/22
B	rin	Re	r		2. Follow-up	Summary of Violat	ions:
Owner addr	ess	-			3. Complaint	1	
					4. Pre-Operation	al	/
Person in ch	arge				5. Temporary	c_1_nc_	6 R
		. VS	entin		6. HACCP	0	
Responsible	person's	emai	202 (200	(Sen/Sate)	7. Other (list)	Menu Type (See l	pack of page)
Certified for	d handle	er	1	1 Savouro			. / _
77	111	111	1076	1 LX9. 8/7/24/		123	_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN	THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	S INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R	0.1	1 1.0	Narrative	(To Be Corrected by
399	M	V	Thou	it and tile	repair n	elded en	2/10/22
		114	vari	ous areas (Ritchen	walk-in-	///
The state of the s		,	Coole	r, var area	server.	drine	1-1-
402	NC	V	Stat	un (yea), M	ululing.	Some	2/10/22
			Till,	coung repo	ul insia	e walk-in-	/ //
1121	110	/	Coole	000 10101	IN I NOWA	(30000)	1/28/22
77/	NC	V	3/10	to labina i	m dish	machinal	1/28/22
210	100		100	MINADI MATIAR	TILAN ATI	100 on 140°	F 1/20/20
295	NC		ni	Ido) I vent	and Don	mochanie	10,1/27/22
210	700		dish	unit one	Spiled + M	neens on wic	Ian blades
430	NC		Elect	rical box	on thest	dush	2/12/22
	er il		area	wall rus	tij/dam	aged.	1 1
415	C		nur	nerous live	Small	Owingla	1/26/20
			inser	to seen mer	w serve	V soda	Clean
			State	on,	1.10 00 1000	1-10: 1100 - 000	repair Hooratile
			Tiole		70 0 00 00 71 100	refrigeration.	1
		-	will	on cook tine	and flow	n Pitile repair	
Received by	(name an	d title	100	in pulying.		Inspected by (name and title printed):
	V 2		INA	7 1		Andrew Mille	
Received by						Inspected by (signature): -//-	200
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cc:				ce:		cc:	



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

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

Establishmer	nt name	,	Court Sic	bo			Telephone Number	er	Date of Inspection	ID#
CX	HIL	I, s	GR	DL 8	BAR		() Establishme		, ,	
Establishmer	t addres	s		and the same of th			() Owner		1/24/22	2272
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Owner					-		1. Routine		1	3 22
							2. Follow-up		Summary of Violat	
Owner addre	SS						3. Complaint		,	
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Person in cha							4. Pre-Operation	aı	cNc	7 -
Person in Cha	DD.	1	THE	me	(a m	9	5. Temporary		CNC	′ R
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Responsible 1	person's	emaii					7. Other (list)		Menu Type (See b	ack of page)
Certified foo	d handler								(A)	5)
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							COLUMNS MARKED "C"			
							"SUMMARY OF VIOLATION		HE NARRATIVE BELOW A	S "R"
Section #	C/NC	R				1	Varrative			To Be Corrected by
392	NC	1	DOUT	SZOP	dum	PSTER	- 2 Ed No	or cz	6500	1/26/23
394	NC		TRI	ASH	OBERU	od on	ground		N N	1-3f-03x
114 721 3	Mr. I	121		100			,		1.357	HALF HERRING
431	NC	R	F20				OF KITCH	gr, B.		1/29
			und	er E	EQUIP	ment	MexT TO	o'WR	ZL) NOT	
			0201	gn			Some	TOCK	CLOSET	
E		-			VOT	cerr	2 (Soine	PIICK	NGCS OF	
			SIN	96	+14ms	NO	T STURDE	OFF	FROOK)	
7721			10.77	110	. >0.4	0 T C	200 TO-000 1	1-0-3-	mike	2110
324	NC	~	DASTR				restroom H			1/28
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-(1)	NE	0	aRTL	D-C	100	001	THOIST KI	10/10/10	THE TO THE	8 11
			y ve w							
218	nc	9	tre	BUI	LT UP	In	SALAD 2 Re.	SSING	coler	1/29
Record of a section		-								
Received by	(name and	l title p	orinted):	poor	- 0	162	şik ,	P	by (name and title printed)	71-
Received by	(signature)		<u></u>					Inspected	by (signature):	or to the last
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460 N. MORTON ST. STE A PLANKLIN, IN 46131 Office 317-346-4365 Fax 317-736-5264

