

460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishme	nt name		-lo resolve en linea securito apri	Telephone Number	Date of Inspection	ID#
		10	1	() Establishment		1011
Establishme	nt addres	s	12	() Owner	5/1/23	153
10 N. Moston Franklin, TN			Franklin, IN	Purpose: 1. Routine	Follow-up Release Date	
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		The talking the transfer of the	5. Temporary	C_/_NC_	OR
				6. HACCP	ing solvers service	do the second
Responsible	person's	email	rive, algues algigie de le mais en al abiente de la La describación de la describación de la decribación decribación de la decribación de	7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r			123	45
			ENTIFIED IN THE CHECKLIST AND NARRATI		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
187	C		Sandwich codes is	not holding;	roper	5/1/23
	E 1120	1 121	Sandwich Goder is temperature -	musy at 4.	10 to 1	2 W20 at 1
Livia manufili	11 (330)		De-local			ALCO INSIA
			all Product	to be discarde	ol	
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			300		e sales que	
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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.

Establishmen	it name	1	about social ad seem realism.	Telephone Number	Date of Inspection	ID#
Price	· h	+	14711185	() Establishment	F 2 22	$I \cap O$
Establishmen	t addres	s	Franklin	() Owner	ラーコーしこ) [0]
3401		1	motor St Ligizi	Purpose:	Follow-up Relea	se Date
Owner				1. Routine	5	-13-23
M-70				2. Follow-up	Summary of Viola	MARKON AND ASSESSMENT OF THE PARTY OF THE PA
Owner addre	SS			3. Complaint		
				4. Pre-Operational		
Person in cha	irge) h.	armost sime of the court of the	5. Temporary	C NC	
0.03, 0.51				6. HACCP	argul or make d	
Responsible p	person's	emai	drats fileds to restricted musically meal serval	7. Other (list)	Menu Type (See	back of page)
			to an love the separation		A Change Intentuper	
Certified food	d handle		MITA CESA (EXP	28	123	45
THE RESERVE THE PERSON NAMED IN	THE RESERVE OF THE PERSON NAMED IN	-	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	-		Narrative		To Be Corrected by
177	N		Observed Single 118	e items not &	fored lo	
		mg.	OFF Floor DU BOULE-	n Cooler Clips S	traws)	Part of the second
414	NC	a' vitti	Both exterior mors	Ald Car wash	Storare	100
			room, not protecte	I from Dote	Atul ruden	+
			5 day 1, s/A+ (2)	is Obserned.	11100 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	T
431	NC		HOOM NO CON W	ash Storage	room 15	
		-	Soiled			
		_	1 1212 2 1 20 0 0 0 1 10	101 (1) 110 110	A 1 1011	
			Note: Observed the	Day MAN	21 98 MMK-1	4
			Troller 2 3 love Such	- Santania.	Silvation	
		138.10	Sloan 2 100 3101	M	STOCIOTA	
1.1110			Note: Drawing town	- 9-1 01 0	JAM LIST	
				3-23	E 100, 1, 11/12	I man and
			according there . A			
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Water and the second						Page 1 of



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. Establishment name Telephone Number Date of Inspection) Establishment Establishment address) Owner Release Date Purpose: Follow-up 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 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 718 Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc:



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

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Establishment name	Telephone Number	Date of Inspection	ID#
Cincie K #4702420	() Establishment	1	
Establishment address	() Owner	5/12/23	1927
2114 SHEEK RO	Purpose:	Follow-up Release	Name and Address of the Owner, where the Owner, which is the
Owner	Routine	- 5/	
MAC'S CONVIENCE STORES	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C Ø NC g	8 R —
	6. HACCP	10-4	N_
Responsible person's email	7. Other (list)	Menu Type (See be	ack of page)
Likedia - a ma ma a ma a ma	7. Giller (1855)	a pend on aniversion s	ien of puge,
Certified food handler		12 33	4 5
MIRATOE LIETE EXP 12/11/23			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW AS	
Section # C/NC R	Narrative		To Be Corrected by
VIRGINE FOR DESCRIPTION OF STREET PROPERTY OF STREET	000000000000000000000000000000000000000	and well and the	
No items TO	25000	a.su, 12 Ph. 912	iobarizhe i
NO THEMS 18 1	aponi	er ha till si oorgas	<u>Vano reservi</u>
			- 1
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and the first of the second of		The amount of the	Lamille to
	Miles III and the second secon		popuzdu.
			his codde
Received by (name and title printed): *Mercedes M (ormick	Insp	ected by (name and title printed)	: : E45
Received by (signature):	Insp	ected by (signature)	president
сс: сс:	cc:	50	



