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

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

Page 1 of

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Person in charge				5. Temporary	C 10	C NC R R					
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address	() Establishment	5/12/23	1002
	() Owner	5/140	1802
789 US 31 46142	Purpose:	Follow-up Release	se Date
Owner	1. Routine	- 5/	22/23
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Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge		C_ØNC_	/ p -
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name	- 10.19		Telephone Number	Date of Inspection	In#
FR	WKC	IN	MART	() Establishment		
Establishme	nt address			() Owner	5/15/2.	5 22 18
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Owner				1. Routine	- 5	125/R3
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Owner addr	ess			3. Complaint		
				4. Pre-Operational)
Person in charge				5. Temporary	CNC	R
	B.		PATIE	6. HACCP	a risk me	
Responsible	person's e	mail		7. Other (list)	Menu Type (See l	back of page)
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Section #		R		Narrative		To Be Corrected by
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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) Establishment) Owner Purpose: 1. Routine 2. Follow-up Score 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 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 C/NC Section # ASAP ASAP Received by (name and title printed):



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

Office 317-346-4365 Fax 317-756-5264

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Establishment name				Telephone Number	Date of Inspection	ID#		
Treec	dem.	Sorl	es Concession	() Establishment	5-31-202	1879		
Establishme	nt addres	s	Greenwood	() Owner		10 / (
850	W.	Stop	18 Rd. Greenwood 18 Rd. 46143	Purpose:		Follow-up Release Date		
Owner		1		1. Routine	NO 1 6-	-9-2022		
				2. Follow-up	Summary of Violations:			
Owner addr	ess			3. Complaint				
Person in charge Responsible person's email				4. Pre-Operational		c_4_Nc_1_R_		
				5. Temporary	C / NC			
					1 - J NC_			
				6. HACCP	Market Control			
Responsible	person s	eman		7. Other (list)	Menu Type (See	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	Telephone Number	Date of Inspection	ID#		
FRIPNOS DINER	() Establishment	5/16/23			
Establishment address	() Owner	5/16/23	200		
989 N US31 Franklin, IN	Purpose:	Follow-up Release	Date 1		
Owner	1. Routine	5	126/23		
PEREZ	2. Follow-up	Summary of Violations:			
Owner address	3. Complaint				
	4. Pre-Operational				
Person in charge	5. Temporary	CO_NC	1 R		
RACHEL PEREZ	6. HACCP	101, 120			
Responsible person's email	7. Other (list)	Menu Type (See bo	ick of page)		
Certified food handler		1 2 2			
RACHEL PEREZ		123(5		
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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.

Telephone Number Date of Inspection Establishment name ID#) Establishment 2320 5/10/23 Establishment address) Owner 4531 Greenwood Purpose: Follow-up Release Date 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 1 55 Ca 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 MILTOWAVE OVER 75 Soled. 295 NL Very good Inspected by (name and title printed): Received by (name and title printed): + Melissa Pyles store Leader Received by (signature):



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

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

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Establishme	nt addre:	SS		() Owner	5-12523	1909
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Owner				1. Routine	- 61	4123
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Owner addre	ess			3. Complaint		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name	a sahou i em	diese of At hi	an more Terminal	Telephone Number	Date of Insp	ection	ID#
Green	t's	Przzen	a		() Establishment	81.1	1	2.4/4
Establishmen	nt address	1	Cr	reenwood	(317) 627 - 899 Purpose:	13 5/16	123	2146
1643	2	live br	onth I	M 46143	Purpose:	Follow-up		
Owner					1. Routine	_	5/3	30/23
					2. Follow-up	Summary o	f Violatior	is:
Owner addre	ess				3. Complaint			
					4. Pre-Operational	4		
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un F.					6. HACCP	ta Tari se		r o-
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239	10 1	V.	Morton St. IN 4613	Purpose:	Follow-up Release D	ate ,		
Owner				1. Routine	- 5/8	30/23		
				2. Follow-up	Summary of Violations	Summary of Violations:		
Owner addre	ess			3. Complaint				
				4. Pre-Operationa				
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Establishment name	Telephone Number	Date of Inspection	ID#
Hot box pizza	() Establishme	not I	
Establishment address 01 0	() Owner	5/22/23	1206
3147 W. Smith voilly od	Purpose:	Follow-up Release	Date ,
Establishment address 3147 W. Smith valley od Owner Curenwood, IN	1. Routine	- 5/	30/23
46143	2. Follow-up	Summary of Violatio	
Owner address	3. Complaint		
	4. Pre-Operation:	al a	
Person in charge	5. Temporary	C NC 6	R O
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Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
Certified food handler Clay Longar Inex (Eng. 3/22/20	9	123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT.			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		S" AND IN THE NARRATIVE BELOW AS	
Section # C/NC R	Narrative		To Be Corrected by
177 Ne there are maderials	on the flo	nor below of more	netza i
Walk-m freezer.	Call alternation to the contract of	T HEREY A SERVICE	our ar
347 Ne there are no paper of	vivet moveded	at both hands	nb_
Stations.	promises	an office of the	
		DA	
297 MC upper part of soda	nozzles are	Soiled	
174 He there are couple	of un mark	ed good Contain	ex
295 Ne 1Ce-Scoop is not ber	no use of cup	is being used &	
295 Ne 10e - Scoop is not ber	of ice.	is going used s	al material
		a mengrant norgenera	ernetwise -
431 Ne floor's by oven is	soiled, oven	needs cleaning	Million and
		U	
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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.

