

95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishme	nt name	1)	** 2679	Telephone Number	Date of Inspection	ID#
TAR			26 19	( ) Establishment	2/21/25	- 159
Establishme				( ) Owner	a/91/00	10 /
15	79	N	MURTON FRANKLIN, IN	Purpose:	Follow-up Releas	se Date
Owner				( Routine		13/25
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Owner addr	ess			3. Complaint		
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-		-	1400 ms. ad planton of the	6. HACCP	· Lea Bustada dunam	Po1 8988 1010
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
Certified foo	od handle	er .	C 0.0.000 1		1 2 3	P) 5
- CAR	l B	21	revens ( SLANSHE3/24/	HORP )	123-	
• CRITICAL	ITEMS A	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	1	
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	the state of the s
Section #	C/NC	R	en tra giane also and parious son according	Narrative	TOBRIGHT WID TO SHILL	To Be Corrected by
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			FAVORT / HOSES (	connected to	Y' VAZUR	
				100 11 -	0101.11	0/00
431	NC	×	FLOOR NOT CLERT	V IN ARREAS	WEXT	2/38
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishme	nt name	2	Telephone Nu ( ) Establis		n ID#
				2/4/25	1699
Establishme			( ) Owner		1
	124	Z I	nain St. Greenwood Jal Purpose:	Follow-up Rele	ease Date
Owner			1. Routine		
			2. Follow-up	Summary of Vio	lations:
Owner addre	ess		3. Complaint	and the second s	
			4. Pre-Operat		
Person in ch	arge	inga	5. Temporary	,	
			6. HACCP	11	
Responsible	person's	email	7. Other (list)	Menu Type (Se	ee back of page)
Certified foo				1 2 3	<u>X 4 5 </u>
×	Sa	le	James		<u> </u>
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED	"C"	
Part of the last o		-		TIONS" AND IN THE NARRATIVE BELO	The will be the second of the
Section #	C/NC	R	Narrative	7,000	To Be Corrected by
324	NC	-	- Hot water supply is slow as	t the leitches	30 days
1126	Ne		hand sinc	the ad actual.	2/6/25
334	C	_	- maintenance edupment not s - No gir gap on the drive-	Torsed orderly-	4 mosi
714	L		No gir gap Bri ine diver	if ourne	1,,,,,,,
			dispenser		
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name  Lalo Bell #45441  Establishment address  Wafalger Square In 46181  Owner  Owner address  Person in charge and the same standard address  Responsible person's email				Telephone Number  ( ) Establishment ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection  2/4/25  Follow-up Release  Summary of Violation  CNC  Menu Type (See ba	ons:
Certified food	ream	-	thomas 11/5/26		123_	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" ANI		A CONTRACT OF THE PARTY OF THE
Section #	C/NC	R		Narrative	emputer site which and appropries.	To Be Corrected by
347	MC	E STATE	One hand sink sta	tion has no	paper towel	Corrected
346	Ne	[5]	No hand soap at	one hand wa	sthing station	Corrected
			l			
334	C		No arrap at may	P-Smf		
-	ALC: STATE OF THE STATE OF	Significant Co.		100		
431	Ne		floors in facility is	7	stomer Seatm	9
		1	orea, good mes on,	ea).	4	/
			/ (			
		lisit	the coulding, cooling and ret caung of pates	President process includes	emailian primar to gath an	Trylanaty
	i unclud	0220	11 10 50 DC 10 10 10 10 10 10 10 10 10 10 10 10 10	mbiori bluo harra a saups y s	0/0	Lenotowald
	ridg	EF-SU	Mo E Soda nos		Cleaning	oldinesseed
	3	_	(u) Sanvfizer	at 2- bon &	ink is Older	- Sunday and
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#### 95 S. DRAKE ROAD FRANKLIN IN 46131

