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

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

Establishmer	nt name	01	) mn	4 504	TOC		Telephone Numb		Date of Inspe		ID#
							( ) Establishm	ient	10/18	124	9274
350	PA	RI	S DR.	FANK	LIV, Ir	v	Purpose:		. /		
Owner							1. Routine		Follow-up	10/	28/24
Ger	VECA	2	HOTEL	S LI	LC		2. Follow-up		Summary of		
Owner addre							3. Complaint				
						Î	4. Pre-Operation	nal			
Person in cha		20	Lawr	o1)			5. Temporary		c	NCO	R
Kin	·			F LL			6. HACCP				
Responsible	person's	email					7. Other (list)		Menu Type	e (See bac	ck of page)
Certified foo	d handle	r							A	6	
Gerunea 100	- manufe								1	38	45
• CRITICAL I	TEMS AI	RE IDI	ENTIFIED I	N THE CHECK	LIST AND N	ARRATIVE	COLUMNS MARKED "C'	"			
		-	ROM PREVIOU	US INSPECTION	S ARE DENOT		"SUMMARY OF VIOLATION	NS" AND IN T	THE NARRATIVE		
Section #	C/NC	-RC	1.0	- (10)	DANN		Narrative			Т	o Be Corrected by
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JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131



#### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Батарцынн	ciit Saintanoi	recquirer	nemes. The time mint for con-	ection of each violation is spec		
Establishmer	nt name WKLII	v n	MART	Telephone Number  ( ) Establishmen	Date of Inspection	
Establishmen	nt address		IST. FIANKOM, F			4 2218
Owner Owner	E Jei	1 ADOL	JI. MARKENO, F	Purpose:  1. Routine	Follow-up Releas	se Date
	JAYA	SH	PATEL	2. Follow-up	Summary of Viola	
Owner addre	THE RESERVE THE PERSON NAMED IN			3. Complaint		
				4. Pre-Operational		2
Person in ch	arge B PA	701		5. Temporary	c	R
	person's email			6. HACCP 7. Other (list)	Menu Type (See	back of page)
						71.87
Certified foo	d handler		CHINTAN BHI	MANJ	1(23/	45
			IN THE CHECKLIST AND NARRA DUS INSPECTIONS ARE DENOTED IN	ATIVE COLUMNS MARKED "C"  N THE "SUMMARY OF VIOLATIONS".	AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC R			Narrative		To Be Corrected by
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	2.				and the state of t	
		411	<u> </u>	Tud #Ent	Alaban	
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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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Establishmen	nt name	0 1	242700	7FQ -	TAG	Room	Telephone Num		Date of Inspect		ID#
Establishmer			120001	111 0	(1/1/	וחסטרו	-1	nent	10/3/2	14	1909
			FEPTO	12 10	Fran	KLINI	( ) Owner		,		<u>L</u>
Owner		50	116130	1001	-3( \ / 1/ -	J. C.	1. Routine		Follow-up Ro	lease I	13/24
Jo	TA	PF	)				2. Follow-up		Summary of V		
Owner addre		-					3. Complaint				
							4. Pre-Operatio	nal		A	صو
Person in ch	arge		- 1	1			5. Temporary		$_{\rm C}$ $_{\rm N}$	C_E	R
21	LAH	+	me	IRS	5		6. HACCP				
Responsible	person's	emai		Bright.	F		7. Other (list)	Menu Type (See back of page)			
Certified foo	d handle		TAX	PP_	SOR	USA FE			12	3(	<b>D</b> 5
• CRITICAL	TEMS A	RE ID	ENTIFIED IN	N THE CH	ECKLIST AN	ND NARRATIV	E COLUMNS MARKED "(	C"			
<ul> <li>VIOLATION</li> </ul>			ROM PREVIOU	JS INSPECT	IONS ARE DI		E "SUMMARY OF VIOLATIO	NS" AND IN	THE NARRATIVE BE		
Section #	C/NC	_					Narrative	0.11		Т	o Be Corrected by
295	NC		IN	Stoc	277	op o	f fre m	INKO	15		10/6/24
254	re	*	met	182	3701	m PI	OBE TYI	90 T	termon	ere	R 1015-
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			5	CHE	3 · Y	1000	10 9.0 01	0 5-61.		++	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name			Telephone Number	Date of Inspection	ID#		
P	tardo	R5		( ) Establishmen	t	1000		
Establishme	nt addres	S	A - 1	( ) Owner	16/21/24	1873		
1001	N.	4:	31 New whiteland, In	Purpose:	Follow-up Release	se Date		
Owner				1. Routine				
				2. Follow-up	Summary of Viola	tions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary		C_O_NC_Z_R		
				6. HACCP	N 98 - SE			
Responsible	person's	emai	Letter and the second second	7. Other (list)	back of page)			
Certified foo	od handle	r			_	/ 4 5		
	ma	118	5e //e/a		1237	45		
• CRITICAL			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
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295	NL		Piping - Egas lines   Great	around the	61-1219 15	THIS TON		
			are soiled. Great	32 pulla 4	)			
295	NL		capitats inder the	e customes	under			
417	1,0		drink disgenser as	e suiled.	.,,,,,,,			
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			Notes - The water &	ion pointe	shelt			
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Off -- 217 246 4265 Fee: 217 726 5264

JOHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD FRANKLIN, IN 46131

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

Establishme	nt name	71.	IN NUTRATION	Telephone Number	1 1	ID#
Establishme			IN NORTHER	( ) Establishme	10/14/24	2395
			Magtan Egg DITT	( ) Owner	1. 17	0)
Owner	2		MORTON FATURITH	1. Routine	Follow-up Releas	e Date / 24 / 24
Owner					Summary of Violat	
Owner addr				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
D : 1				4. Pre-Operation	al .	2
Person in ch	arge LNN	1 0	Varran	5. Temporary	C_O_NC_	R
Responsible			1, - 1, 1	6. HACCP	75 77 70 7	1 6
Responsible	persons	emai		7. Other (list)	Menu Type (See b	ack of page)
Certified for	od handle	er			- (A)	
_					1 2 23	_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW A	s "R"
Section #	C/NC	_		Narrative		To Be Corrected by
291	NC	8	CHEMICAL TEST 5	TRAIS NO	T AVAILABO	10/17/29
239	NE	22	dISHWARD THAT IS	5 CLEPAN.	IS STORED	10/20
			ON TOWERS			10/00
			ACA \			
234	NC	×	5 COOP FUR ARROWN	grand Stora	dun	10/18
			CONTAINER OF	NON-RUN	MING	
			WATER			
				Č.,		
				314		
						THE RES
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmen	nt name	N	nila	1. 0.	Telephone Number		ID#
Establishmen	nt Addres		rupe	Seenwood A3 46142 leykd. Greenwood	( ) Establishmer	10-14-24	1 2601
11,75	IN S		11-7/0	A3 46142	( ) Owner		
Owner	W. 8	mu	en vau	ley Rd. Greenwood	Purpose:  1. Routine	Follow-up Releas	e Date 24-24
_				U	2. Follow-up	Summary of Violat	
. Dow 10 Owner addre	1 ()	au	gre		•	Summary of Violat	ions.
101				46163	3. Complaint		
Person in ch	1. Brok	en 7	Arrow C	· New Palestine, IN	4. Pre-Operational	C_O_NC_	
Person in ch	arge	· lic	- 1010	144 40 11	5. Temporary	CNC_	R
Responsible	person's	emai	5 1110	mager	6. HACCP	Manu Toma (Saa I	and of page)
devaid	rie 10	910	1@am	il com.	7. Other (list)	Menu Type (See l	ack of page)
Certified foo	d handle	r	109110	vil.com			1 =
Dourd	Cra	ia	ie ( sc	NSafe exp) 2/9/29		123_	_43
• CRITICAL	ITEMS AI	REID	ENTIFIED I	N THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			ROM PREVIOU	US INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW A	
Section #		R			Narrative		To Be Corrected by
295	NC			n freezer floor soil		debris in ice	10-17
per que	, et	111	- 100	d up on rubber m	at	shalin-	
			,	build up on inter	Tor celling +	STEEDING	
			Notes	: (1) walk - in cool	ler ceiling ve	ent dusty	
				: (1) Walk-in cool (2) Gaterade 4 r	oot beer sod	a norrles soiled	
			<u> </u>				
			<u>                                     </u>				
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name			Telephone Number	Date of Inspection	ID#		
Ke	5	6	notion to IN	( ) Establishment	10/8/24	1837		
Establishme	nt addres	S	Franklin	( ) Owner	10/3/24	102/		
50	51	1	norton str IN	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine				
				2. Follow-up	Summary of Violat	ions:		
Owner addr	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary C <u>U</u> NC <u>Z</u> R				
				6. HACCP		a Machine		
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)		
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Certified foo	od handle	r			123	4 5		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"				
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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

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K	iML	(	Restaurant	( ) Establishment		1:
Establishmer	it addres	SS		( ) Owner	10/28/24	15 2/4
12	80 (	1.5,	3/ N Green wood, IN	Purpose:	Follow-up Releas	
Owner				1. Routine		
				2. Follow-up	Summary of Violati	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	C_/_NC_2	5 R
				6. HACCP	0	
Responsible	person's	emai	Orac Comments of August Special State	7. Other (list)	Menu Type (See b	ack of page)
				7. Other (usi)	incha Type (see s	uen of puge,
Certified foo	d handle	r	1	MATERIAL CONTROL OF THE PARTY O	1 2 3 🗸	4 5
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324	NC.	7.0		ollen on th	e 1811 chen	12-11-24
4,2	. 1 -		hand sinc	16 16 10	soiled and	1/-/1-24
295 C	NC	-	Lower work table	shelf 15 4	soiled and	111111111111111111111111111111111111111
310 9	NC		Exhaust filters	are grease	6:16d-	6411-64
710 4	140			ed time of		11-11-24
295 €	NC		DID 19 13 Grease		Behind all	
			CODISTAG COLLIDA			
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			Standards			reglated.
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## JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

