

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

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

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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	T TD#
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Establishment addre	0400		- ` ′	4/9/24	2326
1100 6	ith Do	nt Cirenwood	() Owner	1 ' '	
	W. Ja		Purpose:	Follow-up Releas	e Date
Owner			1. Routine		
			2. Follow-up	Summary of Violat	ions:
Owner address			3. Complaint		
			4. Pre-Operational		
Person in charge		A some of the second source of	5. Temporary	CNC	R
			6. HACCP	and the second second	
Responsible person's	s email	location reput 1 viving the contraction of	7. Other (list)	Menu Type (See l	pack of page)
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Veronica	ttern	omolez 11/29/27		123	43
	AND THE RESERVE OF THE PERSON NAMED IN	FIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
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cc:		cc:	de:		
					Page 1 of



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 Ahuelito Establishment 4/5/24 2319 Establishment address) Owner 7 E. Jefferson St. Franklin, IN Purpose: Follow-up Release Date 4/15/24 Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational c 3 NC 11 Person in charge 5. Temporary Diaz - manage 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Serv Safe exp Certified food handler VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC Narrative To Be Corrected by 218 NC walk-infreezer door does not close -door gasket worn 438 cleaning solution spray bottles not labeled & orrected #5 shelving on which canned goods are stored 295 NC is solled-dusty 295 NC filter of Coca color cooler heavily soiled light cover above large pots broken 410 NC raw chicken in container not stored 6" off 177 NC floor in walk in cooler 192 food dates markings past 7 days in walkincooler NC guick chill methods not being utilized for 190 precooked foods stored on metal table@98°F 399 NC wall covering above electrical panel missing 218 NC door gaskets of prep cooler split floor tile under arill worn 399 NC C ice scoop not used 171 corrected 4 food Sanitizer not detected in wiping cloth solution corrected Note mechanical ventilation in restrooms not functioning 430 NC 4/12 cardboard used to line shelves-not durable Received by (name and title printed): Inspected by (name and title printed): Bab Smith Miata Inspected by (signature) Bul Smit cc:



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

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

Establishment name	with a serial all graphones of a particular	Telephone Number	Date of Inspection ID#
Mi Jefe		() Establishment	1/5/01/ 1/20
Establishment address	135 Trafalgar, IN	() Owner	4/5/24 1639
106 S. S.R	135 Alel81	Purpose:	Follow-up Release Date
Owner		1. Routine	Summary of Violations:
Owner address		2. Follow-up	Summary of Violations:
Owner address		3. Complaint	
Person in charge		4. Pre-Operational	c_1 NC_2 R_8
Person in charge		5. Temporary 6. HACCP	CNCR_
Responsible person's email	. जून और प्रस्तित के एका एक है के हैं	7. Other (list)	Menu Type (See back of page)
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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 correction of each violation is specified in the narrative portion of this report.

Establishmo 27 Owner Owner addi	ent addre 4 V	9	Lard 31	en Gree	nwood 46142	JA .	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary	nent	Follow-up NO Summary o	Release 4 - f Violati	11-24 ons:
Responsible			rilli rillt	Disposition of the contraction o	aldega empesia erihunsia	har n Sad Xo 1 Cha L d	6. HACCP 7. Other (list)	i dec	Menu Typ	se (See bo	ack of page) _4 <u>/</u> 5
CRITICAL VIOLATION	. ITEMS A	RE ID	ENTIFIED I		CKLIST AND N		COLUMNS MARKED "C		ΓHE NARRATIVI	E BELOW AS	S "R"
Section #	-	-				term of the same of the	Varrative				To Be Corrected by
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NARRATIVE REPORT Establishment Name Greenwood IN 46142 Inspection Date 4-1-24 Address C/NC R Section# **REMARKS CORRECTED BY** (3)

Received By (Name & Title)

Steven Parillo

State Form 48621 (R2/8-05)

Page 2 of 2



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?

