

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

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

Responsible person's email		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 ID#  Q-13-23 2374  Follow-up Release Date Q-23-23  Summary of Violations:  C		
Certified food handler			123	_45	
	TIED IN THE CHECKLIST AND NARRATIV REVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW AS	S"R"	
Section # C/NC R	10 Hems noted	Narrative  S Tymo St	Spectron	To Be Corrected by	
Received by (name and title printed) Received by (signature):	cc:	Or Commence City	ed by (name and title printed) ed by (signature):	tion of the second of the seco	



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

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

Establishment Sanitation Requirements. The time limit for co			or this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Jockamo Upper Ollist TUK	( ) Establishment	9/15/23	1540
Thablishment address Greenwood	( ) Owner	1,,0,00	75.0
Ackamo Upper Crust Ping Hablishment address Greenwood 401 Market Plaza IN 46142	Purpose:	Follow-up Releas	e/Date /
Owner	1. Routine	Ues 9	25/23
Mick M. Grath	2. Follow-up	Summary of Violat	
Owner address	THE REAL PROPERTY AND ADDRESS OF THE PERTY	' '	
Switch address	3. Complaint		
	4. Pre-Operational	1 5 1	7
Person in charge  Much mc Yrathy  Responsible person's email  Responsible person's email	5. Temporary	c_5_nc_1	R
Truck mc grath	6. HACCP	n 'n graanstin	leafuile of
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
/E XP		eribloca gorranpas	
Certified food handler		1 2 3	45
Jack Clark 10/25/			
PRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARI			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED		N THE NARRATIVE BELOW A	The state of the s
Section # C/NC R	Narrative		To Be Corrected by
303 C Mechanical	dish mach	ine	Corrected
not sanitizii	ng immedia	tely	Visito Met
after cleans	ng	0	_ T
416 NC One decay	no mouse 1	uas!	Remove
un the ids	ide bottom	Cabinet	
for server	soda statio	v)	1
415 C. D'One roder	t-like) pell	et	Corrected
(RLP) was r	roted touch	ring a	NOI.
propa dough	I ball on	3	Viscardeo
metal trai	& inside the	. Walk	product
in-cooler	0	Land and and	a service of the
3 Rodent-like		rese	and a constitution of the
seen on clear	a film una	A CO	44.4
covering pis	gas dough	balls	STEELER STEELER
inside the	track-in- G	oolin	<u></u>
(3) Rodent-lik	e pelloto 1	rever	Corrected
seen on los	of uncover	ied	Vol
corrugated;	usza boxes	- (Storea-	Hat) Discar
In the Ru	toren	11 - (	1 1
Received by (name and title printed):	Inspect	ted by (name and title printed	av AV
JACK CLARK GM	i i galle H	WWW WILL	NAUS
Received by (signature):	Inspect	and Amolia	, Dloh
THE REST	W	ywww IV	LWV
cc: Cc:	cci		

**NARRATIVE REPORT** 

Greenwood

	MANNATIVE REPORT /N 46/40	
Establishment N	ame . // Address	Inspection Date
Jocka	no Upper Crust 401 Market Plaza	9/15/23
Section# C/NC	R Pinga REMARKS	TO BE CORRECTED BY
	1 Rodent like pellets were)	Corrected
	Seen inside the walk-in-	Cleaned
	Cooler (Storing been)	unit
	on seon/wall unctures	
	behind toter stering soiled	
	rap, and inside, small	
	storage room gloor/wall	
	junctiles 0	1 1
336 C	10 Mossine faucet with	10/1/23
	atmospheric Ovacuum	
	contains a y-value with	
	shutoifs and a ruale chemica	
415 C	numerous live small	9/16/23
715	runald insects were seen	1/16/25
	in bar area and under	
	kitchen three bry Sinks	,
309 NC	The mechanical dish	9/25/23
	area contained an excessive	Clean
	amount of steam when	unt
	the mechanical dish unit	(ventilation)
	and mechanical exhaust hood	
	juere in operation	01-1-
431 NC	Prechanical! exhaust hood stace	1/25/24
	for mechanical dish unit	, ,
	type "heavily" soiled	et In-program
	(2) Hoors and walls throughou	9/15/23
	The firm were Soiled; some	1/15/25
430 NC	Bar area cabinet under	12/1/23
130 100	soda ice bin is severely detenior	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and needs repeaced	
295 NC	O Various shelving in the	In-Arogress
	V kitchen were soiled; including	/ 10
	interior of refrigeration	
	lequipment and shelving.	0,1
	3) Option drop and interior top	1/20/23
	of ice maker, are Soiled	' '\-
Received By (Name	& Title) (Name & Title) (Name & Title) (Name & Title)	Page 2 of 3
	- WALLER TO THE TOTAL PROPERTY OF THE TANK THE T	

