

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

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

Downer address  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  Violations; Repeared primary of Violations:  Certified food handler  Violations; Repeared primary of Violations:  Section # O/NC R  Natrative  To Be Corrected by  Parcelload School Sch	Establishment			hoof unfarest dispension for noise	Telephone Numbe	Date of Inspection	ID#
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### NARRATIVE REPORT

Establishr	ment N	am 0 <	Mexicon Grilber II Declaration Dr.	Inspection Date 4-70-12
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
413	NC		Box K exterior door (Kitchen Over)	5-12-73
			not tight fitting	
			5 day 1914 this observed.	
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			Note: All Soray DOHALS Shall	
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			pottles & containers	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Comparison of the content of the c	Establishment name	Telephone Number	Date of Inspection ID#
Purpose:   Routinp   Purpose:   Follow-up   Summary of Violations:   Su	Aloha		
Definer    Routine   Person in charge   Summary of Violations:   Summary of Violations:   Summary of Violations:   Summary of Violations:   Responsible person's email   Person in charge   S. Temporary   G. HACCP   Menu Type (See back of page)   Person in charge   S. Temporary   G. HACCP   Menu Type (See back of page)   Person in charge   S. Temporary   G. HACCP   Menu Type (See back of page)   Person in charge   S. Temporary   G. HACCP   Person in charge   February   G. HACCP   Person in charge   February   G. HACCP   Person in charge   February   Februar	Establishment address	( ) Owner	19-10-65 11965
Definer    Routine   Person in charge   Summary of Violations:   Summary of Violations:   Summary of Violations:   Summary of Violations:   Responsible person's email   Person in charge   S. Temporary   G. HACCP   Menu Type (See back of page)   Person in charge   S. Temporary   G. HACCP   Menu Type (See back of page)   Person in charge   S. Temporary   G. HACCP   Menu Type (See back of page)   Person in charge   S. Temporary   G. HACCP   Person in charge   February   G. HACCP   Person in charge   February   G. HACCP   Person in charge   February   Februar	3021 Meridian Member Kd	Purpose:	Follow-up Release Date
Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  1. 2 3 4 5  Certified food handler  2. 3 4 5  Certified Food Properations are denoted in the "summary of violations" and in the narrative below as "R"  Section # C/NC R  Narrative  To Be Corrected by  1. 2 3 4 5  To Be Corrected by  1. 3 5  1. 4 5  1. 5 5  1. 6 6 6 7 7 8  1. 6 7 7 8  1. 7 8 7 8 7 8 7 8 8 7 8 8 8 8 8 8 8 8 8	Owner	1. Routine	Ves 4-70-63
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Responsible person's email  6. HACCP 7. Other (list)  Menu Type (See back of page)  1 2 3 4 x 5  1 2 3 4 x 5  CERTIFICAL ITEMS ARE IDENTIFIEDINT THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS) BEFERATED PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Narrative  To Be Corrected by  1 2 3 4 x 5  To Be Corrected by  1 2 3 4 x 5  To Be Corrected by  1 3 4 x 5  To Be Corrected by  1 4 x 5  To Be Corrected by  1 5 x 6 x 7  To Be Corrected by  1 5 x 7  To		4. Pre-Operational	1
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

A CONTRACTOR OF THE PROPERTY O	1	1
Establishment name	Telephone Number	Date of Inspection ID#
Bon Nes & Nobles # 2329 Establishment address	( ) Establishment	4/19/23 1268
Establishment address	( ) Owner	7/1/23 1268
Establishment address  1251 US 31 Circlenivoral  Owner	Purpose:	Follow-up Release Date
Owner	1. Routine	Neo
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
S WHEE RECEIVED		
	4. Pre-Operational	CNCR
Person in charge	5. Temporary	C NC NC R
ta tapinal assemble. Mest products are control prepared and	6. HACCP	to begin a record and the durines for the
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler Henbrock		12345
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460 N. MORTON ST. STE A WY

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

Establishment name  Establishment address    Sometiment address   Uluz	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  U-13-23  Follow-up Release  Summary of Violate  C NC  Menu Type (See	Z		
Certified food handler		123	45		
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## JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

