JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD



FRANKLIN, IN 46131

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

| Establishm 8/0 Owner Cowner add Person in Responsib | charge | ss Gen | Thurray Murray Murray | Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Release Ves 1/1 Summary of Violati | 8 R |
|--|----------------------------|------------|---|--|--|--------------------|
| Certified f | elsa | Ho | uns (No Certificate) | | 12_√3 | _45 |
| | | | DENTIFIED IN THE CHECKLIST AND NARRATIV | | AND DUTING NADDATING DELOW A | c IIDII |
| Section | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | Narrative | AND IN THE NARRATIVE BELOW A | To Be Çorreçted by |
| 415 | C | 1 | 10 | lant - Dibal | sellets | 1/2/25 |
| 775 | | | seen) under | Pitch on of | - Live | clean & |
| F. C. | | | and in lark | stone | room. | monitor |
| 112 | NC | V | Frigidaire stor | e and | Daguerod) | 3/28/25 |
| 1.2 | 100 | | Speerer / refr | monator m | ot NSF/ANS | |
| | | | appliance 1 | general series | 1001/11102 | |
| 2/8 | WC | | Denside top of | Dalwood. | freezer/ | 3/28/25 |
| | | | is damaged we | nn l | | 7,1 |
| | | (| 3 Open I lend o | of metal | ICL SCOOP | 1/8/25 |
| | | | damaged/worn | | , | 11 |
| 295 | NC | | Compressor soiles | d on True | two door | 1/8/25 |
| - Hari | ale . | | refrigerator & bar | ice bin a | brain line | 1,1 |
| 411 | NC | V | Onadequate. | lighting i | N storage | 2/1/25 |
| | | | room | | | 1,1 |
| 430 | NC | | floor worn | on West e | nd of the | 2/1/25 |
| | | | lar | | 10 | 11 |
| 43/ | NC | | Public restacon. | walls are | soiled | 1/1/25, |
| 413 | NC | | North guest area | door, n | rear stage, | 1/10/25 |
| Dessine J I | oy (name py | 1 4:41- | contains an ext | erior gap | spected by (name and title printed) | 111 |
| // | And | a uue M | NOLUAY | | -1 | |
| | oxff lig nature | 0). | commy/ | To. | Andrew Miller spected by (signature): | FNZ |
| | Sylvinghalure | | | | | |
| cc: | / | | CC: | | Indrew Miller | |
| | | | | a | ndrewmiller of job | inson. In. Us |

| | | | NARRATIVE REPORT Edinburgh | / |
|------------|----------|------------|---|---------------------------|
| Establish | ment N | ame | Address /N | Inspection Date |
| Las | tu. | CL | Address IN 8/0 W. Center Cross 46/24 | 12/31/24 |
| Section# | | | REMARKS | TO/BE CORRECTED BY |
| | | | lower interior left corner | 1/10/25 |
| 324 | NC | 0 | One toliet in women's restroom | 1/15/25 |
| , | | 1 | s out of service | 77 |
| | | (2) | Kitchen four bay sink lacks | |
| | | | in our gap on the drain | |
| | | | piping | |
| | | | | |
| | | | Note: New owner as of | |
| | | • | March 2024. | |
| | | | | |
| | | (2) | need Chlorine + Quat | |
| | | | test papers | |
| | | | , , | |
| | | (3) | Note: Please email Certified | |
| | |) | Note: Please email Certified Food Handen Certificate | |
| - | | | 0 | |
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| Received B | (Name | & Title | Inspected By (Name & Title) | Page <u>2</u> of <u>2</u> |



