

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

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

Establishm	ient Sani	tation	Requiremen	nts. The time limit for correct	tion of each violation is spe	ecified in the narrative portio	n of this report.
Establishme	nt name		bood sugl	ggesterfishi nga a mata i m	Telephone Number	Date of Inspection	ID#
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Establishme	nt addres	S		whiteland	( ) Owner	(0/0/0)	9/4
900	Saw	mi	11 Rd	lementary Whiteland IN 46184	Purpose:	Follow-up Relea	se Date,
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Owner addr					3. Complaint		
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Responsible	person s	eman		(SenSate)	7. Other (list)	Menu Type (See	vack of page)
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5/6	1 E.	/	00 N .	ntary Franklin, IN 46 131	Purpose:	Follow-up Releas		
Owner					1. Routine	NO 5	/28/23	
	CP	2	C		2. Follow-up	Summary of Viola		
Owner addr	ess				3. Complaint			
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Section #	C/NC	R	200	2 4	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 ) Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational  $C \not Q NC \not R g$ 5. Temporary 6. HACCP Menu Type (See back of page) 7. Other (list) Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC R Received by (name and title printed):



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

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

Establishme	nt name	n	et en of non-gotentialty In Schools	Telephone Number	Date of Inspection	ID#	
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Establishme	nt addres	SS	- Creenwood III	( ) Owner	11/19	,   1100	
2/1/	She	2k	Rd 46 143	Purpose:	Follow-up Releas	e Date	
Owner	-		1011	1. Routine	No 5/20/23		
Ct	DSC			2. Follow-up Summary of Violations:			
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owner addr	C33			3. Complaint			
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Person in ch			0.01	5. Temporary CR_C			
	ray		Jole ,	6. HACCP	a directal		
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	CP	CS	5 C	2. Follow-up	Summary of Viola	The second secon
Owner addre				3. Complaint		
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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

Establishm	ient Sani	tatio	n Requirements. The time limit for correction	n of each violation is specified i	in the narrative portion	of this report.	
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Establishme	nt addres	S	Granuand	( ) Owner	3/10/25	2496	
1308	PA		ve Elementary Crowe Way 14 46/43	Purpose:	Follow-up Releas	e Date .	
Owner	100	7	Color Conf. In 1811	1. Routine		20/23	
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Responsible	person's	email	Sen Safe	7. Other (list)	Menu Type (See )	back of page)	
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### 460 N. MORTON ST. STE FRANKLIN, IN 46131

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n 1111	75 1 1 N 1	ID . CI
Establishment name Uniteland Elementan Establishment address 120 Center St 46/84	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment address 7. 1/ + 19	y Sound ( ) Establishment	5/2/23 4/5
126 C to the Ct Whiteli	and W ( ) Owner	7 /
126 Center St 46/84	Purpose:	Follow-up Release Date
	1 Routine	May 12,23 Summary of Violations:
CPCSC	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
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Person in charge	5. Temporary	C = O NC O R O
Jennifer Flodder	6. HACCP	. a my b bartuser delucio lezi 💆
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