

460 N MORTON ST. STEA.

FRANKLIN, IN 46131

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

Establishmer	nt name		sahoot an Top g 1 Immer or a 1	Telephone Number	Date of Inspection	ID#
at	hon	12		( ) Establishment	9/1/20	105
Establishmer	nt addres	s,	thwood Placa Pranklin	( ) Owner	1/6/14	109
1800	2 1	lor.	thwood Placa IN	Purpose:	Follow-up Releas	
Owner	1		1 2. 46/3/	I. Routine	Yes 9	16/24
0	m	7/	Meles	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	100	
Person in ch	arge	s Isoe		5. Temporary	cL NC	
for the	NA	m	2 Fillis	6. HACCP	ac horoites and	na waitura i
Responsible	person's	email	Serv Safe Exp	7. Other (list)	Menu Type (See l	back of page)
			1 9x3 /surdous a so	r mani eta jani la hilli	The part the culture	7
Certified foo	d handle	r	- tilia 3/1/28/		123	_45
• CRITICAL	ITEMS AT	RE ID	ENTIFIED IN THE CHECKLIST AND NARBATIO	VE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AT	ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	e garai	Narrative	f.	To Be Corrected by
415	C		Mumerous live	small we	noed	9/6/24
	ушария	ioci-	insects seen i	n lar a	rea	111
101.808	prepar		2) numerous live	, flies see	ven	4 784-1451
1101 -			dish area and	preparatle	m area	9/6/24
43/	NC		Tumerous dead	L'elles 4	ere seen	7/6/24
			near compresse	door in	DICKE	
295	NC		annide line b-	in-copposi	120m)	9/10/24
710	100		Soiled Emiles	hy marker	Preezer	1/1
187	C		a The followin	a Tentern	de	Thus
	Heise	- W1	product tempera	luces were	measur	ad Shorm
Ledan			in Puffer - Hu	board five	door	on unit
	did man	held	Cooler	6 5005	e il o Irono que	Please
			(1) ZIEYE MELA	Joy Ato ah	480F	Monitor
430	NC		HIJO O MAN ON	10000 atim)	701	daily,
430	100	-	hand sinks is	do ton 197 A	toda	11/1/2
		(a)	Cerlina tiles in	) quest de	ring room	1/1/
-			contain stains	throm to	what	V
Received by	(name and	d title j	printed):	Ins	pected by (name and title printed	
	00	4	TILE	th is margania	Indrew Miller,	EUS
Received by	(signature	1	( ) h	. 1/ /	pected by (signature):	monological by the particular to the particular
cc:	-		l cc:	<u> </u>	ndrew Willer	124 12
CC.					Most floi	
					mas 1 Dell	Page 1 of 2

NARRATIVE REPORT

Franklin, IN

			NARRATIVE REPORT	
Establish		-	e Address 46/3/	Inspection Date
W	un	S	1800 North wood Plaza	4-10-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			appears to be from moisture	10-10-2
433	NC		fulet mos not hung to air	9-6-24
010	1 1 1		dry	1
218	NC	-	One microwave contains,	9-10-24
			a note completely through	
			tinit pace of the	
173	R		Descried how Chicken Stored	9-6-24
	~		above ready to eat tood inside	1
20 /	10		Walk-in cooler	
295	NC		Sides & marior of Equipment 15	9-6-24
	(	2)	Diet (OVE Sorbe 1022/1 15 Soiled	
324	NC	$\sim$	Some morale and hose	9-110-24
	1		attached to a water line	
			lacker a backflow dovice	1
355	NC		Firm does not have a	12-11-24
		$\vdash$	hot & cold water and plumbed	
			to a drain	
	-			
				~
			Note:	
			DODENIED DAK Stored	
			ma pottom of old sould	
	- 3		COOK ON GEORGE DIVING STATE	
			thou 1157 act a deliver in	
		•	P. H. F. Shall not be stored in	
			Old Salad Cooler	
			a co where stated that will	
-64		-	Stat to detail Clean the	
		$\vdash$	CONTINUE CAMPAINS HAST	
Received By	y (Name	& Ti	tle) Inspected By (Name & Title)	Page 1 of 1
	111	)_	S (J'MAMOIN) IVIVOR. EHV	rage or



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

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

Establishme:  Establishme:  Owner	nt address	1	Stores Crossins Greenwood	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up	Date of Inspection ID#  O-6-24 QQQ  Follow-up Release Date  Summary of Violations:		
Owner addre	arge person's			<ul> <li>3. Complaint</li> <li>4. Pre-Operational</li> <li>5. Temporary</li> <li>6. HACCP</li> <li>7. Other (list)</li> </ul>	CNC  Menu Type (See b)  123	R  ack of page)  45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVI		N THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
Received by	any	ra	SOILE D.	( )			
cc:			сс:	cc:			



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

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

					m the manual e portion	r
Establishme	nt name	1	00	Telephone Number	Date of Inspection	ID#
Establishme	Ker	W	Place	( ) Establishment	9/20/24	2397
Establishine			n Cross 46124	( ) Owner	/ / - /	
124	E. IV	111	n Cross 46124	Purpose:	Follow-up Release	/ /
Owner	1100	,	1 11.10	1 Routine	NO 9	20/01/
M	M	VU	1 Maakey	2. Follow-up	Summary of Viola	tions
Owner addr	ess			3. Complaint		
				4. Pre-Operational		2
Person in ch	100		11 10	5. Temporary	cO_NC	3 R
Ш	70 -	ro	1	6. HACCP	m a landu	587 a
Responsible	person's	emai	Serv Safe	7. Other (list)	Menu Type (See	back of page)
Certified for	od handte	r	Markin (2/26/29)		123\	45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	-	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	AS "R"
Section #		R		Narrative		To Be Corrected by
295	NC		Fans located in	dish grea	and	9/28/24
11.7			ketchen contain	soiled fan	covers	1,14
430	NC		Theor damaged	-/ deteriorate	d	9/28/24
			in vace stora	ge soon u	nder	'   '
112	NC		como ha la sera	1 cooler on	n wheel	) /
112	100		basement gre	not NSF/	ANSI	12/1/25
			approved	2 /w / ·	77/03 -	///
					L. L	
	- 5					
			*			
Received by	(name and	title f	orinted):	Inspected	by (name and title printed	):
Mill	lard	6	Hadley	An	dvous Mill	er EHS
Received by	(signature)	: /	1/10	Inspected	by (signature):	1, 1.00
ulla	Jan	1/6	Tody	Un	varew 7/12	len
cc:			ce:	cc:	I VAA	
			The State of			



