

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

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

Establishme	nt name	10-	bend i biri-plateen a mine m	Telephone Number	Date of Inspection	ID#
51	400	17/6	2	() Establishment	10-23-23	11/10
Establishme			O Greenw	Md.) Owner	2:45 p.m	10010
///X	CIC	CO4	ion Dr.	Purpose:	Follow-up Relea	se Date
Owner				1. Routine	1185111.	-3-13
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		* 1
				4. Pre-Operational		γ
Person in ch	arge	for all l	mast subress to a see the second	5. Temporary	c_4_NC_	R
				6. HACCP	red to release and	15.
Responsible	person's	email	8 from Spring 1 mars at 150 ft at	7. Other (list)	Menu Type (See	back of page)
	2			11 11 11 14	JF (11.87
Certified foo	od handler				123	45
• CRITICAL	ITEMS AR	E IDEN	TIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
			M PREVIOUS INSPECTIONS ARE DENOTED IN		D IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
187	()		JOSEVIED INF	somst lone	XHVR	Discorded
		(7 11/16 520	Flocated in	15100	10 time of
	manti		oca cola prodo	A Cooler.	-	mspection
			Joseph Marin	of temperati	NG OF	
		-	Soulsa 6 530 F	1000+69 M	DS, de	
0711		(-0ca-cola Cop	ier a Han I	P. F(1010	Corrected
324	0		Decred OF I	CONTROL	CONTOUR I	Conjection
			ON O SULLE CHA		100	
			1710× +101 1112	& CONTO FILOC	2	
439	C.	2	FOXIL SOVING	Pattles no	+ Ichbeled	10-23-23
190	No	1	regiled to net	12 Days of (nisan	Corrected
		7	DOLIAL O YOOM	1 tempertur	[0]	reheated
		1	240F \$ 130°F	77110	0103611	
			15 emplagee	Stated the	Jak Jak	
			Mas burge	@ 11:00 DW	10/25/2	
		-		1		
295	114		WARRING OF 110	Michine 18	Salled	10-30-73
Received by	(name and	title prin		Insp	ected by (name and title printe	
	Ing27	u E _	e government titl met gjer er et t		assi Hall	ye natk
Received by	(signature)	1:,		Insp	ected by (signature):	programm
Thurs	Tule to	2			MHT. LEAST	
cc:			cc:	cc:	\	
					hall a co. yor	Man Inall
						Page 1 of

NANNATIVE REPORT						
Establishment Name			e Address	Inspection Date		
13 A	(M)	16	8 11 Declaration Dr	10-23-73		
	C/NC		REMARKS	TO BE CORRECTED BY		
201	N7	\forall	Your Soda Nozzle is Snilad	10-23-23		
	75	┪	Mostley was Illizated wat			
		7	Stored Little hande above brudget	Corpected		
324 1	20		Moserved a Rak to 3 hour Sink	1()-50-23		
			Faucet			
218	2		Doserved the following internal	10-24-23		
		4	temperodines inside I sall -in cooler			
		4	5hredded Oper le 0 430F			
		\dashv	3 Blyrito Sail 648°F			
	_	\dashv				
		\dashv	Societ needs throad down.			
2-18 1	70	7		10-23-23		
	~~	+	1) Le veil En Enler MINA	10-63-63		
431 A	Œ	\dashv	Places though out Kitchen	117-7-4-23		
			OR Soulla-			
345	8		Moserved a Whensil Stored	Corrected.		
13	He		in me had sink)		
218		4	Walk-in Cooler threshold is	10-30-23		
000	~	4	10058			
324 (<u> </u>	╣	MOR SINK SPRING MOSSEL OBSEIVED			
431 1		┪				
421	1	十	Than by ashmachine is soiled.			
		+				
		\neg				
		\dashv				
		\prod	Note: Nitchen Dack exterior door			
		_	Sweep 95 Lion.			
		_	Store all wet wiping cloths			
		4	WSI De Schnitiser Warkits			
		4				
		\dashv				
		+				
		\dashv				
		\dashv	2001			
Received By	(Name 8	i Tit	tle) Inspected By (Name & Title)	2 2 .2		
l			(1) (1) Thank	Page <u>2</u> of <u>2</u>		
				•		