### **NARRATIVE REPORT**

			WARRANTE REPORT				
<b>F</b> \ .	Establishment Name  Address  Address  Application Date  Application Date						
Jock	<u>uru</u>	7_	Wast 1 40111 anell seams, in	9/15/23			
Section#	C/NC	R	00	TO BE CORRECTED BY			
430	NC.		Wall is separated behind	9/25/23			
200	1.10		mop sink	0/05/00			
238	NC	ľ	Jus van coolers are not	9/25/23			
413	NC	H	South or main double	9/20/23			
	100		exterior doors are not	1/20/25			
			light-fitting at the center				
			bottom when closed	L, L,			
291	NC.		no chlorine test bet	9/16/23			
120			available	1 1 2			
138	NC		Kitchen employee lacked	9/15/23			
200			a beard restraint	10/1/2			
399	NC		Kitchen and dish area floors	12/1/23			
112	いて		There tile and or grout repair	12/1/23			
112	NC.		appears not to be NSF/ANSI	remove			
			approved	, 4			
205	C		Cheese cutting wheel for	9/18/23			
			Hobart floor slicer is clacked	<b>'</b> '			
		_	damagett.	0/2 = /22			
430	vc	_	men's restroom door rub	9/25/23			
2 2.4	. \ .	-	the door frame	10/1/23			
324	NC	_	Contain mon open knont toliet	10/1/25			
		┢	seats (one each)	1,			
218	NC	~	some refrigeration door gaskets	10/1/23			
			are tour p split	1			
227	NÇ		Kitchen hand sink loose from	9/25/23			
100 =	I A	_	the wall ( need sealed)	'			
38.5	NC		Exterior dumpster contained				
		<u> </u>	Gen leas				
		-	notes: Pert Control Commune existed				
			lirmand service technican				
			Drepaired the mechanical dish-				
			machine on 9-15-23.				
		_					
	///	<u></u>	The Allert of Th				
Received B	(Name	ر ه	Inspected By (Name & Title)  MARLEW MULLER, EHS	Page <u>3</u> of <u>3</u>			
State Form 4							



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

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

		tatio	n Requirements. The time limit for correction		
Establishment name			720	Telephone Number	Date of Inspection ID#
MC	199C		J- 155	( ) Establishment	01 12 110
Establishme	nt address	S	Greenwood	( ) Owner	9-6-60 100
59	lol	1	JK 135	Purpose:	Follow-up Release Date
Owner				1. Routine	- 19-16-23
				2. Follow-up	Summary of Violations:
Owner addr	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	narge	Line	a modern where the color becomes	5. Temporary	c_O_NC_Z_R
no. 1				6. HACCP	La rak 1907
Responsible	person's	emai	Leasth un steries a speciera de est	7. Other (list)	Menu Type (See back of page)
			fine Lagger of the State Land		gai bina parangan speka ang
Certified for	od handler	r			12345
• CRITICAL	ITEMS AR	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	-
• VIOLATION	(S) REPEAT	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
218	NC		The following door	acstats are	Solt warn
	VIDPITE.	11114	(1) Dayly cox	ster (east door	) walk-in-
11(2)	1 HERITAGE	J2110	(2) Growy	walk-in tree	
110			3 West Wo	illy-in cooler (	by 3 bay SMK)
425	NC		mop not hung uf	s cappeared hi	X+1)
			<u> </u>	A. A.	
		_			
<u> </u>					
	_384, a 1718	1		1	mark A down the first
1		ita	Note: 2 Wash T	inse & sanit	172 000
			dishes Mensils.		lis gyastra - 1
			Note: No paper to	RI & Droduce	Nord.
			Sork		
			Lappears to	De leaking.	
			,,		
2 : 11		1	*	IT	11 - (come of title befored).
Received by	(name and		Napice SCDP	ali ta i a para a pian Cos	ed by (name and title printed): (SS' HOW) Caleb Fleerer
Received by				Inspecte	ed by (signature): Caleb Fleerer
cc:	- fan		сс:	сс:	
					Page 1 of