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

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

Page 1 of

			1		10 17	
Establishme	nt name	5	S PIZZA	Telephone Number		ID#
Establishme	CRG	0 -		() Establishme	ent 3/22/23	3 1/31
Establishme	nt addres	. , `	JEFFERSON ST.	() Owner		
102	1 / (\mathcal{L}	JEYY ERSON ST.	Purpose:	Follow-up Release	
Owner				1. Routine	0 9	3/23
	Ž			2. Follow-up	Summary of Violat	ions:
Owner addr	ress			3. Complaint		
				4. Pre-Operation		6
Person in ch		a 500	of the size a series and the comment of the size	5. Temporary	c_0_nc_1	0R
mp	other	U	ALLEN	6. HACCP	in the market	
Responsible		-		7. Other (list)	Menu Type (See b	eack of page)
			the term of the part of the pa	m to tum	an han clim	200 -HI -
Certified for	od handle	er O(1	ALLEN		123	2_45
• CRITICAL	ITEMS A		DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		Disperi
• VIOLATION	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW A	s "R"
Section #	C/NC	1		Narrative		To Be Corrected by
413	me	X	GRP NOTOS AT	BASE OF	BACK	6/1/23
	To Sund it.	ICG.	EXIT OWN (BY	WAZK-DO	N COOLER)	Wilder St.
218	NC	A	0001 91.512		-UPRIGHT	6/20/23
			3 door REFRISH		2) 21	
431	nc	*	WALL IN ARREAS		en NOT CLEAN	5/3/
431	NC	7	COFLING WENTS I			5-131
	000		CETAING EX HAUST	COWERS	VOT CLIAN	
399	NC	ند	IN RESTROOMS	CONO ARAINO	DISHMAZHIM	1/5
774	nc	-	BUCK CONTAINER	C NOT / AR	LOS DEN WHICK	Vacarecter 1
17.1	100	~	FLOUR, Oregano		LUE ON WILLOW	(3/22)
431	WC	9		WAZI MY	ER EQUIPMENT	7611
299	NC				THEN, FLOOR	271
		/	TILL WORN UNDER	2 PIZZA 1	PROPORTATION -	77/1
		-	REFERENTOR		/	,
295	NC	L	INSTOP OF		KER NOT CLEAN	5/25
138	MC	K	HAIR ROSTRRINT		, UITOR NOTA	
		_	BY Employees Du.	KITCHER		5/26
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Received by	(signature):	Qu.		Inspected by (signature):	Den was
cc:	~ 11,		ce:		cc:	



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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#
CHILI'S	() Establishment	5/9/23	2292
Establishment address	() Owner	13/1/03	, 20,700
2299 N MORDN Frankon, IN	Purpose:	Follow-up Relea	se Date
Owner	1. Routine		119/23
	2. Follow-up	Summary of Viola	
Owner address		Journally of Viole	
Owner address	3. Complaint		
	4. Pre-Operational		0
Person in charge	5. Temporary	c _ O _ NC_	OR
DRUID CHAVEZ	6. HACCP	a ser in particular	
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
abe 1 Company	Im . se la	c arrest enforces	
Certified food handler DAVID CHAVEZ SERVITARD	19/28)	123	55
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN 1		O IN THE NARRATIVE BELOW	7 AS "R"
Section # C/NC &	Narrative		To Be Corrected by
#131 NC & OUTSIDE STORTING	e Room - FLO	OR NOT	5/19/23
QZEAN (NOT ORGON		or igotwin to goult-au	REPART!
399 NC - KITCHEN FLOOR		clean In C	S 119
		EQUIPMONT	74 11 11 544
218 NC WARK - IN FREEZE		NOT CLOSE	5/19
TIGHTLY (ICO BUI			
	SHELVING NOT	CLOAN	5/19
431 WC P KFTZHER, RESTRO		LENTS NOT	5/12
Clean			
	NORN/SPIST ON	SOMO	619
	UN775 IN KIS		1 (24-2)
SALAD dressing	cooler - Ice	BUILT UP IND	700
	VEAS OF KATCHE		-619
			1
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6 July	',	Beline	
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			Page 1 of



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			1	1	1	1	
Establishmen	nt name	ш	Health Pehas	Telephone Number () Establishment	Date of Inspection		
Establishmen	nt addres	y_	1 2	() Owner	5/22/23	2234	
Owner	Establishment address Establishment address Owner Owner			Purpose: 1. Routine	Follow-up Release	Date	
				2. Follow-up	Summary of Violati	ons:	
Owner addre	ess			3. Complaint 4. Pre-Operational		o	
Person in ch	arge	DES	Fig. 98 Tables — orac gravitosi is	5. Temporary 6. HACCP	$C \nearrow NC \nearrow R \nearrow$		
Responsible	person's	email	n garanta a garanta da	7. Other (list)	Menu Type (See back of page)		
Certified foo	d handle	r			123_ ~~	_45	
			ENTIFIED IN THE CHECKLIST AND NARRAT ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		O IN THE NARRATIVE BELOW AS	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
			No relations - thank you!! No TE: O ford ter vasher		5 12 2 0 0 0		
Received by			printed): USSAL	Inspe	ncted by (name and title printed) ROW Bedicue ted by (signature): ROW Bedicue		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment Samtation Requirements. The time limit for correct	tion of each violation is specified i	
Establishment name	Telephone Number	Date of Inspection ID#
Establishment address 19 bob Childen blud	() Establishment	5/23/23 2551
Establishment address	() Owner	
19 bob atilden blid	Purpose:	Follow-up Release Date
Owner	1. Routine	
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	0. 0
Person in charge	5. Temporary	C O NC O R O
	6. HACCP	ter the rest of the second
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler		$1 2 \sqrt{3} 4 5$
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	Narrative	To Be Corrected by
Section # C/NC R	Ivarrative	16 Be Corrected by
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nu violation sur	ing majuries	TO TOTAL CONTROL STATEMENT
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and the company of the standard and the		Constant Constant
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		Chia m
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I Justine Geekmore Workplace Health	and Intery Realist 1 al	ll berieu tits
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		Page 1 of