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Establishmer		1	A State of the sta	Telephone Numbe		
Establishmer	Q &	1		() Establishme	nt	
				() Owner	11-7-77 29	0
69-	7	SX	2135 Greenwood	Purpose:	Follow-up Release Date	
Owner				Routine	NO 1-17-	27
				2. Follow-up	Summary of Violations:	
Owner addre	PSS			3. Complaint		
o wher addre	C00			9		
				4. Pre-Operationa		_
Person in ch	arge			5. Temporary	$C \longrightarrow NC \longrightarrow R$	
30.00			71 20 Eq.	6. HACCP		
Responsible	person's	email	ampen all it is apalled a	7. Other (list)	Menu Type (See back of page	ge)
			21, 1		and the second	
Certified foo	d handle	r			$ \begin{bmatrix} 1 & 2 & 3 & 4 & 5 \end{bmatrix}$	5
				<u></u>		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC	R		Narrative	To Be Co	rrected by
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Received by	(signature)	: U <i>U</i>	ne_		Inspected by (signature):	0
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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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Establishme		1/	n site still rapid			Telephone Numb		te of Inspection	ID#	
Establishmen	ىلە					() Establishm	nent		110	
Color			71	2.6.	se land	Owner)	1	422	1074	
18		5	51	whi	7000	Purpose:	Fo	llow-up Release	Date	
Owner						1 Routine	1	2011	1462	
						2. Follow-up	Sur	mmary of Violatio	ns:	
Owner addre	ess					3. Complaint				
						4. Pre-Operation	nal	3 0		
Person in ch	arge	A .	157 -			5. Temporary	C	O_NC_>		
50 a)						6. HACCP			adapted a	
Responsible	person's	emai		The section	20 20 1	7. Other (list)	M	lenu Type <i>(See ba</i>	ck of page)	
				70)	4 7	ा हार्च । कर ।	1. 1	10		
Certified foo	d handle	r					1_	2 7 3	45	
						IVE COLUMNS MARKED "C 'HE "SUMMARY OF VIOLATIO!		NADDATIVE BELOW AS	"D"	
Section #	C/NC	-	ROM PREVIO	JS INSPECTIONS	S ARE DENOTED IN 1	Narrative	NS" AND IN THE		Γο Be Corrected by	
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Received by	(name and						Inspected by (name and title printed):		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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			a requirements. The time mint for concent			or tins report.
Establishmen	pro .	2	4 1 - 3 1 Crop 1	Telephone Number		ID#
Chr		on		() Establishme	1/24/22	1461
Establishmen			am Cross 46124	() Owner	11/4/14	1701
113	E.	110	am Cross 46124		Follow-up Release	
Owner				1. Routine	MO 1/3	11/22
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
1				4. Pre-Operationa	al o	
Person in ch	arge			5. Temporary	C NC	2 R 2
				6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
				7. Guier (1999)	internal Type (occ or	new sy puigsy
Certified foo			- (Servsafe)		1 2 3 🛪	4 5
bri	Han	4	Traly (fxg. 3/29/26)			
• CRITICAL I	TEMS AI	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
112	NIL	\checkmark	Couple of refrigeration	n Units or	re not Ms.F	
	yn in		approved.		1.5	THE PARTY OF THE P
	me.	- 11	Contract of	11	Plana La	
			The manager stated	those one	planned to be	
			changed one's the set	up of the L	son is concluded	
000	1.40		100 mart on 50 of to	,		01/27/22
295	Me	V	ICE Machine is soiled			4/2/1/2
						1
			the result of the desired			
Received by	(name and	l title		1200 J. S. 1200	Inspected by (name and title printed)	Etts.
× 5	ritt	ar	ul Iracu Man	aller	Rayl Betier	T 117.
Received by	(signature)):	() Sh	U	Inspected by (signature):	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer			1.	Telephone Number	Date of Inspection	ID#		
Company of the Compan	ntr		harm	() Establishment	Ollar las	Inco		
Establishmer	nt addres	s	- 1: a a 2 a d a 1	() Owner	01/26/22	1767		
	'l N	U	Ticlian forke dr Circlinwood, IN 46142	Purpose:	Follow-up Releas			
Owner			Caxalana port 5. Date of	1. Routine		101/22		
			CHAMION, LM 46142	2. Follow-up	Summary of Violat	ons:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational		2 10		
Person in cha	arge		1-9	5. Temporary	C NC	C NC R		
12.5			4	6. HACCP	1 1 1	*		
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)		
Certified foo	d handle	r 00	moyul Z (Ery. 2/11/23) ENTIFIED IN THE CHECKLIST AND NARRATIVE)	123_ <u>_ </u>	_45		
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"				
 VIOLATION((S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW A			
Section #	C/NC	R	I	Narrative		To Be Corrected by		
			110 200 000	1 21 1 1 2	21			
D. BUT			No violation tunn	g inspectio	N	PRODUCTING		
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,				
			thomk you!		·			
			premer goure					
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	16.165.13		and the second s	11 11 11 11	<u> </u>	TO A SECURE A		
Received by	(name and	title	printed):	Ins	pected by (name and title printed)	15		
Received by	(signature	1:	Berns	Ihs	pected by (signature):	100 FX 7 100		
cc:		~γ	cc:	Co	P (2			
in Montageral								