INSPECTION REPORT

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

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

Control of the Control							
Establishment n	iame 5	Restan	ranti B	rewhou	Stablishmen	Date of Inspect	
	ddress	7.02	^ .	. 11	( ) Owner	4/27/23	3 1344
1251	N. L	15 31	Greenwa	0061, IN	Purpose:	Follow-up Re	elease Date
Owner					1. Routine		M417,2023
					2. Follow-up	Summary of V	iolations!
Owner address					3. Complaint		
					4. Pre-Operational		,
Person in charge	ensor L	and fire off	properties	dada ka	5. Temporary	C_O_N	C
lane harris					6. HACCP	an hapfy by the s	exel of a
Responsible per	son's en	nail	a score ' no smale	di ak magde in p	7. Other (list)	Menu Type (	See back of page)
Certified food h	andler	atrina	A. Voc	00		123	345
• CRITICAL ITE		IDENTIFIED IN		1	E COLUMNS MARKED "C"		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name  Establishment address  Owner  Owner  Owner  Owner  Telephone Number  Establishment  Under Stablishment  Establishment  Under Stablishment  Under S	23 1014 elease Date 5-10-23
6. HACCP	(C - 1 - 1 - C )
	See back of page)
Certified food handler 1_2	35
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BE</li> </ul>	LOW AS "R"
Section # C/NC R Narrative	To Be Corrected by
	)
NC Floor grout missing in Ritchen	Office Report
NC Jae, Cream dreener used to storce	
Chicken Higher Pre doe O drie	011
has a store correr in	
distribuir.	
1 Contraction	
NY Bar Marain Cover is messing	
	A
NG Mold-like substance observe	d
on cardboard box & man	13
Durfaces in Ritchen need	
Cleaned - floors walls ceit	ne
	Temp▶Rite. §
Dish machine appears to be	Date:
Sanitaria @ time of inspectio	Empleado PASS WHEN BLUE BAS TURNS ORÂNGE IS ACHURE CUMOO IA MARA AQUI CAMBA A COM MARAILA
A Thomas The Control of the Control	ES ACEPTABLE CUANDO LA BARRA AZUL CANBIA A COLOR NARANIA
the Health Department needs	160°F/71°C
Received by (name and title printed):  To See Upon Yehodel Plant A  Inspected by (name and title printed):	brinted):
Brian Newly Managing Porter Elizabet	th Schultz
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name	_	ation of men (Contains in predoct looks	Telephone Number	Date of Inspection	ID#
(am	ila's	. 2	Mexican Kestaurar	tt ) Establishment	1/10/0-	2497
Establishme	nt addres	SS	Greenwood	( ) Owner	4/19/23	07//
12245	Sh	00	k Rd IN 46143	Purpose:	Follow-up Releas	e Date,
Owner		3	ote J	1 Routine	Ves 4	29/23
Devi	11.	TN	trada	2. Follow-up	Summary of Violat	tions:
Owner addr	es	-	000-000	3. Complaint		
V	U			4. Pre-Operational		
Person in ch	arge		7	5. Temporary	c 1 NC /	7 R
Maca	110	Di	no Hall.	6. HACCP	and thook is not	In Analyza I
Responsible	person's	emai		7. Other (list)	Menu Type (See )	back of page)
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Certified foo	od hapelle	r L.	No Certificate		1 2 3	4 1 5
Certified foo	V C	10	cold ( Provided )			
• CRITICAL	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NAKRATIVI	E COLUMNS MARKED "C"		
	-	The Real Property lies	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		N THE NARRATIVE BELOW	
Section #	-	R		Narrative		To Be Corrected by
190	NC	nec	Three contain	ers (229+)	07	corrected
300,000	TROUT	JOHE	mercusty coop	le COPE and	TODOS A Variety of	retrain
<u> </u>		-	motal 70	n M MILLA	100.	employees
		$\vdash$	CANDROL ON A PO	nio monni	ned	
			88°F 114100 CATHE	ned with &	ilm) wer	soned_
			inside, the will	k-in-coolen	)	
228	NC	/	Table (large)	storing flat	t top	5/1/23
			gull not lase	ly more	able	10 +
324	NC	~	Olopray mossile	under con	tinuous	Corrected
	gill ton	1000	pressure while	attached le	a water	
a. obsebso	i pegpamen	1	line linder 100	ree bay sir	e Dinas Da	sks 5/1/23
291	110	-	no Choosing t	That 1the one	MALYDON	4/20/23
43/	NC	1	Floor solla	en sough	k-in-Col	Per 4/21/23
75/	100		and under duch	machine	, , ,	1
295	NC	1	O(lean) eaummen	t/utensels 2	vere	4/19/23
			found Sorled	in a bus	tub	1, 4,
		(		hree bay sir	ik mold	of 4/21/23
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### **NARRATIVE REPORT**

