

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

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

Page 1 of

Owner Owner Address	Establishment address	er Date of Inspection ID#
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name		200	Telephone Number	Date of Inspection	ID#
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Establishmer		S		() Owner	1/18/23	2325
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Owner				1. Routine	2 WREIS 1/2:	8/23
				2. Follow-up	Summary of Violation	ns:
Owner addre	ess			3. Complaint		
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Note: Water fourtoins need cleaned.

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.

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Establishment name	Telephone Number	Date of Inspection ID#
Establishment address	() Establishment	11-12-22 11814
5/10 Three Michal Ini	() Owner Purpose:	Follow-up Release Date
Owner	1. Routine	Follow-up Release Date
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	λ
Person in charge	5. Temporary	C V NC () R
	6. HACCP	10 N 110 N
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler		12 × 345
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	8					6. HACCP		110	2 6 7 1
Responsible	person's	emai	imea . ea	02501010000		7. Other (list)	-	Menu Type (Se	e back of page)
	I					7. Other (1131)		wiena Type (se	t rate and a
Certified foo	d handler	r						2 × 3	4 5
						E COLUMNS MARKED "C"			
-	-	white the later	FROM PREVIOU	IS INSPECTIONS A		E "SUMMARY OF VIOLATION	IS" AND IN TH	HE NARRATIVE BELO	
Section #	C/NC	R				Narrative			To Be Corrected by
295	NC		Soft	on o	+ +000	sin food y	JEP Y	4	
0.16	20	0.001	(000)	(# <u>5</u>)	15,501	1200/11/1	\ m	11 ()	
218	1.5		Svore	n foo	9 GOON	distant.	door	70)	गावर होता.
177	NC		(3)	11111	2011	of End ?	Java L	11. AZ	-
	100		V G	I I I I	V-IN E	(1) 2.C (V)	5 King	The same of the sa	
			21001	or ma	IL III 3	Hack IV		011	
324	NC		First	restra	am tai	18+ 15 SOI	led.		
	diam'r.		25 4400 11 1	house sent is	عسل و ما الدرات			والترب ووالم	and the same of
unibu	202.00	ner h	hard broad			<u> </u>			3 January J
ud	of a total	rii.i	NOte	3 (1851)	som to	ns Startin	y 40	324	ay Lander I
			da	ty.	(100)	0.15	iection	- 00.	og illigation.
		_	NOte	2 All	STRIF	th tood	ection	- albe	43
	-		Joseph	4					
Received by	(name and	l title	printed):				Inspected b	y (name and title prin	nted):
× Jo	unie	m L	Delaa	do	- g u	ш	118	SI Hall	h Hatt
Received by			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1			Inspected b	by (signature);	of Burking reli
X	umi)	Jella	860			1 a	2200	<u>V</u>
cc:			0	cc:			cc:		



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

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

Establishm	ent Sanitation Requirements. The time limit for correction	n of each violation is specified	in the narrative portion	of this report.
Establishmen	nt name	Telephone Number	Date of Inspection	ID#
1011	CUERVO lacois & Brews	() Establishment	1/18/23	2387
Establishmen	nt address	() Owner	1,10,00	
2112	W. Smith valley Ka	Purpose:	Follow-up Release	Date /2 2
Owner	Greenwood, IN	Routine	yes 1/	20/20
Jac	2010 LODEZ 46 142	2. Follow-up	Summary of Violati	ons: '
Owner addre	ess	3. Complaint		
		4. Pre-Operational	1	4
Person in cha	arge	5. Temporary	CNC	/ R
Jac	tob Love L	6. HACCP	pt kedios ja 75i	exclude :
Responsible	person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handler 2 END		1 2 3 2	4 5
Jess	ica 20pert 4. 9/27/26/			
	ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARBATIVE			
	(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	THE RESIDENCE OF THE PARTY OF T
Section #	9/1.15	Narrative	2	To Be Corrected by
218	nc Vwalk-in-cooler	()	s rusty	3/18/23
	Walk-in-freezen	door tha	me o	1
	element is out	in door Pra	me	
295	vc Coca- Cola Sals	1 CAPLON CC	ndenar	1/28/23
6	1 A Scilod			1, 1
324	NC Bar three ba	y Sink lac	ks an	2/18/23
	au gap	J		0/0/-0
309	NC Womens' restroom			2/18/23
117			nleing	Caracalad
18 (o pour	tennal mod	uce.	Corrected
Control 1	in side the walk-	n-cooles	<i>X</i> C	Lille
	1 Previously Cook		it 430 F	item o.
	and Q11000 43° F	Van berned		down
	1	v a block	,	
	measured 43°F, a	nd portione	d	
	lap of raw chi	cken meas	Mila	
2 : 11 /	1 44 PF, U	Tannat	ed by (name and title printed)	
Received by	(name and title printed)	An	dyew Miller	EH8
Received by	(signature):	Inspecto	ed by (signature):	00-1-1
	364	[UV	Will I'M	WOR
cc:	cc:	cc:		
				Page 1 of 1
				I ugo I UI



