

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#
3 Agaves Mexican Girill Bar	() Establishment	1/1/1/10	0118
Establishment address	() Owner	4146	1/(010)
11 Declaration Dr Greenal	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	Ves 31	4/23
	2. Follow-up	Summary of Violati	ions:
Owner address	3. Complaint		
	4. Pre-Operational	1 1	1
Person in charge	5. Temporary	CNC_	R
	6. HACCP	i job pera. ils	h duba d
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
about to unit and a full		officer to pilot any 25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Certified food handler	Xe)	1 2 3	4 🗙 5
Francisco Gravan Lopez La	1/8/20)		7
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	The second secon
Section # C/NC R	Narrative	MAM	To Be Corrected by
18 10 OUSERVED AMARIES	N WK+ON CO	(J (AKA))	VI TIBILITE
with a plastic	1995 A	NEWW	depassan
100 100 100	and a division	Loline E	(Jan 1895)
HET POOR WEST FOUND	inmin in the	N AVI A	
Ca Sciledi	This is	N VII LOT	
218 NC HOLD SINK IN Y	W MICH NO	A 500/22/	
Citached to CXI		2 0 0 0	
345 C DOSEYVED CLOSE	is stored in	de box	
modsink.			
534 M ODSERVED BLOOM H	-USE VALUSIS	Storta	12.2
MATCHINA ARIV	Lavor Cloone	TR +000	-11
20 = N Odillo	Malaura se S	Solve	
C31 DC Clock City	Hamaring run	13 500 180	HILLIAN ALZ
374 W. Roserrada leax lx	ider 3 Volu	wk.	
Note: Bulk food NA	Me 182-		
Note: Vice & Dears need	to be stored	MSILL	
ford grade bag.			
Received by (name and title printed):	Inspecte	d by (name and title printed	e6 Aeener
Received by (signature):		d by (signature):	le Beene
сс: сс:	cc:		
			Page 1 of



460 N. MORTON ST. STE

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

Establishment name	Telephone Number	Date of Inspection	ID#
1823 BAKe House	() Establishment	2/15/23	2140
Establishment address	() Owner	0/10/01	0110
25 EAST COURT ST. FIANKER, IN	Purpose:	Follow-up Release	Date
Owner	I. Routine	- 2/8	75/23
THOMAS MOORE	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		
	4. Pre-Operational	0	,
Person in charge	5. Temporary	$C = O_{NC}^{2}$	
- Hearter wenning	6. HACCP	audificación a fo	ability in the
Responsible person's email	7. Other (list)	Menu Type (See be	ack of page)
$g^{\mu} = \cos(b\Omega_{\mu}\lambda)$ (i.e., ω	30	and an intermediate	28 1 18 1
Certified food handler (1647)HR WENN ING		12_)_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		THE NARRATIVE BELOW AS	s "R"
Section # C/NC P	Narrative		To Be Corrected by
177 NC & BAGS OF MILLET FLO	UR NOT STORED	OFF FLOOR	2/20/23
MINIMUM OF 6 DV	CHES PN STOCK	Room	ne note 1
256 rc & THERMOMETER NOT	seen in UPR	RIGHT FREEZ	Per 2/20
	KITCHEN CHES		
218 WC × JOOR GASKETS WOR	EN/SPETT ON	2 200R	3/15
UPTIGHT REFLIGERAT	DASOTT LONG	ROOM,	
1/	REFRIGERATOR		2/22
Some preweappe			0/000
OUT PROPELY LABEL	ed OR LABRU		
0001 1100000 110000		a conflor	
REW SMALL FLIPS	seen an mor	SINIC	CONTROL
NOICH ROOM TIASH STOTAS			2/20
			In
Received by (name and title printed):	Inspected	by (name and title printed)	
Heather Wenning	(f	3 b Smith	
Received by (fignaphre):	Inspected	l by (signature):	integral in [1]
Hand	B	I Imp	
сс: Сс:	cc:		
			D 1 6 7