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

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Establishment name COURT STRUCT Establishment address 39 E COURT ST. FRANKLIN IN Owner S Young Owner address Person in charge S' Young 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)	Follow-up Release Summary of Viola C NC	se Date 23 tions:	
Certified food handler S FOUNG CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLLIMNS MARKED "C"	123	400_5	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW	AS "R"	
	Narrative		To Be Corrected by	
138 NC X HATR ROSTRAINTS (138 NC X HAIR ROSTRAINTS (NOT, CAP, VISOR) NOT			
H31 NC X FLOOR NOT CLEAR	IN ARCHER O		611	
218 MC X 2 door REFRIGAR	ATRR GOOR	gASKET	6 126	
228 NC * LARGE 2 DOOR RE 2 DOOR GLASS DEFR MOVERDO	EFRIZIPATOR RIZORATOR NO	AND CARGO	6/26	
324 NC X ROSTROOM TUTLET FRONT TYPE	SPAT NOT	pen	6 8	
MOTE DECKANICAT DISATION TE 160°F OR MORE ON (WAS 166°F)	imperature i	AJEOVATE	(OK)	
Received by (name and title printed): SHARY YOUNG		pected by (name and title printe Bob SmTTH:		
Received by (signality):	Ins	pected by (signature)	SHEAR OF	
cc: Cct			Page 1 of	



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

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Establishment name	Telephone Number	Date of Inspection	ID#
CRUMBLE COOKIE	() Establishment	-1-1-	
Establishment address	() Owner	5/25/23	2498
1675 W. SMITH VALLEY RD	Purpose:	Follow-up Release	se Date
Owner	Routine		5/23
	2. Follow-up	Summary of Viola	and the same of th
Owner address	3. Complaint	,	
Person in charge	4. Pre-Operational	CO NC	D' 1
MATHAN LAIKER	5. Temporary	(C)	R
Responsible person's email	6. HACCP	76	1 1 6
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
Certified food handler TIFFANY BROWNE EXP. 12/10/25		12_K_3	45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV.	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
4 6			
Note - & Floors ARE Son	CEO BY WHAT	APPEARS	- VIBILITIES
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			Miner Sept 1
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			Page 1 of /



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

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Establishm	ent name	Locard upper and complete as more	Telephone Number	Date of Inspection ID#
	1114	HA	() Establishment	5/11/23 2383
Establishm	ent addre	ss - Franklin IN	() Owner	1 3/11/02 2500
1916	vani	ille Dr. Franklin, IN	Purpose:	Follow-up Release Date
Owner	ran	111C PT. 76131	1. Routing	Ves 5/21/23
MAL	10001	Mitchell	2. Follow-up	Summary of Violations:
Owner add	ress	- Human	3. Complaint	
Owner add	licss ()		1	
D 0:	,	1	4. Pre-Operational	$_{\rm C}$ 1 $_{\rm NC}$ 5 $_{\rm R}$
Person in c	harge	M. taloll	5. Temporary	CR
UM	Uly	, I'llifell	6. HACCP	
Responsible	e person	email organization and fortification of sharing	7. Other (list)	Menu Type (See back of page)
Certified fo	od bandl	er / / / / / / / /		
IAM	VOIA.	"- V Vletcholl.		123_ <u>v_4</u> 5
• CRITICAI	LITEMS	RE IDENTIFIED IN THE CHECKLIST AND NARRA'	TIVE COLUMNS MARKED "C"	The same of the sa
	N(S) REPE	ATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		n the narrative below as "r"
Section #	C/NC	R	Narrative	To Be Corrected by
413	NC	West door not	closing Mest	soda station) 5/15/23
218	NC	V Oastro Blender	, covers (2) ar	e broken 5/16/23
	1.0 5 7	2 Two metal of	ry/food scoop	s are cracked 5/13/2
		Josephry	is baskets (4) are damaged, 1
431	NC	Dwalk-in- Godl	er floor Sale	dunder 5/12/23
		mobile shelirin	9 0	
		3 plan drains	saled in du	sh area
			soiled in Store	player restroom
202	C	and vent covers	o Soiled in en	not 5/1/23
303		Santia de la monda	diately after	Couring Out of Sant
295	NC	VORear of walk	accept after o	mporator 5/13/23
215	NC	is soiled + drai	n line soiled at	and at their 1
	10.40	(2) Inside two d	nauxo coolon	Ch = 2112 = C/1/22
		Cole Slaw mod	uct is soil	ed
			ses of we me	iker are soiled , I,
324	NC		or three bay	and jet Spray 5/21/23
		sink contain a	leak	
			nnection leaks (a	t right at time by
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		ile Note: Tea built-	un in close do	MO CARRON Page 1 of 1