INSPECTION REPORT

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

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

Certified food bandler   Compared to the printed   Compared to the p		1	1	1	1			
2200 Independence Dr. Greenwad Owner  In Routine  2. Follow-up Owner address  5940 W Costleway Dr. Indpls 46250 Person in charge  KOMPEY Responsible person's email  DUSINESS License & Kroger. com Certified food handler  Certified food handler  Certified Food handler  Received by faame and alse printal;  Re	Establishment name	minus it is pour of, to sumbing foods	Telephone Number	Date of Inspection	ID#			
2200 Independence Dr. Greenwood Owner  1. Routine 2. Follow-up Owner address 59460 W Costle way Dr. Indpls 46250 Person in charge Conner Certified food handler To the Control of Food handler Certified Food handler To Be Corrected In Market Description Food of Control of Food handler Certified Food handler To Be Corrected In Market Description Food handler Control of Food handler Control of Food handler To Be Corrected In Market Description Food handler Control of Food handler Control of Food handler To Be Corrected In Market Description Food handler Control of Food handler To Be Corrected In Market Description Food handler Control of Food handler Control of Food handler To Be Corrected In Market Description Food handler Control of Food handler Co	Kroger J ‡ Establishment address	± 864 46143	5 85° - 1839 •550	10-1-24	922			
Summary of Violations:   Summary of Violations:   Summary of Violations:	2200 Inde		Purpose:	Follow-up Release	Date -10 - 24			
Person in charge    Conner   Coan - Style Manuage   Free Operational   Style Temporary   Conner   Coan - Style Manuage   Style	Kroger Lin	rited Partnership!	2. Follow-up					
Responsible person's email  DUSINESS. License & Kroger. Com  Certified food handler  Certified food handler  1 2 3 4 5 5  Certified I food handler  Certified food handler  Certified I food handler  Ce			*					
Responsible person's email  DUSINESS. License & Kroger. Com  Certified food handler  Certified food handler  1 2 3 4 5 5  Certified I food handler  Certified food handler  Certified I food handler  Ce	Darson in charge	Stleway Dr. Indpls 46250	_	$\sum_{\mathbf{p}}$				
Received by (signatura):  Response of the state of the st	Konner	Longin-Store manager	6. HACCP					
Certified food handler  Columns marked "C"  Natrative  To Be Corrected I  To Be Corrected I  Columns marked "C"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  Columns and in the narrative BELOWAS "R"  To Be Corrected I  To Be Corrected I	Responsible person's emi	all U	7. Other (list)	Menu Type (See b	ack of page)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS, REPEATED FROM PREVIOUS INSPECTIONS ARE DESORTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R Narrative  To Be Corrected I  Notes Office Again Cooles  Cooles  Acceived by (name and tith printed):  Name Logar  Received by (name and tith printed):  Name Logar  Received by (name and tith printed):  National Section of the printed of the print	<u>business. Lice</u>	nse@kroger.com	32001 H <sub>1</sub> 18 pr H a	authors disputant	is madmit.			
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 I  NOTES O REFIGURATION ULL JUSTY ON SOLEN  White darry cooler  Celeved by (name and title printed):  NOTES O REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  To Be Corrected I  NOTES O REFIGURATION ULL JUSTY ON SOLEN  White darry cooler  Celeved by (name and title printed):  Notes of the printed o	Certified food handler	<u> </u>		123	_4 <u>_</u> 5			
Section # C/NC R Narrative To Be Corrected I  No violation of observed  Notes Defrightion unit dusty on sides  White darry cooler  Cexcessive ite build up in frozen  department's walk in freezer  department's walk in freezer  Inspected by (name and title printed):  Ma Papaglorge, EHS  Received by (signature):  CC:  CC:  CC:  CC:  To Be Corrected I  Notes of the Corrected I  Inspected by (name and title printed):  Ma Papaglorge, EHS  Inspected by (signature):  Managlarye  CC:				THE NADDATIVE RELOW A	S "P"			
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Received by (signature):  CC:  Mia Papaglorge, EHS  Inspected by (signature):  Mia Papaglorge, EHS  CC:  CC:  CC:  CC:								
Received by (signature):  CC:  Mia Papaglorge, EHS  Inspected by (signature):  Mia Papaglorge, EHS  CC:  CC:  CC:  CC:								
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Received by (signature):  CC:  Inspected by (signature):  CC:  CC:  CC:	1/	01 -011	Inspecto A A					
cc: CC: CC:		1 249041	Inspects		packaging			
	_ /	Pre	11		-			
	сс:	сс:	cc:					
Page 1 of					Page 1 of _			