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

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

Establishment name ALDI STORE #120 Establishment address 46142 300 S.Z. 135 GREENWOOD, IN Owner Owner address Person in charge MATT Dow			135 GREENWOOD, IN	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# 2 /15/23 Follow-up Release Date 2 /25/23 Summary of Violations: C NC R		
Responsible			r pagamentagi vi giring in garing	7. Other (list)	Menu Type (See b		
			ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
384 451 411 410 -256			- Dumpster Lio is open FOOD ITEMS STORED WITH STORAGE AREA - LIGHT BULB IS OUT IN MILIC - LIGHT BULB NOT PAUX THAT HOUSES MICK. - THERMOMETER FOR APPEARS TO NOT BE AT - 40°	CHEMILAL BOPCIES WALK-IN COOLEA THE WALK-IN	THAT I LOUSES	3/1/23	
Received by Received by Cc:	PAH	- /	printed): Dols Stove Manage CC:	K	ected by (name and title printed) EVIN R. PAUC ected by (signature)		



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

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

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

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

Establishment Saintation Requirements. The time mint		
Establishment name	Telephone Number	Date of Inspection ID#
	() Establishment	7-7-23 11475
Establishment address	() Owner	L L - 5 LACS
3021 Mexidian Meadons	Purpose:	Follow-up Release Date
Owner	1. Routine	12-11-25
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	C NC R
	6. HACCP	are a familiar and de la disease
Responsible person's email	7. Other (list)	Menu Type (See back of page)
responsible person's cinal	7. Other (tist)	Menta Type (See Such of page)
Certified food handler	: 1(8xp.	1 2 2 4 5
Certified food handler Zing Men T	ial (5/11/26)	12343
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND	D NARRATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DET	NOTED IN THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
295 M Stand up 3	door " cold drink"	Cooler
middle shelf	B Soiled.	7-18 Z 1 10 gailland razasza [
218 NC Observed co	waboard trank St	elves
295 NU Knote was	observed Soired /	rushed.
218 Observed LX	soden polets vised	to Store
Good product		
5 not e	easty Clementalin.	
	J	
1 0 Language v		P
		about a mine
		191617181
Notes Destro	oom celly sent of	Jerds
Cleane	d'a	de d'3
C/Core	+	
Received by (name and title printed):	Inspect	seed by (name and title printed):
Received by (signature):	Inspect	Signature): Cated Floer Glu Eleener
сс: сс:	cc:	
		Page 1 of



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

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

Establishmer	nt name		-1	Telephone Number	er Date of Inspec	ction	ID#
APPLEBER'S			25	() Establishme	a /28/	23	687
Establishmer	nt addres	ss	224 274 22	() Owner	1001	0,0	001
70	10	N	MORTON ST. FRANKITA, IN	Purpose:	Follow-up I	Release J	Date /
Owner				1. Routine		3/	9/23
AT	Plo	A	MECICAN GrOUP	2. Follow-up	Summary of	Violation	
Owner addre	ess			3. Complaint			V 1
				4. Pre-Operation	al		
Person in ch	arge,			5. Temporary	C_O_1	VC L	+ R
, R	417	N	CLARK	6. HACCP	"		
Responsible				7. Other (list)	Menu Type	(See hac	k of page)
	1			7. Other (issi)	Mena Type	(See one	n of page)
Certified foo	d handle	r M	CLANK (SOUSAGE)		12	3	5
			ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
The state of the s			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		S" AND IN THE NARRATIVE E	BELOW AS "	R"
Section #	C/NC			Narrative			o Be Corrected by
431	NC		FLOOR IN ARREAS	OF KIDE	Har,		3/7/23
1-1			WALK-IN COOLE		WEST TO		
l Ji			WALL , UNDAR EO		NOT CLEA	~	
)
229	NC	×		BLO IN K		A5	3/10
			Hole IN TOP (W)	Here peg u	ins previous	24)	
- A			and the state of t	2001-11	AD - 1		5/21
399	NC	*	BACK COOR THE	restrated w	ORN		3/21
000	NC		BACK Edge OF	ON DECRETOR	1 Can In P		2114
0.75	100	\times	NOT CLEAN	FI CEVILIA 1701	- 000 00 00		514
			7001				
		1	macking CAZ SISH	maditive h	tet waten		(A)
//	11/1	P)				0	(ON)
1			SANITIZATION PO 160°FOR MORE	on plate	INTENSEL SU	RAT	0
				-			
	~ \		S				
	1 8						
D : 16	7		J. n.		Y 11 / 1::1		
Received by	(name and	dittle f	rynted):	*	Inspected by (name and title	m ITA	+ B75
Received by	17): U	Clerks		Inspected by (signature):	En S	3
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of Z

