

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

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

Establishment na	ame		es and government of the second second	Telephone Number	Date of Inspection	ID#		
OI A	Nea	+.	Shac	( ) Establishmen	1-24-24	2658		
				( ) Owner	1:50 P.W			
11 Decl	0 -0	, 4	ion Dr 46143	Purpose:	Follow-up Releas			
Owner	4	~/.	JOHN DE 101 12	1. Routine	105 2-4			
a samusassa				2. Follow-up	Summary of Violat			
Owner address				1	building of violat	101101		
Owner address				3. Complaint				
				4. Pre-Operationa	1 2 2	_		
Person in charge				5. Temporary	C NC	c 3 NC 3 R		
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Responsible person's email		7. Other (list)	Menu Type (See b	Menu Type (See back of page)				
			1	- 10° ° 1 ° 10° 10° 10° 10° 10° 10° 10° 1	out where			
Certified food ha	andler		6		1 2 3	4 × 5		
Singh	Asn	nei	- ServSafe exp. 11-25-28					
• CRITICALITE	MS AR	E IDI	entified in the checklist and narrativi	E COLUMNS MARKED "C"				
• VIOLATION(S) R	EPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		' AND IN THE NARRATIVE BELOW A	A CONTRACTOR OF THE PARTY OF TH		
Section # C	/NC	R		Narrative		To Be Corrected by		
436 6			Observed live bird loco	ted in kitchen	area			
436 3	0	on	Observed what appeared	1 to be 3 live	chickens in a	7.1114.11		
2 1 27 13 144			box in Kitchen area			THE THREE		
438	$\leq$		All spray bottles must be			Corrected		
	10		Observed what appeared	# be a dead	Mouse in a trap			
146 N	C		Label repackaged meat		/			
			4 NOTE: include safe head 1	in instructions				
216 N	16		Non Food Contact Surfaces (	NEW ) shall a	be be easily			
	_		desnable no cerdboard					
1876	,	$\dashv$	NOTE?					
10.16	>			reat Drod	incts Inside			
14 12			display Coolly	1992/4901	21	war date		
			-nominar St		dixts			
			1981 DINGE	MANGU	1.41 p.m			
			4.01.11.00	01100				
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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 corre	ection of each violation is specified			
Establishment name	Telephone Number	Date of Inspection ID#		
Establishment address	( ) Establishment ( ) Owner	1-29-24 1675		
3100 Weridian Parla Dr	Purpose:	Follow-up Release Date  7-9-7		
Owner	1. Routine			
	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
	4. Pre-Operational	0 7		
Person in charge	5. Temporary	c		
the least part of the second	6. HACCP	We not		
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
Certified food handler		12345		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "R"		
Section # C/NC R	Narrative	To Be Corrected by		
174 NC DOSENIED DUIK	food 110+ 1abell	9		
254 Mc Food thermomets	rnot function	11/		
	The state of the s	0		
N1140 5 9 (1/050/10)	d Carb mont	(0/9)		
100/03 015/10	E14301	010		
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		and the commitment of the latest		
		b on a Carife No. 10		
a plant in agreement in the agreement	na na	remarka no company and paradia de		
		a fags are		
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go works a process some	Co	SS, Hall		
Received by (signature):	Inspecte	ed by (signature):		
+ WA		DI VIEW		
ce: cc:	cc:			



