

460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#			
LA COCINA NONCOM RESTAULANT	( ) Establishment	10100				
Establishment address	( ) Owner	5 9 123	1673			
912 N MOSTON ST. FrANKGHL, IN	Purpose:	Follow-up Release	Data			
Owner	Routine .	Gess 5	19/23			
- ALBERTO STOTO PERF	2. Follow-up	Summary of Violation	ons:			
Owner address	3. Complaint					
	4. Pre-Operational	~	7			
Person in charge	5. Temporary	c_O_NC_	/R			
CARLOS CABRERA	6. HACCP	no and other to all				
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)			
to Caloba	(,	11 - 90 1 1 10 10 10 10	71.87			
Certified food handler		1 2 3	A			
- ALBERTO SIXTO METT	DIUSAFE)	1				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"					
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	5 "R"			
Section # C/NC 🚜	Narrative		To Be Corrected by			
295 MC @ IN SIDE TOP OF I	a maker not	CLEAN	5/12/23			
177 NC @ Some Food CONTI	TIMOR NOT SE	PRODUTE	5/21			
FLOOR MINIMUM	af 6 Anche	es pr	THE DAMES IN THE			
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(more SHRVERS Needes)						
		ermonerer	5/11			
1270	wor or digi-	THE TYPE				
NOT Provided			(,)			
		(o vages	5/13			
431 MC FLOOR UNDER		ENOT CLOP	5/13			
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of the the To	BIN WEN CONTR		5 19 125			
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not clear		10	line 20			
			Description of the same			
Received by (name and title printed):	Inspect	ed by (name and title printed)				
CARLOS CABRERA	· É	Boob JmiT	HEDE			
Received by (signature):	Inspect	ed by (signature):				
cc: cc:	cc:					
			Page 1 of			



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

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

Establishm	ent Sanı	tation	Requirements. The time limit for corre	ction of each violation is specifie	d in the narrative portion	n of this report.
Establishment name La Trattoria		Telephone Number  ( ) Establishment	Date of Inspection			
Establishme 201	nt addres	S	adison Ave	( ) Owner	5/18/20	The state of the s
Owner	ry	171	adon Ave	Purpose:  1. Routine	Follow-up Release	se Date 2 / 3 / 2 3
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint 4. Pre-Operational		
Person in ch	arge		mil salm on Lagr <sup>o</sup> ntologi Lagrantina	5. Temporary 6. HACCP	C NC	R D
Responsible	person's	email	gen in in Neggraphydydd ar fan kain o'i flygori'i en y o'i eddydd ar yn i'i glaeg y o'i	7. Other (list)	Menu Type (See	
Certified food handler					123_V	_45
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRAT	TVE COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED FR	OM 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
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cc:			cc:	qc:		



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#
2 ITTLE CARSARS PIZZA	( ) Establishment		
Establishment address	( ) Owner	5 9 63	1819
906 N MOLTON ST. FRANKLITH SN	Purpose:	Follow-up Release	Data
Owner	1. Routine	(40) 5	
FREID FATEHALLY		Summary of Violati	110
Owner address	2. Follow-up	Summary of Violati	ons.
Owner address	3. Complaint		
	4. Pre-Operational		-
Person in charge  CIN 09  CRIPN	5. Temporary	C O NC S	PR
7 ( 1.06.	6. HACCP	e più para des 10	prod 200 f
Responsible person's email	7. Other (list)	Menu Type (See be	ack of page)
Tourism of the second	Harris Jan		957 15.
Certified food handler  (NOT Provided)		123	45
	A COLVENION AND DESCRIPTION		
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE</li> </ul>		N THE NARRATIVE BELOW AS	5 "R"
	Narrative	THE THEORY IS	To Be Corrected by
	door glosket	WORN SPLET	6/1/22
213 129 20112) 210 200 211 2	seeve grosner	The second secon	6// 105
413 NC & BACK door door C	2050Re Broken		5/20
2-431 NC XTTCHEN COILLING	cents not (	10 Az	5/20
8-431 NC-> KTICHEN COILLING	061012 1001	-Coppe	3/0.0
295 NC # PFZZA MAKE U	P REFITZERATO	n steries	5/20
NOT CLEAN		3.1	
6844400			P
411 NC & some cetting Egg	HTS OUT P	KHIZHER	6/1
			NOCO TO
CHOTES CELLLED LOOD H	HAYOGER NOT O	Provided (S	chebre)
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			Page 1 of



