

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

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

Hokkaido Ramen House 317, 993 + 4233 5-10-24 2558 251 US HWY 31 N # 100 Greenword 46142 Purpose: Routine 2. Follow-up Release Date Purpose: Routine 2. Follow-up Release Date Person in charge 2. Follow-up Release Date Person in charge 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Routine 1. Carroll food landler 1. Car	Establishme			shoot anobassad valeinming does be made	Telephone Numbe	Date of Inspection	ID#
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NARRATIVE REPORT

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			mand Sink located by 3 my sink	1
213	ろく		Observed many bluewids, used	5-12-24
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		_	LOCATED IN WALK-IN COOLER (Storing Food	
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451	NC		Station Coolers, etc.)	5-16-24
164	NC		Station, Coolers, etc.). Both Drope Metal Steam thermometers	5-10-24
(3)	, • •		Observed not accurate	<u> </u>
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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#
H2 Nutrition	(317) 88640265		0028
H2 Nutrition Establishment address 46142	(317) 8821=18208	5-21-24	2838
538 Madison Ave Greenwood	Purpose:	Follow-up Release	Date
Owner	1. Routine	5-	31-24
Megan Harlow Owner address 410143	2. Follow-up	Summary of Violati	ons:
Owner address 46143	3. Complaint		
1109 N. Franklin Rd Green wood, IN	4. Pre-Operational		
	5. Temporary	C O NC	R
Megan Harlow Responsible person's email	6. HACCP	hogelist in the state	
Responsible person's email	7. Other (list)	Menu Type (See be	ack of page)
h2x.nutrition@gmail.com Certified food handler	11 - 2 ₃₁	egylon yel ก็แต้งา	useduorq
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N/A			
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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#
KING BUFFET	() Establishmer		
Establishment address	() Owner	5/20/21	1 2041
2239 N MORTON FRANKLIN	Purpose:	Follow-up Releas	e ₂ Date 4
Owner	1. Routine	S S	30/24
	2. Follow-up	Summary of Violat	
Owner address		Summary of Violat	ions.
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C O NC	R
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сс: сс:		cc:	
			Page 1 of



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Досиононні	circ ouri	······································	i requirements. The time mint for correction	or or or or or or	T .	I
Establishment name Kentucky Filed CHICKEN			Fried CHicken	Telephone Numbe		ID#
Establishmen 240	nt addres	ss /	MOTTON ST. FRANKLININ	() Owner		
Owner			,	Purpose: 1. Routine	Follow-up Releas	80 (24
_	E	N	7	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operation	al _	7
Person in charge TAPANGA SMITH				5. Temporary 6. HACCP	CNC	/R
Responsible	person's	email		7. Other (list)	Menu Type (See l	ack of page)
Certified foo	d handle	An	IGA SMITH		123_#	55
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		5" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	-		Narrative		To Be Corrected by
413	NC	×	FRONT DOOR CL	osure Bro	Kenl	5/30/24
	7110 1	104	door NOT Self	- CLOSING	in the gambasan	Mist.
324	NC	0	PLUMBENS PEPPS		9T 3	5/30
- Cm/			compactment son	K	DWINE CONTRACT	6 1-
336	0	~	The state of the s	connected &	₹8	5/30
04/			MOP SINK FAUCOT	0000	411	-121
256	WC	8	THERMOMETER I	not seem	IN WHIR-IN	5/26
2177	4 / 6	-	FRECZER	2/2 (0)	tre aboute	6/10
4//	NC	~	LIGHTS OUT PN STE			6/10
2521	NC			EXHAUST HOPREP STNK		1/2
205	NC	7			cleton ABOVE	5/2/
073	, ,	-	deep Fryor	2100 1001	Carrono Moore	3/00
37H	NC	×	mans Restran -	12PTORT ON	TOFORJER	6/4
301	10 -	70	news ResTROOM -	do NOTUSE)	1	6//
			(125)1001. HOSTO	00 100		
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Received by	(signature	المراجعة	mith		Inspected by (signature)	union had
cc:		1	cc:		сс:	



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 Samtation Requirements. The time mint for correction	in or each violation is specified i	*	or tins report.
Establishment name	Telephone Number	Date of Inspection	ID#
NFC	() Establishment	5/12/111	11/45
Establishment address Syllnward	() Owner	1/1/1/14	661
17293 N Sh 130 410142	Purpose:	Follow-up Release	Date
Owner	(. Routine		23/24
	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint		
	4. Pre-Operational		1 2
Person in charge	5. Temporary	C_LNC_L	R = 2
Brian & Taylor	6. HACCP	State of the Bullion	-
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
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Certified food handler		1 2 3	$_{4}$ \times $_{5}$
Elena (Daynor (10/21/28)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
	Narrative Account		To Be Corrected by
193 CX Observed DO Time	Sturry May A	10 the	Corrected
324 MCX Hand Sink drain	tter Station	Signal Streets	5-15-24
The state of the s	, ,	grout	6-13-24
2.11	n men's tre	troom	5-13-24
112 - 12	loor sections		Ce-13-24
Ceiling/Wall joint		rooth	
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ce: Cc:	cc:		
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317 346 4373 Page 1 of_



460 N. MORTON ST. STE 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

Establishme	ent Sani	tatio	n Requirements. The time limit for correct	ion of each violation is speci	fied in the narrative portion	of this report.
Establishmer	nt name		About material for a repair of	Telephone Number	Date of Inspection	ID#
M	SOF			() Establishment	5-15-24	11011
Establishmer	nt addres	s		() Owner	8:40	am 434
1310)	N	Exigion back Dr	Purpose:	Follow-up Releas	e Date
Owner		1		1. Routine	- 15-	25-24
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		7
Person in cha	arge	-	V - r	5. Temporary	C_O_NC_	R
Abbo				6. HACCP	0	in all and a second
Responsible		emai	Remot Praggi als vote and in the project in the state of	7. Other (list)	Menu Type (See b	ack of page)
reoponsion	persons	CITILL		7. Other (tist)	Menu Type (See a	ack of pages
Certified foo	d handle	r			- 1 2 2	1× -
					123	_4/__5
• CRITICAL I	TEMS AF	RE ID	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" A	ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
324	NC		Water leak from	fauct suis	t outside	5-25-24
	Strates.	Jag.	Northern-most d	oor of Dairy	Display Wall	e in Cooler
H31	NC	- 111	Floor drain soils	ed by the	northern-	5-15-24
	41.5		most door of	Dairy disp	slay Walk-i	n-cooler
430	NC		Seafood - Atmospher		Cropker	6-1-24
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			V values create	Coramaou	s pressure,"	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishment name Establishment Makes Date of Inspection ID#	Establishment baintation requirements. The time mint for correction	or each violation is specified i	
Establishment Attless Owner Owner 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * MOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DINOTED IN THE "SUMMANY OF YOLATIONS" AND IN THE NARRATIVE BILLOW AS "R" Section # C/NC R Natrative To Be Corrected by 1. 2. 3. 4. 5. COLUMNS MARKED "C" * MOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DINOTED IN THE "SUMMANY OF YOLATIONS" AND IN THE NARRATIVE BILLOW AS "R" Section # C/NC R OUT A COLUMNS MARKED "C" * AND OUT A COLUMNS MARKED "C" * AND OUT A COLUMNS MARKED "C" * OUT A CO	Establishment name		Date of Inspection ID#
Owner address Owner address 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Certified Food hand	MOGRE	() Establishment	E 1 111 11 100
Owner address Owner address 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Certified Food hand	Establishment address GWENLOOD	() Owner	15-10-64 1600
Owner address Owner address 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Certified Food hand	159101 N SR 135	Purpose:	Follow-up Release Date
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VOLLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VOLLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R NAITATIVE To Be Corrected by CONCENSE • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VOLLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R NAITATIVE To Be Corrected by CONCENSE CONCENSE • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VOLLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R NAITATIVE To Be Corrected by CONCENSE CONCENSE **CONCENSE *		1. Routine	- 5-16-74
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Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 1 2 3 4 × 5 Certified food handler Cortified food handler Co		•	
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Responsible person's email 7. Other (list) Menu Type (See back of page) 1 2 3 4 × 5 Certified food handler 1 2 3 4 × 5 Cortified food handler 1 2 3 4 × 5 Cortified food handler 1 2 3 4 × 5 Cortified food handler 1 2 3 4 × 5 Cortified food handler 1 2 3 4 × 5 Cortified food handler 1 2 3 4 × 5 Cortified food handler 1 2 3 4 × 5 Cortified food handler 1 2 3 4 × 5 Cortified food handler 1 3 4 × 5 Cortified food handler 1 2 3 4 × 5	Person in charge		C / NC O R
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VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Closest to the door cellus of Condense. Social distriction of the second of the	Certified food handler		12345
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His No Walk-in Cooler located in Pick-up area Closest to the door, Ceiling of Condenser Is solid dist. Diwak-in Cooler where Milk is stored Condenser of Ceiling of Condenser Line Cooler ocated in pick-up area Condenser of Ceiling is Solid distribution Condenser of Ceiling of Condenser	1 - APP DA DE COMPANIO DE PROPERTO DE PROPERTO DE COMPANIO DE PROPERTO DE COMPANIO DE COMP		THE NARRATIVE BELOW AS "R"
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Closest to the door, Ceiling & Condenser Is soiled abstitution to the mere milk is stored, Condenser & Ceiling & Soiled all Sty Line Condenser & Condense &	431 NC DINONK-IN CONTEX 10	rated in Dick	-IN OYPC
Dwalk-in cooler, where Milk 5 stored Condenser of Ceiling 15 Solid dusty Lill of walk-in cooler located in pick-up area Drivit side light is little tree ar" door Goslet 15 Solid Mistry Lill of walk in freezer "Sircient tree ar" door Goslet 15 Solid Min Meet walk in also solit Lill of the solid located of Mop Sink, not All produce the meet rooler walk-in appears to be domesed NOTE All produce the mometers need reset. Received by (name and title printed): No Colon Received by (name and title printed): Inspected by (name and title printed): All produce the mometers need reset.		Ceiling & Co	The state of the s
Condenser & Chinas & Solid Australia 218 C Walk in Freelex 'Srocen Freelex' all 218 C Walk in Freelex 'Srocen Freelex' all 218 NC "Baf-t-arip" poud ocated in One of the Med 218 NC "Baf-t-arip" poud ocated in One of the Med 218 NC "Baf-t-arip" poud ocated in One of the Med 218 NC "Baf-t-arip" poud ocated in One of the Med 218 NC Honde of the for mech cooler wolk-in appears 40 Note of the demased of the ment of the Med reset. Received by (name and title printed): Note of the Med of the ment ocaler wolk-in appears Inspected by (name amatible printed): Note of the Med of the ment ocaler wolk-in appears Inspected by (name amatible printed): Note of the Med of the Med ocaler wolk-in appears Inspected by (name amatible printed): Note of the Med ocaler wolk in the printed): Note of the Med ocaler wolk in the printed in the pr	Is soiled I distil		TO TREE 7. SHOOT & TODHNING
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218 NC WOLK IN FRETER BIOCEN FREEZE 'COO'S CONTROLL MED AND SOLIT WIND MEET WOLK IN OLSO SOLIT WIND MEET WOLK IN OLSO SOLIT WIND WILL BE A CONTROLL OF MORE TOOLS WOLK IN APPEARS NOTE All produce thermometers need reset. Received by (name and title printed): Received by (signature): Received by (signature): Manual Manu	Condenser + (fil	way is soiled	I dusty
218 NC WOLF IN FRETER BICORN FREEZE AND ASSOCIATION Meat walk in also solid 218 NC BAF-T-ORD DONA OCATION MEET 218 NC HONDE JOTAL FOR MENT ROLE WOLK IN APPEARS TO be dome sed NOTE All produce thermometers need reset. Received by (name and title printed): Received by (signature): Received by (signature): Manual Manu	2111 NC Walk-in Cooler	orated in pick	-up area
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	сс:	Cal	let Eleonen



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			of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
LA COCINA	() Establishment	5/21/24	1673
Establishment address	() Owner	13/5/1/5/1	10/
912 N MORTON Franktil, IN	Purpose	Follow-up Release	Pate 01/
Owner	1. Routine	- 61	71924
AZBARTO SIXTO MERI	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint		
	4. Pre-Operational	_	_
Person in charge	5. Temporary	c 0 NC 5	R
MANUEL DELIENA	6. HACCP	e To date	
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
41 4000000 20 1		be foregreening at a	
Certified food handler AZBORYO SIXTO NERI 7/29	125 EXP SOMEOFF	123(4 28
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN		NAME AND ADDRESS OF THE OWNER, WHEN PERSON OF
Section # C/NC R	Narrative		To Be Corrected by
324 PC & HOT WATER NOT	AVAILABLE AT		6/1/24
	IDS FNK	T pinani	5/82
295 NC & DNSTOP OF.	TO MAKER NO	IT CLOAN	2/00
25% NO S PROPERTION AND	- REACH -IN RE	ECEORATOR	5-122
256 NO = PREPARATION ANCH	COON TO BE	The second of	3 ,0,0
750 THE TENTE OF ETCH			
431 NC & FLOOR IN APPAS O	OF KITCHEN N	IOT CLERN	5/29
	1		,
	NOT LABREDO A	5 TO	5/22
CONTENTS		em we4: milesele	
2 27	T 0: 12 - 12	Fram	77/1
	NOT INTO FRAG	From	///
WAZK-IN COOLER,	JUNIO OKITA	001001	Ind at
Received by (name and title printed):	Inspected	d by (name and title printed):	2765
Received by (signature):	Inspecte	d by (signature):	negot a
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cc: cc:	cc:		- 5
	19		Page 1 of



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

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

Establishment name about anobussed allamen approach	Telephone Number	Date of Inspection	ID#
La Herradina 2	() Establishment	2-51-74	1150
Establishment address	() Owner	33:120.r	n LL
1. LUS SK 135 410/010	Purpose:	Follow-up Releas	
Owner	1. Routine	Ves 5-	31-24
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational	1 1	1
Person in charge	5. Temporary	c_{NC}	7 R
and a second of the contract of the second of the contract of	6. HACCP	elog or una serio le	Apollo de la
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
Banders har all first megins	to a rate of	13 - questia 051	. 11
Certified food handler Suan QUE Toda 9(27124)		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATION			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW A	
Section # C/NC R	Narrative	C C	To Be Corrected by
187 C Observed the t	Offorms Myen	JOST 4000	recommen
temperchives in	2.95 +1 D +0 10 1	COH	discord
<u>U50W</u>	100m 9 77	HUOF	M. K. H.E
3 72-150	Co (Stored O)	reform	
647°F	according of the		
1738 Drewed Salva	& stored on +	OD OF	
many containers	1 boxes of Lan	Lakes	
Witter Jocated 1	rside Walk-in	coler-	
345 C Doseved a Sp	loon & Empty	Container	5-21-24
Gt Chiclen bay	Man Stored 1	nside	A PROPERTY OF THE PARTY OF THE
hong sink loca-	HO 121 80071	NO. 100/5	5-28-14
324 NC HOND SINK LOCK	ction Diastic	The Jeans	15-60-64
	ctron Colostic +	1000	
136 & Connection)	MOLONIER STUNK	Stored	
avol Drin -tak		21010	
297 NE YOU SOLA 10]	The Observed	LYSD	5-122-24
1 Soved		al has because and title printer	7).
Received by (name and title printed):		ed by (name and title printed	·
Received by styliature f		ed by (signature):	finision in present
Received by Signature	Cas	RZ THALL	
cc; cc:	cc:		
			Page 1 of 2

NARRATIVE REPORT

Establishr	nent N	lam		Inspection Date
Lat	RW	CY	dura 2 1265 SR 135 46106	5-25-24
Section#	C/NC	R		TO BE CORRECTED BY
134	NC		Doseved the following muse	5-21-24
			Whensils Stored Improperly	
			D hinte Stored in joint of	
		\sqcup	this top (sole	
		\sqcup	D'Scaps tox bulk seasoning	
107	NC.	\vdash	Stored lith hardly my tocal pridual	
105	NC	0	Observed no proper tood thermonites	· /
101	-	٧	located in Coca-cola couler	
		H	recommend discount D. H. 1=	
		H	tanimary or carrier but	
		$ \cdot $		
			NOtes:	
			Dhood System filters	
		Ш	YOF FISH FITTING.	
		Ш	2) 3 Day Sink Houted in	
			Doc lacks on an apploreak	
		\sqcup	(3) mini-melts 10 Crean	
		\sqcup	freezer door is danger.	
			E TON WI-WE LITERSITE	
		\vdash	210119 IN DMY MANIA SHOW	
		\vdash		
		\vdash		
		\forall		
		\sqcup		
		\sqcup		
		$\vdash \vdash$		
		\vdash		
		\vdash	2 /	
Received By	y (Name	8/Ti		1 1
	TA	du,	(as) How	Page 1_ of 1_



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

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

Establishment address HQI Independence As. Owner Owner address Person in charge Responsible person's email	() Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date Yes Summary of Violations:		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED.		IN THE NARRATIVE BELOW A	S "R"	
- One- side planel of - wash observed in - Leak on front smx - Shelving Imderneath - Walls one worn in a - ploor underneath the not clean: - Men's corrown does - Walk-in cooler do uoperly; not allown - whe prep sink is - whe prep sink drain - we certing light - soda norders are - somportment area	ne frole panel of plum poter not closed wash observed in champeter onea. Lak an front smc faillet. Phelong inderneath marrowowe is heavistly soviled. Talk are wan in onew of kitchen by of class or underneath the ice-maker & other areas of clean. Alen's restroom deepn't have dot posible towels falt-in cooler door closure is not functioning operly; not allowing door to that money years were here we want is leaking on sint basin skam			
Received by (name and tith printed): Received by (signated) CC: CC:	Inspec Nau Inspec YOU Cc:	cted by (name and title printed) Leted by (signature): Blade B.	Bob smith	



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

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

Establishment name Mc Donald3			14/5	Telephone Number () Establishment	Date of Inspection	ID#	
Establishment address 1 trufalgas Pointe way			1 trufalgas Pointe was		5/23/27	1451	
Establishment address 706 West trufalgas Pointe way Trafalgas Owner				Purpose:	Follow-up, Release	Follow-up Release Date	
Owner			(1. Routille		The second second second second second	
				2. Follow-up	Summary of Violation	ons:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational		7	
Person in cha	arge			5. Temporary	C_ONC_	C_O_NC_7_R	
72 77 1		r (2)	resum a Eller et america della er e en entert	6. HACCP	L O's call will be a	7 6 1	
Responsible	person's	emai	Lunas from recepts — Campungar groupe file of 1 1 mm l	7. Other (list)	Menu Type (See ba	Menu Type (See back of page)	
Certified food handler + Cassandra King			dra Kina		123_4	12345	
• CRITICAL I		-		IVE COLUMNS MARKED "C"			
 VIOLATION(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW AS		
Section #	C/NC	R		Narrative		To Be Corrected by	
			Foot		· · · · · · · · · · · · · · · · · · ·		
295	NC		- Food bins for dray are soiled 6-6-2			6-6-24	
431	NL	o organ	- The walk in fr	pezer is he	au:ly		
			Suiled (flour)				
431	Ne	/	-The floores under the flat top girills				
218	NL		are heavily so	iled-	4 - 11.2		
218	NL		- the fry freezes	has a	ready Building		
138	NL		- All employees a	up and wheat	ing the hois		
172	100		restraints	The property	7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
295	NL		- 50da nozzlas	at the	dimina		
77.00			area dispense	or are soile	do	mless 22	
295 NL - Soda nozzlus at the diming area dispenser are soiled. 324 NL 1 Soda dispenser diain is a logged.							
						lini sense i	
			* water p	sessure is	much		
		-	* water p	105011 1	7-14271		
			77.913 (a d			
Received by			printed):	In	respected by (name and title printed)	3ay & 55	
Received by			uden Kinga	In	ispected by (signature): Sum D Buy	less	
сс:	100		cc:		cc:		



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

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

Establishme	ent name		shoot surbusted "barrenot " s	Telephone Number	Date of Inspection	ID#
Mayes	Gril	IE	xpress Mexican Food, LLC	(317 560 5959	5-20-20	1-005
Establishme	ent addres	S		(812)55333799	5-20-2	4 12,100
89 E.	Jeff	ers	on St. Franklin, IN 46131	Purpose:	Follow-up Releas	
Owner				1. Routine	5-	30-24
Marie	ola Ro	dr	iaue7	2. Follow-up	Summary of Viola	tions:
Mar ic Owner addr	ess		y the second	3. Complaint		
				4. Pre-Operational		
Person in ch	narge	-	A David All and a state and	5. Temporary	C_O_NC_	$3_{R}3$
Ma	riolo	1	Podrianez-numen	6. HACCP	regar landres make	
Responsible	person's	emai	Rodriguez-owner	7. Other (list)	Menu Type (See	back of page)
moure	saril	1.10	tinford@amail.com	Builting In The parts	at the contract	are uning to
Certified for	od Wandle	Ro	tinfood@gmail.com driguez Silva (2/22/25)		123×	0_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	N(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
112	NC	R	chest freezer in down	stairs storage ro	om not	6-20-24
	commercial grade/NSFapproved				TARRESTA TO	
177	NC	NC R single door freezer in downstairs storage room				
(11)		7	not on wheels/legs/castors			
411	NC	K	light intensity does	not appear ac	lequate by	
			three bay sink			
	_		Notes: O cailing tiles	in downstairs	storage	
	_		Notes: O cailing tiles	to have water	damage	
	1		be missing	or covered with	card board	
	111		2) utensils sta	ored in hand wo	ushing sink	-corrected
	(3) some salsas kept stored past 29 hrs					
	lide to		without date	marking '	to an addinguency av	r krimir din 1
		-	(4) can opener	soiled ninedrain with	.1. 4.	Haq sout
	-	-	Soda mach	rinedrain with	out I'm mi	nimum
-	-	-	air gap			
	-	\vdash				
	_	+				
Received by		55.5	printed): riela Rodrique		ed by <i>(name and title printed</i> A Pa pag 00rg	
Received by	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	_	11 11 11	Inspecto	ed by (signature):	
,			M-1-K-T		NON/Paroge	come
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				5		TOO D
						Page 1 of

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

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

17 / 11:1	77 1 1 37 1	D CI			
Establishment name McDonalds	Telephone Number	Date of Inspection	ID#		
Establishment address	(317) 738 44 mpnt	5-20-24	1555		
2090 F 1/20 St Fo 1/11 12/11/20	(812) 799 3724 Purpose:	Follow-up Release			
2080 E. King St. Franklin, IN 46131	1. Routine	Follow-up Release	30-24		
Ball Management Group Inc.	2. Follow-up	Summary of Violation			
Owner address	3. Complaint				
2120 26 that # 22/10 1 1 14/12020	4. Pre-Operational				
3/29 25 th St. #374 Columbus, IN 47203 Person in charge	5. Temporary	c O NC	7 -		
	6. HACCP	C_O_NC_			
Travis Wininger - Supervisor Responsible person's email	7. Other (list)	Menu Type (See ba	ach of page)		
lisa caster Que stores mad care	7. Other (usi)	Wienu Type (See Of	ick of puge)		
lisa.canter@us.stores.mcd.com Certified food handler (ServSafe exp)		1 2 3 12	1 5		
Travis Wininger 10127127		12	_43		
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"		
	Varrative		To Be Corrected by		
295 NC ROSelf-serve soda statio	n nozzles (sodas	ice)are	5-20-24		
Soiled	المام ما معامنا	المانية وراما	obace.		
2 inside top of ice ma 3 top exterior of mecha	ker, renina cashie	s soiled	12.00		
431 NC R Floor throughout es	stablishment he	a vilu soiled	1		
324 NCR mop sink faucet has	ached to	5-27-24			
a wall-mounted ch					
430 NCR women's north sta	Il door rubs the	door fran	ne		
411 NC light out inside Walk			_ <u>_</u>		
425 NC mops not hung up	in between use	25	5-20-24		
234 NC ice scoop stored in ice bin with handle in ice					
and the special beautiful and the state of the special parties.	Ahalaex	homan A zhoela	a constraint		
War letter that the transfer and the state of the state o			themena		
Received by (name and title printed):	Inchasta	by (name and title printed):			
TRASS VININ 66/2 S-8E12VISOR	Minspected	Papageorge.			
Reserved by (vigitature):	Inspected	by (significance):	c 110		
En 2 W	VM/I	A Nemaenora &			
сс: сс:	cc:	BA B			
	1 4	M			

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

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

Page 1 of

Establishment name Establishment address Owner Owner address	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection ID# 5-17-24 Follow-up Release Date 5-27-24 Summary of Violations:
Person in charge Responsible person's email Certified food handler	5. Temporary6. HACCP7. Other (list)	C R Menu Type (See back of page) 1 2 3 4 5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "R"
	Varrative	To Be Corrected by
Establishment la to Duildung effect units lights, & die is stablishme to a cooler ma adequate temp y significante temp y signifi	ost partial of ting some continual int mould a in functioning ways will be nitized tost	Jear Plates" semployed Sover Soler Soler Se 3 bay Estrips 2) 21015/es
Received by (name and title printed): Received by (signature):	Inspected	d by (name and title printed): A Solution of the printed of the p
cc: cc:	cc:	XO THAN



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

E . 111 1			requirements. The time mint for contents			
Establishment name MI ABVELITO			Show everywal Sammer raises	Telephone Number	Date of Inspection	
MI Establishme		-	LL10	() Establishment	5/20 /22	1 2460
			MARRIE ENLINE	() Owner		
	· 04	N I	MORTON FRANKLIN, IN	Purposei	Follow-up Release	130 /24
Owner			0000010	1. Routine	Construction of the last of th	The same of the sa
			CERNA	2. Follow-up	Summary of Viola	nons:
Owner addı	ress			3. Complaint		
				4. Pre-Operational		2
Person in ch	narge		10050	5. Temporary	C _O _NC R Menu Type (See back of page)	
ROI	LMF	TRE	GARCIA Q	6. HACCP 7. Other (list)		
Responsible	e person's	email	ing Pittalin of would at the March of			
			sugar regular of the state	er ball title	the so in position	22825001G
Certified fo	od handl 3 UL 1	er MA	RO GARCIA CORNA	(2)	123	(4.)5
-	THE PERSON NAMED IN COLUMN		ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	N(S) REPE	ATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	The second secon
Section #	C/NO	R		Narrative /		To Be Corrected by
399	NC	3		IPPED /WORN	DN	7/1/24
		log	WARK-IN COOLER	2	THE RESIDENCE SOUND	4 12 11 12 12 14 1
7) 6-0-	10		2000 0 10 10	omila III	On a mother	-100
X55	MC	0	BOUR COOLER UP	(-1) AT - INC	RMO DETER	5/23
			Bruken/NOT ACC	Olule to	701011	-
		+	1.0101			
		+				
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	Mann		u serven a transmita a ser		and the state of t	olomor I
		6	ndare et caracia de la solicita de la calacia	udadan dari	<u> </u>	Just Sprin
	ul	otr	per construction and the state of the state of		A ME AND TRANSPORTED THE	pasin trefer
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сс:			cc:	cc:		
			1 2			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Mr Curl Establishment address 259 5. Meredi and Owner Green will The Curl Owner address Person in charge Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 5 /21/24 ZZ3 Follow-up Release Date Summary of Violations: C_O_NC_R_ Menu Type (See back of page)	
Certified food handler A34 le-y M3 /b5		12 <u>_</u>	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED.		IN THE NARRATIVE BELOW AS "R" To Be Corrected by	
Section # C/NC R		To the Annual Control of the Annual Control	
Received by (name and title printed): X Received by (signature): cc: cc:	m no " solvet	ted by (name and title printed): 1-80+1 Buy (235 ted by (signature): Tuny D Buy less	