460 N. MORTON ST. STE A WAY VA

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

Establishm	ent Sani	tatio	n Requirements. The time limit for correction	on of each violation is sp	pecified in the narrative portion	of this report.
Establishme	nt name	0	their analysis of their angles wire	Telephone Numbe	Date of Inspection	ID#
HIDY	10	0	NYCYEVY	() Establishme	ent IN 1 21	nun
Establishme	nt addres	S		() Owner	110-10-11	0/14/15
3021	9	18	cidian Meadows Rd	Purpose:	Follow-up Releas	e Date
Owner		, _		1. Routine	Vea 10.	-1(-7.3
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess	-		3. Complaint		
				4. Pre-Operation	01	0
Person in ch	arce	-		· -	$c = \sqrt{\frac{1}{2}}$	A B
i cison in ch	i soming			5. Temporary	C	1) K
Responsible			The many and the street and the street	6. HACCP	Menu Type (See l	agah of paga)
Responsible	persons	Ciliai	september of the first of	7. Other (list)	Menu Type (see a	ack of page)
Certified foo	od handle	r				4 X 5
					13	4/_5
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
415	C	(3	Doserved Small	+lies		10-20-23
	Amanu:	(1	Observed roder	if groopin	45 DY	Creation (
	- unviolati		mater neater	1	0 0	15 / 20
142	0		DOSEYVED tood	brogness	(cherries &	10-6-23
			Chickbear) in clea	M ZIRIOCI	(pags located	
			W 2 COOK COOK	subjoils	2 Stated	
			1109 × OW NOW	L9000111104	Samo	
1/12	C		Dresch 2 2002 c	Calletand	Carled in	
196			92000 J	2006UZZ X	20 From	
	n.L.		a crovilla sa	Ma		
		77.32	Sup de	unatotion	OF DEN ZOLL	1
187	().	inda	Mosevilled roup SV	781/8d ega	s located	I MI DINOVERS
			104 3 10W SUDK	675°FJ	3	siscopalis
345	C		Observed to bour	Stored Ir	1 Mondsink	
			Dy 3 Day SINK			1 11 / 20
414	NC		Laction exten	the good	NOT PRUTEG	60-11-6-60
	-	_	41 ON BOLOWING 10	odin41	,	
Received by	(manna and	d title	S ACUSTICIATE	M 002	Inspected by (name and title printed	7):
Received by	(name and	ille	Micwi		Matt Elan	971 15124
Received by	(signature)/	1.1()001		Inspected by (signature):	gales aging
Licerved by	A 0	i. Na	1		Colin Fleam	_ 1
cc:	1.10	WW	cc:		сс:	
			-			
			The second secon			Page 1 of 2

Establish	ment N	am	9	Address	Inspection Date
1710	\mathcal{D}	_	Correct.	3021 Meridin Meadowskd	10-6-23
Section#	C/NC	R		REMARKS	TO BE CORRECTED BY
218	20		Observed a	2 leax inside 2 door	10-13-73
426	NC			MINSEY (UCH CUBRUNG)	10-13-73
760	177		Chserord .	TOURS OF WAR STORAY	10-115-23
			C00W		
11.2	r-3		~ · · · · · · · · · · · · · · · · · · ·	s removed-	
431	N		Sock store	40 1001 - 1000 -	
216	NC		Dreval 9 /	2007on Unlletz Deint	
			206221	Storale Shelves	
0/!-			500	+ gasily ileanable.	
347	NC		Diselly i	o Juper Xonella Comany	10-6-23
430	NC		restroom v	MA LESTROM MONDERNE	10-13-23
,)	/		llex108	WHICH SHITTS I READS IN AUGUS	1
46	K		Dosevied f	good products with	10-6-23
			40 101061		
					
		_	NOte: W	05h, 4,450, & Smith	
			CAN GIZA	35 -	
			· · · · · · · · · · · · · · · · · · ·		
					-
					· <u>-</u>
Received B	y (Name	ا & Ti	tle)	Inspected By (Name & Title)	- 1 -0
N	<u>Nau</u>	<u>/\</u> _		Martina	Page 1_of 2_



