

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. Date of Inspection Establishment name Telephone Number Establishment ) Owner Purpose: Follow-up Release Date Routine 2. Follow-up Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's emai Menu Type (See back of page) 7. Other (list) 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 Narrative To Be Corrected by 324 336 18 Received by (name and title printed): cc:

# 460 N. MORTON ST. STE A | Z| Z| Z| RANKLIN, IN 46121 2:e 317-346-4277

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

Establishme	nt name	-				Telephone Num	hor	Date of Inspection	T ro#
CAAA	iit iiaiie	9/2	1004	l Sto	1e)#4022	( ) Establish		Date of Inspection	ID#
Establishme	ys x	se	nera	C SW	0 1022	_	nent	12/11/23	2523
			_	Trafal	lgar, IN	( ) Owner		//	
	SR 1.	25	·	,	, ,	Purpose:		Follow-up Releas	/ /
Owner	/	•	P	40	5/8/	1. Routine	l.	No 12/	21/23
as	elp	(	orp			2. Follow-up	F	Summary of Violat	ions:
Owner addr	ess//		/			3. Complaint			
						4. Pre-Operation	mal		_
Person in ch	arge					5. Temporary		c_/Nc	5 p
	0					6. HACCP		C	K
Responsible	person's	email		10	C 6 8	7. Other (list)	H	Menu Type (See l	pack of page
				Sens	sate exp	7. Other (tist)		Menu Type (See a	rack of page)
Certified foo	od handle	1	Jarr	ison	3/18/25			123_	_45
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN	THE CHECK	LIST AND NARRAT	VE COLUMNS MARKED "(	C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	ΓED FI	ROM PREVIOU	S INSPECTION	S ARE DENOTED IN T	HE "SUMMARY OF VIOLATIO	ONS" AND IN T	HE NARRATIVE BELOW	AS "R"
Section #	C/NC	R				Narrative			To Be Corrected by
382	NC	1000	Exto	won	trash	dumpston	oth	ned	1-25-24
			in.	the	grass	See			1
295	NC		Sod	a d	Hain.	lines so	led	and	12-15-23
			air	, gas	2 funr	el, in	wate	1	
			Soft	men'	Varo	a'			1
218	NC		wa	ek-i	n-free	zer left	fan	(10f3)	12-12-23
			es.	stuc	k Vin	o ice	ulilo	1-up	
10.0		-	Loca	ted i	neva	porator)			1
138	NC		Vita	nen	emplo	igle lack	ced	a	12-12-23
210	. 10		Lear	id s	estrain	T			<u></u>
218	NC		Thres	tar	ea fre	ezer stor	ing		1-1-24
			see!	crean	and	- pupa	CONJ	iains	
		-	inne		bevera	ge mace	211	ed as	
221	0		$\neg \land \land$	ring	10 D		a <del></del>	a	1 20 2
334	C		1100	MILLI	7,0000	et with	atm		
			- lac	MILIA	2 de a	er (AVB) ca	ntair	12 00 She	t (
			9600	11000	4:00	nosé to	all	all	
		*	Mater	- Til		nser DP Dank	11000	duvan)	enside
Received by	(name and	_	rinted):	- JX	rm ha		Inspected b	y (name and title printed	
K. Andi			own				Andr	PINMiller	EHS
Received by		;	000.				Inspected b	y (signature):	2
And	F 1	13	_				andr	ew Mill	er
cc:				cc:			cc: 3/7.	-24/1-4	300
							21/	STU 1	200



