

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

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

Page 1 of

Establishment name CHICAGO PIZZA  Establishment address  IOHM W JUFFELSW ST. FRANKL  Owner  BOTH MOMS  Owner address  Person in charge  BOTH MOMS  Responsible person's email	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  ( ) Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Releas  Follow-up Releas  Summary of Violat  C NC	ions:
Certified food handler  CHASC KOAW		123	5
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAI</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE</li> </ul>		IN THE NARRATIVE BELOW	AS "R"
Section # C/NC &	Narrative		To Be Corrected by
324 NCE HANDSINK DO PRESSURE LOW	v KITZHEN HOT	WATCR	6/1/24
T38 WC & HALR ROSTRA NOT WORN OF 399 NC & FLOOR WORN H31 NC UNDER EDVI 336 C & MOP SINK FO WAZUE ATTAC 431 NC = COTCLAGEXH	RONT SAZAD P BOF NOT AT 415 BNICERP VISOR BY BOOPLOYOU AN NOT CLERN PINENT, NEXT	KITTEHER IN APPEAS- TO WALL	
Received by (name and title printed):  Received by (signature):  cc:  cc:	и вто и	cted by (name and title printed  Bob Srn 1 Tr  cted by (signature)  Ble Srn 2	): + E7B



### 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

Establishm	ent Sani	tatio	n Requirem	ents. The	time limit f	for correctio	n of each violation is sp	ecified in	the narrative	e portion of	f this report.
White Street or other Designation of the Party of the Par	The second second		PAY PE	A STATE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED IN			Telephone Numbe  ( ) Establishme  ( ) Owner	r	Date of Insp	ection	ID#
	140	LIZ	THY TO	AQ I	THORES	10 (4	Purpose:		Follow-up	Release I	Date
Owner	. ( )	04	1-10 11				1 (Routine)	- 1	-	10/	7/24
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Owner addr	ess						3. Complaint	- 1			
							4. Pre-Operationa	ıl		1	
1	Person in charge GURDE SINGH				ga ii Le	<ul><li>5. Temporary</li><li>6. HACCP</li></ul>		c_ <i>O</i> _	NC	R	
Responsible		email	med servi		Part was	-bagi si jii	7. Other (list)	İ	Menu Typ	e (See bac	ck of page)
Certified foo	d handle	ブエ	eet S	trag H	Serie	SINTP)		-	12	_3	4.005
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Section #	C/NC			- 1	2		Varrative		-50]	Т	o Be Corrected by
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											Page 1 of(