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

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

Establishme	nt name		abord with a training the	Telephone Number	Date of Inspection	ID#
Apokwanks				() Establishme	ent IN AN A	2 2645
Establishme	nt addres	SS	Traffar	() Owner	110-10-6	.5
8127	Soa	ナム	250 W 46181	Purpose:	Follow-up Relea	se Date
Owner				1. Routine		-30.23
				2. Follow-up	Summary of Viola	
Owner addr	ess			3. Complaint		
				4. Pre-Operation	a1	
Person in ch	aroe			5. Temporary	CNC_	9 R
	ge			6. HACCP	C	K /
Responsible	person's	emai		7. Other (list)	Menu Type (See	hack of page
responsible	persons	Ciliui	illered out of the Man 1 to 1 to 1 to	7. Other (usi)	Menu Type (See	ouck of puges
Certified for	od handle	r	ser sofe		12_ <u>X3</u>	4 5
Kert!	Cher	V	5e-15cfe EXP, 2-16-2028		123	
• CRITICAL			/	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
147	C		DOSCUED work	Food Or	Daucts NOT	10-30-27
	4000	rou	Lious ou orderangs	SOMO	Los appears	- Innescri
			vot from on of	money 201	(Cl)	N TO ROUT
0.10	-	-	Droma pres	porteg is u	ot allowed	11-3-27
218	NC	-	"true" Stand up 3	0001	solly door	11-0 20
			905/ets are 50	IT /WOYI	(18++ VISH	
392	NC	-	D: 200 12 1 1 1 0	roserved no	+ C10320	10-20-23
215	113		1 Longotte Lid O'	2000 TH	JI CIO NO	7
382	NC		Dimoster observe	ed stored	On avaitel	12-1-23
200	1		5 Small De	Stored o	a Camonabson	bent
0.00		1	material			Laborenti +
NOT	e 3	l de la	wooden blocks are	holding us	the moo	the moral and
			SINK	θ,	7	susceptible
			Three mobiles on pr	whyeel insets	observed	
	-		Three mobiles on pr	sperty not of	oen at time of	
			inspection	<u> </u>		
	-	-				
Received by	(name an	d title	printed):		Inspected by (name and title print	ed):
Treceived by	l Aı	10	n Dunbar, President	IJIP2-N	AM ES	i maenut e e
Received by	(signat)	:):	1 1		Inspected by (signature):	ranged and last and
	Ta	W	en Trubu President			
cc:	0		сс:		cc: Cler Elem	/
					Cow them	

. 435

Establishment	Nam	Address To Colour (a)	Inspection Date
Books	4,	e Address Trafalgar, IN 100ks 81575250W. 46181	10/1/22
			TOBE
Section# C/NO	3 R	REMARKS	CORRECTED BY
146 NC		Leveral pickaged food	10/31/23
		products (ie apple fritter)	//
		apple donuts, Cararkel	
		apples) lacked a label	
	+	with ingredients, quantity	
	-	of contents, common name	
	+	of the food and name	
	+	and values place of	
324 NC	_	Therum breaker m mon	10/31/23
JE I IVC	+	Link Malicot la Abis and 11s	10/21/23
	\top	missing the top cap/ cover	
1/2 NC		Three upright breezers	12/1/23
		are not INSF/ANSI	-/-/-
		approved	
324 NC	<u> </u>	Othree bay sink contains	12/1/23
		a derect connection	, , ,
		3, What appears to be backflow)
		device on three bay sink	
	4	drain line is leaking around	//
1/17 .10	-		etchen)
413 NC	+	mort store pocery lones	Corrected
		at time of invocation	/
352 NC		The tail of Mapletter	11/1/23
252 100		Upstries employee restrom	11/1/25
		and was read and	1
	\perp		
	\perp		
	+		
	+		
	+		
Received By (Nam	ne & Æi	tie) Ipspected Byl(Name & Title)	2 7
Faurit	hul	11e) Resident Inspected By (Name & Title) Condrew Miller, EHS	Page of of
State Form 48621 (R	2 / 8-0	/ 1	



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

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

460 N. MORTON ST. STE A FRANKLIN, IN 46131 Office 317-346-4365 Fax 317-736-5264

Establishmer Separate Separat	nt addres 3 ess arge	emai	SR 135 Greenwaa 46143	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 Menu Type (See 1)	se Date 23 cions:
		-				
			ENTIFIED IN THE CHECKLIST AND NARRAT ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	-		Narrative		To Be Corrected by
190	inc O	51 F. J.	Observed white she thanking of room - continuous water ODServed Previous in individual Plas the walk-in con ODServed employ	temperature, r	of under	Corrected 10-19-03
347	NC	5.4	SURS CONTRAIN OF	TOWER & KAU	den Hand	COWECTED
247	12 12 12 12 12 12 12 12 12 12 12 12 12 1	iog iod ioda	Bulk food not la	nated area. Miping Cloth n Deled. Ser Hemz Sto	ot Stored ned Inder	10-10-23 10-20-23 Corrected.
Received by Received by CC:	well	1	Saniteer Solution	Shall be 200 Hump OA Fish	PPM (Quat Decounty M and by (name and title printed SS Hull and by (signature):	Collection