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

	-	tatio	n Requirements. The time limit for corr			n of this report.
Establishme	_		,	Telephone Number	Date of Inspection	ID#
Wir	Pe	ak	(\$	( ) Establishment	2/19/25	2697
Establishme			d Park Drive 46142	( ) Owner	/ / / 25	2011
600 G	reenn	100	d Park Drive 46142	Purpose:	Follow-up Release	se Date
Owner 7				1. Routine	Ves 3	1/25
	Corp	ora	ite	2. Follow-up	Summary of Viola	tions:
Owner addr				3. Complaint	1	
				4. Pre-Operational	The same of the	
Person in ch	narge	THE TO	1 H 14000 BM 210 1 L 1 120 1 1 1 1 1 2 2 2	5. Temporary	$c_3$ NC_	5 R
-	•	10	Vanna		C_O_NC_	The American
Responsible	nne	omai	Keane 6	6. HACCP	M. T. (Cas	hash of base)
Responsible	e person s	emai	Serv Sate	7. Other (list)	Menu Type (See	back of page)
Certified for	od handle		5/1/20		1 2 3	4 5
1 ai	ner		Keane (3/1/25)			
• CRITICAL	ITEMS A	RE ID	DENTIFIED IN THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	N(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED I	N THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	mand the Statement on a security Sections	Narrative	Composition of the same	To Be Corrected by
430	NC	1	Interior basin	of the mop si	nk. is	3/1/25
	1250		cracked			1,1
205	C		Strainer basket	for Seasoned Flo	our	2/19/25
		-1.0	is damaged	0	, ,,	-//-
324	NC		Expo domp sink	leaks from v	nderneath	3/1/25
		-	gasket.		1	2/2/2
295	NC			sitchen mechanic		2/19/25
111.2	6	1155				2/19/25
443	C	1180	Sanitizer buckets			0/1/2
	and white	A at	sanifizer (Quat).	ess than 150 ppm	remon for next day se	Ecolah.
399	NC		, , , , ,	11	near	3/19/25
217	NC		Minor tile grout Manager's Office /	Electrical Panel A		1 / 1
218	NC	1.5	Robot Coupe F	Good Processor	contained	3/1/25
-10	140		a broken piece	on top, near h	andle.	1,1
334	C			aker lacked a	n air	3/1/25
1-			,,		bin.	1 1
- 1				7.7	A Marie	
		HU	to the second of	asas mas successive in the govern	musagur was manus	and the second
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14	NNEY	21	LEANE	I Ar	drew Miller	- EHS
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Received by (name and title printed):

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#### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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 Telephone Number Date of Inspection Victory Christian Church Establishment address 1720 Grahem Rd. Franklin ) Establishment 2-11-25 2249 ) Owner Purpose: Follow-up Release Date 2-21-25 1. Rousine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) 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" To Be Corrected by Narrative Section # C/NC R Nothing to Note

Page 1 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

Owner Owner addre	g 9 dt addres E - n ess	nai	nly 45571  n 8t - Circenwood, Id  n 8t - 46143  n 1 an arish noticent regard to the accordance of transfer of an benchmark is about a second and a second a seco	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Date of Inspection ID#  O2   20   25   505  Follow-up Release Date  Summary of Violations:  C NC S R  Menu Type (See back of page)
	ham	2	wallace Ezep 2029 ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	12 \( \sum_3 \)_45
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW AS "R"
Section #	C/NC	R	ENDER OF SHALL STATE OF SHALL	Narrative	To Be Corrected by
218	Ne	V	One door gasket is V	vorn at walk-in	cooder 3/2/25
297	MC	V	coulle of looda nozz	les are sorted.	2/2/5/25
2125	MC	1	Meps and not hung.	ed	
291	we	W	Cappu clino machines	nozztes are sor	ted.
		1	were are materiale	that are not 6	a off the
431	nee		yound mords walk.	in Cooler.	. 7
141	C Subou	#6.0 5833 6.81	MOTE 1 DI recomme	rce a week	la rozzlel aled for
		7100	The contract of was a seen Dissert with S. J. S. a. 31.		
Received by			printed):	Inspecto	ed by (name and title printed):
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cc:			cc:	cq.	
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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

