

460 N. MORTON ST. STE A 7

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

Page 1 of

Establishme	nt name		And such as the second of the second	Telephone Number	Date of Inspection	ID#
Me	00	~	10	( ) Establishment	1000	11110
Establishme	nt addres	S		( ) Owner	1-8-15	11/45
300	50	· 17°	the Marchin Or	Purpose:	Follow-up Release	se Date
Owner			WITH THE TOTAL	1. Routine		18-23
				2. Follow-up	Summary of Viola	
Owner addr	P\$\$			3. Complaint		
wher addr	<b>C</b> 33					
D : 1				4. Pre-Operational	c NC_	4
Person in ch	arge			5. Temporary	CNC_	R
				6. HACCP	THE RESERVE OF THE PROPERTY.	
Responsible	person's	emai	Programme to produce a substitution	7. Other (list)	Menu Type (See	back of page)
G :C 16	1.1 11		Parameter and the second secon	1	~	
Certified for	od nandle	r			12_X_3	45
• CRITICAL	ITEMS AT	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	AS "R"
Section #	_	-		Narrative		To Be Corrected by
7.18	NC		3 drave "2770"	Freezer Mic	1418	
0.0	Alkants	(34)	door anslot is	2017/1 John	July to granica	NEMOUSEL -
295	NC		Bottone of "Cold"	Wilky Cooler	13 Solled	8847
			42 0050 Ned	0-5001		5 (W) (S9)
216	NC		Shelving Unit Du	"PIZZa" Free	786	
	1		Shelves appears	Derous	,	
				10,00		
			Note . Clean Son	185- Shelving	Mit-	
						-
	-					
					and the state of	- Lamina La
	<del> </del>	-	and an art of decreased are an electronic planning		<u> </u>	
	and a con-				Desir and Dublettie Pr	
	-					2011
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Received by	(name and	l title	brinted):	Inspected	d by (name, and title printed	d):
XP	irein	20	Maggard		ssi Hall	menatal Par
Received by	(signature,	):	1- 600	Inspected	d by (signature);	anion law
X	DU	M	da Magraral		M. HAM	
cc:			cc: US	cc:		
1						



#### 460 N. MORTON ST. STE A 7 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.

Date of Inspection Establishment name Telephone Number ) Establishment Establishment addres ) Owner Purpose: Follow-up Release Date Owner 1. Routine 2. Follow-up Summary of Violations: Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary (in on Hose 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler JoJe erron 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" C/NC R Narrative To Be Corrected by Section # are on 20 nozzles NO Me Me Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc: cc:



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

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1		1	1
Establishment name	Telephone Number	Date of Inspection	ID#
Mumbai Grill	( ) Establishment	2-3-23	IF NG
Establishment address Greenwood	( ) Owner	a 5 20	1545
916 E. Main St. IN 46133	Purpose:	Follow-up Release	e Date
Owner 10 777	. Routine		13-23
Eyaz ABIDI		Symmary of Violati	
Charles And	2. Follow-up	Symmary of violat.	ions.
Owner Address	3. Complaint		
	4. Pre-Operational	2	
Person in charge	5. Temporary	c_3_NC_	R
Tally PONN	6. HACCP	end to dress as the	a silata tresi
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
(Sentate Exp:)	7. Other (tist)	menu Type (see o	ack of pages
Certified food handler		1 2 3	1 1/5
8/18/2026 )		12	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		400
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
136 C Dish employee t	was observe	d	Corrected
leating in the	1 kitchen	THE ACT OF THE HOUSE IS	1
393 NC No dumpster are	un plug pre	aided	2-10-23
425 NC Broom Edust pan	not him	2 up	2-3-23
431 NC Ketchen exhaust	hood filte	25	a-5-23
(mechanical) ar	e soiled		+
	tion table		2-3-23
commessor sale	d		1
177 NC Box of tomatoes	and a crate	De l	2-12-23
	lored ion the	1 7	
	elson	and independent	1
1 0 1	Stickers	lacked	2-3-23
a date on food	I unside th	٩	
walk-in-cooler			interpretable
	ed as liner	stor	2-3-23
	meat" sid	o of the	remove
Walk-in- Cooler		0	1
227 NC Master-Bilt tw	o don coole	7)	2-12-23
not lasily mou			1
Received by (name and title printed):	Inspector	ed by (name and title printed, Wew Miller	EHS
Received by (signature):	Luspecto	ed by (signature) 11	0.1
Lui A 603	IUM	will mill	W
сс:	ce:		
		A STATE OF THE PARTY OF THE PAR	