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

INSPECTION REPORT

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

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

Page 1 of

Establishmer	nt name	(no coco d' bazardons e e L	Telephone Number		ID#
HS	DRIN	Trace	() Establishmen	it in and	1 104
Establishmer	address	Gireer	Timed () Owner	110-00-6	5 1 1 1 1
315	4 S	SR 135	Purpose:	Follow-up Relea	ase Date
Owner			1. Routine	11/25 111-	(N=27
			2. Follow-up	Summary of Viola	ations:
Owner addre	ess		3. Complaint	1	
			4. Pre-Operationa	1	
Person in ch	a #cro		^	CNC_	3 p
Person in ch	arge		5. Temporary	I C T NC	K
D 311	1 19 4 18	may neglected and the s	6. HACCP	75 TH (C.	1 - 1 - C 1 - 1
Responsible	person's em	ailmos kom skriven bornoven – vo	7. Other (list)	Menu Type (See	back of page)
Certified foo	J bandlou	(be wastern, 764) -		_	×
Ceruned 100	d nandier			123	4_X5
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NA	RRATIVE COLUMNS MARKED "C"		
		FROM PREVIOUS INSPECTIONS ARE DENOTE		' AND IN THE NARRATIVE BELOV	W AS "R"
	C/NC F		Narrative		To Be Corrected by
2011	20	Mosen 18 d tho -	Fallowing Hak	7	11-12-23
76	100	01 my 5	NK Fall Cet	a par Ala na program	11 10
1 40 1	77,219,22	(7) 3 hay 6	SINK FAMOR		H - 0.01221-0.00
		3 athorida	out connection	n Inter	3-74 2HD 180H
		dish mach	Me .	0.00	
		(4) 000000xs)	thore is a lead	Kinder	
		dishmach	ing.		
347	NC	Doseved no x	paper towels	@ Nord SWX	- Corrected
,		by dish mach	Jing;	21 11 11 (1)	11 1 22
218	NC	trabben door	do 204 12 2	014100011.	1)-13-23
187	C	Observed ambient	- Our timpertur	C'Ot trauben	Vis Covded
	1	Cooler to 50 or		200	1011 P. H. I
	3.00	the tollar	1 . 6	pertures were	Observed
		0 milk -	40	18991 @ 50°F	
		NOHOS?	Ges QZMor pami	1132000	
		O Schrift	IV SOLNAIM	ad llode	
		500 DDW.	CT 200011101	21,000	
		Direction	uters shall be	Leasily SPAN	1.
Received by	(name and til	tle printed):	J. J. J. J. J. J.	aspected by (name and title print	
Jac		arlton	* 90 0 0 80	MZ2 HM1	/Ce le 6 Heens
Received by				Inspected by (signature):	100110
Qa	Jew 1	arten		(WDS-120M)	Coler Heam
cc:		сс:		cc:	1
			1		



460 N. MORTON ST. STE A () FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-526

Establishmen	nt name		electrica el municipal de condese unede	Telephone Number	Date of Inspection	ID#
Bom	No	CC)	() Establishment	in 1101111	1921
Establishmen			0	() Owner	110/10/12	1,191
480	21	N	Smith Valley Rd.	Purpose:	Follow-up Release	Date
Owner			Street Street	1. Routine	-1000	10/13
				2. Follow-up	Summary of Violatio	ons:
Owner addre	ess			3. Complaint	Z:51 p.m.	
				4. Pre-Operational	\rightarrow \sim	,
Person in ch	arge		a late 9 wells are become at the	5. Temporary	c () NC 4	RR
1 5 5 167				6. HACCP	ifu moral — others fort if	
Responsible	person's	email	i granda in the first and a second so of	7. Other (list)	Menu Type (See ba	ick of page)
			(3)00	Charles I Comment	r yeak a L	P-9001G
Certified foo		er	(11/4/25)	:	123	_45
• CRITICAL						
		The second second	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI			
Section #	C/NC	R		Narrative		To Be Corrected by
216	NC	0	Doserved Carolboa	ig think w	ppi	1011,116
101 111	3 1000	70.1	THEN YOURS	100200 dry C	HOVAR etc	POPTEZBIT - C
-		0	DE01110 - 1117	Ter con ling	the tree	vida tizoli į
		(4	CONTRACTOR CALLANIAN	WALL TOUT THINK	2 110	
			SOF Pasily	18000001		-
1.18	ML		Will food product	+ MORIED USE	NSON!	10117123
			Slastic lidis dom	ased broken	3	101101
190	NC	(1	OSEIVED DREVIOU	ASIA COOKED !	MICIED	10110,123
			in a metal contain	ners with a	Mastre	106
	1 120 7	-	CONEX OCUTED IN	MONK IN COOL	0 0 70F-6	104
	M 1225 H	ug B	Selibration,	ACHIE HWO	2 Mag	
-	121	n	0 1.30 pm.	Eli Charad na	ndie in	PAGE A CINE
-		19	Observed previous	SIG COLECTION	ALC FLIM CON	Indianans I
	-	+	1000 ted 100 1 1016-16	CO 12	0 F- 9-10 F	
		+	DEMOINER C	tated made	01:00 pm 10	10
1-12	NC	\top	Mosevila the Will	d ID Mside T	JAB-IN	1110123
			freezer.	her of him.	0.041	
Received by	(name ar			Inspec	tted by (name and title printed):	
x ten	2	1er	9 53 20/2 19 3 19 19 19 19 19 19 19 19 19 19 19 19 19	U	135/ HUI	
Received by				Inspec	eted by (signature):	
X	SV	w		<u> </u>	JA VIGHT	
EC:			CC:	cc:		
		-	0) 010 6 0100			Page 1 of
No	te !	. (continue to clean			



