

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 Telephone Number Date of Inspection MATTY of MADISON CAFE) Establishment 12/27/23 2208 Establishment address) Owner 100 N MAIN ST. FRANKLING IN Follow-up Release Date Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C O NC O R Person in charge 5. Temporary 6. HACCP Responsible person's email

JORDAN GILLASCIE 7. Other (list) Menu Type (See back of page) Certified food handler Je S SIP · 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 OBSERVED UIOLATIONS NO

Received by (name and title printed):	· Assistant General Manng.	Inspected by (name and title printed):	575
Received by (signature):	spie,	Inspected by (signature)	
cc:	cc:	cc:	,
			Page 1 of _/



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

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

Page 1 of

		tatio	requirements. The time mint for correction			
Establishme			1 The day self the angle page of	Telephone Number	Date of Inspection	ID#
1	ncD	610	11615	() Establishment	1-list	903
Establishme	nt addres	S		() Owner	12/19/23	
229	2 5	. 4	15 31 Green Wood, IN	Purpose:	Follow-up Releas	se Date
Owner			21 27 (2)	1. Routine		12/29/23
				2. Follow-up	Summary of Viola	
Owner addr	ecc	v - we train.		3. Complaint		
Owner addit	C33					
				4. Pre-Operational		_
Person in ch	arge			5. Temporary	CO_NC_	Z_R
Note: 1	17.00	1911	original management of the state of	6. HACCP	hy declination i	uke 11 7 = 1
Responsible	person's	email	franse france Lymis of Louis Inc., et albeid in L	7. Other (list)	Menu Type (See	back of page)
			அத்து அறைப்பட்ட படிக்கும் இருந்த	gyander pågeller,	the property of the second	
Certified for	od handle	r	Xolo		1 2 3 X	4 5
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• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
-	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
295	NC	ier	The top of the	dish washer 7	5 Soiled-	12/21/23
	111100001	- 11				* BE(B)3823811 4
324	NC	~	No hot water in	fuc mens	reonl	N. 1
		eno.	and the second of the second o		La Louisage	A D. Harris
- dia		76 L	with many and the many many and the	L	Line Burner A. Leadi	a ralmos -d
	111	11,	in the second of		white a milesification	Lacure balanca L
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	-					
						-
D : 11		1	1)	Taona	cted by (name and title printed	d)
Received by	i		V	Inspe	1. 3	/ /
X.	THE R. P. LEWIS CO., LANSING, MICH.	va	n Xolo GM	T	cted by (signature):	11437
Received by	(signature):		Inspe	cted by (signature):	7 /11
1		1/2	J 1 231	201	my DD	sy ince
cc:			cc:	cc:	ι	1
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	1	1	4
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address	() Establishment	12/19/23	1058
2556 S. S. R. 135 IN 46143	() Owner		D
Owner ()	Purpose:	Follow-up Release	29/23
Owner Paul W.	2. Follow-up	Summary of Violation	
Owner address	3. Complaint	//	
	4. Pre-Operational		
Person in charge	5. Temporary	c / NC 3	R
Carm Sandoval	6. HACCP	C _ NC_	
Responsible person's email Sensate	7. Other (list)	Menu Type (See ba	ick of page)
Certified food handler		1 2 3 1	
(yron Sandoval 12/7/25)		123_V	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND		
	Narrative		To Be Corrected by
336 C Mop sink fauce	t with at	mospheric	1/30/24
Vacuum brekker	(AVB) Conta	and and	need SUB
a hose extenden	Shut-off va	lue and	preventer
discenses)	g is a will	mae wace	prevence
295 NC Inside top of	ill maker	(large)	12/21/23
is soiled			///
431 NC O Floor under	ice maker (.	large)	
is soiled		1 1	12/12/22
324 WC Draw hose for drill	walls are	soiled	12/9/20
324 WC Brain hose for drive	thru primber	Page degin	12/240
was muc exema	ing no a g	ever winer	
W Motes: Turm has to	wo Reduced t.	runciple	Heliosia I
(RP/RPI) Backflow a	Levices, One o		
bottom leaks from	the vent, Both	units lack	
inspection/testing	(no tags), lac	k au gaps	(vents)
and are blocked	by a large	blue (ap)	ears/ to be
Received by (name and title printed):	Inspec	ted by (name and title printed)	-
Aaron Sandoval	An	drew Miller	
Received by (signature):		ted by (signature):	Z
сс: сс:	cc:	17-346-4	380
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer			A red trabasses yllene trapping have the	Telephone Number	Date of Inspection	ID#
	Ma Ba			() Establishment	12/26/23	1451
Establishmer			Trala love	() Owner		
706	W	15 of	algas Points way IN	Purpose:	Follow-up Release	ase Date
Owner				I. Routine	12-1	16/24
			,	2. Follow-up	Summary of Viol	ations:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	i hai	Normal Tradection from the 15 or early	5. Temporary	C_/_NC_	6R
Jame 5.				6. HACCP	magno beautier in	
Responsible	person's	email	dare for the offerd tersingle areal copy	7. Other (list)	Menu Type (See	back of page)
			galacies and sat at that is at	echten em :	of Lookalismay	
Certified foo		114	ininge v		123	<u>45</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOV	V AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
138	NO		Employee's are not in	12/26/23		
	1111111	1.00	hair restraints		ablace to attribute	II SVENSIZE
297	Ni	2118	Poul bins on the	e preg line	are	12/26/23
431	NC		mold noted on -	the wall by	4 he	12/30/23
-121	NC		mold noted on -	7 416 20411 457	9412	12/14/2
431	NC			s are soiled.		12/28/23
	,				21/43	
431	NC		The Floor STALC	under the 3-ba	y sink	12/28/23
			is soiled.		<u>′</u>	
345	NL	14.29		et the 1st	olive up	12/26/23
- Judge	2022000	aci bi	window is soi	led_		_linkes_
344	C	arlu	The hand sink at window is	The piare	чр	- 12/26/23
			Window 11	THUCCESS I PIR	601 USE	- 1 130/29
			Note: Remove old	Boxes in	the	
			storage a	rea		
Received by	(name and	1	rinted):	Inspe	cted by (name and title prim	(ed):
Received by			A	Inspe	cted by (signature): Rel	please
ce:		Ž	сс:	cc:		
		_				December 1
						Page 1 of/_