Establishmer	at name	-	1.0	Telephone Number	Date of Inspection TD !!
A DA	Leo!	5 /	MEAT & CATERING	() Establishme	2/21/23
Establishmer	nt address	5	WIII		AMENDED: 3 472
259	<	Men	IDIAN ST GREENWOOD, 1	Purpose:	Follow-up Release Date
Owner	0. /	CER	INTO ME STERNAND, I	1. Routine	Tonow-up Release Date
8 -		1-	rcher	2. Follow-up	Summary of Violations:
Owner addre	ecc			^	
Oo1	-00		HOLLOW Pi 4614Z	3. Complaint	
886	SLEC	py	Hollow Pi 96142	4. Pre-Operation	AND THE RESIDENCE OF THE PARTY
Person in ch	arge			5. Temporary	C 3 NC 16 R
2012		.,	y 151 211	6. HACCP	Contract and State of
Responsible	person's	email		7. Other (list)	Menu Type (See back of page)
Certified foo	d handle				$ \begin{vmatrix} 1 & 2 \times 3 & 4 & 5 \end{vmatrix}$
					12
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"	
• VIOLATION	(S) REPEAT	ED FR	OM PREVIOUS INSPECTIONS ARE DENOTED I	N THE "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
384	NC		PUMPSTER IS NOT ON	A SECURE, LEVEL	Approved SURFACE
411	NC	-	LIGHTING IN STORAGE R	DOM IS NOT SUF	FICIENT
136	C	-	IN THE BALL HALLWAY.	TE SMOKLING INS	DIDE THE FALLETY,
		-	IN THE BACK HALLWAY,	-OBSERVED A LIGH	FICE OF ASHES
111-125	Via	-+	AND CIGARETTE BUTTS		1 1 1 1000
410/35	NC		EmproyEE RESTROOM	NO FAN OBSERVE	No Covered
257	NC		No PHERMOMETER IN.		ENERZIER.
296	C		MEAT SLICER IS SOIL		
437	C	_	NO LABELS ON CHEMICA		
112	NC		OBSERVED A RESIDEN		
112	NC		OBSERVED A RESIDEA		IER
430	NC	-	CEILING IS MISSING PA	NGLS THROUGHOUT	THE FACILITY
216	NC	-	FLOOR HEAR WALK-		
177	NC		MEAT STORED ON FLOO		reenen, NOT 6
2 . 0			INCHES OR MURE ABOUT		
218	NC		BACK DOOR IS IN DISP		Peine NEED CORRECTED 2/
431	MC		SmolleHouse is Soile	D-FLOORS, WALLS	CEILING NEED
Received by	maine and	title to	DETAILED CLEANING		Inspected by (name and title printed):
×	1	1	s I men		KEVIN R. PAULIN/ BURN SWELLI
Received by	(signature	:			Inspected by (signature): / //
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cc:			сс:		cc: Bub Suy th
					100 0 000140

NARRATIVE REPORT

Establish	ment N	am	e Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
346	NC	1	No SOAD OBSERVED NEAD THE EMOLOYEE HAND SINK	
218	NC	1	· No SOAD OBSERVED NEAR THE EMPLOYEE HAND SINK GASILETS ON THE REACH IN COOLER IN "LETAIL" ROOM	
			ARE IN DISREPAIR UNUSED EQUIPMENT BEING STORED IN STORAGE	7
426	Ne		UNUSED EQUIPMENT BEING STORED IN STORAGE	
			Room (Former WALK-IN)	
227	MC	-	BAND SAW HAS A CRACK IN THE PROTECTIVE COVER	
235	MC	-	· OBSERVED A KNIFE WITH A BROKEN TIP	
		-		
		\dashv		
		-		
		-		
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Received By	/ (Name	& Ti	Inspected By (Name & Title)	Page <u>Z</u> of <u>Z</u>



