

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

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

Page 1 of

Establishin	ent Sam	W.	requirements. The time mint for con-	cetion of each violation is specified		
Establishme NS C	-	Box	From wood deans	Telephone Number () Establishment	Date of Inspection	
Establishme	nt addres	S	D + LA	() Owner	12/28/2	
340	Be	arm	g of Franklin	Purpose:	Follow-up Relea	se Date
Owner		U		1 Routine	O OXIII I	Arrivation and an arrivation and an arrivation and arrivation and arrivation and arrivation and arrivation and
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
Person in ch	e van in von			4. Pre-Operational	C_O_NC_	<i>(X -</i>
Person in ch	arge			5. Temporary	C_C_NC_	<u> </u>
Responsible	person's	email	Fithers in 1200 to confeque de mayor internolon a Septim	6. HACCP 7. Other (list)	Menu Type (See	hack of page)
respondie	Persons			7. Other (usi)	Wienu Type (See	ouck of page)
Certified foo	d handle	r			123	45
			TIFIED IN THE CHECKLIST AND NARRA M PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
Til near	77 1 11	7 10 2		1	o lastata garanta	- Da 1011888113
			Mo notation c	burney maplet	on	e gib Touti
						-
	19120	- I	T. Jacobandina dallam na	r was to called the o	The second second	lad a serial of the
	n Lebin	ita i sa s	a sign of the sale of the sale of	<u> </u>	Land Company	1 1005 - 1 10 2
						ni e menel
Received by	(name and		ated): apente(ter	PO	ARL W	u Etts.
Received by	(signature)	٠ (Inspect	ted by (signature):	growler
cc:	-		cc:	ccl		



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

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

Establishment name Aldi Inc Establishment address 1595 US 31 Owner Owner Owner address Person in charge	Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release	ns:
Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND N VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE		12_X_3	45
Section # C/NC R	Narrative		To Be Corrected by
No Hems	Notecl	S LOOGES CARRIED OF THE ACTIVITY OF THE ACTIVI	DESERTE PER PER PER PER PER PER PER PER PER PE
Received by (name and title printed): Received by (signature): cc: -cc:		eted by (name and title printed): ELE FLECTE A Signature): LOW Flen	



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

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

Establishme	nt name		about the based by a recommend on the	Telephone Number	Date of Inspection	ID#
Amen	RTCAT	v 2	egion Post 205	() Establishment	12/27/2	3 103
Establishme	nt addres	SS		() Owner	Jajaiji	103
1200	PAR	XX	AVE. FRANKLIN, IN	Purpose:	Follow-up Releas	e Date
Owner				1. Routine		5/27
Am	erici	RN	leg FOR	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		^
Person in ch	arge	^	of Ford I and a second to be a	5. Temporary	c_O_NC_C	
LF	+ UR	A	Cook	6. HACCP	rug	antiaka,
Responsible	person's	email	Ly his participated from the Character world	7. Other (list)	Menu Type (See l	pack of page)
Certified for		er Bl	ASILY (EXP 8/28/28)		1_2)_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	'E COLUMNS MARKED "C"		1 - 4 - 4 - 4
	Contract of the last of		ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	WHO WHO IS NOT THE OWNER.
Section #	-	-		Narrative		To Be Corrected by
411	NC	*	(1) LIGHT OUT ON	EXHAUST HO		12/3/183
347	NC	1	SISPOSABLE TOWELS	mens Restrace	pp - (CORPECTED
			215g05HBQ 10WEC	S NOT HUNTLEH	80	12127123
295	mc	· >	NOT CLEAR I WET	OF BUR CH	est coolar	12/31
			100 Cano fore			
295	NC	49	NOT CLEAN	F Ju MAA	Ler	12/31
291	MC	0	"QUAT" CHEMICA	c TEST STR	IPS	1/4
334	rc.	*	ICE SCOOP STORE	ON CLOTH TO	ovel	12/31
			,			Suscount
Received by	(name an	d title j	printed):>	Inspect	ed by (name and title printed)):
· Cai	ra		OOK brasser	and a	30b Smith	1 675
Received by	(signature	7.	Cook	Inspect	ed by (signature)	packaging
cc:			сс:	cc:		
						Page 1 of



