# 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#
Waffle House			House	( ) Establishment	12/14/23	1676
Establishmer	t addres	S		( ) Owner	1914/23	1
/	069	EI	nain st. Greenwood, Jal	Purpose:	Follow-up Releas	se Date
Owner		-	***************************************	1. Routine	1:	2/24/23
				2. Follow-up	Summary of Viola	tions:
Owner addre	SS			3. Complaint		
				4. Pre-Operational		
Person in cha	ırge		5	5. Temporary	C_O_NC_	3 R
	0			6. HACCP	mention the transition	about and
Responsible :	person's	email	areas figure above as to be in the contract of	7. Other (list)	Menu Type (See	back of page)
				of object to	can have restricted	
Certified foo	d handle	15+	al MyBride		1233	<u></u>
		-	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION(	S) REPEA	TED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
765	-10	10.462	12. 4. 20.4. 4. 1	ie eile l	E TO EDITIONA	12/14/23
<i>Z</i> 95	Ne	0114	Pancake mix cool	e( · () )0,1ea,	THE PRODUCT LEGISLE	7
433	NC	$\Box$	Mags und brooms	are not hund	up-	
					,	
431	NC		Floor and floor drain	by the dishi	væshet	W
			are soiled			
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	edining	hrara 1	eretters a actific a reterm of this actific		i a la positionesi	P. L.
	124		Hard		28 (0.38) C 1390	1 . c . ngtroc
		-				Higosoma
		$\vdash$				
		$\vdash$				
Received by	(name and	d title t	orinted):	Inspect	ted by (name and title printe	d):
1.			of McBride Manage	1	Terry Buile	35
Received by	-	):	10-1-1		ted by (signature):	- packagui
7 .	note	3/1/	Walk	//	May 4 by lu	M'
cc:	0	1	cc:	cc:	The state of the s	
						Page 1 of/



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

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

25tabiioiniiciit ot	mirturon z	requirements. The time mine for corre		
Establishment nan	ne / C	da terbasentik i yak (ken)	Telephone Number	Date of Inspection ID#
Establishment add	ress	Fronk		12-29-23 65
Owner	NI	Norton St. 4613	Purpose:  1. Routine	Follow-up Release Date  NO 1-7-29
			2. Follow-up	Summary of Violations:
Owner address			3. Complaint	
			4. Pre-Operational	d 6 =
Person in charge			<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	C = NC = R = C
Responsible person	n's email	ng ligi kalappa i kuwata a i i ilina a	7. Other (list)	Menu Type (See back of page)
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Section # C/N	IC R		Narrative	To Be Corrected by
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	+			
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La red a	rs area	and the common to the common to the		Lo M. ARESCHART DE LE
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	,	/		
Received by (mame	and title pri	dea) All Marine	Inspecte	d by (name and title printed): feb Fleenes
Received by (signat	ture):		Inspecte	d by (signature):
cc:		ce:	cc:	



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

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

		-			In az i	
Establishme	1)			Telephone Numb		ID#
Establishme	ntaddres	S			12/8/22	2378
1065	8	with	part dr	( ) Owner Purpose:	Follow-up Releas	
Owner		771	Jan Con	1. Routine	Follow-up Releas	de Date
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operation	nal	
Person in ch	arge		had all one new seconds to	5. Temporary	CNC	Ø R
				6. HACCP		da est in 2
Responsible	person's	email	a landalisa de la decidada.	7. Other (list)	Menu Type (See l	back of page)
					- man p	r ioni
Certified foo	d handle	r			123_V	_45
• CRITICAL	ITEMS AF	RE IDEN	TIFIED IN THE CHECKLIST AND NAR	RATIVE COLUMNS MARKED "C'	"	
• VIOLATION	(S) REPEA	TED FROM	M PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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			11000 (1) 200	200	A	
				2 sure back flow		
			(w) make		at at mor sur	
				amed on certifie	1 1	
				mical disher wa	shir Sanopizer	
			should	be in range	ef 200-350 pm.	P 30
	112	1 11 5,9	a na sana a sta anima "	V		January's
			Mani	you!!		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
			1 110110	you		
					-	
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M	714	7 <i>1</i>	MeIntosh		faul Betien.	
Received by	(signatyre)	200	1		Inspected by (signature):	
	-//	W			faul Betibu	
cc:			cc:		ccf	