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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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

		tano	n Kequirein	ents. The time mint for correcti	on of each violation is sp				
Establishment name Mc donald 4				De Hill work and to a fill the Section	Telephone Number		ID#		
Establishmen	nt addres	s Af	n - +	Circenwood	() Owner	12/8/23			
Owner	80	ul	Com		Purpose: 1. Routine	Follow-up Release	se Date		
					2. Follow-up 3. Complaint Summary of Violations:				
Owner addre	ess								
					4. Pre-Operation	al	C		
Person in charge					5. Temporary				
					6. HACCP	0			
Responsible	person's	emai	live / resm	age, with the set that an	7. Other (list)	Menu Type (See	hack of page)		
	1				7. Other (tist)	mena Type (see)	sacrong		
Certified foo		r	*1	dez 11/22/27		123_1	4 5		
Veron	rca	1	Hername	der 11/22/27					
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
			FROM PREVIOU	IS INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW			
Section #	C/NC	R			Narrative		To Be Corrected by		
336	C		MOR	smic faulet w	th atmosphi	inc vallain	12/22		
1 (3) 11	MODES IN	DOD!	breake	smp fament w or with hose earl	ending to	wall mounted	Short and the		
			oven	eal obsellender is	unsalufael	ont	ed yell 1. Su —		
		-							
				MOTO: Food 9	temperatives.	are ocay			
				MUTE: Food that	1				
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	ul a			torre		and the second			
			a talla			A STATE OF THE STA	archen sui j		
		jus li	uncus viv						
							all discernance 1		
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							-		
Received by	(name and	d title	printed):	Jameline Cas	10	Inspected by (name and title printed RAWL BETICU	d): LUS		
Received by	(signature,):	1	and a	71.0	Inspected by (signature):	packaging		
V	on 20040 S		Teak	alue (ostro		paul scovou			
cc:			V	cc:		сс:	-1		