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

Telephone Number () Establishment () Owner	Date of Inspection	1D# 563
1. Routine	12-	79-23
 Follow-up Complaint Pre-Operational Temporary HACCP Other (list) 	c nc	R Startova
COLUMNS MARKED "C"	123_X	45
Narrative NY 1022 1 0 NY 1022 1 0 NY 1022 1 0 NY 1022 1 0 NY 1000 1 1 Solve of the control A in bar - extended in the control Sen & water is st Ching ice in Took Of the control Of	Aprilian. Connection. Longerton.	To Be Corrected by 12-19-23
ice maker & G	ted by (name and title printed)	e an o le
	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS" AND INTERPOSE "SUMMARY OF VIOLATIONS" AND INTE	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See b) 1 2 3 X COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW A Narrative NARRATIVE COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW A Narrative NARRATIVE COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW A Narrative NARRATIVE BELOW A NARRATIVE BELOW



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

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

Page 1 of

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Establishment name Telephone Number Date of Inspection) Establishment 12/6/23 ablishment address Franklin
1400 M. Morton St In 46831 642 Establishment address) Owner Purpose: Follow-up Release Date I. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C = NC = RPerson in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler John Mc Andrews 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 Section # C/NC R Narrative NOTE: Proof corder has been placed for couple Leak at hand sink in Aracol. ii) map sink parelet with bitmopleance value breaker has no shut off work order is placed to correct the usual please work more on floor & walls beausing Inspected by (name and title printed): Received by (name and title printed): Maul Betitu Lets. Josh John Inspected by (signature): Received by (signature): cc:



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

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

Establishmen	t name		The committee of the constraint of	Telephone Number	Date of Inspection	ID#
Ar in ?	1			() Establishment		
Establishmen	t addres:	S	Creenwood	() Owner	19/19/23	950
2140	(1)	S	31 Creenwood	Purpose:	Follow-up Releas	se Date
Owner	ч			1. Routine	- Increase	
				2. Follow-up	Summary of Viola	tions:
Owner addres				manuscript Control of the Control of	Cummary of viola	10113.
Owner address	SS			3. Complaint		
				4. Pre-Operational	D	7
Person in cha	rge			5. Temporary	C_P_NC_	S R
3.11		10	The State of the S	6. HACCP	Brother day, to a	- No.
Responsible p	erson's	email	produgitation of the first	7. Other (list)	Menu Type (See	back of page)
Certified food	l handle:	r			1 2 3 V	4 5
					12 <u>5_V</u>	
• CRITICAL I	TEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		1 }
• VIOLATION(S) REPEAT	ΓED FR	OM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	
	C/NC	R		Narrative		To Be Corrected by
297	MC		couple of soda m	zille one sorted	3	12/28
025	MC	BOUTH R	couple of tites & a	rout morning at	Awel - Bay	1
430	MC		Sink of the f	July milling au		
			Smit			
431	NO		Moor merele walk-	n cooler is so	uled	
131	14	1	cloor by 3 - bay s	n cooler is so ink is soiled		1
)			
		\vdash				
	II	0 3 V	NOTE Proposit	faulet connect	ed to	
1211112	MICCHO NO	B-7	chemical s	contizer station		Acetory
	11.21.717		chen	wal dispinser	77.	o els comed
			Gon	nep some paul	it.	
				voter seen at a		Serve
	SOFT SEE			hine - this needs		red out
			(iii) Make Sura	handsinks one	only used	for homol
			washing			
Received by	name and	title p	rinted):		cted by <i>(name and title printed</i> Citil BLMCE	
Received by (cianatura		TVITTECTOR		cted by (signature):	
- W) \		$\sim \rho$	V.	al Betien	
cc:	-		cc:	çc:		
	A 14 1 April 1					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 Arby 4 Establishment address LILL N. S.R 135 Curlen wood, IN Owner	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint	Date of Inspection ID# 12/5/23 769 Follow-up Release Date - 12/19/23 Summary of Violations:
Establishment address 111 M. S.R 135 Curlen wood, Joh 46142	Purpose: 1. Routine 2. Follow-up	Follow-up Release Date - 12/19/23
111 M. S.R 135 46142	Purpose: 1. Routine 2. Follow-up	Follow-up Release Date - 12/19/23
	1. Routine 2. Follow-up	- 12/19/23
	2. Follow-up	- 12/19/23
	2. Follow-up	
Owner address	3. Complaint	
owner address	The state of the s	
	4. Pre-Operational	
Person in charge	5. Temporary	CNCR
	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
	e seemi va que	La tile com alianos se scora l
Certified food handler	PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH	1 2 3 1 4 5
Amy Bernett		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED I	IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
3 36 c Map sink faulet in	of at nothwere of	vale mounted 12/18
breaker with hose	extended to a v	vall mounted
Olas mare Ol des a Das Pares		To the contract to substitute a contract of
345 C Hand Sink by Ser	vong area is used	for Storage May's come
0.1		
MOTE: Enleade ma	USA SUND Place total	is by the
	c is project.	
(w) make su	se hand since a	me only used
por warhm	9 hamale.	
/ (Commercial Activities and Activities
	one in a new Little to end	and a short a role and a
and the same of each of the same of a scale of	ruado Shari i in	y a pointement of protection
		line -
		1
Received by (name and title printed):	Inspec	ted by (name and title printed):
· Am Bennit	nau	U & eticu for Molangeorge
Received by (signature):	Inspec	ted by (signature):
· I Drug Dhuds	12.Ou	il Betitu // Mayugagage
cc: cc:	V _{cc:}	



