

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.

Date of Inspection Telephone Number Establishment name) Establishment Establishment address) Owner Follow-up Release Date Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 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" Narrative Section # C/NC R To Be Corrected by Nothing Received by (name and title printed): Received B Owner cc:



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

Establishm	ent Sanit	atioi	Requirements. The time limit for correction			r or tins report.
Establishme				Telephone Number	Date of Inspection	ID#
Foliah	reh	Pix	! \ /	() Establishment	1-24-25	1524
Establishmen	nt address	5	y	() Owner	161-63	/
					T II ID I	Dete
). W	a/r	out St.	Purpose:		se Date
Owner				1. Routine		1-25
				2. Follow-up	Summary of Viola	tions:
Owner address				3. Complaint		
Name and and	or least				. (List 1 maji wang Pe	
			chadon an material of motion and	4. Pre-Operational	The state of the s	0 R 0
Person in ch	arge			5. Temporary	CNC	O_R
				6. HACCP	ano, pristora galenium de sesso con a	
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
	1			1. Care (110)		71 67
Certified foo	nd handle					
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			THE PARTY OF THE P	E COLLINGIS MARKED HOL		
			ENTIFIED IN THE CHECKLIST AND NARRATIV		NAMES AND ATTUE DELOW	AC IIDII
THE RESERVE THE PERSON NAMED IN COLUMN TWO	-	princes of	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	THE RESIDENCE OF THE PARTY OF T	N THE NARRATIVE BELOW	A REAL PROPERTY AND ADDRESS OF THE PARTY AND A
Section #	C/NC	R	Section 2018 and a second section of the control of	Narrative		To Be Corrected by
			Nothing to Note	areas bearing	Car Car Landau	
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	butom 8	5883	as of potentially hazardous hadd. Inoud-pro-			or transplantation and tra
1.34	(ldg/	1 873	wide those fectiones where service population	odi dala filmwydagan. Fe es	remon for next day so	5 q baanavias
					and the Control	Susceptible
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Received by	(name ana	nne	printea):	Inspect	ed by (name and title printed	
	***************************************			La	leb Fleerer	
Received by	(signature)	: 11	100/10	Inspect	ed by (signature):	/
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			V	1		

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NARRATIVE REPORT

Establish	_	_		Inspection Date
E2 Y	vet	52	o 1904 FRANKLIN, IN	1/3/25
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY HEALTH DEPARTMENT	
			95 S DRAKE RD	
		\dashv	FRANKLIN, IN 46131	
		\dashv		
415	C	×	NUMEROUS SMALL FLEOS SOLN IN	CONTROL 25
713			BACK BAR, AROUND HANDSTOCK AND	171070
			DE BIN FLOOR DRAIN	
431	nc	ميد	FLOOR DRAINS NOT CLOAN DN BACK	1/10
		٦	BAR	1
324	nc	٦	BACK BIAR - HOT WATER NOT PRIVITEDS/	1/10
			AVAILABLE AT HOT WATER FAICHT OF	
			3 compartment sink	
324	MC	φ	BOOCK BAR BOOK OCHENNINGS TUBE OUTZET	TING 1/5
			on TOP OF GROUND	
399	WC		FLOOR WORN IN APPRIS OF KITZHEN	2110
H31	m	0	FLOOR NOT CLEAN WEST TO WAZE	1/12
		Ш	BEHAND EQUIPMENT, UNDER SHELVING	
			IN KATCHEN And WAZK-IN COOLE IN	
216			BACK	2/10
ストラ	nc.	٥	door gasket worn - 3 door	2/10
		Н	RIFREDRATOR IN KETCHEN	
201	h. Co	Н	THE MOMETERS NOT SOON IN BACK	1/8
<u>256</u>	WC	Н	JO CROAM FRONZER, WARK-IN	110
		Н	COULER DU BACK COUTS 200 THEMOME	Yen
		Н	NOT FONCOTONERS	. , _
		Н	100	
309	NL		FRONT POSTROMINO MOCHANICAL BYHAUST	SPOUTSEF 3/1
346	NC	X.	NO SUAR BACKOROSTROOPEN HANDSINK (A	
<u> </u>		Ì		
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		Ш		
			1	
Received B	y (Name RM	& Ti	Inspected By (Name & Title) Bib Smith Bol Smith	2_Page of



