

95 S. DRAKE ROAD 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.

Establishme	ent name			Telephone Number	Date of Inspection	ID#
The Asia		91	and 0 8+ # 2582	() Establishmen		112.1
Establishme	ent addres	S	eneral Store # 2582 Edinburgh	1 /	1-22-25	1117
_ ^	1 0		ter Cross St. IN 46/24	() Owner	r u In i	Dete
-	U. C	en	ter Cross ST. 1N 76129	Purpose:	Follow-up Releas	
Owner		,		(. Routine		1-25
Cor	pora	te		2. Follow-up	Summary of Violat	ions:
Owner add	ess			3. Complaint		
				4. Pre-Operational	Control of	
Person in ch	narge		O animal A residual and a state of the state	5. Temporary	C O NC	6 R
914	101	/	Parkhurst	6. HACCP	namena candona andena	ast zaczaopier
Responsible	person's	emai	000000000000000000000000000000000000000	4	Menu Type (See l	agah of paga)
Responsible	persons	Ciliai		7. Other (list)	Menu Type (See a	ack of page)
Certified fo	od handle	r	NRFSP Expired		- 1 2 V 3	
Jina	_	2	ker (North Employed)		123	45
• CRITICAL		-	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	AS "R"
Section #	TO THE REAL PROPERTY.	and the same	Projek jo danienja v re anjus o Sintinčos aus.	Narrative	all samples of a second	To Be Corrected by
413	NC		From + I many	da. Orlas	amta. Parit	2-22-25
113	100		of ont 12 at 12 m	ot tight-	etting at	0 22 20
			the center botto	n Then	the door	2
1			ata character	11 antero	2000	
254	NC		Thermometer not	seen in m	robile ice	1-28-25
200	100			chest)	wow no	1 20 20
295	NC		Soda drain	line) In	10,000	1-25-25
213	100		that amotion	into The	mos serie	1
177	NC	all hill	Deholiung / 111/pit	to I insido	11/206-10	-2-8-25
11/	100	922	CARPON IN ME	to a mi	in im imi	8 0 2 2
	giriq	d ag	M 11N Inches	Il the	llook)	n beenezh e
		(D Church tod And	To hacks	220 (11 sed)	sldugeban (F
			lor sholing and	de the re	ralk-in-free	ser 1
431	NC	Satu	Kitchen aneas	floors wo		2-3-25
	100		Ceilina soiled	business, wa	cus, and	1
218	NC		11	ven show	mometer	1-25-25
	100	-			was not	1
- 1		_3		200°FY but		
100		1403	ser health departs	THE PARTY OF THE P	nometer)	S International
Received by	(name and	l title	printed):	II	aspected by (name and title printed):
Corn	dei Po	1	hurst		Andrew Miller	
Received by	(signature)):		I	espected by (signature):	
	i po	727		1/	Indrew Mill	000
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					317-346-43	80
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NOTE:

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Page 1 of 1

95 S. DRAKE ROAD 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 Chr Cago & fizza Establishment address 2245 sheet rd STEE IM 4614 Owner Owner address	Telephone Number	Date of Inspection ID# Ou 29 355 Follow-up Release Date Summary of Violations:		
Person in charge and an analysis of least at the sold of the sold	5. Temporary6. HACCP7. Other (list)	C_1_NC_4 Menu Type (See ba	rt sosseption	
Certified food handler		12_√_3	_45	
Section # C/NC R 309 NC Vent's moral men's, is sorted. water 324 NC Leak abserved between 431 NC Walk-in Cooler floor is 295 NC (Doubtom Part of une Stude door is sorted 334 C Man Air gap meded	d ce-machine	ily oretoon	To Be Corrected by 2/13 2/6 2/3 2/3 2/3	
Received by (name and title printed): Jacob Cooh Received by (signature): 9000 (cc:	Inspected LOW Inspected HOW #c:	d by (name and title printed): U B Lt Ru d by (signature): I Beliku	Etts	

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Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parrative portion of this report.

sanitation Requirements. The time	limit for correction of each v	nolation is specified i	n the narrative portion	of this report.
establishment		telephone		Date of Inspection
Chick-fi	l-a	317-888-8130		1/27/2025
Establishment address			Summary of Violation	s
155 Marlin D	0C, 0NC, 0R			
Owner			Follow-up	Release Date
Rick Johnson Jordan.	.schluttenhofer@greenw	oodcfa.com	No	2/6/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Jordy	Rick John	nson 8/25/28	D	3-Extensive handling
Establishment Identification #	County	District	Routine	
974	Johnson	D5	31	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
				Pri Pri
				Andrew Roser - a sec
	_			
		-	Observed proper glove use.	-
			Food temperatures taken were within requirements.	
			Dish machine sanitizing properly at the time of inspection.	