#### **NARRATIVE REPORT**

			NARRATIVE REPORT	
Establish	ment N	ami W	Still 9/6E. Main St. 1N 46/43	Inspection Date
Section#	C/NC		REMARKS	TO BE CORRECTED BY
430	MX.		Dining room ceiling tiles	2-15-23
			are damaged from being	
			pleviously wet	<u> </u>
399	NC		Floor tills are damaged	2-15-23
240		H	behind the mens tolet	
303	C		The three bay sink was	Corrected
· · ·			not set-up properly to	
291	NC		Wash rense, and Sanitize	2-4-23
<i>L</i> - 1.	100		Quat was provided	1
245	NC.	Н	Wet wiping cloth for meat	Corrected
			culing area was not Stored	201772.000
			in Sahitiser	-
	,			
	7		Motes: Jum has a hand out	4
	不		on how to set-up the three 1	
			lyey sink provided by our	
-			office, that is posted on the	
			wall between three boy sink	
·			and kitchen hand sink	
	<del>                                     </del>	9	Ceelens tiles are missing in	
			hilling it has both a count	
			Managery for the transfer	
		$\vdash$	<u> </u>	
		$\vdash$		<del></del>
		H		
Receil/red B	y (Name	& T#	ttp) Inspected, By (Name & Title)	
Lui	A	> K	the) Inapected By (Name & Title)  Conduction  EHS	Page <u>2</u> of <u>2</u>



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

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

Owner Owner addre	Early arge  Argenton's	Su emai	SHEEK RD.  SHERARD	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1 Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	C NC NC Menu Type (See back	/28/23 ns:
Certified foo	d handle	r			123	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE STOOM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW AS '	'R"
Section #	C/NC	R		Narrative	r	o Be Corrected by
	WHISTON		NO ITEMS TO REPO BULDING ATRALLER PRODUCTS W/ APPRO APPRIL ZOZZ. CASSI PROJECT APPROVAL,		FOOD UE IN EAD ON	Patrone 1  Patrone 1
Received by Received by cc:	Er	-4	printed):  Sheraro  cc:	Inspec	ted by (name and title printed):  ted by (signature):	0000



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

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Page 1 of

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. DINLIGE COLLEGE) Date of Inspection Telephone Number ) Establishment Establishment address ) Owner 101 Branton BLUD Franklin, IN Follow-up Release, Date Purpose: Owner 1. Routine PACKHURST DINING Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational C = 0 NC RPerson in charge 5. Temporary DOVA DINCAN 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler DUNCAN/CHRIS BATOR 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" To Be Corrected by Narrative Section # C/NC R IN 3 comparment MOST TO WAZE, 2/16/23 431 NC FLOOR FLOOR NOT CLEAN WACK-IN COOLER SINK \* STOCK ARCA Properly (WATER PONDED) IN FLOOR NOT JISHWASHENG TORY RETURN DOEA 399 NC NC TILES WORN 399 HAU KITCHEN COTLING LIGHTS IS OUT ON EXHAUST HOOD 411 au c LIGHT OUT O'N EX HAUST STOVE (BACK) SEAZ WORN ON WAZK-IN SINGLE SERVICE ITEMS IN BOXES NOT convected minimum or 6 INCHES, (RETAIL CAPE) POTLENG TILL WORN mechanicae distinguistino HOT WATER SMITTIZATION ADBURNE ON PLATP/UTPNSTL SUPPACE Inspected by (name and title printed): Received by (name and title printed): SUNCAN - Coeneral Mar Bob SmtTH TEUNK-TAULI



