

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

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

Establishmer	it name		The Market of Park and the same	Telephone Number	Date of Inspection	ID#		
	Mac	af	hon mini must	() Establishment	11/1/2	1430		
Establishmer	t addres	S	Franklin	() Owner	11/4/24			
212	20	E	est King St. IN	Purpose:	Follow-up Release	e Date		
Owner				1. Routine				
And the same than the same to				2. Follow-up	Summary of Violati	ons:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational	1			
Person in cha	arge	_		5. Temporary	C_O_NC_{	£R		
				6. HACCP				
Responsible	person's	emai	I hear to the live of the	7. Other (list)	Menu Type (See b	ack of page)		
			J. Ur.		There is the state of the state			
Certified foo	d handle	r			12_X_3	_45		
• CRITICAL I	TEMS AI	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW A	s "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
						1		
334	NC		Soda und ite n	nater drain	must	30 days		
		1,634	have a su air g	900	The second second	0.055 × 500		
239	NC		2001/2 2008	1 4 - 0		11/8/24		
071	NC		Ariale engs on	tod_	UATER	11/6/ -7		
			all fiel file	C 2/1				
295	NC		Cubinet for Brink	CUD Stor	71/6/24			
			Cytimet for drink	<i>y</i>	/*			
431	NL		Storage room b	F/001 12 3	sosled	11/6/24		
					<u> </u>			
N-90-					And the second second second	and the same		
Received by	(name and	title	printed):	In	spected by (name and title printed)	: /		
Paris II	· · · · · · · · · · · · · · · · · · ·		A TOTAL		TUMY DEG	16.55		
Received by	(signature)	:	2	In	spected by (signature):	a y a		
cc:	5		cc:		c: My Dhe	, Cost		



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

Establishment name MJ ABUELTTO	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address	() Owner	11/4 /24	2460
2797 N MORTEN FRANKLIN, IN	Purpose:	Follow-up Release	Date
Owner	1. Routine	- Keicase	114/24
Manager and the second of the	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		5)
Person in charge	5. Temporary	CONTE	R
GANCIA CECNA	6. HACCP	10	<u></u>
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
106 85 (100 - 200	" other (may	Intella Type (see se	7,7,0
Certified food handler CARCHA CERNA 3/17/36	xP)	123_	_45
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 I	N THE NARRATIVE BELOW A	S "R"
A COUNTY OF THE PROPERTY OF TH	Narrative		To Be Corrected by
(noto)) COCKROAZH SOEN	ON WALL A	BOVE *	CONTROL
MECHANICATE DISTA	MAZAZMI		11/7/20
399 MC & COVING LOOSE, U	HATI CAINE	HN	11/30
Loose on Arrens	OF WITTHER	7	11,00
1	01 /01.		Logiston
324 NC DEAK NOTED ON	HANDSINK	DRAIN	11/4
218 NC D JOOR SPEKET WO	PRN SPLIT O	N	12/4
	SO COD		10/1
		10.4 (10.1 (10.4 (10.1 (1
216 NCA AZUMENUM FOIL	USEN to LIA	PSHELF	11/24
STOCK ROOM			
113/ 0/4	2001 100	0= 1:0	Can _
431 PC WALLYFLOOR NOT C	clean on are	AS OF	
asilvisnas men			
			1
Received by (name and title printed):	Inspect	Bob In 180	YEHS.
Received by (signature):	Inspect	ethby (signature):	Simon of the
Bulmoro Gorcia C.		Sel In	
сс: сс:	cc:		