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1	on or enem resument to opening	in the martin of postion	or the representation of the reserved of the r
Establishment name ARCHER'S MEAT & CATERING Establishment address 2595, MENIDIAN ST 46143 Owner CHRIS ARCHER Owner address	Telephone Number	Date of Inspection	ID#
HREHER'S MEAT ! CATERING	() Establishment	1-1-1	21-3
Establishment address	() Owner	2/3/23	472
259 S. MERIDIAN ST 46143	Purpose:	Follow-up Release	
Owner	1. Routine	2/1	
CHRIS ARCHER	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$c \not = Nc 3$	R
s postu s are embedyprops	6. HACCP	Jeji u Jen.	
Responsible person's email	7. Other (list)	Menu Type (See bo	ick of page)
the second of th		Sinc. 150 (SE) 1	
Certified food handler		12_X_3	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV			unu.
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH Section # C/NC R	Narrative		To Be Corrected by
			To be confected by
RETAIL ROOM	CLAS	ve grand	Caracter 1
218 NC - SEALS ON REACH-12	Concer 1 Desp	= OAIR	2/17/23
399 HC - CEILIX. IN DISREPAIR	coocie 15 Dista	PALIC	2/17/23
399 HC - CEILIX, IN DISREPAIR 295 NC - SHELVING IS SOLLED			2/17/23
4 4 49 4 1 4 9 4 1 4 1 4 1 4 1 4 1 4 1 4		and the state of t	
a Bulan z acas a company de anticonomico de an			sistema 150
		Land Mariana	1.300
			11. 1.7. 2018.
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- Luni of Let		EVID R. PAUL	12
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The A		14	
сс:	cc:		



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

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

Establishmen	nt name	to a standard three some to the	Telephone Number	Date of Inspection	ID#
PEDR	NIK	all	() Establishment	1 10 72	11911
Establishmen			() Owner	6-12-13	1119
315	45	SR 135 GYPENWOOD	Purpose:	Follow-up Release	Date
Owner		Ontinoed	1. Routine		75-23
			2. Follow-up	Summary of Violati	ons:
Owner addre	ess		3. Complaint		A STATE OF THE STA
			4. Pre-Operational	CX /	1
Person in ch	4400		4	NG NG	7 B
Person in ch	arge		5. Temporary	I C TO NC	R
D il-l-		11	6. HACCP	No. T. (Cas le	ash of page)
Responsible	person's ema	III veri ineger on the gorb	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	nd handler	EIARII IIIODISECTI			. 🗸
Certification	a 5th	asia Helmich.		123	_4_/_5
		DENTIFIED IN THE CHECKLIST AND NARRATIVE			
	The same of the sa	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	which was the same of the same
Section #	C/NC R		Narrative		To Be Corrected by
324	NC	COSEVED A PEAK	At the LOURS	>(V)V	[27131X:1]
100	86	Fallicet (1000 har	000000000	(Inchant)	10.10.10.XE4
195	NC	CUDINGTS CINTERIOR) (N 6 20110	SOUNALL	VUIT IX TUT I
Taa	21	DONNEWS TO Y	100× 1100 0+ 1000	Tricola.	COVV (-18)
199	NC	Constitution of the	M COOKING IN	nethod.	Contora
		HANDEL CULTURE) 1101	our obbiones	M.Carber.	
					-
		NOHP : MO SOVALA	hottle need	S Wheled	
		NOTE: SCRIFTER V	MICKETS Should	7 Merror	
	1	700 00M) VICE ST 31 10 VI	0. 10.0	
		5 Change to	wellets throw	hout the	100 miles in 1
. To	I al	day.		ne letner	i a nahe
					Philosophia
	-				
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Received by			Inspecto	d by (name and title printed) Calc d by (signatura):	D. packagene
	icku	Cortter		ATHAM / Col	w tleanin
cc:		сс:	cc:	WWW THE STATE OF T	



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

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

Establishment name AMA AMANDER BUST WESTERN Establishment address 12 St. Perr Iv. Tol, 46143 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)	Follow-up Release MO 2 66 23 Follow-up Release NO 2 66 23 Summary of Violation C NC 3	Date 17 /23 ons: R 3 ack of page)		
Certified foo	d handle	r			12 \(\sum_3 \)	_45
• VIOLATION			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS"		
Section #	C/NC	R		Narrative		To Be Corrected by
146	Me	V	there are some unlake	irs producten	rs morele the	2 13
228	Ne	✓	A sale of the fact of the fact of the sale	s reprotgerat	or freezer	2/27
255	MC	7	at 55°F	unstains te	nperature is	2/13
			(ii) Matil sure ce novabell. (ii) Please mort	thongs are angles during obers & foester tems inside co	always use polations one easity	entrano del Composito del Comp
				I.	11 / 151	
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cc:			cc:	1	Cu	