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

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

Establishme	nt name		2001	1 38 1	- mer year to morn	Telephone Numb	per Date of	Inspection	ID#
WHITE CASRE 28				( ) Establishm	ent , 3	7. 23	20111		
Establishme	nt addres	C				( ) Owner	12.2	1, 0	0446
10	~	Site	ZIL V	2		Purpose:	Follow-	up Release	Date
105 SHEEK RD				1. Routine	-	1/07			
						2. Follow-up	Summa	ary of Violatio	A STATE OF THE PARTY OF THE PAR
Owner addre								y 02 1101441	
Owner addre	ess					3 Complaint			
						4. Pre-Operation		J=1	_
Person in ch		n hop	Lines II.			5. Temporary	C_<	<u>ک_Nc</u>	R
SAR	PAIT	<	TEILE	C	i Si Igrini	6. HACCP	and control	mica Tribb	ralii feza
Responsible	person's	email				7. Other (list)	Menu	Type (See ba	ack of page)
Certified foo	nd handle								
T.	224	1.	660				12	233	_45
• CRITICAL				THE CHECKI	IST AND NARRATIV	/E COLUMNS MARKED "C	,		
					ARE DENOTED IN TH			ATIVE BELOW AS	S "R"
Section #	C/NC	R				Narrative			To Be Corrected by
431	NL		- 5100	05 0	CE Souce	- P			12.29.23
73/	100	CAL			3 BAJ S		- división arti	to guilliness.	VIPRETYCI
1.00	ar per	71.73			True Poor		. 11 10 10 11911.	v / 2000012	District Section 2
						represe	- Till Legill	mm x myrtax	7242 11 214
				0,000		7			, , ,
324	NC	4	FAUCE	57 00	3 BAY	15 CEAKING			1/14/24
				1					/ /
		1	LARG	E KE	cef-la	REFRIDEBRA	en NEY	7	Y
			73	7743 /C	2 MACHIL	JE-			//
218	NC			- Poon	GASKET	15 IN DI	5 REPAIR		1/14/24
295	ا ند					15 Sousa		prellanció	12,28.23
- shabar	Language.		eri Earli	anig and	render - Landing	olada baran dar	, , , , , , , , , , , , , , , , , , , ,	FT 200 F2	untaneed 1
295	NC	1				01000 20 11	4E EXTE	er 2R	12,28,23
1			AL	D IN	TERIOR			-1	languin l
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Received by	(name an	d title t	rinted) ·				Inspected by (name	and title printed)	
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7-)	10	,	. \_		11.171	5	16.11	4	
cc:				cc:	Y WILL	2	cc:	0	



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#
Whit's ann Bar + Gall	( ) Establishment	12/1/23	2011
Establishment address New	( ) Owner	14/1/23	001/
1020 N US 3/ Whiteland 11/	Purpose:	Follow-up Releas	e Date
Owner 46184	1. Routine	195 121	11/23
Mark Clark	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$c_{NC}$	22R
Shenn Mark	6. HACCP	10	
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
abustantha infalia a a i	7. Other (iisi)	an an an an an an	/
Certified good handler	udal	123	45
Unknown No Cercuficale Trust	faces		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE  WOLATIONS DEPOSITED FROM PREVIOUS DISPERITIONS ARE DENOTED IN THE	'E COLUMNS MARKED "C" IE "SUMMARY OF VIOLATIONS" AND	IN THE NADDATIVE DELOW	AC "P"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE  Section # C/NC R	Narrative	IN THE NARRATIVE BELOW P	To Be Corrected by,
1000	month & DAN	V. Mana	860 1/21/3
431 NC - and soiled in	noun - ean	ug cleana	12/2/22
295 NCY Walk-In-cooler	Sholing	11-	1/21/24
218 NC soiled and ruste	- Steel Cry		1/2/2
218 NC Represention door	I reals ton	U ON	1/21/24
somes equipment			111
256 NC V ambient are th	ermoneters 1	not	12/3/23
seen in some re	friggration u	nits	1,4
411 NC V Interior light &	sulles missi	ng in	12/9/23
some refrigeration	m units and	hood	///
system 0	0-1 1 200	4.10	
404 NC 1 no cove base	venina prep	nauce	1/24/24
	net from I	goin.	1/27/29
218 NC Deep Luger basker		nsaed	12/9/23
430 NC Richard Ceeling	tile is do	mared	1/24/24
mercously wet	) and soile	d	1,1,
413 NC Back I door.	interior le	over lef	1/20/24
Corner is not	sealing	0	
Received by frame and title printed):	Inspec	ted by (name and title printed)	en EHS
Received by (signature):	Inspec	ted by (signature):	?
сс: сс:	cc:	/ /	1