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

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

Establishmer Establishmer Owner Owner addre Person in cha	ant address	260	#172 5 US Greenwood, IN	Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Summary of	2509 Release Date 1/26/23
Certified foo	3	1	Johnson 2025		12	3 🗸 4 5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE I	BELOW AS "R"
Section #	C/NC			Narrative		To Be Corrected by
	187	Te _s (Roppings han, w	ings, and c	hicken	1/11/23
187	C		Acppings han, we are not maintained sandwith makerup	retrigerate move items walk in coop	to the	
431	7		The floor spece botes; 3 soils	behind 1	to proofes	1/23/23
Received by Received by	no.		orinted): Zeedien	d'	nspected by (name and title	e printed): Buy / ld=35
cc:	2		cc:		Sung D D	in () in



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#
Dunkin Donuts	() Establishment	1/30/23	2407
Establishment address	() Owner	11/20101	2101
120 Wsmithyalley Rd	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	NO 2	10123
	2. Follow-up	Summary of Violat	
Owner address	3. Complaint		
S Wild Redictor	1		
	4. Pre-Operational	C NC	00
Person in charge	5. Temporary	CNC	R_O
Control of the second s	6. HACCP	and grant of the second	
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
	t phalle part i it i	in Christian Australians	298 jr 50m
Cartified food handler		1233	<u></u>
Apura Chawan Exp: 2027			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			o unu
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE PROPERTY OF THE PROPER		N THE NARRATIVE BELOW A	
Section # C/NC R	Narrative		To Be Corrected by
No violations found o	luning inspection		W80 723 1
	J	0 756197 / 2006 I	ODITION OF
THEOREM SERVICES OF A CONTROL OF STATES OF A CONTROL OF STATES OF A CONTROL OF A CO		Of February 191419	V2011
Ant			
NOTE:	10101010	1 011 1: 00	
Veer cooling unit us to maintain temp	of topa crossa a	TallTivves	
D Mairitain Tang	perarure		
<u> </u>			
the flore course to find a language of the course of the c			
			2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Received by (name and title printed):	Inspect	ed by (name and title printed):
XBr Honey Prince		aycre Mill	
Received by (signature):	Inspect		
Druge Min		ed by (signature): Hill	u (
cc: cc:	COL	The state of the s	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name	0	the Statute of the season restriction and its	Telephone Number	Date of Inspection	ID#
100	2		ate,	() Establishment	1-10-23	1630
Establishme	nt addres	S		() Owner	1-10-65	()
1115	? /.	10	alnut St. 46,124	Purpose:	Follow-up Releas	e Date
Owner			11100	1. Routine	Follow-up Releas	0-73
				2. Follow-up	Summary of Violat	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE OWNER
Owner addr	ecc			3. Complaint		
When addit	C33					
				4. Pre-Operational	(X)	
Person in ch	arge			5. Temporary	C NC	R
		1280	and the second of the second o	6. HACCP	(100)	. Turk .
Responsible	person's	email	The entagency of the control of the	7. Other (list)	Menu Type (See l	pack of page)
0 10 10	11 11		1 Pen S		-	**
Certified for	od handle	r	Joshn (175/27)		123	45
• CRITICAL	ITEMS AI	REID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
430	NC		CRITISM OLDOUR From	H counter is	chmare Missi	19:
	disattle	ion-		and the same and the same and the	1	O
	, ., .,	201110			- IC 14 - 32-512 - 37 - 19	
						-
	-	_				
	-					
	-	-				
-						
	1000	17.5	- 13 - 13 HOLD - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15		- It-said	
_		0.0	Sec. 1. Nacare to Author word. The			
			100 000 000 000 000 000 000 000 000 000			
	1	\vdash				
			Note: 3 Day Sink	Water Dress	124 13 1au	
			, ()	Andrew Kings	7	
Received by	(name and	d title	printed): EAD M-BRCEFIG	Ins	pected by (name and title printed	112 PAULIA
Received by	(signature):/	1 2	Ins	pected by (signature):	RPL
J \		11	are M. Slive	CC	MOLO MIT	7
cc:	,		cc.			
						Page 1 of