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	Sy W S'; ss	Date Carlo	e Rol. 135 46143	4. Pre-Operational 5. Temporary	Date of Inspection - 7 - 7 Follow-up Release Z - 1 - Summary of Violatio C NC Menu Type (See ba	2.5 ns:
Certified foo	d handler				12 <u></u>	45
The second second			ENTIFIED IN THE CHECKLIST AND NARRATIV		N THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R	more constant and an arrangement of the policy of the poli	Narrative	ALDERSON WAS TO SUREDIN	To Be Corrected by
	, including	illing Some	Monitor temas. Nothing to Note. The second	Sobuladi erhomy ucustagata es analombian bas ana endepas en-	tarinsumi wa to sriftan cont to dobus A. Aber reab truit to nousings	Extensive institutions of the second in the
	11		22 27		The second second	
Received by Received by	SOr	1	orinted): Coci	Co	ted by (name and title printed): Ale b Fleen f Me ted by (signature): MY FDawy	LAHADLEY Mylath



95 S. DRAKE ROAD FRANKLIN IN 46131

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

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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

_		-			In	
Establishmen	t name	216	PFZZA	Telephone Number () Establishment	Date of Inspection	ID#
Establishmen	OF RESIDENCE PARTY.	The state of	, , , , , , , , , , , , , , , , , , , ,		1/21/25	1531
1.7	00	n	MORTON ST. FORNKLITE &	(W) Owner		
Owner		, ,	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Follow-up Release	3) 25
Owner				1. Routine		
		olerio municipal		2. Follow-up	Summary of Violati	ons.
Owner addre	SS			3. Complaint	See A Commission Commission (Commission Commission Comm	
1 1	on Fou	esent.	khodopena senie za kole, vidanski brita	4. Pre-Operational	or the second level to have	Junize of a
Person in cha			Lande is at anicted to strike most of sector I	5. Temporary	C_l_NC_S	D_R
ret	RNI	tru,	do Romo	6. HACCP	a mise independent.	gi Tezponingi
Responsible [person's	email		7. Other (list)	Menu Type (See b	ack of page)
Certified food	d handle	r	SERVIAFE	1/20	1 2 (3 2	4 5
SOPPOR	te H	SKI	vando Rom Servs A FRO	129		
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE			
	-	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		AND IN THE NARRATIVE BELOW A	To Be Corrected by
Section #	OR OTHER DESIGNATION OF THE PERSON NAMED IN COLUMN 1	-		Narrative (1/a)	1 200	10 Be Corrected by
193	C	×	Premade PTZZA	STURED/HEL	e mpertouro	1/20105
		\vdash	SURVING LIVE ST		more TIMY	
		\vdash	THE MARIATURE CHA		o vitoed	1 1
RO	100	-	Few mouse of propon	SHOLF INDIVING	ROOM SOFT DOWN CA	Blet - V
234	NC	139	HANDLE OF The SCOOP	IN CONTACT U	ITTH DR AT	cossecred 1/21
001	1.0		ORIW-THRU SOFT OR	DUK STATIO		, ,
177	NC	(2)			ZCOR MINIMUR	1/24
		Lania		AZK-IN COO!	GOB with the state of the state	de manutelle.
190	NC	gar	POL COOKED And COVER	ed LASAGRA	ON metaz TAI	36 correcte
41.87	No. April	3	IN ILFIZHER IN TERM	At semporati		,
	9	<		C 1	BOING CONDUCT	1
324-	NC	0		ang Assiment		214125
(NO1)	2	Oll	SPCHY BOTTLE OF CLER	NEOR NIT !	173800	corrected i bi
174	INC	6	BULK FLOUR CONTRINE	K IN WHICH P	ROOVET STOIS	1/22
			ON CHELLOS	1/200 2/2	nanap	
MINT	(c)	E.	mecHANITAL DISHOR	242100 HOI W	18180 HACE	MU
4001		11192	OR MORE ON PENTOUN	MISTI SUBFO	80 (WAS 1729	, 0
Received by	(name an	d title		MOSIL SURT	aspected by (name and title printed	AND REAL PROPERTY AND ADDRESS OF THE PARTY AND
	name an		Komo Manager		Bob Smitt	5015
Received by			1.3	Ir	nspected by (signature):	7
4	P				Bal Jims	
cc: //			cc:		ec:	
						D 1 2
						Page 1 of