Establishment Representative

Inspected by: Elizabeth Senisse, EHS
(317) 3 6 1373 esenisse@co.johnson.in.us



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 belong

Establishmer		nu	WOK	Telephone Number () Establishment	Date of Inspec	ction	ID#
Establishmer	-		7.67	() Owner	1/14/25		2417
			Greenwood, IN	Purpose: 1. Routine	Follow-up	Release I	Date 1/25
Owner			Greenwood, IN	2. Follow-up	Summary of		
Owner addre	ess			3. Complaint 4. Pre-Operational			
Person in ch	arge			5. Temporary 6. HACCP	cl_1	NC_3	R
Responsible	person's	email		7. Other (list)	Menu Type	(See bac	k of page)
Certified foo	d handle		yai Lin		12	3 X	45
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE E	BELOW AS "	R"
Section #	C/NC	R		Narrative		Т	o Be Corrected by
112	ML		meet equipment st	food freezers	40114		replaced-
324	NC	1.34.5	- Kitchen hand .	5:165 146K en	rough hot	7	1/15/24
295	NC		- The mobile m	retat tray ru	ck is		1/17/24
439	Ĉ		soiled Prisonal meds I f near the work spran pain	table-	stored th oky		1/14/25
			goods	270120 001	.,,		
de la	D2-					544	
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Received by ((signature)	ا:	V)	Inspect	red by (signature):	Sery	lisa
cc:			cc:	cc:			,



FAX: 317-736-5264

95 SOUTH DRAKE ROAD FRANKLIN, IN 46131
PH: 317-346-4365

Establishme	nt addres 1014 ess arge person's	email	16 U5 31 x	í	New whole	ind IN	Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	nt J		Release of Violatio NC	ons: RR ock of page)
									2_≠	3	45
							COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS"	' AND IN TH	HE NARRATIV	E BELOW AS	"R"
Section #	-	-					Varrative				Γο Be Corrected by
431	NC NL		Floor u Map si	ndes -	the babin	13 N	box storage soiled	73	soiled.		
Received by Received by cc:	N618	Ja		nana	aer		In	1	y (name and the Company (signature):	itle printed): Day	ess

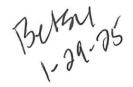


95 S. DRAKE ROAD // \ FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishmer	5 \$	\$6°	ifals or Pointe Way	Telephone Number () Establishment () Owner	Date of Inspection	
Owner	W.	//	itals or foint e way	Purpose:	Follow-up Release	
				2. Follow-up	Summary of Violation	
Owner address Person in charge Responsible person's email				3. Complaint4. Pre-Operational5. Temporary	C O NC	tour beamily Second of the control of the contro
Responsible	person's	email		7. Other (list)	Menu Type (See bo	ack of page)
Certified foo	d handle	r			133	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		IN THE NARRATIVE BELOW AS	S "R"
Section #	C/NC	R	Mille/dairy cooler	Narrative	sumple of the Annahille	To Be Corrected by
		dkE	ear consume cooling and reficular of poster	. Energia is in progress includes	indling of raw frequelients	Extensize
	boltme	9825	ig of potentially hazardwas loads. Foud orb	er equar hot and cold holdin	oddei A variety of proces	t apolytered 3
	×11.3	0 21	inde those Lichnes whose service pepulation	المرد المتعدد	eputament for next san co	edvanced of
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Johnson County Health Department 460 N. Morton St., Ste. A, Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



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Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parrative portion of this report.

sanitation Requirements. The time lir	nit for correction of each v	rolation is specified	in the narrative portion	of this report.
establishment		telephone		Date of Inspection
Center Grove Dair	y Queen			1/27/2025
Establishment address		•	Summary of Violations	s
330 S SR 135,	Greenwood, IN 4614	.2	0 C,	2 NC, 1 R
Owner			Follow-up	Release Date
	PATEL		No	2/6/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Ramona Napier	Khushbu I	Patel 2/16/28	routine	3-Extensive handling
Establishment Identification #	County	District	×	to the first the second second
2770	Johnson	D 5		
	1			