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

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

Establishment name a mod applicated of horse the residence of the residenc	Telephone Number	Date of Inspection	ID#
NIMO	( ) Establishment	0 11 10	1000
Establishment address Greenwood	( ) Owner	M-11-13	1(4,7())
1/251 N 18 51 460142	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	1185 1/0-	7-23
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational	1	
Person in charge	5. Temporary	c 4 NC 1	2 RO
the bearing the state of the st	6. HACCP	and the last of the	ne short
Responsible person's email	7. Other (list)	Menu Type (See )	back of page)
r entre le qui	in order on the land	garden greating	processes
Certified food handler		123	<u>4× 5</u>
Jin x Lin (3) 28/27/			
	VE COLUMNS MARKED "C" HE "SUMMARY OF VIOLATIONS" AND IN	THE MADDATIVE BELOW	AS "D"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T  Section # C/NC R	Narrative	THE NARRATIVE BELOW	To Be Corrected by
H38 C DOSCUED FOXIC	sorchis MHOS	tan	0-77.70
1000 1000 1000 1000 1000 1000 1000 100	troid trours	- All Wall to Shall ten	1 6.6763
193 C employee Stated	the establishi	nent 11929	DONTESER
time as a public	hearth Control	fortle	H YELF KARES
VAN Shallad Eggs	no time Sta	cow grow	
1505erved or 169.	1		
439 C Stred winds	w Cleaner 5	rolld	
and top of the ic	o horning D.	10-115	
136 C DOSETVED incom	118 8 7000 DU	MAK)	
Stored On On M	Straight A COUL BY	th min	
797 NC BOX SOLG ON N	577/0's Soulod.	o to utilize & street	
LIII NC MERURA RIGHT	bond nithis	SISHIN	9-29-23
234 NC OBSERVED MONY	n-use utensil	Shot Store	19-13-23
properly shall he	see hards offers	- broduct	
or on or clean	intoice.	1	9-11-13
ZOIS MC Knife holders on	Jush Carts	Merg	9-6-63
174 No Soiled all Milk &	God Contains	r c	9-19-17
Received by (name and title printed):		d by (name and title printed	
Pothy Sunglaten		si Hall	owners II
Received by (signature):	mepecte	d by (signature):	e e e e e e e e e e e e e e e e e e e
сс:		ling of the S	chultz
		NATURE OF THE PROPERTY OF THE	D 1 C /

NARRATIVE REPORT Establishment Name Greenwood KIIMA Park Mall Address Inspection Date 46142 1251 N US 31 9-22-23 TO BE Section# C/NC R **REMARKS CORRECTED BY** 187 219 NC Double Door Avanto Upright Cooler 9-27-23 Salad dressinas @044°F Built-thermo reads product @ 41°For AR. metal Straine located on wall across discarde. Reside Container. 218 187 218 Cooked, pre-portioned roodles@ 43°F Soap not provided 9-22-23 346 in employee restroom NC Disposable towels not provided @ all hands into 9-22-23 N)C NC 9-22-23 NC provided on 9-25-23 216 9-23-23 wooded makeshift part affired plastic 431 nok-in. Cooler fan NC Soiled 9-25-23 431 000 der laupment Sushi rice @ 5.7 of Shall be @ 4.6 pH or Lower Sushi rice acidification records not recorded -Keep Log Received By (Name & Title) Inspected By (Name & Title) Page 2 of 2 linaleth Schultz

State Earm 48621 (R2 / 8-05)



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

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

Establishment name Long RIVR  Establishment address  1063 W Jefferson St. Frankish In  Owner  Owner  Owner address  Person in charge ZHJ IVI JANG  Responsible person's email				Telephone Number  ( ) Establishmen  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Release / O Summary of Violate  C NC(	9/26/23 1110	
Certified for	handler	H	I JIANG		13_	5	
			TIFIED IN THE CHECKLIST AND NARRATI M PREVIOUS INSPECTIONS ARE DENOTED IN T		AND IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R=		Narrative		To Be Corrected by	
190	or C	6	PRECOOKED CHICKER STEWCH BOWL, PAI GUICK CHILL ZINCH OR LESS	WARM) 1	NOT SHAZOW	9(27/23	
347	NC S		AS POSABLE TOWELS			corrected 9/36	
216	NC :	*	CAR OBOAP J USOS	TO LIMP SHELL NOT EASILY		9/30	
392 177	NC	<		NOT STORED O	FF Floor	9/28	
431	WC .	4	MINIMUM OF 8 RESTROOM COAL CLOPN	DUCKES LING EXHAUS	T COVER	9(30	
Received by	hui Ji	ang		The segment of the first	Bob Sm 1 Th	EH	
Received by	(signature):			I	nspected by (signature):	A	
cc:			cc:		cc:	1	
						Page 1 of	