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

Establishmen	nt name		stract or, to	men i Heli	ul sembre e e	Telephone Numb	er	Date of Inspecti	on	ID#
H	( ), <	1	INZA			( ) Establishm	ent	1-26-24		21106
Establishme	nt addres	S		10/	- Greenus	Od ) Owner		1-20 2 1		1(,000
591	101	1	1 2K	1/25	)	Purpose:		Follow-up Re	lease l	Date
Owner					(	1. Routine				2024
						2. Follow-up	1	Summary of Vi	olatio	ns:
Owner addre	ess	-	7,50-2,-10-10-10-1			3. Complaint	1			
						4. Pre-Operation	nal	- 2		
Person in ch	arge					5. Temporary		C = N	0	R
	0					6. HACCP			-	
Responsible	person's	email	n hair a	ont in a	to the barry	7. Other (list)	1	Menu Type (S	See had	ck of page)
1						1. Strict (man)		ment Type (e	ul 40	or of Puge)
Certified foo			a Cerus	sete es	Cp.1-18-2026			123		4 <u>X</u> _5
• CRITICAL	TEMS AF	RE IDI	ENTIFIED IN	THE CHECKI	IST AND NARRATIV	E COLUMNS MARKED "C'	,			
						IE "SUMMARY OF VIOLATION		HE NARRATIVE BEI	OW AS	'R"
Section #	C/NC	R				Narrative			Г	To Be Corrected by
			No	items	to note					
			with some	Thank )	to note		1 (1)	200 0 99100	10 7	Page 1
	unqeri	71111			managed to figure			consider a sur-		200 15 TO 1
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	Regard			a. (1)		3.00		n 1/1.2	0.1	
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									1	
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name		Start Start Control in	Telephone Number	Date of Inspection	ID#
	Ame	ri	can Legion	( ) Establishment	1/-1	
Establishmer	nt addres:	S	•	( ) Owner	1/9/24	167
	33	4	4531 & Greenwood	Purpose:	Follow-up Release I	Date
Owner		,	IN	1 Routine	Follow-up Release I	124
			1N	2. Follow-up	Summary of Violation	ns:
Owner addre					Cummary or violation	
Owner addre	SS			3. Complaint		
				4. Pre-Operational		
Person in cha	urge			5. Temporary	C_O_NC_6	R
1000 _ 23	0.000		and grant to the thirty	6. HACCP	Linda Resultation	10 -60
Responsible	person's	emai	l su la deniar i transce a de de describi	7. Other (list)	Menu Type (See bac	ck of page)
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Certified foo	d handle	r	1 milac		12 太3	45
10	my pai	one	d miller			
CRITICAL I						
THE RESIDENCE OF THE PARTY OF T	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			NAME AND ADDRESS OF TAXABLE PARTY AND ADDRESS.
Section #	C/NC	R		Narrative	Т	o Be Corrected by
						- 1-1
431	Ne	POST.	-water lines against		ides the	2/9/2H
	- 1		3-bay since are u	in the kite	1	
218	Me	_	- Exhaust filters	in the kite	hen hood	
			are not tight			1
430	NC		, ,	es in the	kitchen	
	.1.		are not smooth		confairers	1/10/24
295	NC		- the plastie	breading	containes	1/10/29
700	NC		are soiled	11 = 1-11	~ ~	1/12/24
295	N ~			cles shield	7.5	1/2/07
431	Ne	75757	st soiled.	roles the 3-b	and Las	
121	100	-	- The floor Un	rdr	17 /see	$\rightarrow$
	102	- in in	211/2 /3 01	197		
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cc:	rese	_	Dcc:	cc:	11240	0
			7		20.	

460 N. MORTON ST. STE A \\(\frac{1}{4}\)

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 (Treenwood ) Owner Purpose: 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 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 Inspected by (name and title printed): Received by (name and title printed): cc:

3 clear under equipment.



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Establishment Sanitation Requirements. The time limit for con				
Establishment name	Telephone Number	Date of Inspection	ID# 2017	
FINTIC FINITE'S	( ) Establishment	12 211	4021	
Establishment address GNEENWA	₩ ( ) Owner	11-2-64	506	
1751 N US 31	Purpose:	Follow-up Release		
Owner	1. Routine	1-13	5-24	
	2. Follow-up	Summary of Violation	ns:	
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	C NC	R	
r closs in charge	6. HACCP			
Responsible person's email	7. Other (list)	Menu Type (See ha	ck of page)	
A Car	7. Other (ust)	Menu Type (See back of page)  1 2 × 3 4 5		
Certified food handler				
		12_/\	45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR	RATIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED.				
Section # C/NC R	Narrative		To Be Corrected by	
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The state of the s	Section 10 and 1	-1/C: 782 1: 5/1/3/3	201 - 1	
22.20			nda veni	
		0(1)	1	
NOXESSOLL	vero misos	- Edmonoy	7	
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Received by (name and title printed):  May a Chy (+ Stive )	Inspec	ted by (name and title printed):	gyer) i i	
Receiped by (signature)	Inspec	ted by (signature):	Greyned	
cc: cc:	cc:	000	7	
		-	,	
			Page 1 of	



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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 c O NC 3 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 NC 295 NC 430 NC monitor Inspected by (name and title printed): Inspected by (signature):