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

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

Establishment name	Telephone Number	Date of Inspection	ID#
Establishment name Low Link Bakery Establishment address 109 W. Main Cross St. Edinburg Owner Carrie Davies Owner address	() Establishment	1/3/25	
Establishment address	() Owner	1/5/25	2381
109 W. Main Cross St. IN	Purpose:	Follow-up Release I	
Owner 46124	1. Routine	No 1/13	3/25
Carrie Davies	2. Follow-up	Summary of Violation	ıs:
Owner address	3. Complaint		
	4. Pre-Operational	1	
Person in charge	5. Temporary	c_0_Nc_1	R
Carrie Davies	6. HACCP	la de la companya de	
Responsible person's email / Serv Sate	7. Other (list)	Menu Type (See bac	k of page)
(Exp			
Certified food handler		1234	45
Carrie Naves	COLUMNS MARKED IICII		
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE 		THE NARRATIVE BELOW AS "	R"
	Narrative		o Be Corrected by
404 NC love base is mu	una lehind		2/4/25
rystroom sink	30,000		1
24.000 42. 14.			
Motes:		,	
Okitchen Cerling	not smooth	and	
landy charable			
	a designated	74400	
	ine as are		
(3) Employee restrop		roll-	
Closina	10 (,000)	0	
	· · · · · · · · · · · · · · · · · · ·		
Received by (name and title printed):	Inspected	by (name and title printed):	
+ Carrie Davies	And	Ivell Miller	FHS
Received by (signature):	Inspected	by (signature):	()
Larrie Lavies	(in	drew Mille	er
сс: сс:	cc:		164



JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD

FRANKLIN, IN 46131

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

Establishme					Telephone Number		ID#
Establishme	re 1 9 nt addres 2/32	s US	31	Greenwood IN	() Establishmen () Owner	1/21/25	2320
Owner				OVERTIMONA, TH	Purpose: 1. Routine	Follow-up Relea	se Date
					2. Follow-up	Summary of Viola	tions:
Owner addre	ess				3. Complaint 4. Pre-Operational		The second secon
Person in ch	arge				5. Temporary 6. HACCP	C _ O _ NC_	Z_R
Responsible	person's	email	C T 1779	agenta and the second and the second	7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r a 1	Pyles			123	45
				N THE CHECKLIST AND NARRATI US INSPECTIONS ARE DENOTED IN TI		AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
295	NC		14 e	Floor obain und Soiled The counter u Soiled.			1/28/25
Received by	(name ac-	title to	atad).		Ir.	separated by frame and title to inte	d):
1 Me	1155	AF	yles	5: 1' -		respected by (name and title printe	(5
Received by	(signature)		Pile		Ir	aspected by (signature):	2
cc:			0	cc:		cc!	

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ATIVE BEDORT

(0) c (5) NC

Section# C/NC R NARRATIVE REPORT

NARRATIVE REPORT

Address

Section# C/NC R

NARRATIVE REPORT

Address

SET JUFFPRON FRONKUM, F 1/2/25

REMARKS

REMARKS

TO BE
CORRECTED BY

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOHNSON COUNTY LIFA TURN	
			JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD	
			FRANKLIN, IN 46131	
	_			100
8401	D) (15		"Y" SPLAT VALUE INSTALLED ON MOP ST	WK 1/30/
			FAVCET	/
218	MC.	\times	door grokers worn/SPLIT ON SALAD	
			PREPARATION REFRISORATOR, 2 DOOR PREFIX	CHTOR,
0 ===			SMACL FROZOR IN KITCHEN	1/09
295	mc o		SMALL FREIZRE JOOR GASKET NOT	1/8
60			COAN WAN BU PIZZA OF AGA	Diana 1
399	NC	<i>₩</i>	FLOOR WORN BY PIZZA PROPARA	1000/10
111	3.0			
4/1	MC	~	2 LIGHTS OUT ON EXHAUST HOOD,	1/20
		Н	BASIMONT STOCK ROOM	
		├┤	CHAITER STOCK RECTION	
256	10.CC	4	THERMOMETERS NOT SOON IN 2	1/10
	VC		BASEMENT CHEST FREEZERS	1
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			Inspected By (Name & Title) Bob Sm 74 Bol Sm 85	
Received B	u /Nome	& Ti	tle) Inspected By (Name & Title)	Page of