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

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

Establishment name  2 177	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  9/26/23  Follow-up Release  10  Summary of Violati  C NC  Menu Type (See b)  1 2	Date /5 /33 ons:
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		THE NARRATIVE BELOW A	The second secon
Section # C/NC -B	Narrative	V. D.	To Be Corrected by
431 NC & FLOOR DV AREAS	OF KFICHEN/WAZ	K-TN	10/5/23
218 MC & JOOR GASKET WE	ORN/SPLIT ON WAS	K-DV	10/25
218 MC - WHOLL WORN ON	UPRIGHT FRO	ezer	10/15
399 WC & COUING BASE 1 FN AREA OF K	LOOSE FROM WA	M	10/15
	X HAUST HOOD		10(15
431 NC & Some COFLING PAN	NELS MOT CLOPA	IN KITCHEN	10/10
411 NC = 50 me CETITING 1791	HTS OUT IN KI		10/10
	ÎŢ	11 - 6 184 + 2 + 1	
Received by (name and title printed):	Ba	The second secon	EN5
Received by (signature):	Inspecte	d by (signature):	pacinging
сс:	cc:		
			Page 1 of



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

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

Establishmen	nt name	4.	m Adson care	Telephone Number	Date of Inspection	ID#
Establishmen			III HOTSON GALLE	( ) Establishment	9/27/23	2208
			NAN FRANKLIN, EN	( ) Owner	, ,	
Commence of the Commence of th	N	1	HAN FIANKUN, ZO	Purpose:	Follow-up Releas	se Date
Owner				(. Routine	Contraction of the last of the	MANAGER AND
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge ,	n hoi	s consider a same to make Reford to	5. Temporary	C O NC	R
BRA	nde	NO	RICHARDSON	6. HACCP	trança a a a la	d eschade d
Responsible		-		7. Other (list)	Menu Type (See i	back of page)
				. 11	Cathagain a Gitta aalto i	
Certified foo	d handle	er ,	21/12 212		1 2 3 (	4 🔻 )5
=	20	RO	on GILLASPIP Serv	\$140)		
			ENTIFIED IN THE CHECKLIST AND NARRATIVI			
	_		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW	The second secon
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC	<u>×</u>	Restroom COILING	EXHAUST COVE	RS	10/1/23
	791 1.1135	100	NOT CLEAN		The matter 7. Star II	
	11001-001	1000	water waster for Petrose terre in the standards		n bernel e sam	
		-				
		-	700			
		-				
-		$\vdash$				
		$\vdash$				-1
-		-			01	
	- Selini	100				Tool
			r er en en en eller en till en devel eller		40.44	paragraph -
						1 5 400.
				1-	,	n
Received by		/	printed):		d by (name and title printed	EHS
	inde	-	Richardson Shift	Manager 2	N	0113
Received by	Lsignature >	e):		Inspecte	d by (signature)	
		$\sim$		100	W/WV	
cc:			ce:	cc:		
						Page 1 of



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

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

Page 1 of

Establishment name  MATN AND MAJISON MERO  Establishment address  1125 W JOFFRESON ST. FITTINGTHE TWO  Owner  RICHARDSON, MORTHERN, SCHULZ  Owner address  Person in charge  BRANDON RICHARDSON  Responsible person's email					tnkar, In	Telephone Numb  ( ) Establishm ( ) Owner  Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	Follow-up Summary  C_O	Date of Inspection ID#  9/14/23  Follow-up Release Date  9/24/23  Summary of Violations:  C_O_NC_O_R_  Menu Type (See back of page)		
Certified foo	od handler			41 2	- 2.0	edge, e	1 2	23	222001	
ė			50 Rd	W GI	ZLASPIT		1		·	
1						IVE COLUMNS MARKED "C				
-	-	-	ROM PREVIOU	S INSPECTION	IS ARE DENOTED IN	THE "SUMMARY OF VIOLATION  Narrative	NS" AND IN THE NARRATIV	The second secon	"R" Γο Be Corrected by	
Section #	-	R	A	100 2 2					to be Corrected by	
	GROOM	-	NO	01028	TONS N	0 (00.	OF TAW TOO THE TE	gradbrist .	nen -	
			(j) m ReF	NTCK (	OANOU SO	CL BY RV93	29 pN	minima da alamana alam	discapled	
Received by	d Committee and the second of		printed):	indan	Richardsen	Shift-Managev	Inspected by (name and	1774 E		
Received by	(signature)	:		~	X		Inspected by (signature)	P	прекави	
cc:	- VIII-			cc:			cc:		A	

