

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

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

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Establishmer		-10	1.	111 .	10	2	_	one Number		Date of Insp	ection	ID#
Mai v Establishmer	1 +	Maa	Ison	Mark	et (a	te	` /	stablishment		9/16/	124	2208
		72						wner				
Owner	100 N. Main St. Franklin, IN 46131							Purpose: Follow-up Release Date 1. Routine 9 / 2 6 / 2				
Amy Richardson Owner address 46-106								2. Follow-up Summary of Violations:				
Owner addre	ess	ricer ci.	3071		4610)(a	l	3. Complaint				
7607				r Rass	1.0	The state of the s		perational				
Person in cha	arge				ersvill	e' 114	5. Temp	_	- 1	c_O_Nc_3R		
Krist Responsible	in A	leal.	- AC	Μ			6. HAC	-				
Responsible :	person's	email					7. Other	(list)	- 1	Menu Type (See back of page)		ck of page)
arich	ards	on@	sixtu	sman	agem	rent.com	Gerali.	11 150 	_			
Certified foo	d handles				0					12	3 /	45
• CRITICAL I	TEMS AR	E IDENT	IFIED IN T	НЕ СНЕСК	LIST AND	NARRATIVE	COLUMNS M	ARKED "C"				
			PREVIOUS	INSPECTION	IS ARE DEN			F VIOLATIONS" AT	ND IN T	HE NARRATIVE		
Section #	C/NC					-	Varrative				Т	o Be Corrected by
431	NC							K-inco			, ,	9/20
177	NC							red mir	um	um los	nches	9111
239	NC						lk-in c		1	va i i i i i i		6MP9/17
201	700	31	/		1 6	1		ot stor Semeni	. /			9/11
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		1	otes	:(1) K	nives	+SDa	tulast	ored in	hoti	NOON	-	
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Establishm	ient Sani	tatio	n Requirements. The time limit for correc	tion of each violation is specified	in the narrative portion	n of this report.	
Establishme	nt name		0	Telephone Number	Date of Inspection	ID#	
Establishme	nt addres	s	KUN	() Establishment () Owner	9-9-71	1117	
1,011	1 1	11	Whiteland Ad	Purpose:	Follow-up Release	se Date	
Owner		10	Maniaco de la	1. Routine		-19-74	
				2. Follow-up	Summary of Viola	tions:	
Owner addr	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge			5. Temporary	C() NO	P	
				6. HACCP 7. Other (list)	C NO R		
Responsible	person's	email			Menu Type (See	hack of page)	
				1 6 52262 (1.1.0)	12\sqrt{3}_3_4_5		
Certified foo	od handle	r					
			ENTIFIED IN THE CHECKLIST AND NARRATI		THE NARRATHE RELOW	AC UDU	
Section #			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	Narrative	THE NARRATIVE BELOW	To Be Corrected by	
	0,2.0		N ZMIH MA	(Hed to tin	no of	To De Contected by	
	E. TE	74	Inspections		100 01		
			11.8				
			Engl dish W	12MIN ONLD IN	Observed		
	35 4		ETTER TOF	mating time	012001 403	Local State of Control	
150					to an Essen	a water part	
	13.00	1945	194			Sone Called	
						the second	
	-						
Received by	(name and	-	brinted):	Inspecte	d by (name and title printed	1:1	
Received by	(signature)			Inspecte	dby (signature);	Maria de la companya	
	(Ja	ulus Camora,	(10)	the the	X	
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				1			



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

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Establishme	nt name		0 5	Telephone Number	Date of Inspection	ID#
MAK	SIM	15	(SWILL EXDRESS	() Establishment	0 11 211	1-100
Establishme	nt addres	s	Com Ch Fronklin	() Owner	9-11-24	1/102
39	= ()	RY	terson St.	Purpose:	Follow-up Release	e Date
Owner				1. Routine	168 M-	21-24
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	CNC_	\supset_{R}
	U			6. HACCP		
Responsible	person's	emai	The state of the s	7. Other (list)	Menu Type (See b	ack of page)
			*"d" = use.	7. Other (iiii)	intend Type (See 6	uene of puge)
Certified foo	d handle	r	- 0;		1 2 3 X	4 5
1707	COX	1	o Torres Sala	05 (1/15/24)		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative	0.0	To Be Corrected by
187	C	U	UNSERVED CAMPE	ico contain	er Ot	LECOMMEN
- SWEINE		F 7.	C160480 F 1000	460 10 1. CON	11 COOLER	discardin
		2	WINITCHON	100 c - a 6 111	or torate	P.H.F
		2	Oserved Sour C	YEAR OH	or Jacana	
174	NC		Children School	ware not in	neled on	9-12-711
	100		South Kit hon I'v	yes in	undan	1 13 67
177	NC		100 Mg 100 MG	E Stored In	At the	
431	NIC		Floor drawn for	- Witcher	Vind Sink	9-17-74
			1 margan of to	s soiled.	- CA	
430	NC	re-	Ceiling tiles Mi	SSIMP HOW	+ IN	9-25-24
1			down stores Stor	are Your		
	NC		"Cold (a) 16 C1	6an mit.	With troso	7-13-69
			preat, not easil	of words	1 1011 Off	
			+1001,	1001/10 10.1	10,100,100	
			Notes : Otoxic Spray	2 POTTLE I POT	a white	
		_	1 Slorge Contohin	MI 19 STONE	d 111 2100	4
		/	3 Store 1 SP	12:0010-(10	thein son	tizer MMO
Received by	(name and	title		The same of the sa	ted by (name and title printed)	
		1		(1)	1551 HIII	the man of
Received by	(signature)):		Inspec	ted by (signature);	Listation
					MATTER	
cc:			cc:	cc:		