State Form 48621 (R2 / 8-05)



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131 Belows

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

Establishmen				Telephone Number	Date of Inspection	ID#
H2 Nu	triti	on		() Establishment	1-23-25	2838
Establishmer				() Owner		
53 S.	Madist	mf	rve. Green wood, IN 46142	Purpose:	Follow-up Releas	
Owner				1. Routine	1 2-3	5-25
Mega	n Ho	arli	DW .	2. Follow-up	Summary of Viola	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha		-		5. Temporary	C_O_NC_	\sim R $-$
Megai	1 Hav	low		6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
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Certified foo	d handlei				12 🞾 3	45
			ENTIFIED IN THE CHECKLIST AND NARRATI ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NABBATIVE BELOW	AC "D"
Section #	C/NC	_	ROM FREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
occuon n	0/110		no violations observe		chipo	To Be conceiled by
	THE PERSON	rog.	110 VIDIONIO/08 G 05 ET VE	dar livie of mspe	CITOVI	
A MATERIAL	1-11-4	3351	notes: ice machine w	nite interior Diocol	s do soiled	
			1 101 00: 100 HINCHILL MI	MIT MIET TO PIECE	s eage sorter	
		= 1				
					- 1-1-2	talked of a
Received by	name and	title t	rinted):	Inspec	ted by (name and title printed):
Me	ian	+	fairlow	11	ia Pageorg	e, EHS
Received by	signature)	7 1	1	Inspec	eted by (signatury):	THE REPORT OF
10	2	1	Can			7
cc:			cc:	сс:		



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

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

- · · · · · · · · · · · · · · · · · · ·							
Establishme	ant name	41	L DEL	Telephone Numb () Establishm		ate of Inspection	ID#
Establishme	ent addres	s /	- In Franklin	() Owner		1/1/25	2884
200) P	24	is Dr. Franklin	Purpose:	Fo	ollow-up Release	
Owner	0	1	Q 1 1	1 Routine		les 1/1	7/25
(1	um	te	i Patel	2. Follow-up	S/C	mmary of Violation	hs:
Owner add	ress			3. Complaint	V		
				4. Pre-Operation	nal	0 -	-
Person in cl	harge		0 .	5. Temporary		$_{\rm NC}$ $_{\rm NC}$ $_{\rm S}$	R
No	ner		Gordy-	6. HACCP			
Responsible		emai	(A DSC	7. Other (list)	N	Aenu Type (See bac	ck of page)
Certified fo	od handle	r	A FIRE				
	ser	2	gordy 53-4-29	X	1_	3_V	45
· CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C'	"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		NS" AND IN THE		
Section #		R	1	Narrative		Д,	o Be Corrected by
404	NC		cove vase n	nissing	on	three	2/7/25
			sides below i	Retches)	me	tal	
200	110		aweret stor	ing some	3 St	ation	12/2
295	Na		Calling to the	id kell	ren,	metal	1/7/25
			court with a draw	ng soaa	Chat	anon	
			dollars were	stry pu	neu	, rage	-
218	NC		Handsink lr	, back a	loor)	in	1/25/25
			bent I damage	d			1 1
309	NC		Restroom on	rechanic	al l	rntelate	1001/17/25
200			is not opera	vee)	11	1-1	1-1-
385	NC		sumpsier (exce	rea ala	(20	72)	1/7/25
			Onotor : Paul Ch	ickaul IMI	old t	walk-in	1 -
			CAPON MEASUR	red 42°F	1430F	while	
			ambient our w	as 40°F.		2	
		6	ambient air	01.	ralk-	n-freez	an 414
		_	was 42°F and have	shelled	eggs 1	measured	HEF (AM
D / 11:		(3	Plumber to be	ensite t	omo	row	
Regeived by	(name and EL		printed):		Inspected by	(name and title printed):	er FUS
Received by			Shil		Inspected by	(signature): N	
1	god	/	Luch		Und	ren ///	ler
cc:	(cc:		cc:		



