

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

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

| Боспононни | ciic ouiii | iui. | i Requirementor and time mineror corrects | ar or onem (rounded to open | 1 | 1 |
|-------------------------------|-------------|----------|---|--|----------------------------------|--|
| Establishmer | | | 0 | Telephone Number | Date of Inspection | ID# |
| tan | ev | Ca | Bread | () Establishment | | |
| Establishme | nt addres: | S | Bread | () Owner | 1.5-77 | 942 |
| 180 | 7 | 15 | 31 Evenusie | Purpose: | Follow-up Releas | |
| Owner | | | | 1. Routine | NO | 15 22 |
| il over | | | | 2. Follow-up | Summary of Viola | tions: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
| Person in charge | | | | 5. Temporary | CNC_ | \circ _R |
| D 2 | | | | 6. HACCP | 10.00 | |
| Responsible | person's | emai | All all Alleh a | 7. Other (list) | Menu Type (See | back of page) |
| Certified foo | d handler | | | | | 1 |
| Ceruneu 100 | d Handle | L. | | 5 | 123_ | 45 |
| • CRITICAL | ITEMS AR | E ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| VIOLATION | (S) REPEAT | ED F | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | "SUMMARY OF VIOLATIONS" AN | D IN THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
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| 1 | | D. | | | | - AN - 17 - 185" |
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| | \ DINC | ^ | A Land. | mspe | 70 201- | 4271 |
| cc: | Coo | K | CC: | cc: | 7-10 | 17/4 |
| | | U | | | | |



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| Establishment name | | | | Telephone Number | Date of Inspection | ID# | |
|--|-----------------|-----------|---|---|-------------------------------|--------------------|--|
| Pa | pa : | Sol | 1115 | () Establishment | | 595 | |
| Establishmer | | | | () Owner | 1/6/22 | 345 | |
| 2 | 95 A | 1 0 | norton St. Franktin, IN | Purpose: | Follow-up Release | Date | |
| Owner | | | Provide the provide to the same | 1. Routine | 1/16/22 | | |
| | | | | 2. Follow-up | Summary of Violati | | |
| Owner addre | 989 | | | 3. Complaint | | | |
| o wher addre | | | - | | | | |
| | | | | 4. Pre-Operational | | 7 - 1 | |
| Person in charge | | | | 5. Temporary6. HACCP | CNC | 5_R_1 | |
| Responsible : | nerson's | email | | 7. Other (list) | Menu Type (See b | ach of page) | |
| Responsible | persons | Cilian | 10.00 | 7. Other (11st) | Menu Type (see b) | ick of page) | |
| Certified foo | d handle | r | | | 1 2 ×3 | 4 5 | |
| A | MF | 210 | sa Pollard 2023 | | 12 | _73 | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | | |
| | S) REPEA | TED F | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | THE NARRATIVE BELOW AS | | |
| Section # | C/NC | R | | Narrative | | To Be Corrected by | |
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| 433 | No | | mops use not | hung up- | | 1.7 | |
| 295 | Na | | Voult III VOURT | ucks are soi | Thed | 1/8/22 | |
| 392 | NC | | The outside dun | potel 1, 03 ats | not | 1/4/22 | |
| ~ 7// | | | 20320 | ater is ava | 1461 | 11- 11- | |
| 324 | ۲, | 1 | | | | 1/20/22 | |
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| Received by | (11 -1111 - 111 | 1 4141- 1 | winted). | T | 1 by (name and title tains 1) | | |
| Received by | Mame and | ntle f | | Inspected | d by (name and title printed) | 1.7 | |
| Received by | (cianatura) | IVI | ey Turver | Inchested | Propy (signature): | K/s9 | |
| L L | \ \ \ \ | | 1 | inspected | 2 | 100 | |
| cc: | 100 | | l cc: | cc: | my 1 Day | des | |
| S. S | | | 1 | | / | H | |