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Establishme			11		4 1 4 1	Telephone Number		ID#
	Mei	201	79/6/5			() Establishmer	9/12/211	903
Establishme	nt addres ≀ ₄ ⊂	s	210	(. //	() Owner	1/1929	10)
2252	Ul	,	71)	Greenwoo	d.IN	Purpose:	Follow-up Relea	se Date
Owner					'	1. Routine		
						2. Follow-up	Summary of Viola	tions:
Owner addre	ess					3. Complaint		
					1	4. Pre-Operational	.	
Person in ch	arge	-				5. Temporary	c _ O _ NC_	/ R
						6. HACCP		
Responsible	person's	email		and the		7. Other (list)	Menu Type (See	back of page)
C ic ic	11 11					NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	- 100	4.
Certified foo	Sel/	7	Ben,	nell			123	_45
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN	N THE CHECKLIST AND	NARRATIVE	COLUMNS MARKED "C"		
	_		ROM PREVIOU	US INSPECTIONS ARE DENC			AND IN THE NARRATIVE BELOW	
Section #	C/NC	R		COTURAD III A TORONO DA COMO DO COMO DE COMO D	1	Varrative		To Be Corrected by
			1	1.1.1.1.1.1	- 1	11/2 20	'. (A)	
324	NC		No	not water	at	The Men	3 10071	9/22/24
				nand Sink	/			15
						heat	2	1
		\vdash						
	no painten					* =		
	oler			Ц				3 4
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19-1-1-1								
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X	21	1		nnett-	4 0		Terry D	Fay less
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4/		1			<u> </u>		/ pung)]	and in
ec:		(773)		cc:			cc:	



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Listablishin	ciit Jain	tatio	in Requirements. The time mint for correction	on of each violation is specified i		or and report.
Establishme	nt name	200	2013	Telephone Number	Date of Inspection	ID#
T 1001	N		ralds	() Establishment .	9/26/20	1058
Establishme			2 in Green wood	() Owner	1/20/07	7000
	٥.	J.	R. 135 Green wood N. 135 W 46143	Purpose:	Follow-up Releas	/ . / .
Owner	0	•	1	1. Routine	No 10	16/24
Pa	ul	2	U.	2. Follow-up	Summary of Violat	ions: /
Owner addr	ess			3. Complaint		
				4. Pre-Operational	n	_
Person in ch	arge	V	7 1 1	5. Temporary	c = 0 NC	2 R
(11)	1000	10	Sandoval	6. HACCP	- L - L - T	
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)
			ServSafe	// Giner (mass)	interia Type (See 8	ment of puge,
Certified for	od handle	r			1 2 3 2	/1 5
Clari	on	0	andoval 12/7/25		123	_43
• CRITICAL	ITEMS A	RE II	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	S "R"
Section #	C/NC	R		Narrative	/	To Be Corrected by
2/8	NC		UBIM cooler doo	r mot ilos	ina	9/26/24
			tightly			71
- 130 d.	ardend	Į. Į.	(2) 1 heep fryer	laskets/	Rues)	**************************************
			wege I I d	amaged (, 1
295	NC	V	Interior top	of large	lle	9/26/24
			maker is	1 spilleds		1
Access (March)		-	a transportation of the Free Design Continues	eteri ele e		and the second second
/						
		14			10.00	
	-					
		-				
-698 1 (Sec.)		Name of	a security of a contract of the security of	3		Company of the Compan
Received by	(name and	l title	printed):	Inspected	by (name and title printed	
Aaro			indoval	And		ler EHS
Received by		رز (2	Inspected	by (signature):	100
les	3	2	L	Cla	drew M	flew
cc:			cc:	cc:		
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460 N. MORTON ST. STE A 10-2 FRANKLIN, IN 46131 ce 317-346-4365