JOHNSON COUNTY HEALTH DEPARTMENT (95 S DRAKE RD

FRANKLIN, IN 46131

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

Establishme	nt name			am.	STHVI	CMUT	Telephone Numb	er	Date of Inspe		ID#
1000	WI	YUN	no 3	17777N	ese		() Establishme	ent	71/7	124	1831
Establishme	nt addres	S		4	RANK	TN	() Owner		71//	141	1001
105	1 W	I	effer	SON ST.		Th	Purposei		Follow-up	Release I)ate 4
Owner	<u> </u>						1. Routine		топош-ар	///	17/24
mercial o	TY	- /	T				2. Follow-up		Summary of	Violation	ns:
Owner addre							3. Complaint				
When addit	200						-	•			
D : 1							4. Pre-Operation	aı	- 0	1	_
Person in ch	YI) _				114	5. Temporary		C NC R		
	~			1000			6. HACCP			(0, 1	1 6
Responsible	person s	emaii					7. Other (list)	1.0	Menu Typ	e (See bac	ck of page)
Certified foo	d handle	- (8	LERN:	SARP	29)	ARYMOTER DISEASE			12	_3(45
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN	THE CHECK	LIST AND N	ARRATIVE	COLUMNS MARKED "C"				
		-	OM PREVIOU	S INSPECTION	IS ARE DENOT		"SUMMARY OF VIOLATION	S" AND IN T	HE NARRATIVE		
Section #	C/NC	R				1	Varrative			T	o Be Corrected by
245	NC	34	SFO		= GR	TLL	I deep F	FRYC	PR		11/11/24
7011 701 40	120 1775	NOT BE	NO	T CO	OAN	-			301.0	Marian Kill	
1			nl-	1/57=2	1 0	AD.	MAT DONE	THE	7	7 / 1	11/211
600	10	100	PIV	YSTER	200	And	CAR DISH		HIM		11/07
1000		/	01	<u>U</u> 7	reci	6.10-121	CHC O'4311	1100	1 1-1		
									- Comment of the comm		
		.27	1 ten 180								
	-	-	-							1-100g	
and the same of th											
Received by	(name and	l title pri	inted):	()				Inspected	by (name and tit	tle printed):	BHS
Received by	(signature)):	Y	Li				Inspected (by (signature)	ma	and the second
cc:				cc:				cc:			
								Control of the contro			



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

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

		tatio	in Requirements. The time mint for correct			or tins report.		
Establishmer	nt name		./ 5	Telephone Number	Date of Inspection	ID#		
	on	/	the Border	() Establishment	11/18/24			
Establishmer	nt addres	SS	4	() Owner	1110/20	1522		
86	7 4	531	the Border H Greenwood, IN	Purpose:	Follow-up Release	Date		
Owner		No. of Contract,		1. Routine				
				2. Follow-up	Summary of Violati	ons:		
Owner addre	ee					1		
Owner addre	.00			3. Complaint				
				4. Pre-Operational				
Person in cha	arge			5. Temporary C NC R				
. 60				6. HACCP				
Responsible	person's	emai	to the first term of the second of the	7. Other (list)	Menu Type (See be	ack of page)		
Α			- kuga		Spring to the 1985 of			
Certified foo	d handle	1	Dakes		123_<	45		
• CRITICAL	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"				
• VIOLATION(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	S "R"		
Section #	C/NC	R		Narrative	A.	To Be Corrected by		
	4		1	4	/ ^			
431	NC		floor under the	e bar is soil	led.			
1011	- di							
					1990			
	p 10-15							
						1		
			4		198.4			
Al-		- 4	and the second second			a list and		
	M x							
		-				-		
Received by	(name an	d title	trinted) A	Inspecte	d by (name and title printed)	. /)		
XX	MI	P	MY es		THIND D	1/1/235		
Received by	(signathere):(Dah	Inspected	d by (signature):	Cu		
cc:)	1	СС:	сс:		ti)		
						Page 1 of		



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

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

Establishmer Establishmer Owner	apa nt addres 597		Banta St. HanklinIN	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection 11/4/2 y 595 Follow-up Release Date 11/4/2 y Summary of Violations: C _ O NC Z R Menu Type (See back of page) 1 _ 2 \(\ \) 3 _ 4 _ 5		
Responsible Certified foo	person's		sisa Pollard 2028	5. Temporary6. HACCP7. Other (list)			
	I EMS AT	Œ ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE		N THE NARRATIVE BELOW AS	"R"	
Section #	C/NC	-		Narrative		To Be Corrected by	
245 324	N(Mobile cost is s No hot mater at hand since	no theman	retes	11/4/24 15 days	
Received by Received by cc:	Ki	10	cooker	Inspecte	and by (name and title printed). The property of the printed of t	le gs/	