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| | | | | | <u> </u> | 1 | | |
|--------------------|------------|---------|---|--|--------------------------------|--------------------|--|--|
| Establishment name | | | | Telephone Number | Date of Inspection | ID# | | |
| | | | DINING/FIANKLIA COLLEGE | () Establishment | 1/31/22 | 2273 | | |
| Establishme | | | === 00 1 = 10= 01 | () Owner | 1/3/100 | 0010 | | |
| 101 | BIA | tont. | 9 IN BOUD Frankish Dr | Purpose: | Follow-up Release | Date | | |
| Owner | Owner | | | 1. Routine | - 2 | 9/22/ | | |
| PARKHURST OTHERS | | | TURSI DINES | 2. Follow-up | Summary of Violati | ons: | | |
| Owner addre | ess | | | 3. Complaint | | | | |
| | | | | 4. Pre-Operational | | / | | |
| Person in charge | | | line of | 5. Temporary | C O NC | c | | |
| (| Jev. | A | OUNCAN | 6. HACCP | -1 | | | |
| Responsible | - | | | 7. Other (list) | Menu Type (See b | ack of page) | | |
| 122 | | | | | | 71 67 | | |
| Certified foo | d handle | | DUNCAN | | 123(| _45 | | |
| • CRITICAL | ITEMS A | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | ATT | | |
| • VIOLATION | (S) REPEA | TED F | FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | E "SUMMARY OF VIOLATIONS" AND I | N THE NARRATIVE BELOW A | 5 "R" | | |
| Section # | C/NC | R | | Narrative | | To Be Corrected by | | |
| 218 | NC | No. | | NOT FUNCTION | | 2/19/20 | | |
| | | | PROPERLY MOT HOT | - HOLDING NOT | PUNCTIONING | 9 | | |
| 70.01 | | | 11-7-1000 | 151500 05 1 | 0- 100-11 | | | |
| 324 | ac | 8 | HOT WATER TEMPO | OSATURO AT H | ANOSINK | 2/5 | | |
| ~ ~ 11 | | | 0.000 | 2 (/- | | | | |
| 324 | NC | ~ | GARBITZE CLISPOSAL | groket work, | LEHR | WORK OP de | | |
| | | | NOTED ! | ************************************** | | 2/20 | | |
| -/- | | As | COLORES THROUGH | REFRISIRATOR | THOO | | | |
| (h18 | 10 | 1 | EQUIPMENT NOT | IN US | OTHER | | | |
| (100 | | | Lacivi er i por s | 1. 00 | | | | |
| | _ | | macHANTICAL SISHM | nAZITZINE HOT | - WATER | 11 | | |
| (1 1 | 57Q | | SANTTILATION TEMPO | ITATURE ASEQU | | OK HY) | | |
| () | 1 | | 1600F OR MORE OF | J PLATO WA | | | | |
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| | | - | | | | | | |
| Received by | (name a | d title | triuted): | Inanast | ed by (name and title printed) | | | |
| - Received by | | | A DUNCAN General | Manager Bo | od by (name and title printed) | EH S | | |
| Received by | (signature | 1: | 1 COEFIERU | Inspecto | ed by (signature): | night of | | |
| <u> </u> | t | 1/ | uralunear | * | Bel Ima | | | |
| cc: | | 16 | cc: | cc: | | | | |
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| | | | a requirements. The time mint for correct | | | |
|--------------------|-------------|-------|--|----------------------|--|--------------------|
| Establishment name | | | | Telephone Number | Date of Inspection | ID# |
| f , le | st | | 37 | () Establishment | | |
| Establishmer | | | | () Owner | 1-14-77 | 1746 |
| 1967 | こし | | 500 N Whiteland | Purpose: | Follow-up Releas | |
| Owner | | | | 1. Routine | NO 1. | 2422 |
| | | | | 2. Follow-up | Summary of Violat | ions: |
| Owner addre | SS | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
| Person in ch | rae | | | 5. Temporary | C NC | Ca C |
| r croon in cin | uge | | | | CNC_ | |
| Responsible | percon's | emai | | 6. HACCP | M T (Co. 1 | and of many |
| Responsible | person's (| гинан | a design of the second of the | 7. Other (list) | Menu Type (See b | back of page) |
| Certified foo | d handle | | | | | |
| Cerunea 100 | a mandici | | | | 12_3 | 45 |
| • CRITICAL I | TEMS AR | E ID | ENTIFIED IN THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| | | | | | | |
| | TELL | | No items not | ed today | reful or residential | |
| - 10 | | | | | | 17 (1976) N. (1) |
| | | | TELEVISION IN THE RESERVED | | 18.40 | 12 32 1 |
| | | | Thank you. | | | |
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| 13.90 | 100 | | | | | |
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| Received by | signature) | | 8 | mspectee | 3410 | 1370 |
| cc: | | | cc: | cc: | 0 7 10 | |
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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