95 SOUTH DRAKE ROAD FRANKLIN, IN 46131

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

Establishmer		2	while grade a result of the second	Telephone Number	Date of Inspection	ID#
Home	run	B	urger+Fries 46131	() Establishment	1-13-25	2030
				() Owner	1 13 23	2830
1599	N. M	or	tonSt. Franklin, IN	Purpose:	Follow-up Release	Date
Owner			10170	1 Routine		23-25
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			•	$c_{\rm S} = Nc_{\rm NC}$	ъ3
	_	10.	10 11	5. Temporary	CNC1	
Responsible	person's	emai	m-AGM	6. HACCP	Marra Can h	Laft aga)
Responsible	persons	CIIIAI		7. Other (list)	Menu Type (See be	ick oj pagej
Certified foo	d handle	r			l	
NIO					123_	_45
	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
• VIOLATION((S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	O IN THE NARRATIVE BELOW AS	5 "R"
Section #	- /	R		Narrative		To Be Corrected by
187	C		the following food to	emperatures,	vere taken	ASAP
	THE S		at the cold-holdi	na food prep	line: blue	
			cheese @ 52°F, man	40 @ 44°F, 2001	leslaw@ 48°F	
			corrective action- r	nore ice was	added under	
			tood containers	•		
345	Ċ		hand washing sink			ASAP
				er than han		
100	_		- 2 potatoes obser			10 10
192	C		cheese, sliced and room			ASAP
			in cooler date mo		22, Haays	
/116	0		1	lowance	U	A= 110
415	210	12	many small flies		71 -	ACA D
2.34	NC		A			HOAP
431	NC		floor next to wa	ll sonlea th	roughout	1-20-25
2211	NC		tacility	- laine in dis	250000	16
324	NC	R		nbing in dis up in walk-		
295	1/6	2	PACESSIVE TOO DOTTER		rin freezer	2-1-25
101	700		vent hoods above fry	//4.	excessively soiled	ASAP 19 ASAP
Received by	(name and	title	<u> Nacho cheese savce +chili</u>		cted by (name and title printed)	
5:1	176	1	m	M	la Papageorgi	
Received by			70A	Inspe	cted by (signature):	7
	en	100	1.	4	111 11	-
cc:	VVV		ce:	cc:	1111 (1100.	
				2		

NARRATIVE REPORT

			MANNATIVE INC. ON I	
Establishr	nent N	am	e Address	Inspection Date
Home	Homerun Burger+Fries 1599 N. Morton St. Franklin		Burger + Fries 1599 N. Mortanst Franklin	1-13-25
				TO BE
Section#			REMARKS	CORRECTED BY
295	NC		metal shelving next to fryers soiled metal-like shavings observed at south drive thru window	
273	100	5	Line to Like Shavings shaving lateralle	1-14-25
204	/VC	K	metal-ure snavings observed as south	
			drive thru window	
			Notes: Wair curtain not turned on	
			(2) ice cream machine not in use at	
			Notes: Qair curtain not turned on 2 ice cream machine not in use at time of inspection	
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State Form 48621 (R2 / 8-05)



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.

171.15.1			71.1 1 27 1	ID-4- CT		
Establishment name	11.0000	2 d 200 14 00	Telephone Number	er Date of Inspection	ID#	
IESTADIISIIIHEIII AGGIES	5		IPCKS TO CREEN Establishme	1/31/25	1949	
370 E	JEFFER	RSON ST. FrAM	KLIN Purpose:	Follow-up Release		
Owner			1. Routine		10/25	
	5	475-M	2. Follow-up	Summary of Viola		
Owner address		MILTIL	-	Cumming of Tions		
Owner address			3. Complaint	nake a law so sone a law		
three last	na gabakon u	an enspironer model i et	4. Pre-Operation	al	O b sharper	
Person in charge	Marcel Brown	Man s de comme	5. Temporary	C_O_NC_O	2 R	
CAMER	Ron S	SmITH	6. HACCP	antes pri <mark>nga gjara - gasida</mark>	profession for	
Responsible person's	email		7. Other (list)	Menu Type (See	back of page)	
Certified food handle	r			- 1 (2)	4 5	
_				1-2-1	43	
• CRITICAL ITEMS A	RE IDENTIFIED I	N THE CHECKLIST AN	D NARRATIVE COLUMNS MARKED "C"			
			NOTED IN THE "SUMMARY OF VIOLATION		AS "R"	
Section # C/NC	R	mandar one grifter to the	Narrative)	13.7 and the state of the state	To Be Corrected by	
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200 12-10-10	· 黄芩 **				Page 1 of	

