

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

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

Establishment Santation Requirements. The time mint for correction		
Establishment name	Telephone Number	
Establishment address	( ) Establishmen ( ) Owner	3/10/23/245
01014 SQ 144 46151	Purpose:	Follow-up Release Date
Owner	1. Routine	1-14-9-23
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	A 57
Person in charge	5. Temporary	c <u>0</u> nc 7 r
	6. HACCP	, Z SV, HBD, July S
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler Neather U Expis/7/26		1234 \( \sum_5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		
Section # C/NC R	Narrative	To Be Corrected by
13	iching 15 5	oiled walness
502 NC Burent Wicroman	il is solled	musty (Mtery)
324 NC HardSink by 3 D	CILL STATE IS	100 x Fromwall
218 NC Walk-in tracer	DOOL CHE	CI 13 SIMO SIL
218 NC 2776 ONO COOLEY	don and it	-18 SOLA 120M
43) NC FLOOR MORE MERC	Frilly 13	Soiled
310 NZ CEILM THAN TH	HS ROOK	DISSO ONEN
and in dish room	100 2018	d.
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	The state of the s	stove
	only comm	
when unit become	es wount	lamaged
raking (2) Hot foods us	The of the	lalylad
Light a time of	us morede	ine Shall
Die maintained.	in the	literal and
available for h	ealth des	Pentment
neirieu, upon ne	auest	
Received by (name and title printed):		Inspected by (name and title printed):  ANCIVEW MILLEY EHS (1955)
Received by (signature):	U	rispected by (signature):
сс: сс:		cc:



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

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

		1			-
Establishment na	ame	and Calledon	Telephone Number	Date of Inspection	ID#
Establishment ad	d duona	Card Cal Hestalli	) Establishment	3/7/12	1519
establishment ac	ddress	0 125 111 110	( ) Owner	11 116)	011
209	>>	K 100, 46147	Purpose:	Follow-up Releas	11-1111
Owner		<u>.</u>	1. Routine	1 2/	111/25
			2. Follow-up	Summary of Violat	tions:
Owner address			3. Complaint		
			4. Pre-Operational	my 1	$\mathcal{I}$
Person in charge		To pay may be a series to store the series of	5. Temporary	CNC_	R
			6. HACCP		
Responsible pers	son's emai	were found for the state of the	7. Other (list)	Menu Type (See )	back of page)
				- I minings	San Carried
Certified food ha	andler	12000 (ST) 12112		123	4_X5
Leen	0	V1000 (2) 101 (3)	/1		
		PENTIFIED IN THE CHECKLIST AND NARRAT		ND IN THE NARRATIVE BELOW	AS "R"
	/NC R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative Narrative	EVD IV TIID IVIIII TIII DEBO III	To Be Corrected by
	IC R	1. Mlh in Cooler	Sheling to	icks cire	3-71-23
213	ARTON CE	Soils d Wistil	Julion 2 10		17/16/12/12 1   1 <sub>10</sub> 2
218 N	JC	Dall-in Cooler	door allest	P+ 15	4-7-23
		SOLIT INDON		7 mist 117 milks	
795 N	50	Sides of many	cooking eg	upment	3-14-23
		myer expans	nood ere	301/64	
431 N	1	Sloor mider Ed	Miburit 12 3	Soiledin	
	57	the NHOVEN OF	All Cit Coc	Elas outralise	2 1/2 22
MIL	30	00261069 0 1121	H CUT TON	THE EXITION	2-10-65
710 1	V	11:2000	21 2001 4	Salled	4-7-23
2301	2	MENON TANK	TISO THENS	AND AFINE STE	25-9-73
239	~	the land of	A HO THE	and module	
		En Willer Food		in him of	
216 N	50	MERIVED INDOCK	a blocks he	Idive UP	3-21-23
		COCKING EGILIAMON	H WARV EX	harterion.	
		DPOTIEDS!	in Chandoll	01-051	271-77
2951	K	Storage Shelves	don thou	) CN ST	3-21-23
D : 11 (	1 441	Kreezer in Kitcher	1 are soiled	spected by (name and title printer	d):
Received by (nan	me and title	printea):		0851 Hall	Calch Herner
Received by (sign	moture).		In	spected by (signature):	TOTAL COLOR
Treceived by (sign	manne).			MARTERO	Calch Heiner Call Elene
cc:		cc:	C	c:	
				71-about 8	Page 1 of