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

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

Establishmen  280  Owner  Owner addre  Person in cha	et address: )  Expresses the state of the st	U.S email	305 31 N Ste A Ste 46142	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC  Menu Type (See 1	Date - 29 - 23 cions:
Cerunea 1000	a mandiei				1232	<u>V_45</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIV		D IN THE MADDATINE DELOW	AC !!D!!
-	C/NC	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	D IN THE NARRATIVE BELOW	To Be Corrected by
Section #	C/NC	IX	Observed Imployee	dr. b. Pa	thee (w/out	To be conceiled by
	Whites	(D)	1 11	Litchen Petrul	t ason	TO PRINTED
(A) () ()	DEFERM	30 THE	Observed a col	d cup w/d	Straw &	PORT OF THE PROPERTY OF THE PR
			a lid (good)	Stored on	top of ice	( Table ) - 72
			bin (not go	od) Please	store empl	Doyce
.,			drinks belde	w food & to	od contact	Surfaces
431	NC		Floor Soiled under	equipment?	- Dish mad	rine,
			I tray Ice ma	Ken, & met	al cover	
			Over grease -	rap	0 ( - )	700
			Observed the strips	es under dis	harea hane	1 sint
431	NC	estill.	Sorled Vent / 1 Pters		oull door	
701	100		"Cold drunks"	Cooler	CASS CESS	
218	NC	-	Door gasket Soiled	on Pinake St	ation Cooler	il line complete.
402	NC		Floor + grease tra	p cover he	as Stagnet	
			water around		ting the	00
			floor is not	longer e	asily cl	eanable
		_	0	0		
Received by	(name ana	title i	printed):	Inspe	ected by (name and title printed	D: 0 0
O Be	eka	1 -	Sohar Mar	ager &	I halveth	Sch. Da
Received by	THE RESERVE OF THE PERSON NAMED IN	The Real Property lies	1	Inspe	ested by (signature):	81 0
0	X	7		18	litabeth	Schults
cc:	4		сс:	cc:	17 0111 1	1000
-				g	31-346-4	Page 1 of

## 460 N. MORTON ST. STE

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 ) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational  $_{\rm C}$   $_{\rm NC}$   $_{\rm R}$ Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler · Noah Epple 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" Narrative Section # C/NC R To Be Corrected by Oploors by Lish washer & oven oned is & asome coster units are solled. Thermometer not seen in some coller unit Ne 256 Received by (name and title printed): cc:



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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 correcti		d in the narrative portion	or tins report.
Establishment name	Telephone Number	Date of Inspection	ID#
Chilis Grell & Bar	(31)7Est&Wintent	12-19-23	279
Establishment address	( ) Own 6991	3:30	10.
1281 US 315 46142	Purpose:	Follow-up Releas	
Owner	1. Routine	No 1=	2-29-23
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_D_NC_	Z R
Chartin	6. HACCP	1,0	
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
responsible person's cinal	7. Other (usi)	Menu Type (See a	nick of puges
Certified food handler		1 2 2	4 > 5
1 h 7 estra 4/28-		13	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
	IE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
430 NC Floor tile broke	n - Bottom o	f eastern-	1-15-24
most arill with	all,	de sin- en logendouis	a distance of the second
190 NC Riby Cooked" @ 55	of @ 4:08p -p	remed @ 2:24,	12-19-23
187 e milk @ 510 F @	Hom locat	ed in	12-19-23
dressing reach	h in cooler		Correction
430 Floor grout missing	a in areas		
4.39 0 Peroxide Multi f	Junpose Sur	face Clean	er Correct
9 Disinfectar	it " Spray	Vottle Sto	ned
on Counter 1	wait States	on by	
restrooms)	next to	petochers	
- Water			
	d lieu	. /	1
* Recommend not s.	toring toxic	items ney	Townse had
to food item		2 1:11	1
* Recommend NOT to	ghtly coveri	1110E VE 100	7000
product unit	product 15	7/10100	
336 C Moro sink has 2	way splitter V	Nive & Imai	19-19-2
morale w/ atmosp	1 - P	um Issentell	
Received by (name and title printed):		cted by (name and title printed	1):
Christy Johnson	6	lengbeth	Schultz
Received by (signature):	Inspe	cted by (signature):	01
	S	Cinabetto &	Schultn
сс: сс:	Cc:		
	3	17-919-73	THE RESERVE OF THE PARTY OF THE
ESchultz@co.johnson.i	n. us		Page 1 of/
		./	. ,
lou may make written con	ment-fa	x, mail, e	mail