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

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

The same of the sa			1	1		
Establishmer	nt name	1	11-1011	Telephone Number	Date of Inspection	ID#
Kia	15	1=	5 #5/284	() Establishment	2-17-2023	16116
Establishmer	t addres:	S	100-1-1-51 46131	() Owner	1211	109()
1530	> 1		Martin St sais	Purpose:	Follow up Release	na Data
Owner			1101010101	1. Routine	Follow-up Release	7-77-7023
Owner					Annual Control of the	
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		4
				4. Pre-Operational		,
Person in ch	nece	-		-1	C B NC	6 06
r erson in ch	arge			5. Temporary	I C TO NC	D N
				6. HACCP	7,	
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
			n visible o la e	gradient state	für grazit in min i	
Certified foo	d handle	r			$\begin{vmatrix} 1 & 2 \neq 3 \end{vmatrix}$	4 5
• CRITICAL I	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEAT	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
	73/19/		No Violations	Observed	"t = met #Fellipalds	And the first of t
	Tell			1911 2 hard start	Zaniva desc	
			H 1 -		COMMENT STATE	
			Thanks			
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		\vdash				
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			v i jog goden di dis		and the state of the state of	20 Supraed 1
dile	in a me		A	LONGING CONTRACTOR	11 S. al. San 200 Gas	searmala.
						Allianza
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$\times N/$	1450	1	Miller	4	cted by (name and title printed Calcb Acen	ropal .
Received by	(signature)):				
1 N	2.	1	melle	1	cted by (signature): Elev Ellene	~
cc:)	cc:	cc:		
	/	60	1			



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

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Establishment Sanitation Requirements. The time limit for correcti	on of each violation is specified	in the narrative portion o	of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
51g UW000	() Establishment	2-1-23	2047
Establishment address CL Franklin, IN 46131	() Owner	1 4 1 L)	
1800 E. KUIGOT.	Purpose:	Follow-up Release	Date
Owner Diva N	1. Routine	yes 2-	11-23
Ca KYUV	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint	1 *	
	4. Pre-Operational	0 /	D
Person in charge	5. Temporary	c_O_Nc_/	<i>O</i> R
Ven Dianari	6. HACCP	to taking it as	(11)
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
Gertified food pandler EVD 12/2/2		CHILDS SOLD TO	
(En manam (Exp 10/3/26)	/	13	45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
· VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative		To Be Corrected by
431 NC Floors walls, Cli	lings soiled i	n firm	2-12-23
399 NC Floor tile an	a coung	worn	2-12-23
402 NC in Ritchen	1 2 0000	THE SECTION ISSUED	Corrected
190 NC Previously Cooker	a pour ana	over 100°F	Corrected
Chicken I Wings	Mot allice C	6.0001	
Invite the life	18-10-CAOLOS	(WIC)	
177 NC BAA OF PRIDMA	on wich	000	2-1-23
218 NC (Doch b Sealo W	orn on te	UD COOLE	-3-1-23
on West side o	f kitchen		1
D'suro ice buc	kets were c	racked	ar and the second
346 NC NO DADOS TONOS	sen) end.		2 1 22
346 NC No paper torvees	pravalaca	bar	2-1-23
352 NC NO COUPLE Wa	ATO CANZING	AIN)	2-10-23
	OM	sue!	4 10 2
227 NC Ban leg Codes	mot MANUL	movable	2-20-23
416 NC JUD dead mice	were invides	mechanical	room2-1
	ere used as sho	lving in th	e basement
Received by (name and title printed):	Inspecto	ed by (name and title printed):	(2-20-23
Jen Braneum	Mo	YEW Miller, EH.	Y BOD JMITH
Received by (signature):	Inspected I AAA	ed by (signature):	18.1860
	cc:	NULU ITUUT	Jus mes
cc: Cc:			
			Page 1 of 1



