

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

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

Establishment name Centrol 9 Establishment address 1999 5 US 3 Greenwood The Owner Owner Owner address Person in charge Responsible person's email				Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 39/ Pollow-up Release Date Summary of Violations: CNC_3R Menu Type (See back of page)			
Certified foo	N	2	O Q	COLUMNIS MARKED IICII	12 3	45		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		O IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	_				To Be Corrected by		
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460 N. MORTON ST. STE A (1) FRANKLIN, IN 46131
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Office 317-346-4365 Fax 317-736-5264

Establishment name CROCKSTIC ELEMENTAY Establishment address J140 E ST Rd 44 Frankta, In Owner F.C.S.C. Owner address Person in charge DIANA PO (VECTTEL) Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 9/24/34 788 Follow-up Release Date /0 /3 /24 Summary of Violations: C NC R Menu Type (See back of page)
DIANA POMENTIELD SERVE	SPFO EXP. 2/29	12_\infty_345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATION		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section # C/NC R	Narrative	To Be Corrected by
CNOTE: PROVIDE 228 NC NEW PASS TH WARMER ON S	B LARGER GAP RUJGH AND E ERUZNG LEWY)	Between 10/15/24
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address 101 W ST RJ 44 Franklin, 20	() Establishment	abuhu	
Establishment address	() Owner	9/24/24	100
101 W ST B 44 Franklin, IN	Purpose	Follow-up Release	Date ,
Owner	1. Routine		13/24
FCSC.	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	c	R
	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
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RAWPI SPACKS SERVSAFE E	XP. 5/29/29	123	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		IN THE NARRATIVE BELOW A	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1997
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NO VIOLATIONS O.	BSERWA		
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NO MORE ON PLATE /	STERSOL SUR	Aco	(MK)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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1	1	
Establishment name	Telephone Number	Date of Inspection ID#
Franklin Communisy High ScHool	() Establishment	9/26/24 402
Establishment address	() Owner	7/00/09 400
2600 CUMBRECARD BY FRANKIANAN	Purpose:	Follow up Rolegge Date
Owner		Follow-up Release Date 10/5/24
	1. Routine	
F.C.S.C.	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	C_O_NC_\ R
RACHEL WHELLER	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
	7. Other (1131)	Within Type (see out of page)
Certified food handler		
Certified food handler RACHEL WHERELER SERUSARE Y	25/28)	125
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"
	Varrative	To Be Corrected by
179 NC & SOMO FRONT ITEMS FXF	2059 AN SORNII	/
179 NC & Some Food ITEMS EXT LIMP (ROLLS, LETTU	Ce ONTONE PECK	(05)
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FINAL SANITIZA	TION RIMSO 1	SOF (OK)
GREATER THAT	,-	
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Rachael Wheeler - Manager	Bo	b Smith Bits
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сс: сс:	cc:	



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

Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address 635 G G T Z Z Z Y CUB OR FORNKLIN,	ر) Establishment		
Establishment address	() Owner	9/26/24	1385
625 GCT7224 CUB OR. FORNKLIN.	D-Purposes	Follow-up Release	Date
Owner	1. Routine	Tonow-up Incicase	15/24
F.C.S.C.	2. Follow-up	Summary of Violatio	
Owner address		building of violatio	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C O NC 1	R
MELINDA SCOTT	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
Certified food handler MELT WORD SCOTT (SERUSAFE) E	xP 5/2/29)	12 💢 3	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative		To Be Corrected by
295 NC INSIDE TOP OF	Ju minner 1	OT CLEAN	10/1/24
mechanical distri	MINDREH FOT U	19700	
SANITIZATION 1	RIND 1640F	Greater .	GAN)
THAN 160°F MINI	mvm)	*	010
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Received by (name and title printed):	Income	ed by (name and title timete 1).	
Melinda Scott Cafe Mana	Crec	ed by (name and title printed):	1 875
Received by (signature):		ed by (signature);	Ting of the last
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Establishmer Establishmer Owner	nt name LLAM nt address 3/5		Smith Valley Rd. Greenwoo	Telephone Number	Date of Inspection 9/36/2 y Follow-up Release Summary of Viola	ID# 392_ se Date
Person in charge Responsible person's email Certified food handler				4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See	
• CRITICAL I		RE IDEN	NTIFIED IN THE CHECKLIST AND NA	RRATIVE COLUMNS MARKED "C" ED IN THE "SUMMARY OF VIOLATIONS" AND		
Section #		A	7M TREATOGO HAST ECTIONS ARE DENOTE	Narrative	IN THE WARRATTVE BELOW	To Be Corrected by
		337	Note: Keep du	mgster liobs denn		
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Establishmer	nt name		The state of the s	Telephone Number	Date of Inspection	ID#		
150m Elementary			Elementary	() Establishment	9/26/24	393		
Establishment name 150m Elementary Establishment address 50 E Broadway Greenwood Owner			n . Greenulani	() Owner				
5	O E		Broadway Ortanolog	Purpose:	Follow-up Releas	e Date		
Owner			IN					
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
js				4. Pre-Operational				
Person in ch	arge	min	812	5. Temporary	C _ O _ NC_ (⊃R		
1 1		Hg	en e al e e	6. HACCP	5-31	-11 3 44 7		
Responsible	person's	email		7. Other (list)	Menu Type (See)	back of page)		
Certified foo	d handle	r	A		_			
it Da	wne	20	rd		123	45		
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Section #	C/NC	R		Narrative		To Be Corrected by		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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 WEEDHAM ELEMENTHAT SCHOOL) Establishment @125 124 1399 UPPER SHELBY VILLE RO FRANKL PURPOSE: Follow-up Release Date -10/21 1 Routine FCSC-2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational Person in charge C O NC O R 5. Temporary DAWN BAKER 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler SERUSAF TONI CHILDS 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" Narrative To Be Corrected by Section # C/NC R NO MecHANIEHR disting neitted HOT WINTER SAWITIZATION Received by (name and title printed): Inspected by (name and title printed):