BUM

### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A A A AM 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 this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Monalds	( ) Establishment	9-26-23	RUUI
Establishment address  121 Marchy Dr. Greenwood, IN	( ) Owner	· ·	101
121 Marlin Dr.	Purpose:	Follow-up Release	Date
Dymy 40 142	1. Routing		· 6-23
(Paul II)	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint		
1	4. Pre-Operational	2 2	
Person in charge	5. Temporary	$c_{\rm C} = 2_{\rm NC}$	
and in (All)	6. HACCP	monia isomo a 1821.	s In Liza
Responsible person's email	Other (list)	Menu Type (See ba	ick of page)
Responsible persons chian	other (1131)	- regularizar en delap	372 3-115 J
Certified food fandler / 1 2/2 2/2 5	<del></del>	1 2 3 🗸	4 5
Certified food transfer VOID \ a/20/05	/	1	
• CRITICAL TEMS 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		
Section # C/NC R	Narrative ;		To Be Corrected by
295 NC (DExterior bottom)	of hunged fl	aps for	9-26-23
Chosen Dry free	zer are soile	d. D	102,007
(20 Drive Dup Duy	graow #2 1	ce	12D 17 10
Shoot is soiled	L .	1-1	10.71.22
336 C O Haucet on Wall	above the	three	10-31-23
bay sink conto	uned an a	tmospher	
vacuum breaker	(AVB) that	cal dispen	lor 1
connected to a	wall chemy	al cusper	Sex /
3 During room	MON OR BOLD	MACILLIM	
Contacte as at	at hon tain	Od A	
Weater (AVB) Are	In Shut of	7 M Pers	
Jana a hose to	a wall ch	omical	San Shall
discenses	or was on		fingstage
187 c Cut lettuce in	a two d	000	Corrected
	cooles mue	sured	Vol.
51°F.			Discarded
218 NC Undercounter C	oder stou	ng cut,	9-28-23
Polluce measur	ed 49°Famb	untains	aryelall
Received by (name and title printed):	Inspecto	ed by (name and title printed)	IN FUC
Andy Cole	AI	dha dianaturali	w, on
Received by (signature):	Inspect	ed by (lignature):	1,0000
andy Cold	Cc:	I WWW I	(VXV)
сс:	, cc.		
			Page 1 of 1

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

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

					1	1
Establishme			ships watered then me and in	Telephone Number	Date of Inspection	ID#
1	MCD	01	nalds	( ) Establishment	9/21/23	1451
Establishme	nt addres	22		( ) Owner	1/21/2	
706	W. Tr	ce fo	Igas Pointe Way	Purpose:	Follow-up Releas	se Date
Owner		0010	rigori somie roof	1. Routine		10/1/23
			Tratalgai, IN		Summary of Violat	
			,	2. Follow-up	Summary of violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		and the state of t	5. Temporary	C_O_NC_	$\mathcal{G}_{\mathbf{R}}$
				6. HACCP		2
Responsible	person's	emai	Service Company of the Company of th	7. Other (list)	Menu Type (See I	hack of page)
, \	Person		an are also	7. Other (tist)	Wienu Type (See 8	ruck of puge)
Certified for	nd handle	r I	11 11			, .
	-	ist	1 hit		123	<del>×</del> 45
• CRITICAL	-)		ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	_	ROW I REVIOUS INSI DE HONS ARE DENOTED IN 11	Narrative	TILL WARRENT DEBOW	To Be Corrected by
Section #	C/IVC	IX		TVAITALIVE		To be conceiled by
	vilenos	to G	7/	1 1	7 /	9/23/23
295	NL	1000	Black mold no	Ted by The	3-Day	7/23/23
	-	-	Sinc splash	area -	e suppliment a poet of	Tesa (AUT)
	<u> </u>	-				9/21/23
239	NL	-	Utens: 1 rolling rue	c/c 13 301/201-		7/2/103
	-	-		T		0/20/27
431	Ne		The walk-in	TREZES FLOOR	19	9/20/23
	-	-	heuvily 50,100	01 —		-
	-	-			41.0	30 days
342	MC	-	Klectric eye V	and since in	THE	30 4473
	- 15 C - 15 C -	-	Meny Jouin a	loes not get	- NOT-	durana x T
m_lad		_	f age to the transfer of		a 1900 - 1 1	y olesopili
	177 1 100	ar h		1	14.	Since the last
	-	_	Note: We	ter pressure	to the	History 1
	-		KITCHEN	hand stakes	78 /0W.	
						-
		_				
				1.	11 / 1/11 / 1	7)
Received by	(name and	d title	printed):	Inspect	ed by (name and title printed	////
F 7	1U5	TU	nutt OM		Tegry D	Day 12/55
Received by	signature	1:		Inspect	ed by (egnature):	to leas
+ 1/	ull	el			Juny J	my cost
cc:			CC:	cc:		
1						



