

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 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

establishment		telephone		Date of Inspection
Camila	's 2	317-530-2381		4/24/2025
Establishment address		Summary of Violations	•	
2245 Sheek Road,	3P 4PF 6CORE			
Owner			Follow-up	Release Date
			Yes	5/4/2025
Person - in - Charge	Certified Food Handle	r	Purpose:	Menu Type
				4-Extensive handling
Establishment Identification #	County	District	Routine	
2497	Johnson	D5		
	3			

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

Sec#	P/PF/C	R?	Violation Observed:	To be Corrected by:
213	P		Observed queso located at the cook line warmer unit @111*F - Ground beef was observed between 133*F-135*F	4-24-25
175	P		Observed raw chicken stored above raw shrimp located inside walk in cooler	4-24-25
457	P		Observed fabuloso stored on top of "yellow unfired chips	corrected
206	P		Observed queso located in the warmer unit @133*F - Manager stated they reheat the queso inside the warmer unit (@10:00 a.m.)	4-24-25
459	PF		Observed a fly strip located in the kitchen - Not approved for commercial use	4-24-25
450	PF		Observed many small flies in the server area	5-8-25
190	ÞĿ		Observed the following pans stored inside ready to eat food products: - Diced onions stored inside cut onions - Cut limes stored inside cut green peppers - Cut cilantro stored inside cut tomatoes	4-24-25
286	CORE		Flip top cooler ambient air temperature observed at 42*F - Digital read out showed "44.1"	4-25-25
279	PF		Observed no metal probe food thermometer	4-25-25
443	CORE		The following areas are soiled: 1. Bar three bay sink floor drain 2. Floor under soda station	5-1-25
429	PF		No hand soap provided at the cook line hand sink	4-25-25
447	CORE	5	Mops not hung up	4-24-25

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Inspected by: Cassi Hall, EHS

306	CORE	The following items are soiled: 1. Bar soda nozzle 2. Can opener 3. Flip top cooler door gaskets	4-25-25
176	CORE	Bulk food containers not labeled	4-25-25
286	CORE	The following door gaskets are split/worn: 1. Walk in cooler 2. Flip top cooler Observed a gas smell from the water heater. Our department called	5-8-25
		CenterPoint Energy to the establishment and they detected a gas leak at the water heater. CenterPoint Energy is turning off the connection to the hot water. Establishment is closed until the gas leak is corrected and the water heater is functioning.	
		Note: 1. Kitchen wall paint is pecling 2. Cove base is missing in areas of the kitchen 3. Personal items not stored in a designated area	







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. Telephone Number Date of Inspection Establishment name) Establishment) Owner Purpose: 7. Routine Summary of Violations: 2. Follow-up 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" To Be Corrected by Narrative Section # C/NC 430 COOLORO NC 295 NC NC 413 NC 19 products Received by (signature cc:

NARRATIVE REPORT Greenwood

Establish	nent N	ame	Address //	Inspection	Date
Ch	000	20	ake Factory 125/ US3/N 46/42		
Section#	C/NC		REMARKS	TO BE	
286	K		Mechanical dish machine	4-20-	-25
			(not sanitizing unit)		
			contained a pressure gauge		
			that read approximately		
			10 psi (not 15-125 psi).	<u></u>	- C
324	NC	Ш	The following areas containe	D5-1-	-25
			water clark		
		Н	a Ban area on right side		
		Н	(2) Clean side lok		
<u></u>		Н	A the bitches		
		Н	3) Haycets at the preparation	m	
		Н	and both drain stope	A	
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218	NC.		One could exponention	4 14	125
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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 Retail Food Establishment Inspection Report



Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment

establishment		telephone		Date of Inspection
Chicago's Pizza		317-422-8114		4/23/2025
Establishment address	Summary of Violations			
2 N State Road 135,	OP 3PF, 5CORE			
Owner			Follow-up	Release Date
Ron	Epple		No	5/3/2025
Person - in - Charge	Certified Food Handle	er	Purpose:	Menu Type
Slickrich232002@yahoo.com				3-Extensive handling
Establishment Identification #	County	District	Routine	-
367	Johnson	D5		

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

Sec#	P/PF/C	R?	Violation Observed:	To be Corrected by:
306	PF		Interior of ice machine is soiled	
306	CORE		Many shelving units are soiled throughout establishment	
443	CORE		Floor under equipment are soiled Ceiling throughout the establishment is soiled/dusty (restrooms, walk in coolers, etc.)	
247	PF		Thermometer located in cooler located by walk in cooler not observed	
214	PF		No date mark on open package of chicken	
234	CORE		Cardboard box used as storage container -not easily cleanable	
189	CORE		Dish racks stored on the ground -not 6" off the floor Food package not stored 6" off floor inside walk in cooler	
306	CORE		Dough mixer is soiled Interior of a few coolers are soiled Pizza prep cooler door gasket is soiled	
			Note: Observed a pan of water stored under the customer Coca-Cola station	