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

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

Establishment n	ame	IN COUL	CAS	KALUBT D.HOU	Telephone Numb) Establishm		Date of Inspection	ID#	
Establishment ac	ddress	V			() Owner	CIR	11/7/24	2273	
		4	-LAUKC	Ja, In	Purpose:]	Follow-up Release	Date	
Owner		1			Routine			1/109	
PACKH	VST	VINIA	19		2. Follow-up	19	Summary of Violations:		
Owner address			,		3. Complaint				
					4. Pre-Operation	nal	1 1	1	
Person in charge			and is 7 o	E 1 =	5. Temporary		C NC R R		
Of	177	DUN	CHN		6. HACCP	L	4 000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Responsible pers	son's emai	1000	For early	1 20 0	7. Other (list)	Γ	Menu Type (See be	ack of page)	
Certified food ha		PUN	ICAN			1	123(4.25	
CRITICAL ITES	MS ARE II	ENTIFIED IN	тне снеск	LIST AND NARRATIV	VE COLUMNS MARKED "C"	,			
		FROM PREVIOU	S INSPECTION	S ARE DENOTED IN TH	HE "SUMMARY OF VIOLATION	NS" AND IN TI	HE NARRATIVE BELOW AS		
	NC -B		A- 44		Narrative			To Be Corrected by	
431 n	X Co	dR	HTW.		AN IN FRO	nt de	RUING	11/10/29	
5.42 1 1/1 (40)		HIZE	H C	woer.	SOFTOMINK	C ST	ATTON	CIA 1988	
		NOT	CO.	nn				Α.	
2/11/0	UC.	501,0	PAI	119 H75	OUT ON E	XHA	2757	11/15	
177	34	Hoc	20	2.77		/////		111.5	
								10/10	
399 N	C	FZO	OR T	TO WOR	en the	A —		210/10	
431 1	ne	FL	COR 1	WIT CLER	to MEXT T	D WI	TZL -	_11/12	
		Bett	INO Z	EQUIPINO	ut an KI	ishev)		
1000	C 28		01:100	7000	0420100 4	c ~	17 1/	11/0	
189	C 36	IN S	enonz may	rempe	RATURO O	(B) 70	POHEN	1110	
2011		700	FNC	TAT	HIOF OR	155	y chie	Plate Lott	
		13 1		1	111				
	-	mec	HANTE	RZ OISH	MAZATIM	SANI	D'ZATION ,		
V	0)		CAN		CONTROL 160	OFF OF	s mode	(OP)	
(Ny		OND	UBRE/	UTENSIL	SULPACO	(WAS	161°F)		
Received by (nam	ne and title	printed):				Inspected b	y (name and title printed)	BAS	
Received by sign	nature)	Suno	Na /			Inspected b	oy (signature):	artonale vij	
200	OK	WAL	all)			Sel	Smit		
cc:			cc:			cc:			



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

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

Establishmer			200	Telephone Number	Date of Inspection	ID#		
Palle	15#	-7	208	() Establishment	11-10 211	2227		
Establishme				() Owner	11-19-24	2281		
839	US 3	IN	Greenwood, IN 46142	Purpose:	Follow-up Release	Date		
Owner				1. Routine	YES 11-2	9-24		
Check	iers -	Dr	ive-In Restaurants Inc	2. Follow-up	Summary of Violatio	ns:		
Owner addre	ess			3. Complaint	_1			
4300 W	· Cypi	ress	St. Ste 600 Tampa FL 33607	4. Pre-Operational	c X NC 2			
Person in cha	arge	,	St. Ste 600 Tampa, FL 33607	5. Temporary	c X NC 2	- R		
Ange	lak	RI	1-manager	6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See ba	ck of page)		
			E	-		,, 0,		
Certified foo	/1		nor (Sewsofe exp)		123/	45		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	'R"		
Section #	C/NC	R	I	Narrative	7	o Be Corrected by		
346	NC		noscap provided at k	itchen handsin	k	11/19		
431	NC		floor next towall so	loor next towall soiled throughout facility				
201 201.0			especially under soc	la boxes, under i	e machine			
205	0		around drive - thru w	indows behind soc	la machine			
747	0		wide spatulas w/blue ha	ndle have chip	ped metal	11/19		
10			cold-held cheese slice internal temperat	ed on propline h	ave an	11/19		
			-shall be 41 For les	ure 0+484-				
			in time used as Pl	Thlic health con	tral accorda	Fool		
			Time Oserwa Fr	oblic recorricon	mon, cooled	reci		
		-						
		-						
		-						
Received by (name and	titley	rinted):	T 1	by (name and title printed):			
Ang.	Pa	1	aV	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Papagovas	EHS		
Received by	signature)	:///		Inspected	by (signature)	, 543		
Mar	da.	1/	ery	///	lierky.	>		
ec:10			сс:	cc:	- / /			