### **NARRATIVE REPORT**

	nment N	lame	Address	Inspection Date
New	W	an	a Cai Rest. 209 S. SR135 46142	3-7-23 2
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		Water heater appears to be	4-7-23
			in disrepair as the Lower	
			half is rusty and there is	
11.5	./.		water all around base on	Floor
413	NC		Back door not tight filling.	3-17-23
295	NC	H	Observed Knives stored on 3-strip	3-7-23
431	1111	H	magnet above 3-bay drain board.	2 7 22
131	150		3- bdy sink is soiled	3-7-23
2211	110		3-boy sink Hoor drain Soiled	3-7-23
227	NC	$\vdash$	Right 3-bay sink faucet is	
421	NC	$\vdash$	Prep sink floor drain is Soiled	/ 3-8-23
218	Ne	X	Upright residential freezer	4-7-23
0.10			door (interior) is indisrepa	
			acci (minimum)	
			NOTE: Restroom handsink not	
			sealed to wall.	
				*
			NOTE: Continue to Label food	
	-		items in freezer.	
245	NC		Sanitizor not observed in	3-7-23
			wiping cloth pucket.	
		Ш	Chlorine Level shall be 50p.	arts per
			million	
		$\vdash$		
		$\vdash$		
	-	Н		
	1	$\vdash$		
		$\vdash$		,
		$\Box$		
		П		
			Inspected By (Name & Title)	
	By (Name		I have a stad Div (Name 9 Title)	Page _ 2 of _ 2_

State Form 48621 (R2 / 8-05)

Elyabeth Schult

30 P



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

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

Establishmen	it name		about an independent alteration at a to to	Telephone Number	r Date of Inspection	ID#
Nine	PIP	$\cap$	Mini Mart	( ) Establishme		1-1-1
Establishmen	it addres	S		( ) Owner	16-61-65	
5010	5	n'	merrela Rd.	Purpose:	Follow-up Releas	e Date
Owner		1	a ROCYI	1. Routine	1/85 3-	9-23
				2. Follow-up	Summary of Violat	ions:
Owner addre	SS			3. Complaint		
				4. Pre-Operationa	1 5. 11	
Person in cha	roe			5. Temporary	" C NO	3 R ()
i cison in cha	iige			6. HACCP	100	
Responsible	percon's	emai	constant the state of the same	7. Other (list)	Menu Type (See l	pack of page)
Responsible	person s	Ciliai		7. Other (tist)	Wienu Type (See a	ruck of puge)
Certified foo	d handle	r				4 5
					12	J
			entified in the checklist and narrativ			
<ul> <li>VIOLATION(</li> </ul>	S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		3" AND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative	1 0 - 6 1/	To Be Corrected by
415		X	Dosensed roder	H droppings	in back	5-5-63
7.161.0	_		Storage arga.		Cominy	a Jodans W
448	()		Doserred "Korg !	M# 41000	20100	
120			Diese de la	to com	De O Dicito	
1201		-	COSCIO CHICAGO	EGG COTIETY	inside Mane	
			Chart Dorerica De	in market	H DIW.	
414	NIC	X	Front Exterior O	SOC. MOT DO	Otected	
	100	1	from atential	rodents		
			E Chillipp	is obser	NG.	
414	NC		BOCK EXPENDE OF	or not t	rotected	
12 22 84			From Dotontial	- 1 Odersts	( DO )	Auchter and f
210		_	2 destroy	700 CVS4	HOR SOLAL	200
40	M	-	MIK-W COOKS	JOH GOTH	Derling Stille	TILL )
544	0	-	FLOUT LONG SIN	Tares of	DIOH	
115	NC	-	1-8 1- 0 DINS	HOBY C	An Stond	
643	100	-	THE SOO W	AMMA		
411	NC	X	LIGHT OUT MSI de	WONTEST	$\cap$	
Received by			printed):		Inspected by (name and title printed	1): dual 2011.
P	rem	Λ	_arbos i j nr n	281 m g	COS HOU	Indrew Miller
Received by	(signature	e):			Inspected by (signature)	) o che
	M					Indrew Willer
cc:			cc:		cc:	
		_				Page 1 of 2