| Establishm | ent San | itatio | n Requirem | ents. The time limit for correction | on of each violation is s | pecified in the narrative portio | n of this report. |
|-----------------------|----------------|---------|-------------|-------------------------------------|---------------------------|--------------------------------------|--------------------|
| Establishme | nt name | 4 | no to | m (And | Telephone Numb | | ID# / /6 |
| Establishme | Hello | M | 11 00 | ou mari | () Establishm | 1/24/22 | 1939 |
| O A / 2 | 3 <u>L</u> \ / | • (| 621, | 05 31 | () Owner | | 1001 |
| Q A | TIV | m | 6 | reenwood IN | Purpose: | Follow-up Relea | se Date |
| Owner | 110 | 10 | 0000 | + 40192. | 1. Routine | yes 2 | 15/22 |
| Liverille Khasua | | | | | 2. Follow-up | Summary of Viola | tions: |
| Owner address / | | | | | 3. Complaint | / | |
| | | | | | 4. Pre-Operation | nal | 11 1 |
| Person in charge | | | | | 5. Temporary | c_2_nc_ | // R |
| 1 L | W | W | f SI | rgh | 6. HACCP | | a aboracle |
| Responsible | person's | emai | i | 100.00 | 7. Other (list) | Menu Type (See | back of page) |
| 0 10 10 | 11 11 | - | - | | | | |
| Certified for | od handle | er | | | | 123 | 45 |
| | | | | N THE CHECKLIST AND NARRATIVE | | | 1 |
| • VIOLATION Section # | - | - | ROM PREVIOU | US INSPECTIONS ARE DENOTED IN THI | Narrative | NS" AND IN THE NARRATIVE BELOW | |
| | | R | (A) | | Adamative | -//2 | To Be Corrected by |
| 297 | NC | 7 | X OTA | a marge ca | so are. | sould | 7/28/22 |
| 412 | NC | | 1000 | ne stone | ttom) 140 | tical | 2/22/23 |
| | | | 1000 | all added the | and one | are Closed | |
| 430 | NC | V | His | The state of the | Then till | (21 x 41) | 2/8/22 |
| 120 | 100 | | 11 | damased one | HOUNDER | (Let) | 12 |
| 411 | NC | | 0110 | Then lights | out In | restroom | 2/8/22 |
| 431 | NC | | File | ors, walls. | Ceiling 14 | ent in | 1/26/22 |
| | | | restr | our soiled | | | 1 1 |
| 218 | NC | V | 200 | n seal torn | on H.T. F. | tackney | 2/22/22 |
| | 1811 0 | L, | cools | / | | 1 | Call Compan |
| 430 | NC | V | Donte | rior cabinets | (base)4 | Morn | 1 / |
| | -2 | | beli | 7 | Al . | rea | 3/1/22 |
| | | (| 3 7 | lold on wa | el Irla | J Pepsi | 2/22/22 |
| | - | | self | - serve soda | Station (| perind | / / |
| 216 | 110 | | air | yap for plur | nbing) | | 100 |
| 218 | NC | | WA | er mulou | | maged (burnt | / Keplace |
| 347 | NIC | _ | ypsic | de localed in | 71 | area | 2/8/22 |
| Received by | 100 | d title | printed); | page rowers | () at s | Inspected by (name and title printed | W: //6/22 |
| | (| A | ARQ. | & SANDIN | | Andrew M | Mer FHK |
| Received by | (signature |): 1 | 1 | T | | Inspected by (signature): | 100/21/8 |
| | | 1 | 1 | | | andrew Mil | Le le |
| cc: | // | | | cc: | | cc: | 7 |
| | | | | gas) | | | |

