

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

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

Establishmer LO Owner Owner addre	,	ell s Falg	# 40441 gar square	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up Release Date MD Summary of Violations:	
Person in charge  Responsible person's email  Certified food handler  Brayth Malthn 6/6/24				5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page)  1 2 3 4 5	
			ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW AS "R"	
Section #	C/NC	R		Narrative	То Е	Be Corrected by
		2010	No wolations dum	ng in spektion		
Received by	(name and	d title	brinted):	In	spected by (name and title printed): LAW BURY L	
	Clor		ruhtgantan ka	in the experience of the	Kull Believ E	tts
Received by	(signature pl M	): U	ehl		spected by (signature):   Oul BUTO	loke
cc:			cc:		e: (	



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T2 - 11: 1				T	D CI	
Establishme	nt name	4	Landon + Contai	Telephone Number	Date of Inspection	ID#
Jar	a	J	reament centre	( ) Establishment	3/15/23	596
Establishme	nt addres	s •	- NinevehilM	( ) Owner	/ /	
79 19	5.1	10	reatment Center OE. Nineveh, /N 46/64	Purpose:	Follow-up Releas	e Date /
Owner			and the second s	1. Routine	NO 3,	25/23
				2. Follow-up	Summary of Violati	ons:
Owner addr	ess			3. Complaint		
			(C. C. C.	• \		
D : 1		_	Sensare	4. Pre-Operational		3 -
Person in ch	arge	. 1	Ellis (EXP. 1/14/24)	5. Temporary	C O NC	
///	Jay	M		6. HACCP		
Responsible	person	emai		7. Other (list)	Menu Type (See b	ack of page)
Certified for	d handle	r I N	a Ellis		123	_45
• CRITICAL	ITEMS AF	ED	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" ANI	IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
218	NC		Frigidaire) one	don free	ser	4/1/23
			contained a es		le and	1//
228	NC		the unit is no		rovable	4/1/23
190	20		Previously cook	ed ribs		Corrected
'			measured 055°FC	and sweet		Retrained
			potatoes measu	red 56°F 1	while	Employee
			covered with a	lid ensid	e) the,	
			Blueaur one dos	n cooler.		
			E A		1.3.	
					V 11	I I
					h a -	1
						10 9
						1
Received by	(name and	title	•	Inspe	cted by (name and title printed)	er EH8
Received by	(signature)	71.		Inspe	dted by (fignature):	1:00.
ua	· ·	4	L	1 (1	marew VV	uller
cc:	(/\		cc:	cc:		
1						



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

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

Establishmer  Cowner  Owner addre  Person in cha	1a5 nt addres 460 ess	s /	of china  Moston Branzon  whiteland  IN	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 Summary of Violate  C _ O NC_  Menu Type (See b)	3/18/23 ions: 4R
Certified foo	QL	1	zulang		123	<del>L</del> 45
1			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	-	· · · · · · · · · · · · · · · · · · ·	Narrative		To Be Corrected by
295	NL		The can opener is	soiled		3/8/23
430	NL	(i:1)		iles are chi	oped and	
127 5 111	disc.		gracked The flo	11 13 not easi	Ly charable	HOOLE.
112	シト		3) Home style freezes		pploved	when
324	HL		Hot Funcet handle K: Ichen hand sint		on the	replaced
413			Specific solven and the second solven and th			
Received by Received by Cc:	Q	4	printed):  7 how  cc:	a juneza aj da	ted by (name and title printed  1211-1 D Boy/  ted by (signature):  My Diny	