### NARRATIVE REPORT Mureveh IN

			NARRATIVE REPORT // WWW.	
Establish	ment N りりげ	1	10/07	Inspection Date
1/1		70	Mart REMARKS	2/27/23 TÓ BE
Section#	C/NC	R	NUWC REMARKS	CORRECTED BY
255	NC		Interior thermometer inside	3/1/23
			mat american deli small	2/2/2
385	NC		one door cooler not working Exterior dumpster pad	2/27/23
000	700		contained base of trash	, 🛴
426	NC		One large greek trough	3/1/23
			was stored behind the	
207	1/1		dympster pad area	J
297	NC		Soda norge dispensing	Remove for cleaning
			P. N. Clssivels, soiled	
291	NC		no sanitider test but	3/1/23
			provided ofor two bay surk	1, 1,
294	C		Mo chemical sanitizer was	2/27/23
			provide to somethe	
309	NC		Restroom mechanical ventilation	0 3/8/23
007	100	Н	MOT 1140 KINO	5 5,0,00
425	NC	\	Wet mos not hung to air o	Very 2/27/2
430	K	V	Base boards missing by	3/8/23
1/20	1/2	./	Cooler and Soda area	2/2/-
430	NC	Υ	Filor tiles damaged by	3/8/23
43/	NC	V	Alon is soiled in Travious	2/28/23
121	700	Ť	areas	7/4/
177	NC		Bottom shelf enside walk-in-	2/28/23
			cooler not six inches off the	' '/
1130	1/0	_	THE DOCK TO DUCK HOLDES	3/8/23
430	NC		MOD MOD MAN AND MACK STORAGE	() L
295	NC		Shelvena for beverance inse	(e) 2/27/23
210	700		walk-in- Cooler are soiled	, 1
	/	X	- Note: attach LED lights to ceiling	2/28/23
		<u> </u>	in vack room	1 2500
	-	X	moductu shall be labeled with	/ ASAP
			h Dull date	
			· ·	
Received B	y (Name	& T	Inspected By (Name & Title) 215	Page <u>2</u> of <u>2</u>
		$\overline{}$	/ Midrew Willer (12)	

State Form 48621 (R218-05)



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

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

			1			cetion of each violation is s	_		or tims report.
Establishme	nt name	9	114	1111		Telephone Numb		Date of Inspection	ID#
Establishme	nt addres	s	ma	GXDD	numad	( ) Establishm	ient	3/10/23	227
1774	111	( :	3///	Greet	42945	Purpose:		Follow-up Release	Data
Owner		<u>, , , , , , , , , , , , , , , , , , , </u>	1	1	101.2	1. Routine		Follow-up Release	10/23
U	ara	2/	ハと	nou	2	2. Follow-up		Summary of Violati	ons:
Owner addr	ess			,		3. Complaint			
						4. Pre-Operation	nal		1
Person in ch	arge	_	1) 1	1.1		5. Temporary		c_2_Nc_	/ R
Sto	14.		Poll	lo		6. HACCP			
Responsible	person's	emai				7. Other (list)		Menu Type (See b	ack of page)
			_			1		, ,	71 87
Certified for	d handle	r	epas	2				123	_45
• CRITICAL	ITEMS AI	E ID	ENTIFIED IN	THE CHECK	LIST AND NARRA	TIVE COLUMNS MARKED "C	"		
						N THE "SUMMARY OF VIOLATION		THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R				Narrative			To Be Corrected by
218	NC		Sal	11 1	late, C	polen con	tain	ed	3/15/23
0110			168	hili	ed-us	) .			1.1
399	NC		251	out	nemin	needed i	nv	anious	4/10/23
			neas	rand	COU	e base n	eld	A	1
			seal	ed ti	the	top insid	e u	ralk-in-	1
			Cool	er a	rd fre	eser			, 1,
324	NC		Jun	D. Wa	teroll	eaks seen	J Jan		3/20/23
			Dlun	Using	below	) dush area	1 jet	- Spray	1,1,
295	NC	V	Oller	its ?	on l	oth sides	001	2 0	3/12/23
			mec	hane	cal c	ligh mac	hine	Pare Soil	ed
		00	er ook	ing.	egupm	ient whee	ls/co	isters are	
			sale	ed ,	0 '	00:001	/		
0.0		(	eban.	Soar	a gun	Salea	. \ .		3/11/22
218	NC	V	0 34	n st	rather	^	<u> </u>	John John	3/11/23
	-	~	3 Pac	1	Doking		rec	lamaged	13/18/23
			ana	Peels	riga	blue Coo	tin	gon	
		1	The	1+10	rotton	V metal	dag	a olata	3/20/23
		-	3 de	ge i	racin	O Mual	au	grace	2/30/02
Received by	(name and	l title	printed):	steven	Perillo	General Majer	Inspected	by (name and title printed)	CEUS
Received by	(signature	);		5.000	1110	0 0.00 00 1 10 10	Inspected	by (signature): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, , , ,
	1.0		- A				Im	Drew Yrule	2
cc:				cc:			cc:		