NARRATIVE REPORT

| Establish | Establishment Name | | Address <i>6reenwood</i> k Stop 62/US31 IN46142 | Inspection Date |
|----------------|--------------------|----------|---|-----------------------|
| | (XU | ľC | K Stop 621 US 31 IN 46142 | 1/26/22 |
| Section# | C/NC | | REMARKS | TO BE CORRECTED BY |
| | | | arla hand sink | , 4 |
| 431 | NC | | Toliet and toleet seat | 1/26/22 |
| | | | not clean in public restroom | Cleansmon |
| 294 | IC. | | no sanitizer provided (Quat) for | 1/26/22 |
| | | | three bay sink | 1, 1 |
| 385 | NC | | Dumpster led open | 1/26/22 |
| | | | Moti Come Porthogo Mich | |
| | | | Note: Some Southern Mark | |
| | | | Chicken Sangivenes miles | |
| | | | small Hil, packely cooter | |
| | | | ennetion date etc | |
| | | | Mystaller viele, e.c. | |
| 324 | <u>_</u> | | Hand sink in dish area | 1/26/22 |
| 521 | | | Inches, a Supply of hot and | 1/26/22 |
| | | | CAL THATOR) | |
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| Received B | y (Name | & Ti | Inspected By (Name & Title) EHC | Page Z_oZ_ |
| State Form 4 | P624 /F2 | | | |



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

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| | | tatro | on Requirements. The time limit for correction | | | n or tins report. |
|---------------|--|--------------------------------------|--|--------------------|--|--------------------|
| Establishme | The state of the s | | elt a | Telephone Number | Date of Inspection | ID# |
| KDF | Fra | Name and Address of the Owner, where | | () Establishment | 1/19/27 | 7741 |
| Establishme | nt addres | | adison Are Franklin, IN | () Owner | 111/2 | 1 |
| 55 | | MI | adison Ave 410131 | Purpose: | Follow-up Relea | se Date |
| Owner | | 1 | 22 | 1. Routine | | 29/22 |
| 1 | es A | | MCDANTEL TALLEY | 2. Follow-up | Summary of Viola | tions: |
| Owner addre | ess | | | 3. Complaint | | |
| | Person in charge | | | 4. Pre-Operational | 1 | 6 |
| Person in ch | | | | 5. Temporary | $C \longrightarrow NC \longrightarrow R \longrightarrow$ | |
| | | | | 6. HACCP | | |
| Responsible | person's | emai | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | 7. Other (list) | Menu Type (See | back of page) |
| | | | | * 9 | | 1.0 |
| Certified foo | od handle | r | | | 123 | 45 |
| | | | DENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC | R | I | Narrative | | To Be Corrected by |
| 187 | C | | Cooling unit across from | Kitchen Stove | 048°F | 1/19/22 |
| | | | - Food in cooling u | unit @ 44-468 | 100 | 1 1 |
| | | | J | | | P - Try Bris |
| | | | | | | 1 mag 1 m 7 m 1 |
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| Descined by | <i>(</i> | 1 2:1/2 4 | | Ir 1 | | |
| Received by | J | CL | Drinted): | Inspected | by sname and title printed Blantord / Bi | ob Smith |
| Received by | (signature) | 0 | | | by (signature); | 101000 |
| 5 | (- | Y | 2 | / jay | in blantond | 10d Int |
| cc: | | | cc: | Jec: | | |