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

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P 121	77.1.1.27.1	ID GY	
Establishment name	Telephone Number	Date of Inspection	ID#
PENN STATION	( ) Establishment	2/3/23	1242
Establishment address	( ) Owner	2/3/03	
1143 N MORTON FORNKLIM, FO	Purpose:	Follow-up Release	Date /
Owner	Routine	- 2	13/23
HOSTER PS. Inc	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		1 1
Person in charge	5. Temporary	C_ONC_	
SAVANNAH QUANE	6. HACCP	Transition of the pro-	i de la constante
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
THE PERSON OF TH			1
Certified food handler MICHAEL MACHALA (SOUSARD)	P7	12(3	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			-
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	S "R"
	Varrative		To Be Corrected by
		)	2/10/23
218 NC & LPAK NOTED IN. RUACH IN RUFRIS	CORATOR	io sullineria	47.0
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\$38 NC & Employee HAT	R NOT EFFE	cTIVELY	2/4
	ON SHOULDERS)		
			4
239 NC & HANDLE OF ICE S	COOP In CON	TACT	COPPLECTOS
WITH I'VE DU F	PRONT ICE B	TN	B13 /23
394 NC 1 TRASH SOEN ON	ground AROUN	DOURSTOP	27
dimpsice			
The state of the s			
alsi money a salar and a salar a			Assistant and a second
			(Intense)
Received by (name and title printed): SAVANNAM DOANE, GENERAL MAN	0.7	SOTH	J. P. Paver
Received by (signature):	Inspecte	ed by (signature);	- THUCK
( S) / V-	Bel.	Smoot / L- E	27-1
сс: сс:	cc:		0



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

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X

484	t address H. BBI	E VAN	VOLKENBURGH	Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operations 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release  2/15/23  Follow-up Release 2/2	26/23 ons:
Certified food	d handle	r			12×_3	_45
			IN THE CHECKLIST AND NARRATIVE		S" AND IN THE NARRATIVE BELOW A	s "R"
Section #	C/NC	R	1	Narrative		To Be Corrected by
257	NC	- REFO	INGERATOR FRECZ	en IN DISH	Room	2/26/23
	Touris		NOT HAVE A THE			
257	NC	- REFI	ringension/FREE:	EN IN BAK	ul Room Do	2/26/23
,		NoT	HAVE A PHERMON	METER EASIL	4 LUSSABLE	
174	NC	Buc	IL FOOD ITEMS	ARE NOT	ABLED	2/26/23
351	NC		LOYEE RESTROOM	DOES NOT H	AVE A COVERES	
		Kece	PriCLE			
334	NE	THE	AIR GAP IN THE	E Permand	UNDER	2/26/23
	-Haine		(P)		#	-11-
291	NC	+No	TEST STRIPS O	BSERVED FO	r fit	2/26/23
	3	SAN	ITATION		21 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sauraul o
d .	_	1	in 1			III. EODZIA I
*1/	TE	- K3	WENTAL KEER	LOGERATOR	/FRECZER	
140	10	V 7	BEING USED	/	/	
		- R=	10 ENTIAL STONE	S BEILL 1	いこうり	
Received by (	bor	al, Var	NolkenburgL	.1. 12	Inspected by (name and title printed)	Philosoft a
Received by	signature)	110	alkenberli		Inspected by (signapure)	nigas sog j
cc:			cc:		cc:	



