

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 ID# 317) 5351858701 Establishment address 731) 438 4951 . US 31 Whiteland, IN 46184 Purpose: 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 15740 Millwood Dr. Noblewille, IN 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 0946 1840gmail.com Exp 2/16/28 VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" C/NC R Narrative To Be Corrected by Section # 334 air gap of one inch or greater required under 3-bay 1-28-24 425 mop must be hung observed thermometer showing incorrect temperature in topping cabinet cooler #1 254 NC Note: recommend larger opening on floor for water to drain under 3 bay stak - easily cleanable Received by (name and title printed): Inspected by (name and title printed) hawn Damirer Store MUH4808 Received by (signature): cc:



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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 name DICK INSON JUVENTO DETENTION CONTER	Telephone Number	Date of Inspection	ID#
	() Establishment	1/9/24	540
Establishment address 1 Z HOSPITAL PJ FRANKELLIN	() Owner		
	Purpose:	Follow-up Release	Date 19 124
Owner	1. Routine	-	
Jo. Co. GOV'T	2. Follow-up	Summary of Violatio	ns:
Owner address	3. Complaint		
	4. Pre-Operational	N. A.	
Person in charge	5. Temporary	C O NC	R
ANNIE WORTMAN	6. HACCP	finitistic rate = 1.45.	et are i
Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)
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460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishment name Dollow General # 4364 Establishment address 3585 Maollisen Ave GwD 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)	Date of Inspection ID# 1-5-24 075 Follow-up Release Date J - 15-24 Summary of Violations: C		
Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA	RRATIVE COLUMNS MARKED "C"	123	45	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Owner			1/ 0					Routine		No		5-24	
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Owner addre	ess						3.	Complaint					
							4.	4. Pre-Operational					
Person in ch	arge		. h.o. G			1.50	5.	5. Temporary C O NC /					0
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Establishmen	nt name		. 111577	Telephone Number	Date of Inspection	ID#
Dol	ler	be	hered #1572 thweed Plaze 46131	() Establishment	1-5-24	1000
Establishme	nt addres	S	D. Frenkiln	() Owner	1, 5 -	1011
1977	- N	10ml	thweed Merze 4 8131	Purpose:	Follow-up Releas	e Date
Owner			70.37	1. Routine	NO 1-15-	
				2. Follow-up	Summary of Violat	
Owner addre				•	Junimary of Violat	ions.
Owner addre	ess			3. Complaint		
				4. Pre-Operational	4	6 6
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Legan				6. HACCP	length box = 1 1/2	
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Certified foo	d handle	r			12_X3	4 5
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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. Date of Inspection Establishment name Telephone Number) Establishment 1-5-24 Establishment address) Owner Follow-up Release Date Purpose: 1-15-24 1 Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational c / NC Z R 1 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" To Be Corrected by Narrative Section # C/NC R 2-5-24 430 NC NC NOTE: Employee hand wash sink drain broken! Manager stated it will be fixed today Inspected by (name and title printed): Received by (name and title printed): Received by (signature):



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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.

Date of Inspection Telephone Number Establishment name Dollar General #11257
Establishment address
783 Nathen Dr. 46181) Establishment) Owner Follow-up Release Date 1-15-24 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 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 2-2-24 430 NC 911 NC. NOTE: No backflew prevention observed Inspected by (name and title printed): Received by (name and title(printed):



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Establishme	nt name	3,00	neral # 4362	Telephone Number	Date of Inspection	ID#	
Establishme	ot address	Tol	~ + DBC	() Establishment	1-5-24	1779	
1143	m //	5	R. 135 Greenwood 46142	() Owner	1 '	1,,,,	
Owner	MA	0,1	(,150 46142	Purpose: 1. Routine	Follow-up Relea	se Date 5-24	
Owner					Summary of Viola		
Owner addr	000			2. Follow-up	Summary of viola	dons.	
Owner addr	ess			3. Complaint			
D 1		-		4. Pre-Operational	1 0 000	1 - 6	
Person in ch	arge			5. Temporary	C NC_)R	
Responsible	person's	email	andar on a Madan and India. Imagin, was to be a larger and beat	6. HACCP	Menu Type (See back of page)		
Responsible	persons	CIIIaii		7. Other (list)	Menu Type (See	vack of page)	
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Office 317-346-4365 Fax 317-736-5264