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| Establishme | nt name | - | | Telephone Number | Date of Inspection | ID# |
|---------------|-------------|---------|--|----------------------|---------------------------------|--|
| 203 | ita | 2 | Formily Rancake | () Establishment | | |
| Establishme | | | | () Owner | 01/31/22 | - 2172 |
| 34 | 5 | M | estern blvd | Purpose: | Follow-up Releas | e Date |
| Owner | | | Circenvood, IN | 1. Routine | NO 02 | |
| The same and | | | Circenvood, IN 46142 | 2. Follow-up | Summary of Violat | ions: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
| Person in ch | arge | | | 5. Temporary | c_3_nc_; | L_{R} 1 |
| 100 | | | | 6. HACCP | | 44,00 |
| Responsible | person's | emai | | 7. Other (list) | Menu Type (See l | pack of page) |
| Certified foo | od handle | r | | | 1 2 3 💙 | / |
| | all | C | noncias Exp: 12/1/22 | 2 | 123 | _45 |
| • CRITICAL | ITEMS AI | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | |
| | - | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | IN THE NARRATIVE BELOW | A PRINCIPLE OF THE PARTY OF THE |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| 334 | - | V | NO on gap in ce | cuple of door | nc. | 02/7/22 |
| 294 | C | | flure is not enough | 184 Camtizen | in the mechan | Mal 02/7/20 |
| 2/1 | | | dish washer | gre surrered | million more | The state of the s |
| | | | | | | |
| 256 | MC | | No thermometer seen | in one of the | re coller rimit | 02/7/22 |
| 101 | 0 | | No date markings | on some of the | e pood | 02/02/22 |
| [7] | C | | products in waite - r | n cooler | | 02/02/22 |
| | | | | | | |
| | NO | 6. | Make Sure to reduce | e cooler units | to at least | |
| | 1401 | | 38°F. | 2 | ((() () () () | |
| | | | Make sure food for | er moneter às | easily alless | ible |
| | | | , | | V | |
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| | | | | | | |
| Received by | (name and | l title | brinted): | Inspe | cted by (name and title printed |): |
| IIs | vacl | (| Surcia | 1 | aul Betiku | EHS |
| Received by | (signature) |): | yera | Inspe | cted by (signature): | |
| | - | C | | | el Betiev | |
| cc: | | | ce: | èc: | | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishment name Lural Fing Establishment address Owner Owner Owner Owner address Person in charge Responsible person's email | Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Date of Inspection ID# Of 24 22 2071 Follow-up Release Date Of 21 22 Summary of Violations: CNCR Menu Type (See back of page) | | |
|---|---|--|-------------------|--|
| Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV | | 12_ 2_ 2 | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | N THE NARRATIVE BELOW AS " | R" | |
| Section # C/NC R NOTE: Watly temperature of 100 - 120° F | Narrative | range of | o Be Corrected by | |
| Received by (name and title printed): Received by (signature): | Ra | d by (name and title printed): Block by (signature): | E+12 | |
| сс: | ce: | | | |



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

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

| Establishment name SUMM MO Establishment addres Owner | unt Plea | asant Church | Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up | Follow-up Release Summary of Violati | 2 Date |
|--|----------|--|---|---|---|
| Owner address Person in charge Responsible person's Certified food handle | | The second secon | 3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) | C NC NC Menu Type (See b | 8-6-4-4 |
| | | D IN THE CHECKLIST AND NARRATIV | | | MARTIN MARTIN OF EXPENSES AND A STREET AND ASSESSMENT AS A STREET AND |
| • VIOLATION(S) REPEA Section # C/NC | | VIOUS INSPECTIONS ARE DENOTED IN TH | e "summary of violations" and Narrative | IN THE NARRATIVE BELOW A | To Be Corrected by |
| | | violations noted | at this time | <i>f</i> . | |
| Received by (name and TIMOT Received by (signature) CC: | HY COX | WAY CC: | Inspec | cted by (name and title printed) MAL B A PROYO Excell by (signature): Ayui | A and |