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

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

Blue (adtin taco + Tequila Bau  Establishment address    Samblishment address   9/16/24   2349     Samblishment address   9/16/24     Samblishment address	Establishme	nt name					0	Telephone Numb	er	Date of Insp	ection	ID#	
Described rod dress  W. Jefferson St. Franklin, IN 46131  Owner address  Jose Murillo  Owner address  Jose Murillo  Owner address  Welsase Date  I. Routine  Jose Murillo  Owner address  Welsase Date  I. Routine  Jose Murillo  Owner address  Welsase Date  I. Routine  Jose Murillo  Jose Murillo  Owner address  Welsase Date  I. Routine  J. Follow-up  Summary of Violations:  Summary of Violations:  J. Pre-Operational  S. Temporary  G. HACCP  J. Other (list)  Menu Type (See back of page)  Menu Type (See back of page)  L. J.	Blue (	adti	W	Taco +7	equila	Bar					- 11		
Received by (name and title printed):   Rece	Establishme	nt addres	SS	10100	- factor	Docc			1	9/161	24	2349	
Owner address    Gridge wood Meadows Franklin, IN   Person in charge   Summary of Violations:    Griffed food handler   Servsafe exp   Certified food handler   Servsafe exp   Certified food handler   Servsafe exp   2 3 4 × 5      SMORE MUNING SITTED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED *C*   VIOLATIONS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED *C*   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 disk washing room   Narrative   To Be Corrected by   Continue   Continue	188 W.	Tef	Fer	son St	Frank	lin INL	16131			Follow-up	Release	Date	
Jose Murillo Owner address U(13) 1. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page)  Certified food handler ISMAEL MUNILLO 3/17/26  Certified food handler ISMAEL MUNILLO INSMAEL MUNILLO INSPECTED by (fauther):  Certified food handler ISMAEL MUNILLO INSPECTED by (fauther):  MICHAPPARALLO INSPECTED by (	Owner	001	101	3011 31.	11011	11111111	10.51						
Owner address  167 Ridge wood Meadows Franklin, IN  Person in charge  6. HACCP  Responsible person's email  7. Other (list)  Menu Type (See back of page)  Certified food handler  Servsafe exp  Ismael Milling  3/17/26  Certified food handler  Servsafe exp  Ismael Milling  Menu Type (See back of page)  Menu Type (See back of pa	Jose	Mu	ril	16						Summary o	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF	
107 Ridge wood Meadows Franklin, IN   4. Pre-Operational   5. Temporary   6. HACCP   7. Other (list)   Menu Type (See back of page)	Owner addr	ess		. 0		4613	31						
Responsible person's cmail  Certified food handler  Servsofe exp  S. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  Legislation of the service of the	167 R	idae	110	and Ma	21.126			-	al.				
Responsible person's email  6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  Serv So fe exp  SMORE MUVILLO 3/17/2 6  CERTIFICAL 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  Natrative  To Be Corrected by  HIS C Many flies seen in the bar, kitchen, and 9/16  215 NC R Shelving near bulk in gredients and 3door 9/16  216 NC R Shelving near bulk ingredients and 3door 9/16  218 NC R table under stove rusty  393 NC R dumpster drain plug not provided  Notes Dsanitizer not adequate in 3 bay sink corrected to har  C hack door open corrected  3) Wet sanitizing raga/cloths shall be stored in a bucket w Sanitizer  Solution  Received by (name and tile printed):  TSAOEL WALL!  Received by (ignatum):  Hispected by (ignatum):  Minapagagorge, EHS  Received by (ignatum):  Inspected by (ignatum):  Inspected by (ignatum):  Inspected by (ignatum):  Inspected by (ignatum):  Minapagagorge, EHS	Person in ch	arge	WC	od Me	aciom2	Irankii	17,114		iai	1 No 4 2 3			
Responsible person's email  7. Other (list)  Menu Type (See back of page)  Certified food handler  Servs of exp  SMOC MUNION 3/17/26  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Many flies seen in the bar, kitchen, and 9/16  Alsh Washing room  215 NC fans in Nalk in cooler dusty 9/20  216 NC R shelving near bulk ingredients and 3door 9/16  218 NC R table under stove rusty  393 NC R dumpster drain plug not provided  Notes: 1) sanitizer not adequate in 3 bay sink corrected at bar  (2) hack door open  (3) wet sanitizing maga/clothe shall be stored in a bucket w   sanitizer solution  Received by (name and title printed):  T. Mare   Manually  Received by (signature):  Mindapageorge, Etts  Received by (signature):  Inspected by (signature):  Mindapageorge, Etts  Received by (signature):  Mindapageorge, Etts		8-								\	.110	<u> </u>	
Certified food handler  Serv Safe exp  SMael Minnils  3/17/26  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS; REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  HIS C Many fles seen in the bar, kitchen, and 9/16  295 NC Fans in Walk in cooler disty 9/20  216 NC R shelving near bulk ingredients and 3door 9/16  List No R table under stove rusty 9/20  218 NC R table under stove rusty 9/20  393 NC R dumpster drain plug not provided  Notes: Dsanitizer not adequate in 3 baysink corrected at bar  (2) back door open  (3) wet sanitizing rags/cloths shall be stored in a bucket w sanitizer solution  Received by (name and title printed):  TSMOEL MUNIUS  Received by (name and title printed):  TSMOEL MUNIUS  Received by (name and title printed):  TSMOEL MUNIUS  Inspected by (name and title printed):  Hispected by (name and title printed):  TSMOEL MUNIUS  Inspected by (name and title printed):	Responsible	person's	emai		16			10000 Attended accorded scriptures		Monu Tur	o (See h	ach of page)	
SMael Murillo 3/17/26  CRITICAL TIEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS REPEATED PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R Namy fles. Seen in the bar, Kitchen, and 9/16  LIS C Many fles. Seen in the bar, Kitchen, and 9/16  Alsh Washing room  29.5 NC Fans in Walk in cooler dusty 9/20  216 NC R shelving near bulk ingredients and 3door 9/16  Latink cooler lined with cardboard 9/20  218 NC R dumpster drain plug not provided 9/20  Andes: Deanitizer not adequate in 3 bay sink corrected at bar (2) back door open (3) wet sanitizing raga/clothes shall be stored in a bucket w sanitizer Solution  Received by (name and title printed):  Tended Wall 2  Te	responsible	persons	Ciria					7. Other (usi)		Menu Typ	se (see or	ick of page)	
SMACE MUMILS 3/17/26  CRITICAL ITEMS ARE DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  SECTION # C/NC R  NARRATIVE  HIS C  MAMY Flies Seen in the bar, Kitchen, and 9/16  Alsh Washing room  295 NC Fans in Walk in cooler dusty  216 NC R shelving near bulk ingredients and 3door 9/16  218 NC R shelving near bulk ingredients and 3door 9/16  218 NC R table under stove rusty  393 NC R dumpster drain plug not provided  Notes: D sanitizer not adequate in 3 bay sink corrected at bar  (2) back door open  (3) wet sanitizing raga/clother shall be stored in a bucket w sanitizer solution  Received by (name and title printed):  T. Share Hust!! 2  Received by (signature):  Inspected by (signature):	Certified for	od handle	er	Ser	vsafe	exP							