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

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

Establishme		-			T-11	ID-ta-effti			
		_	1 1	1	Telephone Number				
Ru S Establishme	(UE. 5	Cu	arbside	76:05	() Establishme	nt 11/12/24	2525		
Establishine	iit addres	8	-0 1	0 10	() Owner				
6	40 5	7 ,	Madiso	on Ave Greenwood, IN	Purpose:	Follow-up Release	se Date		
Owner –	TOWN:			Greenwood, IN	1. Routine		The state of the s		
					2. Follow-up	Summary of Viola	tions:		
Owner addr	ess				3. Complaint				
					4. Pre-Operationa	1			
Person in ch	arge		j=1	18 20 10 50	5. Temporary	C_()_NC_()	C()_NC_()_R		
ton I			-		6. HACCP				
Responsible	person's	emai		aloga in to a second	7. Other (list)	Menu Type (See	back of page)		
Certified foo	od handle	r			-	_ 1 2 / 2			
1	Mati	, he	w Ke.	nricutt		123	_45		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED II	N THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"				
		-	ROM PREVIO	US INSPECTIONS ARE DENOTED IN T		" AND IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R			Narrative		To Be Corrected by		
						A TOWN HOLD OF			
	1		2 42	1	1 (- And - Proposition and			
			10111111	NO	violations				
	-								
	-								
							and the state of		
							tra de t		
	1.00					Le Larges Les	N. ver deel		
<u> </u>									
		-							
	-	_							
Received by	(name and	title;	brinted):	BEST CONTROL OF THE CONTROL OF THE PARTY OF THE CONTROL OF THE CON	I	nspected by (name and title printed	<i>l</i>): /		
16	hris		Hende	CSON			x lessi		
Received by	(signature)	:	//		I	nspected by (signature):	/		
2	hre	Ry	-			There, D Du	y him		
cc:				cc:		cc:			
, v									



11

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

		tutio.	in Requirements. The time limit for correction			r or ting report.
Establishmer		Λ	la effection and the effect of the	Telephone Number		ID#
Xar	Mu	1/1	apan	() Establishme	11-26-24	1041
Establishmer				() Owner	11 20 21	10 11
1251 (JS 31	N.	VC-05 Greenwood, IN 46142	Purpose:	Follow-up Releas	
Owner				1. Routine	<u> </u>	6-24
SAR	Cast	let	on Food Inc	2. Follow-up	Summary of Violat	ions:
Owner addre	ess		CANADA	3. Complaint		
7650	Birc	hm	nount Rd. Markham Ontario	4. Pre-Operation	4 mp	
Person in ch	arge	7111	100747 - 61.74 (60 (10 100) 1 0 1 1 1	5. Temporary	R	
XinL	-11-	as	sistant manager	6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See I	back of page)
			Jacky IS Is	in Gener (men)	incha Type (occ.)	ment of Pinger
Certified foo	d handle	r	servsate exp		123_×) 1 5
Certified foo PUBi	n 2h	an	servsate exp 9 6/22/25		12	_43
• CRITICAL	TEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC	- 1	floor around grease +	rapsoiled		11-26
324	NC	T In	Single sink next to 3	3 bay sink	eaking under nea	12-1
200. 17011	A heard containing		onto the floor			
		_	floor around greas	MP		
295	NC		inside top of ice mac	hine soiled	- and the	111105
216	NC		Shelving in walk-in c	ooler very	rusty	1/1/25
		-				
					1 17900	1 1
	3 .			=		
-	100		Salar riggs - 1.77 and Larren Salar sa			
Received by	(name and	title f	printed): XrU LU	ancoloni 17 11	Inspected by (name and title printed Mia Papageove	-110
Received by	(signature)	:	Lou Lu		Inspected by (signature):	17
cc:			cc:		cc:	1
1			Marie Control		1.0	