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
190	NC		Gravy at 57°F at 3:39pm observed in a covered Lexan® pan in walk-in cooler. Not date marked. Employee states the gravy was made this morning at 10am & establishment discards leftover gravy at end of day. Employee states their day dots are on order.	correcting
430	NC	R	Hole in wall beneath 3-bay sink. Baseboard in disrepair to the left of the mop sink. Outside PVC sewer line clean out is in disrepair.	2/15/25
			napierramona@gmail.com shantanu.patel8@gmail.com	

Establishment Representative

Establishment Representative

Integer of by: Elizabeth Senisse, REHS
(37-346-4373) esenisse@co.johnson.in.us



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Danielle's Popcorn () Establishment Establishment address () Owner 1-16-25 28	#
	55
1251US 3IN FIZA Greenwood IN 46142 Purpose: Follow-up Release Date	
Owner 1. Routine 1 - 1 - 26 -	25
Danielle Jernigan 2. Follow-up Summary of Violations:	
Owner address 5. Complaint	
1 D O	
Person in charge 5. Temporary C NC R	27.40
Shrning Hawkins-employee 6. HACCP	
Responsible person's email 7. Other (list) Menu Type (See back of p	page)
hello@daniellespopcorn.com	
Certified food handler Serv Sale exp 1 2 \(\frac{3}{3} \) 4	5
Danielle Jernigan (5/7/26)	
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"	
Section ii Gi 110	Corrected by
291 NC Sanitizer test strips not provided 1-3	1-25
Note: butter mini fridge's ambiant air temperature	
560-	
corrective action - fridge temperature set to 39°F during inspection	
To 59 + during inspection	
using handles of own gradients. Preparation process includes the cooking cooling and relicating of potentially	oix3
offers I selfs. A variety of processes require hot and rold helding of parentally hazardour room. Food process madud.	axed -
aced preparation for nextract service. Cargory would also include those racilities whose service combined is a galant to a company of the contract of the cont	sv8c
	COLE
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Received by (name and title printed): Inspected by (name and title printed):	12
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Shrning Hawkins Mia Papageorge, El	
Received by (signature): Inspected by (signature) / [9
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Johnson County Health Department 95 S Drake Rd, Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report

B:Um/5

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parrative portion of this report.

canitation Requirements. The time	limit for correction of each	violation is specified in	the narrative portion	of this report.
establishment	-27 77 77 77 77 77 77 77 77 77 77 77 77 7	telephone		Date of Inspection
DAVE & BU	STERS	317-5	34-6540	1/15/2025 2:33pm
Establishment address			Summary of Violations	3
1251 US HWY 31 S U	NIT F1, GREENWOC	D, IN 46142	0 C,	, 0 NC, 0 R
Owner			Follow-up	Release Date
DAVE & BUS	TER'S OF INDIANA	INC	No	1/25/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Richard	Alex Ventura	Santiago 9/15/26	Routine	4-Extensive handling
		13463	-	
Establishment Identification #	County	District		
2388	Johnson	D5		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
415	C	X	Note: Small flies observed in the mop sink area. Recommend removing unnecessary items from around the mop sink, (i.e. Unused chemical dispenser boxes) in order to allow access for cleaning.	1/31/25
			Food temperatures taken were within acceptable limits.	
			Automatic dish machine observed to be operating correctly at the time of inspection.	
			Richard.davis@daveandbusters.com	