460 N. MORTON ST. STE A  $Q^{\prime}$  FRANKLIN, IN 46131

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

Page 1 of

Establishment Saintation Requirements. The time limit for correction		in the narrative portion	of this report.
Establishment name / book and bussed vilation or non-	Telephone Number	Date of Inspection	ID#
THE MINT / ROXX-GAT BOXX	( ) Establishment	9/28/3	2251
Establishment address	( ) Owner	710000	30-71
40 N WATER ST. FORWKLIN, IN	Purpose:	Follow-up Release	Date
Owner	1. Routine	(505) 10	1 1
A CONTRACTOR OF THE CONTRACTOR			
THOMAS MOORE	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	c_O_Nc_8	R
(ERANT YOUNG)		CNC_S	
	6. HACCP		1 6
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
or to the special control of the special of	ALLER OF STREET		)
Certified food handler Moore		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	s "R"
	Narrative		To Be Corrected by
	212 102	77.1	10/6/23
211 of a lights out INO	NA 138T 1 L	DUGHT ON	10/6/00
324 DC Q, HOT WHTOR NOT AU	11 A 800	VITO 100	10/10
	ACTODO HT	RIGHER	10/10
HANG STAVE BAR HAT	STATE OF COM	TICORN	10/10
BOS NC & EXHAUST HOOD	FILTERS NO	1 CCCTTO	10/10
431 NCX FLOOR NAXT TO W	The pursue Bo	20181140F	10/10
	Tretten	-1-01/-44	20 PLACE
229 NC + MICROWAVE INS	3 01/00	0/-0/0	Det 1096
500	a MARKER WI	ot clopin	1018
399 NC X COTLING WORN I	N ARROSS OF B	HSEMANT	12/1
The second secon		-and	- 1 Thomas
and some unused E	3000		
DU BASEMENT	of a large of the same of the	1.7	
		N/	STATISHUR 1
324 M + HOT WHTER IN		more	10/1
THAN 1200F (W)	95 /25-9F)		
more) - Bower out Age o	DECURRON OUT	79 -	>1/
DNS PECTION		,	
Received by (name and title printed):	Inspecte	d by (name and title printed)	EHS
Received St (signature):	Incheste	ed by (signature):	
The covering (sixtame).	mspecte	000	>
CIII ( frag)	0	a solv	
сс:	cc;		
			1

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. Telephone Number Date of Inspection Establishment name ) Establishment Establishment address ) Owner Release Date Purpose: Follow-up 1. Routine Owner 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" To Be Corrected by Narrative Section # C/NC Received by (signature) cc: cc:



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

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

•		
Establishment name On the Border	Telephone Number	Date of Inspection ID#
Establishment address	( ) Establishment	8/31/23 1522
\$67 N. US 31 GIRRAWOOD	( ) Owner	,
Owner	Purpose:  1. Routine	Follow-up Release Date
2N	2. Follow-up	Summary of Violations:
Owner address		Summary of Violations.
Owner address	3. Complaint	
Person in charge	4. Pre-Operational	C ONC OR
Person in charge	5. Temporary	C_ONC_CR_
Responsible person's email	6. HACCP	Menu Type (See back of page)
responsible persons email	7. Other (list)	Menu Type (see back of page)
Certified food handler		12345
2MGHU Manson		1
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW AS "R"  To Be Corrected by
Section # C/NC R	Narrative	16 Be Corrected by
Grant of a burner tarbura, mater at a second	lac	The same of gaming and a state of the
ad non mente out a a constant extension of the con-	"No violati	pm s
Constitution president and many	1,0	77 75 75 75 75 75 75 75 75 75 75 75 75 7
		/
/(	Excellent 1	
	8	
A CONTRACTOR OF THE CONTRACTOR		and a constant of the second of
Received by (name and title printed):	Inspect	red by (name and title printed):
Received by (signature):	Inspect	red by (signature):  Hym D Bussless
сс:	cc:	