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

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

Owner addre	nt address  O  E  NT  ess  arge  A  person's	LV.	KTOP ST. FANKLIN, TO DEN CC, WELCH	Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1 Routine  2. Follow-up  3. Complaint  4. Pre-Operations 5. Temporary  6. HACCP  7. Other (list)	Follow-up Release Date Summary of Violations:		
Certified foo	d handle	4	to BASYLEYED		1(2)3	45	
F-1011 C1017011400			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW A	s "r"	
Section #	C/NC	R	]	Narrative		To Be Corrected by	
138	NC		UPRIGHT REFRE 2) THERMOMENT LOCATED  HATR ROSTRAINT	ers not	CONSPICUOUSE4	5/20/23	
130	MC	(7)	Emplozee In KI		0 0 1	5 100	
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Received by  Received by	Til	We	brinted):		Inspected by (name and title printed)  Bob Sm 1774  Inspected by (signature):	EAS	
SO cc:	di	U	Neldy		BL Jmi	4	
						Page 1 of	



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishmer	nt name	-	- siznoi suori vi il maxidious iondis-	Telephone Number	Date of Inspection	ID#		
		7/ 2	mini - mart	( ) Establishment				
Establishmen	nt addres	S	Train I way	( ) Owner	5/10/23	1430		
2	120	6	10900 St TOUNKS	Purpose:	Follow-up Release	Date		
Owner	-20	13	King H. Franklin	1. Routine		5/20/23		
			474	2. Follow-up	Summary of Violation			
Owner addre	22	******		3. Complaint				
Owner addit	.00			1				
D : 1				4. Pre-Operational	C NC Z R			
Person in ch	arge		there is not program and the second	5. Temporary				
D 31			0.071 1764	6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See ba	ick of page)		
Certified foo	d handle	t.			- 1			
Ceruneu 100	d mandic	1			123	_45		
• CRITICAL	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		-		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AN	ND IN THE NARRATIVE BELOW AS	"R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
295	Ne	-	- Mouse walk over	sink To	567/ed-	HE THE		
295	Ne	111	- Mouco welly over	is solled	en William pattinger	Main Pixa f		
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Establishm	ient Sani	tatio	n Requirements. The time limit for correct		n the narrative portion	i of this report.
Establishment name Mcalisters		sters	Telephone Number	Date of Inspection	ID#	
Establishme	nt addres		Morton St. Franklin	) Owner	5/17/23	2311
237 Owner	8 N		11/000007. 1N 46/31	Purpose:  1. Routine	Follow-up Releas	Date / 27/23
			16/5	2. Follow-up	Summary of Violat	
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	aroe			5. Temporary	c_0_NC_	4 R 3
Pat	TIL	in	Barnes	6. HACCP	0	and Justine 1
Responsible	person's	emai	1000		Menu Type (See )	back of page)
	1		Servsake	The state of the s	an kora sarrania co	77.89
Certified for	od handle	r.	Barnes 2025		123_•	45
• CRITICAL	ITEMS A	RE ID	DENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
413	NC	V	East main do	uble doors	ne	5/27/23
		1000	not tight - lit	ting when	both	100
		-	acors o are o ce	airs an exte		E (El Tantel Ingenie
		-	along the	airs an exte	mar gag	
402	NC	1	Corre Daves N	nissina at	Counter	1 5/20/23
100	/ -		in front rea	isteri anea		1
295	NC		Interior of	some prep.	aration	5/17/23
			units are lo	iled !		1,1
399	NC	~	Floor grout n	epair Melder	den	5/25/23
	olidia	-	dish Varea,	grant regu	iter	' '/
	1 21 230507	wel.	area, etc.	0		1
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer Establishmer	CDC	M	alds	broad j	Green	wood	Telephone  ( ) Esta  ( ) Owr	blishment	Date of I	nspection 15/23	1D# 46	4
121 Owner	Ma	rl	lin ll	1. 1	IN 46	142	Purpose:		Follow-	up Release	Date /2	3
Pa	ul		Way	tou	MCZ	/	2. Follow-		Summa	ry of Violatio	ns:	
Owner addre	ess		0		0		3. Compla 4. Pre-Ope			_		
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Certified for	a handles	r .	Helip	d.	3/21/	27			12	3_V	45_	
1							E COLUMNS MAR	RKED "C" IOLATIONS" AND I	N THE NARRA	TIVE BELOW AS	'R"	
Section #	C/NC						Narrative				o Be Corr	ected by
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Received by And Received by Cc:	Y CO	10	printed):	cc:			20178 6	Ar	ed by (name a A Y P W ed by (signatu	nd title printed):    Mill re):   Mill	ler, E	AS.



