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

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

Establishmen Establishmen G Owner Owner addre	Bell nt address Mor		US31 Greenwood, M	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Releas Summary of Violat	ions 23
Responsible	e Sor	-		6. HACCP 7. Other (list)	Menu Type (See b	- Jude
• CRITICAL	E SW ITEMS ARI	UTN EIDEN	EXP: 2025 TIFIED IN THE CHECKLIST AND NARRATIVE		123	5
CONTRACTOR DESCRIPTION OF	-	and the same of the same of	M PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Varrative		To Be Corrected by
431	NZ	50 B	Drain under 3 bay SiN	K SOI HOU		7/14/23
402	NC	F	loor under slushie stan	d Soiled	oriu ac instato il salconi e in patrioli di conse	7/16/22
295	NC	1	cemachine build up on a	drive thrumau	rine	7/6/23
295	NZ	2	weef Wan inside of cook	lerson böttom a	rnd	7/7/23
	1,5 ,4 %	\(\hat{\chi}\)	10TE: Santizer is ven to solute on	high-add so	mewater	Simon P
Received by	(name and	title prin	nted):	Insp	pected by (name and title printed,	:
	ayle		Dmith.		Jayer Miller	Ovjen an eld
	(şignature) :	-	Post I	Insp	pected by (signature);	EHL
cc:			cc:	ce	3173464	369
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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.

Establishii	ient sanitau	on Requirements. The time mint for correct			or tins report.
Establishme	ent name	that ambaged dust region to the	Telephone Number	Date of Inspection	ID#
Establishme	Bell	v	() Establishment	7/6/23	640
		to Rd 135 Greenwood	() Owner	1 10	10/0
Owner	V 2100	T Ra 155 Ortaniosa	Purpose:	Follow-up Release	The second secon
Owner			1. Routine	Summary of Violation	16/23
0 11			2. Follow-up	Summary of Violatio	ons:
Owner addr	ess		3. Complaint		
			4. Pre-Operational	0/1	1 D
Person in ch	narge		5. Temporary	C_NC_	T R
11.		n al consol project	6. HACCP	ent L boomsetting	obrito, e
Responsible	person's em	ail	7. Other (list)	Menu Type (See ba	ick of page)
Certified for	od handler				2 -
		0 Kaur Exp-2027		123	_45
	Deco	DENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		1
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
-	C/NC R		Narrative		To Be Corrected by
402	NC	Floors Soiled in man	yareas.		7/14/23
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421	WZ	Wifedown Ganding fre	exu + cooky		7/4/23
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257	NC	No accessible themon	eter found in Mi	amline	7/4/23
		cooler underreath	4		į į
					7/1 /22
295	12	Ice machine disperser	so, co in oum the	u	1/10/23
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I V	(name and titl	A Company of the Comp	Inspecto	ed by (name and title printed):	ve genziff
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme			e i tir i estile estile estile la ca	Telephone Number	Date of Inspection	ID#
laco	Bell			() Establishment	7/12/12	1000
Establishme				() Owner	1/15/62	1828
304	257	one	es Chossing	Purpose:	Follow-up Releas	e Date
Owner	armoner et any market	Constantial		1. Routine	NO 7	23/23
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	-		5. Temporary	C_NC_	$R \rightarrow$
				6. HACCP	marely a magazine Re	15 11 J. H552041
Responsible	person's	email	orpotence algano processor ped facilities in the	7. Other (list)	Menu Type (See l	pack of page)
				TO 10	ocipies companies	2 1107
Certified foo	od handle	r			1 2 3	V ₄₅
		- Income		L		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
Section #	(S) REPEA		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	D IN THE NARRATIVE BELOW	To Be Corrected by
431	C/NC	K				7/13/23
451	100	req	Bottom of warmers s	ONEA	nanding of the enti-	1115/05
203	MZ	ZIDE	SANITHERINALINETIN	and willered	auputino	7/13/73
			Sanitzer puenes n big food or products	act in it	any me	101010
			9,000 1 100000			
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			Williams water that we say I			
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Received by	201	and the same of the same of		Inspe	ected by (signature): / -	Nym Land
X). 4	10	The state of the s		Mann Mu	Us
cc:			сс:	cc	393464	369
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

		ation	requirements. The time mint for correct			-1
Establishmen	nt name	el	440441	Telephone Number () Establishment	Date of Inspection	ID#
Establishmer	nt address	5	#40441 r Square	() Owner	07/11/23	
00 7	safa	lga	of Agnare	Purpose:	Follow-up Releas	e Date
Owner	V		,	1. Routine	_	
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arae			-0	C NC C	Ø B
i cison in cir	arge			5. Temporary	C_NC_C	R
D :11		-1	and the second second	6. HACCP	and right program to	7 6
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
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Certified foo	ten	m	actlin 6/6/24		123_	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	Annual Control of the	
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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1 110	mdaid.	1471	TO THE RESERVE OF THE PROPERTY OF THE		THE TO VISITED AS SPECIAL	10176.5
			Samples and a result from the property	THE STATE OF THE S		dimension.
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Received by	(cionature)		IUI			Parchauting
Received by	(signature)		3 8 4)		al Betitu	
cc:	M	_	cc:	cc:	- July	
J. V						



