

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

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

| Establishm                    | ent name     | ,       | 1 1 1 1                                     | Telephone Number             | Date of Inspection   | ID#   |
|-------------------------------|--------------|---------|---|------------------------------|--|---|
| Wal                           | HIL          | · /     | Ween Grafalanh                              | ( ) Establishment            |  |   |
| Establishm                    | ent addre    | ss      | C The Aslan                                 | ) Owner                      | 11/19/24   | 2017  |
| 1 1/                          | 1001         | 10      | par Square in Stage                         | Purpose:                     | Follow-up Reléa  | se Date   |
| Owner                         | agra         | N       | 100 Square 1100                             | 1. Routine                   | A) a ///2  | 1 .   |
| .50                           | b: b         | 10      | 11000                                       |                              | 100 17   | 1/4/  |
| M                             | iku          | . P     | Jasan                                       | 2. Follow-up                 | Summary of Viola   | nons:   |
| Owner add                     | ress         |         |   | 3. Complaint                 |  |   |
|                               |              |         |   | 4. Pre-Operational           | 1  | 14  |
| Person in c                   | harge        | 2       | // /  | 5. Temporary                 | $c_1$ NC   | R   |
| Sha                           | Rel          |         | Hasan                                       | 6. HACCP                     | - F-100 - 1  | in analysis   |
| Responsible                   | e person's   | emai    | KanlSate                                    | 7. Other (list)              | Menu Type (See   | back of page)   |
|                               |              |         | Exp   |                              |  | ,   |
| Certified fo                  | od handle    | er J    | Hatalin lalla                               |                              | 1 2 3 1  | 4 5   |
| Ca                            | war          | a       | Matcher 93935                               | <i>Y</i>                     |  |   |
| • CRITICAL                    | ITEMS A      | RE ID   | DENTIFIED IN THE CHECKLIST AND NARRATIV     | E COLUMNS MARKED "C"         |  |   |
| <ul> <li>VIOLATION</li> </ul> | N(S) REPEA   | TED I   | FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | IE "SUMMARY OF VIOLATIONS" A | ND IN THE NARRATIVE BELOW  | AS "R"  |
| Section #                     | C/NC         | R       |   | Narrative                    |  | To Be Corrected by  |
| 112                           | NC           | $\vee$  | Holiday Chest fr                            | elser mot                    | NSF/ANSI   | 06/1/25   |
|                               | 71111        |         | approved                                    | 0.                           | The state of the s | 1/1   |
| 430                           | NC           | 1       | fillow drain                                | n we m                       | aker   | 6/1/25  |
|                               |              |         | is not easily                               | accessile                    |  | 14  |
| 431                           | NC           | V       | Interior !                                  | basen of                     | mop basu   | 1)11/26/24  |
|                               |              | ,       | is soiled                                   | 0                            | ,  | 1, 4  |
| 431                           | NC           | V       | Inverted beve                               | rage racks                   | are used   | 6/1/25  |
|                               |              |         | as shelveng I                               | n firm                       | )  | 1/1   |
| 295                           | C            |         | Soiled tongs                                | ma stry                      | uner,  | Corrected   |
|                               |              |         | with handle                                 | was fo                       | una  |   |
|                               |              |         | inside a mei                                | tal araw                     | ev at  | 1 2 2 2   |
|                               |              |         | the preparation                             | V table                      | 4/-  | ,,  |
| 426                           | NC           | e ile   | Unused mice                                 | ouave i                      | - storing  | 12/1/24   |
| 0                             |              |         | evera/spare las                             | upment                       | parts  | 1,1   |
| 295                           | NC           |         | Three back                                  | sink 1                       | drain  | 11/26/24  |
|                               |              |         | (hup) is soiled                             | )                            | , , , ,  | 1   |
| 431                           | NC           |         | Floors soiles                               | in area                      | s of the   | 11/28/24  |
|                               |              | <u></u> | facility                                    |                              | U  | 1/1   |
| 218                           | NC           |         | printed): SHANIC                            | (2) are or                   | acked at   | 11/25/24  |
| Received by                   | y (name an   | d title | printed):                                   | Ins                          | spected by (name and title printe  |   |
|                               |              |         | SAMAIL                                      |                              | ANDREW MILLER.   | EHS   |
| Received by                   | y (signature | 1       |   | Ins                          | spected by (signature):  | A CONTRACT OF THE PARTY OF THE |
|                               |              | l       |   | (                            | Indrew Mill  | Ø1  |
| cc:                           |              |         | cc:   | C                            | c:   |   |
|                               |              |         |   |                              |  |   |

|               |                |              | NARRATIVE REPORT 4618/          |                    |
|---------------|----------------|--------------|---------------------------------|--------------------|
| Establish     | ment N         | lam<br>(     |                                 | Inspection Date    |
| Section#      | cwc            | R            | REMARKS                         | TO BE CORRECTED BY |
|               |                |              | the top or open end.            | , 1,               |
| 295           | NC             |              | Justal back ledge of ketchen    | 11/26/24           |
|               |                |              | three door prep table is        | / ]                |
|               |                |              | soiled                          | , <u>L</u> ,       |
| 256           | NC             |              | ambient air thermometers        | 11/20/24           |
|               |                |              | not seen in some enont.         |                    |
|               |                |              | quest area refragration units   | , 4                |
| 218           | NC             |              | 1 Storage cabinet 1 near        | 6/1/25             |
|               | 70-            |              | ICU maker is supported          | Flrm to            |
|               |                |              | held up by what appears to      | remodel            |
|               |                | ~            | he invested metal cus           | 6-2025             |
|               |                |              | Thit appears to be missing      |                    |
|               |                |              | a leal!                         | 7                  |
|               | -              |              |                                 |                    |
| 4             | 1/4            |              | 6 Ouner stated from to          |                    |
| <del>/-</del> | <i>/ U /</i> L |              | remodel on al velore            |                    |
|               |                |              |                                 |                    |
|               |                |              | June, 2025.                     |                    |
|               |                |              |                                 |                    |
|               |                | H            |                                 |                    |
|               |                | $\vdash$     |                                 |                    |
|               | <u> </u>       | H            |                                 |                    |
|               |                | ├            |                                 |                    |
|               |                | -            |                                 |                    |
|               |                | <del> </del> |                                 |                    |
|               |                | -            |                                 |                    |
|               |                | -            |                                 |                    |
|               |                | -            |                                 |                    |
|               |                | -            |                                 |                    |
|               |                | ├-           |                                 |                    |
|               |                | <b>!</b>     |                                 |                    |
|               |                | ₽            |                                 |                    |
|               |                | <u> </u>     |                                 |                    |
|               |                | igspace      |                                 |                    |
|               | ļ              |              |                                 |                    |
| ,             |                |              |                                 |                    |
| Received B    | y (Name        | &T           | Inspected By (Name & Title) ENS | Page 2 of 3        |





JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131 PHONE: 317-346-4365 FAX:317-736-5264

| Establishm   |                   | ~     | Ships I supplied to the                     | Telephone Number         | Date of Inspection                   | ID#  |
|--------------|-------------------|-------|---|--------------------------|--------------------------------------|--|
| Dan          | ielles            | +     | opcoin                                      | ( ) Establishme          | ent 11-27 211                        | 2000   |
| Establishm   | ent address       | S     |   | ( ) Owner                | 11-26-24                             | 2855   |
| 1251         | US 311            | V     | FIZA Green wood, IN 46142                   | Purpose:                 | Follow-up Releas                     |  |
| Owner        |                   | -     |   | 1. Routine               | 12                                   | -6-24  |
| Dani.        | elle -            | J.    | ernigan<br>47304                            | 2. Follow-up             | Summary of Violat                    | ions:  |
| Owner add    | ress              |       | 47304                                       | 3. Complaint             |                                      |  |
|              |                   |       | a Ln PMB 281 Muncie, IN                     | 4. Pre-Operationa        | al _                                 | 2  |
| Person in c  | harge             |       | max. ne uli ce                              | 5. Temporary             | CNC                                  | 5 R  |
| Willo        | WW:               | ISC   | lom-employee                                | 6. HACCP                 | ng I managia                         |  |
| Responsible  | e person's        | emai  | In the Court of the Court are all which     | 7. Other (list)          | Menu Type (See l                     | pack of page)  |
| hello        | @ da              | Mi    | elles popcour.com                           |                          |                                      |  |
| Certified fo |                   |       | (nigan (Sew Safe exp)                       |                          | 123                                  | 45   |
|              | The second second |       | ENTIFIED IN THE CHECKLIST AND NARRATIV      | E COLUMNS MARKED "C"     |                                      |  |
| • VIOLATION  | N(S) REPEAT       | ED E  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | E "SUMMARY OF VIOLATIONS | S" AND IN THE NARRATIVE BELOW        |  |
| Section #    |                   | R     |   | Narrative                |                                      | To Be Corrected by   |
| 291          | NC                |       | Sanitizer test strips r                     |                          |                                      | 11-, 26  |
| 234          | NC                |       | in-use utensil stored in                    | bulk sugar w             | 1th handle                           |  |
|              |                   |       | touching sugar                              |                          | 1 0 1 001                            |  |
| 1711         | NIC               |       | corrective action-har                       |                          | aubove town produ                    |  |
| 174          | NC                | -     | hulk sugar not labele                       | .a                       |                                      |  |
|              |                   | _     | Note: Food productss                        | stored in blue           | plastic tote                         |  |
|              |                   |       | on the floor                                |                          | 7                                    |  |
|              |                   |       |   | tored binches            | or higher of                         |  |
|              |                   |       | the floor                                   |                          |                                      |  |
|              | Marine .          |       |   |                          |                                      | -  |
|              |                   |       |   |                          |                                      |  |
|              | of the sales      | - 1   |   |                          | 25                                   |  |
|              | +                 |       |   |                          |                                      | 1871 (1871 11)   |
|              | -                 |       |   |                          |                                      | 1  |
|              |                   |       |   |                          |                                      | The state of the s |
|              | 1                 |       |   |                          |                                      | 1  |
|              |                   |       |   |                          |                                      |  |
| Received by  | y (name and       | title | printed):                                   |                          | Inspected by (name and title printed | ):<br>   |
| Willo        | WU                |       | sadM  |                          | MiaPapageorge, E                     | SHS  |
| Received by  | y (signature)     | :     |   |                          | Inspected by (signature):            | 7  |
| Will         | QU )              |       |   |                          | 1/ Nev fe                            | 7/   |
| cc:          |                   |       | cc:   |                          | cc:                                  | J  |
|              |                   |       | 1   |                          |                                      |  |



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

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

| Establishmen  Establishmen  Owner  Owner  Owner addre  Person in cha | nt address<br>2-53<br>ess | 5     | outh Park Ade<br>Greenwood S  | Telephone Number  ( ) Establishment  ( ) 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 NC  Menu Type (See b) | ions:              |
|--|---------------------------|-------|---|---|--|--------------------|
| Certified foo  |                           |       | nesa 6104CD   |   | 123X   | 45                 |
|  | ITEMS ARI                 | E IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE |   | IN THE NARRATIVE BELOW A                                     | AS "R"             |
| Section #  | C/NC                      | R     |   | Narrative   |  | To Be Corrected by |
| 234  | NC                        |       | in use utensil  | s pssuch as   | butter   | 11/18/24           |
|  | wit in                    | ev.   | and the areams  | xoomust be s  | itorod in  | 17484 D5 7 11      |
|  | inquit) i                 |       | water at 135°F  |   | Z Z Z Z  |                    |
| 334  | NL                        |       | Drink and ice   | dis pensor tin  | es diain   | next<br>inspect    |
| (  |                           |       | 1: nes must 170   | T' extend   | Into   | inspect.           |
|  |                           |       |   | ain, they   | must   | 3 mos.             |
| 10   |                           |       | Mare a 11)ine   |   |  | 11                 |
| 430  | NC                        |       | The Walk  |   | vatte, wall  | Next               |
|  |                           |       | is not smoot  | th and ck   | anaple   | inspect-           |
| 295  | N'L                       | - Is  | The employee<br>Solled- Linsia  | restroom o  | door is  | 11/20/24           |
|  |                           |       |   |   |  |                    |
|  |                           |       |   |   |  |                    |
|  |                           |       |   |   |  |                    |
|  |                           | _     |   |   |  | 1                  |
| Received by<br>Received by   | anes                      | RA    | rinted):  (NOTCO  | - at  | ted by (name and title printed  Tery D-  ted by (signature): | Bayless            |
| cc:  | WW)                       | 4     | cc:   | сс:   | (119)  | 1                  |





JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131 PHONE: 317-346-4365 FAX:317-736-5264 Detal

|               |              |               |   |  | _  | - 1                |
|---------------|--------------|---------------|---|--|--|--------------------|
| Establishmer  | it name      | 7             | ± 0550  | Telephone Number   | Date of Inspection                       | ID#                |
| Den           | ys           |               | <i>† 8559</i>   | ( ) Establishment  | 11/25/24                                 | 2725               |
| Establishmer  | nt address   | s/ :          | 350 E. IN Heland  | ( ) Owner  | 1/4-101                                  | 0170               |
| 4700          | 1/           | 0             | 100 E. IN 74/84   | Purpose:   | Follow-up Releas                         | e Date             |
| Owner         |              |               |   | 1. Routine   | Yes 12                                   | 15/24              |
|               |              |               |   | 2. Follow-up   | Summary of Violat                        | ions: /            |
| Owner addre   | ess          |               |   | 3. Complaint   | 1  |                    |
|               |              |               | × .   | 4. Pre-Operational   | 1  | , ,                |
| Person in cha | arge         | 1             | Danna General Max   | 5. Temporary   | CNC                                      | 4 R 4              |
| Na            | ne           | K             | mers general  | 6. HACCP   |  |                    |
| Responsible   | person's     | email         | 1 / Som Cafe  | 7. Other (list)  | Menu Type (See l                         | pack of page)      |
|               |              |               | O Jarvain-  |  | pit 1 aligne                             |                    |
| Certified foo |              | See           | ers (Exp 8/2/28)  |  | 123_L                                    | 45                 |
| • CRITICAL I  | TEMS AR      | E ID          | ENTIFIED IN THE CHECKLIST AND NARRATIVE   | E COLUMNS MARKED "C"   |  |                    |
|               |              | -             | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE   | The state of the s | IN THE NARRATIVE BELOW                   |                    |
| Section #     | C/NC         | R             | 4   | Narrative  | )  | To Be Corrected by |
| 399           | NC           | V             | grout repair  | nelded i   | $\mathcal{N}$                            | 12/31/24           |
| · im ·        | The state of |               | several area  | 2 1 1 1 1 10   | 1 222 24                                 | 1 1 1 1            |
| 431           | NC           | V             | Floor arains  | sollea in  | N allas                                  | 11/25/24           |
| 430           | NC           | V             | Till cove was   | le is /mis   | sing                                     | 12/31/24           |
| 724           | ALC          | 1             | Mar we much   | mail los)  | 100000                                   | Corrected          |
| 27            | 100          |               | mondiffe, 129°  | full good  | Mayson                                   | Little             |
| 415           | C            |               | Mumphous  | mall 0111  | 01)                                      | 11/25/24           |
| 110           |              |               | Thenaed insects   | Willer St  | onl                                      | 1/2/2/             |
|               |              |               | in) the dish  | anea   |  | 1                  |
|               |              |               | Will the second of the second | Se Le Comment  |  |                    |
| 1 1           |              |               |   |  | 1 00000 to 10000 0000 0000 0000 0000 000 |                    |
| 6             |              |               | eters to the section of the section |  |  |                    |
|               |              |               |   |  |  |                    |
|               |              |               |   |  |  |                    |
|               |              |               |   |  |  |                    |
|               |              |               |   |  |  |                    |
|               |              |               |   |  |  |                    |
| Received by   | luame and    | 1 + + +   0 1 | winted).  | Inspec   | cted by (name and title printed          | /) -               |
|               | Lane         | e             | Rosevs  | 4  | Indrew Min                               | Her, EHS           |
| Received by   |              | :             |   | Inspec   | ted by (signature):                      | 100.)              |
|               | 30           | m             | en  | 4  | morew 111                                | eller              |
| cc:           |              |               | cc:   | cc:  |  |                    |



### 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.

| Establishin   | ent Sam                                 | tation.    | Requirements. The time limit for correct  | ion of each violation is specified | i iii tile narrative portion                   | or tins report.  |  |
|---------------|---|------------|---|------------------------------------|--|--|--|
| Establishmen  | nt name                                 | -          | HACDYO                                    | Telephone Number                   |  | ID#  |  |
| Volle         | ~ /                                     | ree        | H091198                                   | ( ) Establishment                  | 11-18-24                                       | 2788   |  |
| Establishmen  | nt addres                               | S          | 12- Trafa/ger                             | ( ) Owner                          | /  |  |  |
| 1105          | INS                                     | ) K        | #09748<br>135 Trafalser<br>135 46181      | Purpose:                           | Follow-up Releas                               | e Date   |  |
| Owner         |   |            |   |                                    |  | 2824   |  |
|               |   |            |   | 2. Follow-up                       | Summary of Violat                              | ions:  |  |
| Owner addre   | ess                                     |            |   | 3. Complaint                       |  |  |  |
|               |   |            |   | 4. Pre-Operational                 | CNCR   |  |  |
| Person in ch  | arge                                    |            | are - a - r two saler. Rendf              | 5. Temporary                       |  |  |  |
|               | 0                                       |            |   | 6. HACCP                           |  |  |  |
| Responsible   | person's                                | email      | era la la la este esta de la companione   | 7. Other (list)                    |  |  |  |
| 1             | r                                       |            |   | 7. Other (mst)                     | Then Type (See S                               | ment of P 1180   |  |
| Certified foo | d handle                                | r          |   |                                    | 1 × 2 3  | 4 5  |  |
|               |   |            |   |                                    | 1  |  |  |
| • CRITICAL    | ITEMS AI                                | RE IDE     | NTIFIED IN THE CHECKLIST AND NARRATIV     | VE COLUMNS MARKED "C"              |  |  |  |
| • VIOLATION   | (S) REPEA                               | TED FRO    | OM PREVIOUS INSPECTIONS ARE DENOTED IN TH |                                    | IN THE NARRATIVE BELOW                         |  |  |
| Section #     | C/NC                                    | R          |   | Narrative                          |  | To Be Corrected by   |  |
| 425           | NC                                      | 1000       | Hong Megs to                              | dry                                | ara was ta chili mesi                          | 11-18-24   |  |
| TOTOTOTO      | Technolic                               |            |   | M-1240 11                          | Albanes A Sistema                              | HOLOMANI I   |  |
|               | -3-3                                    |            |   | 78 N.E. 187 91 T.E. T. 11131       | er an bought ar anno                           | viita urun   |  |
|               |   | $\vdash$   |   |                                    |  |  |  |
|               |   |            |   |                                    |  |  |  |
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|               |   |            |   |                                    |  |  |  |
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| 1.72          | 111111111111111111111111111111111111111 |            |   |                                    | ar un marche divide                            |  |  |
| 10.1          | 1131 7                                  | 1000       | Not seen and the second                   | achus e o fi                       | and the second second second second            | inan kon   |  |
|               |   |            |   |                                    |  | Single Company   |  |
|               |   |            |   |                                    |  |  |  |
|               |   |            |   |                                    |  |  |  |
|               |   |            |   |                                    |  |  |  |
|               |   |            |   |                                    |  |  |  |
| D             |   |            |   | Īτ                                 | . 11 / 1 // 1                                  | 7).  |  |
| Received by   | (name and                               | d title pr | inted):                                   | Ca                                 | tted by (name and title printed<br>166 Fleener | -vioreix ()  |  |
| Received by   | (signature                              | ):         |   |                                    | eted by (signature):                           | germiner –   |  |
| 1100          | ME                                      | eli        |   | 6                                  | ler Eleener                                    | 6.,,   |  |
| cc:           |   |            | cc:                                       | cc:                                |  |  |  |
|               |   |            |   |                                    |  | A STATE OF THE PARTY OF THE PAR |  |



