

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

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

Establishmen 1/0 Owner Owner addre	nt addres	Scaling	horst way In	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint	Date of Inspection 5/30/24 Follow-up Releas 6/ Summary of Violate	486 e Date B/24
Person in characteristics and the Responsible Certified for Certifical I	person's	r MV	POWELL ENTIFIED IN THE CHECKLIST AND NARRATIVE	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC[Menu Type (See b 123	pack of page)
• VIOLATION(Section #	S) REPEA	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN Narrative	THE NARRATIVE BELOW	To Be Corrected by
239	NL	7-PER	Lups on the from cufe are not prof Contamination y Note: seals cooler. La	nt counter of rected from con	The Sumer	5/30/24
Received by Received by CC:	(name and	title j	printed): PUWGI	Inspected	by (name and title printed) (ry D. Bay/) by (signature): my + Fony); (55 (lun)



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

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

Establishment na	ame	AND DESCRIPTION	stand as two of the mesonance to early	Telephone Number	Date of Inspection	ID#
Shan	_	F	- Punjab Indian Groce GWD h St. rd. 135	ery) Establishment	C 0	2-77/1
Establishment ac	ddress		GIND.	() Owner	5-6-24	2161
247	50		4 St cd 135	Purpose:	Follow-up Release	se Date
Owner	000	11	n 01. 10c. 100	1. Routine	5-1	6-24
				2. Follow-up	Summary of Viola	
Owner address		-		3. Complaint		
Wher address				•		
Down in all and				4. Pre-Operational	CNC	3
Person in charge				5. Temporary	C_/NC_	<i>O</i> R
Responsible pers	on's or	mail	25 1 1 2 2 5 (80) (80)	6. HACCP	3.5 TT (C.	1 . 1 . C \
Responsible pers	SOII S CI	пап		7. Other (list)	Menu Type (See	pack of page)
Certified food ha	andler		SDAME WE IT SHOW IT		-	
					123_X	45
• CRITICAL ITEM	MS ARI	EIDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		1994
• VIOLATION(S) RI	EPEATI	ED FR	OM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" A	AND IN THE NARRATIVE BELOW	AS "R"
Section # C/	/NC	R		Narrative		To Be Corrected by
2/6 N	10		Cardboard Inthe me	any she wer, no	t easily Cleen	
1) 0	/ .		able	11 39 1915 11 11 11 11	r diameter	and a sen
110	10	-	1 / 1/15	stored in cool	er not	W/12 12503
200		+	approved by HD.	1 1 21 2 2	^	
201/	-	+	Observed no 3 bay sin	k for dirk warh	1175	
146 N	0		Labels for repackaged	1 60 /00,000	lacted burlock	
7 10		\top	address and quen'	ty weight	TO CHER DESTRESS	
				77		
			Servicife is preded	within 6 mon	the of	
	ori teedu		kitchen opening			
		-	/ 5			
25-1-121	1 11 11	4	194 model - Add Hereline		- 1X 1 - 25 (f (120/2 / 25)	Larest
	-	+				Harana I
	-	\dashv				
		\dashv				
		\neg				
Received by (nam	ne and t		rinted):	Ins L	spected by (name and title printed	d):
Received by (sign	ature):	6	12	Ins	spected by (signature): all Plemus	seispiden
cc:			cc:	P	INDER	
					MAVTH	
					1 la con	Page 1 of _/_



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

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

Page 1 of

Establishment name Small cakes Cupcakery & Creamery Establishment address 1279 N. Emerson Ave D. Greenwood, IN Owner Veronica Atkinson Owner address Person in charge	Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 5-31-24 Follow-up Release O- Summary of Violati C NC	9-24 ons:
Hanna Kirby-Front Cashier Responsible person's email Emersonsmall cakes@gmail.com Certified food handler NIA	6. HACCP 7. Other (list)	Menu Type (See bo	To rough
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO		N THE NARRATIVE BELOW AS	-
Section # C/NC R	Narrative		To Be Corrected by
177 NC Opreptables storing filling and frosting bin ches off the Stood not leinches of units between the	s in storage closes caser stored on fi sing flow cupcake m g not keeping t floor ff the floor on s e back door a p pipes leak on	ixes and hose product helving mopsiak to Floor	5-31-24 Corrected, noticing-grades 6-7-24 S 6-14-24 5-31-24
Note-dumpster lid	lopen per not properlys		renceses
Received by (name and title printed): Hounon Kilbu Received by (signature): Hamilla	Mic	ed by (name and title printed) A DOGLOYGE, ad by (stgndtyre):	EHS
cc: cc: 0	cc:		



FRANKLIN, IN 46131

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

460 N. MORTON ST. STE A

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.

		1			1 1	
Establishmen		1:10	n Disso	Telephone Numb	The second secon	ID#
South	- 1	una	go Rizza	() Establishn	05/16/2	1940
Establishmer	nt add y es	s U	,	() Owner		
				Purpose:	Follow-up Releas	e Date
Owner				1. Routine		
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operation	nal	
Person in ch	arge	s Beautiful Lings	there I was a mean hook grown	5. Temporary	C_O_NC_	4_R
THE STATE OF				6. HACCP	ell or affordschools	b spata co
Responsible	person's	email	ali di Ludattiko e konodia	7. Other (list)	Menu Type (See l	pack of page)
				11	na er militario gazzagi a	Distribud
Certified foo	d handle	r			1 2 3 V	4 5
			N THE CHECKLIST AND NARRA	-		
	,		US INSPECTIONS ARE DENOTED IN		NS" AND IN THE NARRATIVE BELOW	
Section #		1110	in anon	Narrative	dalli	To Be Corrected by
249	Me	(HOOY		n area &	int ma.	5/24/24
771 (1703)	107 221	(Floor	soited in	Hmee-bay &	int area.	
295	Ne	() I pro	1 & hot tomas	rature hotel	ic ented.	VED 123/
- 13	,,,	Muhmen	it double los		1 /	1
- 12				0		
218	Me	Door	gastel is m	orn in one co	oler unit with	5/28/24
		3 do				
411	MC	lights	Out by oven	arla.		
	1	0	U		and the second s	usna
	S	11050	- (2) Ola 200 ho.	1 110 100 H	20, 5 5 0 00 00	
vide	ed acres	NOTE		of up with a	Heaning floors &	Losensidas L
			(w) please make	Suse not fo	mra good product	4
				bins at holding	1 1 -0 1 0	
				all stoop hand	lles ore mierted	
			to avoid for	uching food	polluets.	
				0	/	
Received by	(name and	title printed):	The section of the Co.	. 11	Inspected by (name and title printed) NAME BLICU	etts
Received by	(signature)	U			Inspected by (signature): Naul Bell Ku	
cc:			се:		ccf	



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

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

Establishment Sanitation Requirements. The time limit for correct Establishment name Speed Way # 6215 Establishment address 130 St. Rd. 135 Trafalgur, IN Owner Owner Owner address	71.1.27.1	Date of Inspection ID# 5/23/24 358 Follow-up Release Date Summary of Violations:		
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See back of page)		
Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		1 2 43		
Section # C/NC R	Narrative	A STATE OF THE STA	To Be Corrected by	
	viplations	TO STATE OF THE ST	PED IXBIT TO THE TABLE TO THE T	
Received by (signature): CC: CC: CC: CC:		ted by (name and title printed) Terry Bury ted by (signature): Imp Dry	. //	

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

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

Towns I was a second						
Establishme	1/			Telephone Number	Date of Inspection	ID#_//00
Siles	dn	m		() Establishment	5/13/24	2493
Establishme	nt addres	6/	Cirllenovo	() Owner	13/3/24	12/2
IGNE	P 1/	M no	in St Tal 46193		F 11 D 1	- Dete
0112	£. !	T CON	m 31 104 76193	Purpose:	Follow-up Release	e Date
Owner				1. Routine		
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
D		_			c_/NC	1 - 1
Person in ch	arge			5. Temporary	C , NC_	R
	HANNE.		A second a periode a age, house,	6. HACCP	्र । प्रमुख्ये बेल्ला । ।	hr doublik ad
Responsible	person's	emai	I man I many many all thorat and should asset	7. Other (list)	Menu Type (See b	ack of page)
			1 11 2 11 11 87 7 20 1 8	1 5 1 1 1 1 1 1 1 20 1	requirelm	CALL THE
Certified foo	od handle	r			1 2 3 V	_45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
291	MC	V	soda norrees are	sited.		5/15/24
. ,	TEICHIE		or harmonic over Promoto, tenesco de la sape-		A CONTRACTOR OF THE PARTY OF TH	1 1 1
139	6	8	couple of BBO Sauce	box are expir.	ed.	Asap.
1			Such and a be provided in the splitter of		The contraction at goalette	
						4
	1					
	-		Note: please make	Euro Hours are	air aal & m	
	-		TWIE SO JOURNE MILLE		angaly m	
	-				the shirt of	
	Line	_	(ii) No atmosphu	of vacuum brea	rter shut off.	Managara and a
			at mot sme	- door	and to be be	Labrica III
	in latin		iii) Malt in coole	at anno den	Miles 10 bx	War Line Card
			Slosed progr	wy		
		_	, ,	<i>U</i>		
						
Received by	(name and	title	printed):	Inspec	ted by (name and title printed)	· After
Travi	5 Mc	e Die	albertige to them y w		me perilo	2 lfs
Received by	(signature,):		Inspec	ted by (rignature): Aul BUNDU	
Jan M	en		×		and Better	
cc:			cc:	c#:		
				I		

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

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

Page 1 of

1		
Establishment name	Telephone Number	Date of Inspection ID#
Establishment address	() Establishment () Owner	5-8-24 11722
ZL19 N Morton St	Purpose:	Follow-up Release Date
Owner	1. Routine	15-18-24
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	CNCR
Son benegatification of the control of the particular allegance.	6. HACCP	regal) annerse so mus _{e c} ualtica.
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		12 \(\sqrt{3}45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
324 NC DOSERVED AVB 18	on O frills	0 SINK 5-22-24
346 NC DOSEVED TO M	My Sand at	ront 5-8-24
good Sink	C = 15 10 = 10 1	
342 NC DOSEIVED TOURS	211/K 10(04/0	at the 5-22-24
177 NC DOSKUED FOOL	10011CFE + C	VACIO 1180 5-10-24
House of St	Local S. O.S.	the trave
Docata in Stora	& Jan + 1	XX-11-
treezer.	110000	
385 M Doseved dumps	to 19 not	105ld - 5-8-24
393 Nr 50581189 DO GI	ain My tor	dumpster -
A 10 (0 d	1 0	
Office	100 801, 000001	naedo Clera
1 0 rwo248	der equipment	16 Mey
6 1011 4 31 31	Caco / Ices	
Design 11 (Little in the)	IT	d by (name and title printed):
Received by (name and title printed):	Inspecte	S (M)
Received by (signature):	Inspecte	d by (signature);
(Illem Dishman)	1/0	RO-CHELL
сс: сс:	cc:	



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

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

Establishmer	Sta nt addres S, S ess arge	R R C Ko email	Greenwood, IN 44142 bucks corporation ssidy Staples	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 Violati CNC	5/31/24 ons:
Certified foo	d handle	K	155idu Staples		123	_45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	_	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	
Section # 356 324 256 431	NC NC NC	R	PO UT	shutoff has Visit s) seen in two a it spills near fr al open floor are	ont safe and	To Be Corrected by 5/31/24 5/31/24 5/21/24 5/26/24
Received by Received by cc:	Rappic	de	printed);		ed by (name and title printed) EVOLO POOSS ed by (signature)	



cc:

460 N. MORTON ST. STE 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 Starbucks # 66775

Establishment address 46143
189 E. Worthsville Rd. Greenwood 463 277 7978 5-21-24 206 594 7273 Follow-up Release Date Purpose: 5-31-24 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational $_{\rm C}$ O $_{\rm NC}$ 2 $_{\rm R}$ 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 3 0 4 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by bottom of upright milk cooler soiled 5-21-24 corrective action- employee stated cooler is cleaned weekly floor under equipment soiled 5-21-24 no paper towels at backroom hand sink corrected 295 NC 431 NC corrected Received by (name and title printed): Inspected by (name and title printed):



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

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

Page 1 of

Establishme	nt name		Typical in the second of the second	Telephone Number	Date of Inspection	ID#
		his	Ja V	() Establishment		1211
Establishme	nt addres	S		() Owner	5/23/24	1299
12	11	1.60	algal square	Purpose:	Follow-up Releas	e Date
Owner	- 11	<i>V</i> 17		1. Routine	^	12/24
Owner			Trafelgar, IN		Summary of Viola	
0 11				2. Follow-up	Summary of viola	110115.
Owner addre	ess			3. Complaint		
				4. Pre-Operational		2
Person in ch	arge			5. Temporary	C/NC	
	Coy	1	www. or engineering and	6. HACCP	replaced to the second	de dante of
Responsible	person's	email	Terre green bababa ana com	7. Other (list)	Menu Type (See)	back of page)
Certified for	od handle	r	The state of the s			
W.	iven	1	Bhurut bhan 2029		123	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
The second second second	-	The Real Property lies	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
7 4 0	160		1		Showing were a series of	p=/ n /n
187	C	252675	chicken Terryaki maintained 41°F	is not being	0.00	5/23/24
	1.10			A Eserung Lin		Web Japa
411	NC			eshold 13 FU.	sted	_
711	NC		walk-in eool	adequate ;	dark "	
347	NC		- No paper towels	in the	Men's con	1. 6 5/24/24
///	110		100 paper 40 well	THE THE	1. 01. 1001	1 -1 -1124
						S 1
	Relianno	in the	Server to the server of the se	3.7		
noodhaa aa		a dia	in The course of		- A main	Lotyryad P
			- Autonia		ended of the land	100
			77.			
			A. A			
	-					
Received by	(nama an	l title t	printed).	Inches	ted by (name and title printed	d):
1	(name and	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vota Ratal	1		1/05
Received by	(signature):	Con Volto	Inspec	ted by (signature):	parenty of
7	138	00	Indan C.		Amy & Bon	des
cc:		0	cc:	cc:	- my /	
4.5					/	



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

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

Subw	ago about and says them a such say	Telephone Number () Establishment	Date of Inspection ID# 5/22/24 1429	
Establishment address	Ling St. Franklin, IN	Owner Dryman		
Owner Owner	(Purpose: 1. Routine	Follow-up Releas	/ 2,4
	Summary of Violat			
Owner address		2. Follow-up3. Complaint4. Pre-Operational		
	err (teprepared) er)	5. Temporary 6. HACCP	CL_NC	
Responsible person's en	has an a harstroughter agle med see him	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler	Bharatbha, Patel		12_X_3	_45
CRITICAL ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRATIV D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	.s "R"
Section # C/NC	R	Narrative		To Be Corrected by
324 NC	- Drink dis penser	leaks		6/4/24
334 C	The Kitchen drink and air gap on	the drain-	have	614/24
Received by (name and ti. Received by (signature): cc:	tle printed): A. Potrol	No produce de la	d by (name and title printed) Lesry D B4 d by (signature): Lasy D B4	,



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

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

_	-	- CLICIOI	requirements. The time mine for correct		1	
Establishme		. ,		Telephone Number	Date of Inspection	ID#
	5	ub	way	() Establishment	01-1	19/1
Establishme	nt addres	S	. US 31 wholeland IN	() Owner	5/23/24	THI
Feet -	321	N	11531 whateland IN	Purpose:	Follow-up Releas	e Date
Owner			· W	1. Routine		2/24
Owner						and the state of t
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
1000				4. Pre-Operational		
Person in ch	aroe			5. Temporary	CNC	J R
			the state of bosonia and Related		10	
D "Lis			samula Alosi, se a e ce	6. HACCP	en on seate on depart	Lx starlox
Responsible	person's	email	e e leur el mister befonce e el mister	7. Other (list)	Menu Type (See b	pack of page)
			and devolute of the hyperon of		and a state of the state of the	
Certified foo			1 11 1		123	45
1	1:-5	me	el Monta			
1			ENTIFIED IN THE CHECKLIST AND NARRATIV			
The state of the s	(S) REPEA	TED F	OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
187	6		are not maratain	he refrigerated	service	5/23/24
			are not maintain	ed 4107 or	below.	i visit in .
TOT TOTAL	100-10	2.2611		T Dies ble 6 3 laves back wa		the reasonable
324	NO		Drang for the	Soola and	ice	Next.
	100		prains for the	hove ast 5,23		JRS Pection
5,432			811/21/	July	Λ	4 mos
			~			
	-				-	
	Districts	esq.	25000 (00.00)	النبعة ثمير بيريد ويستعيب بمتمير فتعصيعا	The second second	
	201-30	10	he reserve a heat-less re-			-
11.4						LOUP
	-					
	-				/**	
					,, , , , , , , , , , , , , , , , , , , ,	
Received by				Inspecte	ed by (name and title printed	
X		nce	1 Montes and 100 His	de la		4/255/
Received by	(signature)	10	1	Inspecte	ed by (signature):	2/
7	5\$	200		1000 400 - 1000	puy D	Dany (or
cc:	-		cc:	cc:	- 1	
					y	



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.

	telephone		Date of Inspection	
			5/24/2024	
		Summary of Violation	s	
350 Market Plaza, Greenwood, IN 46142				
Owner				
Wagner		No	6/4/2024	
Certified Food Handler		Purpose:	Menu Type	
John Wagner John Wagne			3-Extensive handling	
242.	57733			
County	District			
Johnson	D5			
	Wagner Certified Food Handler John Wagn 242. County	Greenwood, IN 46142 Wagner Certified Food Handler John Wagner, 7/18/2028 24257733 County District	Summary of Violation O C	

- 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:
246	NC		Observed employee touch face/hat with gloved hand and then grab the cheese slices to put back into the cooler. Cheese slices discarded.	corrected
414	NC		Outer openings open.	5/24/24
234	NC		In-use ice cream scoops in pan with standing water.	corrected
250	NC		Single-service plastic forks offered to the customer in opposite directions.	corrected
190	NC		Chili dog sauce above 135°F in foil covered, metal pans with an inverted sheet pan on top of all three of them. Chili sauce was just made. Proper cooling includes leaving the container loosely covered until the product is at or below 41°F	corrected

Elizabeth Seni



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

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

Page 1 of

E . 1 E 1					TalankanaNimakan	Data of Inspection	I m
Establishme Establishme	ore	me (rody	0 000 10 000	Telephone Number () Establishmen () Owner		7.742
590 Owner	ol N	JSR	135	WENLY SE	Purpose: 1. Routine	Follow-up Relea	ase Date
Owner addr	ess				 Follow-up Complaint Pre-Operational 	Summary of Viol	ations:
Person in charge Responsible person's email					5. Temporary 6. HACCP 7. Other (list)	CNC Menu Type (See	ohrefu hæsi
Certified foo	od handler	11-11	i selected of an		onn cân T	123_	4 × 5
					COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW	V AS "R"
Section #	C/NC	R		1	Varrative		To Be Corrected by
0.1(100)		11617	130 J	all be		WILKIN-COOK	P.H.
324	NC	3 b	M SIAK	<u>Jeaks</u>	@ the driv	n Ima Connectio	ns -
							lag
	-						
Received by Received by) indignal		от Биш — на			aspected by (name and title print	ed): dpnemal tangatung*
cc:			cc:			cc:	



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

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

1		
Establishment name	Telephone Number () Establishment	Date of Inspection ID#
Establishment address	4606 () Owner	5-11-29 1980
7070 W WNHC	Purpose: 1. Routine	Follow-up Release Date 5-21-24
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary 6. HACCP	C_V_NC_V_R
Responsible person's email		Menu Type (See back of page)
Certified food handler	en stage per of the or estimate at least to the	processes improved assessing
Certified food handler		12 × 345
	CHECKLIST AND NARRATIVE COLUMNS MARKED "C" PECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
1 001	ems noted to time of the	Spection
to the reduction of the rest	minuse villentinosem, no politicul faire de la la captare a car	no stemicy / sugget all objects for
2 man 19	See 1982. The company of the Section	negat day service is to see a co
. 400	a dish malhing mise	Opserred
111.00	quate runge	
		- 1
re fee are used a contraction of the	un en un dan de la companya de la c	
La la la de la		- An Atomic A - Book A Laborated
LEEELL		- 1 Francis 1
Received by (name and title printed):	\cap	ed by (name and title printed):
Reserved by (signature):	Infrare	by (signature):
Dimin		AAT XX
cc:	cc:	00



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

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

			- Attended to						Portion	· · · · · · · · · · · · · · · · · · ·
Establishme		0	2LC		gondan det	Telephone Numb		Date of Insp	Parket St.	ID#
TA	STATE SANDANIA	-	200			() Establishme	ent	5/21	(24	159
Establishme	nt addre	SS	1 110000	[-m =1]	om IN	() Owner				12/
15	17	/\	MORTON	MARK	CHAT.	Purpose:		Follow-up	Release J	Sate / 22
Owner						Routine			6/	1/24
						2. Follow-up		Summary of	f Violation	ns:
Owner addr	ess					3. Complaint				
					(4. Pre-Operation	al			
Person in ch	arge	-		6	1 100	5. Temporary		c	NC 1	D
1	706	2	STEVEN	5	324(*)	6. HACCP	1 37	C	110	2 - 1
Responsible		THE PERSON NAMED IN	AND DESCRIPTION OF THE PARTY OF	Sension at a	V-9-0	7. Other (list)		Mon. T.	o (Saa haa	h of page)
тезропзіліс	persons	Ciliai		d Aleitan		7. Other (tist)	. 1036	Menu Typ	e (see bac	k oj pagej
Certified foo	od handle	er		-	- 2.1	1200 0/2	11/2	1).	(A)	
CA	LB	55	EVENS		sem	ARE 3/a	9 60	2	3 12	55
• CRITICAL	ITEMS A					COLUMNS MARKED "C"				277
• VIOLATION	(S) REPEA	ATED F	FROM PREVIOUS INSPE	CTIONS ARE DE	ENOTED IN THE	"SUMMARY OF VIOLATION	S" AND IN T	HE NARRATIVE	BELOW AS "	R"
Section #	C/NC	R	Α.	75	1	Varrative ,			Т	o Be Corrected by
392	NO	6	OUTSTOR	dum	pster	- LID NO	2 To	Loser)		8/23/24
		1	2200265						THE THOUSE	, , ,
336	C	esp.	SPLATI	en l	MZVE	PrSTAU	90	N	- 133	8/1
			mo	P STA	KFA	Wet	300	2007/01/10/	JAVAY-	0/1
				%						
							1.3			
		_			-					
	-	-								
						and the same of th				
		+-	ar Fendar Lu		nelsamiya:			<u> </u>	a and an	E-Millery I
		-				100000			C 130	
	-	CHERIT	rusciscist.)E\	1				JOLIAN DE L
										1135e18
		+						8		
								7-3		
					1					
						4.				
Received by	(name an	d title	printed):	and the same of th			Inspected	(name and te	Ke printed):	1 PTE
Received by	(signatur	e):	Stevens	450		2227 17 10	Inspected]	(signature)	7 1	
- (N	DAL	118	enna				1	3/ /	Sh	
cc:	400		cc:				cc:		,	
										3
-										Page 1 of



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishme	nt name		selection of an exact offerenders are the selection	Telephone Number	Date of Inspection	ID#
TA		B	ell	() Establishment	1	
Establishme	nt addre		CHALSTITHW WON	() Owner	5/24/2	4 2023
211	. 1	J	US 31	Purpose:	Follow-up Relea	se Date i
Owner				(. Routine	1965) 6	14/24
1	Pro) (Bell of America	2. Follow-up	Summary of Viola	tions:
Owner addr	-	7	8. 7. 60.	3. Complaint		
Danie a la ala				4. Pre-Operational	C NC	3 .
Person in ch	arge i	4	Podson	5. Temporary	C_I_NC_	<u> </u>
Responsible		CARACTER STREET		6. HACCP	1 or sestood or a	I . I . C
Responsible	persons	CIIIAII	in stage of agent of the second	7. Other (list)	Menu Type (See	back of page)
Certified for	od handle	er ,	(is both		1 6	× ·
R	lck	4	Dalan (6/7/29 EXPRE)	12(3_7)	A5
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		+
• VIOLATION	(S) REPEA	TED F	ROM 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
200	C	8		NOT JETECT		comected
		rec		SANITIZATION		5-/24
211	N	-02		(NOT Adequ		6 10
	-	\vdash	WAZK-IN FREEZ	PPE (LOSS THA	20	
200	8 10		FOOT CRIVILLES)	THE P ME M	OWO MAT	
256	NC	~	WAZK-IN COOLER			6/1
431	NC			ASKET WORN/	OR NOT	711
731	PC	~	CLEAN UNDER EX		OXT TO WAS	011
	-	+		Clern (wood	S TABLE LOC	
	+	+	STURED ON TOP OF		VER	7
		34	INTERNAZ TEMPE			5/25
(no	WO)	4	CUT TOMATORS 4		41000	
			455			a lunestered
		100	The same of the sa			
		\perp				
D : 1:	<u></u>	1 .:-2	h	T	. 11 . 6 124	<i>J</i>) .
Received by	Rich	6	Printed): Dodson	P	ted by (name and title printe bb Sm 1874	EHS
Received by	(signatur	e):/			BO Inc	
cc:	6		cc:	cc:		
						Page 1 of



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 parrative portion of this report.

establishment		telephone		Date of Inspection
Tequila Hot	ISC			5/14/2024
Establishment address			Summary of Violation	s
50 US31 South	n, Whiteland, IN 4618	34	1	C, 6 NC
Owner			Follow-up	Release Date
Fra	ncisco Lopez		Yes	5/24/2024
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Jose & Aurelia	alazar 4/12/26	Routine	4-Extensive handling	
	204	31272		
Establishment Identification #	County	District		
2709	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	R?	Violation Observed:	To be Corrected by:
187	С		Raw Beef at 48°F, and Raw Shrimp at 47°F at 3pm, observed in the top of the flip top cooler to the left of the flat top grill in the kitchen.	5/14/24
424	NC		Bed/sleeping quarters observed in the basement/storage room.	5/14/24
174	NC		Bulk food product not labeled.	5/14/24
218	NC		Bulk Rice in-use utensil damaged.	5/15/24
324	NC		Bar 3-bay faucet leaks.	5/20/24
382	NC		Outside Dumpster stored on grass.	5/20/24
243	NC		Unwrapped, single-use straws located on bar are not protected from contamination	5/14/24

Aurelia
Establishment Representative

Inspected by: Alfabeth Senisse, & Cassi Hall, EHS

(31) 3/6-1373 esenisse de o johnson.in.us



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

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

Establishment Saintation Requirements. The time mint for correct			
Establishment name	Telephone Number	Date of Inspection	ID#
Tomo Japanese Establishment address 1874 Northwood Plaza IN 4613	() Establishment () Owner	3/13/ort	
13,14 Northwood Mara IN 4613	Purpose:	Follow-up Relea	se Date
Owner	1. Routine	C CYT: 1	
	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
	4. Pre-Operational	\bigcirc	Ø
Person in charge	5. Temporary	CNC_	R
Description of the control of the co	6. HACCP	1. 1. 1. 10	ule shuloxes
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
Certified food handler		1 2 2	45
Jin Chen 6/17/2027		123_	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE PROPERTY OF THE PROPER		IN THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
	1		3
No violation a	uning inspection	2n	A CALV EXPERT
11 11 11 12 JULY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 112 E MEEU 30 90 E7	
			-
and a second sec			La respectable
at the first break products to the contract of			
7 1 13 24-116 13811 77 7			all livery and
Received by (name and title printed):	Inspec	ted by (name and title printe	d):
- JIN (H5N	ILG.	ul Betilon	etts
Received by (signature):	Interped	ted by (signature): and befolker	
a 1	1 4/	aul bullet	
132		any region-	



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

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

Establishment Sanitation Requirements. The time limit for correction	-	
Establishment name	Telephone Number	Date of Inspection 2:30 pm ID#
15,60 t 11 W	() Establishment	10 711 0 110
Establishment address GreenLow	() Owner	15-15-69 17010
2800 S SR 135 Ste. 100, 4/1/43	Purpose:	Follow-up Release Date
Owner	1. Routing	Yes 5-23-74
	2. Follow-up	Summary of Violations:
0 11		Summary of Violations.
Owner address	3. Complaint	4
	4. Pre-Operational	1 A O
Person in charge	5. Temporary	C R NC R
Cody	6. HACCP	exclude dell or again of slepa
Responsible person's email	7. Other (list)	Menu Type (See back of page)
of and continuous and a Car a test	1. Guier (1956)	and Type (see outer of page)
Certified food handler		
Circistian Delando (1-10-29)		1234_5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"
Secretary Control of the Control of	Narrative	To Be Corrected by
187 C. Mervied Drevious	LL COOKED Clair	Vais (Commina)
101 C ODE VEDICAS	y coope chi	Ocolec discordant
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THO III MOUDI	1 Courte Gister d'all
107 0 GOOD WATER STATE	19 (001/0)	as (changed) He man Novar
19 1 C DOSEING KILMING	y course to	35 (chaped) temp chagri
2-3 0 0 48°F 1000100 11	D 0001 +110 100	(C)
303 C Observed no Sonition	01 11 101 0	1511 5-15-19
Wachine Cook	2 - 1 00	C 16 211
218 MC I'M 2 ctor tree	er ambility (21Y 5-15-24
temperature doser	VICE 0 34°1- LOG	ated in South Side Storage
295 NC top interior of 10	TYMONE IS	7-15-24
430 NC GYOLF TEDAN IS NO	rara Thronghovi	7 Kitchen 0 6-13-64
Walk-in Cooler -0	DSYVED STUD	MY WOLLS -
336 C Spray monte on hose		to mop 5-13-24
Sink fancet	1	acum Breaker
414 NC Front doors & garage d		using au curtain 5-13-
324 NC Hot water not provided	@ Dishroom ho	
384 NC Dumpster Lid open		
345 C Bar hand sink	Times w/ Cr	ear plastic 5-13-24
drink dispense	er making acces	o not treadily availab
Received by (name and title printed):	Inspected	d by (name and title printed)
Cody Almond		Eabeth Serusse
Received by (signature):	Inspected	d by (signature):
- CANX XM	- Cl	naletto Denisse
сс:	1967	10010
	1 / '(1)	DATONA
	the same of the sa	

NARRATIVE REPORT

Sections CNC R REMARKS Sections CNC R REMARKS 3416 NC 3416 N	Establish	ment N	lam	Address 46143	Inspection Date
Section# C/NC R REMARKS TO BE CORRECTED BY 346 NC BAY LANDSING HAS NO SOCIO 5-13-24 199 NC DSWILL CONTAINS OF TISH 1910 NC DSWILL	Trie	d	8		
346 NC Bay hand sink has no soop 5-13-24 199 NC DOSANIA CONTANAIS OF FISH THOMAS OF THE JUHNA IN CONTAINS WOULK IN CONTAINS OF THE JUHNA IN CONTAINS WOULK IN CONTAINS WOULK IN CONTAINS WOULK IN CONTAINS WOULK IN CONTAINS WHO IN CONTAINS	Section#	C/NC	R		TO BE
190 NC ODSENTED CONTAINERS OF FISH PROMINE O TROM TEMPERATURE DOUBLE 1910 NC OSSTUDIA COSTIC CONTAINERS SPENTER LIMB GITTER JUHAN TO CONTAINER MINGS O HOF JUHAN TID CONTAINER MINGS O HOR JUHAN TID MINGS O HO		NC		Bar handsink has no Soed	
190 NC DOSTULA COSTANIOS SPENTINGO COSTANIOS S	199	NC		Observed containers of fish	
190 NC DOSAVILA CASTA CONTACTOR AND	. ,			Frank O room temperative locate	
Mines O LIOF WHAT IN OCATA	1.6			across trom handsink.	
MONK-MOOKP	190	NC		DOSKULD GLOSTIC CONTAINERS AROTER	
You may make written comments - Fax , mail, email				thou you of aveniously cooked any con	
You may make written comments - Fax, mail, email				Laines of 1 of with a lid located	
You may make written comments - Fax mail, email				10 May (C-11) (OO) (EL	
You may make written comments - Fax., mail, email					
You may make written comments - fax, mail, email					
You may make written connects - fax, mail, email					
You may make written comments - Fax, mail, email					
You may make written comments - Fax, mail, comments					
You may make written comments - fax, mail, email				,to	
You may make written compents - fax, mail, email					
You may make written comments - Fax, mail, email					
You may make written comments - Fax, mail, email					
You may make written comments - Fax, mail, email					
You may make written comments - fax, mail, email					
You may make written comments - fax, mail, email					
You may make written comments - fax, mail, email					
You may make written comments - fax, mail, emil					
You may make written comments - fax, mail, email					
You may make written comments - fax, mail, email					
You may make written comments - fax, mail, email					
You may make written comments - Fax., mail, email					
You may make written comments - fax, mail, email					IA 2
You may make written comments - fax, mail, email					
You may make written comments - fax, mail, email					
You may make written comments - fax, mail, email					
tax, mail, email				You may make written como	nent
				- tax. mail, email	
Received By (Name & Title) Inspected By (Name & Title) Page 2 of	Received By	(Name	& T	Inspected By (Name & Title)	Page 2 of 1

State Form 48621 (R2 / 8-05)

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

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

Establishme			shoot audineard allo a sequence to mum	Telephone Number	Date of Inspection	ID#
111rba	nai	rl	St. Franklin, IN 46131	(317) 207 - 10920	~	- 1 - 11
Establishme	nt addres	ss		(765) 346-5260	5-13-24	2104
1172	N.M.	air	St Franklin IN 46131	Purpose:	Follow-up Releas	e Date
Owner	70-700	7011	on the transfer of the terms	1. Routine	5-	23-24
Nich	10 3	Pa	ins	2. Follow-up	Summary of Violat	ions:
Owner addr	ess	a	17 &	3. Complaint		
				4. Pre-Operational		
Person in ch	arge	(1) A	5 C - 7	5. Temporary	C NC	l R
	TONICION		12.002.15	6. HACCP	0_1_110_	
Responsible	person's	emai	vener-manager	7. Other (list)	Menu Type (See l	ack of page)
nich	106	201	rbanairfranklin.com	7. Other (tist)	within Type (See a	uck of puges
Certified for	od handle	er T	DOMINATION TO THE		1 /2 3	4 5
NIA						
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	-	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW	
Section #	-	R		Narrative		To Be Corrected by
439	C		chemical spray both service items, pos minimelts ice cream thermometer not	les stored wi	th single	5/13
	(UBEHE)	and.	service items, pos	ssible spray o	contamination	5-7-1
255	NC	2.54.11	minimelts ice cream	treezer am	biant air	5/20
	-	-	thermometer not -	unctioning		
	-	-				
			to the discontinuous and the second of		on a changed break	
		120	as I Though an are to as the second	401 110 HELE EX	na la dina a la dance	and an and
de	lid si mi	hosli	not some a water miller some ladere		MR. Lo. House Services	Landa be
						โมเดราะเย
		_				
		\vdash				
	-	-				
Received by	(name an	d title	printed):	Insp	ected by (name and title printed):
				1 /-	lia Papageo	
Received by			(,0.,50,00	3 1.001.100 / 01	ected by (signature):	packar
	ja ?	1.	w/		West org.	Regeorge
cc:	,00		cc:	cc:	9	0 0
						Page 1 of