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

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

			in recommendation while the mine for correction	or o	ented in the martaure portion of this report.
Establishmen			De tre la remi di dicelle and fr	Telephone Number () Establishmen	Date of Inspection ID#
/	1	s	Main et Ine	() Owner	12/20/28 2507
737	757 I Mam of Dy			Purpose:	Follow-up Release Date
Owner				1. Routine	-
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge			5. Temporary	C NC R
li cison in ch	arge				CNC_CR_
D 111				6. HACCP	40 1 1 1
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)
Certified foo	d handle	20.	sales.		12345
		7	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		AND IN THE NARRATIVE BELOW AS "R"
Section #				Natrative	To Be Corrected by
-	0/110		MOD a h has no de	it out don	m change of 1/9/201
336		lori.	MOP Sont has no si Atmospherir valuum	un of an	11 11 19 11 11 19 4
ar from			Camospinerie vaeumi	bruger.	
					The second secon
			11050 00 10	0 a axe	10 Atlant
	-		NOTE: Socia no (4) Circat w the floor	-2260 ONX	beach 1000th
			(W) Circal W	ort on keep	ing up room
			The floor	77.	0
			<u> </u>		
	I service		1.5.41./2.10.211		Tilger resident and a second an
.71	M		encie (
					in the second
Received by	(name and	title ,	printed): SG(oL	Ir	spected by (name and title printed): Club Beltiker Let's
Received by	(signature)	0	00 100	Ir	Spected by (signature): "PORC BUTTLE.
cc:	gara	Va	cc:		ic:
"					



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

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

Establishmen	t name		1 1	has a disperse and to pour	Telephone Numb	er Date of Inspection	ID#
at	hal	. /	of In	ranklin, IN 46131	() Establishm	ent in Libo	
Establishmen	t addres	s	0	7 111 2 141	() Owner	12/6/23	2569
13.75	Nic	ole.	Dr F	ranklin	Purpose:	Follow-up Releas	a Data
Owner	7	7 0,	DI	70121	7. Routine	/ -	16/23
						Summary of Violat	
0 11		-			2. Follow-up	Summary of violat	ions.
Owner address	SS				3. Complaint		
					4. Pre-Operation	al j	2 /
Person in cha	rge		0 00	/ uthan	5. Temporary	CNC	
line	la	X	Weller	van	6. HACCP	and a second	
Responsible p	erson's	emai	rhy h	GeruSafe	7. Other (list)	Menu Type (See l	pack of page)
Cenified food	l,handle	r ,	2.1 00	Exp / l	<i></i>	1 2 1/3	4 5
(una	his	2 1	Mille	ims 4/28/27	ł .	12	
· CRITICAL I	TEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C'		
• VIOLATION(S	S) REPEA	TED F	ROM PREVIOU	S INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATION	IS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R			Narrative ,		To Be Corrected by
218	NC		Mo	bile ingredie	nt ben,	storing	12/8/23
	Marin	F KJ	Suga	v was brok	en at 1	he top	1//
1 THIGHT	Istani	DOPE.	au	ter edge.		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+
413	NC	\checkmark	Tiles		doors t	o dunpster	12/25/23
			area	contains a	n outer	opening	
			att	he center &	ottom of	both door	
336	C		Thop	sink Jane		almospheric	Remove
			vace		(AVB), U	O Mility	unit
			200			a wall	12/25/23
			moi	inted dupen	ser via	a rose.	
	i						
	- 12 357		Market Start	and that the desire with the annual and	<u> </u>		e copher Christ
				<u> </u>	3418 Leannest 44 1	Part II II district and	
Received by (name and Je 10		printed):	var		Inspected by (name and title printed Andrew Mille	er, EHS
Received by):	V li	lluum		Inspected by (signature): Andrew Mil	lles
cc:	5		10 00	cc:		сс:	