460 N. MORTON ST. STEVA 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 Saintation Requirements. The time mint for correct			or tins report.	
Establishment name  CIRCLE K 121	Telephone Number  ( ) Establishment	Date of Inspection	ID#	
Establishment address  2 105 E KIN9 ST. IN	( ) Owner	12/19/23		
Owner DV	Purpose: Routine	Follow-up Release	Date   23	
	2. Follow-up	Summary of Violati	ons:	
Owner address	3. Complaint			
2	4. Pre-Operational			
Person in charge	5. Temporary	C_O_NC_S_R		
MFCKELLE SMITH	6. HACCP			
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)	
Certified food handler		1_2 3	_45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW A	S "R"	
Section # C/NC R	Narrative		To Be Corrected by	
431 NC & FLOOR AND WAY	L BETTING SOFT	DRINK	12/26/23	
BOXES DV STOCK A	MEA NOT CLEAN	) ran distribute	STREET STREET	
1121 ma - Francis Linings C	ar dotall sta	TION DW	12/26	
H31 NC - FLOOR UNDER SO CABINET NOT C	OFT ORINK STR	110/0 010	1 0/00	
295 NC X CABITMET SHELF	UNDER STOCK 1	VOT CLEAN	12/26	
218, NC & SMALL CHEST FI 256 NC TOP LID GASKET W NOT PROJUG	ROZER IN STOC ORN, THERM	CK ROOM-	114/24	
and the state of t		La Terre 7 4 Bout 9	Lancata I.	
NOTE HOSE AT MOD SIN	NK FAVOR EX MOD BASZIV	Perops Below	12/28	
Received by (name and title printed):		ted by (name and title printed) Bob Sm 1 TH E		
Received by (signature):  Michelle Smith	Inspec	ted by (signature):	packustic	
се: се:	cc:			
			Page 1 of	
			rage I UI V	

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

Establishme	nt name		40	Telephone Number	Date of Inspection	ID#	
Comm	num	621	Health Meterork Kehobili	alion Establishment	101		
Establishme	nt addres	s	thealth Network Rehabilit	( ) Owner	12/26/23	2234	
(coo)7	Ciro	eni	vood Sining In	Purpose:	Follow-up Release		
Owner	Cirx	20,00	7	1. Routine			
				2. Follow-up	Summary of Violatio	ons:	
Owner addr	PSS			3. Complaint	,		
owner addr	Coo						
D : 1				4. Pre-Operational	1.0.0	) _	
Person in ch	arge		1 11-21 12 12 12 12	5. Temporary	C_ONC_R_		
		.,	the second of the second	6. HACCP			
Responsible	person's	email	proportion with the control of the state of	7. Other (list)	Menu Type (See ba	ck of page)	
Certified for	1111.				The second of the boat of		
Ceruned 100	od nandie	Ι			123V	_45	
• CRITICAL	ITEMS AT	SE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	"R"	
Section #	C/NC	-		Varrative	The state of the s	To Be Corrected by	
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	MP Q	1111			The party A special	pro car	
			The control of the co	V 11 12 101 101 101 101 101 101 101 101 1	F 44 Po 470 (0)3423	(III) IXDIT	
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	Mi et al.						
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Received by	(name and	d title p	printed):		d by (name and title printed):		
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Received by		): /	19		d by (signature):		
Jen -	ee	2			Between		
cc:			cc:	Jcc:			
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Listablishilli	ciit Sain	tation	requirements: The t	mic mint for correction	on or each violation is speed		*
Establishme	nt name	msti	chea - Amo	7.00	Telephone Number  ( ) Establishment	Date of Inspection	
Establishme	ngaldres 2516	s C	then - Amo iddeb Bl	Whiteland	Owner ) Owner	12/7/23	
Owner Owner	500		raas Bi	voi Yind	Purpose:  1. Routine	Follow-up Releas	se Date
					2. Follow-up	Summary of Viola	tions:
Owner addr	ess		The state of the s		3. Complaint		
					4. Pre-Operational		
Person in ch	arge	1/1	Bring - Lacerton	gmin I Jack	5. Temporary	C NC	$R_{\mathbb{Z}}$
			THE WATER LAND		6. HACCP	ingoli i	
Responsible	person's	email			7. Other (list)	Menu Type (See	back of page)
Certified foo	od handle	r				12_V_3	45
					E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	•		Narrative		To Be Corrected by
	(Hallin	ol Bor	No viole	ation du	ing mopeetro	n	A LIGHT SHIP
			TELL TONIC PUT DOORS	7	O '		
							-
					I Samuel and the same	The second secon	Jacquet I
		čoslo Po	No Double Miles	Hochen Ymor	At a war and		50.77.00
							iling 152 ce
		-					
Received by	(name and	_		ses @amazo		pected by <i>(name and title printed</i> LAUL BLEPU -	
Received by	-				Ins	pected by (signature):	a long:
cc:			cc:		CC	and a second	