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

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Page 1 of

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Establishmen	lonai	ld	g he an enkel then then the	Telephone Number () Establishment	Date of Inspection ID#		
Establishmen	nt addres	s	is to Felom of	Owner	12/1/23 2612		
296	2	£	500 N Whiteland 10 46184		Follow-up Release Date		
Owner				1. Routine	Yes 12/21/23		
				2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in charge				5. Temporary	C NC R		
t ·				6. HACCP	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Responsible	person's	emai	praje * cij fgji o zer ligave	7. Other (list)	Menu Type (See back of page)		
Certified foo	od handle	r			123 45		
200000000000000000000000000000000000000			ENTIFIED IN THE CHECKLIST AND NARRATIV				
	A COLUMN TWO IS NOT THE OWNER.	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH				
Section #	C/NC	R	Man a h munt	Narrative Of a Market Of	To Be Corrected by		
536	336 & Map fine faucet with atmospheric valuum brigger with hose extending to a wall moun						
	andrad	eo ne	Chemoral dispenser	is not satis			
297	Ne	-	soda nozzlla are	solled.	12/9		
- (4	1 '		
			NO E & Temperatur.	es at Cooler	& freezers are		
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Received by			printed):	Insp	ected by (name and title printed):		
Received by			× L	Insp	ected by (signature): PAUL BESTON		
cc:			cc:	cc:			



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Establishme	nt name	a about an		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone Numb	er	Date of Inspection	ID#
Mei		# 132			() Establishm			
	-		0 0.00	a a a complete	() Owner		12/5/23	636
150	P. 1	nor lin a	er Circ	MAIUS			Follow-up Release	
Owner	J		109	70170	Purpose:		ronow-up Release	19 12-3
Owner					1. Routine			. /
					2. Follow-up		Summary of Violatio	ons:
Owner addr	ess				3. Complaint			
					4. Pre-Operation	nal	1	
Person in ch	Person in charge				5. Temporary		c_{NC}	R
	to description of the contraction of the contractio				6. HACCP	1 1	part la la coma de la	
Responsible	person's e	mail and learn	depitati i gi	a n Twint en	7. Other (list)		Menu Type (See ba	ck of page)
Certified for	od handler llla	mrtler	•				123	45
• CRITICAL	ITEMS AR	E IDENTIFIED IN	N THE CHECKLIS	T AND NARRATIV	E COLUMNS MARKED "C	"		
					E "SUMMARY OF VIOLATION		THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R			Narrative			To Be Corrected by
430	MC	Wall	tile by	one wa	UK-m cooler	by o	leti is	12/11
	opegn	broke	n U	m isologia sin	in second action dis-	0	The war to family and a	/IRMSIX
l littiriciii	Tri Ison	11/2 11/2	4HQ07251711 15	0.45			in many selection at	10.735.2514
421	MC	Cwill	vent at		Stilled.		- W. 1881-0 N TO VERSE	
0.00					on & bakery	1/01	11. 1 0. 10.	1 - 12
33G	C	mos &		cet with		- val	ted Chemna	12/15
		with		ulended	to a wall	mount	la comma	
		dispen		a thro Cl	hemmal hos	0 10	seperated	
	-		abe sur		paulet.	<u>x</u> u	aguração	
		from	9000 110	g ome	rince			
411	NC	courle	- Of ha	hts are	out at Avor	en v	eggies, prozes	12/11
Lex		Ri22a		en jurce	greezer ur	vits	00 1	annual el
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431	Me	Ino du	le cooles	r fams o	me dusty			
430	Me	(y) there	& a	ear at	produce Co	oler	for.	
		04	0 1 - 0		, , , , ,			
431	Nec	Plear.	at dain	y Cooler	" is forled			1
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-526

Listablishilli	ciit Saiii	tatio.	ii requireme	into. The time min	t for confectio		becined in the narrative port		
Establishment name Meyler # 295						Telephone Number		n ID#	
Establishmen	nt addres	s N	1. 1	St. Frank	lm	() Establishment () Owner Purpose: 1. Routine	12/27/2	3 2048	
Owner Owner	. M.	JV	lor ton	or pr 4	16131		- l0i	Follow-up Release Date Ol/OG/24	
0 11		-				2. Follow-up	Summary of Vio	lations:	
Owner address Person in charge Responsible person's email						3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	al		
							C NC R		
						7. Other (list)	Menu Type (Se	ee back of page)	
Certified foo			rs E	up- 2027			123_	4_ 1 /_5	
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST AN	ND NARRATIVE	E COLUMNS MARKED "C" "SUMMARY OF VIOLATION	IS" AND IN THE NARRATIVE BELC	DW AS "R"	
Section #	C/NC	R		NAME OF THE OWNER OWNER OF THE OWNER OWNE]	Narrative		To Be Corrected by	
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	-								
		-							
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Received by	CONTRACTOR OF THE PARTY OF THE	Name and Address of the Owner, where	7				Inspected by (signature):	nathamourage	
cc:		-		cc:			cc:		