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Owner addre	ess				3. Complaint				
					4. Pre-Operation	nal	1		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmen	nt name	>	1 11 10 7	Telephone Number		
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Establishmer	nt addres	S	Nineveh	() Owner	F J L C	17
889	6	51	Never Rd	Purpose:	Follow-up Release Date	
Owner				1. Routine	NO 1-15-24	
				2. Follow-up	Summary of Violations:	
Owner addre	ess			3. Complaint		
Person in cha	2.40-0	-		4. Pre-Operationa	C O NC O R	0
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Establishmer	nt name		About sunfaced discussions and become	Telephone Number	Date of Inspection	ID#		
			nos Pizza	() Establishment	1/15-15-16	1845		
Establishmer				() Owner	1/15/24			
	1	71	3 N. Morton El.	Purpose:	Follow-up Releas			
Owner			Frankling	1. Routine 1/25/24				
			THE THE	2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	C O NC	R		
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Responsible	person's	email	consider a legislation of the second second second	7. Other (list)	Menu Type (See l	pack of page)		
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• VIOLATION	(S) REPEAT	TED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
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Office 317-346-4365 Fax 317-736-5264

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Establishmer	nt addres	S		() Owner	1.12.24	2420		
99	7	=	CO LN RO STEN	Purpose:	Follow-up Releas	e Date		
Owner	-			Routine	- 1.Z	2.24		
				2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge	n ho	Aldissat makes to accompany the	5. Temporary	C S NC	/_ R		
KE	171	4	DENSON	6. HACCP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Responsible	person's	emai	Lorenza a la la companya di manda di ma	7. Other (list)	Menu Type (See b	ack of page)		
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Certified foo	d handle	r	- 6-61		12 × 3	_45		
KATE	VAI	000	y Compressor 2/25/21					
• CRITICAL	ITEMS A	KE IE	DENTIFIED IN THE CHECKLIST AND NARRATIVE) IN THE NARRATIVE BELOW A	S "P"		
Section #	C/NC		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative	THE WARRATIVE BELOW A	To Be Corrected by		
295	DC	-	ICE MALLIE IS SOLLED O					
226	NC	-	ICE MALLINE PRAID LAS	TE IS DRAWING	04170	1949:11 - 21 Tal		
	H", AY	-				PODJA, VIII		
			- DRAW HOSE IS AL	SO BELOW THE	= WATER COUR	456		
			,					
		-	Dento	- 11 - 2				
336	NL		- HOSE AT THE UTILITY	SILK IS DEL	ow THE			
		-	WATER COSE	-				
257	NC	<u> </u>	No THERMOMETER OB.	SERVED IN OH	5 7			
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	iller.	mel			7			
		_	MOTE: KESDESTIAL CHE	ST FREEZERS W	ILL NECO	ing reus		
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L M	VFW.	y	(V)	CC:	119	2012		
l cc.								
						Page 1 of		



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

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

Establishin	em sam	tation Ke	quirein	ents. The th	ne mint	ioi conecin	on or each violation i	s specified if	i tiic mamative	portion	r tins report.	
Establishme		- 1	10.74		ari mjer	milen ge	Telephone Nur		Date of Insp	ection	ID#	
Enera Establishme	94 6	pot					() Establish	nment	1-29-24 258		25011	
Establishme	nt addres	3		Pointe D	Green	nwood	() Owner		1-6	La	2007	
3/00	Me	ridi	an)	ointe A	2		Purpose:		Follow-up	Release	Date	
Owner							1. Routine		NO	1-7	-24	
							2. Follow-up	ns:				
Owner addre	ess						3. Complaint					
								onal				
Person in charge							4. Pre-Operati	Ollai		NC /		
r croon in ch	arge						5. Temporary		C NC R			
Responsible	norson's	omail		10.17		(It silver	6. HACCP		36 70	/C 1	as bash of the seal	
Kesponsible	person s	eman					7. Other (list)		Menu Type (See back of page)			
Certified foo	nd handle	+				- tells at more records			leal O'al	apparet		
Cerunea 100	or marcie								12_>	4_3	45	
CRITICAL	ITEMS AF	RE IDENTI	FIED IN	THE CHECK	LIST AND	NARRATIV	E COLUMNS MARKED	"C"				
							E "SUMMARY OF VIOLAT		THE NARRATIVI	E BELOW AS	"R"	
Section #	C/NC	R					Narrative			1	To Be Corrected by	
				Nathine	to	nate	at time	of lorge	the			
	east LUC	13 11	TE TOO		,9/11 10/0	DITT & SOUL	and see a great me	, open	127179	milbenriss	Restrict	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