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

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

Establishme	nt name	our foots o		Λ .	Telephone Numb	per Date of Inspe	ection	ID#
1/66	les K	mans	J. Craf	trussa	( ) Establishm	ent 9-5-2	73	2304
Establishme	nt address	Cat	Pub	, 00	( ) Owner	1-52	~	2384
12821	S.	S.K. 1	35 Gr	Penwood	Purpose:	Follow-up	Release D	ate
Owner			IN 40	6/43	1. Routine	Ves	9-13	5-23
			, , ,	,,,	2. Follow-up	Symmary of	f Violation	s:
Owner addr	ess				3. Complaint	/		
					4. Pre-Operation	nal	,	
Person in ch	arge	- Company			5. Temporary	c 3	NC 5	R
Cou		imm	e.		6. HACCP	r doble	a Hale	
Responsible	AND DESCRIPTION OF THE PERSON NAMED IN	NAME AND ADDRESS OF THE OWNER, THE PERSON NAMED IN	nerie ur 5 stati	est al libert e	7. Other (list)	Menu Typ	e (See baci	k of page)
1				0 111.		edday.	otic -	71 37
Conified for		(	Mol	ertifical	e)	1 2	3 /4	5
COL	Dri	mne	Pri	ovided				
• CRITICAL	ITEMS ARE	IDENTIFIED IN	THECHECKLI	ST AND NARRATIVI	COLUMNS MARKED "C			
-		D FROM PREVIOU	S INSPECTIONS A			NS" AND IN THE NARRATIVE	A STREET, SQUARE OF PARTY AND PARTY	
Section #	_	R		,	Narrative	, ,	To	Be Corrected by
336	C	OTYC	op si	ne fa	ucet wi	th	ELDRIGH 1 W	9-15-23
101	1 1000	atm	osphe	rucor	acuum	breaker	K	emove
	-	cyru	aurug	ay	- value	fuin +	7	1-valve
	-	sau	000	Value	* excene	aing io		add pumps
-	+	- a w	2000	zwacen	rea city	rause	76	chemical
		(2)	let 10	Lay. N	1000 80 1 0	+ + 10		Raise
		the	Les ap	lay lin	wage a	2 11111		unit
		har	nina	Delas	1) the	food bix		9-6-23
345	C	2001	hh	100m	hand			orrected
070		Stori	ma t	1100 1	lastic b	ins	offlicent series	1
218	NC	nu	merni	in Ne	Puperate	door	3	10-5-23
-10		ansk	ets a	re the	nn solut	Several reason in his		order new
205	C	1.Do	ush	room	mob	ile ing	redio	nt 9-6-2
		bin	lid wa	s seve	rely do	amaged/	crack	ed orde
2/8	NC	Int	terior	right	of do	ugh cos	eler	9-18-23
100		door	u wa	s mis	sing t	he cover	1	4
431	NC	All	2021, Z	valls,	rellings	Soiled		9-5-23
2 11		m	vario	us ar	reas	Inspected by (name and ti	itle toward)	ASAP
Received by							illev, El	NS
Received by	(signature)	inc.		Total Code		Inspected by (signature):	1101,01	gustope [ ]
Cemy	Alm	~~				Indien V	Nella	
col	NW.		cc:			cc:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
100								
								Page 1 of _&

NARRATIVE REPORT Greenwood Establishment Name

Noble Romans Craft

Section# C/NC R Pizza Pub REMARKS

Address

2826S. S. R. 135

REMARKS Inspection Date 9-5-23 **CORRECTED BY** 

Received By (Name & Title)

Inspected By (Name & Title)
Andrew Miller, EHS

Page <u>2</u> of <u>2</u>



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

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

		1			1	
Establishment name			Telephone Number	Date of Inspection	ID#	
Kanera Bread			( ) Establishment	9-28-23	01/2	
Establishme		Frankli	n	( ) Owner	17-20-63	49
2156	N. M	Jorton St. Frankli	31	Purpose:	Follow-up Releas	e Date
Owner	10,11	1011011 011 110 101		1. Routine	No 10	-8-23
-					Summary of Violat	
				2. Follow-up	Summary of violat	10115.
Owner add	ress			3. Complaint		
				4. Pre-Operational		_
Person in cl	harge	1		5. Temporary	C O NC	7_r
1 in	Thous	hook (	\	6. HACCP	to a horizon	
Responsible	e person's er	1001	27	7. Other (list)	Menu Type (See l	pack of page)
responsible	e person's er	Sensare		7. Other (tist)	menti Type (See a	ack of page
Cenfified fo	od handler	Ban 100 8/24/27	7		1 2 3_	4 5
ain	dsey	Benson VOGATA				
• CRITICAL	LITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NA	RRATIVE	COLUMNS MARKED "C"		
• VIOLATION	N(S) REPEATE	D FROM PREVIOUS INSPECTIONS ARE DENOTE	ED IN THE	"SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	I	Narrative		To Be Corrected by
218	NC	Faucet is l	200	e pn		10-8-23
- 110	alli-deale	rethermalise		manager in	manalmy or a winder	L
431	NC			led under	mobile	9-28-23
100		equipment an	d		The state of the s	AND INCH
		lakery area		D		L
295					9-28-23	
7	100	Cooler		0 0000		34
		3 Interior lot	Har	n of Jalan	( cooler)	
		is soiled		0		
425	NC	Dust DANS 11	u th	handles	and	10-3-23
120	100	brooms not	hi	ing up.		1 1
413	NC	Northeast exte	1100	double	doors	10-13-23
1.0	100	are not tight	t - l	thing at t		
<i>35</i> 2	NC	Women's Res	nt Pe	som door	is not	10-4-23
352 NC Thomen's Restroom door is not 10-4-2-						
			cted		re door	1
430	NC				soup well	10-28-23
	100	, ,	the	cover		1
		1st Triwssurg 2	-CAC			1
Received b	y (name and t	itle printed):		Insp	ected by (name and title printed	):
A 1		20-K		1	ndrew Mille	r. EHS
	y (signature):			Insp	ected by (signature):	galgiology
andre		ool			ndrew Mill	Des
cc:		cc:	7. J. H	cc		
100F6(TEXE)						
						Page 1 of 1



