

460 N. MORTON ST. STE A 7 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) Establishment 3/27/24) Owner 9614 SR 144 Purpose: Follow-up Release Pate 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP 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" Narrative To Be Corrected by Section # C/NC R - HOUDS AROUG FRIARS ARE SOINED -SCHEDULED PLEASING 3/31/24 - FAULET ON 3 BAY LOAKS WHEN TURNED ON ONLY - SCHEDULSO REPLACEMENT 14 PER YR. - Squitten observas @ 400 ppm SHELVES ABOVE 3 BAY SINK ARE SOLVED 295 NC Device Testes 4/17/23 Inspected by (name and title printed): Received by (name and title printed); ade Kitchen Manager EHS Received by (signature): cc: cc:



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

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

Establishment name New Hope Church Establishment address 5307 W. Fair view Rd. Greenwood, IN Owner New Hope Church Owner address 5307 W. Fairview Rd Greenwood, IN 46142 Person in charge Responsible person's email In fo@ become hope.com Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE				Telephone Number (317) 888-4673-1 (317) 888-4673-1 (317) Purpose: 1. Routine 2. Follow-up 3. Complaint	Follow-up Release Summary of Violati	e Date 8-24 ions: R pack of page)
					C NC	
Section #	C/NC			Varrative	ALL IN THE PARKETIVE BELOW A	To Be Corrected by
295	(~,	inside topof ice ma no I in min air gap			9/14
Received by	(name and	l title i	printed):	lı	nspected by (name and title printed)	:
_	do			Manager	MiaPapageoro	
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cc:			cc:		cc:	



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

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Page 1 of

Establishme	nt name (S) F (nt address (9) N ess arge	Emerson	sarrel dhan socie	1. R 2. F 3. C 4. F 5. T 6. F	elephone Number) Establishmen) Owner	3/ 24/ 24 Follow-up Release	ID# 2105 e Date 24/24 ions: R
			THE CHECKLIST AND N S INSPECTIONS ARE DENO			AND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC			Narra			To Be Corrected by
431	NC	OF loors	s of Walk-i	n freeze	er a coole	er are soiled	3/28
	TURBUS		s of serving,				see dx 1 f
1,,,	my allej			,	7 N. 1951	T 10 AND COMBILE 150 - 15	
Note			ng utensi emicals	s store	d near (Leaning	
411	NC	light	ing intensit	y is ins	sufficier	nt	
342	NC	no he	ot water at	handsin	K bu pizz	a station	
0 12	,,,	1770 713	y vocac.	,			
Note	0	(i) grill (ii) plea	slats soiled se keepsup	cleanin	g floors	4 walls	
-	+						
Received by	(name and	title printed):			IIn	spected by (name and title printed);; ,
Treceived by	M	ADVINC	wext		1	dan Better /	Malagageorge
Received by	(signature)	Mark	Jarety		In	Spected by (signature):	lia Pringraye
cc:			cc:		1	Se:	0.



460 N. MORTON ST. STE A 5 (6) 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.

Telephone Number Date of Inspection Establishment name ineveh Mini Mart 317) 933 Historo 3-26-24 8010 S. Nineveh Rd. Nineveh, IN 317) 96 ber 6806 Follow-up Release Date Purpose: 14-6-24 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational c 2 NC 8 Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Pauraya 13@g mail. com
Certified food handler MP 2 # 3 10 4 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 rodent droppings in back storage room on shelving in back of room hose connected to mop sink without an 4-26-24 415 4-6-24 336 atmospheric vacuum breaker 3-26-24 392 dumpster lid open NC unnecessary items stored on western side 426 NC of building, outside light not adequate in soda box area soda boxes not stored (einches offground fan in Walk-in cooler dusty + dirty floor is soiled under equipment throughout 411 NC 4-6-24 7-1224 431 431 NC establishment broken floor tiles throughout establishment 402 NC light out in restroom 411 NC no paper towels provided in restroom 3-28-24 34 NC Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc: Page 1 of



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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.