Establishment name,	Telephone Number	Date of Inspection	ID#
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	Collegensinien	14/22 ld	4 2273
Establishment address	() Owner	1/501/51	/
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Owner	(Routine		12/24
PARKHURST DINING	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
D	4	c_l_nc_	3
Person in charge	5. Temporary	C 1 NC 5	R
Deva Duncar	6. HACCP	mi , publicado og politic	la obertazioni
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
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Certified food handler		1 2 3	(4 A)
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VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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 MIOV Owner Purpose: Owner 1. Routine 2. Follow-up Summary of Violations: Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) 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 C/NC R Section # Gemployee stated it was last cleaned 2160 NO not easily cleanable due to cloth Received by (name and title printed): rspected by (name and title prinfed): Received by (signature): cc:

NARRATIVE REPORT

Establishr			Address SSR 135 Greenwood	Inspection Date 4-23-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
257 Note	NC .	*	2. Red Sanitizer Solution Observed 8 Oppm 5 Shall be 50-100 ppm. 3. Food Droducts & Single 152 Hens Shall not be Stored inder Grain lines (hordsink) (A) Restroom not water observed 140:16-142:16 5 Shall be 100-6-120-6 employee observed without beard restrain	4/24/24
Received By State Form 48	Va	Ca	olm Kulugger Miahangeome EHS (Da Hall)	Page 2 of 2



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

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

Establishment name Establishment address Owner Owner address Person in charge Responsible person's email	had placemany wholesome	Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Summary of Violate	tions:
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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) Establishment Establishment address) Owner Purpose: 1. Routine 2. Follow-up Summary of Violations: 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 Received by (name and title printed) ; 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 name Amazon - Sangler for I Servic Establishment address 205 changy Av Owner Owner Owner address Person in charge Responsible person's email Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATION				Telephone Number Description Description Description Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-up Release Summary of Violati C NC Menu Type (See b	e Date ons: R
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Owner Owner addr	ent name ent addres Ulerr		oder (Snyter-GMI) conal dr. Franklin 46131	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection 4/2/24 Follow-up Releas Summary of Violat	e Date
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Owner address Person in charge Responsible person	cess Cu	Snyder Food	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection C NC Menu Type (See b)	e Date ions:
Certified food hand	ller			12_√3	45
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Steck of Shake Establishment address Z088 N Morton St 46131 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)	Y-Z6-ZY Follow-up Releas	e Date 27 dions:
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Section #	C/NC	R	Floer around fee m	Narrative		To Be Corrected by $5-6-24$
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Johnson County Health Department 460 N. Morton St., Ste. A, Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



establishment		telephone	Postani	Date of Inspection	
Stone Creek Dir	ning	317-	4/29/2024		
Establishment address	Summary of Violations				
911 St Rd 135 Nor	th, Greenwood, IN	16142	0 C 0 NC 0 R		
Owner	Follow-up	Release Date			
CGR Holdings, LLC Stone	CreekGreenwood@	crgdining.com	No	5/8/2024	
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
Vince & Chef Mike	Michael Ta	aylor 1/18/28	Routine	4-Extensive handling	
Establishment Identification #	County	District			
1057	Johnson	D5			
				1	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R2	Violation Observed:	To be Corrected by:
204	Note		#10 can of <i>Cipollini Onions in Balsamic Vinegar of Modena</i> has an excessive seam dent.	corrected
	Note		Whipped butter and Bacon jam at 41°F but not in temperature control. Recommend keeping these products under temperature control.	
	Note		Atmospheric Vacuum Breakers (AVB) are approved for use under atmospheric pressure conditions only. By attaching a splitter valve and or a spray nozzle, a "continuous pressure" condition is created which an AVB is not approved for. You have 2 options; 1) remove splitter valve/spray nozzle, or 2) install a vacuum breaker approved for use under "continuous pressure".	
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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#
Charene Doding	() Establishment	110 110	1711
Establishment address Frontier	() Owner	4-4-14	
970 M Modern St	Purpose:	Follow-up Releas	se Date
Owner (1. Routine	1 - Q-	19-24
	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	CNC_	R
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV.	E COLUMNS MARKED "C"		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment Samtation Requirements. The time mint for correct			or tins report.		
Establishment name Lalo Bell #40441	Telephone Number () Establishment	Date of Inspection	ID#		
Establishment address O Trafalgor Square	() Owner	04/05/24	2638		
10 Trafalgon Squere	Purpose:	Follow-up Release	Date		
Owner	1. Routine	- 04	15/24		
	2. Follow-up		Summary of Violations:		
Owner address	3. Complaint				
	4. Pre-Operational				
Person in charge	5. Temporary	C NC	C NC 2 R		
brashonne was an arrange of the same interest	6. HACCP	f sandi bactr krains			
Responsible person's email	7. Other (list)	-			
Certified food handler Brouten Marchin 6/6/24		123_V	_45		
CRITICAL TEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW AS	5 "R"		
Section # C/NC R	Narrative	0	To Be Corrected by		
297 MC Soda Machine nora	les by Service	e under	4/6/20		
is soiled	<u> </u>	THE SECOND SECON)		
431 rul Obrain et Say Soda	machine is of	nled.	vriu izon		
431 re Wrain ell by Soda	Muchine 10 0	orcea			
affanel washing Ank	at mon & sed	Arom is			
Anded,	715.4				
, in the second					
Aloca Coldo de doco	and ALCR				
NOTE: () Alo shutoff	r at AVB	1 An Compat			
the serve	We unpil 6/29	e go conser	da maril I		
3000 (13.00		ALTERIA	25.004000		
			direction .		
Received by (name and title printed):	Ins	pected by (name and title printed)			
- Courtney McMoller		Paul Bericu	EH-5		
Received by (signature):	In	pected by (signature):			
сс:	cc				
			Page 1 of		