					·			
	JA 5'		r360 Center Grove	Telephone Number () Establishmen	1	1D# 2696		
Establishme	nt addres	ss	N	() Owner	100/64	12010		
Owner Owner	2	St	2135 Greenwood	Purpose: Routine	Follow-up Release	se Date 2Z-Z4		
				2. Follow-up	tions:			
Owner addr	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge	1, 6.	17 miles in a bendance makern	5. Temporary 6. HACCP	C = NC	ZR_Ø		
Responsible	person's	emai	 Care Equipme Darriero a er - Greik er el. Store En old — er er	7. Other (list)	Menu Type (See	Menu Type (See back of page)		
Certified foo	od handle	er			12>3	45		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	AS "R"		
Section #		R	A	Narrative		To Be Corrected by		
336	C		Hose in mop sink shall sink: potential for b	I not be touch ackflow prob	ning bottom of piems	Corrected		
439	C		Hand scap Stored abou	re single use	Hems	Corrected		
346	NC		No soup provided at hi	and sink				
244	NC		Ice scoops shall not be s	tored in Ice ac	oler			
[rogi ngi-	NOTE: Quest fest str.	les can not Need new st	be used			
						Marcine .		
Received by	my	S i ly	brinted):	ai i iñte " " i i	aspected by (name and title printed	aviensiye .		
Received by	(signature)): }	Wells Mask		aspected by (signature): Llowe	Packer Lag		
cc:			cc:		cc:			



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

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

Establishmer 540 A Owner Owner addre	X Pl nt addres]. St!	Rd I	71 -	veen	WOOOl	46142	Telephone Numb () Establishm () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	nent	per de la cons	Release 1-2-6 f Violatio	2-24 ns:
	TEMS A	MY(N THE C	HECKLIST		VE COLUMNS MARKED "C		12_V	3	45
• VIOLATION(Section #	s) REPEA		ROM PREVIOU	JS INSPE	CTIONS ARE	DENOTED IN T	HE "SUMMARY OF VIOLATION Narrative	NS" AND IN	THE NARRATIV	I The second second	To Be Corrected by
345	NC	N	F D	155	store	1 10	Handshie				Corrected
			NOTE	. Di	rh vas	h fou	cet replaced			A ANTONIO	
Received by	(name and	d title p	orinted):) ¹	1 3 H H R S		o agasab	Ca	by (name and l	Trener	
Received by	(signature):						Inspected	by (signature):	Pen	packagn
cc:				cc:				cc:			

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

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

Establishment name	Telephone Number	Date of Inspection	ID#
Freddy's Frozen Custard & Steak burgers	(317) 786613937nt	11-11 - 011	1202
Freddy Frozen Custard & Steak burgers Establishmen address	() Owner	1-16-24	2393
2306 N. Morton St. Franklin, IN 4613	Purpose:	Follow-up Releas	e Date
Owner	1. Routine		16-24
Eric Cole	2. Follow-up	Summary of Violat	
	3. Complaint		
(6,242)			
7111 W. 151st St. #112 Overland Park, K	4. Pre-Operational	1	<i>J</i> _ 1
Person in charge	5. Temporary	C O NC 4	IR
Shelby Ham manager	6. HACCP	e esphinist Co	Leatraipa rij
Responsible person's email	7. Other (list)	Menu Type (See b	vack of page)
eric.cole@mmcustard.com	n 'r omit i '' i n	Supplied appli	
Certified food handler		1 2 3 V	45
Teresa Mitchell exp 2027			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION (S. DEDEATED FROM DREVIOUS INSPECTIONS ARE DENOTED IN THE	7E COLUMNS MARKED "C" HE "SUMMARY OF VIOLATIONS" AND IN	THE NADDATIVE BELOW	AS "P"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	Narrative	THE NARRATIVE BELOW !	To Be Corrected by
			1-18-24
295 NC Rice machine soiled, need	W while Inside	THE THE RESIDENCE	1 10 21
430 NC grouf missing by cust	and Dick un sta-	han	2-1-24
229 NC Spatula observed w	with sough adags	10/1	0101
431 NC Floorby Walk-in cools	a spiled	<u> </u>	
1951 INC TIWING WAIR IT COOL	71 501100		
Notes			
Se recommend se para	ting spatulana lic	le above	
3 bay sink	org Spararos Pric	AG CAPOVC	
Observed trash can i	n women's restr	mm broken	
· Observed Mash can i · Observeda y-valve	connection at my	nd sink.	
Upoet video y van ve		7	
er vise uslo i i e i i e i i e i i		IS NO MEDICAL DESCRIPTION	
			I II more and
4			
Received by (name and title printed):	Miato	ed by (name and title printed) APAGEOIGE / RG	ul Betoku
Received by (Wenature):	Inspecte Mu	ad by (signalitie): / fran	f betrou
cc: Cc:	cc:	.00	
V			Page 1 of/
			- 450 101



