

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

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

-	W-7		1			
Establishme			Telephone Number	Date of Inspection	ID#	
K	roger		( ) Establishment	6/26/23	922	
Establishme	nt address		( ) Owner	9/20/23		
220	o Ind	epandence Ds. Greenwood	Purpose:	Follow-up Relea	se Date	
Owner	7110	Grenwood	1. Routine		7/6/23	
		In	2. Follow-up	Summary of Viola		
Owner addre	000	770	1			
Owner additi	C55		3. Complaint			
			4. Pre-Operational		•	
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			6. HACCP	regran barabasa na d	to the significant	
Responsible	person's ema	il result our louds of his or him and	7. Other (list)	Menu Type (See	back of page)	
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Certified foo				123	4 5	
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• CRITICAL	ITEMS ARE I	DENTIFIED IN THE CHECKLIST AND NARR	RATIVE COLUMNS MARKED "C"			
<ul> <li>VIOLATION</li> </ul>	(S) REPEATED	FROM PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW		
Section #	C/NC R		Narrative	/	To Be Corrected by	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme		is		Carcentood	Owner (		6-100	1/100
596	1 N	SR	135	46143	Purpose:		Follow-up Release	Date
Owner					1. Routine		187-	-8-73
					2. Follow-up		Summary of Violation	ons:
Owner addr	ess				3. Complaint			
					4. Pre-Operati	ional		
Person in ch	narge		Lange es	lance form man, had see	5. Temporary		C NC	) R
					6. HACCP		1	
Responsible	person's	email	i v. Jean I.	ragio a recepto gradado r	7. Other (list)		Menu Type (See ba	ack of page)
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Certified for	od handle	r Slo	200	( et/6/27			123	_45
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CRITICAL     VIOLATION				N THE CHECKLIST AND NARE IS INSPECTIONS ARE DENOTED			THE NARRATIVE BELOW AS	;"R"
Section #	-		MTREVIOL	33 INSTECTIONS ARE DENOTED	Narrative	HONS AND IN	THE TANKETT TE BELOW IN	To Be Corrected by
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218	NC	-	the F	allain da	on anslats	17616	00581187	7-28-23
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	une	- 4	10a				& JAM	
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						1000	Lu m	

#### **NARRATIVE REPORT**

Section#			-735 5961 N SR 175	6-28-2023
Section#	C/NC	Ы		
		"	REMARKS	TO BE CORRECTED BY
218	NC		Produce cooler door is domestel; siding (metal)	7-10-2023
			sticking out potential for dancer.	
0.55		$\vdash$	Starbucks	020 20-
257	NE	$\dashv$	Observed no thermometers in coolers Sheed to be easily seen	6-30-2023
		$\dashv$	need to be easily seen	
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Received By	(Name	& Tit	Inspected By (Name & Title)	Page <b>1</b> of <b>1</b>

State Form 48621 (R2 / 8-05)