Owner addre	nt addres mel ess arge person's	email		Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operationa 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas Summary of Violat	30 23 ions: 2
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Office 317-346-4365 Fax 317-736-5264

Establishment name TACK'S DOJUTS GREENWOOD Establishment address 46142 3100 MERIDIAN PARK DR.	Telephone Number () Establishment () Owner Purpose:	Date of Inspection 5/25/23 Follow-up Release	1D# 2027 Date
Owner LONDIE RALPH THOMPSON Owner address Person in charge LONDIE THOMPSON Responsible person's email	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violation C NC NC Menu Type (See ba	ns:
Certified food handler Barb Most 4/246 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E COLUMNS MARKED "C"	1 2 × 3 N THE NARRATIVE BELOW AS	45
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

						
Establishme	nt name	2	DONUTS	Telephone Number	Date of Inspection	ID#
Establishme			0010012	() Establishment	5/8/23	2306
219			LEFFESSON ST. FRANKING	() Owner		Data
Owner			El (C) John ST, (Kill Res)	Purpose 1. Routine	Follow-up Release	18 23
		2 0	ule	2. Follow-up	Summary of Violati	
Owner addro		אכ		3. Complaint	T	
				4. Pre-Operational		
Person in ch	arne			5. Temporary	c O NC	4 B
An	Jd pe	2w	FORTHN BURRY	6. HACCP	C_G_NC_	<u>. </u>
Responsible	person's	email		7. Other <i>(list)</i>	Menu Type (See b	ack of page)
						71 37
Certified foo	od handle	r			1	_45
<u> </u>						
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		NAPPATIVE RELOWA	s "p"
Section #	C/NC	_		Narrative	VIIIE WARRATTVE BELOW A	To Be Corrected by
431	 	3	FLOOR SURFACE NOT	***	PONT AND	5 / 16/23
' - '	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3	BRCK ROOMS			, , , , , , , ,
255	NC	×	THERMOMETER NOT	ACCURATE, BACK	K ROOM	5/12
			UPNIGHT FROMER		1	-112
324	O/C	×	HOT WASAR NOT 180		FOT WATER	5116
			Corphryment still		14 3	
295	wc	2	UNDERSTALE TOP OF		OXPRS	5/12
0.15	<u> </u>			OT CLEAN		,
295	N.C.	8	METAL SHELF, NO	T clean on 9	BACK ROOM	5/12
347	NC	N			VAIZABO	5/10
3 - 16		2.4	BRCK EM PLOTER	Restroom	2000	-/12
<i>→34</i>	NC	×		Spper well-	WHIER	5/12
239	<i>a</i> ı⊂	4	NOT RUNNING	SISHWADO SVO	red on	5/10
(A)	WC.		TOWER IN FRONT		<u>, </u>	,,
291	NC		CHEMICAL TEST	PRPERS NOT	AURITABLE	5/16
			TO CHECK CHEMICAL	CONCENTRATE	₹ 000	
					11 (101	
Received by	(name and lw Fo	title j Lel	orinted): NoeMY	Inspecto	ed by (name and title printed)	· · · · · · · · · · · · · · · · · · ·
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Establishme			shoot sucher and substance from	Telephone Number	Date of Inspection	ID#		
Establishment address 50 8 Moston Sh Frankhy In				() Establishment	-1. 1	1627		
Establishme	nt åddres	S		() Owner	5/10/23	1837		
50	EN IV	rost	on the Frankhy In	Purpose:	Follow-up Releas	se Date		
Owner				1. Routine				
				2. Follow-up	Summary of Viola	Summary of Violations:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge	THE REAL PROPERTY.	langer referenced to					
1 500	10250							
Responsible			or managraphe in Red/ Heart Section in	7. Other (list)	Menu Type (See)	Menu Type (See back of page)		
	1			7. Other (1131)	the desired at the last of pages			
Certified foo	od handle	r			123	4 5		
					12			
• CRITICAL	ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND N	ARRATIVE COLUMNS MARKED "C"				
THE RESERVE THE PERSON NAMED IN	-	-	OM PREVIOUS INSPECTIONS ARE DENO	TED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
	392 No Trash dumpster door 384 No Trash dumpster encl with trash, sholish 431 No Storage foom floor 75			r door is left a	open	5/12/23		
384	Ne	-	Trash dumpste	erclosure is	littered	A RELIXENSE		
			with trash,	sholing and are	etes	e vide and		
431	No		Stork ye foom	flug TS soiled-	Bagnoot an	za- V		
		-				-		
	-							
					no so no managember and	- Lie - San 17		
500	lugo reso		e Total and a state of the state of the	- and an Ular - Sall and A		and a second of		
	120 10		00 7		1131 7 2 947	Andrew Land		
						office each		
	-	\vdash						
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Keceived by	(name and	0	rimea):		Teny & Raile			
Received by (signature):				Inspec	cted by (signature):	AT A STATE OF THE		
cc:			cc:	cc:				