**NARRATIVE REPORT** 

Establîshi	ment N	am	Address 1774 US 3/N. Greenwood	Inspection Date
Section#	C/NC	R	REMARKS	3/10/23 TO BÉ
				CORRECTED BY
		$\vdash$	14 Clacked/damaged on both	
187	C		Soulet milki manning	Corrected
107			43°F And Souldst Character	ordor
		П	milk measured 46 F at 705	neu)
			Server Station	unit
343	0		Bar hand Sirk was storing	Corrected
		Ш	two dirty pitchers	1
218	NC		Three bay sink leaks	4/10/23
			from linder for left drain	/
1121	NIA	Н	abound and wack area	3/04/00
430	NC		doch hinger in look to the	3/20/23
		$\vdash$	and surge is unity from	· /
		Н		
		Ш		
		$\vdash \vdash$		
		$\dashv$		
		$\dashv$		
·				
Received By		& Tit	His General Manger Maller Maller, EHS	Page <u>2</u> of <u>2</u>
Steven	, P	eril	11. General Manger (Mariew Miller, EHS	rage <u>or</u> or <u>o</u>



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

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

		-				-
Establishmen	t name	10		Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishmen	it addres	s		( ) Owner	3/14/23	1809
3100	Mex	hid	ian Park Dr		1.1/03	a Data
Owner	101	100	im cia cioi	Purpose:  1. Routine	Follow-up Releas	114×12
~ W. C.					Summary of Violat	ions:
Owner addre	cc	-		2. Follow-up	Summary of violat	10113.
Owner addre	99			3. Complaint		
D	71.10F1.53			4. Pre-Operational	c NC_	2
Person in cha	irge			5. Temporary	C NC_	R
D '11	1 35		sante esta la ancienta de fere e e un mar	6. HACCP	Target In Co., In C	1 (
Kesponsible [	person's	email	synak kemendiga ke a da a da ada ana	7. Other (list)	Menu Type (See b	pack of page)
Certified food	d handle	r			1 2 3	O4 E
					123_X	<u></u>
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW	
The state of the s	C/NC	R	N. C.	Narrative		To Be Corrected by
310	NC		V - V - V - V - V - V - V - V - V - V -	leaned	787 Intibned	3/28/23
	TENTE TEL	Tant.	-scheduled 3/2	8	THE PROPERTY OF	TOTAL PLANTAGE
200	M 1/		7 11 11 2 2 22 11 1	a na ou la "a u a	altulit si 2012/2	2/24/23
2015	MC		Build up around is	ce mulvuni		0/20/05
302	C		Zhau Sink nood ar	ash ritise san	itize	3114/23
005			Bray sink need w	changed Freak	nentes	7,112
Law.			NOTES:			
			remember!	101000	-/ 1 -	
	Heine		-Hot holding to		dboye	a a a a a a a a a a a a a a a a a a a
		-	tood not being		ea Tov	E TENNET !
- 1	- 17 fm	itali.	holding (8)	41°Forbelow		Francis
				1.	11 / 101 - 1	
Received by	(name and	1 7	printed):	Inspecte	d by (name and title printed	V
Received by	signature	1		Inspecte	d by (signature):	musus m
	1 MCI	W	/		angu Mu	M
cc:			cc:	601/2	133410421	P
					1101010	Page 1 of _/



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

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

Establishment name			Talantana Manatan	Deter of Income of the	
D'E Y		FANKLEN	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishment addre	ss		-	3/1/23	2241
55 M	MAD	1150N FANKLON, A	( ) Owner		
Owner		4/11/1000	-	Follow-up Release	Date
	DANIEC-	TANIEY	1. Routine		
Owner address	CURIOITY -	· INCO	2. Follow-up	Summary of Violation	ins:
Owner address			3. Complaint	1	
			4. Pre-Operational	B	1
Person in charge	3	• •	5. Temporary	c	R
Ben Responsible person's	WILD	212	6. HACCP		
Responsible person's	s email		7. Other (list)	Menu Type (See ba	ck of page)
Certified food handle	er		-	1 2 3 (-	A).
Ben	wit	der		123(	5
• CRITICAL ITEMS A	RE IDENTIFIED I	IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION(S) REPEA</li> </ul>	ATED FROM PREVIO	OUS INSPECTIONS ARE DENOTED IN THE			
Section # C/NC	R		Narrative		To Be Corrected by
1.0			MACHIAN HO	TWATER	(K)
Wote	1 200		Emplicatoria	160°F	(01)
	OR	more on Put	ATP/UTENSIL.	SKRFACO	
<b> </b>					
318 NC	× Ki	17Hen KRATW	UPCTCHT DOE	-Ozer ATOR	3/7/23
9-10 1	(1)	INSTOLE ITE	VP(IGHT PLF BUILT UP	Darino	5/1/07
	0'		Po 1 D		
	~				
40.0					I
Received by (name an	d title trinted):		Inspect	ed by (name and title printed):	
Δ.	Wilde	- Chef	maped,		£765
Received by (signature	e): C/	Tures	Inspect	red by (signature):	
12	m Tenta	1		Bulm	0
cc:	- WWW	cc:	cc:		-X