Listablishili	ent Sam	itatio	in Kequitements. The time mint for correction	on of each violation is specified	in the narrative portion	or this report.
Establishmen	nt name		0 00 0	Telephone Number	Date of Inspection	ID#
Noble	e Koi	Maj	is Craft Pinga & Pub	() Establishment	3-14-24	2505
Establishmen	nt addres	SS	()	() Owner	3:15	The state of the s
1990	N	or	thwood Plaza 46131	Purpose:	Follow-up Release	
Owner			3	1. Routine	No	
Pau	0 1	Y	obley	2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	en for	, e codede a megapa i la der Remitua	5. Temporary	$_{\rm C}$ $_{\rm NC}$	Z RO
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Responsible	person's	emai	I of the strong of the tribes of bires out.	7. Other (list)	Menu Type (See	back of page)
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Hnn	10	M	ienico 6/13/25			
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Section #	C/NC	R		Narrative		To Be Corrected by
430	NC	_	Hand soap & towel di	In disrepair main dish ar	efixed	3-24-24
1/01		*0351	to the wall -	In disrepair		2 1 - 21/
431	Ne	-	Floor Soiled junder	main dish ar	ea 4	3-15-24
			P grease trap	2 11 100	0.110	
	-	+	Make rate	- shall be	Madea	
			Pacethed action		ma over	7-1-25
336	-0	+	Mop Sink backsip	/ //	De in	
000			1 1 1 1	5 De cifically	: The mop	
			SINK faucet is	equipt w/a	n atmosp	Pheric
	will and	tor	backsiphonage de	Vice the mus	broom) th	at
in the state of	Lukya		is approved for	use wrider a	tmospheric	information in the second
Jin.	1	in Lu	conditions, fro	blem = faucet	has a sple	tter
		_	Valve attached	which cree	ries	il Liveriana I
	,	-	Continuous pr	essure you	have 2	Temp▶Rite. g
-			options (1) Rem	ove splitter V	alve	Date: Fecha Emp: Empleado
		\vdash	and and	Dack Siphonag	e devrce	PASS WHEN BLUE BAR TURNS ORANGE ES ACEPTABLE CUANDO LA BARRA AZUL CANDIA A COLOR MARANIA
			"Montinuotis ni	ressure"		160°F/71°C
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Received by	(signature	2):		Inspecte	ed by (signature):	packaging
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cc:	,,,		сс:	2	017-346-4	1373 .
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Main	Back	R+	low inspected 11-2023	3	1000	



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Establishm	ent Sam	tation	Kequiremen	is. The time ii	mint for correction	on of each violation is specific		i of this report.
Establishme Our			m = vim j _j r	e so wisin o	details in	Telephone Number () Establishment	Date of Inspection	ID#
Establishme			0	. 1		() Owner	3/11/24	2501
5080	SR	135	Barg	ersville		Purpose:	Follow-up Release	se Date
Owner						1. Routine		
						2. Follow-up	Summary of Viola	tions:
Owner address			3. Complaint					
						4. Pre-Operational		
Person in ch	Person in charge				Sir riski i Scetti	5. Temporary	C NC_	Ø_R
1 10 1 1	ta parti					6. HACCP	and perfect a	and Conference
Responsible	person's	email				7. Other (list)	Menu Type (See	back of page)
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Ceruned 100	od nandie	I					123_ <i>V</i>	_45
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN T	HE CHECKLIST	AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	TED FRO	OM PREVIOUS I	INSPECTIONS ARI	E DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R				Narrative		To Be Corrected by
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Received by	(signature)): /		/	1	Inspe	cted by (signature):	unitsiakuru I
	ofn	_ (× -	LC			paul Betitou	
cc:	/		V.	cc:		cc:		



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Establishmer	nt name	or west basedous trocky	aprijula i	Telephone Number	e 10 jej	Date of Inspection	ID#
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Establishme	nt address	OW COM	Econoss	() Owner		5-10-6	1110
Tale	> 5 5	R 135		Purpose:		Follow-up Releas	se Date
Owner				1. Routine		5-	30-24
				2. Follow-up		Summary of Violat	tions:
Owner addre	ess			3. Complaint			
				4. Pre-Operational	1	1	_
Person in ch	arge	Militaria er m	al Jack	5. Temporary		CNC_C	R
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Responsible	person's em	ail on a more along or less are	a should arely	7. Other (list)		Menu Type (See)	back of page)
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Certified foo	od handler	new Chan	eno	1/10/18		123_X	45
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Section #	C/NC I			Narrative		0 1	To Be Corrected by
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414	MC	EXTERIOR da	C D D D	JOHENTUN KC	1281	171	
		DIGITED TO	11 CAD	108 00 S8 (1	187	VI	
	1204		State	Janilos E	Dine	Compoun	
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		no mins. to	2600	ir the leak	L (G)	the Nond	Sink.
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							Page 1 of _
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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#
IDMILL PHILL HSIM GOVER	() Establishment	2 10 7/1 1001
Establishment address	() Owner	3-15-24 17184
3021 Mexidian Meadous Rd	Purpose:	Follow-up Release Date
Owner	T. Routine	Follow-up Release Date - 25-24
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$C \cap NC \supset R$
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Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
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3 Day SIAK	11 11 12 12 12 12 12 12 12 12 12 12 12 1	
425 NC mop hat hung up		THE DATE OF THE PERSON OF THE
14. NC Many Food Oroduct	s arseving Ini	tlaatt
Driver Jane Aragua	2 01326060 001	1410001
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer Z Establishmer	nt name	40	AS 100 To the time initial for content of the conte	Telephone Number () Establishmen () Owner	Date of Inspection	ID# 2766	
Owner Owner addre	V VI	ina	der Singh	Purpose: 1. Routine 2. Follow-up 3. Complaint	Follow-up Release Summary of Violate	-15-24	
Person in charge Responsible person's email				4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC		
Certified foo					123	_45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		AND IN THE NAPPATIVE RELOW	AS "R"	
Section #	C/NC	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	AND IN THE WARRATIVE BELOW	To Be Corrected by	
297	Ne		Note I Hand Sink Gase when Food temps taken Please email you	rs are not c faucet en:	tight leaks @	POLITICAL DE LA CONTRACTOR DE LA CONTRAC	
Received by Received by cc:	1		printed):	I	spected by (signature): Elizabeth S	enisse enisse	
			ESeniss	se @ co.ja	317-346-4 hnson.in.	Page 1 of	