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

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

1		
Establishment name	Telephone Number	Date of Inspection ID#
McDonalds	( ) Establishment	5/11/03 1555
Establishment address Franklin, IN  2080E. King St. 46131	( ) Owner	′ /
	Purpose:	Follow-up Release Date /
Owner	1. Routine	100 1 7
Andy Ball	2. Follow-up	Summary of Violations:
Owner address /	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	CONCORD
Andy Ball	6. HACCP	and following into our Subsect =
Responsible person email	7. Other (list)	Menu Type (See back of page)
n perof tatolother I chase St. p. n	Car Accident	Facility and supplied to the supplied of the s
Certified food handler	and Fire	12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW AS "R"
	Narrative	To Be Corrected by
	ived motil	cation
		Demitment
	ccident, in	solving.
the building c	ind catchin	a line.
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ran Into the E	ast Exterior	wall
causing a fire	and an exter	
in the wall of	repopaldo m	anagement
stated at least of	me fire exte	11
was used insid	e the East	interior
	rm agrees	to discard
( 2 )	de service	that
may have com	e into contan	lination.
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name					Harry The Re	Telephone Numl	ber	Date of Inspection	ID#		
Meij	ior	#	132			( ) Establishment		5/10/	0 20		
Establishme	nt addres	S		0 (	IN 46142	( ) Owner		5/16/23	636		
150	Sa	Me	arlin	dr.	IN 46142	Purpose:		Follow-up Release Date			
Owner						1. Routine		- 5/30/23			
						2. Follow-up		Summary of Violation	ons:		
Owner addre	ess	An 1000				3. Complaint					
owner addit	C00										
						4. Pre-Operational	nai	C & NC / R &			
Person in ch	arge					5. Temporary		C NC R			
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Responsible person's email						7. Other (list)	Menu Type (See back of page)				
Certified for	od handle	r Me	· Rebei	rea N	Willer.			123	_45		
						E COLUMNS MARKED "C	2"				
						E "SUMMARY OF VIOLATIO		THE NARRATIVE BELOW AS	5 "R"		
Section #	C/NC	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