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

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

			racquirements, and tame and to con-	1 71 1 27 1	IDCI	1 "
Establishmen			ar if compliants with himselfile in the	Telephone Number	Date of Inspection	ID#
Tavac Establishmen	TOr	ou	ny	() Establishment	7/10/23	0147
Establishmen	t addres	S		() Owner	I. V.	1-1-
8955	135		Greenwood	Purpose:	Follow-up Release	se Date
Owner				1. Routine	Yes	1/20/23
				2. Follow-up	Summary of Viola	tions:
Owner addres	SS			3. Complaint		
D : 1				4. Pre-Operational	CNC_	7 0
Person in cha	rge			5. Temporary	CNC_	R
2 31		.,	e e dan quente que é mus	6. HACCP	if or seatood diput	obesimize
Responsible p	person's	email		7. Other (list)	Menu Type (See	back of page)
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Certified food	i handle	r			123	
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
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Section #	C/NC	R		Narrative		To Be Corrected by
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	V- Dn.	nog i	Raw Meat cooler tem. - Many Rods th	nown Jaway	grant and production	Menory
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			stake daily meat +	emperatures X		
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			real community in the life life.	عبيب والمانية والمانية	and medianique	I Souther I
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		\vdash				
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Received by	(signature,	1	O WILL TIE TOO	Inspect	ed by (signature):	O L L
X	1	D	3	1/1	ancie Meli	u tHD
cc:			cc:	Egi	21734104	219
		-			5115769	DUI
						Page 1 of



AJ - aaron. martinez @ target. com Daxota-daxota. laxer @ target. com

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

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Page 1 of

Establishmer Sylvanian Establishmer Owner Owner Owner addre Person in cha	ratiddres S S S	13	S Greenwood, IN	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 Violation C NC	ons:
Certified foo	d handle	r			12_3	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVI		THE NARRATIVE BELOW AS	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
4/4 	NL		Small winged insects of fairlity in storage - recommend drain - clean mats in - decrease anno	non and wone More frequently	uly ared	8/20/23
Received by Received by cc:	ich	1		un lead I day	A by (name and title printed) ACC Miller Alby (signature): 3173444	U