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

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

Establishme			obavarly(lanesement - 1-	Telephone Number	er Date of Inspection	ID#			
Fusion	n Fi	sh and	1 Loaves	() Establishme	ent 1 20 71.	272-			
Establishme	nt address			() Owner	1-26-24	2735			
-				Purpose:	Follow-up Releas	e Date			
Owner				1. Routine	NO 2-4-2	4			
				2. Follow-up	Summary of Violat	ions:			
Owner addr	ess			3. Complaint					
				4. Pre-Operation	al				
Person in ch	arge	Lagrangia (Francis		5. Temporary	c_1nc	R			
	0			6. HACCP	110				
Responsible	person's e	email	alquis reduction or scientist	7. Other (list)	Menu Type (See h	Menu Type (See back of page)			
					2770	5) [
Certified foo	od handler				123	45			
00.000.014			D. MIND OVER OVER DOWN AND ALL DO LA	THE COLLING WARRED HOL					
			IN THE CHECKLIST AND NARRAT OUS INSPECTIONS ARE DENOTED IN		S" AND IN THE NARRATIVE BELOW A	AS "R"			
Section #	C/NC		JUSTINIA DE TOTO TREE DE TOTE DE TO	Narrative	THE IN THE INVESTMENT OF THE PERSON I	To Be Corrected by			
345	NC	Nat	him can be stored	in a heard were	5 dat	1-26-24			
J	a mana	7 07	hing can be stored		A THE PART OF THE				
329	6	Fron	thenel work of read 56°F. Needs	ik water never	sot hot	2-26-24			
		temp	read 56°F. Needs	to be at least 1	08°F	V-0			
		/							
	\perp								
	-					-			
			and more relation	actic research	ur web crossored san	osion da I			
						Treatment of			
	-								
Received by	(name and	title printed).			Inspected by (name and title printed):			
Treceived by	Ho		1		Caleb Placen-				
Received by	117	1 cmy			I	entage one			
· · · ·	, 0 /				alek Eleln	er			
cc:			cc:		cc:				