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| Establishme | -t samd | | 1 | Telephone Number | Date of Inspection | 1 70# |
|------------------|------------------|----------|--|---|-----------------------------|--|
| - | p E | | 161101. | (317 TsTbZs 688) | Date of Hispection | ID# |
| Establishmen | - | 9 | ougn | | 117/24 | - 2359 |
| 1251 | | 7 1 | Greenwood | () Owner | To II Dalana | <u></u> |
| Owner | () | 5 | armivood | Purpose: 1. Routine | Follow-up Releas | 17 22 |
| O WILL | | | | | Summary of Violat | |
| Owner addre | 000 | | | 2. Follow-up | Summary of violat | 10115.7 |
| Owner addr. | 255 | | | 3. Complaint | | |
| Daman in ah | Demona in charge | | | 4. Pre-Operational | CNC | 3 - 1 |
| Person in charge | | | | 5. Temporary | CNC | <u> </u> |
| Responsible | person's | email | 1 | 6. HACCP | Marra Tana (Saa I | (- h of h and |
| Responsible | persons | Cilian | | 7. Other (list) | Menu Type (See l | ack of pagej |
| Certified foo | d handle | r | | | 1 2 3 | 4 5 |
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| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| 425 | IVO | \vdash | mop not hung | | | 1/10/22 |
| 295 | NCI | 1 | Front Arca sink soil | . 1 | | 11110/22 |
| 4.10 | 1000 | 1 | HUND ON COLOR DOLL | CO | restant to come | 1/10/02 |
| | | 2 | Front freezer (Stand u | n) Spiled on botto | m | 1/7/22 |
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| 187 | 0 | | Front fridge not at a | accurate temperal | | |
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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 | nt name | | 1 Mary L | Telephone Number | Date of Inspection | | |
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| Establishmer | nt addres | S | 1 Bargersville | () Owner | 101/20 | 2018 | |
| 299 | 4 . | fu | mont Bangersville TN,46106 | Purpose: | Follow-up Releas | se Date | |
| Owner | | - | | 1. Routine | Mo | | |
| | | | | | Summary of Viola | rions: | |
| | | _ | | 2. Follow-up | Sullillary of Viola | 10115. | |
| Owner addre | ess | | | 3. Complaint | <i>X</i> / | | |
| 1 | | | | 4. Pre-Operational | | | |
| Person in ch | arge | | | 5. Temporary | CNC_ | R | |
| | | | | 6. HACCP | Menu Type (See back of page) | | |
| Responsible | person's | emai | | 7. Other (list) | | | |
| responsible | persons | CIIIai | | 7. Other (usi) | Menu Type (See) | ruck of puge) | |
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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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|---|-------------------------------------|--|
| Establishment name | Telephone Number | |
| 5 perdular | () Establishmer | 11 71 1- |
| Establishment address | () Owner | 100015 |
| 1291 N madison | Purpose: | Follow-up Release Date |
| Owner (VOL) | 1. Routine | NO 13172 |
| | 2. Follow-up | Summary of Violations: |
| Owner address | 3. Complaint | |
| | 4. Pre-Operational | 1 |
| Person in charge | 5. Temporary | $C \bigcirc NC \stackrel{?}{>} R \bigcirc$ |
| 2 00000 | 6. HACCP | 0 |
| Responsible person's email | 7. Other (list) | Menu Type (See back of page) |
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| Certified food handler | | - \(\lambda \) . |
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| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLI | ST AND NARRATIVE COLUMNS MARKED "C" | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS A | | ' AND IN THE NARRATIVE BELOW AS "R" |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishmer | nt name | | All or a grant of the second | Telephone Number | Date of Inspection | ID# |
|-----------------------|-------------|-------------|---|--|-------------------------------|----------------------------|
| 500 | edy | N | Ca- | () Establishment | | |
| Establishmer | nt addres | s | | () Owner | 1 14 27 | 738 |
| 135 | DI | 25 | > 31 Greenwood | Purpose: | Follow-up Releas | e Date |
| Owner | | 1. Routine | NGI | 77 77 | | |
| | | | | 2. Follow-up | Summary of Violat | ions: |
| Owner addre | ess | | | 3. Complaint | | |
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| Person in ch | arge | | | 5. Temporary | $c \bigcirc_{NC}$ | \rightarrow R \bigcirc |
| 141 | 8- | | | 6. HACCP | 0 | |
| Responsible | person's | emai | | 7. Other (list) | Menu Type (See l | pack of page) |
| | | | | 7. Other (1131) | niena Type (oce o | went of Puge |
| Certified foo | d handle: | r | | MICRO CONTRACTOR CONTR | 1 2 3 | 4 5 |
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| | | _ | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI | | N THE NARRATIVE BELOW | |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
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| cc | ndlo | i | cc: | cc: | 176 | 77100 |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| stablishment name | Tolontono Monto | Date of Inspection | |
|--|--|---|---|
| | Telephone Number () Establishment | Date of Inspection | ID# |
| Stablishment address | | 1/24/22 | 1649 |
| 3 | () Owner | 1:15 | 0 |
| 211 S. State Road 135 46101 | | Follow-up Releas | |
|)wner | 1. Routine | 100 | -2-22 |
| | 2. Follow-up | Summary of Viola | tions: |
| Owner address | 3. Complaint | | |
| | 4. Pre-Operational | | 2 |
| erson in charge | 5. Temporary | c_{NC} | 5R |
| | 6. HACCP | | |
| esponsible person's email | 7. Other (list) | Menu Type (See | back of page) |
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| ertified food handler | | $1 2 \times 3$ | 4 5 |
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| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA | TIVE COLUMNS MARKED "C" | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN | | D IN THE NARRATIVE BELOW | |
| Section # C/NC R | Narrative | | To Be Corrected b |
| 187 C Deli Suba, Wraps, & | The state of the s | ustomer | 1-24-27 |
| reach-in-cooler | | be holding | (corrective |
| product @ 48°, | 11 1 1 1- | an temper | ature Beg |
| thermometer prov | () | F @ 2pm | 1 21/ 22 |
| 187 Beveral containers | of tornado ta | quitos @ | 1-24-22 |
| 191 C Hot chili for mac | | ed to expire | 1-24-22 |
| | m . Observed | - /./ | 12100 |
| holding device | @ 1:36 pm. | 0,000 | |
| 191 International Deli | C . 30 F | If Creamer | 1-24-22 |
| date marked | | -22. DM | |
| States employe | , , | ut did not | |
| Chance date | mark | | 170 111 2 |
| 207 1111 1 | 5 5 5 . 1 - bar 1 | una nonse. | 1-25-22 |
| 297 NC Creamer, I ced Cop | Tee, 4 Joda Mack | The states | 1 200 |
| are soiled. | | | |
| 216 NC Store room shelves p | Dorous & not 6" & | | 1-30-27 |
| 216 NC Store room shelves p Interior, Cabine | porous & not 6" & | off floor | 1-30-27 |
| 216 NC Store room shelves p | porous & not 6" & | | 1-30-27 |
| 216 NC Store room shelves p Interior Cabine 431 NC Floors are soiled | porous & not 6" & to soil of throughout | establishmui | 1-30-27 |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishment name Splead way Establishment address 5. S. Cwatham rd TW Owner Owner Owner address | | | | Telephone Number) Establishment) Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP | Date of Inspection Of 25 22 Follow-up Release I OF Summary of Violation CNC | 01 /22 ns: | |
|--|------|----|---|--|---|-------------------|--|
| Responsible person's email Certified food handler DR bbil Basey (Pap. 11/27/23) | | | sasey (Eng. 11/27/23) | 7. Other (list) | Menu Type (See back of page) 123 45 | | |
| | | | DENTIFIED IN THE CHECKLIST AND NARRATIVE C FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | | J THE NARRATIVE RELOW AS " | P" | |
| Section # | C/NC | | | | | o Be Corrected by | |
| 342 | Me | | | Narrative To Be Corrected Templer at url at 90 f (should of 31 22 150 f - 120 f), in nozzies every three days. | | | |
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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 | nt name | | 1 22 1 22 2 1 1 | Telephone Number | Date of Inspection | ID# |
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| Establishmer | nt addres | S | | () Owner | | |
| | | | | Purpose: | Follow-up Releas | e Date |
| Owner | | | | 1. Routine | 100 111 | 7/22 |
| | | | | 2. Follow-up | Summary of Viola | ions: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | 12 | 0-0- |
| Person in cha | arge | | | 5. Temporary | C_ONC_ | R_ |
| lox y | | | - 25° 37 - 5° | 6. HACCP | | the second |
| Responsible | person's | email | | 7. Other (list) | Menu Type (See | back of page) |
| Certified foo | J 1 J1 | | | | Service of Figure 1980a | 3 401 |
| Cerunea 100 | d nandiei | T. | | | 123 | 45 |
| • CRITICAL I | TEMS AR | E ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | N THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC | R |] | Narrative | | To Be Corrected by |
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| cc: | | | cc: | | | |



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

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

| Establishment name | Telephone Number | Date of Inspection | ID# |
|---|----------------------------------|--|--------------------|
| | () Establishment | | 1D# |
| Establishment address | - | 1/15/22 | 1911 |
| New 121 | () Owner | | |
| Establishment address 321 N US 31 Whiteland, Ital Owner | Purpose: | Follow-up Release | e Date |
| Owner | 1. Routine | | |
| | 2. Follow-up | Summary of Violati | ons: |
| Owner address | 3. Complaint | | |
| | 4. Pre-Operational | | |
| Person in charge | 5. Temporary | CO_NC_O_R | |
| | 6. HACCP | | |
| Responsible person's email | 7. Other (list) | Menu Type (See b | ack of page) |
| | 7. Other (tist) | Menu Type (see 8 | uck of puges |
| Certified food handler | | 1 2 2 1 | 4 5 |
| Ismael montes de oua 2026 | | 123 | _45 |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI | VE COLUMNS MARKED "C" | The state of the s | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI | HE "SUMMARY OF VIOLATIONS" AND I | N THE NARRATIVE BELOW A | S "R" |
| Section # C/NC R | Narrative | | To Be Corrected by |
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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

| | | tatioi | r requirements. The time initial to concern | | | |
|---------------------------------|------------|-------------------|--|----------------------|---------------------------------|--|
| Establishment name | | Telephone Number | Date of Inspection | ID# | | |
| Subway Establishment address | | () Establishment | 1/10/22 | 7001 | | |
| | | | 1 // | () Owner | | 2091 |
| 11 33 | N. | Er | TETSON DUE Graenwood, IN | Purpose: | Follow-up Releas | se Date |
| Owner | | | | 1. Routine | | 20/22 |
| | | | | 2. Follow-up | Summary of Viola | ions: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
| Person in ch | arge | | . 1 [7] | 5. Temporary | C NC | R |
| 10.15 | | | | 6. HACCP | | |
| Responsible | person's | email | The Market Control | 7. Other (list) | Menu Type (See | back of page) |
| | shan | 1/4 | nu Patel | | - July | |
| Certified foo | d handle | r | | | 123_⊀ | 45 |
| • CRITICAL I | ITEMS AT | E ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | IN THE NARRATIVE BELOW | AS "R" |
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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 SW | nt name | W | # 7445 S 31 Creenvood, Jy 46142 | Telephone Number () Establishment | Date of Inspection | ID# | |
| Establishmer | nt addres | S | Cive envoyed in | () Owner | 01/19/20 | 1 1270 | |
| 494 | . M | 0 | S 81 46142 | Purpose: | Follow-up Releas | e Date | |
| Owner | - () | -39 | () | 1. Routine | NO | e Duite | |
| trice better | | | | 2. Follow-up | Summary of Violat | ions: | |
| Owner addre | ess | | | 3. Complaint | | | |
| | | | ľ | 4. Pre-Operational | | \sim | |
| Person in cha | arge | | lanca (Carana) | 5. Temporary | CNC | $\mathcal{Q}_{\mathbf{R}}$ | |
| | | | 4 | 6. HACCP | | | |
| Responsible | person's | emai | | 7. Other (list) | Menu Type (See l | Menu Type (See back of page) | |
| Certified foo | d handle V M | r 1 | Compbell (servsafe) | | 123_ <u>^</u> | 45 | |
| | | | DENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | AND IN THE NARRATIVE BELOW | AS "R" | |
| Section # | C/NC | _ | | Varrative | | To Be Corrected by | |
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