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

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

Establishment Sa	mitatioi	requirements. The time limit for correct	non of each violation is specified	in the narrative portion of the	ns report.
Establishment nam	t son	a Mearcon Restauran	Telephone Number  ) Establishment		ID#
Establishment addi	ress	110 21 00000000000000000000000000000000	Owner (		2639
Owner Owner	M.	W 39 WILLIAM WOOD	Purpose:  1. Routine	Follow-up Release Da	123
			2. Follow-up	Summary of Violations:	
Owner address			3. Complaint		
			4. Pre-Operational		
Person in charge		in the form of the second of the	5. Temporary	C NC O	_ R
			6. HACCP	mgab Baatrayan Jahishi	
Responsible person	n's email	in the famount program and a	7. Other (list)	Menu Type (See back	of page)
Certified food hand	dler			123 <u></u> 4	5
		ENTIFIED IN THE CHECKLIST AND NARRATIV			
		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section # C/N	C R		Narrative	To	Be Corrected by
		NA STORES		Castini wer to onlinear sylva	172
		alo violation de	ing magnetic	n.	DESCRIPTION OF THE PROPERTY OF
	-	Mason Dolones Dos	a un all Ha	closs & walle	725/1
		NOTE: Please Ole	g up with the	gloons & walle	
		pleaning	and it the the	to get sorted	Rlenge
		(ii) 1ce maely	ne is starting	To get sover	fresh
		clean them	y Int Santis	Ler is obany	
	+	(y) where von	I sur survice	Stony	
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	$\dashv \dashv$	Masamb y	rou fl		
		Contract of			1
	$\top$			La company and the	
					Visit Di
Received by (name a	1	rinted):	Inspect	ted by (name and title printed):	CHE
Received by signature	THE OWNER WHEN PERSON NAMED IN	MIMICA	10		
HALLA	/		na	red by (signature):	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishmer			Photol of areas or present and	Telephone Number	Date of Inspection	ID#
11-	He	6	arsars Pizza	( ) Establishment	6/14/23	10 10
Establishmer	it addres	S		( ) Owner	9,77,25	1819
67	20 5	. 1	45 31	Purpose:	Follow-up Releas	e Date
Owner			( )	1. Routine		
			Greenwood, IN	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge	_	r session estyte i Sausseroni i i li i li	5. Temporary	CO NC	3 R
	-8			6. HACCP	0	
Responsible	person's	email	orna lunge dong'a est lunena sur esta de	7. Other (list)	Menu Type (See )	back of page)
	Percont			7. Other (tist)	Wiena Type (See )	ruck of pages
Certified foo	d handle	r	1		123_4	4 5
Lisc	i w	th?	ney		1	
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
-	-	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
410	-river:				and to organizate	
216	Ne		Kitchen lighting	g is 7001.	Printery A. 20001	6/21/23
246	NC	-	- Corol Doard 13 M	of CRA14 DIR	1.16	6/15/23
			material on t	the work	TADRE	
2.95	Ne		shelf.	9 15 507/Rd-		6/21/23
295	7.0		orange shelving	13 32.12012		6/01/0
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			es de la Segue de la Militaria de la Bras		Alexander Calant	- t
	n' né	<u> </u>	partecolita			
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cc:			сс:	cc:	7	/



460 N. MORTON ST. STE ALO 27 FRANKLIN, IN 46131

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

				1	1
Establishme Long		in Solver	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishme	at addusos		-	6/27/23	2167
219	1 7	Independence de Circenvoor	Purpose:	Follow-up Releas	se <sub>t</sub> Date <sub>f</sub>
Owner			1. Routine	- 7	11/23
			2. Follow-up	Summary of Violat	tions:
Owner addr	ess		3. Complaint		
			4. Pre-Operational		0
Person in ch	narge	L. Allie M. tattion from page 15 m.	5. Temporary	c_2_nc_	2 R /
I-y-r		a firm out and are taken a state of	6. HACCP	r smythbours -	July 1
Responsible	person's e	email or lead dynasodosogues , bec destinada a vista a vista ao	7. Other (list)	Menu Type (See )	back of page)
Certified for		Hamis 1/21/27		123 🗸	45
• CRITICAL	ITEMS AR	E IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
		ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW	
Section #	C/NC		Narrative	//	To Be Corrected by
303	C	Samtizer buetet 1	eeds to be Other	ngoel	Aserp
295	Me	sides & upper mer	part of le-me	achine is son	red 7/01
141	C	Esome food theme ms	vole walk in	tooler one	Asap
		Discard date for	Some Of the F	rocks are	
		6/26/2023	7		
421	Ne	floors are soiled	by three ben	Smk & by	7/07
1		pyer.	U U	and the second second	1
430	Me	there's a missing.	He by 3 - bay	Sm K	3
					Hudaosanz I
		NOTE: llere's 9 wat	ter leave by 3	- beny sin	4 '
Received by			Inspect	ted by <i>(name and title printed</i>	i):
31	Bay	ley Burchett			4013
Received by		me AS	Inspect	ted by (signature):	
cc.	1 12	cc:	cc:		
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