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

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

| Establishmer | | | 7. | | | | Telephone Numb | oer | Date of Inspection | ID# | | |
|-----------------------|---|---------|-----------|-------------|-------------|-------------|-----------------------|-------------------------------------|----------------------------|---------------|-----|--|
| 70WV Establishmer | 1-M | art | - 1 | | | | () Establishm | nent | 211 | | | |
| | | | | | | | () Owner | | 12-23-24 | 2828 | 5 | |
| 983 E. | . 775 | is. S | teB. N | linevel | n.IN 4 | 6164 | Purpose: | | Follow-up Release | e Date | | |
| Owner | | | | | | | 1. Routine | | | 3-25 | | |
| Para v Owner addre | n iee! | r G | uray | a | | | 2. Follow-up | 2. Follow-up Summary of Violations: | | | | |
| Owner addre | essU | | 1 | | | | 3. Complaint | | | | | |
| 594 | 7 W | .SR | 135 T | rafali | aar, IN | 46181 | 4. Pre-Operation | Pre-Operational 2 | | | | |
| Person in cha | arge | | | 0 (| 9 | | 5. Temporary | | | | | |
| May | Mami - Manager Responsible person's email | | | | | | 6. HACCP | | 7.5 | | | |
| | | | | | - 1- 11 | -1 -1 | 7. Other (list) | | Menu Type (See | pack of page) | 1 | |
| Paur | aya | . 13 | @00 | nad. | moi | | | | 107.00 | | | |
| Certified foo | d handle: | r | Com | Sall 124/2 | exp) | | | | 123_火 | 45 | - , | |
| | | | | THE CHE | CKLIST AND | NARRATIVE | COLUMNS MARKED "C | ;" | ą. | | - | |
| • VIOLATION | (S) REPEAT | red fro | M PREVIOU | S INSPECTIO | ONS ARE DEN | OTED IN THE | "SUMMARY OF VIOLATION | NS" AND IN T | THE NARRATIVE BELOW | AS "R" | | |
| Section # | | R | | | | 1 | Varrative | To Be Correct | ted by | | | |
| 295 | NC | | | | | rior soi | | | | | | |
| | Bin Si | 2 | cale | tano | 10 fro | zen co | offee mach | ine 4 | -frazil | | 1 | |
| | | | Froz | en f | ruit | drink | machine ine nozzle | L SPO | uts soiled | | - | |
| 100 | 4.10 | (3) | rep: | si soc | da m | jach | ine nozzle | S 301 | led | | | |
| 111 | NC | Y | MIK, | jugs ! | store | d on | floor in | Wall | e-in coole | | - | |
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| | | | | | | A.H. | | | | | | |
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| Received by | (name and | the pr | 1ted): | | > | | | Inspected | by (name and title printed | rae EHS | ŝ | |
| Received by | (signature) | : | M | avi | | | | Inspected | by (signature): | J | | |
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| cc: | | | - 350 | cc: | | | | cc: | | | | |



