

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

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

Establishment Establishment Owner Owner Owner address Person in charge	name Cun address N	6	Graham Rd Greenvoolff	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 8/7/23 Follow-up Releas Summary of Violat C NC Menu Type (See b)	ID# 1376 e Date ions:
Certified food	handler				13	_45
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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. Telephone Number Date of Inspection Establishment name Establishment Owner Purpose: Follow-up 1. Routine 2. Follow-up Summary of Violations: 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 VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" To Be Corrected by Narrative C/NC Section # NC Inspected by (name and title printed); Received by (name and title printed): Jakenzie Received by (signature): cc:



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Page 1 of

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

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Owner addr	ess			3. Complaint		
				4. Pre-Operational		1
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Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
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Section #	C/NC	₩.		Narrative		To Be Corrected by
324	mc	-51	(WARROUGHOWSER (1) HA	NOSINK FAVO	T CORKS	8/21/23
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218	MIC		BAR AROA		The Quiestines in Louise.	V VBA2 3 - 21
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Owner addre	ess arge	ema	2HEN 2HI GUO	Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 8/16/23		
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Section #	C/NC	R		Narrative		To Be Corrected by	
422	NC	-	PERSONAL MEM (CEL PHONE)	STED IN PA	w/ Exp ITEMS	CORRECTED	
177	NC.		FOOD ITEMS ERSERVES STORE IN FREEZER AND REA MORE HAVE THE FROM	PRINCEPATOR NE	07 6 DL	Conscited	
430	NC.		OBSERVED A LIGHT IN	The Hope The	LOT FUNCTIONING	8/19/23	
236 324	C	-	OBSERVED VTENSIL (KDIFE, AREA (SHEET PAN) ODSKYRD SELWAGE FLOOK From the W	Darking UP C	nto the	"Correcto"	
347 No	NC R 3		Doseved to pape hand sink of lid of sink is	v tough sovet in local months	hand	Corrected.	
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Establishme	nt name	1	117.	· · · · · ·			Telephone l	Number	Date of Insp	ection	ID#
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Owner							1. Routine			9- ¹	8-23
							2. Follow-up	p	Summary o	f Violation	ns:
Owner addre	ess						3. Complair	nt			
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Person in ch	arge						5. Tempora		$\left[c \right]$	NC 19	R
	Ü						6. HACCP	-3	"-		
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295	NC_		Mall	F-11/2	<u>, (00)</u>	184 5	NEWIAN	Cacks	Cre_		
			1005	5911	<u> </u>	<i>\</i>	<u>v</u>				
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Establishment name COFFEE AUSE Establishment address HI W MONROC ST Owner BRIAN PETERS Owner address Person in charge Responsible person's email Certified food handler LARA ARHABAND EXP?				Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	1 0/	<i> B R</i> −
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Owner					The state of the s		1. Routine		- 8	113	3/23
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Section #	C/NC	R					Narrative			-	Be Corrected by
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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.