				1		
Establishment	name	RI	DER	Telephone Number	Date of Inspection	ID#
Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, wh		THE RESERVE OF THE PERSON NAMED IN		( ) Establishment	6/13/2	3 1110
Establishment	addres	5	CCOM N CA ME TO	( ) Owner	0 / 1 /	
10 05	- 00	2	EFRESON ST, FRANKIA, IN		Follow-up Release	Date 102
Owner				1. Routine	- 6	23 23
			ZHHUZ	2. Follow-up	Summary of Viola	tions:
Owner address	S			3. Complaint		
				4. Pre-Operational		
Person in char	ge		and was to be a recent along	5. Temporary	CONC_	R
107 - 1 2000	911.		ZITI WI	6. HACCP	ir real la otros relia	i en chade ale
Responsible po	erson's	email	ाताः प्रकृतिक स्वतिकारिका विकास स्वर्धाः । र	7. Other (list)	Menu Type (See	back of page)
Certified food	handle		A 175 IV CO.		gatin tir spilini roza	(A)
Certified 100d	THE TOTAL		SHI HUI		123	418 5
• CRITICAL IT	EMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION(S)	REPEAT	ED FI	ROM 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
		3	JOOR GASKET IN COOLS	WRN SPUTT	on	7/13/23
	A 19113	i (i	WAZK-IN COOL	R door	or other mea to demonth	171.10(AT)
			A THOUSE SHEET SHEET SHEET	1/0-1-1	THE PARTY OF ESPERA	S DOIDLES GAR
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		$\rightarrow$	KITCHER			6/13/03
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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			il Hazarenaria
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						Page 1 of



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

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

23tabiloinilent baintation requires				-
Establishment name	portal and an engineer to accommon	Telephone Number	Date of Inspection	ID#
MAIN & MAD	SON STREET CHTP	( ) Establishment	6 ba b3	2200
Establishment address	a> C . 1/100 . B	( ) Owner	C pos.po	0,0,00
100 N MAIN	ST. TOMORAM		Follow-up Releas	/ /57 /
Owner		1. Routine	- 7	7/2/03
-AR RIZHAGOSON	$\cup_{1}$	2. Follow-up	Summary of Violat	ions:
Owner address		3. Complaint		
		4. Pre-Operational	_	7
Person in charge	alan must be a second from the con-	5. Temporary	$_{\rm C}$ $_{\rm NC}$	5R
AMY RICHARD	50N	6. HACCP	angula poseta a tra	
Responsible person's email	significant and stationary	7. Other (list)	Menu Type (See b	pack of page)
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Certified food handler	- ILOUT		1  2  (3)	5
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CRITICAL ITEMS ARE IDENTIFIED I				
VIOLATION(S) REPEATED FROM PREVIO			THE NARRATIVE BELOW	
Section # C/NC R		Narrative TV	me	To Be Corrected by
239 NC = BOX	STORED OFF	PERULO ITE	imum	6/24/2
OF	6 INCHOS.	IN BASEMEN	T CDOCT	0/0//00
APO		etro Olisti, cio	1 3 100 L	a rate team
1,75	211			
324 NC & U	PAK NOTED A	T PRODUCO ST	NX FAUCE	77/1
In sh	1 . 1/			
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218 NC 2 do	RIGGERTUR &	WORN SPLIT	on Blue	RASO,
NEF	KIZERATOR &	by FRONT	AREA	7/20
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				2
				Page 1 of/_



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

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

Page 1 of

Establishment address  200 5 Epostson Add  Owner  Greenwood  Fast of the Conservood  Owner address  Person in charge  Responsible person's email			merson file  Greenvood,  Jal  2004 1000-1001 1000-1001	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  6/8/23  Follow-up Release 6/// Summary of Violati  C _ O _ NC  Menu Type (See b	5/ Z. 3 ons: 2_ R
Certified foo	d handle	r			123	5
			ENTIFIED IN THE CHECKLIST AND NARRATI ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
291	NC		tiles are	and cove to broken or kitchen  st 14.1 75	missing	nett impection 6/10/23
Received by Received by	_RAIG		printed):  pence  cc:	or contact the	ted by (name and title printed)  ted by (signature):	yks ,