# 460 N. MORTON ST. STE A ONU FRANKLIN, IN 46121 ce 317-346

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

		1			peemed in the nam		
Establishment nar	me D	TUDD		Telephone Numl		Inspection	ID#
Long		1061		( ) Establishn	nent 11	14/24	1110
Establishment add	dress			( ) Owner	/ -	11191	1110
1063				Purpose:	Follow-	up Release I	Pate 124
Owner				1. Routine		- 10	114107
	7			2. Follow-up	Summa	ary of Violation	ns:
Owner address				3. Complaint			
				4. Pre-Operation	201		
Person in charge					lai C	O_NC_3	} p
Person in charge ZHIH	WI	2	ANG	5. Temporary 6. HACCP		<u>NC</u>	K
Responsible perso	on's em	ail		7. Other (list)	Menu	Type (See bac	ck of page)
Certified food har	ndler	WI ;	JIAN 6-		12	2(3	4 2 5
CRITICAL ITEM	IS ARE	DENTIFIED IN	THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "C	"		
• VIOLATION(S) RE	PEATEL	FROM PREVIOU	S INSPECTIONS ARE DENOTED I	N THE "SUMMARY OF VIOLATIO	NS" AND IN THE NARR	ATIVE BELOW AS "	'R"
Section # C/I	NC R			Narrative		Т	o Be Corrected by
218 N	C-		H-IN PEFR	ISPRATOR F	And		11/2/24
=  116	Bry	WA	ZK, - IN CO	olee door	985KeTS	and the state of t	
Partie and the second		WOR	N /SPZIT				
		1 0 1					. /
295-M	C \$	BUCK	STORAGE	BIN WORN			1111
229 M		02.4	07100	20 Constagn	OPC PH	iPPed	10/20
229 M	4	- PLA	2175 210154B	RE CONTAIN	ers ch	11/60	10/20
	_	-					
	-	-	<del></del>				
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100							
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	_						
	$\neg$						
Received by (name	~ _	_			Inspected by (name	and title printed):	
Received by (signa		liany			Inspected by (signat		
6	7	3 e'			Bol	Sm	
cc:			cc:		сс:		
				Ţ	1		



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

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

Establishment name  LOU Malnatis  Establishment address  791 S. SR 135 Greenwood, IN 46143  Owner  Pizzeria  The Malnati Organization LLC DBA Lou Malnatis  Owner address  Owner address  GO089  900 BUSCH Parkway Buffalo Grove, IL  Person in charge  Mara Mulinaro - Key FOH  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)	Summary of Violatio  C NC  Menu Type (See ba	Date 24-24 ns:  R  ck of page)
Certified food handler (Sew Safe exp)  Solution (Sew Safe exp)		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	'R"
Section # C/NC R	Narrative		o Be Corrected by
234 NC rectangle scraper with r in between prez friedge easily clean able	ed handle stored and prep table	with blade edge - not	10-16
Received by (name and title printed):  Mera Mulinaro  Received by (signature):  cc:  cc:	Mia	by (name and title printed): Papageorge by (signature): Lufupy	EHS



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

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

	-								
Establishme			2 11	Telephone Number	Date of Inspection	ID#			
77 1111	179	1	St. Grille	( ) Establishment	10/30/24	1854			
Establishme	it addres	S	St. Grille Emerson Ave Graenwood, IN	( ) Owner		1 1			
	200	9	Emerson Ave	Purpose:	Follow-up Release	e Date			
Owner			Graenwood	1. Routine					
			IN	2. Follow-up	Sollow-up Summary of Violations:				
Owner addre	ess			3. Complaint					
				4. Pre-Operational					
Person in ch	arge		1 -0	5. Temporary	C_O_NC_	2_R			
				6. HACCP					
Responsible	person's	email	So in the second second	7. Other (list)	Menu Type (See b	ack of page)			
				(,	J	71.87			
Certified foo	d handle	r			1 2 3 \	_ 45			
1									
			ENTIFIED IN THE CHECKLIST AND NARRATIV						
-			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A				
Section #	C/NC	R		Narrative		To Be Corrected by			
. (~)	1885			1-1-11 1		7.557 73.			
431	NC		Floor behind the	arink dispense	15 soiled	HOLE I			
295	NC		Caulking by 1	he sink is 1	neldy	(KID-DKO) II			
		-	*						
<u> </u>		$\dashv$							
				LANCE TO THE PARTY OF THE PARTY	0	a dal -			
well one			25 1594			2 2 3 7 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4			
	e <sup>1</sup>			P		8.4			
						Carl and			
-									
		-							
						<u> </u>			
Received by	(name alla	title/p	rinted):	Inspec	cted by (name and title printed)	:-			
	/ no	/	The same of the sa		Temas DI	804695			
Received by	1	: /	3	Inspec	cted by (signature):	/ 7 1/3			
$\times$	MHG	; 5,	PENCEN		Tomin Jen	less-			
cc:			cc:	сс:	1				
-									