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

Establishmer				Telephone Number Date of Inspection ID#			
McI	bna	19	Z [']	(317)7138ab444774nt	9-30-24		
Establishmer	nt addres	s		(812) 794943724	9-30	1555	
2080	E. K	in	g St. Franklin, IN 46131	Purpose:	Follow-up Release	Date	
Owner			3	1. Routine	- 10	-9-24	
Ball N	lana	90	ment Group Inc	2. Follow-up	Summary of Violati	ons:	
Owner addre	ess			3. Complaint			
31291	25th	St.	#374 Columbus, IN 47203	4. Pre-Operational	$_{\rm c}$ $2_{\rm Nc}$ 3	3 —	
Person in ch	_	1		5. Temporary	C_NC_	R	
Masc	O NO	h	150n - Manager	6. HACCP			
Responsible	person's	emai	U	7. Other (list)	Menu Type (See b	ack of page)	
			. stores. mcd.com		- 1	Be Charles	
Certified foo	d handle	ph	nson Servsafe exp		123_ 😕	_45	
The state of the s			ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
• VIOLATION	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AN	ID IN THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
187	187 C Sausage gravy in 2door fridge near drive						
, ,					internal		
1 - 41		111122	temperature of	54°F, gravy	was placed	1 200 201	
			in fridge around	llam, temp. 4	aken at 4pm		
295	NC	(Dtop of dish mach	line soiled	,	10-5	
			2) drive thru sodas	11	ntersy		
			Surfaces soiled,	especially be	hindtea		
/10 1	1.30		canisters & baske	ts of sugar	- 1 T:		
431	NC	(e thrusoda	0 0 1 4		
			excessively littered	with tood de	ebristairty		
	_	/	CUPS /		V		
1110	mp	7	2)+loor to surroundi	11111	elector soiled		
415	NO	Ċ	1 / //	rved through		1	
433	NC		mopratifung to d	ry in between	uses -	-	
			Notes Dair curtain	not on at paym	point drive thrus	window	
			2) ice scoop hos	topserved at	drive than so	da	
	Station ice bin Corrected						
Received by	(name and	title j	orinted):	Insp	ected by (name and title printed)	me FHS	
Received by	(signature)):	1,30	Insp	ected by (signature):	190,010	
	vor				Mapan	age	
cc:			cc:	cc:		0	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishme	ent name	1 81	and the same	n to anita	Telephone Number	Date of Inspection	ID#
Establishme	ent address	1 //	ewary Co.		() Establishment	9/26/20	1 2159
6001	1 1/	Hury 3	3/ Whitelan	91	() Owner	7 5 0/5	010/
Owner	/ / /	1009 -	11/10/01/01		Purpose: 1. Routine	Follow-up Relea	se Date
2+	0100	, 11,	10mm)			Summary of Viola	101-1
Owner addr	ess	FIC	DUNIO		2. Follow-up	Summary of viola	itions.
owner addr	C 33				3. Complaint		
Domon in al-	444.0	1 /			4. Pre-Operational	0	/
Person in ch	elle)	Has	4mm		5. Temporary6. HACCP	C_O_NC_	R R
Responsible	person's e	mail	(AFSC	Exp:	7. Other (list)	Menu Type (See	back of page)
Certified for	od handler	7	1 1/20	1/20		- 1 2 /3	4 5
Tale	<i>l //</i>	Jusq	1000 (1/29)	127		1	
		E IDENTIFI			COLUMNS MARKED "C"		
AND DESCRIPTION OF THE PARTY OF	-	-	EVIOUS INSPECTIONS ARE DENG			ND IN THE NARRATIVE BELOW	
Section #	C/NC	R	1001 / 10.0	+01	Varrative	1150113	To Be Corrected by
218	NC	1	moust seal	Lyon	10 Cola 110	iscor .	10/31/24
03.00	1.1/10	0	The so colle	,0,		11 (3 10) 7 (100)	- Julian -
		.,41		THE STATE OF	anger, statement, no	ALCO IN PROPERTY SECOND	DCAL day let
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	-	-					
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	- Lung	hig hayes				and the parties of the second	Harris III
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	1 213						o dimoseus
Danisa II.	(title to intelle			lr.	11 (101 101 101	1)
Received by	mame and		LIOMORA	Ow	ner Ins	pected by (name and title printe	Ther EUS
Received by						pected by (signature):	100
		6				Maren Mu	llen
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name	0	0 110.	Telephone Number	Date of Inspection	ID#
1 100	rle 1	YM	mans Craft Puras	F (Pub Establishment	alanlari	2-011
Establishme	nt addres	5	2125 Greenwood	() Owner	1/30/24	2384
2826	5.	SF	135 9111112	Purpose:	Follow-up Release	Date i
Owner	0 0	,	7 10170	1. Routine	1/es 10/	10/24
1/6	Colo	1	omans	2. Follow-up	Summary of Violatio	ns
Owner addr	ess	-	1	3. Complaint	/	
			1	4. Pre-Operational	1	
Person in ch	arge		^ •	5. Temporary	c 0 NC 7	' _R 3
MA	MA	(Miom	6. HACCP	010	
Responsible	person's	emai	1	7. Other (list)	Menu Type (See ba	ck of page)
				7. Other (tist)	Mena Type (See ou) pages
Certified for	od handle	r			1 2 3 1	1 5
N/A					123	45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	"R"
Section #		R		Narrative		To Be Corrected by
431	NC		Floors walls,	Cellings, ven	to ceiling	10/11/24
			and floor dra	ins Toiled	in in	///
110		,	various areas			
430	NC	V	Floor drain	for self-se	we	1
0.10	- 1-0		Soda Station	not acces	selle.	10/30/24
218	NC	V	Some refrigerat	ion units	contain	1
			(2) Interior left	gaskets	1 1. 1 Des	
			Chin Caroloti Ma	of Alen	missing	
			The CALLETT HILL	the thrul	ation)	1,
295	NC		"Interior and	entonim) of	various	10/11/24
01 10	,,,,		exupment are	Soiled	2auco	19/
218	NC		Ostr lea st	unless steel	dough)	
			room table lie	ttom shell	is	
			not connected to	the lego		1
324	NC		Cap for water		mechanec	al 10/13/24
			dishiphachine is	· leaking	, ,	14
295	NC		Wough room fou	r rack mer	tal	10/11/24
D : 11	/	1	shelving lis	soiled		1
Received by	Iname and	title j	1. 0-00/	Inspected	by (name and title printed):	V 1010
Received by	7		yngen Otheral	TOX 1967 JAM	grew Mille	KENX
Received by	(signature)	-	14/11/11		by signature):	200
cc:			cc:	CC	nonew / W	
			33.			