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

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

_			1	1	1
Establishme	nt name	Prate Polywort El.	Telephone Number	/ -/	ID#
Establishme		bar Restaurant & Lounge		30 1/24/22	1444
2/10	T address	R.135 Tratalgar INJ	() Owner	/ /	
209	J , U "	76/8/	Purpose:	Follow-up Release	1-
Owner	IAN	Machino	1. Routine	yes 2/	3/22
100	uan	Mainer	2. Follow-up	Summary of Violat	iońs:
Owner addr	ess		3. Complaint	1	
			4. Pre-Operation:	al ,	
Person in ch	arge	-1	5. Temporary	CNC_	R
		Machino	6. HACCP	s Sunt not	122
Responsible	person's en	nail	7. Other (list)	Menu Type (See b	ack of page)
		1000			
Certified for	od handler	Maschino		123	45
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEATE	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R	Narrative	1) 2	To Be Corrected by
187	C	baked sotatoes	COOREC	U in	Corrected
		1-23-22 ama	covered	with	Discovindad
		foil measure	1 48 F	TO SAF	Discarded
		111 1 h- in- cholor	nice uns	iae ine	- /
018	NC	Malon Markets to	n//weit	my somi)	2/24/22
0.10	100	The Injury time unit	Tal specie	110 155100	751100
		(1) Demourate	her contru	al knows	
		missing pr	the flat	LOP	
		Will of	. 0		
385	NC	1 Suimpster (tr	ash) du	moster	1
		stored on mai	vel and	not	1
		on pavement	or conci	ete	- Andrea
	-	/			Survey (
	+				
Received by	(name and ti	tle printed): MASCHEW6		Inspected by (name and title printed)	FHC
Received by	(cignature):			Inspected by (signature):	2-10
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cc:	0	cc:		cc:	
		-			