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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 317 868 8686 1-9-24 49 E. Count St. Franklin, IN 46131 Owner Andrea Brewer 317 625 8104 Follow-up Release Date Purpose: No 1-19-24 1. Routine 2. Follow-up 3. Complaint 799 S. Main St. Franklin, IN 46131 4. Pre-Operational 5. Temporary Anna Boyd manager
Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) benjamins coffee house agmail com 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 hacon in prep cooler had a temperature of 49°F at 1:08pm, had been prepped the night before & stayed in prep cooler all night - was dis secommended discarding Prepared bacon + chicken salad not date stime 187 **a**C 191 marked 29-NC Soda nozzles soiled thermometer in large fridge in back of kitchen showing incorrect temperature 254 NC. Inspected by (name and title printed): Received by (name and title printed): cc: cc:



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Establishme		-	15	Telephone Number		ID#
NAME AND ADDRESS OF THE OWNER, TH	CONTRACTOR OF THE PARTY OF THE		s Box burger	( ) Establishmen	1/30/24	2640
Establishme	nt addres	is	- Calonipal	( ) Owner		
341	13	57	TELLA DE Greenwood	Purpose:	Follow-up Releas	e Date
				1. Routine		18/24
BRA	NDO	J	Kyle	2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		and connection of the Repul F	5. Temporary	C / NC	ZR
Sent for				6. HACCP	of the soles at the	
Responsible	person's	email	r sele p <del>elangerale an pelandana</del>	7. Other (list)	Menu Type (See l	pack of page)
3.9-			Separation of the second	13700	in La fond _brable is	72-1117
Certified foo	od handle	r				4 5
• CRITICAL	ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION	(S) REPEA		ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	
Section #	-	R	, , , , , , , , , , , , , , , , , , , ,	Narrative		To Be Corrected by
295	NC		- ICE MACHINE IS SOIL	ED INSIDE	A to stant 20 to substant	CORPECTED
257	NC		No THERMOMETER DESC	RUCO IN THE	HEST TRECIEN	COMPLETED
	<del> </del>		. D	<del></del>		17 1 721
336	C		- PLUMING - No BACKFLOW I	DEFERENT ITINAL D	Drillie a	2/8/24
334						-10/21
			MAIN WATER LI	BERVED ON THE	3 BAY AND	2/8/24
			PREP SINK		-	
	Hédas		NOTE: CHEST FREEZER			and the same of th
n[allam	2		· Commenente	ESADE WILL I	BE REQUIREAS	Line State Company
de	<u> </u>		- IF You REPU	ACE THE UNIT	- 1 1-30 sc) se sagera	and the second
			- 17 You up61	RADE / KEMODEL	DE FACILITY	
			- CHANGE IS C	WNERSITIP		
Received by	(name and	l title p	rinted):	In	spected by (name and title printed	2
EMA	100	Co	py to BRANDAN 1.30.2	24 KRP	KEVIN K KA	EVUIN EAS
Received by	(signature)	): /	/	In	spected (signature):	June, mil.
					K.R. K	
cc:			cc:		cc:	
l				1		

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.

Buffalo W Establishment address 2330 M M Owner Owner address Person in charge Responsible person's ema Certified food handler	orton st franklin IN 46131	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID#  O1 / 16/24 2 163  Follow-up Release Date  Summary of Violations:  CNC4 R  Menu Type (See back of page)  1234\( \sum_5 \)
CRITICAL ITEMS ARE II     VIOLATION(S) REPEATED	DENTIFIED IN THE CHECKLIST AND NARRATIVE		N THE NARRATIVE BELOW AS "R"
Section # C/NC R 294 C 411 NO 431 NC NO 10 234 NC 303 C 1114 NC	Dis h ract is on the Mechanical dish hos to this should be at Othe spray bottle no NOIC; I back from pre by a Contractor	ents out at the corted of water in this land the perature is heast 160 F or labelled wention next text a week of 15-5 re soiled. Please	hord.  orea  1/19/24  1 at 155°F  late 3/24'  will be taken care of 20/2024.  Clean man drains.



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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

F-1-1 E-1				-			Tolombono Numb		Date of Insp	action	I vn//
Establishmen			>boot-suo	DENE			Telephone Numb		Date of thisp	ccuon	ID#
- III	Bur	981	Kil	19			( ) Establishm	nent "	1/23	174	Let 2324
Establishmen				~			( ) Owner		1/62	127	
8	91	US		$\lambda$			Purpose:		Follow-up	Release :	
Owner				wha	clead,	1	1. Routine			2/3	124
					Creiny,	100	2. Follow-up	1	Summary o	A	THE RESERVE THE PARTY OF THE PA
Owner addres	ee		-	-			1		,		
Owner address	33						3. Complaint				
							4. Pre-Operation	nal		3	
Person in cha	rge						5. Temporary	ng 27 1	C_0	NC_	R
- Lestings							6. HACCP	2 . m			
Responsible p	person's	email	Lys Ipgins	danie o	111 111 237 2	dous famil	7. Other (list)	g	Menu Typ	e (See ba	ck of page)
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Certified food	l handle	r							1 2	3 /	4 5
	Br	ano	y Ha	WKI	15				1	_3_/_	т5
• CRITICAL I	The same of the same	-	/		THE RESERVE OF THE PARTY OF THE	D NARRATIVI	E COLUMNS MARKED "C'	"			1 1
• VIOLATION(S	S) REPEAT	TED FR	OM PREVIOU	S INSPEC	TIONS ARE DE	NOTED IN THE	E "SUMMARY OF VIOLATION	NS" AND IN T	HE NARRATIVE	BELOW AS	'R"
Section #	C/NC	R					Narrative			ר	o Be Corrected by
		$\vdash$									
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		$\vdash$			100 p	70000					
431	NC		11	10 1	1001	and	olcain unna	125	okink		1/30/24
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	4-44-									- Para-	
- Vidaor		11.15				anh			Language Dr. Co.		
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Establishme	2			Telephone Number	Date of Inspection	ID#
	SEY	5		( ) Establishment	,	
Establishme	nt addres	S		( ) Owner	1.12.23	2726
210	05	E	Courty Line Res	Purpose:	Follow-up Relea	ase Date
Owner				1. Routine	- 1.	22.23
				2. Follow-up	Summary of Viol	ations:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	Atro-		t 7=		C NC_	3 p
			1 JESSICA	5. Temporary	CNC_	
Responsible	Jour ,	A mail	CALHOUN ROSE	6. HACCP	M T /Ca	hach of page)
Responsible	persons	eman	A STREET	7. Other (list)	Menu Type (See	e back of page)
Certified foo	od handle	r			1_2 × 3_	4 5
CAON	4		1.7.26		1	
• CRITICAL	ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED FF	ROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELO	
Section #	C/NC	R		Narrative		To Be Corrected by
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		R	EFRIOLERATOR (DRIVES			CORNECTED
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431	DC.	H	THE FLOOR & CARNET PR		ED TEA	Cornectos
	-		DISPENSOR IS SOLUT	<i>7</i> 0		COTUCCIOS
336	DC		OBSERVED CHEMICIA	Dispension H	SES REIN	
550	100		THE WATER LINE:		305	CORNECTED
			- VELETABLE			
			- 2 BAY 5,0			
				Call and the Call		
				of at him and an	<u>ii a li liir</u>	t spelanorel to
je	din a ne	-	SANITIZER IN 3-	BAT OBSERVED	BERVER	***************************************
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	-	$\vdash$				
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		$\vdash$				
		$\vdash$				
Received by	1.5	101	rinted):	Inspect	ed by (name and title prin	ted):
X Se	ssica	K	osé Kitchen Man	oger KE	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	UD
Received by			A D	Inspecto	ed by (signature):	
XV/	Plas	ica	( ) X osl		12 /2/	CHS
cc:	/		cc:	cc:		
						Page 1 of
						rage 101



#### 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 (100) VEstablishment Establishment address ) Owner Purpose: Release Date 1-20-24 Owner 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational c O NC 3 R O Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler 11-21-24 raus 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 324 NC 216 note 1-10-24 1-31-24 Received by (name and title printed): Inspected by (name and title printed): ) hantangur cc: cc:



## JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

INSPECTION REPORT

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

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

Establishment name CHICAGO'S PIZZA	Telephone Number  ( ) Establishment	Date of Inspection	2121
Establishment address	( ) Owner	1/8/24	, 113/
	Purpose:	Follow-up Releas	e Date
Owner	Routine	- 1/	8 24
MORRIS	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
n ' 1	4. Pre-Operational	- 0	7 _
Person in charge BL TH MORRIS	5. Temporary 6. HACCP	C_O_NC_/	Lange R
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
A contract of the second secon	7. Other (tist)	Wiena Type (See a	nuck of page)
Certified food handler RETH MORRES		123	5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
431 NC Q WALL NOT Cle,	FN BEHIND PI	ZZR	1/11/24
	E FRISH RATOR	mandita : an ingre	Wizingtel 1
218 NC B OVOR GASKET W	WRN/SPLIT ON	ASSIA	211
dough REFRIS	PRATOR	A DEMINISTRATION OF THE STREET, IN	(LD SOIL
138 NC & some Employe	es not wear	LING HATE	1/9
PESTRAIN'S			
	when utures of		COCKOO
	ONI SALAD , PO	THAD SAZA	1/8
RT SAZAB BAL	5 ~ M3 & WOL	AT 410F	
OR 2055			
211.9	0.	ACROSS FIO	m 2/20
SACRO BAR NO	T ENSTRY MA	TUKE	1/13
431 NO & SHELF INSTAL C	FOTON NOT CLEA		1/12
301.0.7.			acrested
190 NC DE PREWARROS CHEC	of on SHELF ID	WATE - IT	corrected 1/8
COO CER -NOT A	OUTCLE OHTIL 1	novitad	1.0
M31 NO & RESTROOM COAL			1/12
NOT CLEAN			
Received by (name and title printed):	Inspecto Ba	ed by (name and title printed,	): = X/S
Received by (signature):		ed by (signature).	interstant -
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		- College Strategy of the Coll	Telephone Number	Date of Inspection	ID#
	Cof	Fee	House five Bargers ville mer que. In	( ) Establishment	1/31/24	2656
Establishmer	nt addres	S	Bargersvalle	( ) Owner	1 / / - 1	
10	P	lun	mer Ave. IN	Purpose:	Follow-up Releas	e Date
Owner				1. Routine		
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	Box	a flata in the property of the town	5. Temporary	C_O_NC_C	7 R
bear I a			chark points " Mark mass	6. HACCP	le no rad	
	esponsible person's email		7. Other (list)	Menu Type (See back of page)		
Certified foo	od handle	r	trahibald		123	_45
				TE COLUMNS MARKED IICII		
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW !	S "R"
Section #		Per 10 10 10 10 10 10 10 10 10 10 10 10 10		Narrative		To Be Corrected by
	When it	- 1	a gradienter una entroces, al le ces oria, com		-one was to gaillening	Wellowell C
er and man			The sade area applicated in comme	A Disch wit fort difference of	del to America Victoria	HERMINGON
			Scholing of the second of the sound of	South September 104 Hills 21 - 41 TH	TO SHARMING TOWAR	111111111111111111111111111111111111111
			* Note: Label	all spray bot	Ho cleaners	1
			A NOTE, Duber	39101 001	The courtery	
	die		11.0		n in affirmati	
the Ivan	1000				and the state of t	ola
- 11	likai n		graphic and the state of the st			
	-					
Received by	4		// / / / /	Inspec	ted by (name and title printed	1
D 11			Archibala	I officer	Terry Baylors	9/
Received by	(signature,	): A	A	Inspec	ted by (signature):	M
cc:	+XW	SC	l cc:	cc:	Jusin Bay 12	
			333		, ,	

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

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection	ID#
Crow & Clover	( ) Establishment	1, 11,011	01.11
Establishment address 410143	( ) Owner	11-11-24	2646
21046 916 E. Main St. Greenwood	Pur <del>pose:</del>	Follow-up Release	Date
Owner	1. Routine	1-6	11-24
	2. Follow-up	Summary of Violation	
Owner address	3. Complaint		
*	4. Pre-Operational		
Person in charge	5. Temporary	C NC	2 R
Disconsisted and the second second	6. HACCP	regularior di se a la figura di	
Responsible person's email	7. Other (list)	Menu Type (See ba	ack of page)
Certified food handler		1 2 × 2	4 5
Elissa McKeee		123	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN		
Section # C/NC R	Narrative		To Be Corrected by
324 &. Observed mop Sin	ix located in	Dalkroom	
Note Spray nozzle Sto	red below from	dlms.	
	Doards liping	Shelving	
mits moid walk	-in cooler	100 -1-1	
4 not so	nooth & Pasily	Monable	
	other prac.	10 01000	
352 MC employée restroor		If-Closing.	
Note: Jublic restroom	Mand Sink; Y	101 Jennio	
310 MC Soth restroom &	chart terrors	we dust	
	IN MOJKIN (CO)		
Baled goods in Stand		,	uitan an l
Dame & addr		in the first of	uprevbel
425 NC han observed mops sitt	ing in modsink		literone
1257 NC. Observed no thermon	refer in 3 coolers		
112 NC observed a whirtpool	house heezer tag	stated	
house hold freezer	0 0		
0			
	T <sub>T</sub>	Thur frame and title toilet. It	
Received by (name and title printed):  Elissa McKee	Inspecte	d by (name and title printed): Papage 0 (9l	vient 4
Received by (signature):	Inspecte	d by (signiture):	mastrag
		Mapayloric	
cc:	Cos	5. Hall	