Establishme (\L)_I	LL!	AR	6	Telephone Number  ( ) Establishment	Date of Inspection	- ID#
Establishme	nt addre	SS		Owner	2/5/25	4000
90	IN	1	AIN ST. FRANKLIN, IN	Purpose:	Follow-up Release	se Date
Owner				1 Routine	2	15 as
70	かいん		PRIOLA	2. Follow-up	Summary of Viola	tions:
Owner addı	ess	111111111111111111111111111111111111111		3. Complaint		
				4. Pre-Operational	0	2
Person in cl		D ind	enime samenament to the contract of the	5. Temporary	C O NC	3 R
TER	RY		FLYNN	6. HACCP	eri eta gandosa gando	יים מונים מונים מונים
Responsible	person's	s emai		7. Other (list)	Menu Type (See	back of page)
Certified for	od handl		EXP 3/16/28		12_(3	4)5
COUL	1110	, DE 10	(3).07.0	/ COLUMN DIS MANUEL HOU		
VIOLATION	ILEMS A	ATED I	ENTIFIED IN THE CHECKLIST AND NARRATI FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	VE COLUMNS MARKED "C" THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NO	R	TO STANDER STANDER STANDER STANDER	Narrative	or integrating wast to society	To Be Corrected by
399	NC 4	(2)	FLOOR, WALL, CO.	THE RESIDENCE OF THE PARTY OF T	and NOT -	-611 las (24n)
431	NC?	2	CLEAN IN AREAS	OF KITCHEN, (	BAR,	CLUAN 2/15
		-	BASEMENT			
228	no	0	some EQUIPMENT	RUFRIZORATORS	CHEST	311
		e ha	coolers, not et	95ILY MOVERED	1:-00:	11. 16000
318	24	1 PA	WACK IN CODLER	FLOOR, SHELVE	og world -	-6/1/(PZAN)
295	we	40		QUAPS COVER NO		72/15
218	WC	×	BACK ROOM CEAST 52 FRIEZERS WORN	TOP INSTER	OF Grest	3/1
200	NC	V	BASEMENT - STRAL	o Sopition Deas	on BUXES	2/10
239	virt	200	NOT STURD OFF FL	DOR SURFACE MI	NIMUM OF	aro baona visa
			GAVERS STURED U	NOER SEVER OF	TIN 24005	- Los cycibles
295	NC	~		HOOD FILTERS A		2/15
218	NC	2	PFZZA MAKEUP REFRI	ISLRATOR DOOR GY	SKET WORN	315
174	NC	×	BULK FOOD CONTROP	er of Flour n	OT LABRUS	corrected 2/3
309	NC					
138	MC	×	101.01.0		2 NOT	2/9
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#### 95 S. DRAKE ROAD 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

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

Telephone Number Establishment name Date of Inspection HOHOS MART CANATY CREEK HSI ) Establishment 1095 Establishment address ) Owner 486 N MORTON FRANKLIN, IN Purpose: (. Routine) Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C O NC O R 5. Temporary 6. HACCP Menu Type (See back of page) Responsible person's email 7. Other (list) Certified food handler SUGGETT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" To Be Corrected by Narrative Section # C/NC R ING FREEZER UNIT BOTOG POSPOCITION NOT IN USON MELHANTEAL DISHMACHENE HOT WATER
SANITIZATION PEMPERATURE ADOQUATE
160°F OR MORE ON PLATE/UTONGTE
SURFACE (WAS 169,1°F) cc:



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

Establishment nan	ne .	-2011	Telephone Number	Date of Inspection	ID#
CRECK.	STOR	2 ElemeNTARY SEHOOL	( ) Establishment	2/5/25	- 128
Establishment add	ress		( ) Owner	12/2/00	100
1140	ES	IT RO 44 Franklin, on	Purpose:	Follow-up Releas	Data 1
Owner		1 1 101010000	( - )	Tonow-up Releas	15/25
F.C.	50	2	1. Routine		
-	9,		2. Follow-up	Summary of Violat	ions:
Owner address		To L. of the off cast on the concessor of his con-	3. Complaint	9	eaver the state of
- constitu		shadow are un dione	4. Pre-Operational		
Person in charge	racrest act	The second in the second secon	5. Temporary	c_O_NC_C	) R
DIANA	- 1	PORTERFIELD	6. HACCP	mirems of syrre, co.	
Responsible person	n's ema		7. Other (list)	Menu Type (See b	ack of page)
			7. Other (1131)	Thema Type (See 6	
Certified food han	dler			1 (2 10)	4 5
OFANA	P	ORTERFIELD (SORUS	AFE)	1 2 7 3	_45
CRITICAL ITEMS	ARE II	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	s "R"
Section #   C/N	IC R	programmatic par similar surviva	Narrative	compaction of our new Sections	To Be Corrected by
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and and	NO VIOLATIONS	OBSERVE		
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1	1	mecHANICHE DIS	HMAZHONE HOT	WATER	
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		160 F BR MORE	ON PLATEIT	ONSTE	101
1		SURFACE (WAS	1714		
			,		1 1
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lavile	11/1/192	herd beeff - briefsent maai villaan noo te		ovigin viscen A labo	t auctorsail
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			7	5 - 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 31/7-736-5264