LIC, 2787 BY SISTNARRATIVE REPORT (6) C (4) NC

Ondi	ina/	Pas	MARRATIVE REPORT	V
Establish	ment N	ame	Address FRANKLIN, IN	Inspection Date
Section#	C/NC	\Box	REMARKS	TO BE CORRECTED BY
395	NC	2	INSIDE TOP OF ICE MAKER NOT	1/10/25
		П	CLEAN	
131	NC	À	FLOOR UNDER TO MAKER JISHMACHI	NO 118
			NOT CLOPIN	
10 -	n 14	-1	The second of the confirmation was	1/8
295	NC	×	CLEAN OF HEAT CABINET NOT	1/8
			Cleniv	
128	MC	_	FRONT REFRIGERATOR ON SERVING	1/30/25-
			FRONT REFRIGERATOR ON SERVING	
			and a soul male and a support	
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Received B	y (Name	& Ti	Inspected By (Name & Title) Bab Smith Bob Smith EHS	Page of

State Form 48621 (R2 / 8-05)

PAGE



95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name			Telephone Number	Date of Inspection	ID#	
Jersey N	like:	s Greenwood	() Establishment	1 28-26		
Establishment ac	ddress	46142	() Owner	1-28-25	2601	
1675 W	Sm	11th Valley Rd Greenwood, IN	Purpose:	Follow-up Release	Date	
Owner			1 Routine	一 2-8-25		
David Craigie			2. Follow-up	Summary of Violations:		
Owner address	14	46163	3. Complaint	an bermill		
6145 W	.Br	oken Arrow Ct New Palestine, IN	4. Pre-Operational			
Person in charge	nous	hoods is a stricted to suith meal sorvice. Preso	5. Temporary	5. Temporary C NC R D		
Kyle J	arv	ris - AGM wohand the many to	6. HACCP	equireing confungacoc	process requirely co	
Responsible pers	son's en	nail	7. Other (list)	Menu Type (See back of page)		
dcraigie	196	40 gmail.com				
Certified food ha		ie (Serv Safe exp)		1239	_45	
David C			E COLUMNS MARKED "C"			
		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	"R"	
	NC I		Narrative	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	To Be Corrected by	
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	3-4	Note: some ice build	on walk-in freez	er ceiling		
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			Autor contribution is a compressed in supplier Alexander Alexander			
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JOHNSON COUNTY HEALTH DEPARTMENT 95 S DRAKE RD FRANKLIN, IN 46131

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



Establishment name	Telephone Number	Date of Inspection	ID#	
JUHNSON GUNTY JACK	() Establishment	1/2/25	419	
I destablishment address	() Owner	1/2/03	917	
1091 HOSPITAL PS Franklin, IN	Purpose:	Follow-up Release I	Date /	
Owner	1 Routine	- 1//0	2/25	
JOHNSON COUNTY	2. Follow-up	Summary of Violation	ns:	
Owner address	3. Complaint			
= 1 =	4. Pre-Operational			
Person in charge	5. Temporary	CNCR Menu Type (See back of page)		
RATITERINE BARNABY	6. HACCP			
Responsible person's email	7. Other (list)			
II SE partico de la companya della companya della companya de la companya della c	recol contractions forms \$	i santas	,1 0,	
Certified food handler KATHEW BARNABY		1 2 (3)	45	
7.11				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE LIGHT ATTOMAC PERSONNEL PROMOTE PROPERTY OF A P				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	Narrative		o Be Corrected by	
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