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

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		_				Control of the second	,	1	1	erisones, cas Producti
Establishme	nt name	0				(R.) (C.)	Telephone Numb		Date of Inspection	ID#
Establishme	nt addres	s	135	Tra	falga	r IN		CIIC	12/6/23	1639
106	ſ.	S-R	135	41	2184		Purpose:		Follow-up Release	Date
Owner				(4			1. Routine		_ 1	
						2. Follow-up		Summary of Violatio	ons:	
Owner addre	ess						3. Complaint		*	
							4. Pre-Operation	ıal		
Person in ch	arge	^	- files to a l				5. Temporary		CNC	/ _R
Tos	2	Cis	ron				6. HACCP		, , , , , , , , , , , , , , , , , , ,	double 2
			lim in lasaring		13. 13.37		7. Other (list)	10.	Menu Type (See ba	ck of page)
× 11 1/1 22 1 1				em tole a series		s to juring one inc.	5, F. 3, 7			
Certified foo	d handle	r v D	n Ere	D.	2024				123	4 <u>/</u> 5
	C Hard Comment			-	THE PART OF PERSONS ASSESSED.		E COLUMNS MARKED "C"	,		
							E "SUMMARY OF VIOLATION		THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R					Narrative			To Be Corrected by
295	Me		Inner	top	of u	e mae	lime is sto	enting	to get soile	e
	ALLONIO	12.14	in gifting religion	i i	Ú			0	ar a d	visine is a
31 7 1015.	1 1 1 1	15111	n. z isenis	raim i	19 11/11/11			178 W. L.		EDITOR SET
				G)	2 /	0.000		- 13.00-01 NO. 10.00	Care
			Neo 1	£ 50.	lempe	rumes	dish washin	0-5	1500 Plane	0 42
				(ll)		50 pm		Jam	FIREN OVERE	
				(9:45)	marc	Sure	Oll Aprol It	ens	mercle wall	c-in
				Con	Cooler	ours	coveredo			,
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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.

Establishme	ent name		Telephone Number	Date of Inspection	ID# /
New		Latery	() Establishment	Date of Inspection	7105
Establishme		and the same of th	() Owner	12/26/23	2015
1270	•	Emerson Ave	Purpose:	Follow-up Release	
Owner	1 14.	FIRMING ARE	1. Routine	Ves Release	se Date
o wiici			2. Follow-up	Summary of Viola	tions:
Owner add	race		^	Summary of viola	10113.
Owner add	iess		3. Complaint		
			4. Pre-Operational	c_2_NC_	4
Person in c	narge		5. Temporary	CNC_	l R
D	19 111 44	forces where the first of the second	6. HACCP	25 7 6	1 1 6
Responsible	e person's en	nailement from algebra of lemma and about a	7. Other (list)	Menu Type (See	back of page)
Certified fo	od handler	2			
Cerunea 10	od imilalei			123_1	5
• CRITICAL	. ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRA'	TIVE COLUMNS MARKED "C"		
• VIOLATION	N(S) REPEATE	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC I		Narrative		To Be Corrected by
431	Me		Sorted at oven		01/10/24
	VIII THE	Oploors are sorted	by gott area		1/18/10/13 / /
	119 19 2			by smk 8	Page 102
		Salad Station are	a.		
oan	110	Soda nozzle is	Soiled		12/29
41	NC	Soda nozzle is	301129		Mation
324	MC	there's no hot water	at one hand s	int by oven -	
191	C	There are no date			
1		walk in cooler-			
399	Me	Small wmg flies	are observed	in Cetchen/	manus 3
l t		mop great		The American	1/10/
336	C	No shut offs downst	ream of atmosph	un valuum 6.	renter 124/2
		idos Dales asto	0 0	on al	600- 420
			sure grill is present	or changear	bleause It's
		Gamaged	love not med	uce Samitizer	- £ co lab
	+	(ii) Bist washe	x does not med		200 000
	+	it place make		walle & dra	ince one clean
Received by	y (name and ti		Ynsp	ected by (name and title printed	d):
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Mary new KS@gmail Com