### 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#                |
|------------------|-------------|----------|--|----------------------|--|--------------------|
| 1 Dun            | kln         | Do       | pouts  | ( ) Establishment    | 1110-11  | 2407               |
| Establishme      | ent addres  | S        | 0  | ( ) Owner            | 11-18-24                                       | 2407               |
| 120 L            | N 50        | nit      | th Valley Rd GWD   | Purpose:             | Follow-up Release                              | Date               |
| Owner            |             | <u> </u> | The state of the s | 1. Routine           | NO 11-2  |                    |
|                  |             |          |  | 2. Follow-up         | Summary of Violation                           |                    |
| Owner addr       | ess         |          |  | 3. Complaint         |  |                    |
|                  |             |          |  | 4. Pre-Operational   | 1  | · .                |
| Person in charge |             |          |  | 5. Temporary         | C NC   | P D                |
|                  | 8           |          |  | 6. HACCP             | C 4 NC M                                       | K                  |
| Responsible      | person's    | emai     | 124  | 7. Other (list)      | Menu Type (See ba                              | uch of trage)      |
|                  | 1           |          |  | 7. Other (usi)       | Wiena Type (See Da                             | ick of page)       |
| Certified foo    | od handle   | r        | 132-3  |                      | 123  | _45                |
| San              | die         | Þ        | atel exp 1-26-24   |                      | 12   | _43                |
|                  |             |          | DENTIFIED IN THE CHECKLIST AND NARRATIVI   | E COLUMNS MARKED "C" |  |                    |
|                  | 05/00/      |          | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI   |                      |  |                    |
| Section #        | -           | R        |  | Narrative            |  | To Be Corrected by |
| 218              | NC          |          | One of cookers !   | hes no deer so       | sket   | 11-18-24           |
| - 1 True 31      | a learner   |          | employer stated  | it is being orgali   | exed today                                     |                    |
| / ^ ~            | -10         |          | 11-18-24   |                      | / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1        | 1150 -             |
| 473              | NC          |          | Buck emergency exi   | + acer not late      | 43.  | H-28-24            |
|                  |             |          |  | with ne day lis      | -ht to   |                    |
|                  |             |          | prohibit redent.   |                      |  |                    |
|                  |             |          |  |                      |  |                    |
|                  |             |          |  |                      |  |                    |
|                  |             |          |  |                      |  |                    |
|                  |             |          |  |                      |  | Na. com            |
|                  |             |          |  |                      |  |                    |
|                  |             |          |  |                      |  |                    |
|                  |             |          |  |                      |  |                    |
|                  |             |          |  |                      |  |                    |
|                  |             |          |  |                      |  |                    |
|                  |             |          |  |                      |  |                    |
|                  |             | -        |  |                      |  |                    |
| Received by      | (name and   | l title  | twinted):  | Inchester            | by (name and title printed):                   |                    |
| *                |             |          | риньску .  | Cal                  | 9 by (name and title printed):<br>9, b Fleener |                    |
| Received by      | (signature) | : 1      | .^   | Inspected            | d by (signature):                              |                    |
|                  | KI          | 111      | 4  | a                    | lu Elen  |                    |
| cc:              |             |          | cc:  | cc:                  | •  |                    |



JOHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

| Establishment name FRANKLIN OUCK PIN BOU Establishment address  27 W MINRUP ST. FIRNKU Owner  Owner  Owner address  Person in charge MAGGIE HAGAN  Responsible person's email | Telephone Number  ( ) Establishment ( ) Owner  Purpose: ( ) Routine ( ) Establishment ( ) Owner  Purpose: ( ) Routine ( ) Complaint ( ) Pre-Operational ( ) Temporary ( ) HACCP ( ) Other (list) | Date of Inspection  11 15/84  Follow-up Release I 11/8  Summary of Violation  C NC _ 3  Menu Type (See back) | Date 24   24      |
|---|--|--|-------------------|
| Certified food handler  |  | 123  | 45                |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST A     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE I  |  | N THE NARRATIVE BELOW AS "   | R"                |
| Section # C/NC P  | Narrative  |  | o Be Corrected by |
| 239 NCE STURGLE SE<br>STURES OFF<br>6 FROHES<br>H3) NC & BASEMENT<br>EXHAUST C  | RUTCE CUPS IN SO<br>FLOOR MITVIMUM<br>AN BASEMENT STU<br>PLSTRUOMS CETL<br>FOURS NOT CLEAN   | CK ROOM  | 11 /20 /29        |
| 399 INC & UPSTATRS A  | DSTROOM - COTLA  |  | 12/28             |
| Received by (name and title printed):   | Inspect  | ed by (name and title printed):  | 7/0               |
| Received by (signature): Hugan  cc: cc:   | Inspect  | ed by (signature):  By Smith   | & NS              |



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

PHONE: 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.