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

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

Establishm	ent name	,	Jour F. Pris	nesa ri Terri	hetekelmin h- o	Tele	phone Number	er	Date of Ins	spection	ID#	
(It)	rens	1)				()	Establishme	ent	12/	27/2	2 /	25
Establishme	ent addre	SS		01		()	Owner		14/	21/6	7/6	
1800) N	DVI	hulan	1 Pla	Za	Purpose			Follow-up	Release	Date /	
Owner	/ /	1	("	Fran	Klin, IN	1 Roi			Ves	/	1/	4
10	mi	HI	Vin,	1	46131		llow-up			of Violatio	16	
Owner add	ress	1	W.		10131		mplaint		7	/	•	
						0	_	-1				
Person in c	haraa		,				e-Operation	aı	6.3	NC/S	3	
Person in ci	narge	7	1,00	mul loud		100	mporary		<u> </u>	NC 16	2 R_	C 87
Responsible	4/1	0	MA		CLO EX	6. HA) (T	/C - 1	1-1-C	
Responsible	e person s	eman		SON-	satt 1	7. Otl	her (list)		Menu Ty	pe (See bo	ick of pa	ige)
Certified fo	od hand	1.	0	1	5/1/28	/-			Section 12	2	. /	
M	n -	HI	Vis.						12_	3	4 V	5
• CRITICAL	LITEMS A	RE ID	ENTIFIED IN	ГНЕ СНЕСК	LIST AND NARRA	ATIVE COLUMN	S MARKED "C"					1
• VIOLATION	N(S) REPEA	ATED F	ROM PREVIOUS	INSPECTION	S ARE DENOTED II	N THE "SUMMAR"	Y OF VIOLATION	IS" AND IN T	HE NARRATI	VE BELOW AS	"R"	
Section #	C/NC	R				Narrativ	e				To Be Co	orrected by
324	NC		() Si	ron	2 sew	ver a	as le	ke.	sme	le.	1/1	124
	1430	o loid	note	do	in /	ments	res	troop	n	gur giole	11	1
	a h Tead	2.7/CLD	(2) M	ens 1	restro	omh	and	sin	6	e destrict e	EDIOTEAU A	
		_	drain) py	oing,	leakin	g at	the	200	el	. 7	1
295	NC	_	O Va	ribu	so ref	regera	tion.	uni	t di	2000	12/	29/23
	-	-	gaske	ts a	re s	Biles	Lan	dS	me)		1
	-		unter	w.	shelve	ing you	its a	re.	soll	ed		
-	-	100	2 Ext	erior	Side	100 C	DORL	ng i	guy)-		
-	-	200	3) 12	to a con	solle 7	two r	nicro		res			
	1	1	2 60:	SOLO	1 000	d ma		Cal	11			
			Dann	41	a and	a ma	Jun,	·			falven ju	1 -
	Hilaro	16	Dense	de	top of	" elle .	mak	er.	is	E-contract of		
			soile	d	, 0					5	naso -	
			3 met	al 1	table.	top	soile	du	11 66	2	Corr	rected
		_	med	ranic	al sle	cer	and	mu		raves	2, 1	1
402	NC	~	Cove	· No	se le	sose.	from	wo	ree		1/1	124
1/2/		-	you	th) 1	it coo	Kling	9		0 4 4		11	1/0/1
Received by	WC	v title	brinted):	ors,	wales	, Cese	ngs.u	Inspected	by (name and	title printed):		1/29
475	O lame an	(D-	CC,					And	10/11/	VIIIP,	n E	HS.
Received	v (signatur	~	177					Inspected	by (signature)	: No	10	1
	100	0	offer	-				Una	enen	5 Mus	(le)	
cc:	0-0		100	cc:		***************************************		cc:				
Personal Property and Property	-	NAME OF STREET		THE PARTY OF THE P	THE HARD THE PARTY OF THE PARTY	A STATE OF THE PARTY OF THE PAR					73	1 0 1