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

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

Establishm	ient Sani	tatio	n Requirem	ents. The time limit for corr	ection of each violation is s	specified in the narrative portion	on of this report.
Establishme	t O	us	t Pa	OCORN, Etc. Edinburg SS St. IN 46/29	Telephone Numb) /	~~ "
Establishme	nt addites	S	,	Edinburg	() Owner	///	0101010
Owner	E. A	10			Purpose:	Follow-up Relea	ase Date / 2/ 23
Ha	Hayley Roberts			Presta.	2. Follow-up	Summary of Viola	ations:
Owner addr	of Co	4	100	Our	3. Complaint		
6	10	/			4. Pre-Operation	1	
D : 1		_			-	C_Ø_NC_	0 0
Person in ch	arge		DO	, ,	5. Temporary	C_O_NC_	R
May	Key		robe	rts	6. HACCP	The Paris State of the Paris Sta	The state of the s
Responsible	persøn's	email			7. Other (list)	Menu Type (See	back of page)
Certified for	od handle	r				12_13_	45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	N THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C	"	
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN	N THE "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIVE BELOV	V AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
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- Sent-troit	Helad	nefra	ins	section			1 A - A - H25 -
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Received by	(signature)):(A			Inspected by (signature):	A softens and f
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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		n the narrative portion of this report.
Establishment name	Telephone Number	Date of Inspection ID#
On the Yorder Mexicon Gir) Establishment	11 111 201/11
Establishment address BLOT NUS 3 Greenwood 46142	() Owner	11514-131511
8611155 46142	Purpose:	Follow-up Release Date
Owner	1. Routine	NO 11-24-23
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	100
Person in charge	5. Temporary	CNCR
i ta estudakeo erre til i le linge til	6. HACCP	ng managan ang makada at a
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		123 × 45
Mist Marson Will	14)	123_\text{\text{\$\text{\$4\$}}}_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"
	Narrative	To Be Corrected by
NO HEUR VOTE	d g time o	+
Inspection	Mark Services	and the state of t
The transfer of the second region region of the second region region reg		The state of the s
NOTE: Hand sink nex	d to 001/1 /2. (1)	
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and the second of the second of the second of		
the country of the second country and the	2 ¹ 7 x 4x2x	in and water
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misty manson mel me	Late	
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		Page 1 of _/



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

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Page 1 of

			1		*	-
Establishme		10		Telephone Number	Date of Inspection	ID#
Our				() Establishment	12/7/23	2501
Establishme	nt addres	s 9 10	s Page son die IN	() Owner	101	
2080	9.4	13.	5 Bongersville 461	Purpose:	Follow-up Release	Date
Owner					O OXY	
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	0	/
Person in ch	arge			5. Temporary	C NC NC	, R
			p p p	6. HACCP	100	r d = n - 1
Responsible	person's	email	e eliging algebraic des de la maio	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	nd handle	r			- A - A - A - A - A - A - A - A - A - A	
Cerunea 100	ou mandic.				123_	_45
• CRITICAL	ITEMS AF	RE IDEN	TIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED FRO	M PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			No voolation	A. D. J.	AA	
			Mo violation	dunna maple	2 UDN	2/01/2/11
	All research	12 Key 3	synta a silveri i a manda a manda a da			
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D : 11	<u></u>	1	. 1	Table	and has (usus and title triuted)	
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Received by		Y		Inspe		The land
C,		-	12		cted by (signature):	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Listablishili	ent Sam	tation ix	equirements. The time mint for con	rection of each violation is specified	in the narrative portion	n or this report.	
Establishmer LAML	m	Bre	rad	Telephone Number () Establishment	Date of Inspection ID#		
Establishmen	nt addres	s 31	Collowood	() Owner Purpose:	Follow-up Release		
Owner				1. Routine	-		
Owner addre	ess			2. Follow-up 3. Complaint	Summary of Viola	tions:	
Person in ch	C LINE	email	on the second of	4. Pre-Operational 5. Temporary 6. HACCP	C_ONC_	if while i	
			eluse dan In-	7. Other (list)	Menu Type (See back of page)		
-	of Adhard School Section	ALTERNATION NAMED IN	st 12/9/24		123V	45	
			TIFIED IN THE CHECKLIST AND NARR 1 PREVIOUS INSPECTIONS ARE DENOTED	ATIVE COLUMNS MARKED "C" IN THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
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Received by Received by	(name and	title prim	CC:	RG	ecd by (name and title printed When Bell Ou ted by (signature):	d): EUS	



