

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

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

Establishment Sanitation Requirements. The time limit for correction	on of each violation is specified	in the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	ID#35
Indiana Masonic Home	(317) 7=366166640	1 25-21	1000
Establishment address	() Owner	1-25-24	1000
690 S. State St. Franklin IN 46131	Purpose:	Follow-up Release	e Date
Owner (1. Routine		1-24
Madiana Macroin Moura	2. Follow-up	Summary of Violati	
Incliana Masonic Home	^		
Owner address	3. Complaint		
	4. Pre-Operational	1 1	7
Person in charge	5. Temporary	CNC	≺R
Drew Bruggeman-manager Responsible person's email	6. HACCP	entral i a predoc	la start rest
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
years energy of the	H HI	1 1 1 1000 THE	
Certified food handler		123×	45
Drew Bryggeman exp. 2028			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		THE NARRATIVE BELOW A	
0,110	Narrative		To Be Corrected by
324 C tice maker drain is no	t provided with,	one inch air	2-25-24
gap	mir	imum	7 1 05
- wall chemical disper	iser attached to	Mopsink	7-1-25
Jaucet ,			1-20-21
239 NC - inslide topofice make 431 NC - ceiling mechanical ext	1 not elean	1 -	1-30-24
1931 NC + Ceiling mechanical ext	naust cover not	clean	
l d			
			1
data da la facilitation de la composición del composición de la composición de la composición de la composición del composición de la composición de la composición de la composición de la composición del composición de la composición de la composición del compos			aberage of t
The state of the s		Line Person	
			III Carte
Received by (name and title printed):	Inspecte	ed by (name and title printed)	
DREM BRUGGE	MAN MiaPa	pageorge /Bos	6 Sm 78H
Received by (signature):	Inspecte	d by (signature):	COO
Mins Dagyman	- 11/1/W	Vary (Bill)	no
cc: cc:	cc:		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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1/1/0

Establishment name JOHNSON COUNTY JATZ Establishment address 1091 HOSPITAZ RD FIRNKOR, IN Owner 50. Co. Gou'T Owner address Person in charge KATHARIMU BARNABY	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# 1/10/24 419 Follow-up Release Date 1/20/24 Summary of Violations:		
Responsible person's email Certified food handler KANKERIWE BARWABY	7. Other (list)	Menu Type (See bac	ck of page) 45	
	E "SUMMARY OF VIOLATIONS" AND IN Narrative 3 HMACHAVE H YOUR ATOM HOLE ON PURTO (U) 32°F)	OT WATER (QUATE (TRANSIZ	To Be Corrected by	
Received by (name and title printed): Received by (signature): Sather Barrol cc:	111 MIX 4 T XI 1712 B	by (name and title printed): Solo SMITH by (signature): Bill Sweet	4 - E N5	



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

Establishment name Courty Shru	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address — Clu		1/16/24	122
751 W. King St. Franklin,	1	Follow-up Release	Date
Owner	1. Routine	100	26/24
Members	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	c NC	R
And It Dreg Cantwell	The state of the s	April 1 - A par , 1 - 11	obs real
Responsible person's email	7. Other (list)	Menu Type (See bo	ack of page)
Certified food handler			1
Mike Park		12_3	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS MARKED "C"		
VIOLATION(s) REPEATED FROM PREVIOUS INSPECTIONS ARE DENGED		IN THE NARRATIVE BELOW AS	
Section # C/NC R	Narrative		To Be Corrected by
295 NC V Inside of	ue maker a		1/18/24
112 NC V Upright an	d Chost to Obio	(tation)	Perlices
Whitse are)	not NSF Par	roved	when
413 NC Several ex	terior doors	have	1/25/24
outer openi	ngs	1 4	- 14,
218 NC Three deep	fryers was	pers	2/12/24
324 NC Water led	k noted und	14)	1/22/24
mon sink	basin		Jazjaj
a rage of a contract of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	arke con t
to the Charlest and		on the Laboratory and the	
er and a supplied one of the second of the s		(8) (8)	
			Elements
100			120
		11 / 1	
Received by (name and title printed):	Inspec	ted by (name and title printed)	Iller III
Received by (signature):		ted by (signature):	cons cons
L LA		nation III	elles
cc: cc:	cc:		