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) Establishment 5/15/23) Owner Follow-up Release Date Purpose: 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 New Dunes 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 Inspected by (name and title printed): Received by (name and title printed): cc:



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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 5/16/23 Establishment address) Owner State Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational $C \bigcirc NC 2 R \bigcirc$ Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler Singh. fnna 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 there are some naturals on the floor inside walk-in cooler- tems are below to eff the MC 1717 NE Hummen by the machine 256 thermometer not seen morde freezer 111 - nachine Chemical NO IF: please make sure materials one cleared from walk-in gooler after deliving Inspected by (name and title printed): Received by (name and title printed): cc:



460 N. MORTON ST. STE A 237 FRANKLIN, IN 46121 ce 317-346 42

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

Owner address Person in charge	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID# 5/22/23 2244 Follow-up Release Date 6/2/23 Summary of Violations:				
BCITTANY DITCHLEY	6. HACCP					
Responsible person's email	7. Other (list)	Menu Type (See back of page)				
Certified food handler ANGTE BETRAM		125				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE		DUTTIE NABBATHE BELOW A	· upu			
	"summary of violations" and Varrative	IN THE NARRATIVE BELOW AS	To Be Corrected by			
	NOT ASCOUNT	o In mea	6 122/23			
OF OUTHWASKING.	NOT 70 FOOTCH	moles ar more	y leaning			
431 NC & FLOOR NOT CLOPEN M	ext TO WAZL,	Source OTN MANY	APP 6/1			
	IN TITLES WORK	U/POT COAN	7 6/20			
10	NOT CLOSED	0°F 05 (05	5 5/25			
	SHELVING NOT	clean,	5/27			
	A CHTCKEN WALK IN COOLER- THERMOMOTER 5-127					
218 NOT ACCURATE, TO		ROOVES NOT CLE				
TO TUSTOR DOOR PRINTE			76/27			
347 NC & SISPOSABLO TOWERS NOT Provided AT HANDSTAYS 5-123						
	2 LAGHTS OUT ON EXHAUST HOOD - 6/22					
	NOT CLOAN					
	1 2 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
SHELLING ON SUNTICH STUGO SERVIZO JORNS						
STORED NOT CLEA	n, UNDER FRONT	SOFT OFRINK STR	MON ,			
138 NC > HATR RESTRAINT NOT						
Received by (name and title printed):	Inspec	ted by (name and title printed)	574 875			
Received by (signature): Britlany Detable	Inspec	spected by (signature):				
cc: cc:	сс:					
			Page 1 of			