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25 the shall be a second and a second	an or even residence of control of	
Establishment name school enobassed all acceptudence and an	Telephone Number	Date of Inspection ID#
Jarget Store T-13644 Starbucks	() Establishment	4-15-24 942
Establisment address 46/43	() Owner	19-15 29 1992
Tanget Store T-13644 Starbucks Establishment address 46/43 895 S State Rd 135 Greenwood	Purpose:	Follow-up Release Date
Owner	1. Routine	- 4-25-24
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge Food+Beverage Executiv	_	c 0 NC 2 R -
	C5. Temporary	C_O_NC_A_R_
Aaron Moutinez Team Leader Responsible person's email	6. HACCP	ing it, to other to it below to
aucon Mactinez atwart com	7. Other (list)	Menu Type (See back of page)
Certified food handler State food sufety		1 2 3 10 4 5
Certified food handler State food safety Aaron Montinez exp 3/28/28		123_743
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	THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
431 NC dry grocery floor lit	tered with debr	is under 14/25
Shawing a stairs		Coll and In Through Mishally T
234 NC @ Starbucks, ice scoo	p not stored i	naclean 4/17
protected location		STATE OF STA
ularra og sam da rassusa sama a sasta		
alalan record to best about and allower the second sections		
eta international and a second second section of the section of	<u> </u>	_cas-coloredyd_cances
		States us i
Received by (name and title printed):	Inspected	by (name and title printed):
ETL FEB A. Martinez	Mia	Papageorge
Received by (signature): A a M	Inspected	
11/1/5		1 d Hapring como
cc: cc:	cc:	The state of the s