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Establishmen		dioth of		otempalls ha	g non to me	Telephone Numb		Date of Insp	ection	ID#	
mel.	er -	#295				( ) Establishm	ent	5/18	110	2048	
Establishmer	nt address	0 .00		F	ramolym d 46131	( ) Owner		2/10	123	10	
23%	io M	e ra	or ton	St - 7	d 46131	Purpose:		Follow-up	Release	Date	
Owner						1. Routine		-	5	130/23	
						2. Follow-up		Summary of Violations:			
Owner addre	ess					3. Complaint					
						4. Pre-Operation	al				
Person in ch	arge	3.0		7		5. Temporary 6. HACCP	7.	C	NC /	1 R Ø	
	9							a sept land a second of the			
Responsible person's email					7. Other (list)	1 1 1	Menu Type (See back of page)				
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Certified foo	d handler							1 2	3	4 V 5	
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• CRITICAL I	TEMS AR	E IDENTIFI	ED IN THE	CHECKLIST	AND NARRATIV	E COLUMNS MARKED "C"	10				
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Section #	-			4		Narrative			7	To Be Corrected by	
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011	100 mm	STATE NO.	E 16 3 2 1 16 3 2					10 /10 10 -	- COO 1 8 1	NATIONAL TOTAL AND ADDRESS OF THE PARTY OF T	
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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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Establishment name	rolegisiafellia ama merondo mina	Telephone Number	Date of Inspection ID#			
MI ABVELITO		( ) Establishment	5/16/23	2460		
Establishment address	FRANK (In, D)	( ) Owner	10/10/20	100		
2797N MORPOI	U ST STPA	Purpose:	Follow-up Release	Date		
Owner		1. Routine	- 5/26/2			
JUAN QUE	ZAJA	2. Follow-up	Summary of Violatio	ons:		
Owner address		3. Complaint				
		4. Pre-Operational				
Person in charge	Tes www.com.	5. Temporary	C O NC O	R		
BULMARD (	FARCIA	6. HACCP	metal ( vi) and (b)	7 David 2		
Responsible person's email	Line is but piece is about mid	7. Other (list)	Menu Type (See ba	ck of page)		
		bucht digital in the	crequirting cor king			
Certified food handler			1 2 3	400 5		
BULMARO GARCIA						
	IN THE CHECKLIST AND NARRATIV					
	DUS INSPECTIONS ARE DENOTED IN TH			The same of the sa		
Section # C/NC 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

Establishment name				Telephone Number	ID#			
mi (12fe				( ) Establishment	-1 -1	11 00		
Establishmen	nt addres	S	2 135 Wafalger, IN	( ) Owner	5/16/2.	3 1639		
006	J. ,	5.1	2135 48181	Purpose:	Follow-up Releas	A A		
Owner				1. Routine	5	130/23		
				2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint				
				4. Pre-Operational		u l		
Person in ch	arge		A fire of material frameworks and below	5. Temporary	C NC_	R		
Jose		u's	m.	6. HACCP	n in - 1 1 1 2 7 1 1	Jan Jan Xu		
Responsible				7. Other (list)	Menu Type (See )	Menu Type (See back of page)		
				go ba e	. of Lemminger	2922		
Certified foo			Enp. 2024		123	45		
The same of the sa	-		ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
			Mag - anacelations &					
295	Me	COS	upper inner corner	of the mach	ine is	5/20		
	LIBSER IVI		Starting to get so	riled	iga mang katalah na			
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			NO F Datations A	um previous ms	peetion one			
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		-						
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Received by	-	Commercial	5	Inspecto	ed by (signature):	annovaber 1		
5050		iro	7	pre	ed by (signature): UBLATOU			
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		-				Page 1 of		



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

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

Establishment name	Telephone Number	Date of Inspection	ID#		
MORNING POINTS OF FIANKLIN	( ) Establishment	5/9/23	1211		
Establishment address	( ) Owner	5/9/03	10011		
75 S MILFORD FRANKLIN, IN	Purpose:	Follow-up Release	Date		
Owner	1. Routine	- 5			
FEATHER SR, COMMUNITY	2. Follow-up	Summary of Violatio	ns:		
Owner address	3. Complaint				
	4. Pre-Operational	(7			
Person in charge	5. Temporary	C NC	R		
JAH RIPANA WILLAMS	6. HACCP	To the star			
Responsible person's email	7. Other (list)	Menu Type (See back of page)			
		erb ore imported	254 1010		
Certified food handler		1 2 3	4 5		
KEM BARNETT		1			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE					
	Narrative		To Be Corrected by		
	NOT STORED OF		5)11   23		
minimum of 6 to		JOFFIE Arek			
324 NCD BEAK NOTED ON	2 comparment	SIN Z FROW	5/20		
H31 NC O FLOOR NEXT TO WALL UNDER 5/13  MECHANICAL JISHMACHIND NOT CLEAN					
256 NC A THERMOMETER NOT			5/12		
Freezers					
187 C A INTERNET TEMPERATURE OF MILK IN COMPRE					
SMALL REFRIGE	RATOR SIPF M	OF AT 410F	5 9		
218 WC OR LOSS / BOOK GASKET ON THIS UNIT					
a IS WORN		100	26/9		
a let a re- leng source tool it a long set to an in-		is so i dinument con la			
CONONT (ATTON OF	CHTOCHEN SAI	VITEZOR (	CHECK)		
( DOC) IN MECHANICAC OF	SHMHENTINO NI	oppn not			
AT 750ppm	a set lane was	0.000000	0 6 9		
BO FUNCTIONING	on ResTROOM		0 617		
RO FUNCTIONITY	aro vestreen				
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		Bob Smit.	4 275		
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		Bil Jan C	)		
сс:	cc:		-		
			2		
			Page 1 of		