#### 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.

Telephone Number Date of Inspection ) Establishment 3-10-2023 2071 ) Owner Follow-up Release Date

NO 3-20-2022 (. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C NC RPerson in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) 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 NOTE: Organize popular cabinet
put popular seed into centeiner with Liel
NOTE: Put address and weight on large Inspected by (name and title printed): Received by (name and title printed): Page 1 of



### Johnson County Health Department 460 N. Morton St., Ste. A, Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report

Betan

Santauon Requirements. The time is	mit for correction of each		in the narrative portion	
establishment		telephone		Date of Inspection
Smokehouse Caterii	ig Company	317	78518995	3/29/2023 3p
Establishment address			Summary of Violation	s
1140 N SR 135, ST	] ]	IC, 5NC		
Owner			Follow-up	Release Date
C	arl Huckaby		Yes	4/10/2023
Person - in - Charge	Certified Food Handler		Purpose:	Мени Туре
Carl Huckaby	Routine	4-Extensive handling		
Establishment Identification #	County	District		1
2503	Johnson	D5		
		1		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by
187	С		Cooked beef in hot holding cabinet at 129 °F @ 3pm. (Now Reheated)	3/29/23
187			Sauerkraut @48° F & Cooked chicken wings at 51° F. Employee states the unit was open all during lunch. The items in the bottom were at or below 41° F (Now Quick cooled in WIC)	3/29/23
190	NC		1 pre-made meal at 55 °F @ 3:40p - 6 meals in total – all with condensate on interior lid. Employee states the food was all cold and then hot gravy was placed on top around 1:30p today. The meals are located in the "Deli Meat" reach in display cooler located by the front door inside plastic clam shell. This cooler was not made to rapidly cool food product and hot food shall not be tightly covered	3/29/23
414	NC		All exterior doors open upon inspection. (closed)	3/29/23
336			Note: Backsiphonage device not provided on utility sink.	4/1/23
399	NC		Landscape stones used to prop up SERVit® hot wells - they are not smooth & easily cleanable.	4/1/23
352	NC		Self-closures not provided on restroom doors.	4/1/23
234	NC		In-use utensils stored in wiping cloth bucket.	corrected
	1		Elystett	2h/



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

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

Establishment Owner Owner	5pe address 13		1ay Sd. Rd 135 Trafalgar Txl	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational	Pollow-up Release Date    Help   Release Date   Help   Release Date   Help   Release Date   Help   Release Date   Help   Help   Release Date   Help   Release Date   Help   Help   Release Date   Help   Help   Release Date   Help   Release Date				
Person in char Responsible p	Sitta			5. Temporary 6. HACCP	C_/_NC_	i) shelses			
Certified food	l handler		dugit striktnise (* 1992)	7. Other (list)	Menu Type (See 8  1 2 ≤ 3	F-1			
			TIFIED IN THE CHECKLIST AND NARRATI M PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW	AS "R"			
Section #	C/NC	R		Narrative		To Be Corrected by			
431 347 336	KL KC C		A vacuum Mose The hose conne						
Received by (Received by (CC:	241	Mm	nted): Of C C  cc:	galle ( ) (g )	ted by (name and title printer  Lessy D, Ba  ted by (signature):	4			