NARRATIVE REPORT

Establish	1 )	am	n Bar & Shiff 1020 N US 31 Whileland	Inspection Date
Section#	C/NC	R	REMARKS 1N 46/84	TO BE CORRECTED BY
112	NC		Some refugeration/freezer	10/11/24
			NSF/MSCarnered	/ /
324	NC		Toliet seit not open front	12/20/23
22/	700		in restroom in Sente 1	12/20/25
295	NC		Refrigeration units in Sutte 1	12/2/23
218	110		no paper towel holder mounded	12/9/24
610	NC		at hand sink in Suite 1	12/9/24
352	NC		Restroom door in Suite 1 is	12/25/23
200			not self-closing	1/1/
388	NC		No drain plag on one exterior	12/25/23
43 /	NC		Inverted mulk crates are used	1/20/24
107	7,00	J	for shelving inside walk-in-cooler	72727
187	6	4	Row meat measured 48°F, 49°F,	Corrected
			and shredded cheese measured	Vol.
324	C		Ice maker I draw line.	1/20/24
			near bar, contained a drain line	Meeds,
2 - 11			that lacked an our gap.	air Gap!
324	NC		And not drip into the mechanical	Corrected
			sums box unit	
234	NC		Bar we maker contained an	Corrected
			ue scoop handle that directly	
4121	416		taiched the ice	in the last
430	NC		Ritchen mechanical expanst filters ar	2 1/20/24
			we of suggest	
	X	4	notes: no backflow preventer &	4
	1		seen en firm	
	X	-)	for kitchen mechanical exhaust	B
			system.	552
	X		I Firm shall submit a Whitten	)
	1	-	Corrective action plan on or befor	2
Received By	(Name	& Tit	12/28/23 by 4:30 pm to our office Inspected By (Name & Title)	- 2 7
	er	^	Condrew Meller, EHS	Page of



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

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

-		tatioi	requirements. The time mint for con-			
Establishmen		B-6	galaman dan ing ay nag ujirang Da	Telephone Number	Date of Inspection	ID#
Wing	9 5	Boy		( ) Establishmen	12/19/2	3 2731
Establishment address 200. S. Maoligen ANL				( ) Owner		
Owner	, 7	۲	THURSON WILL	Purpose:  1. Routine	Follow-up Release	se Date
Owner					Summary of Viola	tioner
Owner addre	200	-		2. Follow-up	Summary of viola	nons.
Owner addre	288			3. Complaint	/	7
Person in ch				4. Pre-Operational	C_NC	X _
Person in ch	arge			5. Temporary	CNC	R
Responsible	nerson's	email	resident and the second second second	6. HACCP	Many Type (See	hach of page)
Responsible	persons	Cilian		7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r n	A. H Wash	/	$ \begin{vmatrix} 1 & 2 & 3 \end{pmatrix}$	4 5
Ragho	rvens	Hon	Anthem 11/24/28		12	
ı			ENTIFIED IN THE CHECKLIST AND NARRA			
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN		AND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
	nin initi		e ganezof er unig grevele ganta et elle e	A Para Maria Maria	the type of the purification of	SWARDSDAY .
UNITED	72.7	- 1	No violation	n during men	cetion	navatatoris
			A STATE OF THE STA		111 (x) 2 11 (t) 12 15	S Kara par
					***************************************	1 + 2
101	Lacer	credi			n na fazantita	, , , , , , , , , , , , , , , , , , ,
						Meret Poss
Received by	(name and	l title t	printed).	IIn	spected by (name and title printed	/):
Received by	^	1 1	Althern		paul Betopu	
Received by		):		In	spected by (signature):	entra eje
R	ef_	_		THE RESIDENCE OF THE PARTY OF T	CONTRACTOR OF THE PARTY OF THE	
cc:			cc:		cck	