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

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

Page 1 of

E - 11:-1		TI I NI I	ID . CY	1
Establishment name	11:12 100: 2710 Sc/000	Telephone Number	Date of Inspection	ID#
Establishment address	1 HIGH ATTHORNE SCHOOL	() Establishment	1-10-73	397
200 S V	12202	() Owner	1 10 CJ	011
Owner	EICH 21.	Purpose: 1. Routine	Follow-up Releas	0~23
Owner			Summary of Violat	
Owner address		2. Follow-up	Summary of Violat	ions.
Owner address		3. Complaint		/
		4. Pre-Operational	(X X	
Person in charge	then Read to	5. Temporary	C X NO	/R
Responsible person's email	resident distriction of the second second	6. HACCP	75 T (C 1	1 - C \
Responsible person's email	Let a read algorithm to the first start to a	7. Other (list)	Menu Type (See l	pack of page)
Certified food handler	, 18x0		1 2 1/2	4 5
LISA MA	(tin (2/10/23)		123	_45
CRITICAL ITEMS ARE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	PROBLEM AND ADDRESS OF THE PARTY OF THE PART	N THE NARRATIVE BELOW	the later with the same of the
Section # C/NC R		Narrative		To Be Corrected by
Temp▶Rite. §	= C = 0 d = 1 = 000 C	Land water	to a	71801 (D.S. 1
Emp:	> FIRM CISKING	Alle Linge	15 OF	MIDA SILVE
PASS WHEN BLUE BAR TURNS ORANGE ES METRIBLE CUANDO LA BAREA AZU CAMBRA A COLOR MARALIA	Serge Carried Books Silver Color		term area a second	
160°F/71°C				
1 4 1	NOTE: + TONISED	not t cold ho	time most	
	and Chest treezer	Cook Sugar	5 50 14 (m	1
	5 MONT order	- horago to	Act tebrate	<u> </u>
1:11:11:11:11	NOTE & FLOOR MIXER	0211 n. 100 =		
	Note: Hoor Mixed	TIGHT WAS		
				i i i i i i i i i i i i i i i i i i i
				!
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india and and	Holly Britton	()	1551 Hall	KEVIN YAXIN
Received by (signature):		Inspec	ted by (signature):	1/07/
N 20 202000 402	Holly Button		MARIOGI	KK. Kot
cc:	сс:	cc:		
I	I	1		4



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

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

Page 1 of _

Establishment name Egg foll #1 Establishment address GFO US 31 S- Owner Owner Owner address Person in charge Responsible person's email				Telephone Number () Establishmen () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas NO 02 Summary of Violat C NC Menu Type (See b	ID# 2464 e Date 100 22 ions: 2 R D pack of page)
Certified foo	od handle	r			123_	_45
		TED F	ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW A	AS "R" To Be Corrected by
inn	MC	К			In storage	O 2 8
	(- m) ()			the floor in K-in preezer		
324	N ic			& hand smit		
Received by Received by	HA	K	brinted):	=	nspected by (name and title printed BUTPU)	Etts
keceived by		. 1	Fu		nspected by (signature): RUW Belliev	
cc:	7	-	сс:		cc: (



460 N. MORTON ST. STE A

F- 1-2-23

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: Follow-up Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler 9/1/10 CRITICAL TEMS 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" To Be Corrected by Section # C/NC R Narrative NC Inspected by (name and title printed): Received by (name and title printed): 19Ke Inspected by (signature) Received by (signature): cc: cc:

NARRATIVE REPORT

Establish	ment N		e Address 2993 5 GWUL Blud-	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		COCa-cola Cooler dor 905ket is	2-2-23
218	-		134 Shelds not observed inside	
010			PAJIK IN COOLER	
197			Sone light is out	
	NC		tood product insi by walk-in treezer	1-61-13
178	NC		Oseved norganita mix stored	Convected.
110 -	,		Grove 3 Day Syck Selver I've.	
425	N.	> 0	EMPLOYER MAYERS DOT STOVED IN	1-26-23
	30-7-		designated ones.	
100	- 10	S		
187	61	20	Observed Sauce on hot holding in that	Corrected.
			121	
		3		
				-
				-
				1
Received By	/ (Name	& Ti	tle) / Inspected By (Name & Title)	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Listablishiii	icht Sain	tatio	in Requirements. The time fillit for correct	thon of each violation is specified	a in the narrative portio	n or this report.
Establishme	ent name	+1	2 2 Mariagas	Telephone Number () Establishment	Date of Inspection	ID#
Establishme	ent addres	s c	ross Restaurant	() Owner	1/10/20	2568
200 E	·. Ma	in	St. Edinburgh, IN 46124	Purpose:	Follow-up Relea	
Owner		7		1. Routine	NO 1/	20/23
Ju	en	a	uezada	2. Follow-up	Summary of Viola	tions:
Owner addr	ess		U	3. Complaint	1	
				4. Pre-Operational	0	1
Person in ch	narge	5	ß	5. Temporary	cONC_	<u></u>
Ku	ven	1	Quenada	6. HACCP		7
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)
Certified for	od bandla			I alm 4 x x	III WE THEN THE	./
Qui A	- /	1116	omada		123	45
9,0000		RE ID	DENVIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
• VIOLATION	I(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
430	NC		Morthwest dis	orea we	all.	1/25/23
			near mechan	ical dish m	achine,	Scrape
			11 peoling a	white film		alla
			(i.e. pana)			
			note: some le	suid condens	rate.	
			along East wite	buon top ce	iling of	
53.50			the walk-in-	cooler	0 0	
	-					
				- 1		
			and the second s		THE RESERVE	
Received by	(name and	٦.	7	Inspec	ted by (name and title printed	W. EHS
Received by	(cion stur	Name and Address	Edh	A	ted by (signature)	rienz
Received by	1100000			(Vm	ted by (signature):	A.
cc:			ce:	cc:		
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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#
EL PUEBLO	() Establishment	1 1	
Establishment address FIANKGTM, IN	() Owner	1/5/23	3038
1904 NOTHWOOD PLAZA	Purpose:	Follow-up Release	Date
Owner	(. Routine	//	5 23
VANESSA AGULTRA	2. Follow-up	Summary of Violation	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$_{\rm c}$ 3 $_{\rm NC}$ 1	R
Jesus MIRALES	6. HACCP	n = d - 1 + U pr + - + L	- Tai by eq.
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
engag ghanar zahalon uz. 1 1 a.		Law unberupous	process
Certified food handler SUS MTRCLES		13(5
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 🕏	Varrative		To Be Corrected by
187C & INTERNAL FOOD			16123
	ARdous Foods		ATHORNAL E
CHICKEN, CHEOS			
		PSI 'UNFT 4	XF
324 NC O HOT WATER AT	- HANDSINKS	270°F	1/15
	# 120°F	00000	1/15
399 NC & COTTING PANCES			1113
		THER NOT	1/15-
PROVADED FRONT	womests Res		///-
	WALL ON AND		1/15
399 NC S KATTCHEN NOT		LWORN	1 4
IN GREBS, FLOOR	ITCE IN Arei		
3 FLOOR SCAIN NOT	CLEAR IN E	BAR ARRA	
SFOR OF WARK I	in cooler wo	RN	
174 NC BULK SUGAR NOT	LABRES, SMARL	SAZT/PEPPE	e 118
10 NOT LABORD			
228/MC SI PEPSI" PEFRISE		sity move ABL	
(NO CASTERS OR WHEOL		NOT ENSTLY CLO	
Received (name and this printed). Mana Mirely Mana		d by (name and title printed):	EH5
Regeived by (signature):	Inspecte	d by (signature); Bal Smo	package
	Œ	sal sme	
сс:	cc:		
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NARRATIVE REPORT