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Establishment Samtation Requirements. The time mint for corre	enon of each violation is speen	led in the narrative portion of this report.				
Establishment name Vall Witta Colf Conferent	Telephone Number () Establishment	Date of Inspection ID#				
Establishment address 755 E - Main St Green wood	() Owner	04/18/24 248				
Owner Owner	Purpose: 1. Routine	Follow-up Release Date / 4/28/24				
	2. Follow-up	Summary of Violations:				
Owner address	3. Complaint					
	4. Pre-Operational	- 1.1				
Person in charge	5. Temporary	c 6 NC / R R				
I journal at some the production of the formula of the control of	6. HACCP	remining in 1 of a few adjust 19 (94)				
Responsible person's email	7. Other (list)	Menu Type (See back of page)				
Certified food handler Mice Labrison 1425/25		12345				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"					
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		ID IN THE NARRATIVE BELOW AS "R"				
Section # C/NC R	Narrative	To Be Corrected by				
334 c Then & no an gap	in chain at 10	2-machine at 4/28/24				
golf they and at	upstairs u	e maker				
438 C Occuple of spray	sottles are not	Capelled at Corrected				
goff shop; contain		C8/ recrea				
in one suron bottle	not abblied	on protohen				
Containing chemical						
	not seen at go	f thop 4/18/24,				
112 NC ONE uproget cooler	with pelzer	is not Nes Fapported 12/1/24				
187 c poison sausage temperations is at 48° f / Corrected						
Anderent and	0.000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
if nght cooler falt	elr (Kenmore) a	mblent an				
43-4705	vel holder at	golf shop 4/21/24				
411 NCA Mechanical exhaus	1 1 1 1	(some) 4/21/24				
not working, bulb	out inside	walk-rn-eooler				
and bulb out insi	de Grista twood	colere a				
295 C Product holder	, soiled on	table too Corrected				
mechanical slice	1					
Received by (name and title printed): NIZE PORTSON	Insp	pected by (pame and title printed):				
Received by (signature):	Insp	Dected by (signature): Andrew Mille				
сс:	/cc	Andrew Miller, El				
		Page 1 of 7				

NARRATIVE REPORT	reen wood
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Establishment Name Address	Inspection Date
Establishment Name Address Name 755 E Main St 461	
Section# C/NC R Conference REMARKS	TO BE CORRECTED BY
324 NC Pipe leaking at elbow above,	4/28/24
mechanical dish machine,	1, 1
286 NC Pressure gauge for mechanical	4/28/24
dish machine head between	1//
90-100 psi.	<u></u>
334 c Sprayer attached to a hose	4/18/24
1534 C sprayer attached to a hose in dish area was hanging lelow the flood run of a dish	Remove
below the flood rum of a dish	1
295 NC Dish area wall racking id	-/10/au
	5/18/24
430 NC husty and the walls over	
430 NC Onterior walk-in-cooler door	4/28/24
handle contains tape	1/20/27
191 C Beet tipt in walk-in-coolers	Corrected
Dacked a date mark	Vol Discarded
430 NC Onterior floor worn inside	12/1/24
walk-in-cooler and walk-in-	
Green	1
413 NC DEast ketchen door ramp, to	5/1/24
exterior not tight-fitting along	' ')
bottom corneral 0	
256 xc anbient air thermometers,	4/19/24
not seen in walk-in-freezeng	1 mitat
realizable class coolek, and in Keni	more unit at she
385 NC Jop dumpster lide not provide	4/28/24
on large exterior dumpster	-/ ;-
218 NC Upstaus ice machine	5/1/24
interior lid cracked and	
and contained wood	
WIGH CONTROL 1508A	
Onote: Duner will contact	
health department about a	
mos such for kitchen	
2 No RP Seen on soda unit in	
Lolf Shop (RP= Reduced Pressure Principle	
Backflow Preventer) W/CO2 tanks.	
Descriped By (Name & Title)	Page <u>2</u> of <u>2</u>
Mathalee and Miller EHS	



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Establishment name Wendy's Establishment address Ygo N Mortan St. Frenklin 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)	Summary of Violati	Date 30-7 4 ons: DR ack of page)		
Lynn Jones servsche exc.2-7-	2027	123_X_	345		
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA' 	TIVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN Section # C/NC R	THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	To Be Corrected by		
Section # C/NC R Nothing to per Nothing to p	te at time of ingo	ection			
Received by figure and title printed):	Inspec	ted by (name and title printed)	:		
Received by (signature):	Inspec	3 leb Phener ted by (signature): Llev Dunor	n ckarata		
сс: сс:	cc:				



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		-	rements. The time limit for corre	Telephone Number			
Establishment name				() Establishme		ID#	
Establishment address					4/09/24	1 2378	
1068 Co At no t			· - 0	() Owner	1 1 1 1		
W65 South park La.			WE dr.	Purpose:	Follow-up Relea	se Date	
Owner				1. Routine			
				2. Follow-up	Summary of Viola	itions:	
Owner address				3. Complaint			
				4. Pre-Operationa	al _		
Person in charg	ge	and the last	III financial putering and a super-	5. Temporary	C_ONC_	C_SNC_TCR_	
				6. HACCP	the state of the s		
Responsible pe	erson's e	email	era ulema ca Empere a la eleman e	7. Other (list)	Menu Type (See	back of page)	
				in a disease	n in the property	p around	
Certified food	handler				1 2 3	4 5	
• CRITICAL IT	EMS AR	E IDENTIFIE	D IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"			
• VIOLATION(S)	REPEAT	ED FROM PRE	VIOUS INSPECTIONS ARE DENOTED IN		S" AND IN THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
			1 A		A-	1 2000000000000000000000000000000000000	
	ED ENTRE	red or Sun.	No notations	dung mega	etion	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		21119	and the second s		or or political cases	or with west	
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		N	Dif: (2) Mechanica	f ann washer	fanstizer is		
			(a) Balok 8	Production As	alould ha		
			nspecte	con prevention	should be		
			early 209	of on a cer	gipied fember		
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		the state of			the set of the leaders of the leaders		
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		<u> </u>	7 10 - 42-01 10 1 - 10 11 11 11 1 1 1 1 1 1 1 1 1	HEATH HOUSE A LINE SHEET AND			
		, ,					
Received by (n	angand Us	title printedy:	an or sala amilitar tree	n i kaci	Inspected by (name and title print Raul Betil	cu Lels	
Received by (s	ignature)	for N	15ntosh		Inspected by (signature):	n ckaping a	
cc:	c 1 -		cc:		ccl		
						Page 1 of	



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-		-	1				
Establishme		. ,	select such and thinked beat most	Telephone Number	Date of Inspection	ID#	
Whiteland Mart			nd Mart	() Establishment	4/19/24	24/8	
Establishment address				() Owner	7/14-1	-110	
3,	40	45	31 N Whiteland, IN	Purpose:	Follow-up Release	se Date	
Owner		The second second		1. Routine			
				2. Follow-up	Summary of Viola	tions:	
Owner addre	225			3. Complaint			
O WHEI RUCH	200						
D				4. Pre-Operational			
Person in ch	arge			5. Temporary	CNC	C / NC 2 R	
	0.000		alle and the later than some farmanical	6. HACCP	Jung Hart Life Life	al pade p	
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)	
0 10 10			i i if seebtedel produce, busika i	A CONTRACTOR OF THE CONTRACTOR	Bull o service		
Certified foo	d handle	r			123	45	
				THE COLUMNIC MADVED HOW			
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		O IN THE NARPATIVE RELOW	AS "R"	
Section #			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	DIN THE NARRATIVE BELOW	To Be Corrected by	
Section #	C/NC	И		Ivaliative		To be contected by	
295	MC	302	l+ cataook	a. 1 - 1 - 6	gilengin vara grubbiski	4/26/24	
213	MC	1,114	Storage cabinets drink dispenser	appelly The	1 - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/20/2/	
			arric ally creat	VII 200 1 PEG	THE THE RESIDENCE OF THE PARTY.	R AND DESCRIPTION	
426	N.C.		Miscellanous Pout 1	Souch - explain	s.tc.	1 3/26/24	
140	MC		need removed	or the country			
334	C		Prink dispensess a	and ice make	r don't	5/6/24	
			have air gap dieins. Only air breaks				
			a carenas ao		a miliana		
ah ba	1400		CT I I I I I I I I I I I I I I I I I I I		100 1 1 2 hope		
	7 79	10			L DESCRIPTION	s bendu zba k	
						I libraria	
						-	
D : 91		1 12.1	2. A. D.	IT.aan	ected by (name and title printe	<u>d</u>):	
Received by	(name and	ntle f	onnea):	Inspe	Acces 2- 1		
L Pagained by	(nign -1	HY	usi somereq	Inch	ected by (signature)	State are a	
Recei yo d by	(signature,	<i>)</i> :	ayush Sandhy	Inspe	Terry Bayles ected by (signature): Turny Beer, Las	/	
cc:		-	cc:	cc:	- Juny Deer, Cara		
					5)		