460 N. MORTON ST. STE A 12/24 FRANKLIN, IN 46131

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

Establishme  Za 2  Establishme  1274  Owner  Owner addre	ess	s .	Amerton Ave	Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP	Follow-up Release Summary of Violati  C _ L _ NC	2 1922 2 Date ons:
Responsible  Certified for			land been and the mile in the contract of the	7. Other (list)	Menu Type (See b  1 2 3 ✓	
			DENTIFIED IN THE CHECKLIST AND NARRATIVERS		" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
297	Me		foda nozzlea is 8	orled		12/28/2
336	C		No shut off down valuum breaker.	stream of	almospluric	1/20/24
Received by	(signature	E	printed): 1018kins Woller	4 = 1	Inspected by (name and title printed)  ACUL BLA CU  Inspected by (signature):  ACUL BLACU	£t#
cc:	Chil	7	VOULC:		ck:	

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

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

ablishment	name		the assertion by the primarity of	Telephone Number	Date of Inspection	ID#
7 1 1	US		54043 F111741130 AM 111 1 1 17 2	( ) Establishment	10/11/02	9,50
ablishment	address			( ) Owner	12/11/23	2125
54-	Mon	lin	Dr. Greenwood 46143	Purpose;	Follow-up Release	Date
vner	10			1. Routine		
				2. Follow-up	Summary of Violation	ons:
vner addres	SS			3. Complaint		
				4. Pre-Operational	1	0 - 0
rson in char	rge	heo	yfir all er lander teaperturger	5. Temporary	c_1NC	<u> </u>
		oli	, god , i god (region)	6. HACCP	75 TH (C1-	reh of page)
sponsible p	person's e	mail	ero laum afgakeog Le cantzot er da et e e	7. Other (list)	Menu Type (See bo	ick of page)
			1.100		-   2 2 4	1 5
rtified food	handler	И	MCKIN 218 EXP		123	_4
CRITICAL I	TEMS AR	EID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	A STATE OF A STATE OF OWN	c "D"
	The second second	and the latest designation of the latest des	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW A	To Be Corrected by
ection #	THE RESERVE AND ADDRESS OF THE PARTY OF THE	R	00 1 1 1 1	Narrative	1 1/2 Church broaker	
336	C	CICI	Mopsink faucet wit	fine to a wall	Vacuum breaker	
- cons	and ard	CHILL	with a hose extend chemical dispenser	is not satisfo	ictory	GLTLANIA
			Cherma asperse	W-7101	1 10 - 1 (12) III 12 4 (13) 7 (12)	TSD MADE AND
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				es as ap a	wider on	
1					of the grame /	
				in the same	4 12 00 32	ranger <sup>d</sup> .
						FIGDLER P.
		_				
				l-	11 ( 1:11 : : :	
Received by		d title	printed):)		nspected by <i>(name and title printed</i> Mia Papageorze / P	and Betignett
leceived by	(signature	in	alton		nspected by (difnature):	aul Betituett
cc:			cc:		cc:	
						Page 1 of



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

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

Establishmer	nt name		The state of the second st	Telephone Number	Date of Inspection	L ID#
	1 b	1	- Day Elementary	( ) Establishment	1 1	ID#
Establishmen			- whiteland		12/1/23	414
	Sau		100 PJ WHITELUNG	( ) Owner	7 /	Di i
	Sau	700	Ill Rd IN 46/84	Purpose:	Follow-up Release	
Owner	CPC	_		I. Routine	NO 12	/11/23
		- 2		2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	e la s	0.	5. Temporary	CNC	$O_R O$
1 1	leni	se	Rice	6. HACCP	10 TO 10	
Responsible	person's	email	1000	7 Other (list)	Menu Type (See b	ack of page)
	1		/ Sen Sate	The Giller (1131)	Thena Type (see 6	take of page)
Certified foo	d handle	r	D ( Exp: 1/15/2		1 2 / 2	4 5
Ale	nis	e	Rice ( 4) 1/3/31		123	_45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			no violations	noted Der	this)	1/4-
	District Co.	7	implection	self-standed and areas and assessment	A TOPOLI	
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D-P	nis.	P	Rice	An	drew Miller	EHS
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