NARRATIVE REPORT

			The state of the s	
Establish	,	1		Inspection Date
(III	en	<u>2</u>	1800 Northwood Plaza	12/27/23
Section#	C/NC	R	REMARKS Franklin IN	TOBE
		├		CORRECTED BY
1100		<u> </u>	soiled 76/21	1 1 1 2 1
133	NC	Ш	Wet more not hungry to andry	1/1/24
291	NC	Ш	no Chlorine test estreps 8	12/28/23
0.05			provided,	, 4
295	C		Table top slicer is soiled	12/27/23
1/21			(mechanical)	1
43/	NC	1	Men's restroom tolet and	Corrected
		Н	sest was soiled	<u>, , , , , , , , , , , , , , , , , , , </u>
2 95	NO	Ш	Interior of the two new	1/1/24
		Ш	salad bars bottom areas	' /
		Ш	was soiled	1-7
<u>334</u>	C		Water softener drain line	1/3/24
			is direct connected to the	' 1
		Ш	sanitary server	<u>, , , , , , , , , , , , , , , , , , , </u>
<u> 218 </u>	NC	4		1/1/24
		Ш	is rusty peeling paint	Replace
430	NC	V	alley wack door is	1/10/24
		Ш	rubbing the door frame	/ /
			and the door frame unit	
		Ц	is loose	+ 1
190	NC	Ш	Previously cooked spagnette	12/27/23
		Ш	measured 50°F while (in	Shall ow
*****		Ш	a container 15" deep inside	pan S
		Ш	two door cookline refrigerato	v, 1
388	NC	Ш	Exterior (West) parking Olivat	1/1/24
		Ш	contained what appeared to be	, ,
			spilled spent grease	<u></u>
324	C	Ш	Oce maker drain line	1/5/24
		Ш	lacked an air gap	1, 1
324	NC	Ш	Spray norge and hose	1/9/24
•		Ш	attached "to a water line	′ ′
		Ш	lacked a backflow devices	<u></u>
			V	-
	(1)	Ш	Motes: V is a repeat	
		Ш	violation from last unspection	
			on $5/19/23.0$,
	(2)	\square	' Est door (exterior) rubs	
			the bottom threshold plate	
Received B	(Name	& Ti	Inspected By (Name & Titte)	Page <u>3</u> of <u>3</u>
NI	Da	<u>.</u> [Office (inarew//weer, EAS	. ugo
State Form 4			· Nub	

State Form 48621 (B2 / 8-05)

No dedicated mop seen in facility.

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.

Establishment name Establishment address Owner CV OSSing	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up	Date of Inspection 2 - - 2 3 Follow-up Release	Date 10-23
Owner address Person in charge Responsible person's email Certified food handler	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	CNC Menu Type (See ba	RRck of page)
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R NO HOME			"R" To Be Corrected by
Date: Fecha Emp: Emp: Emp: Emp: Emp: Emp: Emp: Emp:	alhina Final	ringe).	
Notes: District Ceeds Cleix Consolidat Appercatives Consolidat Consolida	internal foor Detween 419 Hemperothuse	SOF - HUOF, WAS DOSPAL and by (name and title printed):	ed
Received by (signature):	Inspecte ce:	sd by (signature):	vizn sixif



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

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

			1		1	A
Establishmen			shoot sugard with the sandow to also	Telephone Number	Date of Inspection	ID#
			VT INN	() Establishment	12/21/23	1200
Establishmen	nt addres	S	1-12:1	() Owner	110/01/02	71040
1812	7 1	49	LIDAY LN FRANKLIA, IN	Purpose	Follow-up Release	
Owner	-			(. Routine	1 - 12	131 23
756	MA		PATEL	2. Follow-up	Summary of Viola	tions:
Owner addre	SS			3. Complaint		
				4. Pre-Operational		
Person in ch	rge			5. Temporary	C\NC_	5 R
1		TW	'AZBERTS	6. HACCP	C	
Responsible		-		7. Other (list)	Menu Type (See	hack of page)
responsible	persons	Cilitai		7. Other (1131)	Wienu Type (See	ouck of pages
Certified foo	d handle	r			-	, ,
					1-(2-1)-	45
• CRITICAL I	TEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		1000
• VIOLATION	S) REPEA	TED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
255	NC	×	THERMOMETERS	NOT ACCURA	to en	- REPLACE-,
	7111111111		BRUAKEAST BAR AND	2H - 2 200R	REFRIGERATOR	12/28/73
		-5/11/-	AND UPRIGHT RE	FRIGERATOR	The same	a Douthant Tage
				2 - 2 2000	10- 2000	1. 1.3
197	NC	2	UPRIGHT FREEZER		The 20°F	12/23
			NOT AT OF A			
187	6	4	2 200 R REFRIGER,	ATO MILLONE	NOT AT	12/21
18 /	6	10	HIPF OR LESS A	leap INTERNAL		20.
			AT LICE OR LOS	S)	1611 /2011/101	
		-3	11 211 31 43)	The state of the s	
291	NC	N	CHZURING TEST	PAPERS NO	T AURITABL	12/28
- yileli	175 91 186	melo	diaza ne nem na manine a mail ana diamatika dia	There was a	and the second second second	
228	NC	R	BAZK ROOM - U	PRIGHT FREE	TOR, CHEST.	12/31
256	NC		FREEZER NOT	ensily move	ABLE,	13/28
			THERMOMETER		UTDO FOR -	
			THESE UNITS	/ CHEST F	FROUZER - JE	2 312/28
			BUILT UP			
Received by	(name and	l title t	spirited).	Inc.	pected by (name and title printed	d):
Received by	name and	N	Alborts Bra	paktast "	Bab SmITH	
Received by	(signature	1:	THE TOTAL OF THE PARTY OF THE P		pected by (signature):	only is a second
(A)	20	b. l	(B) (D) (T)		BlSmo	
cc:			cc:	cc		
'						1
		- N-1994				Page 1 of