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

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

Establishment name KIMU AS.AN Restaurant Establishment address 1280 H. US 31 Greenwood, IN Owner Owner Owner address					oud, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP	Follow-up Apro-1 2 w/s Summary al C 2	Release 5/5 5/1 of Violation	ons:	
Responsible person's email Certified food handler **Trung**					2 2 11 (0)	7. Other (list)	12_	Menu Type (See back of page) 12345		
• CRITICAL I	-		ENTIFIED IN	THE CHECK	LIST AND NARRATI	VE COLUMNS MARKED "C"				
• VIOLATION(S) REPEA	TED F	ROM PREVIOU	S INSPECTION	IS ARE DENOTED IN T	HE "SUMMARY OF VIOLATION	S" AND IN THE NARRATI	VE BELOW AS	"R"	
Section #	C/NC	R				Narrative			Γο Be Corrected by	
112	NC	-		small		est freezel	is not		when	
	in the	71,		nestic	D1 1	pment	2 111 9/61 311	Title O'SHITE S	replaced	
310	NC	Ofte	- The	ex ho	aust fil	ters are "	resy dicty-	- 10012 - 111	5/15/23	
295	NC		= Lower work table shelf is very soiled					5/13/23		
239	NG		- Food utensils stored in a pan of					+	5/1/23	
				oding	Water	, , ,	in the		1110	
245	NC	-	The series out the series of t						5/1/23	
			pref	ar.		stored in	Sanitize	-		
101			1	ution			000/1		5/./-7	
171	_		Recedy to eat salad intensits items 5/1/23							
- 17	11		were handled with bare hands,							
218	NC	-	- Condensation is of improperly dealning 5/15/23							
	12-76			to a	pan u		7		115/22	
216	NL	-	1			perly user	d on th	he	5/15/23	
71.	10			rage	shelves	. 1 1/2.	22 1 1 1 1 2 1	11	5/15/23	
324	NC		NO	not	water	at the r	ners room	VI	2117/2/	
107		_	Man	Sink	C Rach	Simmered in	the wa	alk-in	1 - cool	
187	C	-	(3)	fans Loule	of Beef		1 .114 . 6	elow	product	
Received by	(name and	l titlo	trinted).	Louie	dol - no	1 maintained a	Inspected by (name and	THE RESERVE OF THE PERSON NAMED IN		
/	M						Tem B) '	55 /	
Received by	(signature,):					Inspected by (signature,		lus	
cc:				cc:			cc:	- My		
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Establishment Saintation Require	ments. The time mint for	correction of each violation is sp	ecined in the narrative portion	or this report.		
Establishment name	iofires d'Allace a que s	Telephone Number	1 1	ID#		
KING BUFF	41	() Establishme	5/10/23	2041		
Establishment address		() Owner	,			
2239 N MORTON	Duire G HANKE		Follow-up Releas	1 100		
Owner		(. Routine	- 3	120/23		
EN CHEN		2. Follow-up	Summary of Viola	Summary of Violations:		
Owner address		3. Complaint				
		4. Pre-Operations				
Person in charge	a d'es ent mentre de la company	5. Temporary	$_{\rm C}$ $_{\rm NC}$	c_O_NC_8_R		
En chen		6. HACCP	mate 12 e	المناهرة		
Responsible person's email	entante el on examin	7. Other (list)	Menu Type (See	Menu Type (See back of page)		
V u	due _ i _ i i i i i i i i i i i i i i i i	n within gr	g is a firefacility	PRETERIT		
Certified food handler EN CIEN			123_0	123_0/_45		
CRITICAL ITEMS ARE IDENTIFIED	IN THE CHECKLIST AND NA	ARRATIVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS	OUS INSPECTIONS ARE DENOTE	ED IN THE "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW	AS "R"		
Section # C/NC		Narrative		To Be Corrected by		
425 NC > MC			FLOOR	5/13/23		
		NK JRAIN C	200500	5-113		
	VOT DRAZN		4.2	1		
218 MC - WA		OLER door g	NS FOT	6110		
	WORN/SPL		history of the Care	5/14		
	,	THER MOMETER		121		
218 NC 50 IN	CLEAN TOP	OF SER MAKE	R CORRODED,	5/20		
		emper Aquino A	LT RUSTROOM	5/12		
		JOF NOT AT				
			TUST COLLERS	5/13		
M31 m (205		401.7 02.70	7001 (011)			
		L. King .	Total and State of St	Langles		
				d Carribuo a f		
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