460 N. MORTON ST. STE A FRANKLIN, IN 46131 (1) Office 317-346-4365 Fax 317-736-5264

Establishmer	nt name				Telephone Number	r	Date of Inspection	ID#		
Noodl	esa	Co	mpan	L.	(317) 7396420	200	0 1-			
Establishmen	nt addres	ss	T. IPCCI	y	(720) 29419947		9-17-24	2706		
21821	V. N	loc	tonst	Franklin, IN 46131	Purpose:		Follow-up Release I	Date		
Owner		101	101101.	TI WHE WITH TOTAL	1 Routine	ľ	9-27-24			
77.0 1	10.110	CI	122	C Paradalua	2. Follow-up	1	Summary of Violations:			
Owner addre	ess	Sr	TOPEN -	-Colorado Inc 80021	3. Complaint	- 1	outlined of the second			
					1	_				
Person in cha	arge	31.	SIE D.	Broomfield, Co	-1 ^	4. Pre-Operational 5. Temporary C NC				
					5. Temporary	1	C_O_NC_O			
Responsible	f (/V	email	- YVU	mager	6. HACCP 7. Other (list)	ŀ	Menu Type (See bac			
~			4 4		7. Other (usi)	Menu Type (Sec		ik oj pagej		
jennite Certified foo	d handle	r ,	(Sta	te Food Safety exp)		— I	1 2 2 V	4 5		
Doug	/\			-5-28		ľ	123_	45		
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			-4		
 VIOLATION((S) REPEA	TED F	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN TH		s" and in ti	HE NARRATIVE BELOW AS "	R"		
Section #	C/NC	R	, ,		Narrative		Т	o Be Corrected by		
			Novi	iolations observ	red					
			11.	EN AL	,		., ,			
			/Vot	es: Ofloor und	er equipment dwoshings	1,50	led			
				Gback han	awashing S	INK	reaking			
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Establishme	nt name		ale a market and	and the statement	Telephone Number	er Date of Inspection	ID#
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Establishmer	M	لعلا	y 1 400	1 111		19/27/24	1111
Establishmen	nt addres	S	1 Greenwo	od, IN	() Owner	1/2-1/2	
886 S	R 13	5	S	46143	Purpose:		se Date
Owner	, ,,				1 (Routine)	yes 10	7/24
(Dr 10	MA	10			2. Follow-up	Summary of Viola	tions:
Owner addre	ess	4			3. Complaint	1'	
					4. Pre-Operation	a1	
D : 1					4	$_{\rm C}$ 2 NC	3 "
Person in ch	arge 1	4)	as ful to tupica and	5. Temporary	CNC_	<u> </u>
War	uel	-	unen		6. HACCP	the company to the state of the state of	sh dada l
Responsible	person's	emai		(ServSate)	7. Other (list)	Menu Type (See	back of page)
Certified for	od handle	00		Expir		_ 1 2 2 2 4	1 5
dind			and Ard man	12/4/25	A	123_	45
• CRITICAL		RE ID	ENTIFIED IN THE CH	ECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		The Control
• VIOLATION				TONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
399	NC		France)	tild da	magedi	and COUR)	10/31/24
9//	100	1	On A DI M	OAK I LAC	(P) De tri	and door	10/2/21
27 (9 12)	11.71	20176	Dishend	100 m	1080210	md.	alighta
			1120 18-1	n-cooley	1/ 84 0000	1) doors	28.75.77X2V
303	C	\vdash	Ditabon	moch	(micalia)	ishmachine	Call for
003	_	\vdash	mot Sa	nitining	1 mm 1 d f c	Italia after	repair
			Chapin	awgury-	Midiana	ung after	- Cause
218	NC	\vdash	7000	Jahan Lan	0. 11. 11	inter about	010/31/24
210	MC.		manat	Tipm I su	i b	my apper	10/31/24
795	NC		Bassa	co. and	soda don	ins are	Corrected
1	100		Solled	a conce	Jane Will	216 46	Contigue
187	C	1	The Doll	NUM NO INT	mal proc	tuct temper	Atures.
101		-	were m	reasilred	in the	foun	Corrected
		135000	doaler	COOL	an are	Duck	Corrected
			(a)	Pinh chi	chonishood	143°F to	2010/19/2012
		\vdash	(AM)) 450	SE , DE	7 7 7 10	
		(2)	The Room		onal proc	Luct tom DODA	alures
		6	inenol m	DANINOA. IV	2 + has 7115	D dodilyh)	
		(DODDA	Rubs 50°F	and Cheese	2. SPICON. 510F	7
Received by	(name an	d title	printed):	000 50 F	THE RESERVE THE PARTY OF THE PA	Inspected by (name and title printe	d):
1	ani	ll	NUNCZ	for a set of red type	n Hearth r harif	Andrew Mille	er, EH
Received by	(signature	1: (c)	W.MI	1.		Inspected by (signature):	Tille 49
cc:			сс:			сс:	
				i.			
							Page 1 of 1



460 N. MORTON ST. STE A (1)
FRANKLIN, IN 46131
ce 317-346-4365

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

Establishment name	Telephone Number	Date of Inspection	1 "
THE ORIGINAL CHICAGO PIZZA - CURRY	() Establishment		ID#
Establishment address		9/26/24	2495
153 HOLFDAY RAGE FRANKLIMIN	() Owner		
Owner	Purpose: 1. Routine	Follow-up Release	15/24
and the second s		(V)	
Owner address	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		\sim
	4. Pre-Operational	0	\hat{S}
Person in charge	5. Temporary	C_O_NC_S	X_R
GAURA SINGH	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler SERVSAFE/23/	10-2	1 2 3) 4 5
GAUR. STRIGH EXP. 6/23/	50)		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	
	Narrative		To Be Corrected by
392 NC OUTSIDE DUMPS	TER LAG NO	T CLOSS	CORRECTED
TO TOP 1/22 TO 1 MI	04818-0 -C		9/26/24
	PATURES OF APPLOUS FOODS	m	9/27
WALK-DO COOLE		NOT	9/0/
AT 41°F OR 655	101-101	,-01	
431 NC FLOOR NOT CLEAN	UNDER SHELF	Mext	9/30
TO WALL			
			No. and
Received by (name and title printed):	- /	Bob SmiTh	EHS
Received by (signature):	Inspecto Be	ed by (signature):	
сс: сс:	сс:		



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

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

D 1111			1			In or	
Establishmer			1 1110	72	Telephone Numb	-	pection ID#
Establishmen	r pr	عمو	462	12	(317) 6 0 0 0 0 8 9	3 9-10	-24 2713
			, C+	T	(314984)		21
	4. 1/1	or.	ton ST.	Franklin, IN 46131		Follow-up	Release Date
Owner					1. Routine		9-29-24
Panero	a Lh	C			2. Follow-up	Summary o	of Violations:
Owner addre	SS			63026	3. Complaint		
14005.	High	WO	m Dr. S	ite. 100 Fenton, MO	4. Pre-Operation	nal	
Person in cha	urge				5. Temporary	c_ <i>U</i> _	NC R
Diano Responsible	M	va	ian-G	$^{\prime}$ M	6. HACCP	17, 10	
1 .					7. Other (list)	Menu Typ	pe (See back of page)
diana	. m	05	gan@i	Danerabread.com	Λ		
Certified foo	d handler	nnle	J (Serv	Danerabread.cov Sale exp)		12	3 🞾 45
	-	+		N THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"	"	
 VIOLATION(S) REPEAT	red f	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIV	E BELOW AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
297	NC		inter	ior top of ice	machine s	soiled	9-21
			Bill Mr	•			
- 1				*			
Received by	name and	title	triuted).			Inspected by (name and to	title twinted):
A	100		A 3	0010		11	
Received by	(signature)		11/01	gari		Inspected by (signature):	rorge, EHS
Non	(a)	11	200	80	4	Minn	Plusy e
cc:		V	C C	cc:		cc:	
			, V				,



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

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

			and the first the time time to the content to the c		ar the manual porte				
Establishme	nt name	10	10.00	Telephone Number	Date of Inspection	ID#			
100	CV 6	X	N 11/12	() Establishment	01771	1 -111			
Establishme	nt addres	s	CO ISE Greene	📆 ·) Owner	4-11. L	1 116			
799	5	5	SK 155	Purposer	Follow-up Relea	se Date			
Owner				1. Routine	- 19.	-61-69			
				2. Follow-up	Summary of Viola	iolations:			
Owner address				3. Complaint					
				4. Pre-Operational		1			
Person in ch	arge		of the state of th	5. Temporary	CNC_	O R			
				6. HACCP		9			
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)			
				12					
Certified food handler					$_{1}$ $_{2}$ \times $_{3}$	4 5			
			ENTIFIED IN THE CHECKLIST AND NARRATIV						
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW				
Section #		K	000000000000000000000000000000000000000	Narrative	2 0	To Be Corrected by			
218	MC		Observed the Com	sent air tem	POT	+			
	E T		TIP TOP COOLEY	6432	TO THE REAL	- 10 - 10 dd			
3111	N		Depperoni	COCON Ma	allo				
415	NC		mas + manne	not hum 10	1 WILL				
347	NC		NO Daner Forsels	Observed & M	(md Tink	142			
		y-104	Nu 2 los over 50	n K					
430	NC		Shor tiles are	Worn miss	M.				
218	NC		thatop cooler	handles are	1809				
			missing (one so	rew is expose	(له				
			9		11.18				
- 10 p 4 mi									
	ani e	4.							
			Note: Ollo cented	a few Small	1 Plac				
				NK TON SYNON	N MIC				
			@ 1)e+0.1	clean -					
			() = () = ()						
Received by		^		Inspected	d by (name and title printe	d):			
matt			nowning		JUST TUN				
Received by	(signature)	:	0	Inspected	d by (signature):				
1114	1			(0)	BS A POW				
cc:			cc:	cc:	~ ~				
l			1	1					



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

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

Establishment name	, x sistem e	Telephone Number	Date of Inspection	ID#
18m Station.	() Establishment	0 1771	000
Establishment address	enrood.) Owner	1-11.6	MOL
1755 S SK 135	Pur	pose:	Follow-up Releas	e Date
Owner		Routine	9-1	7.74
	2.	Follow-up	Summary of Violat	ions:
Owner address	THE RESERVE OF THE PERSON NAMED IN	Complaint		
		Pre-Operational		
Person in charge		Temporary	c	R
		HACCP	0	n signal de s
Responsible person's email		Other (list)	Menu Type (See b	pack of page)
	, ,	Other (11st)	Wiena Type (See 8	uck of puges
Certified food handler	78.		1 2 X 3	4 5
Malcolm Malligues (3	(1129)		12/_3	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND N	NARRATIVE COL	UMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED.			ID IN THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narı	ative		To Be Corrected by
187 C Doserved th	2/10/8	anal ter	noerghve	RECOUNTER
of cust tries	0600	F Occited	10 3	discinging
dor cooler	occo	Si from	typer	J. H.L.
2 Compia	NT O.	in tempe	NOTINE	
USE C DOSENIA C	1550	and Cha-		150 711
218 NC DOSCULA TR	X 31	VIII TIES	(200)	10-13-14
218 NC 005000 1A	4000	MINE WHO	mal colec	4-14-64
Table 7 cmpero	NOVES	th the	of CORC	
TO TO TOWN C	Mi (0	n 9 130F		
(2) 08000	000	QH30/		
Shall to the	OF OCT	PSS		
431 NC YOURS & WOU	SON	L 501602	- NUMBER	11-19-24
out hitchen				
5 Well ec	Mary	W. OVUM	d MODSINK	,
Shellyn, I	X175	. ,		-
3				
Received by (name and title printed):	i	40 Jam	ected by (name and title printed)	
Mulcolm Kuluayer	- 6	(st	CISS: Advantagement	
Received by (signature):		Insp	ected by (signature):	The state of
			Ma Lake	
ce: cc:		cc:	mas soul	
San			7	



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

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

		on requirem	iems. The time mint for co		specified in the harranve porti	*
Establishme	ent name	11.1	garaga en ba	Telephone Numl		ID#
	27a	HUT		() Establishn	nent 7 1 11	1 01011
Establishme	ent address	1.0	2, Greens	owner () Owner	M-10-10	1 1684
102	25	M'	61	Purpose:	Follow-up Rele	
Owner				1. Routine	1 - 19	1-16-24
				2. Follow-up	Summary of Viol	ations:
Owner addr	ess			3. Complaint	599	
				4. Pre-Operation	nal	0
Person in ch	narge				CNC_	//
	m.ge			5. Temporary	C NC	
Responsible	person's em	nil .		6. HACCP	N 75 /6	1.1.6.
Responsible	person's em	all		7. Other (list)	Menu Type (See	e back of page)
Certified for	nd handler				— ,	✓
Cerunea 100	od mindrer				123	
• CRITICAL	ITEMS ARE I	DENTIFIED II	N THE CHECKLIST AND NARE	RATIVE COLUMNS MARKED "C		
					NS" AND IN THE NARRATIVE BELOV	W AS "R"
Section #	C/NC R			Narrative		To Be Corrected by
1231	NCC	Flan	5 2/101 / 27	- Ceiling ar	Solled	T PER 1
21	110	77-0	L'A FOR SEAL	(Nen - Inde	tremanues as	
431	(9	31/	NIN ZOUNG	TYCKIN IS	Soiled.	
		10	1000 Troop			
17	とつる	12 de	vsc-Cooler	not Pash	Moreign	
	1		by Xloor Vo	der Grain	2 (OULLY	
			15 Souled.			
	Linus	-			The state of the s	x constant to
						ien jeden "dei
		-				
		-				
Received by	(name and titl	e printed):			Inspected by (name and title print	ted):
A	auch	au	X		CASSI HUN	
Received by	(signature):		U		Inspected by (signature);	E Tay I was
	iral	1 Ar	my		MAD ECCO	7
cc:			cc:		cc:	



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

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

Establishmer		A	electications of the second	Telephone Number	Date of Inspection	ID#
Pizz				() Establishment	9/5/24	2185
Establishmer	nt address	s .	rith valley IN 46142	() Owner	1/3/27	8105
4800	N.	Sm	ith valley IN 46142	Purpose:	Follow-up Release	Date
Owner				1. Routine	-	
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess	-2		3. Complaint		
			<i>∞</i> 9	4. Pre-Operational	8	
Person in cha	arge		a The post	5. Temporary	c_3_nc_3	R
Ung As			pro-	6. HACCP		Indicates # 3
Responsible	person's	emai	lone of the total management of state of	7. Other (list)	Menu Type (See b	ack of page)
1	STOCKERS AND STOCKERS			7. 3000 (1135)	mena zjpa (os.	acte of Page)
Certified foo	d handler	F	tigelmom		123_	, 45
			DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION((S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
430	NE			ssing in right c	corner eg	9/26/20
,			walk-m cooler.		2 1	
431	MC		floor by want mehan	ital dosh was	her & three-	9/19/24
11/2	400		buy sink is stilled.	Llood landa	2 = 1 = 200	14.00
142	C		are bottled at hot	t feold holding	frod is not	ASAP
295	NC		Lid handles needs Ole	aming at hold	Ling Station.	ALAP
11/1	140		Employee not using	Aloxes winte	handling Pour	ASAP
-1-/-	-		cheese Scoop handell	le not placed	A COLOR	ASAP
295	C		wouldn't touch any	Avel.	10000	2)=101
					ile file	
	2 1			Λ		malare of
			NOTE: (2) Mechanical of	how washer so	anstizer N &	Kony
			(i) sloop food si		hould be pla	eel
			where it's no		re food.	
				Avoil thems no	eeds to be	E .
			properly cable	elled.		
			1 . (
Received by	(name and	l-title	trinted) ·	Inspe	ected by (name and title printed)	
" fla.	lelo	ga		- A	aul Betiku	
Received by	(rignature)	: n		52	ected by (signature): Aul Betileu	21.91.3.20
cc:	17		cc:	င့်င်း		



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

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

Establishme	ent name				The second second second	Telephone Num	her	Date of Inspe		1	
Ron	d R	ın	1104	#226		() Establishin		Date of Inspe	I	ID#	
Establishme	ent addre	SS	1	VPPO LINE	(4)	() Owner	inciri	9/23	124	915	
111015	EM	1.h	(5)	sveenwood 4614	12	Purpose:		F 11			
Owner						1. Routine		Follow-up Release Date			
7.7.3						2. Follow-up		Summary of Violations:			
Owner address						1		Summary of	Violation	s: /	
S will address						3. Complaint					
D						4. Pre-Operation	nal		11	,	
Person in charge Shurley Prutt						5. Temporary		c_1_	NC_14	R	
STREET, SQUARE, SANS, SA	rlei	Y	1ru	iill		6. HACCP		4			
Responsible	person's	ŧmai	l		. ec n. e *	7. Other (list)	- 14 N	Menu Type	e (See baci	k of page)	
Certified for	od handle	r	administration and the second	NAT-ALTERNATION OF THE PARTY OF		Martin Martin David			. /	100	
L N/	A							12	_34	55	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"											
 VIOLATION 	(S) REPEA	TED F	ROM PREVIO	US INSPECTIONS A	ARE DENOTED IN THE	"SUMMARY OF VIOLATION	NS" AND IN T	HE NARRATIVE	BELOW AS "F	."	
Section #	C/NC	R			I	Varrative			To	Be Corrected by	
324	C		aut	omati	r han	t sink	at			24-24	
		,	Sulr	vay &	ront le	ne not	oper	able	1	orrected	
411	NC		Int	erace	bulle	out insi	de		10	0/1/24	
210			mas	ter Bil	t two	door fre	eyer			11	
218	NC		Shel	irng in	side Su	leway lev.	alk	in-		0/23/24	
385		_	cool	ur ou	Drusty	1				- 4	
300	NC		East	exter	wo do	impoter	is	miss	ing	10/1/24	
177	NC	\neg	The In	TOP I	ias	C 2		1-1-0-	/ 9	12721	
/ / /	NC		\sim	t)	fram		10 x	Mored	9 17	123/24	
256	NC		70 J	honmo	neter &	, ,	<i>illy</i>	room	-		
200	700		0400	talit	nie Z	Des DIO	Per	zza -		orrected	
218	NC		all	درره برا	is use	das a) T,	m 14)	10	18/24	
			kno	la m	the B	kers P	21 10	DANA	7)	3/0/12	
			oven	,				100			
388	NC	2	app	roum	ately 24	semi te	res	are	1	0/8/24	
stored outside the compactor.						n an	20	1 1			
426 NC Various wood					pallet	, tr	ash				
Received by	(name and		minted).	aver	s are	sived	Inchestal	The	2 Initial Ali	4	
< h	_ \	p		4			Inspected	by (name and title	A. II	010	
Received by (signature):						Inspected	oy (signature):	The	Y, LMS		
			2	<			V .)	sy (signature):	m.00	000	
cc:	2			cc:			cc:	aras madina di kandilan manana ana a		THE STREET STREET BEAUTY SECURIOR STREET, AND SECURIOR STREET	