| Establishmer                  | nt name   | 0         | SOIMER   | Telephone Number  ( ) Establishment | Date of Inspection                 | ID#                |
|-------------------------------|-----------|-----------|--|-------------------------------------|------------------------------------|--------------------|
| Establishme                   | nt addres | s         |  | ( ) Owner                           | 11/4/24                            | 9903               |
| 980                           | 1 US      | 31        | WHITELPH IN  | Purpose:                            | Follow-up Release                  | Date               |
| Owner                         |           |           |  | (1. Routine                         | - 11                               | 114124             |
|                               |           | P.E       | 2992   | 2. Follow-up                        | Summary of Violati                 | ons:               |
| Owner addre                   | ess       |           |  | 3. Complaint                        |                                    |                    |
|                               |           |           |  | 4. Pre-Operational                  |                                    | +7                 |
| Person in ch                  |           | ۸         | 2222   | 5. Temporary                        | C_O_NC_                            | / R                |
| 1. 1. (4)                     | KUB       | en        | PRESET   | 6. HACCP                            | Borney Commence                    |                    |
| Responsible                   | person's  | emai      | The state of the s | 7. Other (list)                     | Menu Type (See b                   | ack of page)       |
| Certified foo                 | d handle  | He        | L PEREZ  |                                     | 123(                               | 4 5                |
| • CRITICAL                    | TEMS A    | RE ID     | ENTIFIED IN THE CHECKLIST AND NARRATIVE  | E COLUMNS MARKED "C"                |                                    |                    |
| <ul> <li>VIOLATION</li> </ul> | (S) REPEA | TED F     | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE  | E "SUMMARY OF VIOLATIONS" AN        | ND IN THE NARRATIVE BELOW A        | S "R"              |
| Section #                     | C/NC      | R         |  | Narrative                           |                                    | To Be Corrected by |
| 256                           | MC        | 2         |  | of seen in                          | MEAT                               | 11/9/24            |
| 2.6                           | h ^       | _         | CHEST FREEZER  | 3 door Litt                         |                                    | 1.1                |
| 218                           | nc        | 4         | MORN/SPLIT   | -reezer - 200                       | ric grisker                        | 12/4               |
| 291                           | NC        | ~         | CHEMICAL TEST  | OVD TOS PO                          | R QUAT"                            | 11/11              |
| 0471                          | 7.0       |           | SANITEZER NOT  | RUMILABLO                           |                                    | ( ( / ) ( )        |
| 174                           | NC        | 24        | CFNNAMON SUGA  |                                     | PER PLASVIC                        | COTTECTE           |
|                               |           |           | CONTAINER NOT L  | ABUS                                |                                    | 11/4               |
| 431                           | NC        | ×         | FLOOR NOT CLEAN  | In Arets                            | BRHIND                             | 1) 7.7             |
| 131                           | 100       | 1         |  | RYDE                                | RETIZE O                           | 11//               |
| 295                           | NC-       | *         |  | CLEAN BY R                          | ODS FRYER                          | 1117               |
| 0.75                          |           |           |  |                                     |                                    | 1                  |
| 2111                          | NC-       | +         | LIGHT IN THINS IT  |                                     | suffe on                           | 11/24              |
|                               |           |           | Arrest OF KITCH  |                                     |                                    | 777 N              |
| (NO                           | TQ)       | 7         | FOW SMALL FLIPS  | seen in k                           | CHICKEN,                           | conoca             |
| 105                           |           | 50        | merus pestroom   | MIANC: DA                           | and ho cord                        | WAT O              |
| 181                           | 0         |           | INTERMAL TERPETA   | TATIORS IN SMI                      | TOTAL PERILE                       | MOSS               |
| Received by                   | (name and | l title t | printed):  |                                     | pected by (name and title printed) |                    |
| 7                             | 1/4       | ca        | Dever  |                                     | Bob SmiT                           |                    |
| Received by                   | 9/        | lev       | Derez  | Insp                                | pected by (signature):             | >                  |
| cc:                           | 141       |           | cc:  | cc:                                 |                                    |                    |
|                               |           |           |  |                                     |                                    |                    |





JOHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

5264 12/2

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#

Establishment address

| Owner BU Owner address                          | Servey A<br>ie- o<br>cemail<br>it-ful | 2d. Greenwood, IN             | 1. Routine 2. Follow-up 3. Complaint | Follow-up Re Summary of Vi  tional  y  Menu Type (S  | iolations:  CR  See back of page) |
|---|---------------------------------------|-------------------------------|--------------------------------------|--|-----------------------------------|
| Ann Bui   | 700                                   | mz 6/6/29                     |                                      | 13   | 3_\(\nabla_45                     |
|   |                                       | FIED IN THE CHECKLIST AND N   |                                      |  | LOW TO HAM                        |
| Section # C/NC                                  |                                       | REVIOUS INSPECTIONS ARE DENOT | Narrative                            | ATIONS" AND IN THE NARRATIVE BEI   | To Be Corrected by                |
|   | No                                    | cut pineapple s               | internal temp<br>+ peoled oranges    | perature of 45°F<br>had internal temper<br>Avantco cooler (ter   | enature<br>mp 38°F)               |
| Received by (name an Received by (signature ce: | BU                                    | ii e                          |                                      | Inspected by (name and title portion of the portion |                                   |

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

JOHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD FRANKLIN, IN 46131 PHONE: 317-346-4365 FAX:317-736-5264

| Establishme  | stablishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. |           |   |                      |                                       |                       |   |
|--|---|-----------|---|----------------------|---------------------------------------|-----------------------|---|
| Establishmen   | t name  | 0.1       |   | Telephone Numb       | er 1                                  | Date of Inspection    | ID#   |
| GH   | RIT   | $e^{\nu}$ | T FACTORY AVENTS                            | ( ) Establishme      | ent                                   | 11/8/24               | 2156  |
| Establishmen   | t addres  | s         |   | ( ) Owner            |                                       | 1118/27               | 9100  |
| 1016   | = V   | VA        | YNEST. FIANKON, AV                          | Purpose:             | 1                                     | Follow-up Release     | Date  |
| Owner  |   |           |   | (1. Routine)         | 1                                     | - 11/                 | 18/24   |
| GARI   | new   | T         | FACTORY EMENTS LLC.                         | 2. Follow-up         | 15                                    | Summary of Violati    | CHARLES OF THE OWNER, |
| Owner addre  |   |           |   | 3. Complaint         |                                       |                       |   |
|  |   |           |   | 4. Pre-Operation     | al                                    |                       | 5   |
| Person in cha  | ırge  |           | Towns and the second                        | 5. Temporary         |                                       | c_0_Nc_S              | R   |
| WAR!   | 360   |           | MIKLOS                                      | 6. HACCP             |                                       | - 1                   |   |
| Responsible p  | person's  | email     | 1955 - Post Co. 1 (10)                      | 7. Other (list)      | - 1                                   | Menu Type (See be     | ack of page)  |
|  |   |           | 1   | (,                   |                                       |                       |   |
| Certified food   | d handle  | r,        | 20+10-0                                     |                      |                                       | 2 3 (                 | 4 7 5   |
| WAR  | ske n   | ν         | MIKZOS                                      |                      |                                       |                       |   |
| • CRITICAL I   | TEMS AI   | RE ID     | ENTIFIED IN THE CHECKLIST AND NARRATIVE     | E COLUMNS MARKED "C" |                                       |                       | 100   |
|  |   | TED F     | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE |                      | S" AND IN TH                          | IE NARRATIVE BELOW AS | S "R"   |
|  |   | R         |   | Narrative            |                                       |                       | To Be Corrected by  |
| 239  | NC  | 4         |   | STORED OFF           | Fla                                   |                       | 11/10/24  |
|  | Alle still  | 1         |   | ches - dish          | WHST                                  | ting AREA             | - 1   |
| 411  | NLI   | 3         | LAGHT OUT ON                                | KTTZHEN E            |                                       | tust Hood             | 1(/14   |
| 177  | NC  | N         | FOOD PACKAGES NOT                           | STORDS OF            |                                       | COR                   | 11/12   |
|  |   |           |   | Duckes - ne          | 95T 54                                | DE                    |   |
|  |   |           | WAZK IN FREEZER                             |                      |                                       | 2.0                   | - ).  |
| 177  | Ne  | 9         |   |                      | · · · · · · · · · · · · · · · · · · · | COR                   | 11/10   |
|  |   |           |   | \$TICHES a           | TS ZOC                                | OF WACK               | -IN   |
|  |   | N -       | Coolee                                      | <b>*</b> -0.0        |                                       | 10-01/                |   |
| 414  | NC  | 20        |   | TESTOR 200           |                                       | ARES HOLO             | 1211  |
| 2011   |   |           |   | to artsid            |                                       | 0 =                   | 1.  |
| 394  | WC  | -400      |   | on ground            | DV (                                  | 3015701               | 11/10   |
|  | 1   | 11        | dumps TER ENCL                              |                      |                                       |                       |   |
| 65 CT  | ( y   | 7         | WATER APPLIANCE                             | CONTRECTED           | 10 M                                  | vcet -                | .1  |
| 200  | 12  |           | UPSTATES KITTCHEN                           | 71 - 20 - 1/2 - 1    |                                       | 0.000                 | 120 10  |
| 399 NC = UPSTATES KITCHEN-FLOOR THE WORN IN AREA   |   |           |   |                      | 12/8                                  |                       |   |
| 431  | WC.   | ×         | MINER BAR-1-400R O                          | MIN NOT (            |                                       | AND O CAT             | TUBE 11/1:  |
| (150 × UPSTRIRS -()) HANDSTUK FACCOT SONSOR  |   |           |   |                      | 1/                                    |                       |   |
| David II   |   | 1 .: .1   | NOT FUNCTIONITAG                            | (mons)               | T . 11                                | ( +:/L + : + 1)       | · ·   |
| Received by (name and title printed):  Warren Miklos Exec Che P  Inspected by (name and title printed)  Bob ME |   |           |   |                      | p Just                                | 4 575                 |   |
| Received by (  | (signature)   | ):        | an .  |                      | Inspected b                           | y (signature):        | 2   |
| cc:  |   |           | cc:   |                      | cc:                                   |                       |   |