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

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

Establishment name	751 1 37 1	ID OF		
Living the name	Telephone Number	Date of Inspection	ID#	
000000	(317) 560415025	1/24/22	2171	
Establishment address 191 Granville Dr. Franklin, 1N	() Owner	1 1/0 1/0 0	0.77	
191 Branville Dr. 46131	Purpose:	Follow-up Release		
Owner 100°11 00	(1. Routing)	NO 2/	3/22	
and leve Witchell	2. Follow-up	Summary of Violatio	ns:	
Owner address	3. Complaint	1		
U .	0			
	4. Pre-Operational	$c_0 Nc_2$		
Person in charge W. L.	5. Temporary	CNC	R	
Ushley Muchell	6. HACCP			
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)	
المحادثات المحاد		List of September 2	1	
Certified food handler		1 2 3 V	45	
ashley / Wichell				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE				
Section # C/NC R	Narrative	7	To Be Corrected by	
218 NC USome door go	skets split	on	2/24/22	
refrigulation	units	eri (18	/ /	
V(2) 0 0 (1stro B	lender cov	ers(z)		
broken	Λ		ALCOHOL:	
3 Plastic Cover-	broken on	ticket		
minter on coo	Rline	,		
(3) some less or	reked for t	oppingo		
(1.t. pecans, spri	neles & Hest	V. Bar).		
(8) Some deep of	yer vask	eto damag	ea -	
295 NC Soda Station	Ifloor gra	in 9	1/29/22	
and Soda aray	sine hea	Vely	/ /	
Soiled		0		
		150		
			Limban .	
Received by (name and title printed):	Inspecto	ed by (name and title printed):	- TIC/	
MULISOVI COLVEYT	AV	aren Miller	, thy	
Received by (signature):	Inspecto	ed by (signature):		
Willias)// Colury	W	rarew Muller		
сс: сс:	cc:			



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

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				,		
Establishmen	nt name			Telephone Numb		ID#
E-tablish	V.)			() Establishme	1/10/11/2	127/1
Establishme				() Owner	11/01/17	1519
105			Falgur Square 46181	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	100 [2/]	1166
0 11			A ANDRON TO DESCRIPTION OF A MANAGEMENT OF A REPORT OF A CONTRACT OF A C	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint	82	
				4. Pre-Operation	al	2 1
Person in ch	0.00	1	112/2020/21/	5. Temporary	CNC) R 6
San	.00.		a Nelson (SM)	6. HACCP	- C I	1.6
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	nd handle	r			—	. /
Geranea 100	or minere				12_3	_45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	and the state of t	
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
342	NC	V	Hot water temper	ative in b	Jonen's	2-4-27
0.11		55.71	restroom was 13) '	£ 100°F - 120°F	
8			5 it should be	in ronge c	F100 - 101.	True and
413	NC	1	(nap along the botto	on of the	emergency	7-11-22
		Ū	exit door in stock	room		1
431	NC		floor by mop Sink	15 Soild		1-29-22
120			T-0 : h- 0 h- h	C -1001110 0	10 01 (10) (10)	10 corrected
159			Enformil brand baby	formula e	xpirar(1/1/22)	OF FROM OF
	All and			-		Inspection
			Note: Broken both	le inside n	no Sink	THE PART OF THE PA
			All the second s			
	-					
	-	-				
Received by	\ i		orinted): Nelson Store Mana	001	Inspected by (name and title printed	
Received by	-		Mile	8	Inspected by (signature):	0
cc:			сс:		cc:	