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

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		1	iento. The time mine for conte		er Date of Inspection	TD#
Establishme		D-1	1400	Telephone Numb		ID#
The second secon	MAY	1 ISTEL	UNIS	( ) Establishm	ent 2/24/23	1820
Establishme	nt addres	S		( ) Owner	707/00	1000
13	bo	nicible	St Bargersville	Purpose:	Follow-up Relea	se Pate /
Owner			IN 46106	1. Routine	yes 3,	16/23
				2. Follow-up	Summary of Viola	
Owner addr					, , , , , , , , , , , , , , , , , , , ,	
Owner addr	ess			3. Complaint		
				4. Pre-Operation	al	0
Person in ch	arge		Mitot	5. Temporary	c_3NC_	8 R
1/1+	MAIN	Ung	ely/	6. HACCP	113.51	
Responsible	person's			7. Other (list)	Menu Type (See	back of page)
reoponoioie	Percont	·······	/ Sew Sate Exp	7. Other (tist)	mena Type (see	ouch of puge,
Certified foo	nd handle	r	1 0/-/	_/		.1/-
Josh		Hinger	8/23/27	/	123_	4_V5
• CRITICAL		or mys.	N THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
0111110122			US INSPECTIONS ARE DENOTED IN T		NS" AND IN THE NARRATIVE BELOW	AS "R"
			US INSPECTIONS ARE DENOTED IN	Narrative	NO MAD IN THE PRINCE OF THE PR	To Be Corrected by
Section #	_	R Market	10 0000		000 000	
187	C	WING	al in-nous	e Butter-	Mulk	Corrected
		Kan	ch and The	la Fancy	dressings	STODATESTIC
		med	sured 45°F 1	046°+ WY	ule	27 7.B.L. (C.). ( 100 )
		insi	de table to	o cooler.	, , ,	
		(B) B1	eading for	tenderle		
		stor	ed at 200r	n temper	ature	
		mee	wired 59°F			1
415	C	1 app	roximately 33	dead who	t appeared	Corrected
		tole	re small win	rald insects	were	
		seen	inside the (	reterion o	ne door	
	Lincon	20	ner Storing	food.	· · · · · · · · · · · · · · · · · · ·	J.,
218	NC	bn	ignerous of	elrigerat	ion units	3/24/23
		CON	tain torn	spect d	on gaskets	e became your 1
41)	NC		terior bul	b miss	W 1	3/8/23
1.1	1	15111	1 - 1 1	Coolen	0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
431	Ne	tine	r-in-cooler		ed inverted	3/18/23
	100	mi	DR COUNTED I		Shelving	1,1
324	c	050	maker in	breusen	puerflow	0 3/1/23
021		fra	7110000	funnel &	and	1/1
Receivedby	(name and	d title privited):		0/1	Inspected by (name and title printe	(d): /a
//	nos		y Head Ch	ret	Andrew Miller, E Inspected by (signature): Andrew Miller	HS/Coleb Acen
Received by		NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	y / lead .	Y	Inspected by (signature):	//www.lanest
I //	17,1250	In	>		and millon	Olev Eleme
cc:	n		CC:		cc:	
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I			1		1	

NARRATIVE REPORT Bargersville **Establishment Name** Inspection, Date Address 13 S. Baldwin St. IN axman Brewing TO BE C/NC Section# **REMARKS CORRECTED BY** 399 NC Had Chef Marew Miller, EHS
Color Eleener Received By (Name & Title) Page <u>2</u> of <u>2</u>

State Form 48621 (R2 / 8-05)



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Establishme	nt name		The same of the same and the same and the	Telephone Number	Date of Inspection	ID#
10m	o da	Da	nese Restaurant	( ) Establishment	2/11/12 3	2107
Establishme	nt address	5	- Al Franklin	( ) Owner	12/14/23	2101
1874	Nor	h	wood Plaza Franklin,	Purposes:	Follow-up Releas	e Date
Owner			1/-	1. Routine	1 No 1 31	26/23
				2. Follow-up	Summary of Violat	ions: t
Owner addre	ess			3. Complaint		
				4. Pre-Operational		1 0
Person in ch	arge			5. Temporary	C NC	R
	O			6. HACCP	so call from the state of	la diameter la Santa
Responsible	person's	email	Imaz kate opitom Istoh of optoble - 4	7. Other (list)	Menu Type (See b	ack of page)
	1				of a continuous	
Certified foo	d handler				1 2 3 6	<b>2</b> 4 5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
	7	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative	AND IN THE NARRATIVE BELOW A	To Be Corrected by
Section #	C/NC	R				3/25/22
402	NC	Liq.		reds	The tract sections	2/25/63
	Per off		-underequipmen	out and dec	anod	TOURSET   -
			mas punca	and one	COLOR PORTOR SERVICES	700,1701
			==			
		-				
			1100 1000 0000			1
	- 1		NOTE - REED CODING	MIT austa	want	
			NOT IN USE TO 1900	gr Tru Tary	garatu c'	
	-	_	and a large state of the faul	,		
		122	In house		- Anna Anna Anna	
						Imanaga
Dagaina J1	(11 411)	Litte	tripted):	IIn	aspected by (name and title printed	):
Received by	Xing			""	( MILLE Miller	
Received by			V 20 70 10 10 10 10 10 10 10 10 10 10 10 10 10	In	ispected by (signature)	garpa-lag
X		LÙI	1		Idamu Mal	1
cc:	1.11.7		cc:	/,	efc:	
				Y'		