NARRATIVE REPORT

Establishm	nent N	ame	anger #226 Address Greenwood 1615 E. Main St. IN 46145	Inspection Date 9/23/24
	C/NC		REMARKS	/ 70 BE
0000011111	0/110			CORRECTED BY
			East exterior grassy area	<u> </u>
431	NC	\subseteq	Duest area Godaf station	10/15/24
			floor drain not accessible	needs
	_	Ш	un gas station area.	agreps
295	NC	Ш	Can opener blade is soiled	9/23/24
430	VC	M		10/1/24
			the door brames.	' '
	-	1	3 Michanikal/Whity room,	
			in sulway dres contains	
			a water Cak (apparent roof leak)	
			from a pipe Water is dripping	
			and collecting in front of electrica	Q)
		П	parels labeled A and B	
399	NC		Giloon tiles damaged and	10/1/24
			missing at Morth main	Y
			entry Hexet doors and these	1.
413	NC		doods are not tight-letting at	10/8/24
			the center bottom when I closed	7 / 1
295	NC		Good Humor mobile ice	923/24
			cream freezer right window	,,,,,
	-		and the doors track (bottom)	
			are Soiled.	7
		П		
		П		
		П		
		П		
		П		
	-	П		
Received By	(Name	& Ti	Inspected By (Name & Title) Undrew Muller, EHC	Page <u>2</u> of <u>2</u>
56	- \	4	20) Madra Millar DIO	Page 🔬 of 🔬
		ī. N		



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

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

Establishmer	it name	1	1	Telephone Numb	er D	ate of Insp	ection	ID#
LOR	K. W	M	ne & Pho	() Establishm	ent	ala	101	011011
Establishmer	t addres	S	Ste 2508 Greenwood, IN 46143	() Owner		7/26	124	2494
28/105	SISK	2 1:	35 SILIN SUCI, IN	Purpose:	F	ollow-up	Release I	Date
Owner	0		-11	1. Routine	1	Ves	10/5	
(011	(W	ne	2 Shawna	2. Follow-up	Si		f Violation	
Owner addre	ss	7	1	3. Complaint				
		V	,	4. Pre-Operation	al	A	1	
Person in cha		_	11.4.1004	5. Temporary	(:_4	NC	
	um		Thawng (6. HACCP	and the second	t faste		
Responsible 1	person's	emai	1 (Servate	7. Other (list)	1	Menu Typ	e (See bac	k of page)
Destrified foo	Ahandle	+	· · · · · · · · · · · · · · · · · · ·	/			/	
(011)	W	20	Mauna 9/15/26		1_	2	_3_ √_4	45
• CRITICAL I	TEMS A	REI	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C'			-	
· VIOLATION(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATION	IS" AND IN THE	NARRATIVE	E BELOW AS "	R"
Section #	C/NC	R	1	Varrative			Т	o Be Corrected by
344	C	/	Dish area hand s	sink was	sto	una	(Corrected
345	C		various equipmer	t and s	oiled	_ 0		
137	NC	V.	no paper o toure	w mon	har	rd s	oap	Corrected
		,	provided at dis	r area h	and o	sink)	Corrected
433	NC	V	Thet maps not	hungi	JP.		Λ *	9-26-24
413	NC		alley screen	door	niot	Dea	ling	10-8-24
201	. \		at bottom	. +	01111	. 15		22121
291 295	NC	~	The Quat test	Aurys in	Soil	ea		G-16-14
295	NC	V	Table the total	ut was	- 300	ia	110	Corrected
234	NC	_	790F CONTAINOR! 5	water	SCO	ea	in	4-210-24
205	C		MOK COOPING OF	NIN COM	rked	in		9-27-24
200			the places many	handle	acea	uc		7 2 2
218	NC.	(Stud Strainghal		rdles	an	0)	Corrected.
	100	,	LI HONN	· · · · · · · · · · · · · · · · · · ·	00000	, 000		Testa
		(2) One des fuller d	varket is	day	nage	d	9-27-24
431	NC		Kitchen I m	echanical	Levh	aus	t	10-8-20
			sistem and little	is are s	soiles	U		I
177	NC	\checkmark	grood was st	ioned or	ith			10-1-24
Received by	name and	title	printed):	4 1.	Inspected by	(name and ti	tle printed):	EHC
Received by	(signature)		0 114		Inspected by	(signature):	100:	7 ()
The 1	· M	-			Under	IRIA IV	ullon	/
cc:	***************************************		cc:		317-	34/0-	4380	2
					1 /	14	1000	

			NARRATIVE REPORT Green wa	od
Establish	ment A	•	Address //	Inspection Date 9-26-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
0 - 1			walk-in-freezer floor	0 1/ 21
256	NC	Н	mot sein) in kitchin minders	9-24-24
			table or sushi prep table	
112	NC		Toaster over in sushi area	10-8-24 Need
	-	l l	Wal-mart and Household reserons	y". commer
-			a porpued.	O Unit
431	NC		Mitchen aw returns are	9-27-24
			soilla 3 Eurst area soda drain	
120	. 16		is soiled	
138	NC		Sushi employee lacked a	Corrected/
295	NC		Compressor unit was soiled	Corrected
			sushi nea table	
178	NC	\sqcup	Various food items were	10-1-24
			about style bago swhile	
177	NC		I'M the walk-in-cooler/fla	Corrected
	/VC		were I stored at the quest	Correction
293	NC		The middle boy of the three	Correctea
	700		bay sink (in kitchen) contain	ed Please
			three pairs of personal,	for dishe
295	NC	1	Inside top of ice maker and	equipment
			prop plate are soiled -	9-26-24
Received B		& T	Inspected By (Name & Title) Charles By (Name & Title) Charles By (Name & Title)	Page2_of_2
State Form 4		/ 8-0		<u></u>