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

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Establishme	nt name			Telephone Number	Date of Inspection	ID#
	ZZ	7	HUT	( ) Establishment		
Establishme		•	(10)	1	2/16/23	2183
			ORTON FRANKLITA, IN	( ) Owner		
Name and Address of the Owner, where the Owner, which is the Owne	00	11.	CRICO FINISHOUSE, I	Purpose:	Follow-up Release	e Date
Owner	. 111	<i>i</i> 1	- 17011	1. Routine	Control of the last of the las	76/23
QUH	LITY	Hu	73 ANDPES, LLC	2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		5
				4. Pre-Operational		2
Person in ch	arge		Lander State Literal Land	5. Temporary	C_ONC_	R
CHIST	TNA	1	KIRTMAN	6. HACCP	rog fulk is e- i i	
Responsible	person's	emai	Program in the street and the street in the street	7. Other (list)	Menu Type (See l	pack of page)
				M: 41 /4 /		
Certified foo	od handle	er	SORUSAFE >		$\frac{1}{1}$ $\frac{2}{3}$	<b>4</b> ) 5
JAC	OB	EL	DRIDER SORUSAFEEXE	}	The state of the s	
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW	
Section #	-	-		Narrative		To Be Corrected by
431	NC	×	FLOORS IN APPRIS	OF KINSHE	N NOT	2/24/23
			CleAn		The second second	01/10
200	100	_		C/2 (20) 50	2004	, 2/24
399	WC.	1	OF KTRHAN	CLEAN DU	mens	0107
431	20C	-	at KTICHEN			
295	nc		WARK-IN COOLER	BOTTOM OF	CHANIANG	2/24
013	100	9	NOT CLORN	DOT TOM OF	MILOLOG	0/0/
-	1		veet conve			1
	1	+				1
347	nc	7	mens restroom -	- dISPOSABLO	Towels	2/17
			Mens Restroom -	-	Complete Confidence	
			the second control of			*5.181
		_				
		_				
D : 11		1		I.a.	pected by (name and title printed	1
	stina	141	rtman Shift Manager		Bob SMITH	e715
Received by		e):		Ins	pected by (signature):	D
cc:			cc:	cc	:	Ţ.
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### 460 N. MORTON ST. STE A 7 FRANKLIN, IN 46131

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Page 1 of

Owner addre	nt addres  St  ess	ut	e font dr. anenvo.	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  O2   07   2 3  Follow-up Release  Summary of Violate  C NC  Menu Type (See 8)	2366 se Date
			shoot all the	7. Other (tist)	Mena Type (See )	such of puge,
Certified foo	od handle	r			123	45
			ENTIFIED IN THE CHECKLIST AND NARRAT		N THE NARRATIVE BELOW	AS "R"
Section #	-	V-10-10-10		Narrative		To Be Corrected by
Received by	(name and	d ditle j	No prolation during	Inspec	ted by (name and title printer	1):
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cc:			cc:	cd:		