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

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

Establishm	ent Sani	tatio	Requirements. The time limit for correct	tion of each violation is specified	d in the narrative portion	of this report.
Establishme	nt name.		Cakes	Telephone Number	Date of Inspection	ID#
700	11	R.	CORES	( ) Establishment	0 K-73	10101
Establishme	nt addres	S	531, 46184	Owner )	1200	1/4056
115	N		5 51, 46184	Purpose:	Follow-up Releas	e Date
Owner			,	1. Routine	1	15-13
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	1 6x C	×
Person in ch	arge		3	5. Temporary	C NC	R
				6. HACCP		
Responsible	person's	email	Thick he me the Shiring the Factor	7. Other (list)	Menu Type (See I	back of page)
			ten in the majority of		Suranipa	77 07
Certified foo	od handle	r c	(ETQ:	7	1 2 X 3	4 5
DEN	11	~ "	Mason (8/13/27			
1			entified in the checklist and narrat			
		2	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW	THE RESIDENCE OF THE PARTY OF T
Section #	C/NC	R		Narrative	21. 61.	To Be Corrected by
			Note: Lapel all	Dir toog hu	MINTS.	*//2_13/E3
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		_	транакра волоста парт бото	genus gritt socil ac	viriyənini xi sərə	700 30
		_				
	d de		Carlotten and make make and an all and a			
	-					
		-				<del>                                     </del>
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Received by	(name an	d title	brinted):	Inspec	ted by (name and title printed	<i>i</i> ):
Li . 10:	1110		asbu	0, '1	Issi Hall	
Received by	(signature			Injec	ted by (signature):	programmed
L. Ols	un		Ving)	(%)	MANG THE	
Jec.		4	CC:	cc:	,	

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

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

Establishmen	t name					Telephone Number	er Date of Inspec	ction	ID#
	Vil	l a	ge Po	n Ave Green		( ) Establishme	3/13/	/~ ·-	70-
Establishmen	t address	5				( ) Owner	1 2/12/	09	250
9	19 5	97	ladiso	n Ave		Purpose:	Follow-up I	Release I	Date
Owner				Gazzan	10 1	1. Routine	1		3/23
				Green	e od	2. Follow-up	Summary of		
Owner addres		_				-			
Owner addres	55					3. Complaint			
						4. Pre-Operation			
Person in cha	rge					5. Temporary	C_ Z)_1	NC_I	R
						6. HACCP			
Responsible p	person's	email				7. Other (list)	Menu Type	(See bac	k of page)
Certified food	d handle	r					1 2 1	3 .	45
artis Statement and Statement			-						
• CRITICAL I	TEMS AF	E IDI	NTIFIED IN	THE CHECKLIST	AND NARRATIVI	E COLUMNS MARKED "C"			
• VIOLATION(S	S) REPEA	TED FI	OM PREVIOU	S INSPECTIONS ARE	and the same of th	Market Street,	S" AND IN THE NARRATIVE I	STREET, SQUARE, STREET, SQUARE, SQUARE	A PROPERTY OF THE PARTY OF THE
Section #	C/NC	R				Narrative		Т	o Be Corrected by
431	Ne		Floo	or area	by of	he 3-bay :	sink, water	-	
			hea	ter and	bag n	pod 13 5	0.1801		
Received by	1		rinted):	Sizer	JOTE		Inspected by (name and title	le printed): Bei	y less
Received by			000		6		Inspected by Agnature):	E	rus bus
cc:	- No.	7471		сс:			cc:	newson-Engineer	
				The same and the s	BOOK OF STREET, STREET	A THE RESIDENCE OF THE PARTY OF	The second secon		7