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

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Owner addres Person in char	S. ss	5 to	Greenwood inte Rd. 135 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection		
• CRITICAL IT	C TEMS AF	M(ACMANA EXP 1-10-ZOZO ENTIFIED IN THE CHECKLIST AND NARRATIV		1 2 3		
	C/NC		ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	ID IN THE NARRATIVE BELOW	To Be Corrected by	
415			NOTE: Make sure the	mometers are eas	Ty seen	S IN THE SECTION OF T	
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460 N. MORTON ST. STE À FRANKLIN, IN 46131

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		lation	Requirements. The time limit for correct			
Establishmen	1 -			Telephone Number	Date of Inspection	ID#
Establishmer	nt address	S	elison Ave Circenwood	() Establishment () Owner	12/19/23	3 2022
1000	M	Ma	elison the In 4614	Purpose:	Follow-up Release	
Owner			4 (01)	1. Routine	onow-up recease	se Bate
				2. Follow-up	Summary of Viola	tions:
Owner addre	ee	-				
owner addit	200			3. Complaint		
				4. Pre-Operational	C O NC_	0
Person in ch	arge			5. Temporary	C_V_NC_	F
Mi u	n partigoil	/dyll it	Sedan ABITS Reserved	6. HACCP	t gao a califor a T	na dan ne l
Responsible	person's	email	voe kom vierk ,) proces at the	7. Other (list)	Menu Type (See	back of page)
Certified foo	d boadl-		11007 1 0		The sense non-seniori	/**************************************
Certified foo	d nandle	r			123V	45
CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
VIOLATION	(S) REPEAT	TED FF	OM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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430	Me			d=		
		-	Ly Restroom needle	dearing & pleas,	e refrom ve	ned -
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			NOTE Explease	Man potchen A	DONS .	everyday.
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			XX 1	10 11		se ortchen
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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 1536) Owner Purpose: Follow-up Release Date 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 • 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 C/NC R Section # No NE

Received by (name and title printed):	the	Inspected by (name and title printed): Paul Beliku Ltt
Received by (signature):	+	Inspected by (signature): Laul Betieu
cc:	cc:	c/c:



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

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Establishin	ciit Sain	tauon	Requireme	ents. The time mint for correct	on of each violation is s	pecified in the narrative portion	n or this report.
Establishme,		CP	2000 suo	shotons	Telephone Numb		ID#
		s	. un' S	+. Bargersville 1N 46/06	() Owner	12/1/23	2631
121	·	100	2776 3	12 46/06	Purposes	Follow-up Release	se, Data
Owner					(Routine	Ves 12	/11/23
					2. Follow-up	Symmary of Viola	tions:
Owner addre	ess				3. Complaint		
					4. Pre-Operation	nal	_
Person in ch	arge				5. Temporary	c_2_nc_	/ P
Cd	ange (ALI	7/185	7 /		0_2_110_	<i>_</i>
Daniella	Vie	u	Jy C		6. HACCP	75 77 (6	1 1 6 1
Responsible	person's	email	(7. Other (list)	Menu Type (See	back of page)
Certified foo	11 11-		V		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sitter Oral Mac	
	uandle Ua		Georg	ve)		123	4 <u></u> 5
· CETICAL	ITEMS AI	RE IDE	NTIFIED	THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	"	
• VIOLATION	(S) REPEA	TED FR	OM PREVIOU	S INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		^	Narrative		To Be Corrected by
346	NC		no.	hand soap a	wallable of	it one	12/2/23
	11,142	(F)	look	hand sirk	and ha	nd sink	///
1 1 1 301	Control of	2 1 21 1	in.	seitchen dish	area	1000dS. A chinam r pro Austroph	12/3/23
43/	NC		Filo	or drains so	led in	dish servera	rea, 1
			area	and bar	area as	rd some	1
430	NC		drai	ns are not	easily s	emovable)	12/20/23
336	C		mo	a senk face	cet wit	h atmosphe	210 12/20/23
		-	vace	um breake	U (AVB) Co	ontained	1 1
			ay	-value with	w Shut- o	of values	
			and	(An)			1,
256	NC	201	no	thermometer	seen in	Golaxy	12/2/23
		2 1	mol	ile freezes U		0	1,7
297	NC	11	ens	ude top of	ue make	r	12/1/23
	0		Soile	1	,	A .	1,1
324	A C		Seri	er area sodo	e drain	line	12/5/23
			not	protected wit	h an a	is gap	1
295	NC		Bar	soda guns	are soile	10'	Corrected
324	NC	AM	Patch	or renger &	eaks in	var	12/9/23
			cup			I- 11 / 122 -1-	7 '
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Received by			were	Fac (4) 2 17 17 1 19 50		Inspected by (signature):	000
1 1	M		M			andrew M	iller
cc:				cc:		cc:	

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. Telephone Number Date of Inspection Establishment name 122a Twost) Establishment 12/26/23 38 Establishment address

991 E County Gnerd IN, 46143 Establishment address) Owner Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational $C \sim NC \sim R$ Person in charge 5. Temporary 6. HACCP Responsible person's email 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 R Narrative To Be Corrected by 345 Only Used MC by oven is not Me loyees should wash homels after sestroom use in moving to do any other fast.

"I walls lave soiled by three-boy sink ne Mace sure employees use hair restraint. (ii) please make suk employees are trained on when to wash hands & trained on proper hand washing techniques. Make sure offers are dote markings materials inside Inspected by (name and title printed): Received by (name and title printed): SING-H faul bleveu



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

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Establishmer		tatioi	Acquirements. The time infit for correct	Telephone Number	Date of Inspection	ID#
	Pur	sto	Vallarda	() Establishment		1013
Establishmer	t addres	SS		() Owner	12/18/23	1513
	893	3 2	Vallarda E. Main H.	Purpose:	Follow-up Release	e Date
Owner			Greenwood IX	1. Routine	/	2(28125
			47	2. Follow-up	Summary of Violati	ions:
Owner addre	SS			3. Complaint		
				4. Pre-Operational		
Person in cha	ırge	Ahor	notes 's herpypares of the Renal Fe	5. Temporary	C O NC 3	R
341. L.D	iguy		ros gargifical/ Mahrong control	6. HACCP	er proposition of	1 17 (L. 101)
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	تآن	Bernal Garaia		123	45
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI		The second second	
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
295	NC	por	The can opener unit	15 500, (ed	and a summer	12/18/23
216	NI	THE	card board on st	viaga sheles	; 5	TODARSER
			Not clearable	material	E (1 DEDIETED KENNELSEN	1119323
291	AC	_	No dish wash	er test stil	P5 ~	V
			Isaniti sei			
			essential and the probabilities of the second		<u>mineral</u>	
	2512291tr	rej fi			No. 10 No	
-16	11	\vdash	the state of the s		11.1101.27	t for a second
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		-				
Received by	(name an	0	1	Inspect	ed by (name and title printed	Dayles
Received by	(signature	STATE OF TAXABLE PARTY.	erna/I	Inspect	red by (signature):	F. M
+as	16	1,0	imi cc:	cc:	huy	ay s.
cc:					/	/
						Page 1 of