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

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

| Establishmer  |             |             | requirements. The time mint for conce  | Telephone Number   | Date of Inspection             |  |
|---------------|-------------|-------------|--|--------------------|--------------------------------|--|
|               |             |             |  |                    |                                | ID#  |
|               | tarde       |             |  | ( ) Establishment  | 11/19/24                       | 1873   |
| Establishmen  |             | s 1/.       | 8-31 N   | ( ) Owner          |                                |  |
| 10            | 101         | U           | 5-31 N   | Purpose:           | Follow-up Releas               | e Date   |
| Owner         |             | 7           | New Whiteland,   | 1. Routine         |                                |  |
|               |             |             | Now Whoteland  | 2. Follow-up       | Summary of Violat              | ions:  |
| Owner addre   | ess         |             | 11/  | 3. Complaint       |                                |  |
|               |             |             | 22   | 4. Pre-Operational |                                |  |
| Dancan in ale |             |             |  |                    | 0 0 000                        |  |
| Person in ch  | arge        |             |  | 5. Temporary       | C O NC 4                       | R  |
| Litting       |             |             |  | 6. HACCP           |                                | Later Lag [2]  |
| Responsible   | person's    | email       |  | 7. Other (list)    | Menu Type (See b               | ack of page)   |
|               |             |             |  | r con a constant a | and a committee of             | The state of the s |
| Certified foo | od handle:  | r           |  |                    | 1239                           | 45   |
|               |             | -           |  |                    |                                |  |
|               |             |             | ENTIFIED IN THE CHECKLIST AND NARRAT   |                    |                                | a unu  |
|               | -           | The same of | OM PREVIOUS INSPECTIONS ARE DENOTED IN T   |                    | N THE NARRATIVE BELOW A        |  |
| Section #     | C/NC        | R           |  | Narrative          | 1 1                            | To Be Corrected by   |
| 431           | NC          | 14.5001     |  | he hot water       | heater                         | 11119/24   |
| 4/31          | NC          | 100         | 15 501 led-  |                    | [ A Of                         | 11/16/21   |
| 13.           | NU          |             | sweep out th   | le walk-in         | Pleeze                         | 11/19/29   |
| 431           | 18 0        | -           | Moor is soile  | by the d           | ive-le,=                       | 11/21/24   |
| 334           | 460         |             | drink dispenser  |                    |                                | - 10.50  |
| 279           | re          |             | The drine and  | Ice dispenser      | 5+A+1011)                      | 3 mos.   |
|               | -           |             | or not have a  | cr. 946301 +1      | e algin                        |  |
|               |             | -           |  |                    |                                |  |
|               |             |             |  |                    |                                |  |
|               |             |             |  |                    |                                |  |
|               | 1           |             |  |                    |                                |  |
|               | -           | $\vdash$    | range and the state of the stat |                    |                                | The state of the s |
|               | 91 =        | 10 11 11    |  | <u> </u>           |                                | - N  |
|               |             | $\vdash$    |  |                    |                                | 47 THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE THE RESER |
|               |             |             |  |                    |                                |  |
|               |             |             |  |                    |                                |  |
|               |             |             |  |                    |                                |  |
|               |             |             |  |                    |                                |  |
| Received by   | (name and   | title p     | rinted):   | Inspecte           | ed by (name and title printed) | ),   |
| 1             | MA          | -124        | se Herrau Kill   | 210.               | erry D Day 1                   |  |
| Received by   | (signature) | : , .       | 7  | Inspecte           | ed by (signature):             |  |
| <             | . ()        | 11          |  | ,                  | Trus Da                        | slere  |
| cc:           |             | 1           | сс:  | cc:                | /                              | ,  |
|               |             |             |  |                    | ,                              |  |