### 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#
Chicago Pizza Tralalgar	(317) 64864630	G 22 4	1 ~ ~
Chicago's Pizza Trafalgan  Establishment address  706 W Trafalgar Pointe Way 46181  Owner	( ) Owner	5-20-24	2801
70(0 h) Tradalgar Printo Way 46181	Purpose:	Follow-up Release	e Date
Owner Owner	1. Routine	5-	30-24
Makenzie Delph	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
	4. Pre-Operational	1	
Person in charge	5. Temporary	clNc	R O
Makenzie Delph	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
delph kenzie@amail.com			
Certified food handler		123_X	<u> 2</u> 45
N/A	<u></u>		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE      TO A STREET OF THE STREET OF		) IVI defin 217 bu ruman um v	e nan
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE  Section # IC (NIC. P.    Continue   C	e "summary of violations" and Narrative	JIN THE NAKKATIVE BELOW A	S "R"  To Be Corrected by
		- 1.1 77	
218 NC gasket, on lift top top 187 C the following internal t	ping cooler do	ming of 110	5-27-24
187 C The following internal f	iced had boiled a	base 45°F	U-7U-83
potato salad@43°F,sli	cod tomatosal	SOF a cottogo	
Cheese @ 41°F	CECTION AUGUSTON	u , + commy	
	anager shall h	old TCS food	
corrective action-m	s instead of co	ment plastic	
containers			
Note-spray bottles no	ot labeled		corrected
<del></del>			
Received by (name and title printed):	Inspe	ected by (name and title printed)	):
makenzie Delph	N	lia Papogeorge.	EHS
Received by (signature):	Inspe	cied by (signaturd):	
cc:   cc:	cc:		
		4/11	/
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name		shool anobasa - "ain sa a acore co es	Telephone Number	Date of Inspection	ID#
	CH	inc	a WOK	( ) Establishment	12-1	2417
Establishmer	nt addres	s	Greenwand.	( ) Owner	5/3924	27/1
20	05	E	messon IN	Purpose:	Follow-up Release	Date
Owner				1. Routine	15-20 6/91	1
				2. Follow-up	Summary of Violation	
Owner addre	ess			3. Complaint		
-				4. Pre-Operational		
Person in ch	arge				c_/_nc_6	n
i cison in cir.	arge			5. Temporary	C	K
Responsible	nerson's	emai	Personal Personal	6. HACCP	Many Town (Cook	sah of tracal
responsible	persons	Ciliai		7. Other (list)	Menu Type (See bo	ick of page)
Certified foo	d handle	r			1 2 2 /	4 5
L	Wer	1	Hai Lan		123	_45
• CRITICAL		-	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R		Narrative		To Be Corrected by
						/ /
431	NC		- Floor under the de	ef loyers is	very	6/13/24
121			Soiled-		16. Mathamata 2	3
431	NC		- Floor surfaces	behind the	cooking	
201	NC			are is solled-	iled-	
295			- The back door 5			
213	NL		- The bull seas	Olling shors	is are	
295	NL		The storage of	hely shelf	Under	
213	100		the 3- bay 5:00			
218	NL			ooler Shelf.	Frames	
ō-Fairl			are rusted and		(v-	<b>V</b>
	-		and the		I see a la distance de	e angelue
187	C			olls - purkt	ahieleen	5/30/24
			are not maint ai	ned at 41	107 00	
			below in th	he reach in	retrigerator	
Received by	(name and	title	printed):	Inspe	ected by (name and title printed):	,
( ) A	211	1/2			Terry D Ba	
Received by	(signature)	:		Inspe	ected by (signature):	,
7	7				Jany D Tay	Ma
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	भगे आर्किनावारी विकास व विकास कि उत्तार	Telephone Number	Date of Inspection			
CHILI'S		( ) Establishment	5/24/24	4 2292		
Establishment address	RTON FORNKLINIAN	( ) Owner	,			
	OR VOIC FIRMREST, TO		Follow-up Release	se Date		
Owner		1. Routine	6	1910		
		2. Follow-up	Summary of Viola	ions:		
Owner address		3. Complaint				
		4. Pre-Operational				
Person in charge	2 1 - 2 - 1	5. Temporary	C_O_NC_	₹ R		
	Redman	6. HACCP	ra proportion on a	aledia for a		
Responsible person's email	channel and on the control of the bound	7. Other (list)	Menu Type (See l	back of page)		
Certified food handler	Rad mAN (SERVA	Re	12_(3	125		
	IFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
	PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"		
Section # C/NC		Narrative		To Be Corrected by		
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431 WX	FLOOR NOT CL	effor Do ATUERO	, UNDER	5/31		
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishm	ent Sanı	tatior	Requireme	ents. In	ie time iii	mit ioi	correction	on of each	violation is s	pecified ii	i the narra	ive po	ruon o	t tins report.
Establishme	nt name	11	jak in it gin i	dus	and property	e in a	to our	Telephone Number  ( ) Establishment			Date of Inspection ID#			ID#
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Owner addre	Owner address					0	mplaint	-1						
Person in ch	Person in charge					4	-Operation	aı	$ _{c}$	1		D		
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Responsible	person's	email	79-17-12-3	lanir at	Linto	9 71 5	i 115 foto	-0	ner (list)		Menu T	Type (S	See bac	ck of page)
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Section #	C/NC	R						Narrativ	e				Г	To Be Corrected by
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#### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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

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 Establishment address Owner Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary Bruggeman 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 C/NC R Section # Received by (name and title printed): Inspected by (name\_and title printed): DRUGITEMAN - Food Services Director Received by