460 N. MORTON ST. STE A

FRANKLIN, IN 46131
ce 317-346-4365 Fax 317-736

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

Establishme	nt name	0	Ashoul suche a language language for soling	Telephone Number	Date of Inspection	ID#
Coun	try	C	Korm	( ) Establishment	10/11/2	men
Establishme	nt addres	S		( ) Owner	12/11/23	0'(6')
8177	me	re	lian parke dr.	Purpose:	Follow-up Releas	e Date
Owner	7		Circenwood, IN 46142	1. Routine		21/23
				2. Follow-up	Summary of Violat	
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arce	-		5. Temporary	c 1 NC	(0 P O
l cison in ci	iarge			6. HACCP	C .= NC_	SZ N C
Responsible	person's	emai	Type Legres of property and the control of the cont	7. Other (list)	Menu Type (See )	hack of page)
responsible	persons	CITIC	And he are a	7. Other (usi)	Went Type (See 8	ouch of puge
Certified for	od handle	r,	- 10		1 2 1/3	4 5
/Joar	ina	We	28 ling Ex Y29/27			
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ΓED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW	The second secon
Section #	C/NC	R		Narrative		To Be Corrected by
324	NC	mq	3 bay sink & hand sink by	yice machine	are leaking	12 / 19
336	C	FILE	Mod sink Saucet with	atmospheric vo	cuum breacher	12/27
			Mop sink faucet with with a hose extending	g to a wall	l-mounted	S AND PAGE ( P. C.)
			chemical dispenser is	not satisfac	tory	
000	110				<u> </u>	12/19
28	NC		Chest freezer is not e	asily movabl	<u></u>	12/19
/511	110		Digitary Lies & plant	2 215050 12 21	. 1	
711	NC		Right-most light about	e overus us oc	AT	
295	NC		Middle vents above	four are so	riled	
	2522971	war Is		7	- mar a sum / Shina	
431	NC	n Îr	Cabinets inserving an	ea are soiled	0.000	
000	1.0		J			. Impha
291	NC		Die machine un s	erving area i	soiled	1
1/0	te:		Diglet in special + des	Les E is out		1
700	٠٠٠		light in upright Coo			
Received by	(name and		1 /	Insp	pected by (name and title printed	Mia Papage orge
Received by	( sign atoms	) .			pected by (signature):	
10	and		Westin;	R	all Betoon / Makay	marge
cc.	V	Y	сс:	/cc:	1	
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						Page 1 of