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

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

23tablishment baintation requirements. The time mint for correct	enon of each violation is specified	in the narrative portion	r or tins report.
Establishment name	Telephone Number	Date of Inspection	ID#
BOARD : BZUSA	() Establishment	-3 77	nellis
Establishment address Establishment address	() Owner	10.23.23	2773
200 W MAIN ST GREENWOOD 4619.	Purpose:	Follow-up Releas	e Date
Owner	Routine		
LAUREN ASTAY	2. Follow-up	Summary of Violat	ions:
Owner address		Cummary or violati	101101
Owner address	3. Complaint		
	4. Pre-Operational	_	1
Person in charge	5. Temporary	$c \rightarrow NC$	P_R
a compagnition of the comp	6. HACCP	miliago ar mos agui	
Responsible person's email	7. Other (list)	Menu Type (See l	back of page)
r s terube "grid grid grid 5 kg.	par adheren er en e	- pulsars in reppli	
Certified food handler		1) × 2 3	4 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
NOTE - ALL SINGLE SERVICE 1	ITEMS NEED TO	BZ	2 (HH9) AH
7 - Total long (2) - model (2007)			STOREFEREN
STORED A MINIMU.	· OF G (INCHES	DEF OF	1000211
FLOOR			
- ALL REFRIGGRATOR	2 AND FREEZER	02175	
MEED A THERMOM	eren Publico	IN A	
The same of the sa		l	diameter 1
Conspicuous position	20 ,		
Land the second of the second		- 'masan, is	- Carte di
			d Contained
			-
D i 11 (Inance	ted by (name and title printed	<i>f</i>) ·
Received by (name and title printed):	1 1.2	- 1/2	
CHORE OF TIDATES	//-	ted by (signature):	10
Received by (signature):	Inspec		FAK
x on mes	100	211/	
cc: cc:	cc:		



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

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

Establishment name	Telephone Number	Date of Inspection	
BOTPAS	() Establishment	10/5/23	1365
Establishment address	() Owner		
377 E JEFFEREN FrANKON, ST	Purpose:	Follow-up Releas	1
Owner	1. Routine	10	0/15 \$3
	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		100
	4. Pre-Operational		
Person in charge	5. Temporary	CONC	S
JOHN LANHAM	6. HACCP	u g.5 Bootnas routs	b annis#
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
हो। या मा जिल्ला प्रसार कारण दे प्रकार है।	er i sound op in-		5
Certified food handler ON SVIN GORO		12	5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
392 NC OUTSIDE SUMPSTER	- Etd NOT CLO	800	10/7/23
218 NC & KIRHEN UPRIGHT	TRIP! DIEPE	Op reach Of	10×6.1
LODE CASKOT KOR	7 UNDRN SPERT	2 door	11/5
218 NC & KIRHEN UPRIGHT JOOR GASKET /SOR REFRESERATOR 9	ASKet/SERZ WOR	EN SPETT	
431 NC & FECOR MEXT TO	o ware, unde	R EQUIPI	NONT, 10/20
GRILL , BHR	NOT CLOTT		,
APPAGENT ROOF	1021 DINNET RY	EVHANSY	WORKS
NOTE) HOOD ROOF	LOFF POOLED BI	22/1/103/	(order)
14000	<u> </u>		
	ato Efficient	a desired as	
			Titosnau
Received by (name and title printed):	Inspec	ted by (name and title printed	d):
John Lanham	G	306 Smit	H EXTS
Received by (signature):	Inspec	ted by (signature)) 11 1 1 2 SC
cc: cc:	cc:		
			2
			Page 1 of