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#		
BUD EVANS	() Establishment	2/15/23	a 2134		
Establishment address	() Owner	Q/10/05			
900 N MERTON FIBERKLIA, IN	Purpose:	Follow-up Release	Date /		
Owner	1. Routine	(48) 2/25/23			
	2. Follow-up	Summary of Violati			
Owner address	3. Complaint				
	4. Pre-Operational				
Person in charge // \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*	C NC	10		
ASH LEY C-LIDDEN	5. Temporary	CR			
Responsible person's email	6. HACCP	Menu Type (See back of page)			
Responsible person's email	7. Other (list)	Menu Type (See 6)	ack of page)		
Certified food handler RSHLLY GLIDDEN		123	5		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"				
	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"		
Section # C/NC &	Varrative		To Be Corrected by		
	FLOOR, WAZL IN AREAS OF KITCHEN				
431 - OUTSTOR OUMPSTER -	431 - OUTSTOR OUMPSTER - LID NOT dOWN, BROKEN 3/10				
392 NC AND MISSING			= 100		
256 NC & ICO CROAM - SMALL			2/25		
	NOT PROUBLED , GRILL AREA - WEERENDERS				
		SPRATOR	OPM had cotted		
AND FREEZE SECTION	AND FREEZER SECTIONS, PREPLIAS COOLER-NO THERMOMOTER				
295 NC & SIDES OF EQUIPMON					
218_ NC & WATE-DN COUR - FLOOR WORN AND - PEPLACY					
395 NC WHAT IN COOLER					
FAVOT	3/10				
339 NC + WATER NOT AVEITABLO AT SIPPER WELL 311,					
295 NC - CONTATOR IN WHETCH SUGIER STORED NOT CLEAN 2/00					
	RNAZ TEMPETA		f d ISCARDED		
CHERSE 57°F NO	TAT 41°FOR	2055	2115		
(NOTO) - mech - distinactions	ANTATON Demp. 16	50F +	OK		
Received by (purish dilly prima) FLIES SOON ON KI	TZHEN CONTHSPERS	by (name and title printed)	= 110		
A. H. Shey Glidden		ob Jint H	6N2		
Received by (signature):	Inspecte	d by (signature):			
Hahly Studely	#2	Smy			
Temp≻Rite. § CC:	cc:				
Date: fechs Emp: Emplesdo nace WHEN BILLE			Page 1 of		



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishment n	name	1	-		Telephone Num	hor I	Date of Inspection	I ID#	
		7715			() Establishn		Date of Inspection	ID#	
BLUE CACTUS Establishment address			() Establishin	ucht	2/24/23	2349			
W. JEFFERSON SY. FRANKITA, IN				Follow-up Release					
Owner	de	1 (00000	T. PIN	" Nestroj-	I. Routine	ľ	^	6/23	
			more	7.0	2. Follow-up		Summary of Violation	10.	
Owner address		VALUE OF STREET	1.1012		3. Complaint				
					4. Pre-Operation	nal	(20	5)	
Person in charge	e				5. Temporary		C O NC	R	
7110		HA RO	SALE	5	6. HACCP		O THO THE		
Responsible pers	THE RESERVE TO SERVE THE PARTY OF THE PARTY	NAME AND ADDRESS OF TAXABLE PARTY.	37,000		7. Other (list)	ŀ	Menu Type (See back of page)		
	201 201 1 1 1				1 17 17 10 10 10 29	86.22.5 (II)			
Certified food h	andler	100 (10)	45				1 2 3	5	
		music	0						
					ATIVE COLUMNS MARKED "C		UE MADDAMINE DEL ONT 18	"D"	
• VIOLATION(S) R Section # C		- The Park Control of the Control of	INSPECTIONS	S ARE DENOTED I	N THE "SUMMARY OF VIOLATIO Narrative	INS" AND IN TI		To Be Corrected by	
-	NC =	- doc	0 06	ZEVOT 10	WORN SPLIT	ton	2	3/24/23	
010	100	1000	1-	FRISOR		KITCH	ten	3/2/199	
	dard	ACR		FROM 9		047-7	7 - 2 - 7 - 3 - 3 - 3 - 3 - 3	1000 10	
399 1	vc.		DOR		JORN DON A	CRS 0	IF KITCHEN	411	
	VC ,	PREMATE CHEESE FOR CHEERE DIP 100 LDUS COMECT							
		AT	ROOM	TERM	ZERATURO - J			2/24	
			PORT		0	VFCK	CHILL		
200 1		metr			STER LID	NOT	Closed	2/25	
- 2 4	SC SC	O BACK		DIOYOR	Restroom - 0			2/27	
2 1 7 10	/ _ >	Towe	v		UIDED	my gos	1120	0 10 1	
324 NC & COLD WARRE NOT AUBILABLO AT HANDSING 3/24									
		FAVO	et p	v dr	HOURSHING	AROD	R	rw.r.land	
	VC	- COTLA	ing 2	LTGHT	OUT IN O	15HW	ASHING AK	20A 3,15	
	_	X EXHY	UST F	HO CO	VERS NOT CLER	n to	Resi Room	5 2/28	
	V.C	S EXT	101057	- HOU NO	OT FUNCTIONTO	9 100	THE DESIGNATIONS	1 HOOM SJAD	
000	0)	· WATE	R GLA	TO COL	PS STORED CL	CUST	oner HUDE	e 2/27	
037 1	rc =	Arei		PAR	13 3 40 cap CC	.03-11	SCUSTOMA	20101	
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AI	i m	etree 7	1020010	L.		BI	Ind		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