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

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

		1					
Establishme		Lorent Sec		Telephone Number	Date of Inspection ID#		
		otern	0	() Establishment	12/20/23 1560		
Establishme	nt address	no h	r. IN 46143	() Owner	10/20/05 1568		
178	1 9.	mart of	r. IN 46143	Purpose:	Follow-up Release Date		
Owner				1. Routine	-		
				2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge			5. Temporary	CNCR		
	0			6. HACCP			
Responsible	person's e	email	Total Indiana and About the	7. Other (list)	Menu Type (See back of page)		
reoponoio	Persons			7. Other (1131)	anthoma han no as some		
Certified foo	od handler				1 2 1 3 4 5		
					12545		
• CRITICAL	ITEMS AR	E IDENTIFIED IN	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
 VIOLATION 	(S) REPEAT	ED FROM PREVIOU	US INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "R"		
Section #	C/NC			Narrative	To Be Corrected by		
228	re	Dewers	fairs & upstairs movable	cooler & freez	er are not 12/29		
	WHITTE	easity	morable		a - iga war io garshin (Mex. 1921)		
- 61		0		* //	24 22		
256	NC	cougle	of preezer un	n momente	tens morele 12/22		
10.1		11 - (1	000 0000	10 his No on a	1 1 1 1 2 1 2 2		
191	C	corta	wie no acce in	conting on popula	aims instell 17/17		
		0000	write autonotion	270 00			
					to the second se		
		and a second			A Line Line reserves to 17 Lil		
					11 / 1/2/ / 1		
Received by	(name and	title primed):	ack	Inspe	cted by (name and title printed): Caul Belticu Eds		
Received by	(signature)	: A L I	1		cted by (signature):		
· 4	Mi	JU OX	well	da	of Betion.		
cc:	V V J		cc:	/cc:			



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

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

Page 1 of

Establishmer Brak Establishmer Bo 2 Owner Owner addre Person in ch Responsible Certified foo	Foreign address H SH ess arge	emai	Distrited living Va alr. Greenwood	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#
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R 481 ML Some owlas on the footlate Total Total A host latending to a fest statisfaction; No TE Melantal				Narrative Ploor by 3- It mosphere vacuu wal mounted o Chish washer perature is all funk faulet	To Be Corrected by bay fin C. 45 12/19 m breater with 12/28 hemical dispension Jamp. 4 Olay cony is leating,
Received by Received by cc:	1	1	(pintfd):	Insp Insp Ju Ju	ected by (name and title printed): All Boliku Etts ected by (signature): Oul Boliku Unifugay