460 N. MORTON ST. STE A NOW HOLD THE FRANKLIN, IN 46131

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

Establishment name BURGER KING	Telephone Number	Date of Inspection	ID#
BURGER KIN9 Establishment address	() Establishment	10/4/23	569
1079 N MORTON F	Owner () Owner		
		Follow-up Release	e Date
Owner	(1. Routine)	Contraction of the last of the	NAME OF TAXABLE PARTY OF TAXABLE PARTY.
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C O NC	R
EFATTY CENTRES			
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
* = ne_e20 U1	in the same and th	mena Type (see s	ack of page
Certified food handler		1 2 6 1	5
EFRAN CINTRERA		12	
CRITICAL ITEMS ARE IDENTIFIED IN THE C	LIST AND NARRATIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPE	S ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
431 NC & FLOOR	NOT CLEAN AROUND 1	NUCO UNIT	10/8/23
and remaining a language on the	namin prosess includes the continues	in the state of the special control of the state of the s	24805 (173)
in the transfer with the property of the	men and in comment the contact of	a a pe / , initia	LITEN IN
San Ophino	ese field and a distribusion of the contract o	The Property of	7 5 5 M
			1
Parterbag Laurane Lo Laur	<u> </u>		
and the state of t	and the state of the same and t	and the state of t	nalase.
Maria tulu	i et almanga sel dibu	пта птараждый	190000
			for the
#			
Programmed by (name and title trained):	Lacrac	cted by (name and title printed).
Received by (name and title printed): Gerain Confreres	6	BOB SMITT	1215
Received by (signature):	Inspec	eted by (signature)	gn(0.850-be)
cc: cc:	cc:		
			Page 1 of



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

Establishmer			1/21/06	Telephone Number	Date of Inspection	ID#
CASE	Y'S (38 K	van store #3499	() Establishment	10/0/07	2005
Establishmen	it addres	s		() Owner	10/6/23	
301	18	\mathcal{N}	MORTON	Purpose:	Follow-up Release	Date 1
Owner				1. Routine	10/	16 123
				2. Follow-up	Summary of Violati	ons:
Owner addre	:SS			3. Complaint		")
				4. Pre-Operational		
Person in cha	6 0 NC	\mathcal{I}_{R}				
MNA						
		email	7 JUSUA 4/26/23	6. HACCP 7. Other (list)	Menu Type (See be	ack of page)
MAT				π .	.)	_
Certified foo	d handle	-200	2 Fm /10/3/25 /200	Trojes prof	123	<u>3</u> 5
CRITICAL	TEMS AF	SE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "G"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
		7	FLOOR , FLOOR det	IN, WAZL, C	etling	10/12/23
431	MC		IN KITCHEN NOT		OR AT	, ,
			STARS OF DISPLA	y Coolers) not	COAN	
200			TOTAL TRANS	O DO AR CASTAN	(Ang	10/12
295	nc	7	INSTOP UF FRONT	PREPARTION	1 THERMOMET	. , , ,
370	wc		IN THESE UNITS	NOT CONSPICU	: 4 /	10/10
			LOCATE	101 (010)-120	o open (10110
2195	NC	~	WIPENS POLOTH	NOT STORED	IN	108
			SAN ITIZING SOLL	MON BETWE	een use	· · · · · · · · · · · · · · · · · · ·
(NU	100		Few Flies seen in	K 125/HEV		1.0
239	MC	1	BOX OF STENGLE		Dems NOT	10/13
				OR MENIAN	em of	
			6 Enches			OV 1 ac
व १८	NC	1	RR RR	CK WAZF-IN	reezer-	JUNE CE
2 10	,,,		door does Noit	- CLOSE/SHVT	\$79/t72Y	1 -
392	NC	•	OUTSIDE NUMPSTER	LIDS NOT (cioser	1018
	-					
Received by	(name and	d title		Inspe	cted by (name and title printed)	De Posico
* Clatt	Michal	5,7	Store Mager		306 Sm/17+ +	SHS /ARVU
Received by	(signature): 	, v	Inspe	cted by (signature): BU Ind	′
cc:			cc:	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	Telephone Number	Date of Inspection	ID#
Casey's #3928	() Establishment		2771
Establishment address	() Owner	10,12.23	2/26
2105 E. Courty Line Ro. 4614.	Purpose:	Follow-up Releas	e Date
Owner	Routine	^	27.23
	2. Follow-up	Summary of Violat	
Owner address		Cummary or violati	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_D_NC_/	R
LA DONNA CALIFORN	6. HACCP	agstiff in the control	
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
v vil 800 da um palifia	e legunik as	In a subjection	
Certified food handler		1 2 × 3	45
LADONA CALLON CAP. 1.7.26			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT.	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
239 DL TOBSERVED SIDELE USE	ITEMS STURED LES	SS THAN	10.12.23
6" OFF THE PLEOL	0.512.514A 6	. 1.21 T. V. STIMBERDI.	100
7.1.30		or the beautiful at a success	
		to get the	Lunatville 4
		<u>ri in a la sela sela sela sela sela sela sela</u>	a redamental
		w soldonaged	A
Received by (name and title printed):	Inspects	ed by (name and title printed):
JESSICA ROSE KITCHEN I	NANAGER KE	ed by (name and title printed	UN CHS
Received by (signature):		ed by (signature);	duigesta q f
Sessi LR OSE	Ki	() / /	
сс: сс:	cc:		