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

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

			•					_	The same of the sa		
Establishme			ermani erm	TRY	1 1 5	art i endre	Telephone Numb		Date of Inspe	ection	ID#
Nai	JA'S	DA	4449	Do	2015		( ) Establishm	ent	5/30/2	, ?	2579
Establishme							( ) Owner		3/30/2	-)	
17	22	45	5 514	EEIL	RD		Purpose:		Follow-up	Release I	Date
Owner							1. Routine			6/1	2/23
Paul	1 M	EN	F C14	ILEN.	Mon	9	2. Follow-up		Summary of	f Violation	is:
Owner addre	ess	2,0	- (17	Henry			3. Complaint				
	4	02	-515	-40	50		4. Pre-Operation	na1			
Person in ch			373	/			5. Temporary		c_/_	NC 4	R —
ENG		v.A					6. HACCP			140_,	
Responsible	and the later was a little of the later of t	COLUMN TWO IS NOT THE			v arms	activities of	7. Other (list)	2 110	Menu Typ	o (See has	ch of page
Responsible	persons	CIIIaii					7. Other (usi)		Menu Typ	e (see out	k of puge)
Certified for	od handle	r								3	
	,								12		45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN	THE CH	ECKLIST AN	ND NARRATIV	E COLUMNS MARKED "C'				
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	S INSPECT	IONS ARE DI	ENOTED IN TH	E "SUMMARY OF VIOLATION	NS" AND IN T	HE NARRATIVE	BELOW AS "	R"
Section #	C/NC	R					Narrative			T	o Be Corrected by
118								6/12/23			
	7	ir E		DOM: TOTAL		- Vall Rights	11 (95) (1 to 11 (1)		ET 311 10 2	MUMBER SV	S. Harri
177	NC	1011	F000	ITEM.	5 570	ORED	LESS THAN	6"0	FF OF F	cook.	6/1/23
174	NC		8.16	1 E	/!	P 41 - 1	NOT LABOLEC	<u> </u>			6/1/23
1 1	740		2001	- 10	00 11	ems	NOT CHISCOLE	)			
291	NC	-	- CHEM	ICAL	TEST	KIT/S	mips NoT +	Prov.ne	ින		6/1/23
			_			- '					, ,
422	NC		· YERSO	NAC	FOOD	175ms	STORED WI	int K	ETALL		6/1/23
			FOO	0 17	EMS 1	AND No	F LABELLO				
	S. D. Park	1.4		17-19-1					THE PARTY OF THE PARTY.		
	La capital de	er fo	R. J. Jic. of	Smiles I	1 1 / 1/194	ot, Limitig	di <u>na mag</u> n	1.171	Lineage Co. L	<u>alino i sep</u>	
	a contract	urin	God Flat Rese	35111 673	and By Lu		e final district		1 5 m/s	- and	oneykel .
										- 51	ICS SHE
	-										
Received by				1			ad eagaiz, a more	Inspected	by (name and ti	tle printed):	EHS
Received by			1				2 part A 10		By (signature):	per roll and	typiology
V A	- Smarre	, .						1/-	PH		
cc:				cc:				cc:	7.17	)	
				etestivo.							