OHNSON COUNTY HEALTH DEPARTMENT

95 S DRAKE RD FRANKLIN, IN 46131

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

| Establishmen | t name | | 0. | 0 | Telephone Numb | er | Date of Inspection | ID# |
|---------------------------------------|-----------|-------|-------------|-----------------------------------|------------------|--------------|--|--|
| Mu | una | 10 | Usi | an Gracilius | () Establishm | ent | 12/2/21 | 71.57 |
| Establishmen | t addres | 8 | CLE | Green wood, IN | () Owner | | 12/2/24 | 200/ |
| 10401 | 153 | 1/6 | STEE. | 1011 | Purpose: | - | Follow-up Release | Date / |
| Owner | | 0 | . 1 | 19112 | 1. Routine | | Ves 12 | 112/24 |
| 111 | 1 | 0 | Thiu | na/ | 2. Follow-up | | Summary of Violation | ons: |
| Owner addre | ss | | 0.00- | | 3. Complaint | | | |
| | | | | O . | 4. Pre-Operation | ıal | / | 3 1 |
| Person in cha | rge 10 | | 1 | | 5. Temporary | | c_2_NC_8 | S R / |
| 1111 | 3 | 00 | hunc | 1, | 6. HACCP | | | |
| Responsible 1 | erson's | emai | Turn I | 6 000 | 7. Other (list) | | Menu Type (See ba | ick of page) |
| | | | II, I | Sensate. | | | 31 | ,1 67 |
| Certified food | l handle | r | 1 | 11 EXP 2/27/28 | / | | 1 2 3 🗸 | 4 5 |
| HUA | <u> </u> | O(| hun | (CV DOLO 1/20) | 1 | | | |
| | | | | THE CHECKLIST AND NARRATIV | | | | |
| Control of the Control of the Control | - | - | ROM PREVIOU | US INSPECTIONS ARE DENOTED IN THE | | IS" AND IN T | The second secon | THE STATE OF THE S |
| Section # | C/NC | R | () == | 1.) 0.010 5 | Narrative | | 1 | To Be Corrected by |
| 139 | C | V | OFO | in containe | ra of bl | the | Small | Corrected |
| 15 (0.01) | | 2 | copps | ant were | Cookea | OI | a | Removed |
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| - | | | Cton | 100 1110001 000 | OPON OF | 200 | yvear | retail sale. |
| | | | 300 | 41 mal 0 1010 | Tomas as | · | 0 | return saic. |
| | | | (3) | Inter Dacks | 20100 | IIPC | n b, " | |
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| 146 | NC | V | The | LOP DILLY | va i tem | DI | 11900) | 12/12/24 |
| | | | ner | acelaged a | nd la | cke | d a | 111 |
| | | | net | = liverant: | | | 4 | |
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| | | | (3) | Baibingo | (f) Daw | HO R | 20 | |
| | | | (5) | Dried Shrin | 10 (5) Du | ed | mushro | om |
| 0 | | 1 | (0) | mawng | | | | 1 +== |
| 228 | NC | V | 31 | ve upright | refrig | era | tion | 1/2/25 |
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| Received by (| name and | title | rinted): | Stable | | Inspected | by (name and title printed): | |
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| Received by | signature |): | | | | | by (signature): | T. DILY |
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| | | | | | | | | |

NARRATIVE REPORT Greenwood

Address

Lingo Lan Gnordy (140 US 315te E. 410142 1 Establishment Name Inspection, Date CANC R Section# **REMARKS CORRECTED BY** NCV 411 430 ares as NC 431 oom michanical 291 NC 413 334 118 Received By (Name & Title) Page \mathcal{F} of \mathcal{F}



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

95 S DRAKE RD

FRANKLIN, IN 46131

JOHNSON COUNTY HEALTH DEPARTMENT PHONE: 317-346-4365 FAX:317-736-5264

| Establishme | ent Sani | tatio | n Requirem | ents. The time limit for correction | on of each violation is spec | cified in the narrative portion | of this report. |
|---------------|----------|-------|--------------|--|--|---------------------------------------|-----------------|
| Establishmen | | , | | | Telephone Number | Date of Inspection | ID# |
| Vita | 5+ 1 | Ven | 1 White | land | () Establishmen | 12 101 211 | 2858 |
| Establishmen | | | 0 - | 46184 | () Owner | 12-19-24 | |
| 532 | Cour | tr | Gate I | Dr. New Whiteland, IN | Purpose: | Follow-up Releas | |
| Owner | | | | | 1. Routine | | -29-24 |
| Vitao | l Ne | W 1 | Nhitela | nd LLC | 2. Follow-up | Summary of Violat | ions: |
| Owner addre | ss | | | 46034 | 3. Complaint | | |
| 350 1 | Nest | fie | ld Rd. S | Suite 210 Noblesville, IN | 4. Pre-Operational | | |
| Person in ch | arge | | | | 5. Temporary | $c_2 Nc_0$ | O_R |
| Heat | ner t | Da | niels | | 6. HACCP | | b stage |
| Responsible | | | | Tight the comment of the state of | 7. Other (list) | Menu Type (See l | pack of page) |
| josia | h.mo | LY X | @ vita | newwhiteland.com | | A training of the second | |
| Certified foo | | | | ZXP_ | | 123 | 4 × 5 |
| Heath | | | | 2XP_Jan 2025 | L | | |
| | | | | N THE CHECKLIST AND NARRATIVE | | AND IN THE MARRATHE RELOW | AC UDU |
| Section # | | | ROM PREVIOU | US INSPECTIONS ARE DENOTED IN THE | Narrative | To Be Corrected by | |
| 191 | C | K | deli i | | 20 O D 1 20 10 10 20 20 10 20 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20 | er near oven | 12/19 |
| 191 | | | | Markings mas | t 7 days Son | no food lids | 12/19 |
| 1100 | 101200 | SHE | labo | markings past | n correct na | men) | |
| 294 | C | | 3 bay | i sink sanitize | | | |
| | | | PPK | | | | |
| | | | | 200-400 ppm | | | |
| | L - wash | - | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | Not | | towels provid | | |
| | | | | Was hings | | Dice machine | 4 |
| | | | | | | ing potatoes + | |
| | ellante. | | | | an excessiv | | 3-41 |
| | | - | ulser (r. a. | discontinue | inside. Bins | Use is being | |
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| cc: | | | | cc: | | cc: | |