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

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

Establishmer			r Requirements. The time mint for correct	Telephone Number	Date of Inspection			
				() Establishment	Date of Inspection			
5 J Establishmer	reed 1	vay			11/21/24	358		
				() Owner				
130	57	TCO	135 Trufulguer	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine				
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in cha	arge			5. Temporary	C_!_NC_3_R			
	0			6. HACCP				
Responsible	person's	email		7. Other (list)				
				7. Other (ust)	Wienu Type (See 8	ruck of puges		
Certified foo	d handle				1 2 1 2			
					123	45		
• CRITICAL I	TEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"				
 VIOLATION(S) REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
295	Ne		The cabinet who	her the drivil s	station	11/26		
		1.42	19 501/ed	13 (24) (14)	The Fig. 10 to 10 periodical	Wister Was		
431	NC	enp.	The Floor by +	he bag n bex	stork ge	11/26		
			13 Ver- dor	ty	The second second second	The second second		
334	C		There is no	ail 940 on.	the ice bin	inspect.		
			soda drain-	The drain hosa	e drain hosal aime			
			must not e	xtend in to	the drain-			
	-6		<i>A</i> 1 1 21 .					
4/26	NC	_	The buck sternga disorganized a	areas are va	Rry	12/3/24		
			disorgant 22d a	na solledi				
			or in the state of					
			republican delicario de la como escada					
	15							
						1		
			10-20-1-10-10-10-10-10-10-10-10-10-10-10-10-					
Received by (name and	title p	rinted):	Inspe	ected by (name and title printed):		
1	Jack	Lu	n Webber	1.16	Terry D. Be	y less		
Received by ((signature)	: _ T		Inspe	ected by (signature):	40/140		
*		40	~ Wer		Thung D Bear	Cosa		
cc:	(/	cc:	cc:	,			
				1				



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

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

Establishme			requirements. The time mint for correct	Telephone Number	Date of Inspection			
Establishine	nt name			1		74		
Establishme	uh	Na	γ	() Establishment	11/7/24	1299		
Establishme	nt addres	s ~ /	sur Square Trafalyer, IN	() Owner		/		
12	gra	fal	gar Square	Purpose:	Follow-up Releas	e Date		
Owner			Trafalges, INT	1. Routine				
			, , , ,	2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	C NC R			
				6. HACCP				
Responsible	person's	email		7. Other (list)	pack of page)			
responsible	percons	CITALLI		7. Other (usi)	Menu Type (See a	uck of puges		
Certified foo	d handle	r			1 2 2			
	His	en	BHARATI3HAI		123	_45		
		-	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	red fr	OM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
334	April 1		Drivic + ice	disperser dra	1.1	30 days		
THE PROPERTY	intiple	27.7%	does not have	an air gar	10.11	August seed		
			The state of the s		1 10-11 1 10011	1 1 10 11 1		
		\Box						
		\vdash						
		\vdash						
		\vdash						
2.254.480		190 a				The made of the		
				<u>bla</u>				
						Second 1		
						-		
Received by	(name and	title pr	rinted):	Inspect	ed by (name and title printed): /		
1		ite			/ ~ <	1/25		
Received by				Inspect	ed by (signature):	un/media		
_	1	Par	11/1942 R.	1	hun To Dues	lin		
cc:			cc:	сс:	1 17			