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

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

Feel K n Shake  Establishment address  Owner  Owner  Owner  Owner  Owner  Owner  I. Routine  2. Follow-up  Summary of Violations:  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  Certified food bandler  No Cas bified Wolker  1. 2. 3 X 4. 5  Certified food bandler  No Cas bified Wolker  No Cas bified Wolker  No Cas bified Wolker  North CINC R  Natrative  To Be Corrected by  Wall The Summary of Violations:  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  Certified food bandler  No Cas bified Wolker  No Cas bified Wolker  North CINC R  Natrative  To Be Corrected by  Natrative  To Be Corrected by  The Bulk gilast fank 3/13/23  3/13/	Establishmer		sbeni spetawal dhi netogri in Pini.	Telephone Number	Date of Inspection	ID#				
Described food handler  Owner address  Owner addres			1 Shake	( ) Establishment	3/13/23	1				
Owner address  Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  Vo Ceckified Wolker  Certified food handler  No Ceckified Wolker  No Ceckified Wolker  Certified food handler  No Ceckified Wolker  Notations Marked "C"  Notations Marked "C"  Notations Marked "C"  Notations Marked D"C"  N	Establishmer	nt address	0 101- 1	( ) Owner	7011-1	1081				
Owner address  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  1. 2. 3. X.4. 5.  Menu Type (See back of page	20	38 N.	paston si Franclin, IN	Purpose:	se Date					
Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  No CSC FIFLE O WOLKET  CERTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS) RIPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  To Be Corrected by  Warrative  To Be Corrected by  Harm's Food Beach Milest is 3/13/22  Z45 NL The Harm's Food Beach Milest is 3/13/23  Z45 NL The Harm's Food Beach Milest is 3/13/23  Z41 NL No hat Whilst as the pasks food 3/15/23  Hand SiAL  Received by (name and tile printed):  Last a Beach Beach Inspected by (name and tile printed):  Left y To Be Corrected by  Received by (name and tile printed):  Left y To Be Corrected by  Received by (name and tile printed):  Left y To Be Corrected by  Received by (name and tile printed):  Left y To Be Corrected by (name a	Owner			1. Routine						
Person in charge  4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  Certified food handl				2. Follow-up	Summary of Viola	tions:				
Person in charge  4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  No csc tified worker  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  • NOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SEMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Natrative  To Be Corrected by  431 No. Short Harm from the file of Assistant from the file of th	Owner addre	ess		3. Complaint						
Person in charge  6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  Certified food handler  Certified food handler  Countries are denoted by the check of the check of the content of the check of the content of the check of										
Responsible person's email  6. HACCP 7. Other (list)  Menu Type (See back of page)  1 2 3 X 4 5  Certified food handler  Vo Certified to Worker  1 2 3 X 4 5  Certified food handler  Voluntion(s) Repeated From Previous inspections are denoted in the "stammary of violations" and in the narrative below as "R"  Section # C/NC R  Natrative  To Be Corrected by  431 NL  412 1005 AGUAS The bulls great fails 3/13/22  295 NL  The Harm You Beach Mital is 3/13/23  324 NL  No hat while the the field of the fails of the	Person in ch	arge	1- t	<b>→</b>	C & NC	3 R				
Responsible person's email  7. Other (list)  Menu Type (See back of page)  1 2 3 × 4 5  Certified food handler  No csc bif and Wolker  1 2 3 × 4 5  Certifical ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  * VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  VAITATIVE  To Be Corrected by  1 3 1/3/23  29. 10. 11. 20. 10. 10. 10. 11. 20. 10. 11. 20. 11.		8		The state of the s		firshills.				
Certified food handler    Certified food handler   Certified   Cer	Responsible	person's email	Camplane Planett, and make		Menu Type (See	back of page)				
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431 NL The floor around the bulk grease fank 3/13/23  295 NL The ham for Beach Miter is 3/13/23  324 NL No hot while at the new form 3/15/23  Mand Sink Ar the man's room  Waste bestet  The store is much interior veel.  Received by (name and title printed):  Received by (name and title printed):  Lear Weberts  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Inspected by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):  Terry or Beaches  Received by (name and title printed):			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW					
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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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Responsible	person's	emai	or an extended	for L	ni bre		7. Other (list)		Menu Type (See back of page)		
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name  5 Bw 49  Establishment address  2710 52 135 46143  Owner  Owner address  Person in charge  KEVIN WEAVER  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  3/29/23  /-30pw  Follow-up Releas  Summary of Violat  CNC  Menu Type (See b)	/339 e Date   /7/23 ions:
Certified food handler  KEVIN WEAVER EXP. 2025  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA	ARRATIVE COLUMNS MARKED "C"	1 2 K 3	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE		IN THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
Christian 197 P. F.	DRIVE THRU VEIN		
Received by (name and title printed):  Received by (signature):  cc:  cc:	Ke	tod by (name and title printed)  tod by (signature):	Schultz