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Establishm	ent name	1	12942	Telephone Numbe		The second secon
Enal Ed	<u> </u>	Ţ	+2843	() Establishme	nt 5-23-20	D 1460
Establishm	ent addres	S	1-1-1 (110	() Owner	0 0 -	1 100
9	021	Mar	- Ketplace de GWD	Purpose:	Follow-up Relea	se Date
Owner			1.	1. Routine	Yes 6	-2-2023
				2. Follow-up	Summary of Viola	tions:
Owner add	ress			3. Complaint		
				4. Pre-Operationa	.1	
Person in c	harge			5. Temporary	C_P_NC_	6 P 8
					C - NC_	<u> </u>
Responsible	e person's	email	when he are the control of	6. HACCP	M T (C	7 1 C 1
	Persons	Ciriui		7. Other (list)	Menu Type (See	back of page)
Certified fo	od handle	r				
					1_7_23	45
• CRITICAL	ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
324	NC		Public restroom sink need	ds resealed 1	to wall	6-9-23
310	NC		Public restroom vent is	soiled; needs	cleened	6-2-23
351	NC	Zolia)	Public restroom needs co	vered receptac	k	6-2-23
430	NC		Celling Tile donosed by	, front door		6-9-23
			Appenes	to be water	damase	,
393	NC		Drain plus not observe	d for dumpst	2	6-9-23
394	NC		Drain flux not observe Bumpster Aren and	compacter we	Mode Cleaned	6-9-23
			& observed trash pile	up crownel of	umpster	
			/			
		_				
	- ullma	_				annavil i i
			<u> 1</u>	Limitation and the second	the second second	a Line Lill
	licts no	haid	Bared			-0.1
	-	\dashv	NOTE: Access		17	Min Sta
	-	-		upstairs ston	ase room & Dack	-
		-	Sterase room; Mop sin)	k' Food stone	There	
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Received by	(name and	title p	rinted):	I I	nspected by (name and title print)	<u> </u>
	F95.4	1 11	Shannon Hillard	Shiff Sun.	Caleb Acere	MILE SIED
Received by	(signature)	:	7/ 2/ 1		nspected by (signature):	12011
·	She	u	er & Id ellars		Cole Eleoner	MATILA
cc:	, , ,		cc:		cc:	my word
THE RESERVE THE PERSON NAMED IN	ASSESSED BY AND LOS	ALUTHOUS THE REAL PROPERTY.		Annual Control of the		



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

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

Establishmer	nt nama		Telephone Number	Date of Inspection	I TD#
Establishment name Dairy Queen			() Establishment		ID#
Establishment address				5/8/23	1742
Ca	address 3	1 whiteland, Ix	() Owner	- In .	
	7 0122	1 Whiteland 1 XX	Purpose:	Follow-up Release	Date
Owner			1. Routine	a axii i i	
			2. Follow-up	Summary of Violatio	ons:
Owner addre	ess		3. Complaint		
			4. Pre-Operational		
Person in ch	arge	Segue and analysis and the	5. Temporary	$C = 0 NC^2$	R
			6. HACCP	respectful to the distriction	
Responsible	person's email		7. Other (list)	Menu Type (See ba	ck of page)
			(a 17,00) (11,07	griff with to in higher a	RE DING
Certified foo		2:00		1 2 1/3	4 5
4	Jenny	Price			
		ENTIFIED IN THE CHECKLIST AND NAR			
-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED			
Section #	C/NC R		Narrative		To Be Corrected by
431	74	Floor directly to	hind the ice of	nalcar	
705		13 367/Rd		The state of the state of	opre di
295	NE	Can opener 19	solled	Comment Tably to	T ×90
			The state of the s		
	- T			error.	E - I've
					1015 61 10
					Pilani.
Received by	(name and title)	printed): 00 195 Gladder	Inspect	ed by (name and title printed):	a1/ess
Received by	(signature):	1	Inspect	red by (signature):	1,7
7		a Han		Am D	wy lass
cc:		cc:	cc:		1



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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

1		1
Establishment name	Telephone Number	Date of Inspection ID#
DRIES O	(3) Establishment 317-313-6098	C/17/72 100711
Establishment address	Owner O	5/12/23 2524
117(W IEFFASON ST FRANKUR, IN	Purpose:	Follow-up Release Date
Owner	(Routine)	(Yes) 5/22/23
DENNIS BETKMAN	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	CNC\O_R
m Arganet P. Zell	6. HACCP	guerd a se egge of the dark of
Responsible person's email	7. Other (list)	Menu Type (See back of page)
selizivili sass	1 la	.om. es .om. es .om.
Certified food handler PACLLYP LASO		1234_5
	COLUMNIC MARKETS HOW	
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE 		THE NARRATIVE BELOW AS "R"
	Narrative	To Be Corrected by
(See Sec. 2018) (See Sec. 2018) (See Sec. 2018) (See Sec. 2018)	-IN COOLER,	1
HII NC & COTLING LIGHT		SISHWASHING STOR
Area	Did in the second	
@431 SC - KITCHEN COTCING	VENT COULE	
291 NC = CHEMITERE TEST	- PAPPRS NOT	AUDICABO 5/20
	WALL UNDER	
	OOR DRAIN IN	COOK 5120
Area NOT CLEAN	- A1.21.00b	= 126
324 NC = COLD WATER NO		A7 5/26
KATCHEN HANDSA	T Seen FOR	WARMER 5/20
256 NC & THERMOMETER NI		ATIONON STORE
	ER NTURO OF &	5/3
		PARATON
APOR 470F NOT	AT 410F OR	1855
295 NG X METAL CART IN	1	- CLEAN 51/6
309 NC O PLSTROOM - CETL		
18: 10	PERLY, COL	NOR NOT 5/20
CLORN	lr	by (name and title printed):
Received by (name and title printed):	Inspected	Bob SMAH ELS
Reclived by (signature):		by (signature)
сс:	cc:	
		Page 1 of