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

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

			in requirements. The time mint for contects		In av	1
Establishmer		m	ONE	Telephone Number  ( ) Establishmen	nt .	ID#
Establishmer	nt addres		135 Bengersville	( ) Owner	12/15/23	
Owner	0,	<u> </u>	100 par 46100	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	tes	
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operationa		5
Person in ch	arge			5. Temporary	C_2_NC_	R
D 31	-			6. HACCP	(2.1	1.6
Responsible	person's	emai	Lyng hen place on by the real book of a second and a second a second and a second a	7. Other (list)	Menu Type (See b	pack of page)
Certified foo	d handle	r			12_V_3	45
				T COLUND IO MAINTED HOU		
1			ENTIFIED IN THE CHECKLIST AND NARRATIV FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		" AND IN THE NARRATIVE BELOW /	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
297	nee		Soda norres one	sorted.		ASAP
411	NO	PENCE.	Lights are out merch	e walt-in a	coler.	12/20
120	NC	o unit	there are materials	on the placer	mercle walk-in	9
			cooler.	J	The state of the s	(1.13.2)11
336	C		Mes sink faulet with with hose enterding chemical dispenser	to a wal	valuum break Le Mounted Paetory	ter 1/7/23
121	11/10	_	totalk in On Don On	1/0 # 0x0	C A A	Aron
345	Me	_	Aralk-in Cooler for		7	MAAP.
342	C		have hot water.	hen area a	loer not	12/20
			The second		a se il controporto	
431	Ne		Floor & wall in Ci	Februarea	is sorted	Torrest in 1
			Floor mercle walk-	Tchen area	is sorted.	
			MOTE: Oplease clean	walls & f	loors in citche	n & walk-n
			Cooler	Trous p	voors in pilet de	Je Brand.
			(a) please, make	Sure boret f	low prevention	
Received by			printed): tested by Ce	rfified phin	Specified by (name and title printed)  NAUL BLN KU	): 0
Received by	(cianature	H	8h	Ţ	nspected by (signature):	RHS
Tous!			ish		Maul Behru	
cc:		-5	сс:		317-346.	- Azm
						Page 1 of



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

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

Establishment name CWVW3  Establishment address 310 SR 13  Owner  Owner address  Person in charge  Responsible person's email	5 46142	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  1	19 71 e Date -/21/23 ions:
			123_¥_	45
	NTIFIED IN THE CHECKLIST AND NARRA OM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R		Narrative		To Be Corrected by
310 NC 8	Employee restroom ver	it is dusty		12/19
309 NC	mechanical ventilation	does not work	an all to Statistical	VIRED
218 NC (	dishinasher	leaking by atmos	pheric vacuum Fryer breaker by	
Received by (name and title portion of the Received by (signature):  Synck John Received by (signature):  CC:	1 SON	P	cted by (name and title printed AN BLEEU L cted by (signature): BUSEU MA L	1): Et=/MiaPapye