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

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

Page 1 of

	v							-	
Establishmen	t name		ardons foods.	sert linner wa		Telephone Numbe		of Inspection	ID#
CIR	CLE	\underline{K}	470	8004		() Establishme	ent		1911
Establishmen	t addres	3		38 1150		() Owner	1/2),31.23	27
69	25	12	135	4614 cens e	2	Purpose:	Follo	w-up Release	Date
Owner			d			Routine	-	- 11.1	0.23
W	110	4,	(West	8-1-	SOF	2. Follow-up	Sumi	nary of Violatio	ns:
Owner addre	SS	<u> </u>	620100		10203	3. Complaint			
						•	.1		
D : 1		-				4. Pre-Operationa	al C	N	1
Person in charge Responsible person's email						5. Temporary		9 NC 9	R
KOB	BAT	- L	Soucest	e wal/ en i	u. jarrieu i	6. HACCP	depois	delt-up scatted	Jelovs 1
Responsible p	erson's	email				7. Other (list)	Mei	nu Type (See ba	ck of page)
0 10 10			T	brixo i llianto	1.0	2100 H 342 NA H	_f = 1 = 2/~ 1	TO UNLTERNATE.	
Certified food	i handle:	r					1	2 × 3	45
						L COLVIDA O LA DICE HOLL			
						E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS	S" AND IN THE NA	RRATIVE RELOW AS	"R"
	-	-	OM PREVIOUS IN	SPECTIONS ARE D		Narrative	S AND IN THE IVA	and the same of th	To Be Corrected by
Section #	C/NC	И				TVallative			to be confected by
	All or the	ROTE A	od Neem v	a _nanga , na s	no ori zoria	1	as that he w	RI TO LO DE	120 (5.1
	101210	DOEL -	.1/	TEME	2	REPORT	11 (K 11 50	1257 72- 21 531 87	DIEGLI
		-	140	POMS	10 1	1000		OWEN STANFOR	par man
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		\vdash							
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				Participal States	In The Land	n Mar a semi			steen la
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Received by	(name and	title p	rinted):	0			Inspected by (na	me and title printed):	
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Received by	(signature	A	D	0			Inspected by (sig	nature)	ng-at on
1	cher	9	Bur	al_			KK	14	
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I									



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

2/1 NC DOSEXUED a light OUT IN WOLK-IN 10-18 COOLEGE A MENSITY NOT ODERWAY. IN 195 NC INTERIOR OF SOCI MOCHINE ID CHINES 10-11	ge) orrected by 6-23
Establishment address Owner Owner Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Certified food handler Certifical 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" Section # C/NC R Narrative To Be Co.	5
Owner address Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) • 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" Section # C/NC R Natrative To Be Co.	5
Owner address Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) • 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" Section # C/NC R Narrative To Be Co.	5
Owner address Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 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" Section # C/NC R Narrative To Be Co.	5
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) • 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" Section # C/NC R Narrative To Be Continued to the sum of	5
Person in charge 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) • 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" Section # C/NC R Narrative To Be Continued to the state of the	5
Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) • 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" Section # C/NC R NARRATIVE To Be Co. 1. 1. 2. 3. 4. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5
Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) • 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" Section # C/NC R NARRATIVE To Be Co. 1. 1. 2. 3. 4. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5
Responsible person's email Certified food handler Ce	5
Responsible person's email 7. Other (list) Menu Type (See back of page of the page of th	5
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" Section # C/NC R Narrative To Be Co. COOLEY ACCOLEY ACC	5
• 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" Section # C/NC R Narrative To Be Contact to the co	orrected by
• VIOLATION(S) 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 Co. 10 10 10 10 10 10 10 10 10 10 10 10 10 1	rrected by
Section # C/NC R Narrative To Be Con A DOSEXUED a light WHY WALK-IN COOLEX SIGNE WENSITY NOT ODERWAY 195 NC INTERIOR OF SOCI WOOMN I CONTES D-11 BUL SOILLO.	orrected by
295 NC INTERIOR OF SOCIA MOCHINE 10-18	s-ZZ
295 NC INTERIOR OF SOCIA MOCHINO TO CHINES 10-11	8-55
295 Ne interior de socia machina Il Chites 10-11	
012,50,160.	_
	1-23
177 NC DOSENTED Single Use HEMS 1/2 LOCK 10-5	7-23
425 NC OMOS POT MAS DE	
305 MC Discote Clip Not & 1069 (Nound trop)	7-4-7
Sclean dumpster Odea	1
324 NC DOSERVED O POX OFFINE FORT MAD 10-18	5-23
HILL IK FRONT CONNECTION	.73
Detential Colonial	
Som light was observed	<u>.</u>
431 NC Floor is sorled when Equipment, 10-6	-23
Dunder equipment along East Liall at hourst	orager
(2) Wher Shelling Mits Their de LYNK- I'M COO	yer.
Received by (name and title printed): Inspected by (name and title printed): OSS 1	
Received by (signature):	
cc: cc:	
Page 1	of 1
Note: manager stated the Quid "Anta Brich"	. 01
Note: manager stated the Raid "Month Boach" Spray is only who outside of establish murth by trash	nwal