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

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Listabilisiiiii	Jit Jain	catioi	requirements. The time mint for confec	tion of each violation is spee	med in the martaure portion	or and report.
Establishmer	it name	05	KITCHEN BIDCK OVER 1	Telephone Number  ZZH  Establishment	Date of Inspection	ID#
Establishmer	it addres	S		Owner )	2/7/23	1089
SHAPPS OF REAL PROPERTY.	S 1	MAS	IN ST FORNKLIN, IN	Purpose:	Follow-up Release	e Date
Owner	كرج		00 000	1. Routine	- 2	17/03
		0-0	iss, meg Junes	2. Follow-up	Summary of Violati	ions:
Owner addre	SS			3. Complaint		
Person in cha	. #0.0			4. Pre-Operational	c_0_Nc_S	D D
·M (C	HAZ	2	MORRISON	<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	C _ O _ NC_	K_
Responsible 1	person's	email		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	76	Poss serusate (9/5/26	(N)	123	425
• CRITICAL I	TEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		
	_		ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		AND IN THE NARRATIVE BELOW A	With the second second second
Section #	C/NC	9	WALL WORN ON	Narrative	ITHON	To Be Corrected by
311	NC	Ð				3/1/02
218	nc	ol	WAZH - IN roole	R door gro	KOT	37
			WORN ISPLAT	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 31 81 31 80	1370
431	NC	ø	COFLING EXHAUST	FAN COVERS	not clean	2 20
309	we		in restroms	, ()) FAN	EXHAUST	
			NOT FUNCTIO	NING IN	205TROOM	
6.103	0	~	Some Egytement	NOT IN USE	AT IMP	
(20)		-	OF ANSPECTION	ntirel al., b. 3.4.7. II	With Children Control	la constant
257	NC	>	METAL STEM POUR	30 TYPP THEE	emonette.	2/12
/			registers we to-	220°F NOT	Proutded	
			,			
			The state of the s	Ţ.	11. Commend title bringer	
Received by			ornied):	1 11 - 21 1 1 1	spected by <i>Iname and title printed</i>	ENS
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	ent name	0	an an	#226 Greenw IN 46		Telephone Numb	,	pection	ID#	
KU	ra_	1	ariger	# 220	, ,	( ) Establishm	ent 2/16	/23	91	5
Establishme	nt addre	SS	- 51	Greenw	ood,	( ) Owner	110	100	1	
1613	E. 1	119	MJT.	IN 46	143	Purpose:		Release		_
Owner				- P		1. Routine	Ves	2/0	16/2	3
						2. Follow-up	Sylmmary o	of Violation	is:	
Owner addr	ess					3. Complaint	/			
1						1	al l			
Person in ch	neco		4			4. Pre-Operation	c_2	11	_	
i elson in ci	iaige	. 1	0 0		2	5. Temporary	C	_NC	R	
Day	4r	ll	LE	una	)	6. HACCP				
Responsible	person's	emai	1	Ü		7. Other (list)	Menu Ty	pe (See bac	k of page	;)
Certified for	11 11	1/15						/	/	
Lan-	_		mon				12	3V_4	45_	
	-		7						100	
						E COLUMNS MARKED "C' E "SUMMARY OF VIOLATION		E DELOWAS !!	ъ.	
Section #			ROMPREVIO	US INSPECTIONS		Narrative	NS" AND IN THE NARRATIV		o Be Corr	oated by
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294	C		San	itaben	concom	tration u	rside the	L .	Caller	d Ro
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		-	400	DOM /			. /		1, .	I
218	NC		no	temp	erature	control	enob		2/26	/23
Received by	(name an	d title	printed):	7.7			Inspected by (name and t	itle printed):	-	
Dar	rell	R	yrd				Andrew 1	Viller	EH	5
Received by	(signature	)://	10.1	. []			Inspected by (signature):	MIG	n	
	tavu		124	EC .			Undrew	1 rule	B	
cc:			. 0	cc:			cc:			
				l						

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#### **NARRATIVE REPORT**

			NARRATIVE REPORT	///
Establish	ment N		Address Grænwood, 1615 E. Main St. 46143	Inspection Date 2/16/23
Section#	C/NC		REMARKS	TO BE CORRECTED BY
			seen on subway front warmer	
146	NC	V	Reparkaged whole eago(RTE) cut	2/16/23
			strawerries and pineapple	
			augustity of contained lacks	
			mame land business of	
2 18	NC		Repacker	2/20/23
7.10	100		leake continuously	1/20/23
388	NC	V	Osemi tires (5) and a seat were	2/27/23
426	NC		D Various trash / debris is stored	2/27/23
			on East exterior grassy area	
295	WC_	V	front line assembly table	Corrected
431	NC	Ľ	Quest alla soda station	2/27/231
324	NC		Sulyung three bay sirk and	Cut hole! 3/15/23
, , , , , , , , , , , , , , , , , , ,			prep sentes lack du gaps	2/2/2
218	NC		Table regetable such belade	2/18/23
295	NC		Manual can opener belade	2/16/23
			4 Soiled	, ,
		$\vdash$		
Received	y (Name	& Ti	the) By ed (Marie 8-78/19) (Name 8-78/19)	Page <u>a</u> of <u>a</u>
200	wu		Diffed Wharley 1 wills, EAS	

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