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#
sam's Club	() Establishment	11/8/23	119
Establishment address Greenward	() Owner	140/0/	486
1101 Windhorst Way INDIANA	Purpose:	Follow-up Release	e Date
Owner 46143	1. Routine	1 1	1/18/23
	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_	3 R
Person in charge	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
to and though their age of to	1. Giller (1886)	relocation advantages	
Certified food handler		1 2 3 4	4 5
7 Juni Laniels			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATION	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	
Section # C/NC R	Narrative		To Be Corrected by
Cafe		1 111067	
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	7	repair-	
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and and and some some south and all and		in team of personal	he has
			HIGS VII V
			1
Received by (name and title printed):	Inspec	ted by (name and title printed)	1655
Received by (signature):	Inspec	ted by (signature):	ante desert
Lolling Chille		dry D Dy	100
сс:	cc:	,	
			Page 1 of



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

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Establishm	ent Sani	tatio	n Requirements. The time limit for correct	ion of each violation is specific	ed in the narrative portion	of this report.		
Establishmer	nt name		could referred Necestrogeners	Telephone Number	Date of Inspection	ID#		
Smal	11/01	NN	Fizzon 3 Sub Co.	() Establishment	11/12 2007	2000		
Establishme	nt addres	SS	Trefaler	() Owner	11-13-2023	CO 10		
106 1	NI	Pal	Pizza & Sub Co. Trefalsor -1 St. 46181	Purpose:	Follow-up Releas	se Date		
Owner	/ " ")		10101	1. Routine	Follow-up Releas	3-2023		
				2. Follow-up	Summary of Violat	ions:		
Owner addre	acc	-		-				
Owner addre	CSS			3. Complaint				
				4. Pre-Operational	6	1 0		
Person in ch	arge			5. Temporary	CNC	//_ R		
un. ba				6. HACCP	ne la borie . 1	and brain I walker for		
Responsible	person's	emai	ly participa phygis participation of the sold from	7. Other (list)	Menu Type (See I	back of page)		
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Certified foo	od handle	er,	, servsake		123_X	45		
Davi	dV	MAC	phon Exp 3-19-28					
• CRITICAL	ITEMS A	RE ID	entified in the checklist and narrativ	E COLUMNS MARKED "C"				
STATE OF THE PARTY	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TE		O IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
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		22111	NOTE: Service How	od Vent		NAME OF TAXABLE PARTY.		
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Received by	(name and	d title	brinted):	Inspe	ected by (name and title printed	():		
Received by	Xcignature):		Inspe		packaging		
4)		X		ected by (signature):	ner		
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Office 317-346-4365 Fax 317-736-5264

Establishme Sm. 00 Establishme 625 Owner Owner addr Person in ch	thiraddres 5. ess arge person's	a la e-	Fright or	201 133 201 133	rjaranin s	No. 2 m	Telephone Number () Establishmer () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operations 5. Temporary 6. HACCP 7. Other (list)	ent	Follow-up Released No NC NC NC	2347 ase Date -/6-Z3 ations:
	1x K	us		VSC Fe			E COLUMNS MARKED "C"		12&3	45
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cc:	J 18			cc:	41			cc:		



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

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

Listablishilli	ciii Saiii	ation it	equirements. The time mint for correcti	on or each violation is speem		
Establishmer Ama7	nt name	Si	nyder food service	Telephone Number () Establishment	Date of Inspection	
Establishmen	nt address	,	0	() Owner	11/15/23	2295
1151	Coro	than	n od	Purpose:	Follow-up Releas	e Date
Owner				1. Routine 2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	fren ik	ight a begin to a pagind administration grant	5. Temporary	C NC R	
D "11		*1	tentroli no 1 tra marion	6. HACCP	(C. 1	1 C: 1
Responsible person's email		7. Other (list)	Menu Type (See 8	Menu Type (See back of page)		
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			TIFIED IN THE CHECKLIST AND NARRATIV		D IN THE NARRATIVE BELOW	AS "R"
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name SIN 9 Establishment address Sob Chanly Ave Owner Owner Owner address Person in charge 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 U/(5/2-3 Follow-up Release Summary of Violate CNC Menu Type (See b)	9488 e Date ions: R pack of page)		
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			TIFIED IN THE CHECKLIST AND NARRATI			
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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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Establishmen	nt name	rel	- Snyder ford service them sel	Telephone Number () Establishmen	Date of Inspection	ID#	
Establishmer	nt address	S	O Coreenwood	() Owner	11/15/23	2627	
1222	S. C	n ev	hom jel	Purpose:	Follow-up Releas		
Owner			400	1. Routine	_ '		
				2. Follow-up	Summary of Viola	tions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge	-		5. Temporary	C_NC_1	R	
	Person in charge			6. HACCP	CNCR		
Responsible	person's	email	type for the mixed forested at the first	7. Other (list)	Menu Type (See back of page)		
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Certified foo	d handle	r			$ \begin{vmatrix} 1 & 2 & 1 \\ 1 & 2 & 1 \end{vmatrix}$	4 5	
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			ENTIFIED IN THE CHECKLIST AND NARRATI				
A CONTRACTOR OF THE PARTY OF TH		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		AND IN THE NARRATIVE BELOW		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishmer 70 / Owner	20W nt addres W 20W ess	s Ac	HAMS FIRMKUTN, 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 Releas Summary of Violat C NC	158 e.Date /11 (3-3) ions:
Certified foo KA	d handle	r (NcKee		123	<u></u>
CRITICAL I VIOLATION	(S) REPEA	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	B		Narrative		To Be Corrected by
431	we	X	FLOOR NOT CLEAN 3 compartment SIA	IN BACK STOCK	AROA .	11/10/23
201 001.0	1 2 7		(volek BY RESTROS		1200 m 1 kt 90 m	Int Shill
239	NC	~	- SUPLE STUGGE SERVE FLOOR MINIMUM C	TRE CKPS NOT STO	enod OFF	(1/4
295	NC	7	CABITURTS UNDER C WORN, NOT CLEAR CUNTAIDER STORED	USTOMER SERVED NOT CLEAN	e serk ch waste	11/10
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3001	NC		MECHANEAZ EXHANDA PLUMBING INSTALLO 3 compAMMENT SI CHECKED TO ENSURE	ST NOT FUNCTI I FOR CLEANING TUK, MOP STOCK CUMPLIAND VAG	ON ING	CHECK CORF
309 Received by	(name and	title 1	BACKFLOW BACKSA MENS RESTROOMS FLOOR NOT CLEAN, 1	- NO ITOT WIT NEH-EXITAUST Inspec	TER GILTING WOT FUNCT ted by (name and title printed	ionny
Received by	(signature		CC:		sed by (signature):	gritana naj
ce.						



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

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

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Establishme	١.		the Paradyre of Hapting or another teated.	Telephone Number	Date of Inspection	ID#
Establishme	PC ent addres	,	9	() Establishment () Owner	11-20-23	1648
Owner Owner	16	5	omith Willey Rd	Purpose: 1. Routine	se Date 27-Z3	
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	narge) -). If upopolish logginging on Egibnics in	5. Temporary	C_O_NC_	Z R 0
7	109,0	.,	to make in the color	6. HACCP	10 1000 22 - 22 12 12	alt alla larga
Responsible			ensiloods as entire to supple must be a supplement of a r	7. Other (list)	Menu Type (See	back of page)
Certified for	od handle FF	Bu	TENTSORE THE OFF. 7-27-6 WITHER IN THE CHECKLIST AND NARRATIVE		123	45
• VIOLATION Section #			M PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" A Narrative	AND IN THE NARRATIVE BELOW	To Be Corrected by
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			NOTE: Monito	er Dell Icheese	Cooler	
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nhaib	1 Diagram		A street man of the second	1 1 1 10 15 1911 1 1	an an an and	A disassort
	ulin zi no	itelphi	Control of the Contro		and consit and store	L 15 PERSON
	-	-				diad source
	 					
Received by				Ins	spected by (name and title printed	d):
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460 N. MORTON ST. STE A^T FRANKLIN, IN 46131

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

Starblishment address 2279 N Morton St., 19131 Purpose: Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler CRITICAL ITIEMS 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 Corrected by 1270 N P 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 Corrected by 1777 N P NARRATIVE SELOW SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" SENDENCE OF THE SECOND S	Establishme			in requirements. The time mine to ex-	Telephone Numb	per Date of Inspection	ID#
Date			100				1.
Denote De	Establishme	nt addres	s s	, Franklin	· /	11-16-23	1/22
2. Follow-up 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 "SIMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by 7. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Complaint To Be Corrected by (fugure and title printed): 8. The Corrected by (fugure and title printed): 8. The Corrected by (fugure and title printed): 8. The Corrected by (fugure and	221	7 N	MIG	orten5t, 46131		Follow-up Releas	e Date
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4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) CERTICAL 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 Corrected by 1. 2. 3. 4. 5. TO Be Corrected by 1. 7. 1. 4. 4. 5. TO Be Corrected by 1. 7. 1. 4. 4. 5. 1. 8. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Owner addre	ess			3. Complaint		
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Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler 1 2 x 3 4 5 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 7.77 1/2 1/3 1/4 1/7 1/4 1/4 1/5 1/6 1/7 1/4 1/6 1/7 1/6 1/7 1/6 1/7 1/7 1/6 1/7 1/7					1 -	0	N
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Section # C/NC R Narrative To Be Corrected by 177 No 1058/16 from product not Stalled o' 256 Na Marrative To Stalled from product to the Seen Casilly Seen Sungle from Colors (Cantin Colors 1884) I Seen Casilly to the Stalled from Colors (Cantin Colors 1884) I Seen Casilly to Seen Casi	• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NAR	RATIVE COLUMNS MARKED "C	"	
250 NK most transmeters not stored of the 250 NK most tremmeters not seen easily seen in Single day lead in Codes 1884 NC Dangster life not close transmeters not seen easily seen someters not seen easily seen transmeters not seen transmeters not seen easily sometimes and its printed; above the code of the seen seed by (agrangers). Received by (agrangers)	• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTE	D IN THE "SUMMARY OF VIOLATIO	NS" AND IN THE NARRATIVE BELOW	AS "R"
254 K mon the mometers let Seen Posity 284 JC Dimpster Lit 107 Colled 324 JC Dimpster Lit 107 Colled 324 JC Dimpster Is a Rak (a the 3 bay) 324 JC Dimpster Sonne Color 325 JS Machine Final Time Las Received by (name and title printed): Vather we Cotton gim Store manager Cole Heener (155) He Received by (signature): Cale Fleener (155)	Section #	C/NC	R		Narrative		To Be Corrected by
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Soberled trash Soberled trash Sold of the 3 bay Sold towest connection Notes Osings door reach in conlect for assist is sold worn. Continue to clean under all Equipment continues final rives has Oserved by (name and title printed): Yother we Cotton gim Store manager Caleb Fleener (1851) H Received by (signature): Caleb Fleener (1851) Inspected by (signature): Caleb Fleener (1851)				Seem in Single	dow real	M-IN CONS	
324 NC CORRECTION STORE SOLUTION OF SOLUTI	384	とく		Dimoster lit	ESCOI FOR		
Notes Dime for reach M coler Bor asslet 15 Soltwar all Controls to Ceran under all Equipment cabinates Beceived by (name and title printed): Yather in Cotton aim Store manager Received by (signature): Caleb Fleener Called Fleener				5 Observ	ed trash:		
Received by (name and title printed): Your gaslet 15 Soltworn Continue to Clean under all Equipment (above) Received by (name and title printed): Yather we Cottong in Store manager Caleb Fleener Inspected by (signature): Caleb Fleener Color Fleener	324	N		(MODOUS Thank 1	s a leak la	the 3 bay	
Received by (name and title printed): Vatherine Cotton gim Store manager Received by (signature): Caleb Fleener Inspected by (signature): Caleb Fleener		<u></u>		Sint formet co	Myertion	1100 3 000	
Received by (name and title printed): Vottverive Cottongin Store manager Received by (signature): Caleb Fleener Inspected by (signature): Caleb Fleener Coleb Fleener	431	NC		to mayne of	los drain	115 Sulla.	
Received by (name and title printed): Vottverive Cottongin Store manager Received by (signature): Caleb Fleener Inspected by (signature): Caleb Fleener Coleb Fleener		<u> </u>					
Received by (name and title printed): Vottverive Cottongin Store manager Received by (signature): Caleb Fleener Inspected by (signature): Caleb Fleener Coleb Fleener		ļ					
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Received by (name and title printed): Vottverive Cottongin Store manager Received by (signature): Caleb Fleener Inspected by (signature): Caleb Fleener Coleb Fleener							
Received by (name and title printed): Vatherine Cotton and Store manager Received by (signature): Caleb Fleener Inspected by (signature): Caleb Fleener Coleb Fleener		ļ	<u> </u>	NOTES OSIMP	door reach	m Cooler	
Received by (name and title printed): Yatherine Cottongin Store manager Received by (signature): Caleb Fleener Inspected by (signature): Caleb Fleener Coleb Fleener				Clor gas			ļ
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Received by (name and title printed): Kathevine Cottongin Store managet Caleb Fleener (US) Inspected by (name and title printed): Caleb Fleener (US) Inspected by (signature): Caleb Fleener (US)		ļ	<u> </u>	Egh buso	· · · · · · · · · · · · · · · · · · ·		
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460 N. MORTON ST. STE Å FRANKLIN, IN 46131

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

			1		ID 47	
Establishmer	nt name		Shalle	Telephone Number		ID#
Establishme			211416	() Establishmer	1/6/23	1081
Part of the Company of the Part of the Par			5 146 51	() Owner		
Owner	188	<i>N</i> .	morton FranklinIN	Purpose:	Follow-up Release	Date,
Owner				1. Routine	Summary of Violation	
0 11		-		2. Follow-up	Summary of violation	ons.
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_0_Nc_5	R
2 "11	9-44	.,	in I in a material	6. HACCP	action people in page to the	a plauf 194
Responsible	person's	email		7. Other (list)	Menu Type (See bo	ack of page)
Certified fgc	nd handle	r	to be	201 10.10.192	-	
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• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		AND IN THE NARRATIVE BELOW AS	
Section #	C/NC	R		Narrative		To Be Corrected by
				1	and the second s	11/8/23
431	NC	, GI	The sloor behind +	he ice bi	1 73	10
	-		soiled	marage man di c	nav iv a potentil e 12 32	gan o la
295	NC		the micro-over s	the If is ile	soiled	
01)	7.0					
245	NC		wet kitchen wipi Stored in sanifi	19 cloth	is not	
			stored in sanitis	Les solve	FION	
- 05					/	
293	NC	\vdash	The walk freeze	1000 13	soiled	
	1		asound the pigno	ie ·	dual pro Terrer br	1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C
295	NC		The dish room	drain boa	ids are	V
-			suileul-			LET CALL
			Note:		(- 4 ~	
				eam connec		
			allowed on th	e mop 57	Ve favelt	
Received by	(name and	d title	printed):	I	nspected by (name and title printed)	: ,
J	Kac		Roberts			1255
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cc:			сс:		cc:	
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	n Requirements. The time limit for corr		
Establishment name	ralce	Telephone Number () Establishment	Date of Inspection ID#
Establishment address		() Owner	11/13/23 2444
247 W. Sr Owner	with valley od.	Purpose: 1. Routine	Follow-up Release Date
		2. Follow-up	Summary of Violations:
Owner address		3. Complaint 4. Pre-Operational	
Person in charge	र १८९७ - वीस्ता - कि. अस्तुवा ¹ - विद्यान	5. Temporary 6. HACCP	C_NC_R_R
Responsible person's emai	lims of sense of Cariffrens of Section	7. Other (list)	Menu Type (See back of page)
1		7. Other (tisty	Mena Type (See Such of Page)
Certified food handler Jamvil bit.	l.		123_\(\sqrt{4}5
	ENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"	•
 VIOLATION(S) REPEATED F 	ROM PREVIOUS INSPECTIONS ARE DENOTED IN		
Section # C/NC R		Narrative	To Be Corrected by
	No violation d	during inspection.	
Jour.	printed): PC L KAP	Ra	ed by (name and title printed): Ul BldiCU & U
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DC INC

NARRATIVE REPORT

Establishment Nar	ne Address	Inspection Date
Stone	Creek 911 SR 135 46142	1057
Section# C/NC F	CRG Holding REMARKS Sam Smith	TO BE CORRECTED BY
421 NC	Wet wrome cloths not in	11-2-23
	Solutions frut rather Sitten	Correct
	on table @ room temperato	Sie
190 AC	Food product @ 58°F@ 4:15 pm	11-2-23
10	in with lid on in double dear	
nou	neach-in-cooler just inside	
	Grack door, made today @ 3	P.
	Proper cooling entails leaving	1
	did off so cheat can esca	De
	while Gooling. If the lid	1
	is on & its Vin the cooler	
	I think you think it	2
	already col @ 41°For less	
404/00/		1
# 336 DX	Splitter value hooked up to	11-2-23
ı	mop sink faucet equipt	
	V/ an atmospheric Vocalum	
	Greater which is not 'appro	ref
	for use under continuous	
	pressure, The Splitter	(5)
	Value causes continuous	>
, ,	Dressure.	
	V	
		12
	Temp Rite.	
	All 3 desh machines checked pater registrations	
	PASS WHEN BLUE PASS WHEN BLUE PASS THEN BLUE PASS THEN BLUE PASS WHEN BLUE PASS W	
	a the time of mape of 52	-
	V	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establish	at name			Telephone Number	Date of Inspection	1.70#		
Establishme	1 10 1	8	Brew	() Establishment	Date of Inspection	/ ID#		
Establishmen	nt addres	S	th Valley Rd Greenwood	() Owner	11/22/2	1145		
48000	W. SI	nit	th Valley Kd Greenwood	Purpose:	1/ 1	se Date /		
Owner			1 IN 46142	1. Routine	No 12	12/23		
han	el +	-	loni Carr	2. Follow-up	Summary of Viola	tions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational		10-7		
Person in ch		0	e codestor grove two order Remit is	5. Temporary	C_/_NC_	<u>5</u> R		
(ru	pta	l	Ward	6. HACCP	ranger in a	Londba :		
Responsible	person's	email	/c C C C	7. Other (list)	Menu Type (See	Menu Type (See back of page)		
0 :0 16	,, ,,		SenSate Exp	e la marali se di ana a a a a a	A STANKE SOLDEN			
Certified for	d handle		ch 1/24/24	X	123	45		
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATI	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		ND IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
112	NC	-	Some refrigerai	ion units a	re not	12/31/24		
010	Listipki		NSF/ANSI Vappre	The state of the s	1.0.4	11/22/21		
218	NC		They table door	seals ton	n/speil	1/22/24		
430	NC		alley exterior d	oor rubs	Me	1/22/27		
324	C		no our gas prou	uded on ill	-makor)	12/24/23		
			draw line					
324	NC		no cold or hot u	rater provide	d (mor	12/24/23		
			fauset) at mos	cink		1/1/2		
411	NC		Storage room il	ight intensi	ty low	12/8/23		
	-		(in old office ar	va)	and the same street in the	1		
		ser lis		reventer se	en in			
	111111111111111111111111111111111111111	01807	Sirm	war to	200			
			0					
					×			
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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	Telephone Number	Date of Inspection	ID#		
Supreme Product.	() Establishmen	t 11 10 10	17-1111		
Establishment address	() Owner	111-6-63	16196		