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

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

|               |                     |             |  |               | <del></del>       | <del></del>                                     |              | - AT :                                   |                   |  |
|---------------|---------------------|-------------|--|---------------|-------------------|---|--------------|--|-------------------|--|
| Establishmer  | nt name<br>NUU      | . (         | arino  | ک (           |                   | Telephone Number  ( ) Establishme               |              | Date of Inspection                       | 2059              |  |
| Establishmer  | nt address          |             |  |               | od, IN            | ( ) Owner                                       |              | 11/15/24                                 | 0,007             |  |
| Owner,        | 15 2                | <u> </u>    | <del>V                                    </del> | 461           | 42                | Purpose: 1. Routine                             |              | Follow-up Release 1                      | Vate   25/24      |  |
| 1 Du          | een                 | U           | rood   | Fry           | LLC               | 2. Follow-up                                    | į            | Summary of Violations:                   |                   |  |
| Owner addre   | ess                 |             |  |               | <del></del>       | 3. Complaint                                    |              |  |                   |  |
| Person ip ch  | 2 #000              |             |  | <u>)</u>      |                   | 4. Pre-Operation                                | ıal          | C_O_NC_3_R  Menu Type (See back of page) |                   |  |
| reison in gi  | arge <b>~</b><br>1/ | )           |  | huh           | 1                 | <ul><li>5. Temporary</li><li>6. HACCP</li></ul> |              |  |                   |  |
| Responsible   | person's            | email       |  | 10000         |                   | 7. Other (list)                                 |              |  |                   |  |
| Certified foo | d handler           | al          | h Bi   | ennet         | t                 |   |              | 12345                                    |                   |  |
|               |                     |             |  |               |                   | E COLUMNS MARKED "C" HE "SUMMARY OF VIOLATION   |              | HE NARRATIVE BELOW AS                    | 'R"               |  |
| Section #     |                     |             | ROM PREVIOU                                      | 3 INSPECTIONS | ARE DENOTED IN TO | Narrative                                       | 13 AUD IIV I |  | o Be Corrected by |  |
| 430           | NC                  |             | Roll   | nencon        | 1, Relser         | dass pan  | elin         | (RPP)                                    | 11/25/24          |  |
|               |                     |             | IS   | peel          | no in             | mecha   | nica         | e dish                                   | ///               |  |
|               |                     |             | ares   | E Die         | paratio           | n area  |              |  | 7                 |  |
| 399           | NC                  |             | Fil  | 000 P         | under             | work gu   | est          | area                                     | 12/30/24          |  |
|               |                     |             | seri   | er s          | tations           | 15 /  | not          | smooth                                   |                   |  |
| 218           | 410                 |             | ans  | lase          | ly cla            | naore ·   | ina          | five sm                                  | 12/15/            |  |
| 218           | NC                  |             | MOZ  | 50 - 1        | ibe DA            | oduct b   | sell i       | The saine                                | u izjisjo         |  |
|               |                     | -           | 3 11)  | MAIM?         | I MARIE           | at dis  | hia          | 100                                      |                   |  |
|               |                     |             | 112  | soras         | cont              | ins hole  | s/a          | amage                                    |                   |  |
|               |                     |             |  |               |                   |   | 7            | 0  |                   |  |
| <u> </u>      |                     |             | -  |               |                   |   |              |  |                   |  |
|               |                     |             |  |               |                   |   |              |  |                   |  |
|               |                     |             |  |               |                   |   |              |  |                   |  |
|               |                     |             |  |               |                   |   |              |  |                   |  |
|               | <u> </u>            |             |  |               |                   |   | -            |  |                   |  |
|               |                     |             |  | <del></del>   |                   |   |              |  |                   |  |
| Received by   | (name and           | title       | hrinted) ·                                       |               |                   |   | Insperted    | by (name and title printed):             |                   |  |
| C/EX          | IF S                | ~~<br>>/_   | HURA   |               |                   |   | 1 <i>'V</i>  | REW MILLER                               | EHS               |  |
| Received by   |                     |             | , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>    |               |                   |   | Inspected    | by (rignature):                          | 947               |  |
|               | A                   |             |  |               |                   |   |              | dren Mills                               | eh                |  |
| cc:           | 0                   | <del></del> |  | cc:           |                   |   | cc:          |  |                   |  |
| I             |                     |             |  |               |                   |   | I            |  |                   |  |



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

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

| Establishmer  | it name    |           | a. The state of th | Telephone Number   | Date of Inspection             | ID#                |
|---------------|------------|-----------|--|--------------------|--------------------------------|--------------------|
|               | Kale       | y 's      | Pizza PROT   | ( ) Establishment  | 11/25/24                       | 2644               |
| Establishmer  | ıt addres  | S         | Pizza Spot<br>US31 Whiteland, IN   | ( ) Owner          | 11/2-109                       | 20/1               |
|               | 89         | N         | US31 whiteland, IN   | Purpose:           | Follow-up Releas               | e Date             |
| Owner         |            |           |  | (1. Routine        | 1.                             | 2/5/24             |
|               |            |           |  | 2. Follow-up       | Summary of Violat              | ions:              |
| Owner addre   | ess        |           |  | 3. Complaint       |                                |                    |
|               |            |           |  | 4. Pre-Operational | ,                              |                    |
| Person in ch  | arge       |           |  | 5. Temporary       | C_0_NC_6                       | . R                |
| bostos        |            |           |  | 6. HACCP           |                                |                    |
| Responsible   | person's   | email     | the according to the control of the control of   | 7. Other (list)    | Menu Type (See l               | pack of page)      |
|               |            |           | 3' y n. galin y  |                    | To an autom                    |                    |
| Certified foo |            |           | - 2 1:2 2  |                    | 12_×_3                         | 45                 |
| 7             |            |           | ER KAUR  |                    |                                |                    |
|               |            |           | ENTIFIED IN THE CHECKLIST AND NARRATIVE<br>FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE  |                    | THE NADDATIVE RELOW            | AC UTU             |
| Section #     | C/NC       |           |  | Narrative          | THE NARRATIVE BELOW A          | To Be Corrected by |
| 2/6           | NC         | 1         |  |                    | torn-                          | 30 days            |
| 334           | NC         |           | The Ise makes  | in the reg         | 1 Purt                         | 2000               |
|               | NC         | 4.3       | of the does n  |                    | roger ass                      | Next               |
|               |            |           | 5-ture   | gap drain.         | A DESCRIPTION OF STREET        | inspection         |
| -             |            |           |  |                    | 1                              | Territoria.        |
| 334           | NC         | -         |  |                    | have                           | Next               |
|               |            |           | a proper air gap   |                    | e drain                        | I                  |
|               |            |           | hose may not e   | tend into the      | e drain-                       |                    |
| 295           | NU         |           | Al. Comments   |                    |                                |                    |
| 270           | 110        |           | The fans in the p  | 7/227 600/26       | 95-6                           |                    |
|               |            |           | 201/20.  |                    |                                |                    |
| 345           | NC         |           | - she pizza usea   | hand 3:1K is       | soiled                         | 11/26/24           |
| 346           | NC         |           | - Me pieza asea<br>- No soug was   | grou ded-          | 20,720                         | 1/001              |
|               | -          |           |  |                    |                                |                    |
|               |            |           |  |                    |                                |                    |
|               |            |           |  |                    |                                |                    |
|               |            |           |  |                    |                                |                    |
| Received by   | (          | l title . | Aminet I)  | II. and and the    | 1 by layers and title trainted | 0.                 |
| Received by   | (name and  | i mue j   | TAR SINGH  | Inspected          | d by (name and title printed)  | 10 550             |
| Received by   | (sionature | ).        | 117/2 31/10/17   | Inspected          | d by (signature):              | 1.Est              |
| X,            | 1          | 6.        | 118  |                    | mas D Bu                       | lese               |
| cc:           | 1          | 10        | cc:  | cc:                | July - July                    | 7                  |
|               |            |           |  |                    |                                |                    |