Cobservation water stored in

Cold Smarth

vablishment Repress stative



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 narrative portion of this report.

establishment		telephone		Date of Inspection
Culvers		317-300-0019		4/15/2025
Establishment address	•	Summary of Violations	i	
1142 N Emerson Ave.	16143	0C1NC		
Owner			Follow-up	Release Date
Mike An	drea Flosi		No	4/25/2025
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
culversemerson@gmail.com		D	3-Extensive handling	
Establishment Identification #	County	District	Routine	
2171	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:
431	NC		Floor under the soda machine located by the drive-thru window is soiled	
Note:			Observed a plastic bowl of salad stored in the salad mix located in the cooler unit	

John My Smelo

Malider

Establishment Representative

Inspected by: Cassi Hall, EHS (317) 346-43731 <u>chall@co.johnson.in.us</u>



95 S. DRAKE ROAD FRANKLIN IN 46131

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

7-26

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	ID#
("ulver's	() Establishment	4-16-25	2383
Establishment address Frankling	IN () Owner	19-10-20	200
Establishment address 191 Grand ville Dr. Franklin, 4013	Purpose:	Follow-up Release	Date
Öwner ,	1.(Routine)	Ves 4-	26-25
Ashley Mitchell	2. Follow-up	Summary of Violati	
Owner address	3. Complaint	1'	
Agmosto pent a av rapio ortorem	4. Pre-Operational	P Pf	Core
Person in charge	5. Temporary	e 1 Ne C	0 R3
Anna Peters - Mar	6. HACCP	ni has andom n 1971uo	02 / 32 030000
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
	7. Other (tist)	Mena Type (occ o	ich of puge,
Certified food handler		1 2 3	4 5
Ashley Mitchell	1	1	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DEN	NARRATIVE COLUMNS MARKED "C"		
		N THE NARRATIVE BELOW A	
Section # C/NC R	Narrative		To Be Corrected by
	ucts in lines we	th	4-16-25
	opers contained	an	Control
	nperature rangen	g from	button loose?
286 Page 10 Aug 2000	Danie Danhat and	4100 4 60 4	4-20-25
	byer baskets are d	Oldo ()	7 20 23
unita are	a a dealt		
3 Jus meta	l scoops are dan	noed	
	point covers for	Custard	September 3
	danialed	Guag to visiting A. Table	t webbes
		SON	ed properties
handle is	loose		oldinga - Lepinble
	* noted at 3	3M	4-20-25
Water Ful	stration System		1
453 Core Unused St		ier/dryer	5-1-25
was stored	in utility and		1-1-25
421 Core Kitchen lac		aling	5-1-25
lie vertica	laver right	corner	il Francia il
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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 payreting portion of this great statement.

Establishment name		Telephone Number	naradre portion	Date of Inspection
CVS Pharmacy #66	53	317-535-9001		4/8/2025
Establishment address 39 US 31 S Wh	Summary of Violations 0			
Owner Hook-Su Email- 066530	Follow-up No	Release Date 4/18/2025		
Person in charge Amanda Browning- operations manager	Certified food handler N	N/A	Purpose Routine	Menu Type 1- Limited menu
Establishment Identification # 796	County Johnson	District 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	Narrative	To Be Corrected by:
431	NC		Floor against wall under storage shelves on the first floor of back storage room soiled with debris and trash	4/18/24
			,	

Received by

Marre

Inspected by Mia Papageorge, EHS (317) 868-8818 mpapageorge@co.johnson.in.us



95 S. DRAKE ROAD FRANKLIN IN 46131

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

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Certified fo	od handle	er			123	_45	
1,617			NTIFIED IN THE CHECKLIST AND NARRATIV OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		D IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	母	and to British for the colors different alter	Narrative	The second second second	To Be Corrected by	
413	nc	-	AIR GAP NOTED B	setweon 2 F	RONT DOORS	5/1/25	
431	M	B	FLOOR NOT CLEAT	V UNDER WA	てドースト	4/20	
218	NC	0		de ILL CREA	n CHEST	4/10	
324	NC	*	LOAK NOTED AT STAK FAVORT	3 CO MP ACT	MONT	4/20	
309	NC	*	MOCHANICAT E IN ROSTROOM	X HAUST NOT	FUN CTION	ang 4/20	
			Charles albino brown bones and bone	Carallana and Anna and Anna			
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cc:	1 1	214	cc:	ce:	(Bel Jan)	(A)	
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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 7-2, 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 Dollor Beneral # 1139 Establishment address 8835 US-31 N Eolinburgh 4-29-25) Establishment 1076) Owner Follow-up Release Date 5-9-25 I. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational 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 R R Section # 421 6-1-25 NOTE: One Bothroom is storage only Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc:



95 S. DRAKE ROAD FRANKLIN IN 46131

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

26

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-4, 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