EL	PU	200	20 1904 NORTHWARD PLAZA	1 15 123
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	No	×	The maker (FRONT) INSTACTOR NOT	1/10/23
229	M.	*	(1) FRY BASKET WORN	1.16
218	NC	2	JOOR GASKET WORN ON PREPARATION	1115
24	NC .	*	REPTISERATION MOP SINK FAVORT LEAKING	1115
239	NC	4	BOXES OF SINGLE SERVICE TEMS NOT	1115
			STORED OFF FLOOR MINIMUM OF	
392	NC.	4	or Ductes dumpsiter lid not closed	CUCTATED 15
The state of the s	NO-		BAR BOOR COLOR WATER STANGING	1110
			IN BOTTOM OF UNIT	
24	we.	P	WATER NOT AVAILABLE AT BAR 3 COMPAGIMENT SINK	1115
415	C 1	1	SMARL FLYING INSPECTS SOON AROUND	CONTROL
.0:			BAR ORAZAS, DISHMAZHAR GRAIN	1/13
131	nc.	-	BACK CESTLING EXHAUST FAN UNITS NOT	115/23
38	C.	**	CLOAN SPRAY BOTTLE OF CLEANER NOT LABELS	2118
	nc,	~	CEAN NOTOD ON SISHMACKING SCAIN	1/15
239	nc	7	DISHRACKS NOT STURED OFF FLOOR	116
	ne	9	DISTANTERS THE STORE OF FEELE	110
		-		
		2	NOTE:) WEST. FY THAT HOSE CONMECTED	
	7	6	TO FAVORT ON DISHWASHINGANDAS ADEQUATE ANTI-STRHON DEVICE	1
			AJEQUATE ANTI-SIPHON device	
			INSTAZIOJ	
		//		
eceived B	y (Name	& Fit	Inspected By (Name & Title) Bal Show EXS	n2 /2
/	11/1	/	Rel In PHS	Page of of



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

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

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

Establishme	nt name		alikali mahari kiladir. Kana mana mari	Telephone Number	Date of Inspection	ID#
Ener	110	5	of whiteland	() Establishment		1000
Establishme	ntaddres	SS		() Owner	1-12-23	1566
939	N	()	531 Ste.5	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	- 1 -	22-23
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	\propto 1	1
Person in ch	arge		North of the North of the State	5. Temporary	C NC	7 R
To-	ing j		imakakakaka	6. HACCP	r rock	a stard and
Responsible	person's	emai	President of the William I -	7. Other (list)	Menu Type (See I	back of page)
Certified for	1111.		Stion Control of the All a	01 1 1 11	-	
Cerunea 100	od nandie	:I			12×3	45
• CRITICAL	ITEMS A	RE II	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	THE RESERVE OF THE PARTY OF THE
Section #	C/NC	R		Narrative		To Be Corrected by
256	NC		12id not Observe	a thermam	eter inside	Corrected
110			THE THE THE THE	coler	22 = 5= 124	mathificants
112	NC	-	Stand-up Coplex	- Freezer Of	pears not	ZiD tx iii
430	NE	-	COST COOKS	is doma red		
450	000	\vdash	5 not smooth to		nable.	
174	NC		fer bulk ford over	dust not	abiled.	
			1000 /	SOURCE STATE OF THE STATE OF TH	to the total con-	
		_				
	1	-	100000000000000000000000000000000000000	2012 2122	drest 0 a	- Live F
		+	100th 6 WST100W	SRIX CLOSING	Charles	
	127.00.10		NOR interior of	Co Machini	Morak	
		\vdash	Cleaned.	100111111	111111111111111111111111111111111111111	
			Comic			
		_				
D : 11	<u> </u>	1 1:11	(* , ,	Loca	pected by (name and title printed	<i>J</i>) .
Received by	(name an		C.Miller		OSSI LA L	restles tel
Received by				Ins	sected by (signature):	eniga-kii r
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ec:			cc:	ce	:	1
						D 4 6
						Page 1 of