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

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

Establishmen Establishmen Owner Owner Person in ch	nt address 707 ess	\$ - 1	Madison	and the second	GIERNACO	JW	Telephone Numbe () Establishme () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operationa 5. Temporary 6. HACCP 7. Other (list)	nt	Follow-up II Summary of CI	Release I Violation	ns:
Certified foo	od handler	r			./				12 ×	_3	45
					IST AND NAR	D IN THE	COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS	5" AND IN T	HE NARRATIVE I		
Section #	C/NC	R				I	Varrative			Т	o Be Corrected by
347	NC NC		Marin Ma Marin Marin Man	Vo han Drinkin me t	Hor Grant	77	in the	restro	with	134 7	3/13/2B 5/20/23
Received by Received by	イン	WZ	inted): ANNE LE GL	Gebh4 Bhot	irt		nbar isa i	To	by (name and title cory Be by (stenature):	ay ks	5 fu



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

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

Establishme		-				Telephone Numb	Data of	Inspection	I vn//
Establishmen	nt name		12 D	10-0-0	#7529	() Establishme		/	ID# AM
DOTT	4	U	001	unga	L) J.	() Establishin	5/2	12/23	2520
Establishmen	nt addres	s 1.	21	Edurb IN 46	urgh	() Owner	0/0	0 100	12201
8843) D.	MI	1C PV	IN 46	124	Purpose:	Follow	_ /	/ /
Owner		\sim	,			1. Routine	Ups	5 4	11/23
IRPM	7 (M	220			2. Follow-up	Summ	ary of Violati	ons:
Owner addre	ess	-	100			3. Complaint	1		
						4. Pre-Operation	al		
Person in ch	arge					5. Temporary	c ($\frac{1}{NC}$	7 R
QUA	- 1	1	Unyn	100		6. HACCP	0_0	,	
Responsible	1000	emai	ravar	0/1	- In later to words	7. Other (list)	Mony	Type (See ba	ach of page)
()	persons	Ciliai	ALL MONTHS	18tata	Food Saf	til. Siller (tist)	Wient	Type (See Of	ack of page)
Sertified foo	d handle	r / I		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	the same of the sa	7		2 21/	1 5
Dun		H	anma	(CXP:	8/23/27		1	23	_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN 7	THE CHECKLIST	'AND NARRATIVI	E COLUMNS MARKED "C"			
· VIOLATION	(S) REPEA	TED F	ROM PREVIOUS	INSPECTIONS AR	E DENOTED IN TH	E "SUMMARY OF VIOLATION	S" AND IN THE NARI	RATIVE BELOW AS	S "R"
Section #	C/NC	R				Narrative			To Be Corrected by
385	NC		Dun	Cretra	lids	open			5/22/23
430	NC	mq	Sout	h Ce	nter.	horizont	al gut	ter	6/15/23
	mar and	DOFFIE	leak	s fro	ma	hole	0	L (5 - 62002 K	1,1
218	NC	(1	Stair	less.	steel	togo to	ble co	nintra	D6/22/23
			tape	on op	posite	ends cou	ering &	roles	1, 1,
		(2	2 Corus	u mie	ial co	Intainer.	led in	٧	5/28/23
		-	crack	red_		_1			1
		(:	Dalt	don	Seal	torn on	2 person	9	6/13/23
11.0.0			prepo	nation	n tab		0 . 0 .		1/22
430	NC	0	Mal	k-un-	cooler	ceiling	ligh		6/1/23
	111111111111111111111111111111111111111		loos.		m the	Clipsia	1 5	nie.	visoere i
		(2		X .	nestr		7000	rue	100,0783,00
-	1 =1.0	13 Laure		upport	Λ .	dorneath	- by	and a program	i magalar i
		(3)		ented d	board	1	in tot	al)	Middosus # :
		-	240	in the	cuah	n to su		20)	
			Quet t	on the	ellon	a mes t	able	~	
-		(A	The		ndense		wer	0 3	
		-	note		consu			toring	1
Received by	(name and	l title				1)	Inspected by (name	and title printed)	2
Juan	' '	ga la	Harma	on G	\mathcal{M}		Andrew 1	Willer,	EHS
Received by	(signature):	PN	82 1722			Inspected by (signa	ture):	ivackagin
Chia	W	1	4	OUM	90		andrew	Mille	2
cc:				cc:			cc:		
1			- 1						

