

JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

| Establishm | ent Sani | tatio | n Requirem | ents. The time limit for correcti | on of each violation is s | pecified in the narrative porti | on of this report. |
|---------------|--------------|------------|-------------|-----------------------------------|---------------------------|--|---------------------|
| Establishme | nt name | ٥ | | 1 . > | Telephone Numb | per Date of Inspection | ID# |
| Him | a & | 7 | Lora | tions | (·) Establishm | nent 12/27/21 | 2121 |
| Establishmen | nt addres | SS | 1 | OI BONGERDINE | Owner | 12/0//24 | - 243/ |
| 75 N | · 130 | ili | dwin | St. Bargersvel | Purpose: | Follow-up Rele | așe Date j |
| Owner | , | | . 1 | | 1 Routine | No 1 | 16/25 |
| 4/1 | th | AV | 1 H | g | 2. Follow-up | Summary of Viol | |
| Owner addre | ess | | 111 | | 3. Complaint | | |
| | | | | | 4. Pre-Operation | nal | |
| Person in ch | aroe | | | | -1 - | $\begin{bmatrix} c & 1 & NC \end{bmatrix}$ | 4 p |
| N. L | lige | | | | 5. Temporary | CNC_ | |
| Responsible | person's | emai | 1 | | 6. HACCP | M T (C- | a large of the cool |
| responsible | persons | Ciriai | 1 | | 7. Other (list) | Menu Type (See | e back of page) |
| Certified foo | d handle | er | 0 | 1. 2. | | _ | /- |
| | ik, | | e Sax | ntis | | 13_ | 45 |
| • CRITICAL | ITEMS A | RE ID | ENTIFIED II | N THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C | " | |
| • VIOLATION | (S) REPEA | TED I | ROM PREVIO | US INSPECTIONS ARE DENOTED IN TH | E "SUMMARY OF VIOLATION | NS" AND IN THE NARRATIVE BELOV | W AS "R" |
| Section # | C/NC | R | | | Narrative | | To Be Corrected by |
| 218 | NC | | Rin | rse agual. | needle | off the | 1/8/25 |
| | | | cen | ter I sho | eder to | r kitchen de | sh zinit 1 |
| 431 | NC | 1 | Fil | oors wall | s, celler | rgs, floor | 1/8/25 |
| | | | dra | ens soiled | our a | deas | 1 1 |
| 415 | C | / | 74 | merouslu | re sma | ll winged | 1/8/25 |
| 20- | | / | ins | ects seen a | t mop | sink, | +, |
| 295 | NC | / (| ups | ial top of | ice'n | naker so | 0001/8/25 |
| | | V | Da | | un sou | led (10+2) | |
| | | (3 | Com | | on som | e refrigerati | an |
| 206 | NC | | Barri | | rature o | 1 1 1 | 1/8/25 |
| 200 | 700 | | ma | chibe lacke | dictive o | orking | 1/8/25 |
| | | | PSI | gauge. | a a w | orking | |
| | | | 1 | Jacob Company | | | |
| | | | | | | | |
| | | | note | : Unable to a | elernine. | el, Ecolals | |
| | | | dish | machine an | | our bay | |
| | | | sink | e contains ar | air gas | on drain | Ripina |
| D : 11 | | | 7 | | 11 | | , , |
| Received by | name and | title | brinted): | | | Inspected by (name and title print | ed): |
| Received by | (sign street | 1. | 6 | | | Hnavew 1 | VILLER EH) |
| neceived by | (signature) | <i>i</i> : | | | | Inspected by (signature): | m:00, |
| cc: | | | | cc: | | (Indrew | riuces |
| ~~. | | | | | | cc; | |



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 Responsible | Sov Sov ess | Ri Ri | PFZZA MORTON ST. FRANKZININ (| Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Release Summary of Violate C NC | ions: |
|---------------------------|------------------------------|-----------|--|---|---|---|
| Certified foo | d handle | er | | | 12_3 | 45 |
| | S) REPEA C/NC NC NC | TED F | FIZZA EXHANST HO FLOOR IN ARCHS OF (NOXT TO WAZL / U SMALL CHEST FA FREDZER NOT EASS BASE IN SIDE PRE UPRIGHT TWO O NOT CLEAN | E"SUMMARY OF VIOLATIONS" AND IN Narrative DO NOT CLOHO FKITCHED NO NOCR EGULPON REQUIRER | VENSTY) TOLEAN, DIVITOR EVERTOR EVERTOR EVERTOR | To Be Corrected by 12/36 By 12/30 12/30 12/30 12/30 12/30 |
| Received by cc: | (name and | d title p | rinted): John Ch Luyul cc: | B | d by (name and title printed OD SMH H d by (signature): | Page 1 of |