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		auoi	Requirements. The time limit for correct			of this report.	
Establishmer	nt name			Telephone Number	Date of Inspection	ID#	
North east 2/ementary				() Establishment	9/27/24	395	
Establishment name North east Elementary Establishment address 99 Crest view &r. Greenwood				() Owner	11-17-7	177	
99 Crest view br. Greenwood			View br. Greenwood	Purpose:	Follow-up Releas	e Date	
Owner			IN	1. Routine			
- 19			200	2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	aroe	-		5. Temporary	C O NC	O D	
r croon in cir	arge				CNC		
Responsible	person's	email		6. HACCP 7. Other (list)	Menu Type (See l	ach of page)	
rcesponsible	persons	Cilian		7. Other (usi)	Menu Type (See a	ack of page)	
Certified foo	d handle	r			1 2 -1 2	4 5	
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• CRITICAL	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TVE COLUMNS MARKED "C"			
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Section #	C/NC	R		Narrative		To Be Corrected by	
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E . 11:1				T T 1 N N	D . GI	
Establishmen	nt name	V	of Greenwood	Telephone Number () Establishment	Date of Inspection	ID#
Establishmen	nt address	7	of creetings of		9/30/24	396
398 - 0- 1				() Owner		
Owner — Meridian Greenwood			Teridian Greenwood	Purpose:	Follow-up Release	Date
Owner			-10 (C CXV: 1 - i	
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		That I are a common to the com	5. Temporary	C O NC /	R
				6. HACCP	60).	ra i i sili
Responsible	person's e	email		7. Other (list)	Menu Type (See be	ack of page)
Certified foo	od handler		- 1 -		12_×_3	4 5
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Section #	C/NC	R		Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name Ah L At A L		st Elementary Smith Valley Rd. Greenwood In	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection 9/23/25 Follow-up Release Summary of Violate C	iD# 390 se Date	
Responsible person's email Certified food handler				7. Other (list)	Menu Type (See back of page) 12		
			ENTIFIED IN THE CHECKLIST AND NARRATIV		DATE OF THE PERSON OF THE PERS	AC HINH	
Section #	C/NC	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#
ST ROSE OF LIMA SCHOOL	() Establishment	01- 1-1	
Establishment address	() Owner	9/24/24	879
114 LANGELOT DR. FrANKLIN, IN	Purpose:	Follow-up Release I	Date 1
Owner	1. Routine	- 101	3/24
ST ROSE OF LIMA SCHOOL	2. Follow-up	Summary of Violation	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C O NC O	R
JEFFREY HEWATT	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See bac	k of page)
Certified food handler	0 1/22/22	1 2 3	4 5
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
	Narrative	T	o Be Corrected by
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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			_ ^		W		Telephone Numb	er	Date of Inspection		ID#
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Establishme				1101			() Owner		7105 10	1	100
140	V O	J.E	BB CT	- FIA	VKUN.	TW.	Purpose:		Follow-up Releas	se D	ate
Owner							1 Routine		- m	14	124
	F.C	5	C.				2. Follow-up		Summary of Viola		1 1
Owner addre	-		·						Summary of Viola	tions	,.
Owner addre	ess						3. Complaint				
							4. Pre-Operation	ıal	0	œ.	
Person in ch	arge	_		11.7000	-		5. Temporary		cO_NC_	O_{\perp}	R
Bel	INO	17	MJ	LLIAMS)		6. HACCP				
Responsible	person's	emai	l				7. Other (list)		Menu Type (See	back	of page)
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• CRITICAL	ITEMS AF	RE ID	ENTIFIED I	N THE CHECKI	LIST AND I	VARRATIVE	COLUMNS MARKED "C"	•			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	nt name	_		Telephone Number	Date of Inspection	ID#	
3	Nost	win	and Elementer-	() Establishment			
Establishme	nt addres	s	DO ENTING	() Owner	9/27/24	712	
899	7	Un	new Const Rd	Purpose:	Follow-up Release Date		
Westwood Elementary Establishment address 899 Honey Creek Rd Owner Greenwood IN				1. Routine	Pollow-up Release Date		
			Greenwood		Summary of Violations:		
Owner addre			- IN	2. Follow-up			
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge			5. Temporary	cNC	$C O_{NC} O_{R}$	
L Do ha	17.00		La la Basa La	6. HACCP	Menu Type (See back of page) 1 2 3 4 5		
Responsible	person's	email		7. Other (list)			
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• CRITICAL	ITEMS A	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"			
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Section #	C/NC	R		Narrative		To Be Corrected by	
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