95 S, Drake Rd & 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmone Person in cl	ent address Hig Mit ress	hw P	on Food Mart ay 31 Whiteland, IN 46184	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Release Date  No 10/9 24  Summary of Violations:  C NC 7 R_2  Menu Type (See back of page)		
Certified fo	gd handle	er			12345		
			ENTIFIED IN THE CHECKLIST AND NARRATIV		IN THE NARRATIVE BELOW AS "R"		
Section #	C/NC	R		Narrative	To Be Corrected by		
430	NC		contain separat	nin block	e walls 10/25/24		
44	Ne		dony unital and	e mot eas	ily movable wheels		
433	NC		Telet map not	thung up	10/8/24,		
430	NC		Restroom mech	anical exha	es dispenser 10/12/2		
324	NC	(	Hot water lends	uk-in-cool	Lew /4		
295	NC	3.	Cook Cook A Add	a station	eaking 10/11/24 10/10/24		
Received by	T	R	printed):	Ar	ted by (name and title printed):  ndrew Miller, EHS		
Received by	(signature	1	Specter	an	dew Miller		
cc:			сс:	сс:			



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

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

		tat101	n Kequireine	ins. The un	ie iimit for correction	on of each violation is sp		•	of this report.
Establishment name			Telephone Numb	1	ate of Inspection	ID#			
MATT'S MEATS / MITLERS ITO CREAM		( ) Establishment		11/1/22 2711					
Fetablichme	at address	c				( ) Owner	/	10/14/24	2683
90 kg	7	1	elsons	17. HTH	WKLIN, IL	Purpose:	Fo	ollow-up Release	Data
Owner						1 Routine		10,	124 124
						2. Follow-up	Sı	ımmary of Violatio	ons:
Owner addre	ess					3. Complaint			
						4. Pre-Operation	al		
Person in ch	arge		_			5. Temporary		C_O_NC_1	R
50	341	)	0055			6. HACCP	- 1		
Responsible			-			7. Other (list)	1	Menu Type (See ba	ack of page)
100									
Certified foo	d handle	r					1_	2.3	_45
• CRITICAL	TEMS AI	RE ID	ENTIFIED IN	ТНЕ СНЕСКІ	LIST AND NARRATIV	E COLUMNS MARKED "C"			
• VIOLATION	S) REPEA	TED F	ROM PREVIOU	S INSPECTIONS		E "SUMMARY OF VIOLATION	IS" AND IN THE		
Section #	C/NC	R				Narrative			To Be Corrected by
256	MC	~				IOT SEEN			10/18/24
			REALI	4 - Dr	I've crer	tm Freezer	R		
357141				N 1 1 2 1					
									100
7									
			<u> </u>						
	64								
		-							
Received by	(name and	7	brinted):	Man	ager		Inspected by	(name and title printed)	
Received by		_		10 (00)			Inspected by		
cc:	1			cc:			cc:	20110	
									,



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

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

Establishin	ent Sam	latio	i Kequiren	ients. The time limit for correcti	on of each violation is s	specified in the narrat	we portion o	i uns report.
Establishmen	nt name	,	ab roje i s	10 1.	Telephone Numb	per Date of In	spection	ID#
11/0	alu	14	ch's	Keli	( ) Establishm	nent 10/2	1/20	19711
Establishme				Greenwood, IN 46142	( ) Owner	10/2	4/29	1129
10111	VS.	R	135	46142	Purpose:	Follow-u	p Release	Date /
Owner				10112	1. Routine	16		3 /24
					2. Follow-up	Summary	of Violatio	nsc
Owner addre	PSS				-			
o which made	200				3. Complaint			
D : 1					4. Pre-Operation		/	
Person in ch	_			1	5. Temporary	c_ <i>O</i>	NC/_	R
-//			w,	),	6. HACCP			
Responsible	person's	email			7. Other (list)	Menu T	ype (See bac	ck of page)
0 10 10				<del>,</del>				/
Certified foo	d handle		112-1	1		12_	3/	45
• CRITICAL	ITEMS AR	E ID	ENTIFIED II	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C	,,		
				US INSPECTIONS ARE DENOTED IN TH			VE BELOW AS	"R"
Section #	C/NC				Narrative			To Be Corrected by
718	NC		(D.Th.	400) tray li	nosa lo	4) + 400		11/3/24
7.10	,,,,,		me	trus Cholli Al	un Dei	mtain)		1/1/1
	PT PI	14	dan	rade Cutts			-12-12-13-13	1
			(2) DI	tertor of th	res rim	t door	14-01 11-01	11/24/24
			on	Expo tal	le 10	ontains	0	/ /
			inde	intations s	one de	es to	the	
		-	star	rees cove	<b>U</b>	1 )		1
							10. 10	
		T <sub>es</sub>						
		-						
Received by	(name and	title t	winted).			Inspected by Gramm	I title torint II	
	Les and	In a	1/01/			Inspected by (name and	\\\lambda\).	10 FIC
Received by	(lionature)	140	1109			Inspected by (signature)	MINE	, LHX
11/1	II M	Men	1/			/ // //	V10 11	DOA)
cc:	VI	ЦУ	/	cc:		(Indreu	1 rue	
(		/						
		/				I		