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

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

		11	- I	1	1
Establishme	the 1	horm	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishme	nt iddress	Peniodran Parke dr. Circenwood, DN 4614	( ) Owner	5/8/24	1767
Owner	7 /4	Commence of The child	Purpose: 1. Routine	Follow-up Release	Date
		Cillenwood, De 4019	2. Follow-up	Summary of Violatio	ns:
Owner addr			3. Complaint		
			4. Pre-Operational		
Person in ch	narge	en a se akerta en per para da considera a Restatt Acco	5. Temporary	C NC 6	R
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Responsible	person's em	ail one from alculus appropriate to the forms	7. Other (list)	Menu Type (See ba	ck of page)
Certified for	od handler			1 2 1	4 =
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• CRITICAL	ITEMS ARE	DENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION Section #		O FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	D IN THE NARRATIVE BELOW AS	"R"  To Be Corrected by
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438	NC	One yought cooler nee		in Byannin stager for	5/15
295	Na	One upright cooler "	with double a	loors in the	5/13
		back strage is so	Tled		
431	Ne	Mana c r Owo a M	wad is sorted		
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295	NC	for morde one up	right cooler t	na oviiz	-
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name COURT STRELT CAFE	Telephone Number	Date of Inspection	ID#
	( ) Establishment	5/29/2	4 2232
Establishment address	( ) Owner	1 - / - / /	
39 E COURT ST. FIMKLED AN	Purpose:	Follow-up Release	e Date
Owner	1. Routine	- 6	18/24
SHERRY Young	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$_{\rm C}$ $_{\rm NC}$ $_{\rm NC}$	D
SHERRY YOUNG	6. HACCP	to the property and the	N
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler		1 2 2	
Certified food handler SHERRY YOUNG	,	13	(4 NP)
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 A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
218 MC (1) VPRIGHT 2 door	REFRISORATOR	_	7/1/24
	PRN/SPLIT	जीवा काय हर संद्राका गया	1 21 X 16 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
228 NC @ UPRIGHT 2 LOOP	REFRISERATOR	s NOT	7/1
BASILY MOVEABLE	Direction of the state of the s		
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NOT WORN BY SO	no employa	35	
410 NEX Some COTLING F	-L VORPSONT		6/15
PROTECTED END	CAPS NOT IT	~STAZZOD	
2-18 NC = INSTOP OF MECH		MEHIND	618
LIMP SCAZE BUILT			
(NOTE) & TOILOT SOAT NO	TORON FRONT	TYPE	
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The mechanical dista	machine Hot u	MYER	(OK)
SANITIZATION, TREMPS	OFATURO AJEQU	160°F	
OR MORE (WAS 160	5',7°F)		
Project 11 (completely bridge)	Inspector	by (name and title printed)	
Received by (name and title printed):  SHERRY VOUNG OWNER	Inspected B		EXB
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			Page 1 of



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

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

Listablishin	ciit Jaii	itatio	in requirements. The time mint for correction	on or each violation is specified i		Teport.
Establishme			nord (1981), the repulse is the	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishme	nt addres	SS	Canada TAI	( ) Establishment	3/58/24	1971
320	5.	R	135 Cenenwood, IN 46142	Purpose:	Follow-up Release Dat	
Owner	0.7		71814	1. Routine	- Increase 2 in	
				2. Follow-up	Summary of Violations:	
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	admin and		5. Temporary	c & NC 2	R 2
	-8-			6. HACCP	110 2	N. C.
Responsible	person's	emai	la a la part a material standa and	7. Other (list)	Menu Type (See back o	of page)
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Certified foo	od handle	er			1 2 3 $\checkmark$ 4	5
			ENTIFIED IN THE CHECKLIST AND NARRATIVI			
-	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	e "summary of violations" and in Narrative		Be Corrected by
Section #	C/NC	R				
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# JOHNSO RETAIL INSPEC

## JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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

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 7366 6829 AARU (2) DEEN 5-20-24 317 5578788 . Morton St. Franklin Follow-up Release Date Purpose: 5-30-24 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational  $C \mid NC \mid 2R \mid$ Person in charge 5. Temporary ichot Nicole Helton-SM 6. HACCP 7. Other (list) Menu Type (See back of page) ertified food handler.  $2 \quad 3 \quad \cancel{2} \quad 4 \quad 5$ 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 direct plumbing connection from 3bay sink drain to wall, no air gap shelving in upright freezer, by fryers, rusting interior of topping cooler soiled 334 July 2025 6-1-24 218 NC 295 NC Note-back flow prevention is physically blocked by shelving and without tag Inspected by (name and title printed): Received by (name and title printed): Helton SM Nicole Received by (signature):



### 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



Based on an inspection this day, the item(s) noted below identify violation(s) 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		telephone		Date of Inspection
DAVE & BUS	ΓERS	317-5	317-534-6540	
Establishment address	Summary of Violations			
1251 US HWY 31 S UN	1 C,	4 NC, 1 R		
Owner	Follow-up	Release Date		
DAVE & BUST	ER'S OF INDIANA	INC	No	6/2/2024
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Jesus Ventura	Alex Ventura	Santiago 9/15/26	Routine	4-Extensive handling
Establishment Identification #	County	District		
2388	Johnson	D5		

- 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:
415	NC	R	Observed small flies in bar and mop sink areas	6/21/24
324	NC		Hand washing station located across from one-bay prep-sink is not functioning	6/5/24
346	NC		No soap observed at the hand washing station located on the west end of the bar  No soap observed at the hand washing station located by the soda station	5/23/24
347	NC		No paper towels observed at the hand washing station located by the soda station	5/23/24
336	С		Splitter valve observed on mop sink faucet with atmospheric vacuum breaker (AVB). One hose attached with a spray nozzle affixed to the end creating a potential backsiphonage condition because the spray nozzle creates continuous back pressure which the AVB is not approved for.	5/23/24
			Notes:  - Bar soda nozzles need cleaned - Hang all mops up to dry	

Elizabeth Semsse



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 parrative portion of this

		tation	requirements. The time mint for correc			
Establishme			Abort suchusa I Alaurong mie	Telephone Number	Date of Inspection	AD#
Establishme			1Atos	( ) Establishment	5/30/24	2509
			111	( ) Owner	,	
2260	3-1	13	31 Greenwood, IN	Purpose:	Follow-up Release	e Date
Owner				1. Routine	43/24 61	9/24
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	bee	t loguet distance the grow pass bushesse is	5. Temporary	C NC	
= bus but				6. HACCP	on to got his three north	
Responsible	person's	email	is bonds a membred to single most with	7. Other (list)	Menu Type (See l	pack of page)
			ahoohaa ba sali uusa kali se	ME TENNE	at a fair like.	Supplemental
Certified foo					123	<u></u>
7 6	MANG	3	MAnung			
CRITICAL     VIOLATION	(E) PERSON	E IDE	MAYOUR S ENTIFIED IN THE CHECKLIST AND NARRATI ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	IVE COLUMNS MARKED "C" THE "SUMMARY OF VIOLATIONS" AND	IN THE NADDATIVE DELOW	AS "P"
Section #	C/NC	LED FE	ROM PREVIOUS INSPECTIONS ARE DENOTED IN 1	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
Section #	C/IVC	K		Tvarrative		To be defrected by
413	Ni	ion i	Back door is no	of closed tro	157 -	7
717	100	DOM	130-01 2000 13	01 010)00 710	The Police of the same	Artis Thinki
187	C		Roods not ma	aintained o	it 4/07	5/30/24
			or below on	the sand we	tet	
			refrigerator + chicken pmb:est 30F in	Ham-, +	tomatoes	
			+ chicken	nuggets'	· commence to pro-	
			pmb-es+	temperaturs	e show	5
			53°F 10:	side the u	ハゲー	
	19790	16.05				
- skizolan.		an his	z. J. J. S. W. Parker and M. S. Sandara		to be the Later of the State of	
					12 Jan Permense III	
			×			
leine						
D : 11				T <sub>T</sub>	11 ( 101 1 1	
Received by	(name and	title p	rinted):	Inspec	cted by (name and title printed	lose
Received by	(cian sturn	> [	what!)	Inches	cted by (signature):	y ress
1	signature	-	Zulu	mspec	Maris Po	. (
cc:			cc:	cc:	July He	y con
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			The state of the s			



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

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

Establishment Saintation Requirements. The time mint for conce	tion of each violation is specified	in the nation of the report			
Establishment name	Telephone Number	Date of Inspection ID#			
12/ Deso	( ) Establishment	C 20 24 216			
Establishment address	( ) Owner	5-28-24 2380			
2993 S. Grave Blud.	Purpose:	Follow-up Release Date			
Owner	1. Routine	NES 10-7-24			
Maribel Mimzo	2. Follow-up	Summary of Violations:			
Owner address	3. Complaint				
	4. Pre-Operational				
Person in charge	5. Temporary	CNCR			
The Mark The American Mark The	6. HACCP	2			
Responsible person's email	7. Other (list)	Menu Type (See back of page)			
responsible person's cinal	7. Other (tist)	Went Type (See ouch of page)			
Certified food handler ( / E+D.		χ.			
Maribel 114007 (7/20125	5	1234/\_5			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATION	IVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "R"			
Section # C/NC R	Narrative	To Be Corrected by			
187 C Doserved the my	ernal temp o	f 21-			
reduce fort milk	945°FIDCON	ed manual manual			
DENEROUSE DIX CC	soler.	istil 7 A. Isbook violatevan i			
298 K nood Statem +1	TRYS ON SOIL	lh.			
219 NC F110 too CooleC	With My	Most			
left doby ansi	H'S SPIH	WOYN.			
(40p + bottom)					
1 1/2 10 - 9					
NOTESO	to I took to mi	4.00			
	Jed to by	1602			
1 MOPULATION	21/11/2001	17806			
For hand	THE TOO IS	-1W r			
300, 1000	String Sanit	120- 1210			
No no de la companya della companya	0000 =	200m-5000m			
5 NATUR MOERRED OUR 125 OF					
27,4011	ABOUTED HOLD	S CAM IN			
Stood Sto	(1) 30	5 Crighting			
(100 310	(28)				
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Manbel Minoz	(C, C)	JSI Halla len mell			
Received by (signature):	Inspecte	ed by (signature): 20 trol graphs described			
My Milly Mass		D-16M			
сс: сс:	cc:				

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

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

Establishment name Freedom Springs Concession Establishment address  46143  850 West Stop 18 Rd Greenwood, IN  Owner  City of Greenwood  Owner address	Telephone Number (317) 88442078 (317) 88144545 Purpose:  1. Routine 2. Follow-up 3. Complaint	Date of Inspection ID#  5 - 30 - 24   18 79  Follow-up Release Date		
Person in charge  Michele Dickey  Responsible person's email  Certified food handler  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS Section # C/NC R    **No violations obs	Narrative		To Be Corrected by	
Received by (name and title printed):  Annette Michele Dickey  Received by (signature):  CC:  CC:  CC:	Inspect Inspect cc:	ted by (name and title printed):  To Pagageorge  Ted by (significe):  The printed of the printed):	, EHS	



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

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

Establishment name  Full 5 an  Establishment address  I O Wind horst Way  Owner  Owner  Owner address  Person in charge	Telephone Number	Date of Inspection ID#  5/30/24 2/06  Follow-up Release Date  Summary of Violations:  C NC R  Menu Type (See back of page)		
Certified food handler  2 A LIAN  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	n est of a garage	12		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN  Section # C/NC R  No Vib/A/io  Received by (name and title printed):	Narrative Inspect	ed by (name and title printed	To Be Corrected by	
Received by signature:  cc:  cc:  cc:	Inspect ce:	ed by (signature):  [IM] D Bang	Page 1 of _/_	



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

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

		atton Kequiter	ments. The unit	mint for correct	on of each violation is spe				
Establishm	ent name	P	0		Telephone Number	I .	nspection	ID#	
2100	den	Corra			( ) Establishmer	t 5/4	1/24	125751	
Establishm	ent address	D A	Greenwa IN 461	ood	( ) Owner	7			
160 3	5. 1/la	rler In	IN 461	42	Purpose:	Follow-	up Release	Date ,	
Owner	<del> </del>				1. Routine	Ue	9 5/	16/24	
					2. Follow-up	Surhman	y of Violatic	ons.	
Owner add	lress				3. Complaint	/			
					· -		(	(2)	
D	1				4. Pre-Operational		c_2_nc_12_r		
Person in c	charge				5. Temporary	C_2	NC	K	
					6. HACCP				
Responsibl	le person's e	email			7. Other (list)	Menu '	Type (See ba	ick of page)	
						_		/	
Certified for	ood handler					12	3	_4 <u> </u>	
			· · · · · · · · · · · · · · · · · · ·						
					E COLUMNS MARKED "C"				
			OUS INSPECTIONS A	RE DENOTED IN TH	IE "SUMMARY OF VIOLATIONS"	AND IN THE NARRA			
Section #					Narrative			To Be Corrected by	
218	NC	10 h) 00	n sea	torn	on Entree	- one		6/6/24	
	<u> </u>	door	v reach	- IM- CO	oler (puep o	area)		( / 1	
		(E)Sfall	tulas 7	vorn 1	on mixin	g end	ر_	Corvected	
		(a) /s/	uer g	used u	row on	table		5/18/24	
		uni	t /	in me	at room			()(1)	
193	<u></u>	- Jin	u stu	ker f	or solad l	ar		3/6/24	
	<u> </u>	pro	lucts (	1.e. UC	ut melon	s, cut		' /	
		let	uce) n	rot acc	urate/curre	rt			
415	C	11	vees &	ive co	ekroaches	were		5/6/24	
		seen	I IN M	rop soc	m			Call Pest Cont	
411	NC								
295	NC	Ales	sect be	all inte	rior calver	ets are		5/8/24	
		Soil	ed (bak	ery bar	area)	<u> </u>		-/-/	
309	NC	me	chanic	el exh	aust not f	unction	ing	5/8/24	
		prop	esly is	2 dish.	room /fob	dish			
		ma	chane		( )	0 /		<u> </u>	
399	WC	Sho	ut rep	siv nes	eded in sa	ead are	a,ex	6/6/24	
402	NG	Tile	covin	g not	stated in	) kitch	ren	16/1/24	
	<u> </u>		paration	area		11	1,01	( ) +	
Received b	y (name and	77 17			I <sup>I</sup>	nspected by (name a	na title printed):	CROPE P	
E	lusard	BALL				maren 1	THEY E	H & BB Smit	
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He.	Vac A	res				MANEW	VVUU	1 DU INO	
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i		`	1						

			NARRATIVE REPORT Greenwood	<del>/</del>
Establish				Inspection Date 5/6/24
Section#	C/NC		DEMARKO	TO BE
2 <b>2</b> 4	110	Н	1) Mathematical Company	CORRECTED BY
32 <u>4</u>	NC		Mest walk-an-cooler drip pan lesking water	5/10/24
			3 Pipe leaking on clean side of	
			mechanical dish machine	
430	NC		Walk-in-freezer floor and	6/1/24
			entry rams worn / damaged	1/L
3/	NC	Ü	Wall above Kesdy to est fried	5/6/24
			Chicken & meat look soiled 0	1
		@		
12.			lay sink	
130	NC	$\dashv$	I forth exterior of building	3/10/24
		$\dashv$	contsens holes/ gaps in the	
38			Employer (kitchen) lacked a	Corrected
30	NC		Employee (kitchen) lacked a	Corrected
113	NC		Exterior main doors are	6/6/24
	IVC		not sealing at center bottom	777
			notes: Hot box warmer unit	
			did not have an ambient	
		$\Box$	an thermometer.	_
		$\Box$		
		_		
		$\dashv$		
		$\dashv$		
<u> </u>				
		$\Box$		
Pageined D	, (Name	9 201	Inspected By (Name & Title)  Waren Miller, EHS  BL ST ST	
Received By	y (Ivame		inspected by (Name & Title)	Page <u>2</u> of <u>2</u>
		X	Yallow I water, -110	L



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

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

Listaniiiii		······	in requirements. The time mint for confee			P
Establishme	, -	/-	o O	Telephone Number	Ø	ID#
Establishme	nt addres	SS		(317) 308 1009	17-29-29	2021
Owner			Jood Plz Dr. Franklin	Purpose:	Follow-up Relea	se Date -8-24
Li	Jar	20		2. Follow-up	Summary of Viola	
Owner addr	SS	7		3. Complaint		
				4. Pre-Operational		
Person in ch		o Ia	a " w/	5. Temporary	C_O_NC_	4 R 2
Zi U	lang	bol	n garage and delight	6. HACCP	and my Ashardhy, in ord	short Paral
Responsible	person's	emai	l yang litam-pigiti ora har ustean ku bisad u	7. Other (list)	Menu Type (See	back of page)
0 :0 10	1.1 11	0	Pandra de andalura de la	a 71 a 180 par 34 - 171 - a	at a makeou ann sage	1 = 7 (2 5 Cit )
Certified for	nd handle		ervSafe xp 3/3/2025		123_L	_45
• CRITICAL	ITEMS A	RE II	,	IVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW	'AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
413	NC	10.00	back wooden screen shelving units by b	door not to	ght-fitting	6-15
216	NC	2010	shelving units by b	back door line	ed with	6-1
218	NC	R	cardboard door handle miss	ing from bac	k upriant	6-29
			freezer	9	,	
112	NC	R	refrigeration units n	ot NSF/ANSI	commercial	<u> </u>
			approved			
		-	Nata: Oire areasar a	: t a a a + a	- Devotina	corrected
			Note: 1 improper cool	ing at moom ter	m perature.	Corrected
	II m		observed for ri 2 can opener fi	xed totable n	ot in use	I dy primary d
Dinon			and should authorize all times of any	L. L. S. Ben 1 of	hei	2 magazini
2/2	inform	itte	non sommer come and the committee of the	delu =	* 41 303 11 1113 11153	a baneshe l
		-				al linti Deno-
		$\vdash$				
D : 30	-	1 1:12		Ir.	aspected by (name and title printe	nd).
Received by	In me an	d title	primea):		MiaPapo-geor	And the second s
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	V				Miastell	aflege
cc:			ce:		cc:	10



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

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

Establishment name GREOKS PIZZOTA & TAPP ROOM	Telephone Number  ( ) Establishment	Date of Inspection	ID#	
Establishment address	( ) Owner	5/23/24	1 1909	
	Purpose:	Follow-up Releas	e Date,	
Owner	1. Routine	(PES) 61	13/24	
DASON TAPP	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint		-	
	4. Pre-Operational		A	
Person in charge	5. Temporary	$c = 2_{NC}$	O_R	
JASON TAPP/ZJZAH MYPRS	6. HACCP	caspless of a	hogal is	
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
Certified food handler		123	<b>4</b> 5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		THE NARRATIVE BELOW	and the second s	
Section # C/NC R	Narrative		To Be Corrected by	
336 CO "Y" VAZUE INSTI	AZLO) ON MO	op sink	7/1/24	
ALB NC & DOOR GASKETS WO	PRN/SPLIT ON	SEVERAC	6/23	
UPPEGHT REFRISO	CATOR, FREEZ		(t)	
187 CB PIZZA prep Ref		DATPRNA		
Temperature of	- POPENTARL		Be O.ISCAPOC	
HAZHRAOUS FOOD				
411 NC Some Lights OV			6/10	
AND BLOOPPAR			011	
	AREA	mens to a least property		
ast we - THERMOMETER NE	ot seen - 5m A	the Freeze	R 5/29	
UNIT ON XIRHEN		and the land of the land	-0:15 0	
218 NC = PLASTEC CONTAINE	or in vertett	IN BOLL	-1002	
	CHIPPODIWORN 5/29			
	FLOOR WORD IN ATER OF KATCHEN, "OUT SOUNT" SAN ETTZER TEST STRAPS NOT SOON			
STILL SHOP IT	erc 1831 Jily	7 3 7 3.	DN 6/2	
Received by (name, and, title printed):		d by (name and title printed ob Sm 1 TH		
Received by (signifigre):	Tuesteste	ed by (signature): Best Sm	Major From I	
сс: Сс:	cc:			
			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.

Date of Inspection Telephone Number ) Establishment ) Owner Purpose: 1. Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational  $C \bigcirc NC \bigcirc R$ Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) 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 Section # C/NC R Mc 1ce-machine is Softed. MC 112 Ne