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

Establishment name  CUSTER BAKER INTERMEDIAM SCHOOL  Establishment address  101 W ST Rd 444 FANKIIN, IN  Owner  FCSC.  Owner address  Person in charge  SPARKS  Responsible person's email	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection  2/5 /2 5  Follow-up Release  2  Summary of Violation  CNC  Menu Type (See ba	ns:
Certified food handler RAWOILYN SPARKS SLRUSAFE CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	STARR9)	1_223	_45
MO UTOLATION,  mochaniche distan  sanitization Ten  itof or more on  (was 163,700)	Narrative  5 OBSERVED  AZHZINE HOT WIN  PERATURO ADE  PLATO / WTENSIL.	PPOR CORFA C	To Be Corrected by
Received by (name and title printed):  ANALYNN SPAYKS MANO  (Received by (signature):  Louid (1944 Spanks)  cc:	iaer B	d by (name and title printed):  D SMITH  d by (signature):  Ball Smith	E748



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 name FRANKLIN COMMUNETY HEGH SCHOOL  Establishment address  2600 Cum BORLAND OR FANKLING.  Owner FCSC.  Owner address  Person in charge Responsible person's email	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Traditional of the comment	se Date   25 - tions:
Certified food handler WHEELER		12_3	45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN Section # C/NC &  CONCERNATION FINAL SANITIZA  NOT AT 160°F 09	Natrative RAY WASHING OF TOWN TO THE TOWN TO THE PROPERTY OF T	N AZHZINY	To Be Corrected by
NOTE O MECHANICHL DIS SINVENZATION VER THAN 1600F ON	SHMAZHTVO FINA YZL CHTURO 1679 PLATE/UTENSIL.	T = , MORE SURFACE	V OR
431 NC - FLOOR ON STOP OF PRINT CLURN, S	P DRYER BNO N UNDER JE M	FROOR AKER	2 9/25
Received by (name and title printed):  hachael Wheller - Manager  Received by (signature):  Kachael Uhul		sted by (name and title printed Bob Sm 17H sted by (signature): Boll Sm	EHS

#### 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 name  FRANKLIN EMM MTddo Schle  Establishment address  GQS GR1Z2L9 COB DR. FTANK  Owner  FC.S.C.  Owner address  Person in charge  MOLTWOR SCOTT  Responsible person's email		Follow-up Release Summary of Violati  C NC	ions:
Certified food handler VA SCOTT		1 (2)3)	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DEN		IN THE NARRATIVE BELOW A	s "R"
Section # C/NC R	Narrative	manuscratives to grown	To Be Corrected by
431 NC & FLOOR NOT CLE	ean under temi	BKER	2/15/25
DE MECHANICHI SANITIZATION	PRESTARDING IN TO PRESTARDING TO AND REFRIZORITOR  REFRIZORITOR  REPRIZORITOR  REPRIZO	T WATER	CP)
Received by (name and title printed):  Melinda Scott Cafeteria M  Received by, (signature):  CC:  CC:	vinages	sted by (name and title printed)  BOD SM 1  sted by (signature):  Solv Solv	THE ENT



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.

Establishment name
NEDHAM EZEMONTARY SCHOOL Telephone Number Date of Inspection ) Establishment ) Owner 1399 UPPER SHELBY VILLE BY FRANKEIN A Purpose: ( Routine) Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary DAWN BAKER 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler BAKER DAWN 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 Narrative Section # C/NC R OBSERVE VIOLATIONS MecHANICAZ disHMAZHINA HOT WAYAR SANITIZA-TON THE MAJECHTURO ADEQUITA -160°F OR MORE ON PLATAJUTENSIZ SURFARO (WAS 165,9°F)



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 name

Telephone Number

Date of Inspection

ID#

			ELEMENTARY ScHool	( ) Establishme	a/10/25	7403
Establishmen	it addres GR12	s 272	Y COB DR. FRANKLIN, IN	( ) Owner Purpose:	- <del> </del>	
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95 S. DRAKE ROAD FRANKLIN IN 46131

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95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#	
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95 S. DRAKE ROAD FRANKLIN IN 46131

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

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