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

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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 Samtation Requiremen	is. The time mint for correct			
Establishment name		Telephone Number	Date of Inspection	ID#
Dairy Queer	l	( ) Establishment	12/19/23	2760
Establishment address		( ) Owner	1 1 1 1	1-760
99 US 31 5 W	theteland IN	Purpose:	Follow-up Release	Date
Owner		1. Routine	1	
		2. Follow-up	Summary of Violati	ons:
0		-l ^		
Owner address		3. Complaint		
		4. Pre-Operational		
Person in charge		5. Temporary	c O NC 6	R
		6. HACCP	lon or seniond a test	-habitiva
Responsible person's email	nik ka fugtar i ni Tebrah sini	7. Other (list)	Menu Type (See be	ack of page)
Les 1 ° mil	$\ln (48\pi)^{0}  \text{als} \qquad 38 = -21$	icali i s gradulia	- I make a garang m	
Certified food handler Pare			1 2 3 🗸	4 5
Samile rage!				
CRITICAL ITEMS ARE IDENTIFIED IN T	HE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS I	NSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	
Section # C/NC R		Narrative		To Be Corrected by
430 NO -Wall	construction		ished	
b4	the water	heater Burg	wood	grante (
216 NC - walks;				PADELS RULE
216 NG - Seal	around pipes	in the walls		Provide
324 NC -3-64.			Floor SMK	eaps
Lin	direct connec	49001		
324 NC - Pro	viole an air	gap for Peg:	si/10e	
mac	hine drain -		1/2	
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## 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#
TORRAY'S	( ) Establishment		836
Establishment address (LAAOW OO)	( ) Owner	12/7/23	0,00
1253 South Park AVE JN	Purpose:	Follow-up Releas	e Date
Owner Owner	1. Routine	Tonow-up Incicas	12/17/23
	The state of the s	Summary of Violat	
	2. Follow-up	Summary of Violat	10115.
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_	/R
	6. HACCP	o philomana o ila	5 5
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
Table V	The district (state)	And the contract	
Certified food handler		1 2 3 1	1 5
Craig Pred more		123_/	-43
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	AS "R"
	Narrative		To Be Corrected by
430 NC Paint 13, 6hippi	ny off Ahe	Walkein	12/7/24
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		tatio	in Requirements. The time mint for correction	in or each violation is specified		*
Establishme		ou	ust och vindstesen. Militäristettun 1. – 125. T	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishme			d SIED IN 46192		12/7/03	2464
640	US	8	1 SIED IN 96192		Follow-up Releas	se Date
Owner				1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
, , , , , , , , , , , , , , , , , , ,				4. Pre-Operational		
Person in ch	arge	-		5. Temporary	C NC_	2 R
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Responsible	person's	emai	move have decise in the matter of the state of	7. Other (list)	Menu Type (See	hack of page)
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Certified foo	od handle	r			1 2 3 Y	/ ,
					123*	45
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• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	I	Varrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme			A grant principle and the territor	Telephone Number	Date of Inspection	ID#
El Abuelo			uelo	( ) Establishment	12/19/23	
Establishme	nt addres	SS		( ) Owner	1419(6)	1833
989	i W	US	31 whiteland IN	Purpose:	Follow-up Relea	se Date /
Owner				1. Routine		12/24/23
			Ce	2. Follow-up Summary of Viol		ations:
Owner addr	ess			3. Complaint		
1				4. Pre-Operational		
Person in ch	a too	-		-)	clNC	6 0
r erson in en	large			5. Temporary	CNC_	O R
Responsible	nouse als	0.000	ARX 2010 TO MALE OF MILE OF MALE OF MA	6. HACCP	76 M (6	b shulsys [
Responsible	persons	ema	Personal and regulated matter — at anyone and a	7. Other (list)	Menu Type (See	back of page)
Certified for	od handle	er			1 2 3	×45
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• CRITICAL	ITEMS AI	RE II	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
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Section #	C/NC	R		Narrative		To Be Corrected by
- 70	- Alkaberra	1000	10.41.6		esto, i see l'a la mana	1-1-1-
239	NC	2000	= Knives improperly	stored butw.	eea dish	12/19/23
430	NC		washer tables	he dish washer	13	nett
4 30	NG	_	- wall board by f	repp 7	12	Inspection
257	NE		- Low boy cooler	thermometer	is not	
130	700		accurate It	by the grill		
216	NC		- Ditty card bo	ard of	cleanes	12/20/23
			shelf-			
430	Nc		- Cove buse by the	e mof suk	15	Next
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433	C			Strips ma		12/19/23
	-	-	be use in 1	he restau	au i	
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	<del>                                     </del>		is running slightly	high 4.	2-43°F	
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						1 45 1 01