Establishment Representative

Inspected by Etzabeth Serisse EHS
(317) 315 1373 (seches woo formson in As



460 N. MORTON ST. STE A

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

E (Al:-1					In cr	
Establishme	ent name	30	#8559	Telephone Number	Date of Inspection	ID#
Establishme	- 14	<u>つい</u>	1.11.12.200	() Establishment () Owner	1/17/25	2745
498	71	14	350 E. Whiteland	Purpose:	Follow-up Release	Date /
Owner				1. Routine	Ves 1/	77/25
				2. Follow-up	Summary of Violation	
Owner addr	ess			3. Complaint		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1',	
Person in ch	nara.	_	<u> </u>	4. Pre-Operational	CNC_U	5
reison in ci	h n	L	LOCALA GM	5. Temporary	CNC	R
an	100	1	agens 611	6. HACCP		
Responsible			Sew Sate Exp	7. Other (list)	Menu Type (See ba	ack of page)
Certified foo	od handle	Sl	Para (8/2/28		123_ <i>V</i>	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	5 "R"
Section #	C/NC	R	4.	Narrative	` `	To Be Corrected by
399	NC	ン	Grout repair	needed 1	n	2/17/25
			areas of the	2 facility	,	1,14
431	NC	/	Floor drag	n soiled		1/22/25
			in corner lot	v mechani	cal	/ /
			dish machine			,1,
430	Na	~	Cove base is	missing 1	near	1/27/25
			ice maker.			1/1
234	NC	V	got water in	pars for)	1/17/25
			scoops was	300F and	128°F	1 1
415	C	V	Munerous sm	all lived	winged	1/18/25
			insects were	seen in	the o	/ /
200			dish area !	0-1-1-1-1	1 0 100 - 01	Jan 7
232	NC		Floor acount	ocated in to	ne floor	1 2/20/2
	-		corner is not	construct	eat;	/ /
			to allow for	easy cle	aning	
	6		and to efa	cutate m	unterran	ce,
	EUS	ea	for the	nechanical d	ish '	/
	4		v macrune z.			
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JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Establishme	ent name	Eliph For July	1		Telephone Number	r D	ate of Inspection	n	ID#
1)21	L Bo	MAR			() Establishme	nt	1 - 1.	_	2225
Establishme	ent address	7	Green	11100a	() Owner		19/2/2	5	2325
9110 F	= M	in ot	1/1/		Purpose:	F	ollow-up Rel	ease T	Date
Owner D	/ 11	avi O i	0 . 46	143	1. (Routine)	1.	Ves	1/12	-
J	abh	11/61/) shall	110	2. Follow-up	Si	immary of Vic	110	
Owner addr	ress	900 (Joran	,			7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Owner addr	1035				3. Complaint	.			
			/		4. Pre-Operationa	ıl	2	1	_
Person in ch	narge				5 Temporary	1	3_nc		R
J. Liland				i de	6. HACCP				
Responsible	e person's ema	il	CNR	FSP	7. Other (list)	1	Menu Type (Se	ee bac	k of page)
Certified foo	od handler	nn Si	mh (2)	15/26		1_	3	V	5
• CRITICAL	ITEMS ARE II	DENTIFIED IN T	HE CHECKLIST AND	NARRATIVE	COLUMNS MARKED "C"				
			Carrier		"SUMMARY OF VIOLATIONS	" AND IN THI	E NARRATIVE BELO	OW AS "I	ξ"
Section #	C/NC R	0	,	, 1	Varrative	٠,		Т	Be Corrected by
146	NC	Res	ackage	1 11	shale in	Ish	ell		15/25
110		Deas	rutes 1	n	randevice	4	DAM	1	1
Maria server	1961-11 12:34	lac	ked a	· M	me 19h	bus	iner	2	
		Met	weign	ht,	etc.	,		1	, 1,
334	C	no	avol 0	gap	provide	0,0	m		1/25/25
		ara	in pl	ping	t for	thr	ee		/-/
	-	bry	sink.	1	U.				14
291	NC		no ch	lour	re test	pape	ers		1/2/25
		avai	lalile	,	1111	/ /	1 1		1,1
4//	NG	ana	dequa	tel	ighting	mo	tea		1/25/25
1		alro	ve th	ree	Jeay 15	ink	,		1,5
187	C	che	ese pr	odu	t fint	erni	ul.		1/2/25
		remp	reatur	e c	vas 5101	FW	hile		1/1
		in'	the t	700	well of	the	sin	gle	
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303	C	Mre	e va	44	vas ne	22 1	iet-u	P	Correct
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413	NC	Mes	t ellips	vee.	entry/	exi	taco	29	
D: 11	1::1	mor	tigni	gitte	ng alo	794	the be	170	m
	(name and title	1	1500	111	1	inspected by	(name and title pri	nted):	CD10
	RINDE	SK 27	HEL G	16		71/11	W VI	IN	CHX
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cc.						cc:			