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 correcti		
Establishment name	Telephone Number	Date of Inspection ID#
$I \mapsto C$	() Establishment	1 20 211 2240
Establishment address CovOfviloco	() Owner	1-11-14 7:30
Establishment address 1293 N SR 135 Gyelnwood 40147	Purpose:	Follow-up Release Date
Owner	1. Routine	7-1-74
Owner		
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	C NC R
Person in charge		0 110
D 31 1 2	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
		1 th oca Amerika
Certified food handler		1234_×_5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section # C/NC R	Narrative	To Be Corrected by
402 NC DOSPIVED MONUY	proven dan	ased 1-31-24
Sloor ties throw	int Kitcher	per O militagrazina a mina da
430 NC OTTHE TROCKY IS	reeded throw	1-31-24
Witchen!	A MATERIAL WATER AND A STREET	O. The state of th
347 NC 10581080 00 000	Der towel (9)	nond Sink 122-24
Du drive through		
1990 Sign 84	21190" - 11tz	128 Othor
hand Sink -	ing July SI	rall not
no tayon alt	of order	
431 NC MODERARD STORA	it are ase on	the floor 1-24-24
Cated in the	inos pir ch	all on
200	men of ci	
5 8 100 V 15 Y	not pasily (18anoble
D Floor, Walls, Cliling	+ PALMODO	
detailed cleaned	210 Calout in	
187 C Dreen Veans @ 13.	2°F @ 4pm on	Steam table 1-22-24
13/193 C Breading Station - No tim	e marked - food /	raw chicken 1-22-24
	Ket- Many TCS	raw crucien
debris in flour bin a bas	reary 103	
Received by (name and title printed):	Inspec	eted by (name and title) printed):
Elena Gaynor RGM		Gold Senise
0.0	Inspec	sted by (signature):
Received by (signature):		
	cc:	DD 1/28U
cc: cc:	l cc:	
	L.	

Establish	ment N	lam	e Address	Inspection Date
ME	()		1123 N Sh 135	1-11-14
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
	<u> </u>			
430	NC		Ceiling tiles in divingene populs	2-5-24
1101	N 16	\vdash	to rate lacter damase	3-11-14
466	NC		1012 at Editioning 12 House	3-11-14
	 		Dreeys 16Morg or reformer.	
 				
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Received B	y (Name Q	& Ti	Inspected By (Name & Title)	Page 2_ of 2_

State Form 48621 (R2 / 8-05)

Elijabeth Senisse



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

Establishment name	Telephone Number	Date of Inspection	ID#
hroasc	() Establishment	1 00	(5) (0) (1)
Establishment address	() Owner	11-79-74	10454
3100 Meridian Drive Dr	Purpose:	Follow-up Release	se Date
Owner .	1. Routine	1 - 17-	9-24
	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C () NC	→ R
and the district of the distri	6. HACCP	direct in the control	feubauce:
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
gant maja maya na Ewa	1 1 1 1 1 1 1 1 1	and the second second	, ,
Certified food handler		123	4 1 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE MADDATIVE BELOW	AS "D"
Section # C/NC R	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
213 NG DRI DONK-IN C		Stat Ir	To be contected by
CIS NO DELL BOOKS IN C	0017× 000× 91	NOU I	Strate T
402 NC FOOK WARY F	MRC/COOKIN	6 RAWIDMOT	4
is not Smooth	+ Pasily CHI	A CASA	461) JX3(1)
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after 4 hours			in in
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Office 317-346-4365 Fax 317-736-5264

Establishment address Establishment address Owner Owner Owner address Person in charge Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date Summary of Violations: C NC R Menu Type (See back of page)		
Certified food handler CENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	COLUMNS MARKED "C"	123	_4	
	Narrative		To Be Corrected by	
Received by (name and title printed): Received by (signature): The standard of the printed): The standard of the printed of	Preezer do The coole The coole MILK COOLE MILK COOLE PIZZO DON EX 15 SOIL CONNECTE DEPONIES DON Inspect	2 GOSVET OF GOSVET OF GOSVET CON GOSVET		
°cc: col	cci		Page 1 of	

Establish	ment N			Inspection Date
Section#	C/NC	R	3101	TO BE CORRECTED BY
295	N		. I meat Slicer is Soiled	
			Solver of most	
			& Sandize of least they 4 hours	
*				
		-		
		_		
			×	
Received B	y (Name	1	Inspected By (Name & Title)	Page 2_ of 2_
State Form 4	8621 (R2	14	5)	J



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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.