Establishment name

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

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

Date of Inspection

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

EL PUEBLO	( ) Establishment	12/12/2	32038
Establishment address 1904 NORTHWOOD DR FTANKLIN, T	( ) Owner		
Owner	Purpose:  1. Routine	Follow-up Relea	se Date 3
VANYSSA A GUIRRO	2. Follow-up	Summary of Viola	0
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_	10 R
GIBPRIO REYES	6. HACCP	· artie est booleus io ill	22 013 013 (103 015)
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
Certified food handler  On a Class Comment of the C	1 11-11 11 11 11 12 12	1 2 3	(4) 5
GABRIEL MIRELES			
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIN</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE</li> </ul>		ND IN THE NARRATIVE BELOW	AS "R"
Section # C/NC **	Narrative		To Be Corrected by
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SION	2 2225+ M	6-11-010 - 15	12/20/03
H31 NC + PEN FLOOR UNDER	R PEPST MI	EXTINE NOT	corrected 12/13
Switt 1			101/13
431 NC RESTROOMS - Med			
701		> HMST NO	
413 NC S BRCK DOOR, STOP	DORERLY J	NOT	12/23
(EOSE 779#724	CACK OUR	3 700 1	10/05
392 NC & UUTSTOP dumps	TER LIDS NO	T CLOSOD	12/15
218 or A door grokers an		JOOR	1/15/24
	UORN/SPLIT DR COOLOR -	consenser	corrected
COILS NOT CLEAN	ar cooler	CONDENDER	12/13
256 NC & BACK BAR BONDETTE			
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SAY NC = FLOOR OF HOTO ON BY	AR NOT CLER	n)	12/20
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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 Stablishment address
L&B B entram PKNy Franklin ) Establishment 12/13/23 Establishment address ) Owner Purpose: Follow-up Release Date 1. Routine Owner Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational  $C \bigcirc NC \bigcirc R$ Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC R Inspected by (name and title printed): Received by (name and title printed): M. Woods Received by cc:

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

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

Establishment name  FWL Star - Endress Hause  Establishment address  23 fb Endress Hause place  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)	Follow-up Releas  Summary of Violat  C NC  Menu Type (See b	e Date  ions:  R_  pack of page)
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT		IN THE MADDATIVE DELOW.	S "P"
Section # C/NC R	Narrative	IN THE NARRATIVE BELOW A	To Be Corrected by
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Received by (name and title printed):  Mike Moone  Received by (signature):  cc:  cc:	Inspec	ted by (name and title printed hul Bet Du ted by (signature): aul Beliple	Etts
Mike, moore	@ @ Endoess. com		Page 1 of

460 N. MORTON ST. STE A \2\7 FRANKLIN, IN 46131

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

Establishment name  ENERGIZER - Five Storr  Establishment address  LSD Bartram PEwy  Owner  Owner	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint	Date of Inspection ID#  12/13/23 2475  Follow-up Release Date  Summary of Violations:	
Person in charge  Responsible person's email  Certified food handler	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC R Menu Type (See back of page)  1 2 3 4 5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DEN		IN THE NARRATIVE BELOW AS "R"  To Be Corrected by	
NOTE - Couple - Bac	of pood theme are es fam & Cheese 12/12/ on cheese burger 1	april 12/12/23 \$1 1/23 2/08/23	
Received by (name and title printed):  ! Gina Thornburgh  Received by (signature):  Howa Thereburgh  cc: cc:	Inspe	exted by (name and title printed):  Paul BllVVV LHS  exted by (signature):  Page 1 of	