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

		tation	requirements. The time mint	ior correction of each violation is specified					
Establishme	A 1			Telephone Number	Date of Inspection	10# 1867			
	Sub			() Establishment	11/7/24	1832			
Establishme				() Owner	11/1/29	10.			
<u> </u>	8004	N	WEVER Rd HAEVE	h, IN Purpose:	Follow-up Release	Date			
Owner				1. Routine					
				2. Follow-up	Summary of Violati	ons:			
Owner addre	ess			3. Complaint	8 1 1.				
				1					
D : 1				4. Pre-Operational	_i ^				
Person in ch	arge			5. Temporary	•				
				6. HACCP					
Responsible	person's	email		7. Other (list)	7. Other (list) Menu Type (See back of page				
0 10 16			20101						
Certified foo	od handle	HR	VV PATEL	1	123	_45			
• CRITICAL				NARRATIVE COLUMNS MARKED "C"					
				NOTED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"			
Section #	C/NC	R	Approved	Narrative		To Be Corrected by			
441	_		proces insent	icides not insed	401				
	U Giff		the sostiusa	icides not used nt Remove spect B'use Raid - spi	rucide	11/7/24			
ACC (FEE)	W/Ja T		and home.	D. Use Raid- Spi	145	ROTE HILL			
- 3				The state of the s	3.00				
334	NC		The drink and	ice dispenses drain	does not	30 days			
5 I I	-		have an o	ne unch air gap.		1 1			
						1			
al la					The second				
			1 - 200 91 (8) (14	and the second s	Samuel and annual and	Standard Control			
	-					decreased.			
B)									
	-	-							
Received by	(name and	title pr	inted):	Inspect	ted by (name and title printed)	. ,			
+	DI	^	Pakel			2-1/055			
Received by	(signature)	:	0	Inspect	ted by (signature):	100			
/		20	No tel	1 -	Tour & Day	421			
cc:		0	сс:	cc:	1				
					,				
			-			Page 1 of/			

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

Establishment	name		and seen not the harrelines froods	Telephone Number	Date of Inspection	ID#	
.5,R.	רעהנ			() Establishment		4.4.0	
Establishment	address			() Owner	11/7/24	2414	
788	E	,	Man 5 (Command	Purpose:	Follow-up Releas	e Date	
Owner	-	, /	MAN 37 GIPMINOUS	Routine	- W/17/24		
0.1		0	Man ST Grenwood	2 F II	Summary of Violat		
L HIDT	TU	TAT	TEL	2. Follow-up	Summary of violat	10115.	
Owner address	3			3. Complaint			
				4. Pre-Operational	/	/	
Person in charg		hoot	lieraži užmo or s	5. Temporary	c_\$NC	_NCR	
JACK	P	TE	EC analysis	6. HACCP	mulant books wife	/	
Responsible pe	erson's e	mail	stoods is remainful to single meal ser-	7. Other (list)	Menu Type (See l	pack of page)	
				101 101 101 101 101	una turna sprimenti ma	77.87	
Certified food	handler				12_2345		
					123	45	
CRITICAL IT	EMS AR	E IDEN	NTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"			
• VIOLATION(S)	REPEAT	ED FRO	OM PREVIOUS INSPECTIONS ARE DENOTED IN	N THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"	
Section # 0	C/NC	R		Narrative		To Be Corrected by	
			,				
s 2	HEUD'S	an o	NO VIDLATIONS OR	Ise se The Res	2907	5700 -007F	
- And Bestina	RDIT.	3111 23	740 VIDEA 1100-3 01	- 133763 10 10		a Cobusting	
		+	0.9 (13 a) 43 (30 (40 4) 2) (30 (10 4)	Leaning that are confined to the con-	er i or to reggio et o revolo	A COLUMNIA COMPANIA	
		-					
						-	
		_					
	il are	de les	مناب والمستوالية والمستوالية			and the second	
Gutseu e	62. JOS	g by a	Maria de la companya	luguani de la cidada de la composição de l	Note that the second	and want	
and a	La ma	n li qu	or a president of the control of the	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r constel	
						Alicentary and	
						14	
Received by (n.	ame and	title pri	inted):	Inspec	ged by (name and title printed	- 1	
7 5	ogn,	dil	PerfeL		EVIN K YAVUL	5HS	
Received by (si	ignature)	10		Inspec	cted by (signature):	hacysand	
X >	fr			K	(KHZ		
cc:			cc:	cc:			