E 11:1			1	I TII NI	In .	CT	1
Establishmen	1			Telephone Number		f Inspection	ID#
	eet			(317) 300 blis 4	ent	29-24	2673
Establishmen				(317) 50205219	5 10	27 27	0010
2108.	Emer	Sor	Ave. Greenwood, IN 46143	Purpose:		v-up Release	
Owner			,	1. Routine	1 YES	$3 \mid 2 - 8$	8-24
Ali H	essa	ral	(i	2. Follow-up	Summ	ary of Violatio	ons:
Owner addre	ess			3. Complaint			
				4. Pre-Operation	al	Z NC X	up
Person in cha	arge	i briti	Alacet etc	5. Temporary	C_C	D NC 8	9 R
Beni	ta	EII	int manager	6. HACCP	t depote		
Responsible	person's	email	iott manager	7. Other (list)	Menu	Type (See ba	ick of page)
accour	ntin	a @	lepeepindy.com			- In the same	522 viid -
			separation of the separation o			2 3 10	4 5
Benita	Elli	off	exp. 3/30/28				
• CRITICAL I	ITEMS A	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEA	TED FF	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATION	S" AND IN THE NARI	RATIVE BELOW AS	"R"
Section #	C/NC	R		Narrative			To Be Corrected by
190	NC	+	quick chill methods not	being utilized	Gravy sto	red	2/5/24
	(illiand)	100	in large plastic contain	ers deeper the	an 10th.	ri- g. marita	VIZET TATAL
	NC	+	exterior of lip of ice mach	ine a inside t	op of ice m	achine so	iled L
344 No	ste	+	utensils stored in hand			11,1411 -0-2,11-12	corrected 1/29
334	C	+	chemical dispenser tub	es not installe	ed correctly	1-	7/31/25
			· tubes extend below fl	odrim at m	op sink 4	3 bay sink	2/5/24
		+	chemical dispenser atta				
394	NC	-	dumpster area not	main tained	dirty		<u> </u>
192	C	1	pre-cooked, cooled chili st	tored in walk-	in cooler	and	discarded
			pre-cooked, cooled roast p	ork stored unde	nega prep	cooler	Yaq
191	dhine		were past their use-	by dates by mo	rethan ic) days	
411	NC	-	one light out above stor	re by exhaust	vent hood	18	2/15/24
324	NC	nali	not water measured at	90°F, not 100°	Fminimyn	2	2/29/24
431	NC	+	under handsink by	pread counter	dirty (F	-200R)	2/5/24
29/	NC	+	no bleach test strips (f	or dish machi	ne) not pro	ovided	
Notes			mechanical dish ma		ing at 101	ppm,	
000			recommended is 50 ppm			~ /	115 000
259	NC		dishracks stored on a		MINIMUM	- 1	HES OFF FROM
28	INC	1 +	dish machine did not	have audio/vis	valsanitize	n indicate	V T
Received by	Dame and D.V.	title p	a Elliott	v v m a _s v "	Inspected by (name Bob SmiTt	4/Mia-	Papageorge
Received by	(signature):	900 worst		Inspected by (signal	ture):	Remarken
cc:	we		cc:		cc:	1 11100	of shallode
cc.							0
							Page 1 of

Establish	ment N Pee j		Address 2105. Emerson Ave. Green Wood	Inspection Date
Section#	C/NC		REMARKS	TO BE CORRECTED BY
Note	S		Dsingle use items were stored in employee Nestroom-corrected 1/29 Demployees not seen wearing hair restraints -corrected 1/29	
			18stroom-corrected 129	
			Demployees not seen wearing hair restraints	
			gaps in exhaust hood above stove	
			gaps in exhausi mod above sieve	
				-
				7
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				-
Received By	(Name	ىتى ك	Inspected By (Name & Title) Mialapageo Ge/Bal Sm	Page <u>2</u> of <u>2</u>
State Form 48	3621 (R2	/ 8-0	(/ ///	