JOHNSON COUNTY HEALTH DEPARTMEN 95 S DRAKE RD

FRANKLIN, IN 46131

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

Page 1 of

| Establishment Sanitation Requirements. The time limit for correct | tion of each violation is specifie | d in the narrative portion o | f this report. |
|--|--|---|------------------------|
| Establishment name PROFESSION AL SMOKE Establishment address 76 S. 135 PARGOSVIIII, AV Owner Owner Owner address Person in charge BRHLLY FISHER Responsible person's email | 77.1.1. 37.1. | Date of Inspection Date of Inspection | ID# 2775 Date / 25 ns: |
| Certified food handler | | 1 2 3 | 45 |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO Section # C/NC B | Narrative NOT PROJUGE RISH ATOR / FI | 200 ZOR | To Be Corrected by |
| | | 5.1 N g | 1/3/25 |
| | | | |
| Received by (name and title printed): Bradlesfiles Bostendor | B | ted by (name and title printed): | erk |
| Received by (signature): | Inspec | Bal Smal | 8 |
| сс: | cc: | | |



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 Beten 10

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.

| Establishmen | | | See of Autobrasia | Telephone Number | Date of Inspection | ID# |
|---------------|-------------|-------|--|-----------------------|-------------------------------|--------------------|
| P | uert | 0 | Vallasta | () Establishment | . / . / | 2-1- |
| Establishme | nt addres | S | Vallasta Greenway E-Main & Th | () Owner | 12/9/24 | 1513 |
| | 9 | 893 | E-Main & Greenway | Purpose: | Follow-up Releas | se Date |
| Owner | | | | 1. Routine | | 19/24 |
| | | | | 2. Follow-up | Summary of Viola | |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 1 | | |
| Person in ch | | | | 4. Pre-Operational | | / - |
| Person in ch | arge | | | 5. Temporary | C O _ NC | 4 R |
| D :1.1 | | | 1.1 | 6. HACCP | (0) | 1 1 6 |
| Responsible | person's | email | | 7. Other (list) | Menu Type (See | back of page) |
| Certified fpo | d handla | | | | | |
| | 20 | | nal Garcia | | 123_2 | 45 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIV | VE COLUMNS MARKED "C" | | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | N THE NARRATIVE BELOW | AS "R" |
| Section # | | | | Narrative | | To Be Corrected by |
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LP2647 BUM 15/16
NARRATIVE REPORT

(0)c /(1) NC/

| Establishment Name QUAZITY INV | | Addr INN 15 | ess(LOVASIN) O UMBARGO ZN. FANKLÍN IN | Inspection Date | |
|---------------------------------|-------|----------------|---|--|-----------------------|
| | C/NC | | | REMARKS | TO BE CORRECTED BY |
| | | | JOHNSON COUNTY HEA 95 S DRAKE RD FRANKLIN, IN 46131 | ALTH DEPARTMENT | |
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| Received By | (Name | & Ti | ley D | Bob Smith Bol Smith | Page of |

State Form 48621 (R2 / 8-05)



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 | y, the item(s) noted below identify v | iolations of 410 IAC 7-24, Indiana | Retail Food | |
|--|--|---|--|--------------------|
| Establishment Sanitation Requ | uirements. The time limit for correct | tion of each violation is specified | in the narrative portion o | of this report. |
| Establishment address | -UN ZONE | Telephone Number 3 17 535557600 | Date of Inspection 12/30/24 | 26 17 |
| Owner BRAD GO | 531 WHITELAN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint | Follow-up Release Summary of Violation | 9/25 |
| | texer | 4. Pre-Operational 5. Temporary 6. HACCP | c_O_NC_ | |
| Responsible person's email Certified food handler | | 7. Other (list) | Menu Type (See ba | ck of page) 45 |
| | IED IN THE CHECKLIST AND NARRATI REVIOUS INSPECTIONS ARE DENOTED IN T | | THE NARRATIVE BELOW AS | "R" |
| Section # C/NC R | | Narrative | 1 | To Be Corrected by |
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(INC # 2370)

NARRATIVE REPORT (O) C/(7) NC V

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| | NC F | T | | REMARKS | | TO BE CORRECTED BY |
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| | | | | TY HEALTH DEPARTMENT | | |
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| ale m | | THE WORK | ERMORET SEN/BUCT S | er not see | 222) ON | 1/20 Romo up |



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.

| Establishment name Rucal King Establishment address 860 52 Cu.S. 31 Greenwood Owner Owner Owner address Person in charge Responsible person's email | | | | | | Telephone Num () Establishm () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list) | Follow-up No Summary of | Summary of Violations: CNCR | | |
|---|------|----|------------|--------------|------------------|---|---|---------------------------------|--------------------|--|
| Responsible person's email Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN | | | | | | TIVE COLUMNS MARKED "C | 12 | Menu Type (See back of page) 1 | | |
| Section # | C/NC | | OM PREVIOU | SINSPECTIONS | S ARE DENOTED IN | Narrative | ONS" AND IN THE NARRATIVE I | - | To Be Corrected by | |
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