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

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

Establishment name POPZ PIZZA OF FRWKGTN  Establishment address  2 \ S . MORTON ST, FRWKGTN, IN  Owner  MADOX  Owner address  Person in charge SHAWN DYGGP  Responsible person's email	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  9/25/23   160/  Follow-up Release Date 10/4/23  Summary of Violations:  C		
Certified food handler		123_	<u>4</u> 5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT.	IN THE "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELO		
Section # C/NC -	Narrative		To Be Corrected by	
256 ML & THERMOMETER	NOT SOON IN	Sm AZL	10/4/83	
CHOST FROZER	2001110210 - 1.20xxx2, 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O Fan et l'ambén	The state of the s	
020			10/10	
228 NC & 2 DOOR RIFRIGE	RATOR AND UPA	21914 /	10/10	
There is a door ansket to	SILY MOVERBIO AZ WORN ISPLAT	ON	10/20	
218 NC X door grsket so		TOP	10 00	
The state of the s	in the first	700		
2011 NE & a HONTOHLTEST PE	tpers not soon		10/10	
	OCHANICAZ EXT	HOUST.	10/10	
399 NCZ NOT FUNCTION IN		Proutded	d wisesix.	
	are a fals. The world reason was	and the state of t	Tolonia de la composición della composición dell	
(NOTE) (1) PAFRISE PATOR	COUTT NOT I	n uso	V	
			Sussicial	
Received by (name and title printed):	Inspect	ed by <i>(name and title prin</i> Bob Sm 1 V	ted): H + 1	
Received by (signature):	Inspect	ed by (signature);	D	
cc: cc:	cc:			
			Page 1 of	



## 460 N. MORTON S'1. . . FRANKLIN, IN 46131

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

Establishmer	nt name	est of the careful of the same	Telephone Number	Date of Inspection	ID#
A section		Vallartas	( ) Establishment	9/7/23	17/10
Establishmer		1	( ) Owner	11/100	1543
	893	E. Main S.	Purpose:	Follow-up Release	se Date /
Owner		Greenwood	1. Routine	9/8/23 9	117/23
		IN	2. Follow-up	Summary of Violat	tions:
Owner addre	ess		3. Complaint		
			4. Pre-Operational		
Person in cha	arge	rangi na ili seggin sa di anggresien i seka	5. Temporary	C 2 NC	<i>l</i> R
			6. HACCP		<u>\$</u>
Responsible	person's en	, ses to el el el est coeltagle imea, vercollisc es to en el el el est.	7. Other (list)	Menu Type (See	back of page)
Certified foo	d handler	reate 13 not on	the gremises	123	X 45
• CRITICAL	-	IDENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION	(S) REPEATE	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	
Section #	C/NC		Narrative		To Be Corrected by
187	<u>C</u>	chicken and veges	tables not	Ritcher	corrected
The state of	14/15/01/20	maintained at 133	SOF on the	RHEMEN	× 16 - 10
		Strum table		The state of the s	- 181 1818D
157		Raw chicken for u	ised for fairtas	13 not	corrected
10		Maintained 4/0 0	of below.		9/7/23
191 No Not all books in the walk-in cooles			1 GOOLES	9/7/25	
		are properly date	- marked		
					1
187	C	Pansist cheese dip	Loueso J. 13	not	9/7/23
-	111111111111111111111111111111111111111	maintained at 4	11 of at helow	l_opel	Wishous I
		Wallerin is n	ot maritain i	19	tobs red f
	201_1/s. IG	proper temperatur			al faces and
		The state of the s			
D 11		id animal).	Incheste	d by (name and title printed	1
Received by	ablo	Bernal	r de page de la l	Yerry D.	Bayless
Received by	(signature):	Bu	Inspecte	d by (signature):	my bas
cc:		сс:	ce:	1	
		2			Page 1 of _/