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

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		tatio	n Requirements. The time limit for correcti			i of this report.
Establishme			alor I assiment allette formen in successional	Telephone Number	Date of Inspection	ID#
	ma	OTTO AND DESCRIPTION OF	street Galle	() Establishment		1834
Establishme				() Owner	1/24/24	
2	200 9	, 4	Emerson Ave Greenwood	Purpose:	Follow-up Releas	se Date
Owner			IN	1. Routine		2/3/24
			(2. Follow-up	Summary of Violat	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arce			5. Temporary	C_O_NC_	< ¯ p
r crson m cn	arge				CNC_	K
Responsible	person's	email	a significative to a description	6. HACCP	Mary Tara (Can)	hash of page)
Responsible	persons	CIIIaii		7. Other (list)	Menu Type (See I	back of page)
Certified foo	nd handle	r			Gittai Jimaii	
	2416		PERKEL		1232	5_45
			ENTIFIED IN THE CHECKLIST AND NARRATIV	/E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	· · · · · · · · · · · · · · · · · · ·	Narrative		To Be Corrected by
						1 - 1-
431	NC	teq.	cove base agou	nd the dish	washer	2/1/24
/CHT	lej i		is 50=(ed	met i de la la gran da el la company de la	10 VI V / 2000)	THE CHISTON
431	NL			ne back door	r - mog sin	1/c 2/1/24
			is soiled			
431	NC			2 1sitchen	prep	2/1/24
		-	area is soiled.		, ,	
324	Na		- an air qup		dad or	
	-		the soda disp	enser.	10000	-
430	NC		- cove base tiles	are coming I by the dri	10019	-
	Million.	-		Dy The oler	110	
	L COLUMN TO THE SECOND	erj-15	of grenger		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P POLITICAL STATE OF THE PARTY
						E 1802/42/11= 4
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X	CAT	6.	PALET OUNG	altrices year	Terry D. Bey	1677
Received by	(si gnature,);		Inspecte	ed by (signature):	gruspiresq
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cc:	/		ce:	cc:	/	
ı			1	I		



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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.

		atioi	requirem	ents. The time infinition correction			or this report.
Establishment name				became also true troubles a	Telephone Number		ID#
-	2110				() Establishmer	1/4/24	2211
Establishmer	nt address	110	21	whitelend, IN	() Owner	17/1-1	
-	187	U/2	٠ ؍	41, 2, 41,410	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 cha	arge				5. Temporary	C O NC	2 R
Last be	0			tan managaran	6. HACCP		<u> </u>
Responsible	person's	email	700	denizaci la cita di di di di sanci	7. Other (list)	Menu Type (See b	pack of page)
1					7. Other (msn)	Tricha Type (occ to	ucic of puge)
Certified foo	d handles	τ,		2028		$ _{1}$ $_{2} \times _{3}$	4 5
1	Pa-	tare	2/c 2	61dges 2028		125	45
the same of the sa		-		THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
• VIOLATION((S) REPEAT	TED FI	ROM PREVIOU	S INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		1	Varrative		To Be Corrected by
216	NC	ler-	NY/C	in cutting boxes	1 71 cut	up and	Albitina III p
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			190910.01	1	1 1 11	7 / 2 . 11	
324	Nc		Sewe	gas odors por	red by the	3- \$24 \$11R	-
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		-					
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	of on					The state of the s	er real
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishmer ZZ Owner Owner addre	lc Do nt address 5Z		1831 N JA	1. Routine 2. Follow-up 3. Complaint	Date of Inspection 1/25/24 Follow-up Release 2 Summary of Violate	15/24	
Responsible p	person's	emai r	ENTIFIED IN THE CHECKLIST AND NARRATIVE	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC(R		
• VIOLATION(S) REPEA	ΓED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
324	Ne		The microse hand sint have	the and rements in the hot water	60011	4 mos- Next Inspection	
Received by Received by	dua	^	printed): Xolo	meli , c. i B	ted by (name and title printed INT D + 1 ted by (signature):	Benjers	
cc:	0		cc:	cc:	ı		