NARRATIVE REPORT

Establish			S PINA 8843 HW431 IN 46824	Inspection Date
	<u>un</u>	\mathcal{L}	S Pippa 18843 Hwy31 IN 46924	5/22/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			cheese while in the	
	_		walk-in-cooler, The	
		Щ	leaps were from a torn	
		Н	wrapped line for walk-in-	\
700	1.10	Н	cooler eraporator	
309	WC	Н	Employer restroom mechanicae	1 6/1/23
4/3	NC	H	vertilation was not working	1/1/2
7/2	NC	Н	South door contains a	0/1/23
399	n/C		bottom exterior opening	4/23/23
577	1/	H	some floor tiles ared cracked	0/00/00
		H	ma mosting years	
			Motes: Exterior trash	5/28/23
		M	dumpstor contained heaver	///
			accumulation of bird &	
			waste!	1
		1) Three bay sink contains	When)
		7		remodel
		(3	seen inside facility	<u> </u>
		Н	seen inside facility	
		Н		
		Н		
				
		Н		
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		\vdash		
Received B	v (Name	<u>ا</u> ۲۳ ج	(e) Inspected Rv (Name & Title)	
کی م	, (Marile	لتر	Inspected By (Name & Title) Oums Gm Makew Miller, EHS	Page <u>2</u> of <u>2</u>
State Form 4	8621 (R2	/ 8-0:		



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

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			- Attended to the same and the		- I		1
Establishme	nt name	0 1	min to the leaved on finalist	Teleph	ione Number	Date of Inspection	ID#
112	\cap (1600	() E	Establishment	ra 11	1000
Establishme	nt addres	S		() ()wner	5-1-69	1909
110M	11.	5	Small Valley V	Purpose:		Follow-up Release	Date
Owner			OITHIT WANTY	1. Rout	ind	1-onow-up Release	9-12
Owner			1				. 0
				2. Follo	ow-up	Summary of Violatio	ons:
Owner addre	ess			3. Com	plaint		
				4. Pre-0	Operational	14 1	
Person in ch	arge	HAISSE		5. Tem		CA NC) p
l croon in on	80			1		10-4-110-	
581 193			d um start kirj i i i i danse	6. HAC		HALL LIGHT	7 6
Responsible	person's	email	Filles (bether Pan let policies Marco	7. Othe	er (list)	Menu Type (See ba	ick of page)
			800 10 11 2016	. 11 11 11 11 11		Saskin Lauriniste S	V
Certified foo	d handle	r				13	45
			ENTIFIED IN THE CHECKLIST AND				
	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENC		OF VIOLATIONS" AND IN		THE RESERVE AND ADDRESS OF THE PARTY OF THE
Section #	C/NC	R		Narrative			To Be Corrected by
118		V	Observed no	SeNSO	te tood	nandler	
	th ins	1	Manager Cer	ortication	The state of the s	to it our tragillaments	mensizal per
187	C	nome	Moseried Dre	sillustu conte	ed Chirken	inside	Dixweld
			1000 NI-X10C)	V ND ON	MATOR COX	HIMMEY	Of time
			4010-0 NEW	10 CONEr	Q 4308.	- 440F	Of mosetus
			date marklad	018/15	3		011111111111111111111111111111111111111
345	0		Meson 10 d a Vi	who Stew	od wside	Day	5-9-13
)-13			Condense of the	101	CO HISTOR	1000	
			12/00/25/2	nks no. I	Land vis	(NOShing	
			MAICO	MB CIO	101 1000	0.40-011119	
211	110		through the	Soun at	Jane Joan	HSINK	
2110	100	rejer 1	THE STATE OF THE S	Dung to	VIII ATT	a mad	
201	110	-a h	DISPIACO ID	borber 10	man and	Or 1 UV 10	
711	N G	1890	Maceual de avoi	1.1 2000	10101	Plooding	5-110-23
324	Ne	-	1115C10CA SIX	THE TOTAL	· Miller	MOOG WILE	3-10-60
		_	401 3 MIL DU	18			
			- Melds	Lebones	V+185		
		_	MITC INNI W	Sprag V	OTHER.	\ 0	
		_	Note: Somitizer	SOLUBION	Short	Y)L	
D : 11		11	50 - 100 ppr	~	Thomasta	l by (name and title printed):	
Received by	(name and	title	printea):		inspected 0	(1) (1) (1) (1)	1 The
-	M	_			105	S) HILL / Care	& Fleener L Eleener
Received by	(signature,):			Inspected	by (signature):	LTO
V						con con	tleener
cc:			cc:		cc:		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name		where I was a second of	Telephone Number	Date of Inspection	ID#
EI	hes	0		() Establishment	6 11 22	ORLA
Establishmer	nt addres	S	a 0. 1	() Owner	5-11-25	1,00
299	3	5	Coval DUA 4101016	Purpose:	Follow-up Release	se Date
Owner			C11 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. Routine	- 5	-21-23
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		31	5. Temporary	C NC	O R
				6. HACCP		1/200
Responsible	person's	emai	o nengani aga tan la ar itan di ebakir mal	7. Other (list)	Menu Type (See	back of page)
			a recess of the protection	etant e amariation	gm4 in madigan	71.87
Certified foo	d handle	r Q	advallas (Tilons		123	45
• CRITICAL	TEMS AF	RE ID	ENTIFIED THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.
Section #	C/NC	R		Narrative		To Be Corrected by
218	NC.		Single door Coca-	cola Cooler	LUS OBSENDE	5-12-23
	71	(04307	The same and a same	The state of the s	
		_	SUSTER THEY	ann	1110 20 2 4/2	M WED TAJU
	-	_	BANDI ON L'HA	to aren a	mich or hote	
174	N F		Castainas as bull	Cond Not 10	2/20/10/2	5-11-7-3
234	NC		1000 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sils Without	Mondle about	
-			Mx of food Oviduct	·	TWO CON TOWN	
· MO	te g		DOSEIVED ? Amase	d Strainers	while	disconded
			nager handly			Q+ time of mg
218			2 door thip top B	cross from	Frier	5-25-23
		o L	9001 9028 pt/18 50/1	+ (reas C)	(med)	a make would
295	NC	nef.	5 COOA COCO- COL	a cooler of	relling racks	PROTECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERS
		_	1-8/18-11 COSES	holum rack	amasez.)	MSty
245	NK		Moserved het Wing	Clothe not	Stored in	5-12-73
213	,		Sonitizer Solution		STORE III	1
			note : homa MO MON	25 4 prisoms		
			NOte: remore all co	rdbood & Cl		2 Hay wills
Received by	X	title	printed):	Ins	spected by (name and title printed	d):
Received by				Ins	spected by (signature):	- Lyackaeton
cc:		-	СС:	C	C:	
						Page 1 of