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

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

| | | - | | | | | | | | |
|---------------|--------------------|---------------|--|------------------------|---|--|--------------------|--|--|--|
| Establishme | nt name | 000 | 10C | 1 (5,011) | Telephone Number | | ID# | | | |
| | 11/2/ | PP | ZIZ CIX | | () Establishmer | 17-76-24 | 1105 | | | |
| Establishme | nt addres | s . 1 | 00100 | Greenwar | (·) Owner | IL CO | IUI | | | |
| 1291 | | \mathcal{N} | DK 100 | | Purpose: | Follow-up Releas | e Date | | | |
| Owner | | | | | 1. Routine | the state of the s | 2-2.4 | | | |
| | | | | | 2. Follow-up | Summary of Viola | ions: | | | |
| Owner addre | ess | | | | 3. Complaint | | | | | |
| _ | | | | | 4. Pre-Operational | | 0 0 | | | |
| Person in ch | arge | | | 100 | 5. Temporary | | | | | |
| Le be | | | | | 6. HACCP | 1 | | | | |
| Responsible | person's | email | man agree graph 1997 in | | 7. Other (list) | back of page) | | | | |
| | | | | | | | en mil | | | |
| Certified foo | od handle | r | | | | 1 2 3 | 4 5 | | | |
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| _ | PERSONAL PROPERTY. | | OM PREVIOUS INSPECTIONS AR | | CONTRACTOR OF THE PARTY OF THE | AND IN THE NARRATIVE BELOW | To Be Corrected by | | | |
| Section # | C/NC | R | Ala ku | | Narrative | | To be Corrected by | | | |
| | 0.000 | | Nothing | toNote | n a n | general programming | VIBIT 1211 | | | |
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| Received by | (signature) | 40 | A A F | Alexande | I | nspected by (signature): Element | 2" pulpini | | | |
| cc: | 0 | 19 | cc: | 1 -11-9/100 | | cc: | | | | |
| nouteav. | | 1.600 | | | | | | | | |