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

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection ID#	
NEW KUMO STAPATUSE STERKHOUSE	( ) Establishment	5/12/23 1821	
Establishment address	( ) Owner	5/12/03 109(	
1051 W JEFFERSON FIANKLIN, IN	Purpose:	Follow-up Release Date	
Owner	1. Routine	- 5/22/23	?
YI Lt	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint		
D 1	4. Pre-Operational	c	
Person in charge  VI LI	5. Temporary	C O NC O R	-
100 31010 1313 1311 1 2 1 111 2 1 111	6. HACCP	equition to the section with	
Responsible person's email	7. Other (list)	Menu Type (See back of page)	
1 (2 12 14 17 17 17 17 17 17 17 17 17 17 17 17 17	april 11 m		
Certified food handler		12345	-
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		THE NARRATIVE BELOW AS "R"	
Section # C/NC R	Narrative	To Be Correcte	d by
256 DC + THERMOMETER NOT	Seen on CHEST	11 From 2018 5/16/2	3
MEAR WAZK-IN		Tour wer to Firmwater Arrus) The	-
431 NC & FLOOR IN APORS O	F XIRHON (	WEXT TO 5/20	
wall, under Ea	USPPONT NOT	CLORN	
295 NC & SOME EXHRUST K	tood FILTERS	201 5/20	
CLEAN		/	
411 NC - LIGHT OUT ON	EXXAMUST HOO	0 5/20	
411 NC - LIGHT OUT ON 2950 NC & STORS OF DEEP FO	RYOR, GREW	207 5/20	
CLOAN			
	No 222 10 7/2	×02 = 1/1	
399 NC X WAZL WORN DV	Areas of KI	A SINEW 111	
and a first framewhere a second of part			
tul standald are adverse as base of rich as its and			
		limpoere	
Received by (name and title printed):	Inspecte	d by (name and title printed):	-
Y De C	Q.	Bob SMITH ET	
Received by (signature):	Inspecte	d by (signature)	
	E	Sel Smo	
сс: сс:	cc:		



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

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

Establishment ban	rention recquirem	ento. The thine mint	ioi concedion	or each violation to sp			
Establishment name		bream all the age of	1	Telephone Number		te of Inspection	ID#
Establishment address	1	MON+ #	612	) Establishme ) Owner	ent	5-18-23	(01)
G0110 =	5 nine	IN Lange	Polo	Purpose:		llow-up Release	Date
Owner	- 11116	0.00		1. Routine		RS 5-	28-23
				2. Follow-up	Su	mmary of Violatio	ons:
Owner address				3. Complaint			
			Ĭ	4. Pre-Operationa	al	1 2	
Person in charge	obal sale	ny a Samuel I	10 11 11 11 11 11 11 11 11 11 11 11 11 1	5. Temporary		NC_	) R
Di La dordi			- Europe	6. HACCP			أوع بامك
Responsible person's	email	igniz na iza anez e in	bord with	7. Other (list)	N	Menu Type (See ba	ck of page)
	.Efwn.d	State of the Control of the American	74 1111	nafa - T		I well members	Zerous III
Certified food handle	er				1_	23	45
CRITICAL ITEMS A	RE IDENTIFIED IN	N THE CHECKLIST AND	NARRATIVE	COLUMNS MARKED "C"			
1				SUMMARY OF VIOLATIONS	S" AND IN THE	NARRATIVE BELOW AS	"R"
Section # C/NC	R		N	larrative		ľ	To Be Corrected by
344 (	M	dSinb	TS 1	10+ +W	FLOWIN	M	
177 NZ	Shel	in Fack	Did	DOX SON	D	Motte	ARHOLES
1-10	Shall	t pot	Off	100V		0 1	VIII TABLE
43) NC	1/00	~ CM UM	1 11101	3 2/NK 1	2701	ld /	
MIS NC	LOS	EL DEUL	OGUT	+ ONOPPI	MIC	DALK	
	250	Tage 10	Sign	an In the	1 (20		
		-> CIEWY	DIEL	my WHS a	7 70	) {	
	NOte	3 11 RCN VE	111 501	ray put	agaru	MA	
	Par	(announce)	Cral	180	Appro		
	noto te	: DILLE	Store	MOUN so	. Nel	ds to	ecus est
The first Control	De	Cleved +	- (my	mited.			B. D.
dim den a	Note	e toilet s	scat is	600 se			Saybr-
							Sepa (NG)
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Received by (signature	·)·				m Do	Mark	
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					410-907		