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

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

		cuito	is requirements. The time mint for correction			r tins report.
Establishme			O II	Telephone Number	Date of Inspection	ID#
ma	1)0	m	alds	( ) Establishment	10/1/24	4104
Establishme				( ) Owner	10/1/27	101
171	Anrli	n	Dr Greenwood, IN	Purpose:	Follow-up Release	Date/
Owner	Turin	-	01.	1. Routine	No 10/1	
PA	118	1,			Summary of Violation	101
000	w	V	6	2. Follow-up	Summary of Violatic	115.
Owner addre	ess			3. Complaint		
				4. Pre-Operational	A 1	
Person in ch	arge	. 1	The second section of the second second section of the second section of the second se	5. Temporary	c_0_Nc_2	R
KA	uk n	V	910	6. HACCP	- b	
Responsible	person's	emai	Serv Safe Exp	7. Other (list)	Menu Type (See ba	ck of page)
Certified foo	dhandle	r ,			1 2 3	
Kan	Va	VI	2/20/25		123	_45
• CRITICAL	ITEMS AF	EID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	The same and the parties of the same and the	
11			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R		Narrative	· · · · · · · · · · · · · · · · · · ·	To Be Corrected by
218	NC		Oce maker m	etal drop D	Pate (bottom	10/11/24
	Value of	201	in cracked on &	oth top	ednes	1/1/
295	NC	Spare.	Orace maker d	row sente	(top)	10/1/24
			in soiled and	some rela	inexation	) / 1
-			door paskets are	spiled 0		
			a Icel shoots a	re soiled	at	
			soda stations			
	7		SA TO A STORY OF SA STORY	in the second second	en en la companya de	
network.	-		MIN CALL ST I WAS			
da.	CL BLAN		cerca, although a care		and the last of th	LIPL
						inetical in the
S. Jes					=	
						1
Received by		11		Inspected	by (name and title printed):	-11/
	JA		10 - Department manager	Ano	trew Miller	CENV
Received by	signature		· ·	Inspected	by (signature):	001
14/	VVV			Un	arew 1/10	eer
cc:			cc:	cc:	,	



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

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

Establishmer	nt name		STERROR N LEFT BAR	Telephone Number	Date of Insp	ection	ID#
McDonalds				( ) Establishment	1.1		
Establishmer	nt addres	s	Trafalgar	( ) Owner	10/9/2	24	1451
706	N. 110	Fal	gas Pointe way IN	Purpose:	Follow-up	Release I	Date
Owner	7,50	1-1	JUI TOTTYPE TVEY	1. Routine	Tonow-up	IXCICASC A	Jac
				2. Follow-up	Summary o	f Violation	ne:
Owner addre				1	Summary o	I VIOIAUGI	15.
Owner addre	ess		100	3. Complaint			
				4. Pre-Operational		. (	
Person in ch	arge		mileral constitution of the second	5. Temporary	c	NC_4	R
	14		and the second of the second o	6. HACCP	46.5		Subject 1
Responsible	person's	emai	to the state of the	7. Other (list)	Menu Typ	e (See bac	k of page)
Certified foo	1/		ia Onhoa		12	3 *	45
• CRITICAL		Section (see	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE	E BELOW AS "	R"
Section #	C/NC	R		Narrative		Т	o Be Corrected by
295	NC		3-bay Sink is Soil	ed with gree	re		10/11/24
ř.	gli,	ыq	build-up (splash	zone	. 6-9011103	TI MELL M.	Constant of the second
431	NL	100	Floor is soiled	ground bulk	44Ales	21 123	
4 /					- / - /	A TOTAL	
3 46	MC		Soup dispenses not we	her prest	at the		
		—	hand sink [ Kite	her prefil			
1321	NC		Klass index clum the	11 45116 55 45	10.1	3	
431	NC		Floor under clum she and forjess	11 41115 11 201	1601		
			mid rayer				
						-8	
1	Voc S Nove						
			man a man a store and a same and a same	APPENDENCE OF THE PROPERTY OF	u ii eriel zare		
			Further Notes: West Prop	er hair restrain	ts		
			when of	breatly working	11	1	
			Food				
	* h #						
Dessinal La	<i>(</i>	1 4:41-	to it. D.	Ir	. 11 - (	:41- + -: - + - 1\	
Received by	1/	1		,	ted by (name and ti	au / 55	
Received by		hi	- Choa Super	1,00.	ted by (signature):	9 (C)	Sourch Sel
-/	Fh	H.		Anspec	The X	Bar /	2.7
cc:	H K	6	cc:	cc:	my 11	1-19/05	
8845			- 1	- Professor	/		