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

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

Establishment name  V, Haze Pontry  Establishment address  520 Medidian St. breenwided, IN  Owner  Owner address	Telephone Number  ( ) Establishment ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint	Date of Inspection  3/43/23  Follow-up Release 3/2  Summary of Violation	3/23
Person in charge  Responsible person's email  Certified food handler	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC Z	ck of page)
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT		-4	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO Service # 1.0 (N) CL P.	THE "SUMMARY OF VIOLATIONS" AND IN  Narrative	THE RESERVE AND ADDRESS OF THE PARTY OF THE	"R" To Be Corrected by
Section # C/NC R	Ivarrative		To be Confected by
431 NC Close by the u	later heater is	501/20.	3/15/23
347 No No hand towe b	i the hand since		3/13/23
Received by (name and title printed):  + Charle A 31000 Cast  Received by (signature):  Charle A \$100  cc: cc:	hier !	d by (signature):	Page 1 of



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

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

			*	,		<u> </u>
Establishme		,		Telephone Number	Date of Inspection	ID#
The second secon	ndi			( ) Establishmen	3/20/23	749
7/17	nt addre	<b>6</b> 5 A	R. 135 Greenwood 1N 46143	( ) Owner	/ /	
	, ,	• •	IN 46/43	Purpose:	Follow-up Release	se Date 30/23
Owner	FK	21/	1	1. (Routine	910	,
-	1/30 - 20 10	.//	1	2. Follow-up	Symmary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		1 2
Person in ch	arge	4	Maria	5. Temporary	c_0NC	6 R Z
WIA	na	1	1 IOUXUU	6. HACCP	=	
Responsible	person's	emai	Serv. Sofe	7. Other (list)	Menu Type (See	back of page)
Certified for	nd handle	er /	Morgan (Exp: 1/9/25)		123_v	5
• CRITICAL	ITEMS A	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC	<b>V</b>	Hloors walls	soiled in	various	3/30/23
			areas			1,1
399	NC	1	Grout repair nee	ded in fr	ont of	4/20/23
		_	deep fryers and	other area		1, 1
402	NC	\	Tile o cove base	loose of	f walls	4/20/23
			at drive-up wind	ow and	behind)	
200	110		deep fiyers			3/20/23
385 295	NC		dumpster leds ope		1	3/20/23
273	WC		Cup holder unit s	loiled at	arwe-up	3/20/23
218	NC	6		interior	dom	4/20/23
210	NC			damage		new door
		(2)	French under	lry warn	201)	3/21/23
			contained accumus		* sinterior	10/0//
		-	bottom			1
0						
						Ī
Received by	(name and	d title	printed): V 1620 CM		spected by (name and title printed	r, EHS
Received by	(signature	e):	Magan	Ín	aspected by (signature): Andrew M	iller
cc:	1 -0	W/C	2 May 1		cc:	
			$\nu$			

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

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

Page 1 of

230tttoIIII	om oum	attio	requirements. The time mint for conce	don of each violation to specifica i	•	or uno report.
Establishmer		. 1	ce ot non par anala La calous foods.	Telephone Number	Date of Inspection	ID#
Establishmer	nt address		Edinklin in	( ) Establishment ( ) Owner	3/7/23	1868
99	NN	10	in St Franklin, IN	Purpose:	Follow-up Releas	e Date
Owner				1. Routine		17/23
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint	0	
Person in ch	aroe		lürisk religiotationer between	4. Pre-Operational 5. Temporary	c_NC_	D R A
	811940			6. HACCP	110	
Responsible	person's	email	ivroelsam drain and bandar a se	7. Other (list)	Menu Type (See l	pack of page)
Certified foo	d handler	r			123	_45
			ENTIFIED IN THE CHECKLIST AND NARRAT			AC UDU
Section #	S) REPEAT		ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	Narrative	THE NARRATIVE BELOW	To Be Corrected by
Section #	C/IVC	I	Vonegali	THIRTY		To be domested by
254	NZ	Pol	I'll scooper Stored 1	moroger	r is solito contract	3/7/23
716	in to	igni.	- handle must be	strucing out	1-0	0120122
310	100		Vent above tryers	in the back soi	reel	3/20/23
31D	NC		- place hood year	+ packup		2/2/23
430	NZ		Door on cooling w	ut in kitchen	proteen	3/20/23
200	MZ			ropoler where bo	Heean	3/20/23
2 10	100		Mas proceed to our	twice ~ terce	IT HES USING	5/20/5
			s tend and a			Lin-cold.
		ž.	30K			
Received by	(name and	title	. ————.	Inspected	d by (name and title printed	):
Received by	(signature)	: -	Tym	Inspector	d by (signature):	Notifica and
	Lé	1	4 th	///0	my Mill	6
cc:	/		сс:	[dd		