Establishme	nt name	~	achord another an american	Telephone Number	Date of Inspection	ID#
(00	RT	2	TREET CAFE	() Establishmen	8/9/23	2232
Establishme				() Owner	10///	
OF REAL PROPERTY AND PERSONS ASSESSED.	E	10	OURT ST. FANKON IN	Purpose:	Follow-up Releas	
Owner	0		Α	1. Routine	- 8	19123
)		TUUNG	2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	vi,bái	Culti askao or anerona subas a successiva	5. Temporary	7 r	
	here	7	Young	6. HACCP	e om mach hooft a s	2
Responsible	person's	emai	Lyzna filozofi i filozofi i a filozofi a EsirA	7. Other (list)	Menu Type (See	back of page)
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Section #	-	R		Narrative	-1100	To Be Corrected by
324	ne	1	TOTLET SOAT NOT	open Front		8/20/23
256	NC	-	THERMOMETER NOT FREEZER	Seen IN	CHEST	8114
228	NC	777		REFLISERATE	D INTE	99
200	0-	V	NOT EASILY MOVE	PRBIO	or Optio	
218	ne			PEFRIGER	170R -	919
		-	JOOR GASKET/SOAL	WORN, SPI		
			/			
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120	NC	-	5/15/ A2190	ToHen	2 LATP	8/14
138	100	-	EMPLOYERS DY KI RESTRIBUTS (NET	CAPS (1)	SORS) NOT	0117
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishm	ient Sani	tation Kequi	rements. Ine	ime limit for correcti		pecified in the narrative po	-
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Owner	7 (<u> </u>	0.7710	11. 10110	1. Routing	Ves 1	eleasé Date 8/19/23
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Owner addr		/ 1 10	80	-	3. Complaint	 	
					4. Pre-Operation		
Person in ch	arge				 }	$\begin{bmatrix} c \end{bmatrix}_{N}$	c 5 m
i cison in ch	large			/ \	5. Temporary6. HACCP	CN	C
Responsible	person's	email		Serviale)	7. Other (list)	Manu Tyme /	See back of page)
	persons			Exp:	7. Other (usi)		see ouck of page)
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Section #		R			Narrative		To Be Corrected by
324	NC	μα	11-00	we wo	th Shut	offer in	10/9/23
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			UB)	nospheri	c vacuu	n souscer	·
295	NC	(1) Sr	terior	a carb	ate soile	d on large	2/8/10/23
		ice	mak	rer		Ö	7/1
		(3) Dr	ain l		quest area	1 soda	Corrected
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430	NC		tains	ling li	ght bull o	LONG COVER	8/22/23
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127	<u> </u>	1780	n desta	o. Milk	and 10/0	Lorent My	lk Corrected
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		an) inter	ral len	rperalure	of 47°F to	Discarded
	_	48	°F wh	le insie	de the "	get cour	iten" j
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment nam	ie	4 2 1 1 1 -	10 50110	Telephone Numbe	r Date of Inspection	ID#
PAZES	2			() Establishme	nt 19/1/12	0-511
Establishment add		C.		() Owner	nt 8/7/23	2529
1071 W.	Jeffo	SON ST. FI	ANKETY IN	Purpose:	Follow-up Releas	e.Date 1
Owner		Aug description of the second		1. Routine	2	117/23
Denni	5 Be	KmAN		2. Follow-up	Summary of Violat	ions:
Owner address				3. Complaint		
				4. Pre-Operationa	.1	
Person in charge				5. Temporary	$C \bigcirc NC \bigcirc$	5 p
PHILIP LADO				6. HACCP	CNC_	<u> </u>
Responsible person			- Indo-manners	7. Other (list)	Menu Type (See l	pack of page
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Certified food hand	iller P L	Add			123(42 5
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VIOLATION(S) REP		PREVIOUS INSPECTIO			" AND IN THE NARRATIVE BELOW	AS "R"
Section # C/N	IC R			Narrative		To Be Corrected by
218 mc	37	WATER C	REPPING	INTO PAN	FROM BOTTON	n 8/14/2
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218 NC	17	dook gr	SKET WOU	CO SPLIT	on 2 door	917
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			TO FRED	OR DU KI	TEHEN.	8/15
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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#
Demarce Crossing	() Establishment	18/1/2	000
Establishment address Creenwood	() Owner	011/02	2142
1255 Demorue Kd IN 44143	Purpose:	Follow-up Release	Date /
Owner	(I. Routine	No 8/1	7/23
Experience Senior Luxing	2. Follow-up	Summary of Violatio	ns:
Owner address	3. Complaint		
	4. Pre-Operational		_
Person in charge	5. Temporary	C 1 NC 5) R
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Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)
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Roger Lance	(1
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431 NC Floor socied of	many CATA	bass !	0/1/20
324 NC a y-value u	4th Shutol	es is in-	- 8/17/23
stalled downstr	eam of the		Use pump
atmospheric va	cum bre	aker at	units
the mos sink	faucet. no	shut offs	remove
are allowed a	ownstream of	AVB.00	yvalue,
430 NC Janita closet	toon on eg	anuo	0/19/23
295 C Slope table	ng paint	otod.	9/1/2
Close Time So	i lots	Cla -	0/1/25
411 NC One Ceiling I	light lines	1000	9/7/23
not working u	wide the	walk-in-	-
greezer o			100000
	iezer interi	adon	10/7/23
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build-up.			
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Erin Beiriger, Executive Di	rector An	arew Mille	r. th
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer				Telephone Number	Date of Inspection	104
		, -,			1	ID#
7	Jenn	7 3	9	() Establishment	8/15/23	836
Establishmer			2111	() Owner	1.70	
12	253	5.	Park Bld	Purpose:	Follow-up Releas	
Owner			Greenwood To	1. Routine	8/	25/23
			- celit day	2. Follow-up	Summary of Violat	ions:
Owner addre	255	-		3. Complaint		
O WITCH WEIGHT					-	
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	R
1000	10		ran i Logu v. dij. j. i.	6. HACCP	it. I mak toala	brubatwa - +
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
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239	HC	200	food scoops Lice o	ream 7 not c	tosed	8/15/29
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			property - Water	1 7 CM yper 4 1 och		150 mil 1
216	Ne		aranal racke rice	not used for	Sterine	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of 2