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Establishmen	-	. 1	about maring placement in its	Telephone Number	Date of Inspection	ID#
YIZZa		ist		() Establishmen	3/14/24	2728
Establishmen	nt addres	S	Greenwood	() Owner	13/19/29	0 190
1997 t	Cour	14	Line Rd Greenwood 46143	Purpose:	Follow-up Release	
Owner				1. Routine	3/	24/24
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	aroe			5. Temporary	c_2_Nc_3	3 R 2
		1	tani		0_2_1,0_0	2 K 2 C
Responsible	Domon's	Ul	tani	6. HACCP	Mana Tana (Can la	ash of page)
Responsible	person s	eman	Large Manna Signification of a Significant of a	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	· t		-	- 1 - 1 - 1 - 1 - 1 - 1	/
			paran exp 8/2/28		123_\(\nu\)	55
			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW A	s "R"
Section #	-	R		Narrative		To Be Corrected by
334	C	X.	hase extended helan -	flood rim of	mor sink	3/19
1001	ands:	1	nosé extended below -	nk	THE R. LEWIS CONTROLLERS	manopa (
	347,334		Joseph July St.		THE OFTER STREET	MINISTER
425	NC		MOP not hung UD T	o dry in betw	een uses	3/19
		(hand sink not acces	sible		3/19
345	C	G	phandsink used for	other purpose	2S	
				- 1	1 / 11 00 / 1	2/10
177	NC	V	tood in Walk-in cooker	- stored less t	han 6" of the	3/19
7101	1.10	_	ground	a: 1. a 1 1	00	
431	NC	3	Floors + walls by 3 bay	SINK Soiled	1 C 22 2 to 210	100000
1/07	te:	W	organize food materdo	us in upright	-freezen to avoi	d cross
	191 / 1	(1)	mixture of food	alasad in classicala	+ Constain alcorbon	10000
		X	ensure Containers are ensure Chest Freezen is	Collect In Opright	lanc	183.650.00.00
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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

Establishme	The same of the same	/	# 4	Telephone Number	Date of Inspection ID#	-1	
Establishme	elly	10	#7208	() Establishment	3-15-24 228	7	
020	116	,	and Hula	Owner	IIAM 200		
Owner	W		3/N 76/42	Purpose: 1. Routine	Follow-up Release Date $3-25-24$		
Corp	orat	e)		2. Follow-up	Summary of Violations:		
Owner addre				3. Complaint			
				4. Pre-Operational		pro-	
Person in charge				5. Temporary	C / NC O R		
	0			6. HACCP	t see an in daile i	T	
Responsible	person's	emai	lymp I in along or , sign is disbon;	7. Other (list)	Menu Type (See back of page)		
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Certifical foo	d handle		x Schulter		123_X45	_	
			ENTIFIED IN THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED I				
Section #		R		Narrative	To Be Correct	ted by	
193	C			used for time	The state of the s		
	TECOM	2 1111	health Cont	rol not curre	nt for Cov	lec	
			chicken to	ties/Biles			
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					Page 1 of		



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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.

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Establishment name	JOSWUY	Telephone Number () Establishment	Date of Inspection	0110
Establishment address		() Owner	17-14-14	146 C
560N S	5K 135	Purpose:	Follow-up Releas	e Date
Owner		1. Routine	14/3 10	4-14
		2. Follow-up	Summary of Violat	ions:
Owner address		3. Complaint		
		4. Pre-Operational	1 1	1
Person in charge		5. Temporary	CNC(
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	magusanjin v sa zažlimu s	6. HACCP	(4) No. 11 1 1 1 1 1 1 1 1 1	
Responsible person's emai	I is light and in the second and	7. Other (list)	Menu Type (See l	pack of page)
C 0:5-15-1111	6 h		The state of the state of	1257071
Certified food handler	er Singh Bill	19	12_X3	45
• CRITICAL ITEMS ARE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEATED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	
Section # C/NC R		Narrative		To Be Corrected by
187 C	Observed the	ollonny H	Hernal	177
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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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