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

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

Establishme	nt name	and applicable and a supplicable and a	Telephone Number	Date of Inspection	ID# 9575	
Golde	en Ci	orral	(3173608200	1-211 211	12597	
Establishme	nt address	41,147	Owner)	1-24-24	doal	
1100	March	in Dr. Green Wood, IN	Purpose:	Follow-up Release	e Date	
Owner	MAN	MIN. Checkinoa, III	1. Routine	YES 2-	3-24	
			2. Follow-up	Summary of Violat		
Owner addr			-			
Owner addr	ess		3. Complaint			
			4. Pre-Operational	$\begin{bmatrix} c \end{bmatrix}_{NC}$	19 6	
Person in ch	narge	or sends I was our traverder Remaining	5. Temporary	C NC	R V	
Koge	r V	homas	6. HACCP	mgatriagatas and Lafa, wa		
Respons/ble	person's er	mail was in manager on tradestage to the con-	7. Other (list)	Menu Type (See back of page)		
		to a second of the second of	1 (5) (J. 1, 101 (g) ²)	militar dinagrafi i	. 200	
Certified for		Mon Servsage exp.		123	45	
Van	John	150n 2027				
• CRITICAL	ITEMS ARE	E IDENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"			
 VIOLATION 	(S) REPEATE	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW		
Section #	-		Narrative		To Be Corrected by	
411	NC	-ceiling lights insalad bar	area are out/NOT	KNNTHONTR	9 1-31-24	
218/187	C	+ walk-in cooler behind sal	lad bar had an ambi	ient air tempero	dure 1-31-29	
7 (1000)	Indiana.	of 45°F, chopped tomato at 4:56pm had a temp of	es reggs that were pr	epared yesterd	ay	
//2.5		at 4:56pm had a temp of	145°F Nat HT 41	THOR WSS	1 0= 011	
425	NC	-Saw mops and brooms in bo	ack of Kitchen not h	ung up oft	1-25-24	
020	1.10	+loor's surface	111 . 111			
239	NC	food utensil stored between	entables in Kitchen	area		
239	NC	- dish racks not stored min	imum of Ginches of F	ground in		
025		dish washing area	1 1 1		2-7-24	
335	C	+ back flow prevention device	e testing tag not co	orrent. Tag	2-1,29	
210	214	read "Next inspection do	ite 1/10/23	and the problems of		
2011	NC	tchicken fryer leaking of sanitization temperature dishwasher NOT F	n vot a dean to at a	mach anical		
097		dislavarabase alat	ET Knop an	RRO WAS	1-24-24	
	1	asmasher 1001	1 100 1 00 111	0100	16/5/	
- C.		1.221				
	1 1					
Received by	(name and t	title printed):	Inspect	ed by (name and title printed	d):	
Rog		Thomas	a Age of the garden	Mia Papag	eorge/Bob Sm.T	
Received by	(signature):		Inspect	ed by (signature):	garage / a	
1	4		Un	drew Mille	N. EHS	
cc:		cc:	cc:		200	
			1 Mi	apageorge/	Dol Im	
PATE AND THE	THE RESERVE AND ADDRESS OF THE PARTY OF THE	THE RESIDENCE OF THE PARTY OF T		1 / //	D 1 - C 2	

NARRATIVE REPORT

Establish	ment N	am	e Address O	Inspection Date
Gold	en (٥	rral 160 Marlin Dr. Green wood, IN 46142	1-24-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
193	C		Salad bar products placed	Corrected
			out at approximately lam	
			egicle a time sticker	,
			Orgina Himes Attached Out	
			at approximately 12:10 pm	
187	C	~	DOOREH SOICH PHICKON LOSS	Correcte
			measured 1810F and 1260F	1
			for cooked chicken livers or	D /
			I while on the not water	table
		_	(2) Carving nam measured	
			125 TO WALL ON THE NOT	
334	0		The atoh, Miteney and 110+	7-7-24
001			bylk lyng lacked and all	1
			gas on the drain lines	
		(2) Server area soda ice bin	
000	. 10		arains lacked an air gap	0 11 1
295	NC		Clean wings and sitenals	Corrected
295	0		D Jobbal alcer blades nero)	1/24/24
210			For light	1/21/21
		(2) Manual can opener blade	
			and table mount were soiled	
411	NC	/	Overhead light out above	
200	. 10	,	produce sink am	2-7-24
399	NC	V	tills in the bar and	2-7-24
430	NC	~	Thoo in walk-in-rooles.	2-7-24
100	100	1	for meat room, is two n/day	nagedi
430	NC	V	Dounted too is cracked	2-9-24
00 1			at Salsa Station	<u>_</u>
324	NC	V	The formal of the second of th	R. 2-7-24
324	NC		leaks, new walk-un-cooler	2-7-24
JAT	111		DONES DUCK	A 1-27
431	NC		Floor, and raised edge, are) 1-25-24
	12		saled under tary bar	1
Received B	y (Name	& Ti	Inspected By (Name & Title) Undrew Miller EHS	Page 2_ of 3_
	OK	1	Whare Miller En	

State Form 48621 (R2 / 8-05)