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

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

Establishment name Liter State Establishment address Owner Owner Owner address Person in charge Responsible person's	the figure to the state of the	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  1D#  12   13   2   2   4   8   2  Follow-up   Release Date  Summary of Violations:  C   NC   R    Menu Type (See back of page)
Certified food handle			12i⁄_345
	E IDENTIFIED IN THE CHECKLIST AND NAR TED FROM PREVIOUS INSPECTIONS ARE DENOTED		IN THE NARRATIVE BELOW AS "R"
Section # C/NC		Narrative	To Be Corrected by
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment n	ame	.zhoc	l korbernal vlære ing nonde i	Telephone Number	Date of Inspection	ID#
Interst	ate	nanel	rouse - tweston	( ) Establishment	1. 1.	26.5
Establishment address  Do Bartsom Ptyy			٨٠	( ) Owner	12/13/23	2513
NOO Bartram Play			flowy	Purpose:	Follow-up Releas	se Date
Owner				1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner address				3. Complaint		
				4. Pre-Operational		
Person in charge	,			5. Temporary	C_O_NC_	O R
0	ising.			6. HACCP	0_(	~ · ·
Responsible pers	son's en	nail	and algebras for its zerous band on	7. Other (list)	Menu Type (See	hack of page)
, teop same per				7. Other (1131)	menu Type (see )	such of puges
Certified food h	andler				$\begin{bmatrix} 1 & 2 & 3 \end{bmatrix}$	4 5
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CRITICAL ITE	MS ARE	IDENTIF	ED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		
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Section # C,	/NC	R		Narrative		To Be Corrected by
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment Sanitation Requirements. The time limit for correct	etion of each violation is specific	ed in the narrative portion of this report.
Establishment name Milwakel tool - Five Star ford 8 Establishment address Lycenwood 2198 South tech by IN, 46143	Telephone Number Establishment	Date of Inspection ID#
Establishment address Covernwood  2198 Couth text Dr Tal March 2	( ) Owner	12/20/23 2473
Owner   S	Purpose:  1. Routine	Follow-up Release Date
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$C \sim NC \sim R$
eg 1 ex community grant of grant and the set of a grant and the set	6. HACCP	and pull has true to debes the
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		12
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VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		
Section # C/NC R	Narrative	To Be Corrected by
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No wolation, the	cant your	
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		of fire
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- Bret Smith	1/2	am Belieu Etts
Received by (signature): Bret. Smith @ Milway	keefool com	ected by (signature):
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		Page 1 of



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

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

Establishment name  Mitsubish Fwe sterr  Establishment address  1200 M Mtswbrehr Pt  Owner  Owner  Owner address  Person in charge  Responsible person's email	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID#  12/13/23 2467  Follow-up Release Date  Summary of Violations:  C
		12
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKL     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS		) IN THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
Received by (name and title printed):  Vanessa Burton  Received by (signature):	Inspe	ected by (name and title printed):  All Beli Cu Etts  ected by (signature):
Vanessa Brecci	Cd:	OUL Betileu Page 1 of

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

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

Page 1 of

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Establishmen	nt name		en en er non-p-umudli. Ir vandous feods	Telephone Number	Date of Inspection	ID#	
IN JUSTAN ONE STON			TWE STOW	( ) Establishment	12/13/23	2512	
Establishme	Establishment address			( ) Owner	10/13/23	2>17	
Establishment address  L200 M Nartsubrothi PENY			tsuborthi pt my	Purpose:	Follow-up Releas	e Date	
Owner				1. Routine	-		
				2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
D				4. Pre-Operational	C NC R		
Person in ch	arge		final rolea or for my traiter sist	5. Temporary	C O NC R		
	1 117		esanende et u combre produce c	6. HACCP	The American Property		
Responsible	person's	email	the though mentil of to simple meal acc	7. Other (list)	Menu Type (See b	pack of page)	
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Certified foo	od handle	r			123	45	
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			NTIFIED IN THE CHECKLIST AND NARRATIVE OM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NADDATIVE BELOW	s "p"	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishment address  2680 N MORTON ST. FANKLING IT  Owner  CAROLYN WILLIAMS  Owner address	Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational	Follow-up Release Date  1/6/24  Summary of Violations:		
Person in charge  VFCKY  CLAY  Responsible person's email	5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page)		
Certified food handler VICK Y CLAY	ADDATIVE COLUMNS MADKED "C"	1 2 3	_45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE	ED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	The second secon	
Section # C/NC R  RECEIVED R	Narrative  3  ON CHEST FRONZE		To Be Corrected by  New Monder  To Be  TO BE	
Received by (name and title printed):  Received by (signature):  USUM S. CLAY  CC:  CC:	Inspec	sted by (name and title printed)  by Mil H  ted by (signature):  BU In		



460 N. MORTON ST. STE 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 Telephone Number Date of Inspection ID# ) Establishment ) Owner Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" To Be Corrected by Narrative Section # C/NC R MIC NO

Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc:

Tou may make Written Comments - fax. em