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

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

Page 1 of

Establishmen	ntaname		our fouls.	La company to the company	Telephone Numbe	Date of Inspection	ID#		
	114	4	1		( ) Establishme	/ /			
Establishmen	nt addres	s		Franklin)	( ) Owner	1/19/24	2383		
1916	nami	116	100. DA	Franklin	Purpose:	Follow-up Release	Date /		
Owner o	win	Me	W Di	· /N 70/2/	1 Routine	URS 1/2	0 / 1		
Owner	60		111.	tal 10	the second secon	Symmary of Violation	1/01		
W	rue	4	1100	Mell	2. Follow-up	Summary of violati	)115.		
Owner addre	ess /	/			3. Complaint				
					4. Pre-Operationa	al j ,	1		
Person in ch	arge		100	1100	5. Temporary	C NC	c		
ash	leu		Mit	chell	6. HACCP	r mjer for i he ngibb	er do a la mediabata e p		
Responsible	persons	emai		The same of the	7. Other (list)	Menu Type (See be	Menu Type (See back of page)		
					11	1817-174	200000		
Certified for	d handle	r	m 1	1 11		1 2 3 V	45		
ash	ley		Mute	hell					
				THE CHECKLIST AND NARRATIVE					
Annual State of the latest and the l	-	_	ROM PREVIOU	IS INSPECTIONS ARE DENOTED IN THE					
Section #	C/NC	R			Narrative		To Be Corrected by		
324	324 NC apparent water leak behind						1/20/24		
- 70	100000		Stac	ked washer/	dryer unit	1 1 10 11 11 11 11 11 11	1/2/1/1		
2/8	218 NC VOastro Blender Ocovers (2) are						1/26/24		
			Craci	ced		11	/ 1		
	2 July Scoops are cracked / damaged								
	3 Condiment cooler hinged lid								
205	. 10	1	Mus	s tre men	the lance	top cover	1/19/24		
295 NC V Inside top of the large					me mager	Possin			
218 NC Hinged lid cover					is for Hei	eth and,	1/23/24		
218	NC		1000	La Carabia Piaca	Jane Co	acked I dam	nand! L		
187	C		a Ch	molato and	Danilla	wind custara	Vol.		
101			10.	horset 12 me.	asured 45°	of at	Discarded		
	1 2 10 0 1/0 0 1 10 0 10 0								
			mote	d'off" and m	ot under	refrigeration	Corrected		
			(2) Cut	es slaw and	Mashed	Potatoes	Corrected		
in two pull out drawer cooler						Moved to			
measured 43°F and 42,8°F.							another		
218 NC Two drawer cooler contained ice						ice build-up	cooper		
Received by	(name and	_	1 .	1 11		Inspected by (name and title printed)	1/19/24		
Dimmy Jenkins General Manager Andrew MINNEY, EH							WY, EHY		
Received by (cignature):						Inspected by (signature):	might at		
						marley Mill	2		
ec:				cc:		cc:			

NARRATIVE REPORT

Establishment	Name	Address Franklin	Inspection Date				
Cille	H1	Address Franklin 1916 nandirille Dv., IN	1/19/24				
Section# C/N0	C R	RLIMARRO	TO BE CORRECTED BY				
	35	mean the interior fam (	/				
٠.		near the interior fan ( behind pull out drawers)	1				
Thote	1	RP Backflow unt tested on					
1/15	$\dashv$	10/18/23	1 1 1 1				
413 NC	4	West door ruly the bottom	1/25/24				
225 114		threshold plate	1/00/01/				
295 NC	-   -	Kear of walk-in-cooler evaporator is sailed	1/20/24				
	+	waporator is suited					
	+						
	++						
	$\perp \perp$						
	$\perp \perp \perp$						
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	$\top$						
Received By (Nam	Page Z of Z						
Received By (Name & Title)  Jimmy Jenkins  Inspected By (Name & Title)  Miller Ells  Partition							
State Form 48621 (R2 / 8-05)							



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

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

Owner addre	ess arge	ig/	hway 3/ Whitelound, M	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Viola  C NC  Menu Type (See	tions:  DR  back of page)
Certified foo	d handler				133	45
			ENTIFIED IN THE CHECKLIST AND NARRAT ROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	-		Narrative		To Be Corrected by
			Note: backflow prevention			
Received by (name and title printed):  //Aa Sander 5  Received by (signature):  cc: cc:				M	icted by (name and title printe ia Papa georg cted by (signature). Makagyyo	d): Quantitation