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

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

Establishme	nt name			r Bri	Telephone Number	Dat	e of Inspection	ID#
Dairy Queen			() Establishmen	t	110 100	110		
Establishme	nt addres	S	EVI	nkin, IN	() Owner		114166	
480	N.	11	orton St. Fr	16131	Purpose:	Fol	low-up Release	Date
Owner				19	1. Routine		10 1/22	
					2. Follow-up	Sur	nmary of Violation	-
Owner addre	ess				3. Complaint			
					4. Pre-Operational			
Person in ch	arge				9		\bigcirc NC \bigcirc	p ()
i cison in ch	arge				5. Temporary		NC_O	
Responsible	percon's	omoil			6. HACCP	-	To Cook	ah of haza)
Responsible	persons	CIIIAII			7. Other (list)	l M	enu Type (See bac	ck of page)
Certified foo	d handle	r .				-	2 2	. 1
Nic	ole.	H	elton			1	23	45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIS	T AND NARRATIVE	E COLUMNS MARKED "C"			
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS AI			AND IN THE		
Section #	C/NC	R			Narrative		r	To Be Corrected by
411	NC		Light out i	n walk	in freezer	9 0/D	IR Frier	1
			in the hood					
100	110		C 1 0:22					
741	NC		2090 NOSS	les soile	d.			
								1
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d a grant						1		Here.
- 12	Lin						-5	4
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ļ								
Received by	(name and	title :	brinted):		Iīn	spected by (name and title printed):	
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Received by		A		1	In	spected by (signature):	
1	11/	1	$\langle \gamma / / / \rangle$			(a2)	Mark	
cc:			cc:		C	cc:	The state of the s	



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

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Owner addre	white nt address US 3	e la	nd Duiry Queen whoteland, IN	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection ID# 2/23/2 1792 Follow-up Release Date 1/8/22 Summary of Violations:		
Responsible person's email Certified food handler			Na Pier	5. Temporary 6. HACCP 7. Other (list)	C _ O _ NC _ Z _ R Menu Type (See back of page		
	ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATI				
• VIOLATION(Section #	-	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	To Be Corrected by	
Section #	C/NC	K		TVAITALIVE		To be contected by	
295	N'S N'S			shield is so freezer racius	use worn-	12/28/21	
Received by Received by	Jess	SC):	E Miller	10	ed by (name and title printed, Sty D Buy (signature);	13	



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

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

Establishme	nt name		Contract to the second of the	Telephone Number	Date of Inspection	ID#
	Des		Buzar	() Establishment	1/5/22	7370
Establishme	nt addres	SS		() Owner	1/5/20	2325
				Purpose:	Follow-up Release	Date
Owner				1. Routine		
Section Control				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		_ 1
				4. Pre-Operational		
Person in ch	arge			-1	C NC	D
r crson m cn	arge			5. Temporary	CNC	K
Responsible		:1	111	6. HACCP	N T (C-1	-1 -C+
Kesponsible	person s	eman		(7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle			new addition		
Ceruneu 100	d Halldic	·I		new addition	13	_45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
		П	•			
	E GALLE	UC	* New Store	addition requ	urents	SPARIES TO A
7 1 1000	1 12			ing to scale	showing	
			<i>t</i> 1	he new addit		1147 - 114
			2 List all equips	went 12, steet	2453	
			and specs, 7	refrigerators It	elving-	
			3. List \$1001, 4	vall 418 ceilin	7 / /	5
			4. Show all g	-,	éctica!	
			ahanges of a	iny are regus	red	
			in clubles	lighting fittu	NO 5	
	-		3 1 1 /	and the		
		_		my Bayless	166 7.0+	
		-	70hn30	North Morton	Street	
			900	uite A	JA IEE	
				MK): 1, FN 461;	31	
	-		719	MANING AND JOIZ		
Received by	(name and	d title	printed):	Inspected	d by (name and title printed)	en less
Received by	(signature): (Inspected	by (signature):	lan-
cc:			cc:	ce:	/	y and a second



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

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

Establishmer 7 8 3 Owner Owner addre	nt name nt addres NC ess	Great State of the	eneral non Dr. Trafalgar, N	Telephone Number () Establishment	Date of Inspection 1 28 22 Follow-up Release NO OL Summary of Violation C NC 3	Date 2022 Ons:
Certified foo	d handle	r			12_X3	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
Section #	C/NC	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	THE NARRATIVE BELOW AS	To Be Corrected by
41)	NC	J	Light Out in a cour		nits	02/11/22
195	113 1				()	
UTSIN	NC		Cooler Unit With C	threse, shelving	is soild	AND PART OF THE PA
Received by,	(name, and	d title		and missing		02/4/22
Received by	Sti	M	a Olson/hus	M Muly Cos	I by (signature):	eul Botier
co:	JUN	W	cc:	cc:	The same	



