

460 N. MORTON ST. STE A V

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 name Our Lady of Greenwood Establishment address Owner Owner Telephone Number Date of Inspection ID# 1/4/23 34 Purpose: Follow-up Release Date 4/14/23 Owner address Owner address Owner address 4. Pre-Operational	
Owner 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	46
Owner 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	
Owner 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	
Owner address 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational	
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VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"	
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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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460 N. MORTON ST. STE 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 name

Telephone Number

Date of Inspection

ID#

Establishmer	nt name	7	thon a feet as a fet in lagaritous tour.	Telephone Number	Date of Inspection	ID#
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishment Samtation Requirements. The time mint for correction	on of each violation is specified i	if the narrative portion	or tins report.
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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Establishment address	() Owner	4/18/25	920
SO3 W Indian Crock Ur.	Purpose:	Follow-up Releas	e Date
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	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
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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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Owner	1. Routine	NW 1	
	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint		
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Person in charge	5. Temporary	C NC R	
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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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Establishman	nt add	· / U		-1 `	4/19/23	1040
Establishment name Center grove MS North Establishment address 202 N. Morgan form Jd			Jan town Id.	() Owner		
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				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishm	ent Sani	tatio	n Requirements. The time limit for correct	ion of each violation is specific	ed in the narrative portio	ii oi tins report.
Establishmen	nt name	(inve Es	Telephone Number () Establishment	Date of Inspection	
Establishme	nt addres	S		() Owner	4/18/23	409
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Owner				1. Routine	NO	
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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Nort	h Cv	nove Es	() Establishment	1/10/-	nan
Establishmer			() Owner	4/19/23	117
			Purpose:	Follow-up Releas	e Date
Owner			1. Routine	NO -	
			2. Follow-up	Summary of Violat	ions:
Owner addre	SS		3. Complaint		
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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 name Telephone Number Date of Inspection Sugar Grove Es Establishment address 4135 W. Smith valley rd) Establishment) Owner Purpose: Follow-up Release Date NLU Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler Kimberly 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 Section # C/NC R To Be Corrected by No violation during inspection Inspected by (name and title printed):

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

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

Establishment name				1	1	1			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name I \$ 0 m Elementary Establishment address 50 E Broad way Greenwood II Owner Owner	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection ID# 4/7/2 3 3 2 3 Follow-up Release Date 4/17/2 3 Summary of Violations:		
Person in charge Responsible person's email Certified food handler	5. Temporary 6. HACCP 7. Other (list)	C_O_NC_O_R_ Menu Type (See back of page)		
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460 N. MORTON ST. STE A V

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

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

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

Establishmer	it name			Telephone Number	Date of Inspection	104	
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Establishment address 15:34 Proposite Rd Owner Greenwood, IN					4/10/23	2084	
,	644	Pulpe	1+ 21	() Owner		<u> </u>	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		energy and parameters for an	Telephone Number	Date of Inspection	ID#	
				() Establishment	4/4/23	395	
Establishment address				() Owner	7/7/20	- 1.5	
Establishment address 99 Crestview Dr. Gwd. IN				Purpose:	Follow-up Release Date		
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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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619	144	<	mith willow 3d	Purpose:	Follow-up Releas	e Date	
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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. Date of Inspection Telephone Number Establishment name West wood Elementary) Establishment Honey Clear Rd breenwood 4/12/23 Establishment address) Owner Follow-up Release Date Purpose: 1. Routine Owner Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C O NC O R Person in charge 5. Temporary 6. HACCP Menu Type (See back of page) Responsible person's email 7. Other (list) Certified food handler Deanna Wilke 2027 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 Received by (name and title printed): Peanna Indina Received by (signature):