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

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

Establishme Stablishme Stablishme Cowner Owner Owner addr Person in characteristics Certified for	ess person's o	email	Alm Park Dr	Telephone Number () Establishmen () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Summary of Violate C NC Menu Type (See 1)	2-23 tions: 0R
Ceruned 100					12_×_3	45
			ENTIFIED IN THE CHECKLIST AND NARRAT ROM PREVIOUS INSPECTIONS ARE DENOTED IN		AND IN THE NARRATIVE BELOW	AS "R"
Section #	-	-	CONTINUE DE L'OTE DE	Narrative		To Be Corrected by
118 218 329 177 174 414 324			Observed ice blaild Laheelis missing of Mos Sink (1.5ht) Dostried Single ice Dostried	How caler Knub & Mi Se Items (1 NH Nelds t Neled Or NOT Pro	soler so	and
Received by Received by cc:	100	l	Note: 3 lestroom Note: Observed her boah Note: 3 bay sink be 150 to 200 pp	I.	rspected by (name and title printed spected by (signature):	



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Establishment name LORY SOAT CENTRE GAMB Establishment address Owner Owner Owner address Person in charge						mad	() Owi	up nint erational	Date of Inspection ID# 1-23-23 2379 Follow-up Release Date 2-2-23 Summary of Violations: C		
Responsible Certified for			e vilon.	eomi- ii. '	11		7. Other (Stor me	Type (See bac	ck of page)
CRITICAL	ITEMS AR	E ID					E COLUMNS MAR	RKED "C" IOLATIONS" AND I			45
Section #		-	Single 3 Vole Rose Note Note expin	2 WS	e It	itus Soniti	Narrative NOT OX Sol	6" Off	elab are	The second secon	To Be Corrected by
Received by	nael	2		enna uu cc:	<u></u>	× 07		(, E	ted by (name	e and title printed): ((()) ture):	mak Sarj



3-2-23

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Establishment Saintation Requirements. The time mint for correction	on or each violation is specified i	if the narrative portion	or timo reporti
Establishment name	Telephone Number	Date of Inspection	ID#
Flad Jacks	() Establishment	111177	1005
Establishment address	() Owner	11-91-65	1203
2991 Filmer)r. 4606.	Purpose:	Follow-up Release	Date
Owner	1. Routine	Ves 12-11	J-75
Tom Lasans	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		
	4. Pre-Operational	10	\
Person in charge	5. Temporary	C NC	R
ereser in ormanium in in in india evidum.	6. HACCP	Livery Control of the	esser-
Responsible person's email	7. Other (list)	Menu Type (See be	ack of page)
	um vii u tiitkus	on airing cooling.	
Certified food handler		1 2 3	4 X 5
Iom Lasara.			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		THE NARRATIVE BELOW AS	The second secon
	Narrative	Ch	To Be Corrected by
190 NC Doseved soup cooly	my on the hitch	non troop	1-51-63
105 de a plastic y	Miles la s	20/ 2/10/10	7-11/13
324 NC OBSETUED ON PEAK OF	t tru 5 mg 3	MK drain	C14-L3
COMPETION -	Clark & Sal	10 7	7-7-73
795 NC LUCKY-IN COURT	STORY CACK	CIVE	7
Sa 10=1 M 15211	or crows		
431 NE WAR-IN COOPER LA	KILLS DELVING S	nellin	
TUCKS ONE SOILED			
430 NC DOSKURD MONU &	floor tiles thy	anhant	3-1-23
Walk-in cooker &	Litchen ove	DYP damage	
295 NC Whenior Of 10 Mg	Chine 15 Soil	6-,	4-1-23
431 No Hoor through alt	- Witami is C	blice	2-14-23
Singuesaribi	vert also		lago e 1
SWIGHT SWI	JIM YOUS LUM	T)	
NOTE: employee mons	expenter.	1/10	
100 to explore cons	HOT HUB W	11/	
Dryseried Stor	red on bulk f	· km	
Received by (name and title printed):	The second secon	d by (name and title printed)	
+ Altonso Martinez	ding me	SiHall	
Received by (signature):	Inspecte	d by (signature):	Petg Fedg
JE COL	- COL	MATCHE	
сс:	cc:		

NARRATIVE REPORT

Establish		am		Ir Date
10	9)(icks 12991 Fulmer Dr 46106	17 -3
Section#	C/NC	R	REMARKS	CORA. TED BY
216	NC		DOSRIVED DOWS/ COOKIN ROLLIPMENT	1/30/23
			Stoved WSide Courd hoeved Dox	
			5 not epsily - leanable	
NO	He	86	Observed a distracted utensil (Spoon)	
234	NC	A 32	Observed in use literails not stored	1/30/23
			Lith hornor distattoo product.	, ,
N	Ote	9	Woman's restramuent nearly cleaned.	
N	Ote	9	all wet wining clothe need to be	
'			Stored in Sanitiver bucket.	
218	pe	-	STOVE IS MISSING MULTIPLE KNOBS	3/1/23
218	NC		REACH IN COURSE NEXT TO GOD LINE HAS DOOR	3/1/23
			GASKETS IN DISREPAIR, ALSO REACH IN FREEZER	
255	Ne	-	THERMOMOTER IN REACH IN COULER UNDER	2/14/23
			Cooking GINE WAS NOT FENCTIONING	
295	NL	-	- BOTTOM OF REALLY IN FREEZER (INSIDE) IS Some	0. 1/30/23
351	NC	-	EmployEE RESTRICOM DOES NOT HAVE A COUSUED	2/14/23
2			RECEPTICUE.	1
295	NC	-	EQUIPMENT ON COOK LINE IS SOLLED	1/30/23
174	MC	-	BULK ITEMS AT END OF COOK LINE NOT LABUTED	1/30/23
			- ALL BULK ITEMS OUT OF ORIGINAL PACKAGE	,
			NECO TO BE LABRED	, ,
295	NC		- VEGETABLE SLIVER IS SOLLED	1/30/23
				,
			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
			Note: Label & date mark bulk tood in	
			MAK-IN COURT.	
		_		
		-		
	Ē	\dashv		
Received By	(Name	& Tit	le) Inspected By (Name & Title)	
	TI	2	Bill Pol EHS	Page <u>Z</u> of <u>Z</u>



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

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

Establishment name Telephone Number Date of Inspection) Establishment Franklin, IN 46131) Owner Follow-up Release Date Purpose: 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 N(Dishwasher not in USE Inspected by (name and title printed): Received by (name and title printed); Recoived by (signature) cc: cc:



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			requirements. The time mint for contest			
Establishme	nt name	<	0 /	Telephone Number	Date of Inspection	ID#
tu			leshe	() Establishment	1-19-23	2642
Establishme)			() Owner	11:152	0001
Dres	enwo	لين	Park Mall	Purpose:	Follow-up Release Da	ate
Owner		0	_	1. Routine	1-2	9-23
S	. >	Y	1 0	2. Follow-up	Summary of Violations	
Owner addr	A	X	ing	3. Complaint		
Owner adda	Coo			•		
				4. Pre-Operational	c_O_Nc_/	
Person in ch	arge			5. Temporary	C NC	_ R
			9 %-	6. HACCP		
Responsible	person's e	email	7. 电多距	7. Other (list)	Menu Type (See back	of page)
			3			ee 📫
Certified foo	od handler				1234_	5_5
 CRITICAL 	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TI			
Section #	C/NC	R		Narrative	То	Be Corrected by
132	8.C		Employee dawn		orlea	1/10/2
M		1000	SMOUR TO		Jork.	19123
- 1	1 19.11	100	Clothing S	hall be I	aundered	27-25-1
	12		0			11 /
414	NC		Observed bags of to	rash in from	at of	1/19/22
1.1			breakers		U	1,1123
And the second second			21		-1.16	
	1		Aluxy store baco	if rice on	Shelf /	
	1		ato least 6"	The floor		
ļ		_	()	00 0	- 1	7
			Always Wash, rinse,	sanitize 9	an dry	
			Equipment, o	uch as re	ice J	
			cookers bowl	o between	use	
	-	-				
	-			NAME OF TAXABLE PARTY.		
						The second second
	-					
Received by	(name and	title t	rinted):	Iaso	ected by (name and title printed):	
)	(name and	p	Su Ling	C ^r		00.0m
Received by	(signature)		MANT	Jnsn	ected by (signature):	chielty ultz
7	1.3			#	lizabeth Sch	ultz
cc:			Tc:	cc:		