#### 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#
mcalisters Deli	( ) Establishment	1/2/22/22	100.1
Establishment address Greenwood	( ) Owner	6/21/23	1924
Establishment address Green wood 1011 N.S. R. 135 IN 4614	Purpose:	Follow-up Release	e Date
Owner	1 Routine	No 7/	1/23
Southern Rock Rest.	2. Follow-up	Summary of Violati	
Owner address			
Owner address	3. Complaint		
	4. Pre-Operational	c_ O_NC_	4
Person in charge	5. Temporary	CNC	R
Marcus 1.	6. HACCP	of surface of succession	er ybnito ta l
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Exp	2 2 2 2	apidona seleziripan	also that
Certifieeh food handler T 3 /4/26	Λ	123	45
	/		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI		N THE NARRATIVE BELOW A	S "P"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO	Narrative	N THE NARRATIVE BELOW A	To Be Corrected by
	1 1.	121 /80,00	1 Base 7 hd
399 NC Shout repair	needed una	er soul	cowa j ps
295 NC Interior of 10	assi alla	tables	7/4/23
293 NC Shirted of 1	reparation	cares	117/25
hof dati sould	it Ico make	2050	1
431 NC Floor Soiled &	whind. 100	maker	7/3/23
324 NC D'Water line l	oating unde	os jet	7/15/23
SOLALL DINAGE	Mun	or great	1///
a mos unk	Prucet Vacu	um	
brenker contain	is a hore	toa	
wall mounted	Chemical, o	Lispenson.	
Trucet needs	a blooder	value	redemond = ==
due to unit c	ontaining	an	No. West Self-limited
	cum lore	aker (AVB	) , 1,
399 NC Front of House	Contains	areas	7/28/23
of unfinished fle	soring (i.e. ti	nder to	1 1
go Shelving a	nd front eo	unter).	1 7/ 7/-2
430 NC Jable top Ce	unter for	arop in	1,7/28/23
the son is or	acked/ akmay	ged on 00	at front line
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Received by (signants):	Las pect	Solve Mello	BANGS ON A PERSON
cc: cc:	//M	view ruces	7
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishm	ient Sanit	atio	n Requirements. The time limit for corre			
Establishme	nt name	12	of and potentially laraneas for the	Telephone Number	Date of Inspection	ID#
Ectablichma	lonale nt address			( ) Establishment ( ) Owner	6/28/23	2326
1197	Sou	th	part.	Purpose:	Follow-up Releas	
Owner	0000			1. Routine	7 onow-up Resease	/12/23
				2. Follow-up	Summary of Viola	
Owner addr	acc					
Owner addit	C55			3. Complaint		
				4. Pre-Operational		1 RD
Person in ch	arge			5. Temporary	C_NC_	R
	nd of		or many digrap premier a service. The service	6. HACCP	raph Lorina ford.	di simboo
Responsible	person's e	email	and the second of the second of the second	7. Other (list)	Menu Type (See	back of page)
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Certified for	od handler	40	rnander		123^	45
	-	-	ENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN		O IN THE NARRATIVE BELOW	AS "R"
Section #		-	NOME THE VICES IN A LETTER OF THE BEAUTIES IN	Narrative		To Be Corrected by
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			are the law offers are		assume and a second second	A Principal Control of the Control o
			El con in an		A. A. Santana	alvalarpsort   4
	li eres	1.1	man a man and a second to the second	3 1	huzań referance	Language de la langua
						Hacar-eng I
Received by	(name and	title j	brinted):		ected by (name and title printed	
	riat	16	mande?		Eaul Beton	Elle
Received by		:	1 5	Inspe	ected by (signature):	
· Ma	un }	to	neell		Paul Betviou	
cc:			cc:	cc:		
1			I			



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

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

Establishment name  Neathers  Establishment address  GUH SRIHH  Owner  Owner	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up Release Summary of Violati	10-23
Person in charge	5. Temporary	CNC_2	ZR
The properties are supplied to the supplied to	6. HACCP	eli or seatooa de par	b domes = **
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler		13	_4_X5
<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>	E COLUMNS MARKED "C"  E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
	Narrative		To Be Corrected by
324 NC Hand Sink In Kiti	nen needs Ser	aled to	7/21/23
295 NC STOWN STRIVING PO 324 Lowy SINK PEUT 187 C The DAZO 2 dox of A temperature DC The Following Och	MS WILL ON S From Fai Pro Cooler a Frans Cold r Pros Cold r Pros Cold r	Struld	8/1/23 1/21/23 UNITER Called repair Company Otime of
Received by (name and title printed):  Received by (signature):  CC:  CC:  CC:  CC:  CC:  CC:  CC:	Mard GU 70P HUMS TO MULL (	Difficulty  Cooler May  The Signature of the state of the	Ny Yng
			Page 1 of