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

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

Establishment name	shoot safers to be sond near the safe	Telephone Number	Date of Inspection	ID#
MEDON	ald 5	() Establishment	1/25/24	1451
Establishment address	Dinto Way	() Owner	1/25/29	17 31
706 W	· Irasalgar rolling	Purpose:	Follow-up Releas	e Date
Owner	· Trafalgar Pointe Way Trafalgar, It	1. Routine		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. Follow-up	Summary of Violat	ions:
Owner address		3. Complaint		
		4. Pre-Operational		
Person in charge	an inclient water and order for all too	5. Temporary	CONC	7 R
breakores es as		6. HACCP	umaphi i - mar	
Responsible person's em	ailorge bour slone or he can a store a cod	7. Other (list)	Menu Type (See b	pack of page)
	let it welt with each com-	ed lists d e	grador) = 1,000=1	71 07
Certified food handler	and		123_X	45
• CRITICAL ITEMS ARE	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED	FROM 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
295 NC	Food bins on -	the prep line	e are	1/25/24
and to	Soiled.	Floor	netanti vini non il littet in	1/5/
431 NC	chemical storage ro	om is soiled		1/25/24
431 NC	Floor areas around		and	1/27/24
1121 .30	washer + dryer are		11 64	1/27/24
431 NC	the 3-bay sink		1 29	1161167
295 NI	Shelving under the		units is	1/25/24
	soiled.	1412101014		775
431 NL	The goil area (1	los has hea	vy build.	1/27/24
luino la	ups of gromes		and the state of t	_
324 NC	The hand 5: 1/55	-[Kitchen +	astroom.	13-4
11020		ise and lac	2K	
	not water			next
				inspection
Received by (name and tit.	le printed): General Ma		lesty D Bay	1 0
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishmer	nt name		ous Igodes.				Telephone N	Number	Da	te of Inspe	ection	ID#
W	PV	10	Spr				() Establ	ishment	١,	0 1	1.1	10115
Establishmer	nt address	5			\ (Ween	od.) Owner	•	-	-8-1	4	124-
300		1	Tour	IM)	()()		Purpose:		Fo	llow-up	Release	Date ,
Owner							1. Routine		-	_ `	1-18	3-74
							2. Follow-up		Sur	nmary of	Violatio	ons:
Owner addre	ess						3. Complain					
							4. Pre-Opera			(>	0	
Person in ch	arge		Hersie ei				5. Temporar		l _C	()	NC()	R
							6. HACCP	- 3			-	ibal
Responsible	person's	email	order free en	Fisha i	sa usiteud v	Izio I mel	7. Other (list	t)	M	lenu Typ	e (See ba	ck of page)
							1.113	/				71 07
Certified foo	d handle								1	₂ X	3	4 5
1							E COLUMNS MARKE		*********		DELOW 12	""
Section #	7	-	ROM PREVIOU	IS INSPECTI	ONS ARE DE		E "SUMMARY OF VIOL Narrative	ATIONS" AND	IN THE	NARRATIVE		To Be Corrected
Section #	C/NC	K	10	.\0,00	10 N			120				To be Confected
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishmer			. man of margaret at the median fronts	Telephone Number	Date of Inspection	ID#
MI ABULLITO				() Establishment	115/24	2319
Establishmer	nt addres	SS		() Owner	1177	
37	7 E	J	OFFERSON ST. Franklin, Fr	Purpose:	Follow-up Release	e Date
Owner		100000	Ţ.	1. Routine	Follow-up Releas	15/24
) WH	N	QuezAdA	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		1
Person in ch	arge	0 5	0.002	5. Temporary	c_O_Nc_L	1 R
E	RIK		DIAZ	6. HACCP	186 31.21111 1 111.3	l diploma
Responsible	person's	email	lare had remined before it it don't mot	7. Other (list)	Menu Type (See b	pack of page)
Certified foo	d handle	er.		Tomorcasco A	and the State Hoop St	ED.
	10	Sl	FORMUSCO CAMERONA	SORO SAFEL 7/36)	123(4 5
• CRITICAL	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	S COŁUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	
Section #	_	Ŕ		Narrative		To Be Corrected by
218	NC	<	WALK-IN FREEZ			ON ORSER
	SV-EEDIT 1	ROG	CLOSE TIGHTZY	- door gask	set worn	1/20/24
		4	NE IMARINE PRIT	TO TO COOL	7 / 1 1 8 30 4 63	Remove
	20	M	OJEHLORVOS PEST KATCHEN - NO	T TO BE USED I	N	1/6
(NO	60	1	ROSTAUCENT			170
			73377			
425	2C	2	BROOMS NOT HUNG	OUP DER FL	00 PL	1/20
295	ne		NOT CLEAN	STOVE, deep F	CLOR	1/(1
			NOT CLOAN	V		
297	2.00	-	OUTSIDE dempst	CR LAD NOT CO	1059	1/6
392	NC	201	0013204 0011-931	CVC LAD VIOL CO	230	170
21/3					1000	1300
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Establishment name	a good or a feetbergers, some Vergers	Telephone Numbe	er Date of Inspection	ID#		
THO MINT		() Establishme				
Establishment address		1	1/31/24	3351		
	Franklet, In	() Owner	E II D I	Description		
Owner	VIIII NORTH	Purpose:	Follow-up Release	e Date /24		
THO MA	5 MOORE	(1. Routine)	100	/ / · · ·		
	- ITTOORE	2. Follow-up	Summary of Violat	ions:		
Owner address		3. Complaint				
		4. Pre-Operationa	al 2	>		
Person in charge		5. Temporary	$c \rightarrow Nc^2$	c 3 NC 8 R		
Colle W	otton	6. HACCP	un profit eigen e			
Responsible person's email	has in 1818 to 1 steel in all sharing	7. Other (list)	Menu Type (See l	back of page)		
	r in Willeam of an first	tortil co grado i i	ellende rynomiae	gorean I		
Certified food handler	mentes Hearther A	Cenning /24	12(3_)	45		
CRITICAL ITEMS ARE IDENTIF	IED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PROMISE	REVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS	S" AND IN THE NARRATIVE BELOW	AS "R"		
Section # C/NC R		Narrative		To Be Corrected by		
431 NC (2) F	LOORS NOT CLEAN			28 24		
B	AR, BASEMENT,		STRIR Well,	718(1.1)		
n		KER.	The Maria Company of the Company of			
399 NC + F	LOOR WORN IN	Aroks di	= KIRHEN,	4//		
I IC		MOP STOCK		000001/		
		owave h	IORN, NOT	01391110/		
218 NC C	Lean	200 000 000	2200 57.	0/1		
295 NC - 57			CleAN Th	2/8		
Pa	ITCHEN - Some	2 KITCHEI	N B PANS			
	vot clean	5 - A - A - A - A - A - A - A - A - A -	A SUBTIBOL	2 2/2		
291 NC 5 C	HEMILOTE TEST	JUNE TO THE	T AVAZIABL	217		
411 Nepa	OR DIBINIECYN	TODYS ANDI	KITCHEN	2/20		
	RELING LIGHT	and the		2/20		
200		NSITY NOT	AJERVETE O FOOTZANDIE	\$1		
(4)	1-2-10-	J 11				
pre pre	of ASEQUATE DOLL	COR DE	TROOM			
295 NC Q ()		NOT IN US	1)	Remove		
343 100 18 ()	10 eap 11 cere 1	001 110 03	11001 CE10	2/20		
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o cole h	roatton	apparenting or a	Bob Smith	£75		
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				Page 1 of		