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

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

Establishme	nt name		and the state of t	Telephone Number	Date of Inspection	on ID#		
BI	6	NO	005	() Establishme	ent 12/28 K	balanta		
Establishme	nt addre:	SS		() Owner	10/08/	2001		
1800	E	1	CING ST. FRANKLIN, IN	Purpose:	Follow-up Rel	lease Date		
Owner				1. Routine		1/7/24		
				2. Follow-up	Summary of Vic	olations:		
Owner addre	ess			3. Complaint				
				4. Pre-Operation	al	~		
Person in ch	arge				C = 0	, y		
Tene			HALLORAN	5. Temporary 6. HACCP	um tagahau	,R		
Responsible	person's	emai	and the first of the contract of the first of the contract of	7. Other (list)				
			selecte when he it it is it is	\$ 221	ureing control	and an arrang continu		
Certified for	es A		HAZLORAN		13_	5		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
 VIOLATION 	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BEL			
Section #	C/NC	R		Narrative		To Be Corrected by		
324	wc.	4	MECHANTERE DISHMA			1/5-124		
				dRATA OUTC				
138	NC	\sim		strazor n	wit worm B	4 12/29		
295	No	N	Employee	OT NO DE P	ACMT ALORA	12/31		
0.42	Ne	3		KASIN HYOK	NOT CLOPEN	18131		
431	wc	0	1100	In more	OK KITCHE	or 1/3/24		
324	NC	7		o wall,		170 1011		
50,	100	7			NS NOT			
		X			FACE			
	111.00	+	FLOOR UNDER to		SOFT DRINK	and transport		
		on h	STATION NOT CLOS	m /	be the second of the	d plante and		
WOT	6)	7			ITEMS STORE	De pemore 24		
			on FLOOR IN BISS	ment STOC	CK Room	111070.1		
399	MC	4			N KITCHER			
295	NC	+			NOT CLEAN	+ 1/3/24		
218	NC	1	SHELF COASTNG ?	UDRI DIV.	SACRO COOL	200 2/1/24		
		\vdash						
Received by	(name an	d title	printed):		Inspected by (name and title pri	inted);		
Ter	esa	He	alloran, General Ma	nager	Bob Jmi	THE ZAS		
Received by	(signature): 	1	9	Inspected by (signature):	Surgent and I		
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	ID#	
BLUE CACTUS	() Establishment	12/27/23	2349	
Establishment address Establishment address Establishment address	() Owner	1 3 2 3 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
188 W JEFFERSON ST. FRANKLIM D	Purpose:	Follow-up Release	Date	
Owner	1. Routine	1/0	184	
	2. Follow-up	Summary of Violation	ons:	
Owner address	3. Complaint			
	4. Pre-Operational		2	
Person in charge	5. Temporary	C = O NC = R		
Jose M URILLO	6. HACCP	egili. Samenda di Cal		
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
961 U E 1	Catherine a	pre nor singuity		
Certified food handler MUSTLO		12348		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH				
	Narrative		To Be Corrected by	
	ettend mops	TAIK	1/10/29	
BASTIN	Filler and the second	The Tourist A complete of the	tomas tel	
411 NC + Some certing 2	JOHTE ARD	out on	1/1/24	
distants HING BI	79HTS ARE	201- 9.0	1/010/	
FOR VAPONA PEST.		In	Remove	
MAN BAR AMEA-	NOT TO BE	used	12/28	
		1.00	11-121	
(NOTE) AUTO-CHLOR SYST COSMECTED AT	em NOT PLVI	11890	115/34	
Contected At 1	3 compraire	OI SHUK		
1.0 ml 11 11 11 11 11 11 11 11 11 11 11 11 11		7847344	Francisco I	
Province I by (in your and title besides)).	I ₁ ,	ed by (name and title printed)		
Received by (name and title printed):	B	ob Smith s	EXTS	
Received by (signature):	1	ed by (signature):	2	
сс: сс:	cc:			
			1	
			Page 1 of	



460 N. MORTON ST. STE A 1224 FRANKLIN, IN 46131 ce 317-346-4365 F

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

Establishment name	Telephone Number	Date of Inspection	ID#
Establishment name BPO ELKS #1818 Establishment address #1818	() Establishment	12/29/23	106
Establishment address	() Owner		2 /2
56 E JEFFERSON ST.	Purpose:	Follow-up Release	Date
Owner	1. Routine	Follow-up Release	8/27
(BPO ECKS #1818)	2. Follow-up	Summary of Violati	Control of the Paris of the Par
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	CNC	R
CHRISTY RANGY - Looke	6. HACCP	mer de la serie en	Side of S
Responsible person's email	7. Other (<i>list</i>)	Menu Type (See be	ack of page)
ghe i Lakebrot (1.1.1 msae q. 10.1)		requireme cor .in.	isk append
CHRISTY RANKY 6/24/27 BAY	1814 FO	1_2_33	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA'			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS	S "R"
Section # C/NC R	Narrative		To Be Corrected by
239 NC & BAR - CLEAN UT	rensils stored	on	12/3/123
TOWEL	pragative read noise adul	gar was ter samerom :	MANUAL TO STATE OF THE PARTY OF
270 222 127 5202		CTO A MAD	7010 17 911 H
NOTE DESCHORGE PIPP IN	an while so	PIEREK	
	Λ	2	
(NOTE) IS some gALLONS OF	MILK /12/24, 12	125 danos)	
	(17.60	Joseph Marie	
La control of the con	lie de la	In a strange land	
and the state of t		un sagek deris	
the definite to the second sec		ale la seu mainente des	13 237 6 9 (DR
		U	Sittificación de la constitución
Received by (name and title printed):	Inspecte Bo	d by (name and title printed)	
Beceived by (signature): Dance - 10 Che	Inspecte	ed by (signature):	pressure in
cc: /cc:	cc:		
· Y			
			Page 1 of