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 Sanitati	on Requirements. The time limit for correct	ion of each violation is spe	cified in the narrative portion	of this report.	
Establishment name		Telephone Number	Date of Inspection	ID#	
New W	ing Con Restalivon	( ) Establishmer	it 1. 11110	7519	
Establishment address	O Greenwood.	( ) Owner	10-19-65	) [011	
209 5 5	K 135 4(0142	Purpose:	Follow-up Release	e Date	
Owner		1. Routine	- 10-1	14-65	
		2. Follow-up	Summary of Violati	ions:	
Owner address		3. Complaint			
		4. Pre-Operational	1 / /	_	
Person in charge	-utalia a de la seda	5. Temporary	C NC R		
_ s i practore ii ii		6. HACCP	ingate te di la cido	A printing	
Responsible person's ema	ail as a secondary	7. Other (list)	Menu Type (See b	pack of page)	
	Name of the party		n le mountain	production and	
Certified food handler	Change (PXP)	)	123	_45	
CRITICAL ITEMS ARE I	DENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"			
	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		' AND IN THE NARRATIVE BELOW A	AS "R"	
Section # C/NC R		Narrative		To Be Corrected by	
295 NC X	Sides of Cooking P	alwament a	10. Sailled		
	YOU TELLINGES YSTOM!	29		MSDDAKE TO T	
295	Can opener is so	illed.	1 155,4 Y 25 - 4 (100) P	TODIA (80	
431 NC	wall behind cour	ny Egupmi	int 13 Soiled	28/3/1/2011	
718 NC X	COUNTY COUNTY	GOOK, JOSK ET	15 Stit MOVIN		
218	Userla 1 damos	80 track	2002/01		
1131	2 DON 2 WK +1001	Wayn is so	100		
LIB N(X	1460 31415 +100x	16 MIN 2000	15 WH FICH		
N 10C 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-CL03W	DINCH SIM		
218 X	Myself vosident	My Everber	Joan Cinterin		
10	15 in distrour.	oll Corned the	prolly 10:	The many	
218 X	Water heater in d	isrepair.	Bottom is	7-1-23	
	rusted out & un			(in proster)	
216 NC		sed as shelf		6-16-23	
4 - 1		the Chest f			
430 NOTE	Ceiling tile missin	of above li	Jalk-in-Cooler		
	You may make writt	0 0 0 0 0 0 0 0 0	to this inspect	ion Ktor	
Received by (name and titl	e printed):	en Comments	aspected by (name and title printed)		
C nev	er gyrarohiner fillone i godhe e		assi Hall		
Received by (signature):		I	nspected by (signature):	angus art	
1 = 7)			(a) That		
cc:	cc:		CC:		
			Elinabeth Sch	nutz 1	
			217 2111 117	Page 1 of	
			317-346-437	1	



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

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/

Liottionomi		ation requirements. The time mint for correction		I I	
Establishme	h A h	Doub # 406	Telephone Number  ( ) Establishment	Date of Inspection ID#	
Establishme	nt address	Mrs Greenwood	( ) Owner	<b>3</b> /2 <b>3</b> /23   111/	
S86 Owner	5.5	K.120 IN 46/43	Purpose: 1. Routine	Follow-up Release Date Ves 7/1/23	
DWINE	Ch	Anlein LLC	2. Follow-up	Summary of Violations:	
Owner addr	ess	accept)	3. Complaint	,	
		V	4. Pre-Operational	7	
Person in ch	arge	01 11-1-1	5. Temporary	c_1_Nc_/_R	
and	y x	Triffitchs	6. HACCP	dell'ericament dell'	
Responsible	person's e	mail UU	7. Other (list)	Menu Type (See back of page)	
Certified for	od handler	DI A A ST	/	1 2 3 4 \ 5	
am	asei	y Chamberlain [17/14]	(25/		
		I IDENTIFIED IN THE CHECKLIST AND WARRATIVE TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND II	N THE NARRATIVE BELOW AS "R"	
Section #			Narrative	To Be Corrected by	
324	NC	PIDE LOW ICE	Maker) &	enkena 6/28/23	
	1,00	near roof al	ccess cream	9 11	
11 11 11	1 2391	Water like	for ice's	COOP	
430	NC	broken/ damag	mechanical	exhaust 7/7/23	
430	NC	Gotors and Comt		etileon)	
		Ounits @	a grap a constant		
		3 One shelving	unit is m	issing 7/17/23	
411	NC	a leg inside u	not 1,000 km	7/1/23	
711-	1,00	in Randell From	ser	9 111	
431	NC	Jeloors and cove	e base soi	led in areas 7/4/23	
399	NC	Shout repair ne	eded mean	Rettle area, 7/28/23	
190	NC	Preservista Coo	ea etc	ti Corrected	
	/ /	measured 50°F	and 52° /F U	rhile	
		Covered with a	led inside	the	
187	0	Ray Steak M	reasured 46°	F to 51°F In-progres	
Received by	(name and	title printed):	Inspecto	ed by (name and title printed):	
CIA	idy	Griffiths	I A	ndrew Miller EHS	
Received by	(signatur)	Aud I Thin	Inspect	indrew Miller	
cc:	icos .	(cc:	cc:	· · · · · · · · · · · · · · · · · · ·	