Establish			Address HON WATTERST FRANKLATUT	N Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
334	C (9	ATR GAP OUT SEEN FOR I'VE MANUE	JRA19
			AND BAR IN BED OF HER BARD OTHER	2/20
			JOAN TUBES IN BAR ITEMS STORED ON HANDSTUKS, HANDSTUKS NOT ACCESSIBLE FOR	
344	CE	B	THEMS STORED ON HANDSTUKS,	corrected
		-		1121
		$\left \cdot \right $	USD .	
336	CC		MAR STAKE FAMOT HESDE CANDID	
550	0	P	MOP STAK FAVCET - HOSES CONNE WITH SHUT OFFS - NOT PLUMBOD COMECTLY	7/1/20
		H	Plumbo movery	111105
		H) 2011/200 (01/10/14)	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection	ID#		
Moose Lodge # 2079	() Establishment	_	289		
Establishment address 46142	() Owner	1-29-24			
813 W Smith Valley Rd	Purpose:	Follow-up Release	se Date		
Owner	1. Routine		10-24		
	2. Follow-up	Summary of Viola			
Owner address	3. Complaint	Strainwest			
	4. Pre-Operational				
Person in charge		C D NC	0 0		
Person in charge	5. Temporary	CNC_	$C = O_{NC} = O_{R} = O$		
Responsible person's email	6. HACCP	Many Trans (Sagladal of page)			
responsible persons email	7. Other (list)	Menu Type (See back of page)			
Certified food handler		$_{1}$ \times_{2} $_{3}$			
		13	45		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATION	IVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN 1	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"		
Section # C/NC R	Narrative		To Be Corrected by		
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the time	of inspec				
	V				
Po at 1 : 01	the star II	1			
Reminder: It	you hand	u Shall			
wear gloves	on buse a	ppropria	t.		
Uteni Do Such	1 as tone	A .			
	(3			
How to determ	ine Ready - to	s- Eat fo	ods -		
ASK yourself	- Can 9	eat this	<u> </u>		
without ful	ther cooking	3 - 29 th	2		
answer		3 Reade	¥		
	· · · · · · · · · · · · · · · · · · ·	pickles,			
buns; cook	ced notacop	/ nambu	18CID		
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