VIOLATION(5) 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 HIS C Many flies seen in the bar, kitchen, and 9/16  LIS C Many flies seen in the bar, kitchen, and 9/16  LIS C Many flies seen in the bar, kitchen, and 9/16  LIS C Many flies seen in the bar, kitchen, and 9/16  LIS Washing room  29/20  216 NC R shelving near bulk ingredients and 3000r 9/16  LIS NC R table under stove rusty 9/20  393 NC R dumpster drain plug not provided  Alotes: U Sanitizer not adequate in 3 bay sink corrected at bar  (2) back door open corrected  (3) wet sanitizing rags/cloths shall be stored in a bucket w Sanitizer solution  Received by (name and title printed):  Lispected by (name and title printed):	Ismae	el Mi	wil	10 3						12	3	_4/5	
Section# C/NC R  Narrative  To Be Corrected by 415 C  Many flies seen in the bar, Kitchen, and 9/16  295 NC fans in Walk in cooler disty 9/20  216 NC R shelving near bulk ingredients and 3door 9/16  218 NC R table under stove rusty 9/20  393 NC R dumpster drain plug not provided  Notes: Dsanitizer not adequate in 3 bay sink corrected at par  (2) back door open corrected  (3) wet sanitizing rags/cloths shall be stored in a bucket w sanitizer solution  Received by (name and title printed):  TSMael Mustle?  Received by (ignature):  Miapageorge, EHS  Inspected by (ignature):  Miapageorge, EHS  Inspected by (ignature):  Miapageorge, EHS  Inspected by (ignature):  Miapageorge, EHS					THE CHEC	KLIST AND N	ARRATIVE	COLUMNS MARKED "C'	•	***************************************			
HIS C Many flies seen in the bar, Kitchen, and 9/16  distances with a cooler dusty  295 NC fans in Walk in cooler dusty  216 NC R shelving near bulk ingredients and 3door 9/16  drink cooler lined with cardboard  218 NC R table under stove rusty  393 NC R dumpster drain plug not provided  Notes: (1) Sanitizer not adequate in 3 bay sink corrected at par  (2) back door open  (3) wet sanitizing rags/clother shall be stored in a bucket w   sanitizer solution  Received by (name and title printed):  TSM or   Must    Received by (ignature):  Miafapageorge, EHS  Received by (ignature):  Miafapageorge, EHS  Inspected by (ignature):  Miafapageorge, EHS	<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOU	JS INSPECTIO	NS ARE DENOT	ED IN THE	"SUMMARY OF VIOLATION	IS" AND IN	THE NARRATIVE			
distance from  295 NC fans in Walk in cooler dusty  216 NC R Shelving near bulk ingredients and 3door  216 NC R Shelving near bulk ingredients and 3door  217 drink cooler lined with cardboard  218 NC R table under stove rusty  393 NC R dumpster drain plug not provided  Notes: 1) sanitizer not adequate in 3 bay sink corrected  at bar  (2) back door open  (3) wet sanitizing rags cloths shall  be stored in a bucket w sanitizer  Solution  Received by (name and title printed):  TSMae   Morill 2   Inspected by (name and title printed):  TSMae   Morill 2   Inspected by (signature):  Those   Morill 2   Inspected by (signature):  The manufacture of the stance of the same and title printed):  The manufacture of the same and title pr	Section #	C/NC	R									To Be Corrected by	
295 NC fans in Walk in cooler dusty 216 NC R Shelving near bulk ingredients and 3000 9/16  drink cooler lined with cardboard 218 NC R table under stove rusty 393 NC R dumpster drain plug not provided  Notes: (1) sanitizer not adequate in 3 bay sink corrected at bar (2) back door open corrected (3) wet sanitizing rags cloths shall be stored in a bucket w sanitizer solution  Received by (name and title printed):  TSMael MUNITS  Received by (signature):  This pected by (signature):  Inspected by (signature):	415	C							Kitc	hen,a	nd	9/16	
216 NC R Shelving near bulk ingredients and 3door 9/16  drink cooler lined with cardboard  218 NC R table under stove rusty 9/20  393 NC R dumpster drain plug not provided  Notes: (1) Sanitizer not adequate in 3 bay sink corrected at bar  (2) back door open corrected  (3) wet sanitizing rags/cloths, shall be stored in a bucket w sanitizer solution  Received by (name and title printed):  TSMare More More More More More More Manageorge, EHS  Received by (signature):  Inspected by (signature):  Inspected by (signature):  Inspected by (signature):  Mid-Papageorge, EHS													
Received by (name and title printed):  TSNOE! MORE JUSTILLE  Received by (signature):  Arink, Tooler Lined with cardboard  2/20  9/20  9/20  1  9/20  1  9/20  1  9/20  1  9/20  1  1  1  1  1  1  1  1  1  1  1  1  1												9/20	
218 NC R table under stove rusty 393 NC R dumpster drain plug not provided  Notes: (1) Sanitizer not adequate in 3 baysink corrected at par (2) back door open (3) wet sanitizing rags cloths shall be stored in a bucket w Sanitizer solution  Received by (name and title printed):  TSMare MUNITS  Received by (signature):  Those Munitizer  Inspected by (name and title printed):  Inspected by (signature):	216	NC	R							<u>ud</u> 30100	~	9/16	
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Received by (name and title printed):  TSM GRE MUNIT!  Received by (signature):  Received by (signature):  TSM OPL MUNIT!  Received by (signature):  TSM OPL MUNIT!  Received by (signature):  TSM OPL MUNIT!  Inspected by (signature):  TSM OPL MUNIT!  Inspected by (signature):  TSM OPL MUNIT!		-		1007	62.(1)			notacegu	ecte 1	n sba	1 SINK	Corrected	
Received by (name and title printed):  Inspected by (name and title printed):  How will a manufacture is a manufacture in the printed in the					6)	$\frac{M}{M}$ $\frac{M}{M}$	-	22.6000				corrected	
Received by (name and title printed):  TSM ore   Morill =   Inspected by (name and title printed):  Mineral Morill =   Inspected by (signature):  Mineral Morill					(3)	met e	anit	izing man	Cloth	11 5/20	00	Correct	
Received by (name and title printed):  Inspected by (name and title printed):  Horillo  Received by (signature):  Inspected by (signature):					<u></u>	1							
Received by (name and title printed):  Inspected by (name and title printed):  Horal Morel Morel  Received by (signature):  Inspected by (signature):  Micropage FHS  Micropage FHS  Micropage FHS  Micropage FHS						colution	on	W C DOC	ace i	2 Journ	. Creat		
TSMORI MUNITO Miapageorge, EHS  Received by (signature):  Inspected by (signature):  Miapageorge, EHS  Miapageorge, EHS  Miapageorge, EHS  Miapageorge, EHS													
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TSMORI MUNITO Miapageorge, EHS  Received by (signature):  Inspected by (signature):  Miapageorge, EHS  Miapageorge, EHS  Miapageorge, EHS  Miapageorge, EHS	D		,										
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			): 	0111					Inspected	by (signature):	P.	. 2_	
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### Office 317-346-4365 Fax 317-736-5264 PRANKLIN, IN 46131