NARRATIVE REPORT Green Wood

Establish	ment N	lam	45 # 406 Address 1N 46/43 886 5. S.R. 135 IN 46/43	Inspection Date
Section#	C/NC		REMARKS	TO BE CORRECTED BY
			while inside the undercounter	
			lour drawer coolers (under)	
			Offst top will)	, 1,
218	NC		OBAN from mya freezer	6/21/23
			contained a brailed-up of	/ /
		_	ICL ,	<u> </u>
<del></del>		$\perp$ (	2) Onterior bottom of salad	
			preparation table Ocontained	
			pooled water	
		<b> -</b>	3) Walk-in-Croter wrapped	
		<del> </del>	line was dripping water.	
		-	4) POUR ARALVED DAVI PROAT	
			Contained a brild-up	
			of ice at the interior	
			Wottom (at cookline)	
			To the Court and I	
ni	tes	/'	OSugaest Rirm Cut a hole	
			I in the bottom of the	
		L	for left liquor cabbret	
			to access the floor drain	
		+	2) Scrape some peoling paint	
			on cliling in baro area	
		$\vdash$	around register vent.	
	<u> </u>			
		Н		
		Щ		
		Ш		
<u>-</u>		Щ		-
		Н		
Possing 5	(Ala	Ļ	Hot I I I I I I I I I I I I I I I I I I I	:
Received B	у (мате	α II	tie) Inspected By (Name & Title) (Marchen Meller, EHS)	Page 2 of 2



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

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

Establishmer Establishmer	era	A15	bread	Telephone Number  ( ) Establishment  ( ) Owner	Date of Inspection  6/27/23	1D# 943
189	Us		38 Creenword	Purpose:	Follow-up Release	e Date
Owner				1. Routine		11/23
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary 6. HACCP	CNCR  Menu Type (See back of page)	
Responsible	person's	emai	I ente e exert or bromer a recommendation of the second of	7. Other (list)		
Certified foo	od handle	r	ennest 12/9/24		123_ <u>V</u>	_45
• CRITICAL	ITEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
1630 Gr 1133	sedaid Smerve	postur i pog	No violation during	mspection,	o and a factors.	POLITICAL POLITICAL PROPERTY OF THE PARTY OF
			Nois: @ please peep walls clean.	working on keepin		
			(i) mechanical	dish washer San	atiler is of	Ony
					and the same of	
	1 220	пЬ			Juneary A. Amalia	and an and
						line cans
Received by	(name and	title	printed): Earnest GM	Inspected	l by (name and title printed)	etts.
Received by	(signarare)	V	14	Inspected Paul	by (signature):	packudni
cc:	•		CC:	de:		



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

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

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.