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#
lasty shop II	() Establishment	00/14/2	3 1734
Establishment address 870 W Center Cross	() Owner	07/14/2	1.154
870 m Center Cross	Purpose:	Follow-up Release	Date ,
Owner	1. Routine	- 07	131 /23
	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
	1		
	4. Pre-Operational	/	7
Person in charge	5. Temporary	CNC	R
Signature of a support of a sup	6. HACCP	etig ii boekşa ii də	rglaribe pi
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler		1 2 3 V	4 5
No Certified fixed homoller			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		THE NARRATIVE BELOW A	A STATE OF THE PARTY OF THE PAR
Section # C/NC R	Narrative		To Be Corrected by
MM MC materials on the floo		cooler	07/28
411 Me Gradequate lighterma			71RO-QXII
112 ME 12 WINGHE WOLLY WELL	sitchen not No F	approved.	DOESTHARET A
(ii) stove is not neg	approved	V saidin si sin vide	galo ar or i
411 NC Wright is out inside	double door col	eler by bon	
arka.	1	<u> </u>	1
146 Me Some God products on	e not Cabelled	by bitchen	07/18
grill		O .	
295 Me Ice Scoop a entry of		machine	
439 C cleaners on sherves	Stored above	single servi	1207/18
tems in day storag		0	Internation
256 NC Food thermometer	net seen.		07/28
NOTE: (1) Back door	is self closing	wall ad accessorate	Long Lad
(ii) please get	food handles C.	ertificale	line as as l
(iii) please that	I fure bothwoom	vents	
work more	rly		
U V	0		
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Received by (signafure):	Inspected	1 by (signature): Oul Belieu	н рискаета
cc: cc:	cc:		
			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 Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme	nt name		ous les	howart II s	reported		Telephone Numb	er	Date of In	spection	ID#
TOX	M	N	Tre	Wine	2		() Establishm	ent	111	11 11	1000
Establishme	nt addres	SS		(Sparge	livers	Owner)		-1-1	4-15	1890
13	3. Y	D	dish	2 54	4/01	00	Purpose:		Follow-u		
Owner							1. Routine			- 7-6	4-23
							2. Follow-up		Summar	y of Violation	ons:
Owner addre	ess						3. Complaint				
						1	4. Pre-Operation	nal	×	, ,	
Person in ch	arge	-		C			5. Temporary		$ _{c}$	NC_4	R
	0						6. HACCP		na deli la	e recifei	r sudifica
Responsible	person's	emai	lare li sin s	dent on to	mite dell'alte	\neg	7. Other (list)		Menu 7	Type (See ba	ack of page)
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Certified foo	od handle	To	1200	000	(EX	P3/7			12_	3	_45
CPITICAL	ITEMS AT	BE ID	ENTIFIED IN	THECHEC	KLIST AND NA	RRATIVE	COLUMNS MARKED "C	"			
					NS ARE DENOT		"SUMMARY OF VIOLATION		THE NARRAT	TIVE BELOW AS	5 "R"
Section #						THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	Varrative				To Be Corrected by
431	NC		(eilia)	a thr	MASIO	1 AK	> nents	50100	1.		
	Ammos	roq	More	Dech	Small	FI	185 ANO	2 New	411	A STREET, THE S	TEXICIESTY T
415	NC	mea	esto	Verlow	ment	Taller Han	The state of the s	9.	listan7	A ZOOOTS	началахан
216	NC		Wost	MYS	Stori	as	room +	100/	00061	SVS	AE13 (221)
			(2010)	US.		U			- \	1	
347	NC	-		reg 1	70 ba	2 kg	tonels @	DOM	Na	4	1
			SINK								
	-	-									- 2
	-										
		\vdash								and the filter	
	- Clearn	1	Note	3000	anh	for	wort Dr	aduct	5 Sh	110	n deserved
			, surv	ativ	ve st	i (Ver	A disch	rded	aft	er	istorassina i
			HNO	lars,			10% or less	5.		. 3	lings-ana
			Note	: Bo	DUR	Honce	(1Strou	m t	cos 1	1669	
100 - 00 - 00 - 00 - 00 - 00 - 00 - 00			Clear	led	,			^ _	1. 1		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

	7111271	ID CY	1 0
Establishment name Judy & Tree Alchor Establishment address	Telephone Number Establishment	Date of Inspection 19 7-20-23	ID#
	() Owner	4	P
2800 S SR135 46143	Purpose:	Follow-up Rele	
Owner	1. Routine	7	-29-23
	2. Follow-up	Summary of Viol	ations:
Owner address	3. Complaint		
		3	
	4. Pre-Operational	C O NC	3
Person in charge	5. Temporary	CNC_	R
lant bringer. To the year of the transfer limit of land	6. HACCP	usquia buenus e e e	lish shaloxe i
Responsible person's email	7. Other (list)	Menu Type (See	e back of page)
Certified food handler		123_	<u>4</u> 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELO	W AS "R"
Section # C/NC R	Narrative		To Be Corrected by
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187 E Diced Voiled ages	(3) 5/ F & 4pm	Locale &	Correcte
on The To	p deli by t	ack door	No 1000 In the last
Do NOT'S STO	re potentiall	y hanging	loves
Lood (PATE)	hat flip-to	o until	et
1/15 a Man hold	THE CO	71 For	7-19-23
415 C Numerous Hous	e thes in K	it chen	1
Back door p	ropped open	af all cie	stain on
Garage door	propped of	en all	Curtains
Will a Door to pat	o propped of	sen with	nout air cu
441 C White fly Trag	o not app	roved for	7-19-23
use in to	od Jacility	a-	13 8/10/
402 NC Grout misten	and Ritch	lan	18/9/19/
Wait State	on floor	lip not	0 10 22
Sealed / Sm	rooth U	,	9-19-23
Inverted M	rela Czate	o used	0 /6 13
to store 4	rins, Recom	mend	9-19-23
a dunn	age rack		
	0		
	T.	11 / 1	. 7)
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~ LINNNIN ~ JNAN	ϵ		schultz
Received by (signature):	Inspe	cted by (signature):	0 0 00
> MVIN INVINE TUUTTY	1.6	Lugbette s	Dehulty
сс:	cc:	217 211	11272
		311-346	-4313
			Page 1 of 2