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

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

Establishmer			are an gar consensity) assessor foods.	Telephone Number	Date of Inspection	ID#	
Bu	ca	di	Beppo	() Establishment	111	897	
Establishmer	nt addres	S	•	() Owner	12/11/23	27/	
654	9 N.	W.	5 31 Greenwood, IN	Purpose:	Follow-up Release	Date	
Owner		0	7. 363 (4.1)	1. Routine	1	2/21/23	
				2. Follow-up	Summary of Violati	ons:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in cha	arge		and and the summer of the state	5. Temporary	C_ONC_G	6 R 1	
78 17.0	55		e i sacar iliae, aritži ingriski 559a i,š	6. HACCP	no, dela Sie, condibudada		
Responsible	person's	emai	lan I a digikarozinza erebatzarea era I erizan erebatza.	7. Other (list)	Menu Type (See b	ack of page)	
Certified foo			Cain		123_×	45	
		_	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW AS	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
				1			
413	NC	1	1-Buck door threst	hold is not	7:924	30 days	
	18'11		fitting	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1	2002/2017	
170	M		- muintenance suon	n has ceilin	4 0 0 0	30 deys	
430	MC		- muintenance soon	Pass thru	pipes	2007	
			and vento mu	1 1	201-		
295	NO		- The top of t	he dishwast		12/13/23	
			soiled 1	11 Seal	3		
295	NC		- Dysh 500m -	tubleg seels	are	12/13/23	
			suited and mole	014-	المطانعونات تمسا		
430	NC	ic[];	- Ploor drain in	the prep	0501	30 days	
450	740		- Floor drain in		ocation]	10 20095	
			13 oca mages	7	00.07		
431	NC		The waitless	Stafian	drain is	12/13/23	
			501120				
Received by	(name) and	l title	printed):	Inspecte	d by (name and title printed)	/	
4	Kja	7	Calh	hagnish la t	verry D Bay	RSS,	
Received by	(signfature)	16		Inspecte	d by (fignature):	1000	
001	11		Logi	cc:	Jung D Fren	11000	
cc:	/		cc:	CC:	/		

460 N. MORTON ST. STE A \ \(\frac{1}{2} \) FRANKLIN, IN 46131

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

Establishm	ent Sanita	tion Requirem	ents. The tin	ne limit for correction	on of each violation is spec	cified in the narrative porti	on of this report.		
Establishment name Abroat surplemental ellabora respection in areas				r-ing-den le lich	Telephone Number	Date of Inspection			
Establishment address Establishment address L889 E. marm St Circumord IA			() Establishment	12/20/2	3 2606				
Establishme	nt address\		Circi	enwood TA	() Owner	100	9 0000		
1889	to 1	nam 87	0.1,00	اعت ا	Purpose:	Follow-up Rele	ase Date		
Owner					1. Routing	_			
					2. Follow-up	Summary of Viol	Summary of Violations:		
Owner addr	ess				3. Complaint				
					4. Pre-Operational				
Person in ch	arge	rit ike sii tin	Train Direct		5. Temporary	C & NC	₽ R		
lui L					6. HACCP	man ga ga fa ba			
Responsible	person's er	nail	domic na l, u	ji i rajiran ji	7. Other (list)	Menu Type (Se	Menu Type (See back of page)		
		1111111	analar i i	1.6	CodinCl in a large	gnisi aco gman ap	or or season for terms on kings		
Certified for	od handler					133_	<u>V_45</u>		
• CRITICAL	ITEMS ARI	IDENTIFIED II	N THE CHECK	LIST AND NARRATIVE	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEATI	ED FROM PREVIO	US INSPECTIONS	S ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELO	W AS "R"		
Section #	C/NC	R		٨	Narrative		To Be Corrected by		
294	0	nleha	nircal c	lish was	her formatizer	is best than			
		150 M	m	121 12 12 12 12 12 12 12 12 12 12 12 12		7. 25er	8.0		
220	1200	1160	- h 1	21 2 21	A o Ma lance	atom on	75 DIV		
336	C	maj .	in pho	is no shu	loffe down	orream of			
	+-+	arnos	gherra	vaenum &	reger.	2			
			WE:	Good te	mperature is	e Oben			
			-lh	and you	!!				
	orises or 10	ur remande	- Paragraph	U			1		
Julian		A Land	andrasal d	la garanta a sa	1	100			
	ed close	el min su su	espelar in	and the second of the latest		- Linking and Continuous			
<u> </u>	-						ur him mush		
	-								
	-								
	+								
Received by		itle printed):			In	spected by (name and title prin	uted):		
Received by	THE RESERVE OF THE PERSON NAMED IN	THE RESERVE OF THE PERSON NAMED IN			In	spected by (signature):	Turkpolorq#		
-/						spected by (signature):			
cc:			cc:			d:			
U						1370			



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 12/6/23) Owner Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C = NC = RCPerson in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler Kristyna VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC R No violation during inspection Inspected by (name and title printed):

Paul Belifu Etts Received by (name and title printed): Raul Betitu.