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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

23011131101111	ienii emini	ation requirements. The time mint for confection	and of the control of	T	r
Establishme			Telephone Number () Establishment	Date of Inspection	ID#
Establishme			() Owner	3/9/23	2603
Owner	1/e/0	dy Lane IN 46/42	Purpose: 1 Routine	Follow-up Release	Date / 23
			2. Follow-up	Symmary of Violati	ons:
Owner addr	ress		3. Complaint	0	
			4. Pre-Operational		~
Person in ch	narge	half and a supplementary	5. Temporary	c_3_Nc_/	5 _R
Carl	05	Delgado	6. HACCP	majori in a como a	Sagaritika -
Responsible	person's	email Sens Sifes	7. Other (list)	Menu Type (See b	ack of page)
Certified for		(Nolman Exp: 3/24/27)		123_ \	45
• CRITICAL	1	E IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	-	
· VIOLATION	()			O IN THE NARRATIVE BELOW A	
Section #		R	Narrative 4		To Be Corrected by
346	NC	hand surk nor	Wallable a	at lar	Corrected
14.7 17.7kJ	- dan	hand sink	reman (west)	
347	NC	no paper tour	els provio	led at	Corrected
		lar hand se	ne!		
324	NC	Otlest Ritchen	hand sen	Je	5/10/23
		Della Sopra	is loose	ks in	5/30/23
		two areas	auren seu		L
256	NC	Thermometer	not see	v in	5/9/23
	Mossis	bar avantco	·	nter	1
72.1		freezer (storin	g ice creas	m) sink)	5 /10/2
324	C	lacks an ail	2 de de	drain	3/1/103
		Oroina	e gags on	acuto	1
218	NC	True one o	loon freez	er,	5/9/23
		interior fan let	ade Onot	turning	7 1
		due to the	unit bein	g icea	
1 1	_	title printed):	Inspe	ected by (name and title printed)	en EHS
Received by	(signature)	Relgado	Inspe	ected by (signature):	,00e
cc:	J	сс:	CC:	VINOUN IN	
					2 1 1 2