Establish	ment N	lam	e Address 2245 Sheek Rd.	Inspection Date 4-19-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
297	NC	<b>V</b>	Box sorti nozzle is soiled.	4-19-23
346	NC		Moserved no soop at hand sink alx	1
			to ite muchine.	
295	NC	/	Interior of 112 machine is soiled.	4-21-23
218	NC		Avanta tip top 3 door cooler middle	5-3-23
		,	dor 905/et 15 Spit/worn	
218	N	$\checkmark$	Walk-in Cooler Obor anslet is	
1	- 1/		SUHMOUN	11-211
431	NC		Floor Under Shelving Units Inside	4-64-63
7 0	. Lo		Wilk-in Cooler is Soiled.	
195	NC		hottom of 3 dor treezer is soilld	1 10 10
114	M		many Mik tood Hims not labeled.	4-19-23
7 1 -			Containers & bottles of tood prod	111 12
310	NZ		barry stesty som yert is soiled	4-10-65
117		/	and men's restroom vent	
430	NC	~	Wood vanity cabinet is	
			blocking a floor drain at	
439	C	-	The state was season	Characted
459	_		(2802) container was stored	Corrected
			above the kitchen ice	
	<u> </u>		maler hinz	7
184	NC	1	mechanical dish machine	4-25-23
20 1	100	1,	wash" temperature gauge.	1
			read. 110°F, not 120°F manimum	
			)	
	167			
			Note: One hard Soon disperser dos	
			NOT have SOOD IN HONEY ENESTROOM.	
			Note: 10 Scoop for rendered Should	
			read clan sutall.	
			Note: tood products proid freezer	
Deschied 5	) (N1	0 -	The Lineage of the Control of Title	
Received E	sy (Name	άT	itle) Inspected By (Name & Title)	Page 2 of 8
( Hencon	MM	)	HACLUS (WAS) (MAN)	



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

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

Page 1 of

Establishmer	nt name	ation is neppetatially hazardous topic.	Telephone Number	Date of Inspection	ID#
Chric	ago	RIZZA	( ) Establishmen	at land	2 2000
Establishmer	nt address	0 0 0	( ) Owner	4/17/23	3 2355
224	5 8	theek rd areenwood	Purpose:	Follow-up Release	se Date
Owner			1. Routine	No 5	
			2. Follow-up	Summary of Viola	tions:
Owner addre	ess		3. Complaint		
			4. Pre-Operational	1	
Person in ch	arge	. There's salurantered do not establish	5. Temporary	C_P_NC_	2 R
			6. HACCP	Jahranga, an i	= 2 evaluate da
Responsible	person's er	aili, regle exception to the single meal set office	7. Other (list)	Menu Type (See	back of page)
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Certified foo				123_ <b>V</b>	45
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		IDENTIFIED IN THE CHECKLIST AND NARRATIV		LAND DATELLE MADD LOWER DOT COM	AC IIDII
		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	' AND IN THE NARRATIVE BELOW	To Be Corrected by
Section #	Name and Address of the Owner, where		of un-member	of good contain	
174	NC	there one couple	of with the contract	de frod william	4/1/25
191	C	there are no date	marcings 1	on some fival	altingted
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/ Received by	(signainie).			nepected by (signature):   Jan Betton	
cc:		cc:		cc:	
50000			A SECTION		



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

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

Establishmer	nt name		person of the secretary buzzarious foods	Telephone Number	Date of Inspection	ID#
				( ) Establishment		
De, Establishmer	nt address	;		( ) Owner	4/17/23	836
1253	4	. 1.1.	EIK AUR GREENWOOD	Purpose:	Follow-up Release	Date
Owner	20 4	an	TAIL AUR CREENWOOL	1. Routine		127/23
Owner			$\mathcal{A}_{\lambda}$		Summary of Violati	
			. , ,	2. Follow-up	Summary of violati	ons.
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge	E-of	lucadi cercan in elemente e foi foco ana s	5. Temporary	C 0 NC 3	R
071 199				6. HACCP	. Regard from hour to the	
Responsible	person's e	email	desta foresta as reson de la sunglementa de en	7. Other (list)	Menu Type (See b	ack of page)
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Certified foo	d handler	-	Λ ,		123x	(4 5
/	Cr	9/3	Predmore			
• CRITICAL I	TEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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Section #	C/NC	R		Narrative		To Be Corrected by
234	NC		Ice Gream sce		improperly.	
-	1.	111111111111111111111111111111111111111	must be runni	ng water well.	juli veia to guidhian a	4/17/23
127	NC	F) (11.671	The shelling to	of the sing	(2- service	MODEL STREET
, ,			items is not		the + 1005-	
			Tho access For	cleaning		
						1/2/2
190	MC		Improperly in	13 BETTY, CO	ooled	4/17/23
,			improperly in	a deep plusts	<u> </u>	
		$\perp$	containes.			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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. Date of Inspection Telephone Number Establishment name Establishment ) Owner Purpose: 1. Routine 2. Follow-up Summary of Violations: Owner address 3. Complaint 4. Pre-Operational Person 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" C/NC R Narrative To Be Corrected by Section # Received by (name and title printed): Inspected by (name and title printed): cc: