

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

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

| 1 | 1 | 1 | <i>p</i> |
|---|---|--------------------------------|--|
| Establishment name | Telephone Number | Date of Inspection | ID# |
| New Hope Church Establishment address 46142 5307 W. Fairview Rd. Greenwood | Establishment 317 888 4673 | 5-30-24 | 2732 |
| 5307 W. Fairview Rd. Greenwood | Purpose: 1. Routine | Follow-up Release I | |
| 00/10/2004/2004/10 | 2. Follow-up | Summary of Violation | The second secon |
| New Hope Church Owner address 46142 | 3. Complaint | Nosc | ore |
| 5307W. Fairview Rd. Greenwood Person in charge | Pre-Operational Temporary | C_X_NC_X | |
| Responsible person's email | 6. HACCP 7. Other (list) | Menu Type (See bac | ck of page) |
| Certified food handler | | 123 | 45 |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI | E "SUMMARY OF VIOLATIONS" AND IN | | 'R" |
| | Narrative | 7 | o Be Corrected by |
| Reverse osmosis - 20 system lacks ai | ir gap/break | | |
| Reverse osmosis - RO system lacks ai | r gap/break | idiri ari i e Aunouse A | 3- 3 |
| - grease trap on cor | crete, not smoot | n or easily cles | anable |
| -ceiling tiles in hallway | where utensils an | e stored are | not |
| smooth/easily cled - Exit doors in hallow | inable | | |
| - Frit docs in hallow | au lack doors | insee D | |
| where food is stored | (00000000000000000000000000000000000000 | | |
| Contract of a longite in | all son but socure | Come unauth | oxized |
| - foods and utensils in h | allway hot secore | CATOM UNAUTH | 101124 |
| people | | | |
| - ice machine air gap drain tubes on top o | not storay | | L |
| drain tubes on top o | + concrete blocks 1 | s not sutticen | Verlage P |
| - mop sink red hose is h - chemical dispenser o | langs below + 100d | mot sink, | po long |
| - chemical dispenser o | mopsink not 121 | nches below | sunuka. I |
| backflow prevention | n | 1 | 1099806- |
| - ROsystem attached t | owall via expose | 2d W00d | |
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| Received by (name and title printed): | Inspecte | d by (name and title printed): | |
| Harry V. Wagner | Mia | Papageorge, EHS | |
| Receiged by (signature): | Inspecte | d by (signature): | uselseg - |
| Hann by Min | Mia | Munuame | |
| cc: cc | cc: | 11/1 | |
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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 name New Word Setablishment address Weenwood Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge Person in charge Certified food handler Telephone Number Date of Inspection ID# Summary Follow-up Summary of Violations: C NC R Menu Type (See back of page) Certified food handler | ,Q |
|--|----------|
| Establishment address Covernment Purpose: I. Routine 2. Follow-up Summary of Violations: Owner address Owner address Owner address Temporary Gertified food handler Certified food handler Owner Owner Purpose: Follow-up Summary of Violations: Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) | <u></u> |
| Establishment address Covernood Purpose: 1. Routine 2. Follow-up Summary of Violations: Owner address Owner address Owner address 6. HACCP Responsible person's email Certified food handler Certified food handler Covernood Purpose: Follow-up Summary of Violations: Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) | |
| Purpose: Owner 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email Certified food handler Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) | |
| 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Summary of Violations: C | |
| Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler | |
| Person in charge 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler | |
| Person in charge 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler | |
| Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) | |
| Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler | |
| Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler | |
| Certified food handler | .) |
| Certified food handler |) |
| 1 2 3 4 5 | |
| Jessica (mona (4/10/28) | |
| 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" | |
| Section # C/NC R Narrative To Be Corr | ected by |
| 173 R DOSENED TOWN STORED 5-29- | 24 |
| COOLIN TRADIT + O - COST SOUND | |
| 295 NC Sides of COOKing Equipment are 65 | 24 |
| Soiled | |
| 218 NC INTERIOR OF Single door stand-up 1-1- | 15 |
| Freezer Mastic 18 damaged | - |
| Gobsenila open tood Dronuct | |
| , , | |
| 1 10/05 3 | |
| NOtes | |
| Doseved Valy pland Coutly (2) New Works Prater is ordered. | - |
| 3) NSh ringe Sanitize all | |
| 01510C5 W 3 DOY SINK. | |
| 013/10 11 3 1209 31111. | |
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| Received by (signature): Inspected by (signature): | |
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| Electronic de la contraction d | | 1 | 1 |
|--|-----------------------|---------------------------------|--|
| Establishment name | Telephone Number | Date of Inspection | ID# |
| NY Slice | (317)88711009ent | | 2233 |
| Establishment address | () Owner | 5-31-24 | 2333 |
| 1201 Greenwood Park & Drive | Purpose: | Follow-up Release | e Date |
| Owner | 1. Routine | 6-0 | 7 - 24 |
| Daniel Frost | 2. Follow-up | Summary of Violati | West of the second seco |
| Owner address | _ ^ | | |
| Owner address | 3. Complaint | | |
| | 4. Pre-Operational | | |
| Person in charge | 5. Temporary | c_O_Nc_(| R |
| Daniel Frost | 6. HACCP | r im, ita ir oladže nedlej | ولاقوانالووا |
| Responsible person's email | 7. Other (list) | Menu Type (See b | ack of page) |
| the nyslice@gmail.com Certified food handler Serv Safe Daniel Frost exp 1/26/27 | ref to receive the | and and and an arrival | costand l |
| Certified food handler Serv Safe | | 1 2 > 3 | 4 5 |
| Daniel Frost exp 1/26/27 | | | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE | 'E COLUMNS MARKED "C" | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | N THE NARRATIVE BELOW A | S "R" |
| Section # C/NC R | Narrative | | To Be Corrected by |
| No violations obse | erved | | |
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| Note Door & window air conditioning, restaurant and pest control in use 2) meat slicer cle | open due to | broken, | IODIANE! |
| air conditioning, | small flies 4a | nts observed | THE TABLE |
| restaurant and pest control in us | د | | |
| 2) meat slicer cle | aned acovered | afteruse | |
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| DANIEL FROST | MUO | tapageorge, | EHS |
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| cc: | cc: | | 0 |
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|--------------|------------------|--|--|----------------------|-------------------------------|--------------------|
| Establishme | ent name |) | shoot and mend flattening to a con- | Telephone Number | Date of Inspection | ID# |
| | | | o JAPANESO | () Establishment | 5/21/24 | 1821 |
| Establishme | | | of English | () Owner | | |
| | IW | 7 | efferon St. Frankisa, on | - (| Follow-up Releas | e Date |
| Owner | 114 | | | Routine | - 6 | 11124 |
| | YT | 1 | LÌ | 2. Follow-up | Summary of Violat | ions: |
| Owner add | ress | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
| Person in cl | harge + | O Lave | ercoked represent trouber to the | 5. Temporary | C O NC | 3_R |
| one by | Y J | leyl. | La regardinary in a colonia seria degra | 6. HACCP | and broken in | je, m svenje |
| Responsible | e person's | email | long term at miss a basis as base to a larger to a | 7. Other (list) | Menu Type (See l | back of page) |
| Certified fo | od handle V T | er | LI | | 123 | 5 |
| • CRITICAL | () | | ENTIFIED IN THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | 4.01 |
| 1 | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | N THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| 295 | no | 6 | EXHAUST Hood F | ILTERS NOT CO | e RN | 5/28/24 |
| 431 | NC | 80 | FLOOR IN AMER | s of kurkher | NOT CLERN | 5-128 |
| 228 | NC | Ò | ARGO OHOST | F00070P AN | FOUT AND | A 6/5 |
| 2100 | | 9 | LARGE CHEST NOT EASILY MO | VERBIO | 0 / | 0/2 |
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| Owner address Owner address Person in class Responsible | nt address S. S. ble ess arge person's | S R A email | nans Craft Pizza 135 Greenwoofub 135 IN 46143 Surton urton | Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Releas Ves 5/ Summary of Violat C 1 NC Menu Type (See b) 1 2 3 V | 23/24 ions: 6 R |
|--|--|---------------|--|---|--|--------------------|
| | 4-1-1-1 | _ | ENTIFIED IN THE CHECKLIST AND NARRATI | VE COLUMNS MARKED "C" | | |
| THE RESERVE THE PERSON NAMED IN | - | - | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TI | HE "SUMMARY OF VIOLATIONS" AND IN | THE NARRATIVE BELOW | |
| Section # | C/NC | R | 10-1-1-1-100 | Narrative | 0.01 | To Be Corrected by |
| 431 | NC | | Heors walls, fle | Don wains s | billed | 3/20/24 |
| 227 | NC | | The link cont | Pors and mot | o anion | 6/13/24 |
| 001 | 100 | | mountelle | er are mar | easily | 3/13/4/ |
| 430 | NC | | Floor drain. | for self-seri | e Soda | 5/20/24 |
| | | | station not d | ccessible | | 1/4 |
| 218 | NC | | Mobile ingred | cent ben in | dough | 5/20/24 |
| | | | room missing | cover (pe | astie) | 6/12/21 |
| | <u> </u> | | 3 Some reach - W | n- aviers con | Lain | 0/15/24 |
| 295 | NC | | many spece and | orener holds | 5 and | Corrected |
| 240 | 100 | - 1 | Unit and Spi | led name | i wiw | La region |
| 399 | NC | a in th | Floor tile di | amaged unde | r large, | sizza 6/13/ |
| | | | preparation to | ble ! | 0 / | 00 11 |
| 336 | C | | mop sink failcet | with atmosph | resic vace | um 7-1-2 |
| | - | - | Greaker (AGB) CO | ntains y-val | se with | |
| | | 1 | notes 093 15 1 1500 1 | lun manda a | 14 MM | 6/1/24 |
| | <u> </u> | 71 | on drain line & | 1 of AMAIL OF | Throe | musine |
| Received by | (name and | d title | printed): | Inspecte | d by (name and title printed | |
| D : 11 | (0) | el | 501 TON RESIDEN | In State | Yew Miles | , KHO |
| Received by | | . D | APA | III xpecte | ed by (signature): | 110000 |
| cc: | ew | 13 | cc: | cc: | | ucu |
| | | | | | | 165 |
| | * | 7 | no main backflou n firm. | neventer | (RP) seen | Page 1 of 1 |
| | 1 | 1 | n lism. | / | , | |
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| Establishm | ent Sani | tation | Requirements. The | time limit for correct | on of each violation is sp | ecified in the nam | ative portion | of this report. |
|-----------------------------|-----------|--------------|-------------------------------------|--------------------------------|----------------------------|---------------------|-----------------------------|--------------------|
| Establishme Lan l | nt name | b | road | enest visitate en la list | Telephone Number | | Inspection | ID# |
| Establishme | nt addres | 8/1 | read 31 Crreen | - (| () Owner | 5/1 | 3/24 | 943 |
| 789 Owner | L | 10 | 81 (Alla | word. | Purpose: | Follow | -up Release | e Date |
| O WHEL | | | | | 2. Follow-up | Summa | ary of Violati | ons: |
| Owner addr | ess | | | | 3. Complaint | | , | |
| | | | | | 4. Pre-Operationa | 1 | ^/ | α |
| Person in ch | arge | o Leca II | familie Head | -reasts of his for | 5. Temporary | c | NC_0 | ∠ |
| 11.1 | | a Ingg | garger garge-con. The | · | 6. HACCP | respreys to be | ing to be not that | s almost |
| Responsible | person's | email | nu Juan element in Juan autorian | inhaeg abhateur Hillianna i | 7. Other (list) | Menu | Type (See b | ack of page) |
| Certified foo | od handle | 7 | Cornect | 12/9/24 | | 1 | 23 <u></u> | _45 |
| | | a management | | CKLIST AND NARRATIV | E COLUMNS MARKED "C" | | | |
| | | | OM PREVIOUS INSPECTI | ONS ARE DENOTED IN TH | IE "SUMMARY OF VIOLATIONS | ' AND IN THE NARR | ATIVE BELOW A | |
| Section # | C/NC | R | | | Narrative | | | To Be Corrected by |
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| Received by | (name and | title pr | inted): | huo | office of a second | nspected by (name | and title printed) SUICU | Lts |
| Received by | riegatufe |); | 7 | |] | Repected by (signal | ure): HKU | packagua |
| cc: | | | cc: | | | cd | | |



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| Owner Owner addre 3865 Person in cha | SAN San San San San San San San San San San | SE Cu | 2 135 46142 5 LLC 45209 AS RA STE 680 CINCH OH PROPORTE | Telephone Number () Establishment () Owner Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | 5/29/27 Follow-up Releas | e Date. |
|--------------------------------------|---|---------|---|---|---|---------------------------------------|
| Certified food | d handle | r | | | 123 | _4_ &_5 |
| • CRITICAL I • VIOLATION(| TEMS AF | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" A | AND IN THE NARRATIVE BELOW | |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| 324 | NC | - | FAULET Q 3-BAY SINK IS | Looking From | THE HOT WATER SIDE | \$ 8/9/24 |
| 443 | C | - | - SMITTER SOLUTION OBSER | _000 € 150 P | om BY KRP's | CORRECTOR |
| 2 9 1 | Eta. The | 2,31911 | TEST STRIPS & POPEYES | 5 TEST STRIPS | C THE PRODUCT OF THE PROPERTY | BUIZHINKU |
| 433 | 2 | - | - Mops Nama THE Mop. | SINK ARE UNOR | GANIZED - NOT | 6/9/24 |
| | | | itung. | | | / . |
| 399 | NC | - | - Coping on THE CEILING A | Bave THE PREP | TABLE IS IN | IN-PROCESS |
| | | | DIS REPAIR. | | | |
| 218 | NC | | THE BOTTOM OF THE RING | IN FRECZOR | 13 Solves | 5/30/24 |
| 431 | NC | - | -THE FLOORING & DRAIN & | | | |
| 431 | NC | | THE VENT! CELLIG ABOUC | | | |
| 431 | NL | | THE CELLING ASSOUT THE | | | 5/30/24 |
| 399 | NC | | OBSERVED BROKES TIL | | | IN PROCESS |
| | | | - UNDER HAND SINK A | | | 90,00 |
| | | | - UNDER THE PREA | SINK/TABLE | | Haranson I |
| | | | - UNDER THE ELECTRICA | L PANEL DODE | SITE OF FRIARS | 7 1 4 |
| 297 | NC | ٠. | METAL SURROUNDING SOO | NORTHE (PINE | n Room) 15 | 5/30/24 |
| | | | CORROBED | | | |
| 431 | NC | - | - FLOOR DRAIN NEAR T | THE SOOD STATIC | D (LASIDE OF CABLET | 5-130/24 |
| | | | 15 501450 | | | 1 |
| Received by | 1 | / | | | spected by (name and title printed KEVID R. PAULI |): 5 US |
| D : 11 | (-1 | | Samto | | spected by (signature): | Sial _I _l arc _l |
| сс: | | | сс: | ć | c: | |
| | | | I | | | Page 1 of 2 |

NARRATIVE REPORT

| Establish | | | | ress | Inspection Date, |
|-------------|---------|------|------------------|---|-----------------------|
| `+ | 90C | 46 | Ξ'S 2" | 76 NSR 135 | 5/29/24 |
| Section# | C/NC | R | | REMARKS | TO BE CORRECTED BY |
| 431 | と | _ | FLOOR ! WALL B | EHIND THE SODA MACHINE E ARE SOLUGO | 5/30/24 |
| | | | IN THE DINING AR | E ARE SOLUCE | |
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| Received By | / (Name | & Ti | tle) | Inspected By (Name & Title) | Page Z of Z |



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

| Establishment name Fracta Vallath Establishment address 873 F. Mari St Owner Owner Owner address Person in charge Responsible person's email | Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Release Summary of Violation Summary of Violation See both See both | ons: R ack of page) |
|--|---|--|---|
| Certified food handler A Rablo Bernal Garnia | | 123_ | _45 |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DEN | | N THE NARRATIVE BELOW AS | s "R" |
| Section # C/NC R | Narrative | | To Be Corrected by |
| 295 NC - The Can open 174 N - Pulk food it | tored in sanitizer per blade is soiler ems are not lape | labeled es are solution eled not have | 2000 reste de 5/21/24 5/21/24 5/22/24 5/28/24 |
| Received by (name and title printed): 1 An a Blyna Received by (signature): 1 Characteristics 1 Cc: | 11 14 1 | teck by (name and title printed) (186-1 D Fry (1864) (teck by (signature)) (hry D Fry (1864) | 1 |



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| Establishment Sanitation Requirements. The time limit for | • | |
|--|---------------------------------------|--|
| Establishment name about accordanced attenues as a | Telephone Number | Date of Inspection ID# |
| Odoba | () Establishment | 5/4/ 1/ 200 |
| Establishment address Circlenwood | M () Owner | 5/16/24 2693 |
| Establishment address Circenvood 704 S. S.R. 135 46142 | Purpose: | Follow-up Release Date |
| Owner | 1. Routine | |
| | 2. Follow-up | Summary of Violations: |
| Owner address | | , |
| Owner address | 3. Complaint | |
| | 4. Pre-Operational | α |
| Person in charge | 5. Temporary | $C \bigcirc NC \stackrel{\checkmark}{=} R \stackrel{/}{=}$ |
| The same of the control of the contr | 6. HACCP | magalistical to a to page |
| Responsible person's email | 7. Other (list) | Menu Type (See back of page) |
| Certified food handler | | 1 2 3 1 5 |
| Brock Brown Exp 8/12/2 | 7 | 12 |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND N. | ARRATIVE COLUMNS MARKED "C" | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOT | ED IN THE "SUMMARY OF VIOLATIONS" AND | IN THE NARRATIVE BELOW AS "R" |
| Section # C/NC R | Narrative | To Be Corrected by |
| 347 Ne papertowel not | seen in Men 3 restr | oom. 5/17/24 |
| And the second | 1 1 1 1 1 1 1 | 1 = 100 |
| MC (Walt-in Cooler | door is nety/soil | 5/22 |
| | () | 8 160 100/100 |
| 399 Mc (Couple of chrains | by 3-bony sink | & ice-machine |
| (1 '551'(LQ'. | U U | |
| 12 1 110 1/200 2 221 1 2 | 10 0 D D D D | re & hood |
| 431 MC ploor around 3 | - bom sink, prep a | 8 8 100 a |
| us soiled. | 0 | |
| 297 NC Courle Of Soda | norther are soil | ed. 5/17/24 |
| 297 NC Couple of Socia | 102000 CHI 3871 | 2/1/14 |
| l_ld | | to the test of the second section of the section of the second section of the second section of the second section of the section of the second section of the sec |
| Masa & V reforma | rend dearing sto | la sociles ex. |
| No it: (1) & relomn | to the land | or. |
| (ii) alage of or | twice in the mise | I are stored array from |
| hand sink | Come with fore | 2 412 170120 411 19 77011 |
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| Caillin Haas | A. | aul Betilu £115. |
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| Frutto My | 113 | cted by (signature): |
| cc: cc: | cg. | |
| | ' | |
| | | Page 1 of |



Johnson County Health Department 460 N. Morton St., Šte. 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

| | telephone | | Date of Inspection |
|------------------------|---|--|---|
| ı | | | 5/21/2024 |
| Establishment address | | | |
| r. STE. Q, Greenwood, | IN 46142 | 0 C, | 5 NC, 0 R |
| | | Follow-up | Release Date |
| Mike | | Yes | 5/31/2024 |
| Certified Food Handler | | Purpose: | Menu Type |
| Mike Yonghui Huans | | | 4-Extensive handling |
| | | | |
| County | District | | |
| Johnson | D5 | | |
| | Mike Certified Food Handler Yonghui Hua | r. STE. Q, Greenwood, IN 46142 Mike Certified Food Handler Yonghui Huang 3/28/2029 25411994 County District | r. STE. Q, Greenwood, IN 46142 Summary of Violations O C, Mike Certified Food Handler Yonghui Huang 3/28/2029 25411994 County District Summary of Violations Purpose: Routine |

- 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 | R? | Violation Observed: | To be Corrected by: |
|------|------|----|---|---------------------|
| 415 | C | | NOTE: Small flies observed especially near the mop sink. Owner states he has a company scheduled to come out Thursday 5/23/24 | 5/21/24 |
| 414 | NC | | Back door open | 5/21/24 |
| 190 | NC | | Cooked Noodles at 73°F stored in a tightly covered plastic tub at 2:45pm located in the walk-in-cooler. Noodles cooked at 1pm. | 5/21/24 |
| | | | Cooked chicken at 46°F at 2:50pm in a metal-pan covered plastic tub. Chicken cooked at 11:30am today. In walk-in-cooler. | 5/21/24 |
| 431 | NC | | Establishment has excessive soil in areas, especially the floor and baseboards. | 5/21/24 |
| 234 | NC | | In-use utensil stored in pan of stagnant water located by 2 rice cookers | corrected |
| 216 | NC | | Observed cardboard lining shelves. | 5/22/24 |
| | | | Cold food shall be held at or below 41°F. Recommend monitoring your <i>food</i> in your walk-in-cooler and in your double-door upright, Coca-Cola® reach-in-cooler. Cooked, potentially-hazardous foods are required to be date marked. i.e. lo Mein, & cooked chicken in your walk-in-cooler. | |

Inspected by:



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# | |
|--|------------------------------------|--------------------------|--------------------|--|
| RICHARd'S KLACHEN | () Establishment | | | |
| Establishment address | () Owner | 5/29/24 | 1089 | |
| 229 S. MAIN FRANKLIN, IN | Purpose: | Follow-up Releas | e Date | |
| Owner | 1. Routine | - 6 | 8/24 | |
| RICHARD Goss / my gones | 2. Follow-up | Summary of Violat | | |
| Owner address | 3. Complaint | | | |
| | 4. Pre-Operational | ~ | | |
| Person in charge | -i ^ | C_O_NC_8 | 3 p | |
| rely Jones | 5. Temporary 6. HACCP | CNC | K. | |
| Responsible person's email | 7. Other (list) | Menu Type (See l | ack of page) | |
| responsible person's email | 7. Other (ust) | Wienu Type (See a | rack of page) | |
| Certified food handler | | 1 2 2 (| 1 2 3 (1) | |
| Certified food handler RECHARD GOSS SORVS AGO EXP 95/26) | 2 | 123\ | 0 | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | D IN THE NARRATIVE BELOW | | |
| Section # C/NC R | Narrative | | To Be Corrected by | |
| 218 NC & WAZH-IN FREIZER JOOR JOES NOT | | | 7/1/24 | |
| a 8 NC & WAZK-TO COOLER DOOR ORSKET WORNSPUT 7/1 | | | 1 | |
| | | | 6/10 | |
| 324 NC - K-TICHEN HANDSINK HOT WITTER FITURET | | | 6 110 | |
| | NC & CHZORING TOST STRIPS NOT SEEN | | | |
| 229 He & PAINT PAINT BEING USD - | | | 6 3 | |
| 995 NC = PRESCHEN METHE SHELVENG NOT CLEAN 613 | | | 6/3 | |
| | | | | |
| 431 NC - RESTROOM CETUTAL EXHIPTIST COVERS NOT 6/3 | | | 613 | |
| CLOAN | | | | |
| 392 NC & OUTSFOR OCHTPSTER LAD NOT CLOSED | | | 5/31 | |
| (FLORD) × PIZZA FRED REFRESTRATION NYZ-43°F | | | state the | |
| (FLORD) × PIZZA PROP REFRESCRATOR NYZ-43F | | | Spaceting | |
| | | | | |
| | | | | |
| | | | 11-1- | |
| | | | | |
| Received by (name and title printed): MIG JONES | Inspe | Bob Sm 18 |): H EH8 | |
| Received by (signature): | Inspe | ected by (signature): | | |
| сс: сс: | cc: | | | |
| | | | | |
| | | | Page 1 of | |