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

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Page 1 of

Establishme	nt name			Telephone Number	Date of Inspection	ID#
ado	ba			() Establishme	ent .	
Establishme	THE R. LEWIS CO., LANSING, MICH.	S	•	() Owner	12/11/23	2693
704	5 0	D	135 Greenwood 46142	Dum acci		
Owner		1	199 Greenwaa 90192	1. Routine	Follow-up Releas	21/23
Owner					No 12/ Summary of Violat	
				2. Follow-up	Summary of violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operationa	al /	2
Person in ch	arge		anas Maria and a sala	5. Temporary	$c_1 nc_2$	
				6. HACCP	1 4. 4 . 1	77 7 7 5
Responsible	person's	email	eas in the figure of the second	7. Other (list)	Menu Type (See b	pack of page)
			, danies text		THE THE HUPSE	
Certified for			C ~ (mla)		123	45
			n Exp 8/12/27			
O.L. T. C.			ENTIFIED IN THE CHECKLIST AND NARRATIV			
	-	THE REAL PROPERTY.	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	S" AND IN THE NARRATIVE BELOW A	To Be Corrected by
Section #	-	R		Marie Sandy Service Science Service Se		
297	NC	roig.	Couple of soda nozzles	are soiled	ti za to alekent	12/14
431	A 10		Specific and in Co.	100		P P SISTEM CREET
731	NC		Derving area is son Preponea by ice ma	china in soil	ad	V
			riep onea by the ma	CHUTE US 5011	200	
336	C.		Moo sink buscot with a	tmospheric i	acuum breaker	12/27
		-	Mop sink faucet with a with a with a hose extendi	ng to a wall	mounted chemica	d
			dispenser is not s	atisfactory		
				\supset		
			Notes: () recommend to	clean Walls	4 floors as you go	
			Inroughout I	he day	0 0	
	2		2) seconsmend to	plan Mare a	designated ice	and the case of
			Scoop for ice r	nachine	1 1 1 2 7	Lara Sal
			(3) please work or	1 taking trash	out by back	(Hitarian
		_	act a review to	ina haard some		
	-	-	(4) get a new cutt	(1)	1 1	
			(5) cover cilantro 4		Ru Delvie many	
					ear accessible water	
Received by	(name and	l title		000000000000000000000000000000000000000	Inspected by (name and title printed): 0 0 . 4=
- (rait 1.	M	Haas	1 7 011% I	Inspected by (name and title printed MiaPapageorge NON Inspected by (signature): Mashipagary Parl	u Belion Et
Received by	(signature)): 01			Inspected by (signature):	n La
2 81	th -	He	m and a second		Makipagerye / plant	Bellow
cc:	None or other party of		cc:		cc:	



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

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Page 1 of

			requireme				54011 110		Premier		Portion		r.
Establishme	nt name	TY	INA	,	planta sed	nen ja oga		one Numb stablishm			Inspection		
Establishme	ent addres	SS			PANKO	IM IN		wner		1	21/2	73	
Owner						-2 / /	Purpose: 1. Routin	ne	. /	Follow-	up Releas	e Date	123
			PA	-766			2. Follow	^		Summa	ry of Violat	ions:	
Owner addr	ess						3. Comp 4. Pre-O		nal				
Person in ch	narge RACI	ex	Hte	56I	VS.	redy ²¹ or a s	5. Temp 6. HAC	orary	ned s	С	<u>0</u> nc	5	R
Responsible	person's	email	ngk ser i d sandad	lgne u sachen	Lightskar	перипи	7. Other	(list)		Menu	Type (See l	back o	f page)
Certified foo	od handle	er								1	A 3)	4	5
ı							VE COLUMNS M HE "SUMMARY OF			THE NARRA	TIVE BELOW	AS "R"	
Section #	-	W					Narrative				1923	-	e Corrected by
291	NC	4	AV	HILA	TBLE	TOS	ST PA	PPR	25 n	OT	n gollon ri	12	128 P3
228	NC	次	Remo	FR	1501 Ble	FREEZ	R N	VPRI	19 HT EAST	24	nit	15	2/31
411	NC	٥	Sor	re stru	LICIASH	7H75	ARR		In	J		12	3/31
346 347	WC WC	F	NOT	NIPS.	AB W ROFF IN/2	ded	NOTOU AT APER	085 085	,501 Tgh	AP	Hom		2 108
			STA										
THE RESERVE AND PERSONS ASSESSMENT	cey	14	inted):	5	GM	25 (1977)			Inspected	by (name o	Im I	++	tvil a
Received by	(signature	<u>)</u> :	3)						Inspecto	by (signate		2	and i
cc.		1		cc:					cc:				,