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

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

Establishme Dollar	Ger	reral	Telephone Number (Establishment	Date of Inspection	ID# 814
Establishme	nt address	notch LN 46106	() Owner	3:30p	10/1
540 Owner	Three	notch LN 46106	Purpose: 1. Routine 2. Follow-up	Follow-up Release I No 2- Summary of Violation	2-22
Owner addr	ess		3. Complaint		
			4. Pre-Operational	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
Person in ch Responsible	3	nail	5. Temporary 6. HACCP 7. Other (list)	CNCS	i in a
Certified foo	od handler			123	45
1		IDENTIFIED IN THE CHECKLIST AND NARRAT D FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW AS "	'R"
Section #	C/NC I		Narrative	Т	o Be Corrected by
257	NC		bserved in Rea	ch in	1-25-22
197 251 411	NC	Reach in Frozen 154 - Insign Reach in frey Thermometers	Le Center D'Fr (double door)	Shall be ke	1-25-27 pt@or Ber 1-27-22
Received by Received by Coci	net	Back door blacke Back door emerge appears to be con the printed): IT Lynch ASM cc:	uer exit afars verppig Inspecte Elit	d by (name and title printed): abeth Schulf 7 d by (signature) alother Schulf	Cassie Hall 311346 4373



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

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

Establishment name Domino's Pizza #12539 Establishment address Establishment address Establishment address Fehinburgh, IN 46124 Owner Owner Owner address Person in charge Responsible person's email				Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	ent	Summary of Violati	27 ∫ 2 2 ons:	
Certified foo	0 (augn 10	n (fig	210 1103	COLUMNS MARKED "C"		123	_45
					"SUMMARY OF VIOLATION		HE NARRATIVE BELOW A	S "R"
Section #	C/NC	R			Varrative			To Be Corrected by
257	Ne		come ters		len in some	Of +	the cooler	01/31/22
20	24.51	Units.	00110 1213	ner s	30.12	9/ /	or crear	apsijan
Theta		VIII (G	70977					Diseased
425	Nl	some	brooms	not im	rged at the	back	r	corrected.
146	146 NC ON ford contamer not labelled. NOTE: Make sure to keep hols in repolers unit							01/24/22
	100	Make	Surk fo	od con	tainers an	e la	belled.	
7 00		to H	ica ma	\cap		faul	by (name and title printed) block	Etts
Received by	(signature)		W.	Jew	lo	Inspected [by (signature): Beliku	The off
cc:	0		cc:			ec:		



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

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

Paral Balance					-	To ax	-
Establishment name Donatos Pizza					Telephone Number Date of Inspect		
Establishment address					1/34/22	1526	
The company of the control of the co			US 31 Greenwo	and In/ B) Owner urpose:		
Owner	00 ,		of 3 21 breefind	The second second second	. Routine	Follow-up Relea	se Date
				(2. Follow-up	Summary of Viola	
Owner addre	ess			-	6. Complaint	Journally of Viola	tions.
o wife addit	700				-		
Person in cha	arce.				Pre-Operational	0 - 10	7- n
r erson in ch	aige			1	. Temporary	C O _ NC_	R
Responsible	person's	email		9	6. HACCP	Marra Torra (Saa	hash of hass)
Responsible	persons	cinan		'	. Other (list)	Menu Type (See	vack of page)
Certified foo	d handler	r	. 1			1 2 3	K. 1
V		90	13 ha moller			123	<u></u>
• CRITICAL I	ITEMS AR		ENTIFIED IN THE CHECKLIST AND NA	ARRATIVE CO	DLUMNS MARKED "C"		
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