Bal Sm D EHS Miahapayery EHS NARRATIVE REPORT Greenwood

MAINATIVE INFORT							
Establish	,	ame Address /N 46/42	Inspection Date				
ZM	ton	Corral 160 Marlin Dr.	1/24/24				
			₹0 BE				
Section#	C/NC	REMARKS	CORRECTED BY				
324	NC	The top line leaks above los	1-27-24				
221		Him on) dirtu Sido of					
		michanical dishi talky					
324	1/	(Thatas) Ocab) partilocolina h	Hom 2-7-2				
リムエ	<i>N</i> C	Again conniction for distui	1111 1 2 1 Z				
		Side of the contract of the co					
		machine)					
200		1/ May 190 10	1 2 11 2 1				
295	AC.	Exterior of two reat bulls	1-24-24				
014		for not, good vary are sou					
218	NC	vivo rave watte	1-27-24				
		makers contained peeling	new				
		protective coating on the	units				
		Good contact ones for both					
		airets	 .				
430	NC	analed floor damaged near	2-7-24				
		threshold door state for WIF.					
324	NC	Three appeared to be	2-1-24				
V 0 1	<i>,</i>	clean out case on north side	exterior				
		of building & contained Suther	3.707				
		missing or not covered?					
		Thisting of the corticus.					
							
-							
	·						
Received B	y (Name	& Title) Inspected By (Name & Title)					
	, (& Title) Inspected By (Name & Title) Muller, EUS	Page <u> </u>				
		NA WIND HUREL, CH					

State Form 48621 (R2 / 8-05)

Mia Papageorge, EHS
Bal Son EHS



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

Page 1 of

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 name 317) 738 - 19936 1-22-24 317 501-6383 38 E. Jefferson St. Franklin, IN 46131 Purpose: Follow-up Release Date 2-1-24 1. Routine Summary of Violations: 2. Follow-up 3. Complaint Carriage Ct. Franklin, IN 46131 4. Pre-Operational 5. Temporary 6. HACCP Menu Type (See back of page) 7. Other (list) Certified food handler Huahes VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" To Be Corrected by Section # C/NC R Narrative thermometer not seen in upright freezer, chest freezer, 1/30 257 NC beer couler where milk is stored the following coolers/freezers are not easily moveable: 2/22
upright freezer, chest freezer in the back, upright freezer behindbar 228 NC. 2/22 NC by 3 compartment sink only one disticant provided 289 pre-cooked ground meat in walk-in cooler not date marked 1/22 191 1/31 clea 431 floors worn & not clean in the following areas: basement. behind the ban, inside walk-in cooler 3/30 rep 1/31 295 NC inside of walkin cooler not clean-floor & shelving corroded fans, walls not clean 2/7 393 NC drain plus not provided for dumpster door gaskets split in the following areas: small refrigerator 2/22 on grill line, upright cooler on grill line 1/24 425 mod observed not hung up 1/24 295 inside top of ice machine not clean 3/80 355 mod service sink not provided NC 324 100°- 120° 1/24 Water in restrooms observed at 125.80 F, not between mechanical exhaust in restrooms not functioning 2/7 + observed soiled towels in beer chest cooler in which milk is stored Inspected by (name and title printed) Received by (name and title printed): cc:

NARRATIVE REPORT

NARRATIVE REPORT						
Establish	ment N	lam	· · · · · · · · · · · · · · · · · · ·	Inspection Date		
The	Gri		bar 138 E. Dellerson St. Franklin, IN	1-22-24		
Section#	C/NC		REMARKS	TO BE CORRECTED BY		
239	NC	-	observed some single service items stored under			
0101	140		waste drain pipes	/ 29		
				1/24		
			· observed some single service items not stored	729		
347/	NC		6"above ground	1/		
128	1.00		observed common towel being used for hand	1/24		
100			drying by grill area, single disposable towels			
138	NC		MOT Provided	1/2		
100	100	-	employees observed not wearing hair	1/24		
1/2/2		CD	restraints			
Note:		2	observed milk not in sound condition-discarded			
		4	hand Washing sink by 3 compartmentsink not provided			
			not provided			
		_				
Λ						
Received B	y (Name	& T	Inspected By (Name & Title)	Page 2 of 2		
' What	AN	_	Bol Sme Midlagay			
State Form 4	8621 (RD	/8-0				