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

PHONE: 317-346-4365 FAX:317-736-5264

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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. Telephone Number Date of Inspection Establishment name BUFFEI KING 11/1/24 2041 Establishment address ) Owner 2239 N MORTON FRANKION, SN Purpose: Follow-up Release Date Owner 1. Routine EN citen Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary CHER ten 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler, · 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" To Be Corrected by Narrative Section # C/NC 399 NC 120124 TABLES 216 NC NI NOT 324 8NC HANDSINK 431 ATTERS OF FIDOR/WAZE COUTRE KIRHEN CONTAGNERS 209 0 NOT CLOAN STORED IN HANDSINK IN RITTEHEN CONTAINCE TERNAZ TUMPETATURE MACATORO CHAM USZOUG Inspected by (name and title printed): WAH Received by (name and title printed): Received by (signature): Inspected by (signature): cc:



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| Establishm        | ent Sani         | tatio  | n Requirements. The time limit for correction  | on of each violation is specified   | d in the narrative portion                 | of this report.        |  |  |
|-------------------|------------------|--------|--|---|--|------------------------|--|--|
| Establishme       | nt addres        | S      |  | Telephone Number  ( ) Establishment  ( ) Owner  | Date of Inspection                         | ID#<br>1673            |  |  |
| Owner Owner addre |                  | 10R    | TON ST. F(AWKLIN, IN   | Purpose: 1. Routine 2. Follow-up 3. Complaint   | - 11/                                      | Follow-up Release Date |  |  |
| Person in ch      | arge<br>LBL      |        | DS. WERT   | <ul> <li>4. Pre-Operational</li> <li>5. Temporary</li> <li>6. HACCP</li> <li>7. Other (list)</li> </ul> | CO_NCR  Menu Type (See back of page)       |                        |  |  |
| Certified foo     | od handle<br>NLB | ect    | o nem  |   | 123(                                       | 4 \$ 5                 |  |  |
|                   | (S) REPEA        | TED I  | ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | e "summary of violations" and<br>Narrative  |  | To Be Corrected by     |  |  |
| 177               | NC               | 7      | Some Food CONTRATME  | FOOD CONTRAMERS NOT STONE OFF<br>DOR MINIMUM OF 6 INCHES ON   |  |                        |  |  |
| (w                | vie              | حد     | Mechanicae dist  |   | tr/177218<br>50 gpm)                       | 11/6                   |  |  |
|                   |                  |        |  |   |  |                        |  |  |
| Received by       | (name app        |        |  | Inspec  | ted by (name and title printed)            |                        |  |  |
| Received by       | (signature,      | $\sim$ | r Nen  | Inspec  | 30b SmiTH<br>ted by (signature):<br>Bul Sm | DHS<br>D               |  |  |
| éc:               | 1                |        | cc:  | cc:   |  | L.                     |  |  |



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V

| Establishm                        | ent Sani   | tatio | Requirements. The      | time limit for correcti | on of each violation is spec                   | ified in the narrative portior | of this report.              |  |  |
|-----------------------------------|------------|-------|------------------------|-------------------------|--|--------------------------------|------------------------------|--|--|
| Establishme<br>L  <br>Establishme | nt addres  | ss    | CAPSARS                |                         | Telephone Number  ( ) Establishment  ( ) Owner | Date of Inspection             | ID#<br>21.85<br>18.20        |  |  |
| 90                                | 6 N        | 1     | norton F               | ANKLIN IN               | Purpose:                                       | Follow-up Releas               | e Date                       |  |  |
|                                   |            | FAT   | norton FT              | HARLY                   | -  | - 111                          | 1 1 1 1 2 1 4                |  |  |
| Owner addr                        | ess        |       |                        |                         | 3. Complaint                                   |                                |                              |  |  |
| Person in ch                      | arce       |       |                        |                         | 4. Pre-Operational                             | cNc                            | 1 2                          |  |  |
|                                   | AFF        | LLT   | -A                     |                         | 5. Temporary 6. HACCP                          | C_O_NC_                        |                              |  |  |
| Responsible                       |            |       |                        | Sur Rossy of State      | 7. Other (list)                                | Menu Type (See l               | Menu Type (See back of page) |  |  |
| Certified for                     | d handle   | j     | TOMAR (3               | EXP 4/19/0              | 79)  | 123                            | 5                            |  |  |
| 7.7                               |            |       |                        |                         | E COLUMNS MARKED "C"                           | NO DUTING MADDATING DELOW      | AC UDU                       |  |  |
| Section #                         | -          | -     | ROM PREVIOUS INSPECTIO |                         | Narrative                                      | AND IN THE NARRATIVE BELOW     | To Be Corrected by           |  |  |
| 2413                              | NC         | -4    | BACK doc               |                         | ILF-CLOSING (                                  | LLOSURE BROKEN                 |                              |  |  |
|                                   |            |       |                        |                         |  |                                |                              |  |  |
| Received by                       | SAF        | AL    | orinted):<br>TA        |                         |  | Bob ImzTH                      | EMS                          |  |  |
| Received by                       | (signature | 1:    | ltg_                   |                         | Ins  | spected by (signature):        |                              |  |  |
| cc:                               |            | U     | cc:                    |                         | C  | c:                             | and                          |  |  |



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

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

|   | nt addres                               |                     | 322 di Roma  5 31 H Greenwood  IN  | Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  | Follow-up Release                         | e Date<br>        23   24 |
|---|---|---------------------|--|--|---|---------------------------|
| Person in ch                                  | CAMP STATE                              | emai                |  | <ul><li>4. Pre-Operation</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list)</li></ul> | CNC<br>Menu Type (See                     | 51/52/11/14               |
| Certified for                                 | od handle                               | r<br>PE ID          | Gas Non<br>Entified in the Checklist and Narrativ<br>From previous inspections are denoted in the  | E COLUMNS MARKED "C"   | 123                                       | <u>45</u>                 |
| Section #                                     | C/NC                                    | R                   |  | Narrative  |   | To Be Corrected by        |
| 295<br>229<br>245<br>431<br>112<br>431<br>334 | C<br>HC<br>HC<br>NC<br>NC               |                     | the shield is  * Front counter  In numerous places.  of collegesing— su  storage table  Floor under th  soiled  upright distres i  floor area under the  soiled.  soi | shelves  The file pro-  Is not affil  Fire out  have a 1   | are soiled-<br>ulter is<br>oved equipment |                           |
|   |   |                     | Theep walk-raced   | us deer Ule  | 17 7 C B (_                               |                           |
| Received by                                   |   |                     | printed):<br>AZL WRIGHT  |  | Inspected by (name and fitte printe       |                           |
| Received by                                   | T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | THE PERSON NAMED IN | Сс:  |  | Inspected by (signature);  CC:            | In                        |
|   |   |                     |  |  |   |                           |