11C# 540

1C# !	540)	my 67	c/QJNC
			NARRATIVE REPORT	· //
Establish	ment N	lam	Address 1121 HOSPITAL RU. WENTLE DOTTANTION ONTER FRANKLIN, IN	Inspection Date
DICKTO	אטפי .	<u>ان</u>	HENTLE DONGENTON PONTER FRANKLAN, IN	1/2/25 TO BE
Section#	i .	1 1	REMARKS	CORRECTED BY
399	NC	(2)	FLOOR/WALL COVING LOOSE BY STORAGE ROOM	1/30/25
179	100 ()		OPPIES ON SORVING TIME THE WRAPPED !	corrected
1,,,,	mc (APPLES ON SERVING LIME NOT WRAPPED,	1/2/25
6.10		9	REFRIGERATION SECTION OF SEPVING LIME NOT FUNCTIONING / NOT IN US	\\ \tag{\nu}
100		\vdash	NOT LANCHIONING / 1001 the 03	
	77.00		MECHANICAL DISHMANTER HOT WATER	
(NO	10	-	SANITIZATION TEMPORATURE ACCEPTATE	I OK
		 	(WAS 179.1°F)	
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Received By (Name & Title)

Inspected By (Name & Title).
Bob Smith Bol Smith Page 1 of 1

State Form 48621 (R2 / 8-05)



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Owner addre	cess	ad	#21057 Son Ave Greenwood quiboei hand selection or agree on hedrox Abbert molecular de promo et 2000 about molecular de manage of	4. Pre-Operational 5. Temporary	Date of Inspection J-Z 2-75		
Certified foo	od handle	r			1_ × 23	45	
			ENTIFIED IN THE CHECKLIST AND NARRATIV		IN THE NARRATIVE BELOW	s"R"	
Section #	The second second	CARDONNES	mperior primada, bas stateca stratotro entr	Narrative	custos ala vasto lapia	To Be Corrected by	
	Evionic) vida	linur seess	the rooking, cooling, and reheading of poroquity of posentially househors food. Pood premised the short facilities a case see fee population	ambien oler bas ton grieger to.	ods. A sacry of pages	As regs. As modes advanced p	
		u-98	and be subset gilling them a bloody is a savel	Tabagaocesine a be ac-	multiple were pilled	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishin	ent Sain	tatio	i kequirements. The time mint for correction	on or each violation is specified		Tor this reposit
Establishment name Dollar General Store #1/257 Establishment address 1292 St Rd, 135 Tradager 46181				Telephone Number () Establishment () Owner	Date of Inspection	1D# 2877
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Owner	. 0)	10	133 harager to	Purpose: 1. Routine	Follow-up Release	5-25
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				2. Follow-up	Summary of viola	nons.
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Responsible	person's	emai		4	M T /Can	leach of page
Responsible	persons	CIIIAL		7. Other (list)	Menu Type (See	back of page)
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95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

PH: 317-346-4365 FAX: 317-736-5264 Chexmy

Page 1 of

Establishme	nt name		also	Telephone Number	Date of Inspection	ID#		
	ollar	10	TE .	() Establishment	11101 -			
Establishme				() Owner	1/16/23	1261		
	10	7	5. madison Ave	Purpose:	Follow-up Release	Date		
Owner			Greenwood IN	1. Routine				
			Greenwood	2. Follow-up	Summary of Violation	ons:		
Owner addre			211	3. Complaint				
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95 S. DRAKE ROAD FRANKLIN IN 46131 Office 317-346-4365 Fax 317-736-5264

Establishmen Owner Owner addre Person in cha	Dollar address 223 ess person's	9 A	Tiee F. Morton Franklin, IN And or present to order to before and a secular to be independent service. The proceedings to be independent service. The proceedings to be independent service.	5. Temporary	Menu Type (See back of page)	
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95 S. DRAKE ROAD 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.

Owner addre	Tree nt addres E C ess arge person's	danaga danaga email	ty Line Rd	4. Pre-Operational 5. Temporary	$C \nearrow NC \nearrow R \nearrow$		
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name Dollar Tree # 09798 Establishment address				Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violat	e Date 5- 25 ions: ORDOR pack of page)
			ENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION Section #	THE R. P. LEWIS CO., Land Low, Low, Low, Low, Low, Low, Low, Low,	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	ie "summary of violations" and in Narrative	THE NARRATIVE BELOW	To Be Corrected by
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