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

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

		1			1	
Establishme	nt name	O spring sno	buxat ilata y ana u a	Telephone Numb		ID#
Chic	ago	Pina u	rith a Jurest	() Establishn	10/4/23	00/0
Establishme	ntiddress	5 00 d/b/	the Original Chicago's Pizzer	() Owner	10/4/23	2362
916 E.1	Main S	St. Greenu	ood Chicago's PIZZE	Purpose:	Follow-up Relea	se Date,
Owner		114	3143	1. Routine	Yes 10	14/23
11/1	nhh.	Attak .	Sinah	2. Follow-up	Summary of Viola	tions:
Owner addr	ess	muc)	<u>gargro</u>	3. Complaint	1 '	
			0	4. Pre-Operation	nal	
Person in ch	arae				c_1 NC	1/0 B
		. Prn	int	5. Temporary	C_T_NC_	<u> </u>
Responsible	nce	f / Cer	Japan Co	6. HACCP	75 TT /C	1 1 . C
Responsible	person su	email	Sen Vate	7. Other (list)	Menu Type (See	back of page)
Certified for	od handler		ah 6/23/25		123_V	_45
	1	E IDENTIFIED I	THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C	;"	
• VIOLATION	(S) REPEAT		JS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIO	NS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	V. The state of th	Narrative		To Be Corrected by
438	C	Tu	o plastic s	stay boll	es were not	
	(Luci C.)	lalse	Avenue Name Inc.	T	ar tha Prights was to giffing our	3 Listems
324	NC	no	cold water	movided	at leitchen	10/5/23
		hand	1 Sirik	doncing their les	22 (1 49 J) (21 J) (21	10/4/23
431	NC	Kitch	en floors a	nd Walls	Soiled also	mon sine
430	NC	Rub	ber cove b	ase not?	sealed to	walls
		floo			y Sirk	10/12/23
112.	NC	Ken	more chest	- freezer	es not	12-1-23
		NSF/	ANSI appr	orted an	d no	remove by
256	NC	ther	11001100001	een		10/5/23
431	NC	One			s are mored	10/31/23
	1000000	ensia		cooler (WIC		1
216	NC		board is in	sed as She	Turng liners	10/5/23
			nep table		0	1
430	N.C			uic doon,	contained	10/31/23
		au	ertical piec		10d	+ , + , - ,
295	NC	Jop	of utensi			10/4/23
399	NC		on us hear	vely dan	raged	10/20/23
2 : 11		lund	er glarge flo	son muxer	neck	1
Received by	(name and	title printed):	Manual 13		Inspected by (name and title printed) In the printed of the print	
Received by	(signature)):	Married		Inspected by (signature):	En O
cc:			сс:		ce:	
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5		NAKKATIVE REPORT	
Establish			Inspection Date
		al Chicago's 916 E. Main St. Greenwood IN	10/1/23 TO BE
Section#	chc	R Puzza REMARKS 46143	CORRECTED BY
177	NC	Uncovered food noted inside	10/4/23
20-	<u> </u>	Central reach-in-freezer	1,1,1,1
295	NC	Ocompressor solled Pon Central	10/6/23
		Delving (onen) inside Wic	
		Bishelving (green) inside Wic	
218	NC	Denterior bottom of large muser	10/15/23
		browl is bent/damaged	replace
		(3) tork/split	W/new
10.	<u> </u>	on prep table	one,
431	NC	Pisza oven exhaust system	10/8/23
2015	416	filters are soiled	Clean by
295	NC	Counter Dia Soiled	10/4/230
178	NC	Three trass of flour (50 lb) and	Remove
110	100	MINORODIA CART DOROT OF CART	to inside
		boxes are stored in quest	ketchen
		dering area near public restrooms	1
		0 1	_
•			
-			
	1		
<u>.</u> .			
			<u> </u>
Received E	ly (Name	& Title\ \ Insperted By (Name & Title\	<u> </u>
, Neceivea E	y (INAITIE	& Title) Inspected By (Name & Title) Malew Miller, EXC	Page J of J
State Form	18621 (R2		
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