			rated an ements. The time mint for confect	openine.	- Postos		
Establishment name BOTAKS		Telephone Number () Establishment	Date of Inspection	ID#			
Establishment address		(,) Owner	2/28/23	1365			
			EFFESON ST. FIANXLING	Purpose:	Follow-up Releas	se Date	
Owner				(. Routine	(405) 3/	9/23	
	& (Gure)		2. Follow-up	Summary of Violat	ations:		
Owner addı		-		3. Complaint			
				4. Pre-Operational			
Person in charge		5. Temporary	c_O_NC_	7 p			
l cison in ci	Grey G19LI		6. HACCP	C_CNC_	CNC		
Responsible	person's	email	7	7. Other (list)	Menu Type (See)	Menu Type (See back of page)	
responsible	Responsible person's email		7. Other (usi)	Wienu Type (see a			
Certified fo	od handle	er	1.2		1 2 (3)	5	
501	NA 17	Hon	LANHAM		1-2-3-0		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV				
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW		
Section #		R		Narrative		To Be Corrected by	
392	NC	retina	dungster LTD I	S NOT CLOSE	05400	3/1/23	
394	000	110	TRASH ON GROW	UP INSIDOUR	PSVECC		
245	nm	-	ENCLOSURO CLOTHE	AIDT STANGE	In	3//	
a 15	m					277	
0 18	NC		SANITITIOS BOLUTION BETWEEN USE BOOR GASKET/WORN/SPILT ON UPRIGHT 3/25				
0.18	REFRIGORATION NEXT TO GRICL					,	
295	NC	20	EXHAUST HOOD MILTERS NOT CLOAN 3/4				
295	nc	7	SINES OF DEEP FRYER/GITLL NOT CLEAN 3/4				
431	NC	1000 2000 1100 1000 1000 1000 1000 1000					
	1 414		FRYOR NOT CLOAN			2 2 //	
309	NC	~		nto CATTON NO.		409 3/0	
IN nomens postroom (EXHAUST)						2/4	
216 NC = CAROBOARD USS AS SHELF LINING TO VOSISHT PEFTUSPRATION IN KLOCHEN NOT CLO					277		
		-	10113111 Verseun	1006 The Vetoci	100 por 00	1110	
	1						
		\vdash					
Received by	y (name an	d title	printed):	Inspec	ted by (name and title printed	d): 276	
Received b		e): y		Inspec	ted by (signature):	ones. Jac j	
cc:	7		cc:	cc:			
			<u> </u>)	
		-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Page 1 of	



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

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

Establishment name BURGER KING 7447 Establishment address 1079 N MORTON ST. FRANKLEV, IN Owner PUMIPR Foods Owner address Person in charge BANCS Responsible person's email	Telephone Number () Establishment () Owner Purposer 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 2/3/23 Follow-up Release Summary of Violation C_O_NC_3 Menu Type (See ba	Date	
Certified food handler BAK9		12345		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R H31 NC FLOUR UNGER CO BLHIND NUCO UN 255 NC = THERMOMETER 5MAZZ FROMZER	Narrative OUN TER, EQUIPO	TONT, SHELV	To Be Corrected by 2/8/23	
324 W + LEAK NOTED OF	V BAZZ PRÓC	tuce	2 /25	
Received by (name and title printed): Received by (signature): cc: cc:	Bo	d by (name and title printed): DM TA / KE d by (signature):	Page 1 of	