Establishmer 1)43 Owner	or six	s s s s s s s s s s s s s s s s s s s	MOUNTS  MAZHAZA SERUSARO)	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection  6/8/23  Follow-up Release  Follow-up Release  Follow-up Release  Follow-up Release  Menu Type (See b)  1_2_3	Date (8/33)
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative	The second secon	To Be Corrected by
256	NC	×	THERMOMETERS	NUT SOON/		6/14/23
	70mmn	less)	NOT CONSPICU	OUSLY LORDA	red	ESTORSIV
H 0 Orde	Tarapati (	20112	on 2 2door	REFRIGARAT	SNO	FODTESHED =
218	NL	7	door gasket	200se - 30	FOOR	6/14
			RIFRISPRATOR			
187	0	*	POPENTAZLY HAZ POPENTAZLY HAZ STORESE 46 OF A	PRINTURE OF PARJOUS FOOD PEPPERO NOT AT HIP	HS- INI 45°F OR LOSS	86 92 CARD
Received by Received by Cc:	e M	loc	brinted):  In Secretaria and the control of the con		d by (name and title printed)  So D Sm 1 Th  d by (signature):  Bell Smit	



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

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

Establishmer HHO Owner Owner addre	22  It address  Y  Y  A  Sess  Arge  Person's	A mon		Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 6   8   33  Follow-up Relea  Summary of Viola  C NC  Menu Type (See	6 (18/23) tions:
- 2	Market Mark					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE RELOW	AS "P"
Section #	C/NC			Narrative	III III IIIIII IIIIIIIIIIII BEEOW	To Be Corrected by
399	NC	000		rot clean in	Anets of	6/14/23
431	No	199			YOAN	repage 10/03
399	NE	100	WALL WORN, NOT		K.TRHEN	6/14
H31	le C		BY WAZK -IN UN:		TA TO DOMESTIC SESSIONS	repAIR 10/2
411	no	B		EXHAUST HO		6/14
				dequare - w	ACK-DY	
295	NC	c_	- SHELVING NOT C	10 Pm / a 20	BY - DI	10/21
073	100	80	COOUR	LETTU - IN A	INCF 3W	0/00
		9	(00 4/2			
		-	THERMONETER -	Mermometer	NOT	comected
256	WC		CONSPICUOUSLY	LOCATES IN	ASSIG	618
aliti	ular.	agle	PREPARATION REF	MORATOR	eli iz ie o i syluena isro	r wood-dad
				0		ding own f
-						
		$\vdash$				
		$\vdash$				
Received by Received by	'ob	E	rinted): latridge (RGM	an) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ted by (name and title printe Bob Sm 2 ted by (signature):	
						Page 1 of



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

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

Page 1 of

Establishmen Pue	nt name	V	allarta	( ) Establishment	Date of Inspection	
Establishme	nt addres	S	•	( ) Owner	6/5/23	1513
	8	93	E-main st Greenwood	Purpose:	Follow-up Relea	ise Date
Owner			IN	1. Routine		115/23
			YN	2. Follow-up	Summary of Viola	ations:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C S NC	G R
	8			6. HACCP	110_	aluda -
Responsible	person's	emai		7. Other (list)	Menu Type (See	hack of page)
Tree positione	Persons	CTITAL	er i r i n	7. Other (1131)	Wiena Type (See	ouch of puge)
Certified foo	Pat		Bernal		123	X_45
• CRITICAL	-	-	ENTIFIED IN THE CHECKLIST AND NARRATIV	Æ COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	7 AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
	1					111
4//	NC		one set of right	sover the	This was to greatest	6/1923
			dishulasher is	sunt out		UNITED THE STATE OF THE STATE O
295	Ne		The can opener	15 501/ed		6/3/23
173	NC		Raw chicken and	beef are ste	red	6/5/23
			on the prep	cooles improje	-	
					1	,
29/	NC		Sanitizes, itest st	Gripg are no	2 Tomas Turner Change	6/4/23
			provided. ID:	shwasher	gan assault deni	alone will P
- 10	nd a ne	nde	paralle sur une och		ha i nili mempe	u paneda l
						suscendilo
		_				
	100					
Received by	(name and	title j	printed): Bernal		ed by (name and title printe	ed): /
Received by	(signature	10	0	Inspecto	ed by (signature):	I naci//smg !
+	tati	~	15		Tuny Den	1/2
cc:	and the same of th		cc:	cc:	/	



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

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

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 rep

Telephone Number Date of Inspection ) Establishment Establishment address ) Owner LOVERS LN FRANKLIN, IN Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 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 C/NC R Section # FREEZER, UPRIGHT NC no LIGHT INTENSITY IN NC WALL WORN IN ARCA OF 3 COMPARTMONT 399 SINK CHEMICAL TEST STRIPS NOT Received by (name and title printed): Received by (signature): cc: