

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

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

		Lauvi	in Requirements. The time mint for confection	on or each violation is speci	med in the narrative portion	or this report.
Establishmer	nt name	17	71	Telephone Number	Date of Inspection	ID#
10	co,	pe	///	() Establishment	11-16-23	1828
Establishmer	nt addres	s	Greenwie a	() Owner	11-10-25	1020
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Owner			tones crossing rel	1. Routine		6-77
			lacksquare	2. Follow-up	Summary of Violati	
Owner addre	200			-		
Owner addre	299			3. Complaint		
				4. Pre-Operational	8	Λ
Person in cha	arge			5. Temporary	CNC	<u> </u>
				6. HACCP	/ /	
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
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Section #	C/NC	R		Narrative		To Be Corrected by
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Establishmen		la et applyment d'harmonn man d'	Telephone Number	Date of Inspection	ID#
	Taste	of China	() Establishment	11/28/23	1302
Establishme		•	() Owner	11/20/23	1.730
	989	9 N US 31	Purpose:	Follow-up Release	
Owner		whiteland	1. Routine	2	2/6/23
		AN	2. Follow-up	Summary of Viola	tions:
Owner addre	ess		3. Complaint		
			4. Pre-Operational		
Person in ch	arge	a derail asbaoer Lagerg to both.	5. Temporary	C O NC	2 R
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	Page 1 of



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

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Owner address Person in charge Marsafa Responsible person's e	Saran Johnson	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 11/30/23 Follow-up Release 12/2 Summary of Violation C NC 3 Menu Type (See both 1 2 3	R
STACEY BA	LEITZILE 10/24/25			
 CRITICAL ITEMS AR VIOLATION(S) REPEAT 	E IDENTIFIED IN THE CHECKLIST AND NARRAT ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	TIVE COLUMNS MARKED "C" THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS	5 "R"
Section # C/NC	R	Narrative		To Be Corrected by
394 NC	+ ORSERVED DumpSTER	Con OPGN		11/30/23
395 NC	- ORSERVIED DUMPSTER	por Norre		12/2/23
4.30 NC	TEA DISPENSER -03SERVOD LIGHT I JOT WORKING	walk-w F	RCE ZZR	12/10/23
Note !	- No AIR GAP FOR	3 BAY Swic		mismond Litera
Received by (name and Received by (signature)	Gullett	KE	sted by (name and title printed) Life Rolling (pignature):	Ests Michael



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Establishmen			M = 1 = 1 = C = 1 = 1 = 1	Telephone Number () Establishment	Date of Inspection	ID#
Establishmer	nt address	4	Christian Church Frankin	 `	11-20-23	1149
1775	2	\\ <u>\</u>	aham Rd 46131	Purpose:	Follow-up Releas	e Date
Owner				1. Routine		30.23
· · · · · · · · · · · · · · · · · · ·				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
Person in ch				4. Pre-Operational		\ _B
reison in ch	aige			5. Temporary 6. HACCP	C_O_NC_	J K
Responsible	person's	emai		7. Other (list)	Menu Type (See l	back of page)
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			ENTIFIED IN THE CHECKLIST AND NARRATION ROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		IN THE NARRATIVE BELOW	AS "R"
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Received by	(signature)): <u> </u>	. Peek	Inspec	ted by (signature):	ale Flen
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Listablishin	chi bani	tatio	in requirements. The time mine for confects	on or each violation to spec	ined in the martin. Poster	or the report
Establishmen		Pa	mby	Telephone Number () Establishment	Date of Inspection	ID#
		-		- 1	11/16/23	505
Atlora	Mel. 1	Me	99 £ mam 8t. Circenwood	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		5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5. Temporary	C NC_	2 R
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				7. Other (list)	Menu Type (See t	ouck of page)
Certified for	od handle	Ca	r Mariah Brown 2/7/2	ı	12_13	45
• CRITICAL	ITEMS AT	SE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	_		Narrative		To Be Corrected by
297	NC			orted.		11/27
× ((711111	ile c			mother gar wer to youthfulf	11/20
336	•) (JE)	Chemical dispenser.		wall mounted	er 11/27
431	NEC	1000	floor mide walt-in- -ploor merde walk.	cooler is our in cooler n	ted searing	. 11/22
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NAMES AND ADDRESS OF THE OWNER, WHEN PERSONS		To the Owner,	111 + 51101	Tal	spected by (signature):	
Received by	(signature)	<i>)</i> :		116	spected by (signature):	
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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.

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Establishmer Walc	nt name	5	#04592 315. Greenwood	Telephone Number () Establishment	Date of Inspection ID	3/4	
TOO	/ A		21 C Greenwood	() Owner			
Owner	Vic	,	<i>31 3.</i>	Purpose: 1. Routine	Follow-up Release Date		
				2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge	_	ii	5. Temporary	C P NC P R	, Ø	
	0			6. HACCP	110		
Responsible	person's	email		7. Other (list)	Menu Type (See back of	page)	
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Certified foo	d handle	r			1_234	5	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NARRATIVE BELOW AS "R"		
Section #	C/NC			Narrative To Be Correcte			
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Office 317-346-4365 Fax 317-736-5264

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Establishmen	nt name		#0580		Telephone Number	Date of Inspection	ID#
Wal	cree	25	7,00000		() Establishment	11-6-23	921
Establishme	nt addres	3	Greenh	100 cl	() Owner	1100	101
720	5 3	Hete 1	#05853 rd 135 Breen		Purpose:	Follow-up Release	se Date
Owner		A-04			1. Routine	NO 11-1	6-23
O WILL						1	
					2. Follow-up	Summary of Viola	tions:
Owner addre	ess				3. Complaint		
					4. Pre-Operational		1
Person in ch	arge				5. Temporary	CNC	D R
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Responsible		and all			6. HACCP	76 77 (0	1 1 6.
Responsible	persons	eman			7. Other (list)	Menu Type (See	back of page)
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Certified foo	d handle:					13	45
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Section #	C/IVC	K	1/11				To be contected by
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Office 317-346-4365 Fax 317-736-5264

Establishmer	nt name			igadoreni ir ir rodegi	Telephone Number	Date of Inspection	ID#
	Wale	nous	+		() Establishment		
Establishmer	nt address	S			() Owner	11/29/23	1123
	113	33	N. Emerson	1 AJP	Purpose:	Follow-up Relea	se Date
Owner		-	N. Emerso	and de	1. Routine	Follow-up Relea	2/8/Z3
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Owner addre					-	Summary of viola	tions.
Owner addre	288				3. Complaint		
					4. Pre-Operational		2
Person in ch	arge				5. Temporary	C_O_NC_	∠R
L ben Lan	ir quig 1	gal In	å i i mi sajradik	dino pina	6. HACCP	1 00 Un + 1	oh abuloza
Responsible	person's e	email	et cardige that	Tint — Trineil smal	7. Other (list)	Menu Type (See	back of page)
Certified f90	d handler	. ,				1 2 3 7	, , ,
7 K.O	MHH	11	Lancy Barkey	44		125F	_45
			The second secon		E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ED FF	OM PREVIOUS INSPECTION	NS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" A	AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
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431	NC		- The t	1001 drain	s are soi walk-in hool [some] run	led,	12/1/23
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Page 1 of

Establishment bantation requirements. The time man to	correction of each violation to open	The state of the s	- I
Establishment name WH2 - MRRT	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address 2125 N MORTOW FINALD	Owner ()	11/13/2	
		Follow-up Releas	
Owner	1. Routine		125/23
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$_{\rm C}$ $_{\rm NC}$	7_{R}
CHASE WALLS	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
C .:C 1C 11 - 11		~	(2)
Certified food handler WALLS ES	S.M. 3/14/28 EXP	2 1 2 3	4 X 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE		AND IN THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
To the state of th	UNCTIONING - D	MIRY	11/25/8
(NOTE) WAZH-IN COOL			11/2=
431 NC - BACK AREA -	FLOOR DRAW	S NOT CRAIN	11105
	UNT - EXMUST	HOOD FILTE	
425 NC SNOT CLOAN	MOPS NOT HU		11/25
324 NC - FROOR BY MO		550 HERIC	
& BREAKER VAT	SSING TOP PAR)	
(NOTE NI) CELLING LIG	THE STATE OF STATE	MeAT/HAM	11/20
(NOTE ~ (1) CELLING LIG	COOLER ROOM		11/0
324 NC = WATER LEAK	2		11/25
12 APPR	DETECT	William	11755
	ozal postroom	MECHANICA	12 11/25
EXHAUST FAN			11,00
218 NC 2 JOER GASKETS	WORN SPLET	on disper	4 12/15
PETSIERTORS	/Fredzers A	34/13	10.12
A (3)7			/
	TAZLATION ECOLAR	SYSTEM	1/
WOT STOSTO	7200 COSTECTRY		
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Establishmen	it Sain	tatio	n Kequitein	ents. The time limit for correction			or this report.
Establishment WFN9		E	7C.	bazard iliamanq-non is ne	Telephone Numb () Establishm	1 /	ID#
Establishment	addres	S			() Owner	11/8/23	2029
2239	N	Me	ORTON	FIANKLINIAN	Purpose:	Follow-up Releas	e Date
Owner					1. Routine	(ges) 11/	18/3
					2. Follow-up	Summary of Violat	ions:
Owner address	3				3. Complaint		
ζ.					4. Pre-Operation	ual	A
Person in char	ge		3.12.00		5. Temporary	$_{\rm C}$ $_{\rm NC}$	6_{R}
		`	50 mes		6. HACCP	at the same and the	brilane
Responsible pe	THE REAL PROPERTY.	CONTRACTOR AND DESCRIPTION OF THE PERSON NAMED IN	NAME AND ADDRESS OF THE OWNER, WHEN PERSON O	Anni a barn a back zani	7. Other (list)	Menu Type (See b	pack of page)
тевропологе ре	150115	CITILLI			7. Other (tist)	Went Type (See a	ack of page)
Certified food	handle	717	e FPY	(SERUSAFE)		123	4 P 5
• CRITICAL IT	-	4 10	0,00	THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"	,	
				US INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW	AS "R"
	C/NC	-	E . 425		Narrative		To Be Corrected by
NAME AND ADDRESS OF THE OWNER, WHEN PERSON OF	C	~	num	erous smarc		20 N AROUND	CONTROL
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774 (34)	proj	100	71.7	Sections of Management and Control	Child a safety -	LIQUES T AND T SHOOTS	-dosel
413	NC	V	FROF	UT DOOR DOES	NOT close	MIGHTZY WHOT SOIL	11/22
336	É	1	Hoge	S Appropriated &	TO Hose 1	NITH SPINY	12/1
				26 CONTRACTE	ed to mos	O STNK	TELLER
			FAU	CET SHUT OF	ES WITHO	UT AJBQUAFE	e miles
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239 8	JC -	2		HANKERE SISH			11/13
			NOT	STORED OFF FC			
	VC.	4	9 REL	L AREA-HAND			
218	NC	×	000	R GASKETS WOR	N SPLAT C		
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295	MC	1		MOF UPRIGHT	Freezek,	UNDERSIDEOF	11/20
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