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1'55	LL	S	US	31 1	16131	Purpose:		Follow-up Releas	se Date
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lon	C		me	sure	80°F	Inton nal	1 mr	dust	11.2-1
187			tone	2000	owing	vere me	- pw	auce	Adjusted
			ins	(A)	the wa)	Lema
			OI	is a m	ont, 440	F	0000		Vol.
			(2) W	hete G	astle n	reat 44°F	-		Discarded
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			9 \$	tound	@2%	milk 9	18°F		items
	disin		3 80	ur C	leam 7	5°F		upTo a all leads	
and-qu	58,585	_(5) Sli	ied !	heese	45°F 70 4	76 F	a salam A Different	1 1 1 1 1 1 1 1
112	NC	V		ious	pitcher			geratio	N) 12/1/23
			unit		ezer u		- n	St NSF/	ekludosek
295	NC	1	ANS	5-1	parove		+ ex	-00100	Corrected
210	NC		MAG	es dr	yers,	30000	1 200		LOIVECICA
431	NC.	V	DV. t	chen	wal	es/floo	N 0 2 S	ailad	9-1-23
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XXIII	IWI	V	MX	Morn			un	drew Me	SCL1
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			NARRATIVE REPORT Franklin	
Establish	ment N	am	e Address /	Inspection Date
Desp	erat	10	n Depot 135/12 5 (1531 46131	8-14-65
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			temperature indication was missin	a L
385	NC	く	Dumpster led open/up	0 8/24/23
413	NC	Y	East exterior about hot trant-fitting	9-1-23
218	NC		Chest freezer interior lia tracked	Jun basem
771	NC		Vot zata to postatura de socia	9-26 02
324	NC	<u> </u>	Hot water temperature in mens	8-25-23
431	NC		mechanical exhaust hood system	9-1-23
			and litters were soiled Fast date	or
			of cleaning of hood was "11/22"	ASAP
310	NC	_	West exterior mechanical exhaus	9-1-23
		Н	bell is hearly soiled and spent	·
			grease was noted on the growing	J ASAP
228	NC		motal table with flat too gill	12-1-23
700	<u> </u>		not early movable Cie wheels to	1 1
441	C_{ℓ}	0	observed 1 cans of "Raid art	Corrected
			and Roach" Spray in Nather	Uol.
			5 label on soffle stated for	Discarded
	 	0	Trocor household iso	\
	<u> </u>	LY(NOST DE O 2 CON OF KOID TIVING	
			Silve State of Energy Longral	
			118-	7
177	NC		walk in conter portion shelvers	9-1-23
			racks not 6 Off Floor	上
218	MC		WONK-in cooke choir Chart opens	8-26-23
			to Outside) pot tight to tithing	
1111	NC	-	Cherried a tell light with in chim-	9-1-23
411	IVC.		Stays Stoyage Oxest Where Chest	1 1 20
			Economics (Schools)	
218	NC		Interior of Chest freezer lid (25+	12-1-23
			one located in demostairs Storage	replace
	<u> </u>	Щ	Som In discopir (themometer is need	
 	 		Motes of two plastic spray bottles	Corrected
		H	not labeled 3 K Style Fire Exterior tag read "J	une 21"
Received B	y (Name	<u>ب</u> (آير&	(e) Inspected By (Name & Title)	
20er	nav	4	Condress Wille	Page <u>2</u> of <u>2</u>
State Form 4	8621 (R2	/ 8-0	5) (O Donald 1)	



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

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

Establishment name DM G PETROLLUM Establishment address 237 W JLFFECSON ST. FRYLLING F Owner I SFW9H K Dear Owner address Person in charge	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Release Summary of Violate C_O_NC_	e Date / 33 ions:
Responsible person's email Certified food handler Certified food handler Certified food handler Certified food handler Certified food handler	6. HACCP 7. Other (list)	Menu Type (See b	ack of page)45
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW A	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
324 NC & RESTRION - TOFIE	VK FAVORT - LO		8/20/23
411 NC X WAZK-IN COOLER PR	ARE OUT		8/30
		3 17 1 7 1 100 ,90	L m zento
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			Page 1 of