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

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

Establishmer			the state of the state of the	Telephone Number	Date of Inspection	ID#
McI	Done	ilo	1'5	(317 738631224	4	.07
Establishmer	nt addres	ss		(812)799ne372L	10-8-24	2187
1139	N.N	10	rtonSt. Franklin, IN46131	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	- 10	-18-24
Ball 1	Nana	90	ment Group Inc	2. Follow-up	Summary of Viola	
	//			3. Complaint	_	
3129	25	14 (	St. #374	4. Pre-Operational	,	~
Person in cha	arge		or Palent I all age rece and a se	5. Temporary	CNC	5_R
Jenn	ah (	30	ordon-shift manager	6. HACCP		
Responsible	person's	emai	0 8	7. Other (list)	Menu Type (See	back of page)
lisa.ca	rter	00	15. Stores, mcd.com	jim v sa		Verence de la companya della companya de la companya de la companya della company
Certified foo	od handle	r	(Servsafe exp)		1 2 3 7	0 4 5
Jens	nah	(-	Gordon (9/7/28)			
• CRITICAL	ITEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW	
	C/NC	R		Narrative		To Be Corrected by
295	NC		top of dish machine			10-10
324	NC		dish machine leak	ing water fr	rom bottom	10-15
- : 6/	1/1	65 115	onto the floor			
218	NC		tryer baskets with	n broken, c	clisconnected	cliscarded
10/1			O WIVES	× 1	1 1	/ /
18-1	0		hamburger patties à	nside quant	ter tridge next	discarded
			To girl have intern	al tempera	ture of 47%	
		_		her mometer	observed	41°Fupon
1121	10		at 58 F and 50°		- 1 / 1 / 1 / 2 = 1	departure
43/	NC			soiled with fe		100
216	NC		standing water,		A	
210		0	10 - 1	/	drink machin	2 co removed
100	tes:	V	Hies Alex in dish us		and around	
			Wall The Delay wa	and commonly	17 Ocer Overras	1
	1	10	hand Washing sink next	afe proparos	grater tempora	11.20
		6	12011/2010 1 1 1 1 1 2 1	1 11	The does not	iuu
			Produce water. Trai			,
			Miller approved	113, Supervisor	1stated Areven	
Received by	(name and	l title		In	spected by (name and title printed	0:
ilen	na }	1	Gordon Shift Ma	naer 1/	MaPapagenrae.	EHS
Received by	(signature)	):	/ // /	J In	spected by (signature):	0110
0	m	10	h Sproken	~	Minthey C	
cc:	7,00		cc:	С	cc:	
7					0	



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

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

				1		
Establishmen	1		1	Telephone Number	Date of Inspection	ID#
Mut	tbut	_		( ) Establishment	10/7/24	2319
Establishment address 46131				( ) Owner	, .	
	Jette	ers	sonSt. #B Franklin, IN	Purpose:	Follow-up Releas	
Owner			0	1. Routine		17/24
THE RESERVE OF THE PERSON NAMED IN	_	10	ezada	2. Follow-up	Summary of Violat	ions:
Owner addre	SS			3. Complaint		
				4. Pre-Operational		-/
Person in cha			Area I I	5. Temporary	CNC	6 R
Erik .	Diaz	I	Diaz-manager	6. HACCP		
Responsible 1	person's e	mail	Diaz-manager	7. Other (list)	Menu Type (See b	ack of page)
Certified foo			Servsafe exp		123	4 X 5
Jose F	ranc	isc	o Camarena (5/7/26)			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
Section #			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	IN THE NARRATIVE BELOW A	To Be Corrected by
	C/NC				10:01:	
438			Spray bottles not labeled		asning since	corrected
Mote	Strate		in front what section		CC \$100	10/8
425	NC		one dishrack not stored		alk-in units	1918
218	NC		shelf coating worn is			11/7
210			refrigerator near of		one response	
256	NC		thermometer not seen		per in front	10/8
			Mait section /bar		9	
216	NC			re bottom shelf	at Kitchen entry	10/8
Note			ice scoop cracked		$\vee$	discarded 10/7
431	NC		Water on floor in So	dabox area 9.	by mopsink	10/8
0.0:-	1-			ound mopsink	)	\ = 1\tri
295	NC		exhaust hood tilters	notclean		19/14
295	NC	_	bottom filter not cle	an on upright	+ re-frigerator	-
201	NC	-	near deep filter fri	1 - 200 .1	( )-	10/12
291	IVC		chemical test papers	not <del>provi</del> availa	ble	10112
		-				
Received by	(name and	title t	printed):	Inspec	ted by (name and title printed	
Erik	Dio	12	Digz	Mic	Papageorge/Bok	JmJH
Received by	(signature)	:			ted by (signature):	- 6
ENK	Lu	2	D-	1//	la Papagero Bol	In
cc:			cc:	cc:	100	
					120	