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

Establishin	ent samt	tion Requirements. The time limit i	or correction of each violation is spe	cined in the narrative portion of this is	eport.	
Establishme		o wo	Telephone Number		#	
Low	le k	omans Craft Right	( Establishmen	5/10/23 7	505	
Establishme	nt address		nXlin ( ) Owner	/ /   2	303	
1990	Nor	thwood Plaza in	nXlin ( ) Owner Hol3) Purpose:	Follow-up Release Date	3 646 3	
Owner	D 0	0	1. Routine	Ues 5/20/23	3	
Y	obles	, Komans Inc	2. Follow-up	Summary of Violations:		
Owner addre	ess		3. Complaint			
			4. Pre-Operational			
Person in ch	arge	A control of the cont	5. Temporary	$ _{C} 1_{NC}  _{R}$		
$(\lambda_n)$	n )	Domenico/	6. HACCP	and the second s		
Responsible	person's e		7. Other (list)	Menu Type (See back of p	age)	
1		Sensa	te l'assi	The Later of p	07	
Certified foo		Panina Expial	0/02	1 2 3./4	5	
Da	re (	Jenning 9	0/25/	1		
CRITICAL	ITEMS AR	DENTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS MARKED "C"			
	(S) REPEAT	ED FROM PREVIOUS INSPECTIONS ARE DEN		AND IN THE NARRATIVE BELOW AS "R"		
Section #	C/NC		Narrative		Corrected by	
415	C	numerous lu	ve ants seen u	uside three 5%	10/23	
	(*16,17*=)	lay sink dra	un	- 100 L	+	
413						
210		exterior gap				
218						
295 NC DENTERIOR LOD OF PARA OVEN IS SOILED 5/15/23						
295 NC DExterior top of large over is soiled 5/15/23						
3 Oce maker drop plate is soiled 5/12/23						
and inside mechanical dish unit contains						
Scale build-up						
431 NC O Inside floor of walk-in-cooler is soiled 5/13/2						
2) Desp area floors walls and floor						
		drains are 8		, 6	1	
430	NC	Walk-in-cox	don rules			
218	NC	Two roun	d cooker bas		ged 5/1	
385	NC	Exterior du			0/23	
431	NC	Juo mecha		hood 5/1	5/23	
		wents/pipes a	re soiled	/	14	
Received by	(name and		I	aspected by (name and title printed):	DIC	
My	1	omenia.		Andrew Miller,	CH2	
Received by	(signature)	Van .	I	nspected by (signature):	71	
10	4 /					
X (cc:	el.	S/ULC:		Undrew Miller	١	



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

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

Establishment name  NORMA SOROUS PASTRIES  Establishment address  49 N MAN IT. FANKLIM, IN  Owner ATKERJON  WHITNEY MUNICIPAL  Responsible person's email	Telephone Number  ( ) Establishment ( ) Owner  Purposet 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release  Summary of Violation  C NC  Menu Type (See bo	)
	SAFE EXP 3/8/26 VE COLUMNS MARKED "C"	1	5
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	HE "SUMMARY OF VIOLATIONS" AND IN  Narrative		To Be Corrected by
291 NC & FLOOR EN PRICHE  291 NC & CHEMTCHE TPS  AVAILABLE  138 NC ENPROSES NOT WHAT NET, CAP	TS NOT CO BT PAPERS REAS HATE PESS	NOT	5/24/33 5/24 5/22
Received by (name and title printed):  Received by (signature):  CC:  CC:  CC:	· (E	I by (name and title printed)  Oo O M 1 Vi  I by (signature):	H AS