5961 N SK 135	Purpose:	Follow-up Release	Follow-up Release Date		
Owner	1. Routine	2-	12-8-73		
	2. Follow-up	Summary of Viola	tions:		
Owner address	3. Complaint				
	4. Pre-Operational		1		
Person in charge	5. Temporary	/	C $NC $ R		
Telson in charge		6. HACCP			
Responsible person's email		7. Other (list) Menu Type (See back of page)			
responsible persons email	7. Other (usi)	Menu Type (See a	ouck of page)		
Certified food handler			, Y -		
		123	4/_5		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		ALCONO EL EL CONTROL DE		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO		AND IN THE NARRATIVE BELOW	AS "R"		
Section # C/NC R	Narrative		To Be Corrected by		
324 NC Mosenied a leas	Lathe 3	Valu SWK			
Ovain Connection	15anitizer D	C43)	S VISPO Y Y		
and the second of the second o	Mr. Die i de Nooi gedikalisel	O TOTAL THE PARTY	Should find		
Observed the to	Marin mter	nal tood	st ispuspil		
218 NC temperatives mid	2 Drooth o 120	IK-in Coaler			
O'Cut Cantalo	Contatologe dute May led. 192)				
@ 0:50 am 94					
2 Cut Water	2) Cut water meson date may led 1/28				
(98.26 am L	1.44 Cover 1	th cover 14 Minstro			
5/0/1/0/	vas removed	3)			
21 JULY 10 F	Or 1627	C II and	A STATE OF THE STA		
		iiir_ii/	a colores (h		
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сс:		cc: Ma <i>Nayan</i> n_/le	alw Eleener		
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					T	1		
Establishmen	nt name		about another all the second of the	Telephone Number	Date of Inspection	ID#		
Sure	21		SCOOP MARKET	() Establishment	11/6/23	2449		
Establishme			m-(, p) 1 1/20/m21 5/	() Owner	11/0/05	Q 1 (1		
30	0	IR	ACT Pol WHTHELANDI IN	Purpose:	Follow-up Relea	se Date		
Owner				1. Routine	1	1/16/23		
(+	ARM	71	DER SARUAN	2. Follow-up	Summary of Viola			
Owner addre	Name and Address of the Owner, where the Owner, which the			3. Complaint				
				4. Pre-Operational				
Person in ch	arge	- 1	A Disease of the second	5. Temporary	C O NC	$C = O_{NC} \times R_{\perp}$		
K.	Ane	2	Franken Bergen	6. HACCP	Madie -	The state of the s		
Responsible	person's	emai	how t vods ir relationed to single meal sext \mathbf{l}	7. Other (list)	Menu Type (See	Menu Type (See back of page)		
			က်မြော်ကို သူကို မေးကို မြောင်းမှာ မေးမှုများ	and the same	The second design of			
Certified foo	od handle	er			1(23)	45		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
1			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
295	ne	*	mICROWAVE ANS to	de construct of	AT SOFT,	11/15		
399	NC	oq	DRANK STATION NOT	TATION NOT CLEAN, PARTICLE BURPS				
- T T		TOPER	SHELVING INSTER CI	ABAMET NOT A	BARET NOT PATHOED / SEA			
					10011			
6	0)	×	BACK MOP STAK AND	ef Holes IN	WHILE COTE	129 1211		
No	1	1	a Calla Callant	1110 110		10/		
10	10)	->-		TOP STANK FAUROT 1+AS HOSES CONNECTED				
(no		-	WATH SHIT PAP VAIVES					
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						Page 1 of		