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

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Establishme	nt name	0 0		0 1	1113	50	Telephone N		Date of Insp	ection	ID#
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Establishme	nt addres	s			TE	ginono	Owner		0 4) 25	1012
083	5	1	Nic 1	MARK	5		Purpose:		Follow-up		
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							2. Follow-up)	Summary o	f Violatio	ns:
Owner addre	ess						3. Complain	t			
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Person in ch	arge				1190		5. Temporar		c_O_	NC Z	R
							6. HACCP	,	3 442		
Responsible	person's	email					7. Other (list	:)	Menu Typ	e (See ba	ck of page)
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William Co. Co.	ALL REAL PROPERTY.	-	ROM PREVIOU	US INSPECTION	ONS ARE D		E "SUMMARY OF VIOL	ATIONS" AND IN	THE NARRATIVE	-	
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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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			CHO CHOO CONTRACT		0 1 6	D
	L 1		thwood Plaza 46181	Purposes	Follow-up Release	se Date
Owner				. Routine		11-13
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
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Person in ch	narge	. ho	s eeri daal is pere fi ka natee Rijell fa	5. Temporary	CNC	L R
ni Bar			en ega et albedg a call in three a lie ar lin a	6. HACCP	n ing seatoou departu	
Responsible	person's	emai	dous food. E. p. stored to single rotal serval	7. Other (list)	Menu Type (See	back of page)
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Certified for	od handle	r			12_X3	45
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	-		-) Ceiling Tiles	HUC THIS W	ier oppen	
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195	NC	_	DOLLOW OF CON	c "Jone" ca	oler In	
	-		1200 K 21018 100th	112 20180		
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			<i>V</i>			as few ta parga
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	5/	-p	fact	Cac	DI JAH	
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Lancas	- Control of the Cont					Page 1 of



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

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

Establishment name Establishment addre Responsible person Certified food hand	ess DOA	Steneral #11257 Trafalgar Than Dr. 416181	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 Violate CNC	21-23 tions:
geodate could be a constant of the constant of				12/_3	45
		DENTIFIED IN THE CHECKLIST AND NARRATIVE			
	-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	
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Received by (name a	10	printed): H(S) A-W(US) cc:	(2)	NY UTAN	packaging
					Page 1 of



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 Establishment address) Owner Purpose: 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 • 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 NOTE: 105+ room vents are

Received by (name and title printed):	Inspected by (name and title printed): Coleb Flecon
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cc: cc:	cc:
· · · · · · · · · · · · · · · · · · ·	Page 1 of

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.

Establishment name
DOLIAR GENERAL Telephone Number Date of Inspection) Establishment 8/10/23) Owner N MURTON FORNKTIN, A Purpose: Follow-up Release, Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational $_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ Person in charge 5. Temporary House 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 Section # C/NC R NOT SEEN FOR 8/14/2 256 MC THERMOMETERS ICO CROAM) FREEZER (A CAY COIL ING MOCHANICAZ 431 MC 80 Inspected by (name and title printed): Received by (name and title printed): Page 1 of



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

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Establishment address Continue Continue				in Requirements. The time mine for contestic			
Owner address Compaint Responsible person's email Certified food handler Company of Violations: Certified Food handler C	Establishme	nt address		ret.		Date of Inspection	31786
Owner address 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" - VIOLATIONS) REPEATED FROM 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 3. The provided of the pr	1 L 2	91	<u>'</u>	Morton St 41/131	Purpose: (I. Routine)	Follow-up Release	Pate 14-23
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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

		non Requirements. The time limit for co		_
Establishme	nt name	0 = 117=11	Telephone Number	Date of Inspection ID#
120	nin	OS V1720 # 1541	() Establishment	0-77-13 10116
Establishme		Fro	NKIM) Owner	0 60 1000
11113	NI	Morton St 46	0131 Purpose:	Follow-up Release Date
Owner			1. Routine	- 189-L-13
			2. Follow-up	Summary of Violations:
Owner addr	ess		3. Complaint	
			4. Pre-Operational	
Person in ch	arge		5. Temporary	CNCR
	100		6. HACCP	
Responsible	person's en	nail Papar Iran et a un chaumase de los	7. Other (list)	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

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1208	\mathcal{O}	S	SR 135	Purpose:	Follow-up Release	e Date		
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				2. Follow-up	Summary of Violati	ions:		
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Person in cha	***			4 -	" U \ \\	1.4 NO \$.		
reison in ch	uge			5. Temporary	CNC			
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NARRATIVE REPORT

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