NARRATIVE REPORT

Greenwood

Section CNC R REMARKS CORRECT 1887 C GUILT ON WARMER; table CORRECT 1995 NC COMMENSION ALONG TO 500 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Establish	1		Address Cl A	Inspection Date
187 C Gulst on transmer table Correct 187 C Gulst on transmer table Correct 195 NC Compression heavely souled on 5/9/2 195 NC Compression heavely souled on 5/9/2 193 NC Back alky door open at Correcte 1930 NC Self-Closing device to door Correcte 1930 NC Self-Closing device to door Correcte 1954 NC Metal Stem probe food Doened 1954 NC Metal Stem probe food Doened 1955 NC Self-Closing device to door Correcte 1955 NC Self-Closing device to door Correcte 1965 NC Self-Closing device to door Correcte 1975 NC Self-Closing device food Doened 1976 NC Self-Closing device food Seneral 1977 Consider the Stored Correct 1978 NC Self-Closing to Self-Closing 1979 NC Self-Closing to Self-Closing 1970 NC Self-Closing above Tready - 5/9/2 1970 NC Self-Closing above Tready - 5- 1970 NC Self-Closing to Stored Correct 1970 NC Self-Closing to Self-Clos	El	Il	2	o 172 Melady Lane SEA	5/9/23
195 NC (compressor heavely souled on 5/9/23 413 NC Garding two good meet table) 413 NC Back along down open at Correcte 430 NC Self-Closing device to door Correcte 254 NC Metal Stem probe food Doened on thermometer read 2/0°F merm while at soom temperature 295 NC sangle too of he maker 5/9/23 173 C. Kaw Shelled lags were Stored Correct at he produce walk-in fooler produce walk-in fooler produce walk-in 430 NC Newcousty Cooked refued Correct pan with a lid measured 46°F while make the walk- 46°F while make the tralk- 430 NC West dish soom was paint 324 NC Wast dish soom was 5/19/2 324 NC Wast dish soom was 5/19/2 329 NC Wast dish soom speint 399 NC Michael Colling is missing 5/19/2 309 NC Michael Ciling is missing 5/19/2 309 NC Michael Ophaust fan is 5/19/2 309 NC Michael Ophaust fan is 5/19/2 309 NC Michael Ophaust fan is 5/19/2		C/NC	R	REMARKS	TO BE CORRECTED BY
295 NC (compression required soiled on 5/9/23 413 NC Back alow door mep table) 430 NC Self-Closing device to door Correcte 430 NC Self-Closing device to door Correcte 430 NC Metal Stem probe food Doened re 254 NC Metal Stem probe food Doened re 254 NC Metal Stem probe food Doened re 255 NC Inside top of uce maker 5/9/23 173 C. Raw Shelled laps were Stored Correct 190 NC Inside top of uce maker 5/9/23 174 C. Raw Shelled laps were Stored Correct 190 NC Produce walk-in- 190 NC Produce walk-in- 190 NC Produce produce walk-in- 190 NC Produce produce to metal 46°F while inside the walk- 190 NC West dish room walk 190 NC Michael was noted 190 NC Michael walk room sole of 5/19/2 190 NC Michael walk room sole	187	C		Queso on warmer table	Corrected
413 NC Back alley door prep table 413 NC Back alley door open at Correcte 430 NC Self- Closing device to door Correcte 430 NC Metal Stem probe food Doened n 254 NC Metal Stem probe food Doened n 295 NC Enside top of sie maker 5/9/2: 173 C Raw Shelled Lago Were Stored Correct 173 C Raw Shelled Lago Were Stored Correct 184 Guscamole walk-in- 190 NC Previously Cooked refried Correct 186 F while inside the walk- 190 NC User of produce 430 NC West dish a lid measured 46 F while inside the walk- 190 NC West dish a fine paint 324 NC West dish a pipe Jehind 299 NC Dish area Ciling is missing 309 NC Michanical exhaust fan is 5/19/2	005	L		Masurea 12 F TO DOF	
413 NC Back afley door open at Corrected time of inspection and 1 430 NC Self- Closing device to door Corrected was insported 1 254 NC Metal Stem probe food Opened or thermometer) head 2/0°F therm. 295 NC Inside to some temperature 1 295 NC Inside to of ice maker 5/9/2: as heavily cooked maker 5/9/2: as heavily sover heady - to 1 173 C. Raw Shelled lass were Stored Correct above of the gradual walk-in-1 190 NC. Previously Cooked refried Correct trans stored in a metal 1 190 NC. Previously Cooked refried Correct trans stored in a metal 1 295 NC with a list measured 1 46°F while inside the walk-1 46°F while inside the walk-1 430 NC west dish norm with 5/19/2 430 NC west dish norm with 5/19/2 430 NC was also pipe lehind 5/19/2 324 NC was also pipe lehind 5/19/2 329 NC michanical exhaust fan is 5/19/2 309 NC michanical exhaust fan is 5/19/2 309 NC michanical exhaust fan is 5/19/2 1309 NC michanical exhaust fan is 5/19/2	295	NC		Compressor heavely Solled on	5/9/23
H30 NC Self-Closing device to door Correcte 254 NC Metal Stem probe from Doened no thermometer I read 210°F Therm 1 while at room, temperature 1 295 NC Sensue top of ice maker 5/9/2: 173 C Raw Shelled laps were Stored Correct directly above fready - to- 185. Quacamole inside 1 hope while Sprange of ice walk-in- 190 NC Previously Cooked refried Correct leans stored in chantal from with a lid measured 1 46°F while inside the walk- 190 NC West dish room walk 5/19/2: 430 NC West dish room walk 5/19/2: 430 NC West dish room walk 5/19/2: 1999 NC Wish also ripe lehand 1 2999 NC Mish area Ceiling is missing 5/19/2: 1900 NC Mish area Ceiling is missing 5/19/2:	413	NC		Back alley door open at	Corrected
254 NC Metal Stem probe food Doened no thermometers bread 210°F Therm lubrile at room temperature 29.5 NC Inside top of LLL makers 5/9/2: 173 C. Kaw Shelled lags were Stored Correct airlity above ready - to- lat quacamole haide from the following from the product walk-in- 190 NC Priviously Cooked refried Correct brans stored in a measured from with a lia measured from white a lia measured 180°F while inside the walk- 430 NC West dish room titall 5/19/2 324 NC Just dish room titall 5/19/2 As peeling a white paint 5/19/2 As peeling a white paint 5/19/2 As peeling a messing 5/19/2 As peeling a messing 5/19/2 As peeling is missing 5/19/2 As public restriboom			Ш		
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