NARRATIVE REPORT

Establish				Inspection Date
Tries	d 4		True 2800 5 SR135 46143	7-19-23
Section#	C/NC		REMARKS	TO BE CORRECTED BY
430	NC		Observed hole in FRP beneth	
			auto disk machine.	
346	Ne	Ed	As Batteries out of Sup	7-19-23
	not	口	dispenser across from	Correcto
			2 bay sink.	
245	NC		Net /damp wiping cloths	7-19-23
		Ш	not stored our sanitine	
_		Ш	Solution between use	
136	0		Employee lating in ketchen	
			at pres line	
		П		
		П		
		Н		
		\Box	Both dish machines sanitinging	
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		H	Ca time of inspection	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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Establishme	ent name	=W	ibrezen ibriese	n fair e i	Telephone Number () Establishment	Date of Inspection 7/18/23	1D#
Establishme					() Owner	1/10/23	750
1847	2 Ve	terun:	s way		Purpose:	Follow-up Relea	se Date
Owner					1. Routine	1	
			Greenwood	L. Tal	2. Follow-up	Summary of Viola	tions:
Owner addr	ess	e-somethings and		7 2 14	3. Complaint		
					4. Pre-Operational		
Person in ch	narge		u alamani a ku		5. Temporary	CONC	O R
	O				6. HACCP	of the block of the second	. di referet.
Responsible	person's	email	radal dire	da de di	7. Other (list)	Menu Type (See	back of page)
			per information du	9 01	er to	dates in <u>riti</u> ge	r zu az inm
Certified for	od handle	r				123	45
						/	
					'E COLUMNS MARKED "C" IE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	'AS "R"
Section #	OTHER DESIGNATION OF	THE RESERVE OF THE PERSON NAMED IN	EVIOUS INSPECTIONS AR	E DENOTED IN TH	Narrative	III IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIII	To Be Corrected by
occuon n	0/110	-					
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		sed to	14	No VIC	plations "	2 19/11-19 11 20194	- ARD SVAL
	- Harris		ann a Berneville		7 H 1 2 H	es same es suesidado	
17.1. 71	2020		Lor anobarana Lo			and the state of t	
	la l	e district of	Crop as all	ntal n		- Ten demonstra	u kasa dari
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cc:	VIW		cc:		cc:	111/1	and the same of th
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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#
Establishment address Sivienwood	() Establishment () Owner	7-20-23 MM
1251 NUS 31 GIRAMINES	Purpose:	Follow-up Release Date
Owner	1. Routine	VPS. 7-30-23
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
D : 1	4. Pre-Operational	() 3
Person in charge	5. Temporary	CNCR
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See back of page)
ek er inser in fleskringer	The states (there)	and a factor plant sassagement
Certified food handler		12_345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
	Varrative	To Be Corrected by
347 NL JOSENES TO OUDER	13 50 100.	VOVA corrected.
mo Sink	10000	TO HALLEY TO REDUCE TO THE LOCAL PROPERTY.
218 NC OBSERVED GEORGE	n cooler on	DIENT ON
to was ayer @ Alos	1-410x 10x 41	(NYID (W/K)
Sape on	V1 41 10 51	argh man
	10	
		Tours of money are special and a second of the second of t
Received by (name and title printed):	Inspecto	ed by (name and title printed):
Received by (name and title printed): Received by (signature):	(1)	ed by (name and title printed): SS (Signature); 1/2/1/2000
nama Mttasol	(1)	SS HALL SOLKY KIND



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

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

		tatioi	Requirements. The time limit for correc			or this report.	
Establishme			el es la sunfurmante lichendra et al. 17 - e v	Telephone Number	Date of Inspection	ID#	
Zaxbyz				() Establishment	omlan!	1922	
Establishment address				() Owner	04/21/23	07/27/23 1922	
1274	N	F	merson Ave	Purpose:	Follow-up Releas	Follow-up Release Date	
Owner				1. Routine			
				2. Follow-up	Summary of Violat	ions:	
0 11					Summary of violations.		
Owner address				3. Complaint			
				4. Pre-Operational	a	0-	
Person in ch	arge			5. Temporary	CNC	C_ONC_OR_	
			La reduction dans where	6. HACCP	exclude, deb or sentend depart		
Responsible person's email				7. Other (list)	Menu Type (See back of page)		
				introd to Europ	- Lightific - garanger a serviced		
Certified food handler					1235		
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		D IN THE NARRATIVE BELOW	AS "R"	
Section #	-			Narrative		To Be Corrected by	
			^		7-68		
	XI LCGS V.D.	No violation during ins			PARCHEN BARCHING FOR THE PARCHET		
THE GOLD	1 3.6 377		The Violation Chillies may pecteric			a maranda	
			Committee of the Commit	e ja seet siirekte mie een Eestemblijk zo		2 7 SD 37 3U	
			NOTE I make sure uproget Cooler by prep an			G)	
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			thank you!				
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						i fractional to	
Received by			printed):	1,	ected by <i>(name and title printed</i>		
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