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

Establishmen	t name			Telephone Number	Date of Inspection	ID#
MATT:	s me	17	5 (mitues sto cream	) Establishment	10/14/24	0711/
Establishmen	t address	s . , ~	SOCOLOGO COMINITON TO	( ) Owner		000
90 W JOFFESONSY. FRANKLIN, IN			ellow 37. HANKON, IN	Purpose: 1 Routine	Follow-up Release	124 129
				2. Follow-up	Summary of Violati	ons:
Owner addre	SS			3. Complaint		
				4. Pre-Operational		
Person in cha	rge	,	0.00	5. Temporary	C_ONC_	R
			D055	6. HACCP		
Responsible p	person's	email		7. Other (list)	Menu Type (See b	ack of page)
Certified food	d handler	r			1_23	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
256	MC	~	THERMOMETER N REACH - DV ICE CROPA	IOT SEEN FO	UR .	10/18/24
			REACH - IN ITO CROPA	m Freezer		
,			8			
		$\vdash$				
					-	
Received by	'name and	title p	brinted): DOSS MONOGIEY	Inspe	ected by (name and title printed)	ETAS
Received by	(signature)	85		Inspe	ected by (signature):	)
cc:			cc:	сс:		



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131



#### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Office 317-346-4365

Based on an inspection this day, the item(s) noted below identify vio	olations of 410 IAC 7-24, Indi	ana Retail Food	
Establishment Sanitation Requirements. The time limit for correcti	on of each violation is specifi	ied in the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	ID# 7751
THE MINT) / WORMA JEANS	( ) Establishment	10/22/24	2251
Establishment address	( ) Owner	1.0/000/	2409
HON WATTERST. FRANKLININ	Purpose:	Follow-up Releas	e/Date/
Owner N N N N N N N N N N N N N N N N N N N	1 Routine	- ///	2/24
moore investments o Hordings LLC	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		0
Person in charge	5. Temporary	cO_Nc_	7_R
cole Wooton	6. HACCP	age of a	
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
			71 87
Certified food handler WENNING SERUSATE	LATVOTES	$\frac{1}{2}$	·)4 5
PACATURET VOETOSIOS (SCIOS 7/5	B/SU/EN ID	00)	<i></i>
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		D IN THE NARRATIVE BELOW A	
	Narrative		To Be Corrected by
411 NC & 2 Lights ARE OU	7 7 10	15T HOOD	10/28/24
H31 NC & FLOOR NOT CLEAN	IN THREATS O	OF KITCHEN,	1/1/
411 NC # LIGHT INTENSI	TV AINT ADD	OLATO DOL	1 /1
411 NC # LAGHT INTENST	CLESS THANG	QUATE AN	
	7777	VOT CLOAN	3)11/1
346 INC & BAR HANDSINK	HANDSOAP	desposts	P10/28
347/ UC TOWELS NUT Prou		C Spe sin s	10/0.0
399 NE - FLOOR WORN A	Round De	MAKER	12/20
739 NE - BOX OF STYROR		ONTHIMERS	11/25
NOT STORES OFF		Mum or	
6 Duckes on BA	sement	LE CHINESE STORY	
256 M = GICHEST FREEZE	R IN BHIL	emont -	11/28
No THERMOMET	CR SOON		(Tellische)
(NOTO- NITCHEN - 115M	AZC REFISE	1 1 200	FOOD NOT
AMBIENT ATE	500F (POTANTI	- 1 1	- 4
FAVOR WATTACHED	to mop 5.		1/1
(NOTE - Serve SARE PERSON	SHUT OFF	VAZVES	(WILL nemove)
Received by (nange and title printed):		ected by (name and title printed)	/
cole Woottan	шърс	Bob Sm 18	
Received by (signature):	Inspe	ected by (signature):	<b>Q</b>
сс: сс:	ce:		



### 460 N. MORTON ST. STE A \0\19 FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	I ID#
MOUNTING POINTO	( ) Establishment	1	
Establishment address		1017124	1211
75 South MIRFORD DIFFINK	Purpose:	Follow-up Release	Date 1
Owner	(I. Routine	- 101	17/24
Franklin Senier Community		Summary of Violatio	
Owner address	3. Complaint		
200	4. Pre-Operational		
Person in charge	5. Temporary	c_l_nc_	R
Jessica Cooper	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
	3.		3
Certified food handler Company SERUST	gradis 120	1 2 3	(A) /5
Jessich Cooper 821051	(BA) (1/09)		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED  Section # C/NC **  C/NC **  Section # C/NC **	Narrative		
174 NC 3 SMALL PLASTE		UF I	To Be Corrected by
"Brown Sug ART		247	10/8/0
8(333: 35)(3	e, les co		
127 CB) INTERNAZ TE	mperature or	9AZ-	1018
OF MILK 450	F NOT AT 4	10=	
	ALL REFrIGERA		
all Ne (INSTOLOF DE	JEF TIZETATOR	ACCUMULA	MON 10/1
OF ITE BUILT 'C	76		
295 NC & INSZDE TOP O	OF JE MITKER	NOT	10/12
CLEAR	The manage	, , ,	101.00
239 NCO BOX OF STNGLE	SEPUTO CUPS	NOT	10/8
	LOOR A MHRIMI	im of	
6 for ches			
Received by (name and title printed):		ed by (name and title privited):	2
Decsice Cooper FSD		SmITH/Mi	a Papageorg
Received by (signature):		ed by (signature):	1:61
Les Cooper	Bu	17 /0 ms	Majly
сс:	cc:		