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

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

| Establishme | ent name | , | ndyal simbilian si andari in inga | Telephone Number | Date of Inspection | ID# 2062 |
|---------------|------------|--------|---|---|---------------------------------|--------------------|
| Establishme | ent addres | 1 | Granhinad | () Establishment () Owner | 12/10/29 | 1 749 |
| 747 | S. | SF | 135 Greenwood | Purpose: | Follow-up Releas | e Date |
| Owner | | | | 1. Routine | No 12 | 120/24 |
| Owner addr | 2000 | | | 2. Follow-up | Summary of Violat | ions: |
| owner addr | .035 | | | 3. Complaint4. Pre-Operational | | |
| Person in ch | narge | | 1. 1 | 5. Temporary | c_O_nc_ | 6 R |
| Ker | MI | le | LACY | 6. HACCP | September 1969 | |
| Responsible | person's | emai | | 7. Other (list) | Menu Type (See l | pack of page) |
| Certified foo | ad handle | r | 0 | | | / |
| Pen | au | 2 | Lacel | | 123" | _45 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRAT | | | |
| Section # | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN | THE "SUMMARY OF VIOLATIONS" AND Narrative | IN THE NARRATIVE BELOW | To Be Corrected by |
| 324 | NC | 7 | map sure atm | ospheric vaci | 111100 | 1/10/25 |
| V - 1 | 100 | and. | breaker is I | eaking | | 11 |
| | | (| mop sink fa | ucet lack | s a | |
| 219 | NC | | Supply of | Coacked) | | 12/11/24 |
| 431 | NC | / | Floor is so | eled insido | walk-in- | 12/20/24 |
| -, | | - | freezer under | three la | y sink | 1/1/ |
| 295 | NC | v | and verind | deep fryer | la la | |
| | 200 | | Freestyle mach | ine is soil | Pedo | 4, |
| 430 | NC | | Cove pase dan | raged/missi | ng behin | V 1/10/20 |
| 309 | 110 | | Thouts repair | v meodod | near | |
| 27/ | VVC | | lues drive-up | window (# | - 1 /7 | |
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| | | | machines lack | e an an a | op on I | 10 / / |
| (1) | | 1 (1.1 | drain line | | 1111/ | |
| Received by | name and | title | Printed): | Inspec | cted by (name and title printed | iller Ell |
| Received by | Signature |): | - | Inspec | cted by (signature): | 21-00 |
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| cc: | U | | ob: | cc: | | |



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



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 (JM#)) Owner 1125 W Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge C O NC O R 5. Temporary PHYLOR PHELPS 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler · SOROSAFO 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 Section # C/NC Narrative R Received by (name and title printed) cc:



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

NT Betm 112/25

| Establishme | | | shade the second of the second | Telephone Number | Date of Inspection | ID# |
|-------------------------------|-----------|-----------|---|---|---------------------------------|--------------------|
| WIN | 195 | E | ETC | () Establishment | 12/23/22 | |
| Establishme | nt addre | ss 1 | MORTON FRANKDADA | () Owner | | |
| | J / | 10 | 140% | 1 | Follow-up Release | e Date |
| Owner | | | | 1. Routine | | 3/25 |
| | | | | 2. Follow-up | Summary of Violat | ions: |
| Owner addr | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | _ |
| Person in ch | P 17 | T | ROSE | 5. Temporary6. HACCP | C_O_NC_ | <u> </u> |
| Responsible | | | | 7. Other (list) | Menu Type (See l | back of page) |
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| Certified for | RUS | | SERNSAFE EXP. | 7/31/25] | 123 | 4 5 |
| • CRITICAL | ITEMS A | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIV | VE COLUMNS MARKED "C" | | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishm | ent Sani | tation | Requiremen | its. The tir | ne limit for | correction | n of each violation is speci | fied in the narrative por | tion of this report. |
|--------------------------------|--------------|------------|---------------|-----------------------|--------------|----------------|--------------------------------|--------------------------------------|----------------------|
| Establishme | | | 14.6 | man vilen | orangan i | for the struct | Telephone Number | Date of Inspection | on ID# |
| Establishme | nt addres | we | M.S | Nort | h. | $-\ell$ | () Establishment | 12/3/24 | 1040 |
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| Establishme 202 N Owner Center | u- 1100 | gen | reference | The Di | 4 40 | 193 | Purpose: 1. Routine | Follow-up Rel | ease Date |
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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

| Establishm | ent Sani | tation Red | quirements. The time limit for correct | ction of each violation is specified | im the narrative portio | in of this report. | | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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

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| 5199 | W. f | air vi. | en 1d 14 46142 | Purpose: | Follow-up Release | se Date |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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| 4135 W. 8 | north valley of 46142 | Purpose: | Follow-up Release Date | | |
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