Page 1 of

### INSPECTION REPORT BELVIT EOOD ESTABLISHMENT JOHNSON COUNTY HEALTH DEPARTMENT



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a s	rue o E		:50	APP	Q	FYY):00
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SALA A	Eby (name and title printed):	J. J. J. J. V. V.	BIONAL) OF	title printed):	puv əuvu,	Received by
				PN		
1/01 40	A PURINIB	~ Swathsus	TAIS ISONU SOIT	207 3	77	18.H
	1001	Petron	BUICK CHILL	#		
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(9)	SOUT ZHINTS):	10191 247424WH	XCXCO COCH- Q12	200 2	(0)	(100
	12/51/10 NO.	NOT CLOTH	MENSION 5 The	doud	-	
68/6	NO 210	7450221349CA 72	7417DQU 2000	06 6	W.	She
101	CLORA	10N SAN171=	I POOH ISNUTY:	(9 T	200	568
1/01/	ZL NOT COOPER	MW ST TROVA	short no show	75 0	200	18.H
		ひかい	M GUINSUMHSIA	2 ~[		
1 - 1 1	SHI	M OF 6 FING	UMINIM SOU	F5	2.	
76/8	200	GENETZ TOUR ?	1 = 0111	105 +	M	26
2/5/2/	1000 1000	1123 0 112 1	UK FRIEDT	45	THE	100
18/5/01	Mark SHOR				NC	456
To Be Corrected by		Varrative		986	C/NC	Section #
"di	THE NAPPATIVE BELOW AS		R INSBECLIONS VKE DENOLED IN LHE LHE CHECKTISL VND NYKKVLIAE			
		non dezativitoroti 100 t	and vad vit dit v itsi insains and	o Colous	av social	A NO.
- S	1 2 3		SPARNIAR) V	0572415	d handler	Certified food
(28pd fo 42	Menu Type (See ba	7. Other (list)	on the state of the state of the state of	ment	o s uos io	Responsible F
la la la la compa		6. HACCP	N	245KSC	21	11.1
	C O NC C	5. Temporary		3/1-47	ogin O	Person in cha
я 2	\$ 6	4. Pre-Operational				ια
		3. Complaint				ornou zerru -
	ommore to Common	0.00			SS	этьья тэпиО
1 -1/	Summary of Violatio	Z. Follow-up				
he/ h/	Jensyay da waya s	1. Routine				Owner
1 atsQ	Follow-up Release	Purpose:	ST, FRWKSIN, A	NOPRION	NO	006
1 - 12	1 2/00/h	тэпиО ( )			ssathbe to	Establishmen
4518	40/20/6	( ) Establishment	5	MUNT	90	B
#d1	Date of Inspection	Telephone Number			amen 10	Establishmen
f this report.			item(s) noted below identify violents. The time limit for correction			



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

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

			1			1
Establishme	nt name	C.	.00:1	Telephone Number	Date of Inspection	ID#
ak		el	icua,	( ) Establishment	9/20/20	7/005
Establishme	ent addres	ss n	- 1 Greenwood	( ) Owner	1/30/24	- 2005
357	Cll	Lle	a AVR IN 46/42	Purposer	Follow-up Release	Daye
Owner	0	(	) (	1. Routine	No 10	10/24
ra	ul		Mauur)	2. Follow-up	Summary of Violati	ons:
Owner addr	ess	7		3. Complaint	/	
		U	V	4. Pre-Operational		
Person in cl	narge	_	A	5. Temporary	c = 0 $NC = 7$	7 <sub>R</sub>
May	1) (	1	iallin (	6. HACCP		a playing a second
Responsible	person's	emai	(C.)(.(a)	7. Other (list)	Menu Type (See b	ack of page)
		U	Sensate	The state of the s		71.87
Certified for	od handle	er \	Colonial Talan		$1  2  \sqrt{3}$	4 5
Jal	naa	111	Ullhort \ 7/9/27 /			
1 / 1			DENTIFIED IN THE CHECKLIST AND NARRATIVE			
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	
Section #		R		Narrative		To Be Corrected by
256	NC		no ambrent av	U thermom	eter	10/1/24
101			seen in two	, don prep	ialle	15
431	NC	1	greenanical exi	rausi syste	m m	10/31/24
411	NC	_	W Kitchen is	solled a	nd one	10/0/04
NC	177	1	Takious Amila	/ ADLIVAD) it	0 m 1)	10/8/24
100	1//	V	11810 stoned on	the les	ement	10/5/24
			000000	, may	enem	
nc	291	V	O no Quat text	strips prou	redod)	10/15/24
NC.	413	V	north and	South lexto	min)	11/1
	ar		doors are not	self-closin	0	, 1
239	NC		Small drink S	topders note	motecte	d Corrected
			from consumer	contamina	etion	
			Viville stored at	the front	drink	
		_	Counter	V ·		
	-	-				
Received by	(name on	d title	brinted):	Inspected	d by (name and title printed)	
,	YAU		JACQUAS	An	drew Milb	r, EHS
Received by	/ .		1 Ches of	Inspected	hby (signature):	2 0110
1	VI	,	1/2	1/1	rew Mell	61
cc://	/	/	сс:	cc:	an ince	
//	(	U				



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

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

Establishment name  Canale wood Suites  Establishment address  1190 Nr. Graham Rd.  Owner  Greenwood  Owner address  Person in charge  Responsible person's email						Telephone Numb  ( ) Establishm ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP	Follow Summ	Date of Inspection			
Certified food handler  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT							1 1	Menu Type (See back of page)  1			
• VIOLATION	(S) REPEAT		ROM PREVIOU	S INSPECTIONS A	ARE DENOTED IN T	THE "SUMMARY OF VIOLATION  Narrative	NS" AND IN THE NARI		"R" To Be Corrected by		
				Rel 09	mmerid	beverage 38-400F	cooler				
	1 1	we.	11 1	reuse f	e kept	id Monger	Inspected by (name TRIFY) Inspected by (signa	D Bayle	\$5		
cc:	0	1		cc:			cc:	/			



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

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

Establishmer Establishmer	CLE nt addres			Telephone Number  ( ) Establishment  ( ) Owner	ID#			
MAIN Owner May's	ST	G	LEENWOOD S	Purpose: 1 Routine 2. Follow-up				
Owner addre	arge  person's	200 email	ZALEZ	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  C NC R  Menu Type (See back of page)  1 2 3 4 5				
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		D IN THE NARRATIVE BELOW	AS "R"		
Section #	-	-		Narrative		To Be Corrected by		
394	NC		OBSERVED AN OPEN I	2000 100	AND THE RESIDENCE OF THE PARTY	9/18/24		
295	NC	roq:	OBSCINES SOILED NOZZO	ers one the fo	cas for nation	9/18/24		
431	PC	2,3117	- OBSERVED A Some FLOO	e Diani	na Room	9/27/24		
324	NC	٠,	OBSERVED LEAKING P.P.	as all time Roll	on - WORK DRACK	steriel		
431	NL	_	OBSERVED BOILED OUTS	COPE ONE SOME D	Us ocusing Martine	39/27/24		
257	N-C	_	DID NOT OBSERVE THERMO	mesters in mis	ROACIF - IN	9/27/24		
20 1	~		REPRIOLENATURS BEH	LISD THE SERVI	ie hae	CORRECTED		
						45		
	li		service free fact annual control of the	Lica asia - ar Arabala I	viene sa esa orginale	- Hyragaya		
also bea	1 20	L. 1	and the safe are the control of the safety	ela le vitano acade e e e		1		
ule	and or m	Itole	man water see that we have some while in	n in itanus VII dine n	the state of our far receive	Form of		
						of Etc. mena I		
	1							
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Keceived by	Ci	lec	il Gorralez Gen	eral Monages	K-Rtex			
cc:	,	- 0.0	cc:	O ces				
						Page 1 of		



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

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name	Telephone Number	Date of Inspection	ID#
Circle K 4702288	( ) Establishment		4.36
Establishment address	( ) Owner	9/26/24	1183
800 N DS 31 Green word 46/42	Purpose:	Follow-up Release	Date
800 N. US 31 Green wood 46/42 Owner Macs Convenience Stores LCC	1. Routine		-6-24
Mach Contenience Stores 110	2. Follow-up	Summary of Violation	ns:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$_{\rm c}$ $_{\rm NC}$ $^{\rm 2}$	- R
ALBY POOL-ASM	6. HACCP	r e ina diabo masa malfaf.	S
Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)
sales of good metall discounts of L to 4 o	eumil sia ginie 1,2 ma =0	รุกเลือกระกำรายกระ	71 37
Certified food handler		12>3	45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV		NUMBER AND ASSESSMENT OF THE PARTY OF THE PA	"D"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	HE "SUMMARY OF VIOLATIONS" AND I		To Be Corrected by
			9/26
297 NC customer self-serve	Sin lack stores	Soiled	91.30
431 NC Floor under soda boxe 2 Ploor next towall un Freezer soiled	der functioner	O Trave &	ODISSELT
Froezer Spilod	icie. Toricioni	9 1100	740 J - 111
	,		
NotesOPP flat lids and	cups (single service) nches off of gr linback storage	ce items)	
not stored 61	nches off of gr	ound - corr	ected
2 flies observed	lin back storag	e area	
	0		
and the second section of the contract of the	Print Const. 1 Const. 1 States		
alaifabi — Lybari Luca and a civil contractor	distribution of the second	manual de de la cale	
Althorate and the state of the	N N N N N N N N N N N N N N N N N N N	L and pasteral length	abrie I
			HOUSE AND THE PROPERTY OF THE
Received by (name and title printed):	Inspect	ed by (name and title printed):	EH8
Received by (signature):	Inspec	ed by (signature):	melong
Ally POUC		an lend	<u> </u>
cc: // cc:	cc:	J	

### 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.

Owner address  Owner address  Person in cha	ess arge person's	SE emai	Email of the second of the sec	Telephone Number  ( ) Establishmen  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Releas Summary of Violat  C	ions:  R  pack of page)
Certified foo	d handle	r «C-	Exp. 7/5/27		12 × 3	45
• CRITICAL I	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION(		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	
Section #	C/NC	R	The state of the s	Narrative		To Be Corrected by
257	NC	P01	No THERMOMETER OBSE REFRIGGERATOR OF THE NO THERMOMETER OBSE PORTO OF THE FUP TO PLEP AREA.  - SANITIZER OBSERI	ERIOS IN THO	REACH-12 MO	VISIDANS  THE INDIVIDUAL TO TH
Received by Received by cc:	10	h be	printed): DENSEN  cc:	I	nspected by (name and title printed has been by (signature):	): enroclosed



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

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

diana Parail Food

Date of Inspection   Date of	Establishmen	nt name			10	1000	Telephone Numb	er	Date of Insp	ection	ID#
Establishment address  Compart  Compart	Com	PAS	35	PAR	K/B	IS IKO	( ) Establishm	ent	0/11	122	2787
Owner address  Owner	Establishmen	nt addres	S				Owner )		9/11	147	2101
Owner address  Owner	F	-(nan	JKO	IN 1	Dr (6	2905 STAMP	Purpose:		Follow-up	Release I	Date
Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Certified food handler 6. VITUALITIEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" 7. VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Natrative To Be Corrected by  No (TOLITTON) NO ISI  Received by (aume and title printed):  But the printed):  But the printed):  But the printed in t	Owner						1. Routine			9/	21/24
Responsible person's email  Person in chance  Responsible person's email  Certified food handler  Certified food handler  Certified food handler  Certified food handler  Certified food properties on the checklist and narrative columns marked "c"  VIOLATIONIS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Natrative  To Be Corrected by  We consider the printed of the prin	C	omy	PAS	5 P1	TRK		2. Follow-up				
Person in charge  Responsible person's email  7. Other (list)  Certified food handler  Certified I food handler  Certified foo	Owner addre	ess					3. Complaint				
Responsible person's email  Certified food handler  Certified food handler  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Natrative  To Be Corrected by  WO VIOLATIONS NO Cef  Received by (name and title printed):  Received by (name and title printed):  But Shaff To the Check LIST AND NARRATIVE COLUMNS MARKED "C"  VO VIOLATIONS NO Cef  Inspected by (name and title printed):  But Shaff To the Check LIST AND NARRATIVE BELOW AS "R"  Received by (signature):  But Shaff To the Check LIST AND NARRATIVE BELOW AS "R"  Inspected by (signature):  Inspected by (signature):  Inspected by (signature):  But Shaff To the Check LIST AND NARRATIVE BELOW AS "R"  Inspected by (signature):  Inspected by (signature):  Inspected by (signature):							4. Pre-Operation	ıal			
Responsible person's email  Certified food handler  Certified food handler  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Natrative  To Be Corrected by  WO VIOLATIONS NO Cef  Received by (name and title printed):  Received by (name and title printed):  But Shaff To the Check LIST AND NARRATIVE COLUMNS MARKED "C"  VO VIOLATIONS NO Cef  Inspected by (name and title printed):  But Shaff To the Check LIST AND NARRATIVE BELOW AS "R"  Received by (signature):  But Shaff To the Check LIST AND NARRATIVE BELOW AS "R"  Inspected by (signature):  Inspected by (signature):  Inspected by (signature):  But Shaff To the Check LIST AND NARRATIVE BELOW AS "R"  Inspected by (signature):  Inspected by (signature):  Inspected by (signature):	Person in ch	Person in charge							c_ O	NC_C	)R
Responsible person's email  7. Other (list)  Menu Type (See back of page)  1 2 3 4 5  Certified food handler  Certified food h	18	MAM	V	BRUG	geman	)					
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  WO (TOLIFTIONS NOTE)  Received by (name and iith printed):  BUSH MAD NOTED INSPECTED BY (name and tith printed):  BUSH MAD NOTED INSPECTED BY (signature):					<del></del>	- "			Menu Typ	e (See bac	k of page)
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  WO (TOLIFTIONS NOTE)  Received by (name and iith printed):  BUSH MAD NOTED INSPECTED BY (name and tith printed):  BUSH MAD NOTED INSPECTED BY (signature):											
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Section # C/NC R Natrative To Be Corrected by  NO (TOLIFTIONS NOTE)  Received by (name and title printed):  Bully Heman Dileton  Inspected by (ignature):  Bully Heman Section Bully Heman Section Bully (ignature):  Bully Heman Section Bully (ignature	• CRITICAL	ITEMS AI	RE IDI	ENTIFIED I	N THE CHECKL	IST AND NARRATIVI	E COLUMNS MARKED "C'	•			
Received by (name and title printed):  Received by (name and title printed):  Beb Sm #11 EHT  Received by (signature):  Beb Sm #11 EHT  Inspected by (signature):  Beb Sm #11 EHT		,		ROM PREVIOU	US INSPECTIONS			IS" AND IN T	HE NARRATIVE		
Received by (name and title printed):  BUSHEMAN, DIRECTOR BOS SM FITTE EATS  Received by (signature):  BUSHEMAN BUSHEMAN BOS SM FITTE EATS  Inspected by (signature):  BUSHEMAN BUSHEMAN BOS SM FITTE EATS	Section #	C/NC		,	4				-	Т	o Be Corrected by
Received by (signature):  Bob Sm #71 EH5  Inspected by (signature):  Bob Sm #71 EH5		n brities	X	de	2000	NO	/ TOLATIONS	NO	ies		
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Received by (signature):  Bell Inspected by (signature):	t D	REW	B	riniea): PUGGE	EMAN,	Director		Bal	Sm #	51 -	=115
cc:	Received by	(signature)	2	Den				Inspected I	oy (signature):	mo	
	cc:			) (	cc:			cc:			,



460 N. MORTON ST. STE A (7)
FRANKLIN, IN 46131

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

Establishme	nt name		Telephone Number	Date of Inspection	ID#
Dair	· v (C)	Ueen	( ) Establishment		
Establishme	nt addres	s	( ) Owner	9-17-24	2760
99 U	53	15. Whiteland, IN 46184	Purpose:	Follow-up Release	
Owner			( Routine		27-24
Sami	v Pa	rtel	2. Follow-up	Summary of Violati	ons:
Owner addre	ess	~ ( )	3. Complaint		
			4. Pre-Operational	1	
Person in ch	arge _		5. Temporary	CNC	t R
Misa	hP	auley-assistant manager	6. HACCP	In the second	
Responsible	person's	email (ASSISTANCE)	7. Other (list)	Menu Type (See b	ack of page)
		rate r v r			
Certified foo	(1) 1	1 301 4 301 1		123_X	_45
Jamir					
		RE IDENTIFIED IN THE CHECKLIST AND NARRATIVE TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE RELOW A	S "B"
Section #			Narrative	THE WARRATIVE BELOW A	To Be Corrected by
324	C	03 baysink floor drain not	S. o. Morrow P. Str. clauson Processing	alle volume	ASAP
021		of ware washing - water	or overflows dr	ain and leaks	
EN 10 32		onto the floor	- Over 1 mas as a	077 00 101 1000	
		Dehemical dispensing tube	es (clear, thin) le	aking at	
0.0	,	un 3 bay sink	, ,	0	1 15
355	NC	PO employee stated dirty r	mop water is du	nped into	ASAP
297	NC	3 bay sink for disposa	1, no mopservice	SINK Provide	a 9-17
431	NC	Dfloor by commercial +i	Iter for applica	ailsniled	0-18
7.,	110	2-loor under drive-thru	1 Soda station So	iled	9 13
		3) Floor under fryers		, RC	
430	NC	ofreezer door threshold		our, exposing	9-20
		unsealed floor	ne for s		an made
		Dice build up around free	zerdoor		
		Noto Ourtour	(a) a : Lia - a - 1	1:-05 cl- 10	
		Note: Quaternary ammo	2 housing asqui	tizer buckets	
		rave zooppin in	Shay Sille T Saul	112et Buccelo	
Received by			A 4 .	d by (name and title printed)	- 110
	h Pa			Papageorge,	EHS
Received by	(signature		Inspecto	d by (signature):	and the state of
cc:	1//	cc:	cc:	11 mil ason	ey
				0	



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

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

Establishmer		7		Telephone Number		ID#
	res		FAMILY ROSTAURANT	( ) Establishme	9/18/24	2524
Establishmer				( ) Owner	• a decision of	
	W	2	effection ST. Franklin, In		Follow-up Release	Date
Owner				(I. Routine)		28 (24
			(Devis Beirman)	2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint	12	
				4. Pre-Operation	al	2
Person in cha			1 . 11	5. Temporary	C_O_NC_	<b>1</b> R
SAC	HH,		LADD	6. HACCP	a Marie Control	
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
Certified foo		100	2 2 2			<b>1</b> 5
SA	(A)	+	Ladd			
15:50			ENTIFIED IN THE CHECKLIST AND NARRATIVI			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		S" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	-		Narrative	61 4001	To Be Corrected by
392	NC	2	DOUTSIDE DUMPST		NOT CLOSES	-10/1
210	100		ORAIN PLUG NO	1 1103011	1	(1)
413	ne	0	BACK GOOR NOT	CLOSING	THE ONLY	701208
218	ne	8	WALK-IN FREE	zen doo	R dops	10/2
			NOT CLOSE TIG	HTZY		
239	NC	3	ICE SCOOP STORE		OF ICO	comec 12
	00.6	_	mitter Betwee		OT IN BUCKET	9(18)
431	nc	1	FLOOR DV AREAS		Hen mext	9100
431	ne	0	Some COILING F	CLORN PANELS NO	or cream /ou	SM 9/05
731		0	IN KAZHER	Thee CS To	01 601010100	311 7100
431	nc	-	RESTRIOM CETL	ING EXT	TAUST COVERS	9/25
			not clope			,
411	ne	4		T OUT I	n KITCHEN	10/2
		_				
		-				
Received by	(name and	d title	printed):		Inspected by (name and title printed)	
^	way		Ladd Manager		Bob Sm to	
Received by	(signature CLIZ		ne Hadd		Inspected by (signature):	74
cc:	CUIL		cc:		cc:	
						1
				The second section of the sect		



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

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name

Telephone Number

Date of Inspection

ID#

Establishme	DEV a		Franklin, /N	( ) Establishment ( ) Owner	Date of Inspection	- 2028
3522 Owner	- 20	1531	46131	Purpose:	Follow-up Relea	ase Date
10	mm	1+1	mmy Swallow	2. Follow-up	Summary of Viola	and the same of th
Owner addr	ess	1 31	111119 30000	3. Complaint		
				4. Pre-Operational	<u></u>	2
Person in ch	narge	D 1	ndia i Trompebalor y	5. Temporary	c_O_NC_	<u></u>
KO	pert	- Dal-	e	6. HACCP	mem metal backer to t	esclude del
Responsible	person's e	mail		7. Other (list)	Menu Type (See	back of page)
Certified for	od handler NMII	Sug	illows		123	45
	1		IN THE CHECKLIST AND NARRAT		NO IN THE MADDATIVE BELOW	V/ AS "P"
• VIOLATION Section #		R R	OUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" A  Narrative	ND IN THE NARRATIVE BELO	To Be Corrected by
385	NC	Du	moster (exter	rior) conta	ins	10/31/24
		a	lid that	is half o	nissing.	1/21/
112	NC	Sc	to any	eration an	a friese	U 12/1/25
295	NC	ent	erion Sides	ot NSF/ANS	eausm	unt 10/1/24
215	100	are	Soiled	0	0	114
431	NC	Kit	chen floor	soiled aro	und deep	10/1/24
2510	NC	fry	The and wo	alk-un-Cool	in Bloom	10/1/24
250	INC.	DO	me vaseme	nt chest &	resers	1,
218	NC	HO	liday Chest	freizer D	ored	9/24/24
برين الريا	17 202250	outs	ide and	unioceea u	ontained .	Bring Good
430	NC	200	sement ceil	ina tiles	missing	10/31/24 fret
	IVC	m	oldy and/or	damaged		
190	NC	Pre	inously con	seed sausag	1/1 / 2/10	Carracled
		COU	ered with a	la Masil	voler.	Corrected
		2014	XI) XIWWE XIL	e wax as a		
Received b	V	title printed):	T SorhK	Ins	spected by (name and title prin	Her ELS
Received b			1 Parer	Ins	spected by (signature):	riller
cc:	,	1	cc:	С	c:	- WW
						Page 1 of 1



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

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

Establishment name  Dollar Tree  Establishment address  787 S. Mad) Son  Owner  Greenwood  Owner address  Person in charge  Responsible person's email					4	Telephone Number  ( ) Establishme  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	ent	Pollow-up Release Date  2 W 1 C5  Summary of Violations:  C NC R  Menu Type (See back of page)		
Certified foo	od handle:	r					*( )		123	_45
							COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS	S" AND IN T	HE NARRATIVE BELOW A	S "R"
Section #							Narrative ,			To Be Corrected by
Received by Received by	(signature)	bel	th who	te V	Merc	W M	GR.	Inspected	by (name and title printed)  by (signature):  kny Sery  France	



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

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

P. 111.1								
Establishme	nt name	.0010	Seena S		Telephone Number		Date of Inspection	ID#
Establishme	nt address	1110. 5	>	(	) Establishme ) Owner	ent	9-9-14	11247
()	11	JIVIC	dison HM	Pu	irpose:		Follow-up Release	Date 0.1
Owner		0 1107	Green		Routine		- Conow-up Receased	19-14
			46147	2.	Follow-up		Summary of Violati	ons:
Owner addr	ess			3.	. Complaint			
=				[ 4.	Pre-Operation	al		
Person in ch	arge	r total s	esta esta esta	5.	Temporary		$c \underline{\bigcirc}_{NC}$	R
100					HACCP			
Responsible	person's er	nail		7.	Other (list)		Menu Type (See be	ack of page)
Certified foo	od handler					_	1 2 1	
							12/\3	_45
			N THE CHECKLIST AND NA					
			US INSPECTIONS ARE DENOT		mmary of violations	S" AND IN T		To Be Corrected by
Section #	C/NC	K / VX	on bands	Nai	D. John 10	10 0	0	To be Corrected by
24 1	NC	0.00	1000	TOO	00 1000	1	9	
- Greek	- 24	- End	rosec 10	<del>211 00</del>	the 1 Park	7211	P	
		NOT	25:	CE	0.00	(120	10~	
	-		10P 0	# Th	A CO		000000	
			Morrison	10%)	ONG DIC	ned	OBSELLIA	
		- Co	DOLES DEEDS	ALIVE	ved day	W 1	repaired.	
Č.P		C	JOHN MEGIS	1/2/1	an alan	1-01	reporting.	
	15-16-16		- 1				7-37.1	
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	-							
Received by	(name and t	itle printed):				Inspected	by (name and title printed)	
	JON		an			(0)	SSI Hall	
Received by		hh				Inspected	by (signature):	ather broken
cc:		IN	cc:			cc	Dr. Date	
					ä			



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

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

Establishment nam.  Don Q  Establishment addr  Z  Owner  Owner  Owner address  Person in charge  Responsible person	1 4 5 60 5	US3( Greenword	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  9/1 7/27  Follow-up Release  Summary of Violati  C NC  Menu Type (See b	250 9 e Date ons:
	Jary 1	MUMATA & NTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	123	_45
January Delivers and Company of the		OM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW A	S "R"
Section # C/N	C R		Narrative		To Be Corrected by
		No Violan			
Received by (name a	rist	inted): Fra Burden Jt Budh		d by (name and title printed)  (I ( ( y ) )  (d by (signature):	Bayless/ Dayen



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

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

Establishme	nt name					Telepho	one Number	De	ate of Inspection		70.4
(, )	10 15	. 1	1 01	4		_	stablishment	5	nte of Hispection	,	ID#
Establishme		s	, OO,			- 1	wner		1-4-2	1	10/2
108	20	2	<q 1<="" td=""><td>25</td><td></td><td>Purpose:</td><td>WILL</td><td>Fo</td><td>ollow-up Rele</td><td>asa T</td><td>TO PO</td></q>	25		Purpose:	WILL	Fo	ollow-up Rele	asa T	TO PO
Owner		<u> </u>	OIL			1. Routin	ne		Q		9-24
						2. Follov		Su	mmary of Viol	_	
Owner addre	ess					3. Comp					
	185					9			4		
Person in ch	orce					-	perational			4	! _
r croon in ci.	arge					5. Temp	8 8		NC_		K
Responsible	nerson's	email				6. HACO			Toma (Sa	hac	Lafragal
псорологого	person	CIII				7. Other	(list)	14	Ienu Type (See	Duci	R oj pagej
Certified foo		r	17	17	7/1	<del> </del>		1_	2 3	4	× 5
Nee		QY	7 1	-27							
			_		IST AND NARRATIV					· o ur	
			ROM PREVIOU	S INSPECTIONS	ARE DENOTED IN TH	HE "SUMMARY OF  Narrative	VIOLATIONS" AND	D IN THE	NARRATIVE BELO		o Be Corrected by
Section #	C/NC	K	No	0.0.10-1		Narrauve				(	- / -
101	0	- 1	UND	KIVO	1:2 2	Sille	VOID THE	TiKA	<u> </u>	-	fiscord-
			Wa.	1287	2000	CH TO	PAN LUN	Tid	9-8-24	-	lis Cour Co
			Toca	16 7 W	9-101/-	IN COO	1tr lon	M	1-00		
234	V		710 5	NN	ino de	T with	100 la	cks	CUD	C	7-11-24
,,,,	d		RIV	and	1105 6.1	VV-1-1	1111X		1		1
431	NC	-	F1001	Silve	11/5.2(	Riline	ONE?	201	edin	/(	0-31-24
	1		Kitch	non-	<del>, , , , , , , , , , , , , , , , , , , </del>				, .		
295	NC		Equi	onen	+ GNC	Solud	7 W Jr	rit(	hen		
0.0	- 10		\	35 M	JURS, DO	XXG SY.	Stem &	te _			2 10 211
297	NC		par	Sode	1000	18 15	Pollog	1/1		-	1-10-64
210	NC		Snoc		10	( m = 10	2 - 1.0	600	ar V	0	1-13.74
218	100		1111	Shill	1 doug	(00) (st. 15)	SOIT	X	VICE	-	1-42-61
		$\vdash$	ONGO	- CA	X 20021	2112	SHITH	MU	( ) )	+	
		110	Hes &	el M.	Single	Zav	Coole	\v\	Snack	+	
		0	lan	0.0		01/2	mo 9	-17_	-> needs	H	Long
			HOWY	1	71 2 ACI 1.	· · · · ·	4.4				
				0111	by Out	- 110 V	GOOD SI		em.		
Received by		l title p	orinted):	_	,		Inspe	ected by	(name and title prin	ted)	
	ake		evenge	*				05	51 1-10	11	
Received by	(signature)	1: 0	1 /				Inspe	ected by	(signature):	1	
	he q.	Ü	ey					CO	J TON	1	
cc:				cc:			cc:		-	4	



### 86 WEST COURT STREET FRANKLIN IN 46131

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

Establishm	ent Sani	tatio	n Requirements. The time l	imit for correction	on of each violation is sp	ecified in the narrative porti	ion of this report.
Establishme	at name		100	en marin meng	Telephone Numbe	Date of Inspection	ı ID#
Establishme	otto	0	Mexican res	taurant	( ) Establishme	9/20/22	1 2147
am	7 5	λ	Cinquial Pl	in even	( ) Owner	700/	, ,
Owner	_ 0.	. /\	meven Ka. IV	146104	Purpose:	Follow-up Rele	
Owner			Aurada		1. Routine	463	100124
	un	<i>)</i>	Dulbuna		2. Follow-up	Summary of Viol	lâtions: '
Owner addr	ess		/)		3. Complaint		
U			U		4. Pre-Operationa	1	A
Person in ch	narge		0		5. Temporary	c 1 NC	<u>8</u> R
llua	ust	un	Dulle		6. HACCP		and the
Responsible	person's	emai	(Sen)	Safe,	7. Other (list)	Menu Type (Se	e back of page)
Certified for	od handle	r	EVALL	5/7/26		1 2 3	1 4 5
(lau	istir	C I	Truo   Th	011126			<u> </u>
· CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST	AND NARRATIV	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS AR			" AND IN THE NARRATIVE BELO	THE RESERVE TO BE ADDRESSED TO SHARE THE PARTY OF THE PAR
Section #	C/NC	R	1		Narrative ,		To Be Corrected by
411	NC		Overhead	light	out in	ary:	10/1/24
		77 14	storage a	read as	of bulb	s unsid	4 /
			somes re	rigera	tions un	ito are	
100	1.0	_	not won	einog			<u> </u>
190	NC		merial	oly (	opped (	LIOSO 1	Correcte
			maal u	(Alley)	1 410 E /A	70°C INDICA	
			A DI TONE	about to	110-14	00) 000004	)
216	NC	1	Dan sen	(1) FC	SUN DU C	son tables	10/30/24
219	Nic	-	1	HND A	$\frac{1}{2}$	and in ton	10/30/21
			Cooler	. D.	at an une c	gay as c	1 -
404	NC	(	Care base	o loos	se mean	handsi	ne 10/30/2
101	100		in wom		- 1 -1.	m)	3///
		1	S. Cour Dasl	miss	ina at 1	Contheast	
			dish area	teall	0		1
295	NC		Ban sod	a gu	n Soiled	Ų ,	9/20/24
294	C		Mechani	cal() C	lish ma	chine,	Called
			contained	less	.than	50ppm of	for
			Chlowne				repair
Received by			printed):		1= 1	Inspected by (name and title print	Per, EHS
Received by	(signature	):	1			Inspected by (signature).	1001
Age	Itun 1	K	Luce			(Marley) []W	
cc:			cc:			cc:	
ı							

### **NARRATIVE REPORT**

Establish	gent N	amo	Address Almerich Rd	Inspection Date
El	rot	$\mathcal{U}$	O Minereh IN	9/20/24
Section#	C/NC	R	MIVICAN 80025. Nineveh Rd Restaurantremarks 46164	/ TØ BE CORRECTED BY
29]	NC		no chlowne test papers pressed	
218	NC		Wash gauge on mechanical	9/22/24
			dish machine contained	/ / /
110.5			a simplifative of 110 F	4,4
430	NC	_	Seef-closing device on	9/25/24
		-	lack door not attached	/ /
		-1	to along (an)	
			to the second of	
	:			
		$\dashv$		
		$\neg$		
		_		
		Н		
		$\Box$		
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			<del></del>	
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Received B	y (Name	& Ti	Inspected By (Name & Title)  (MANUM MUNK, EHS)	Page <u>2</u> of <u>2</u>
State Form 4		-		