Date of Inspection

ID#

1	Doller	- (General Store 418340	() Establishment	4-29-25	2/19	
Establishmen	nt address	1/00	Seneral Store 418340 weh Rd Mnever	() Owner Purpose:	Follow-up Release	se Date	
Owner	- /	VITE	ven sex simeven	2. Follow-up		9.25	
Owner addre	ans bina	Jaio	cout et la pagamet a maceul l'eust food la acet als ecubles la fact madants are acoked. Foddsos matalacidas single mest landed ille on 2 por nui la hazardons soci	3. Complaint4. Pre-Operational5. Temporary	C	P	
Responsible	person's	email		7. Other (list)	Menu Type (See back of page)		
Certified foo	d handle	r			1 2 3	45	
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH) IN THE NARRATIVE BELOW	AS "R"	
Section #	EEEC	R	ener com a se con militario representa con trans	Narrative	To be the company of the parties of	To Be Corrected by	
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cc:			сс:	cc:			





95 S. DRAKE ROAD FRANKLIN IN 46131

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

Establishme	LLA nt addres W Y	s nor	GENERAZ #21555 JON FRANKLIN, IN	Telephone Number () Establishment () Owner Purposer 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# H/1/25 2332 Follow-up Release Date 25 Summary of Violations:		
Responsible Certified foo	person's	email		7. Other (list)	Menu Type (See	back of page)45	
			NTIFIED IN THE CHECKLIST AND NARRATIV OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	The same of the last	and the principal of the state	Narrative	wante of the transferrence	To Be Corrected by	
218 298 431 394 393	NC NC NC	Y / / / / / / / / / / / / / / / / / / /	meat displayed	R ENCLOSURE	TOVER	5/1/25 4/10 74/15	
Received by Received by CC:	hael	11	inted): Pathew cc:	, (j	ted by (name and title printe Bob Sm 17H ted by (signature):		
						Page 1 of	



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



V

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 narrative portion of this report.

	telephone	Date of Inspection		
29	317-857-2225		4/11/2025	
		Summary of Violations		
Greenwood IN 461	42	0C3NC		
	Follow-u		Release Date	
e Stores INC		No	4/21/2025	
Certified Food Handler		Purpose:	Menu Type	
N	I/A		1- Limited menu	
County	District	Routine	_	
Iohnson	Johnson D5			
	County	29 317-857-2225 Greenwood IN 46142 ee Stores INC Certified Food Handler N/A County District	29 317-857-2225 Greenwood IN 46142 Ee Stores INC Certified Food Handler N/A County Summary of Violations Follow-up Purpose: Routine	

- 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:
430	NC		Ceiling tiles appear to have water damage	
411	NC		Walk in cooler light is not functioning	
218	NC		 Observed a large amount of ice buildup inside walk in freezer Two door cooler door gasket is worn/not sealed 	
			Restrooms are out of order- employee stated a work order has been put in the system	
			Notes: Del monte cut green beans best if used by 11/28/24 Island choice Diced fruit cocktail dent in seam of can Both West Back exterior door sweep is worn	

Establishment Representative

Mali Relia

Inspected by: Cassi Hall, EHS (317) 346-43731 chall@co.johnson.in.us



95 S. DRAKE ROAD FRANKLIN IN 46131

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

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				T 71 1 22 1	ID CT			
Establishmer		nat	76 S	Telephone Number	Date of Inspection	ID#		
F-1-11:1			63	() Establishment	4/3/15	2509		
Establishmer			3. 4531 GREENWOOD	() Owner				
	20	-60 -		Purpose:	Follow-up Release	Date		
Owner			1H					
			200	2. Follow-up	Summary of Violati	ons:		
Owner addre	ess	in and	Leof bised lesovo i bausass io lesko	3. Complaint	and the man and the same			
			and a special spire in the second special spire con co	1 Due Omenational	. imm goff boothersto.			
Person in charge					C O NC Z R			
					ni bes gantino gair <mark>uu</mark> u	य शुरुवक्काल		
Responsible	person's	email		7. Other (list)	Menu Type (See back of page)			
Certified food handler Mary Mennsny				Marie Control of the	123	45		
			NTIFIED IN THE CHECKLIST AND NARRAT.	IVE COLUMNS MARKED "C" THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	S "R"		
Section #	C/NC	R	and the factoring part and the second	Narrative	Homospot was to judge	To Be Corrected by		
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216	NC		Bu not use praye racks	rop arates to	or as	NI		
		5100	rage rueles			173.0		
					-40-54			
12	1					11/0/		
295	NC		mog since bus	12 19 01714	У	4/9/23		
			Sec.					
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cc:		16	cc:	cc:	1	,		



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

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

7-26 (Am)

Establishme	nt name		shrevet allelman er er i er and	Telephone Number	Date of Inspection	ID#
	Dring	eh Di	in os)	() Establishme	ent 120.26	20415
Establishme	nt address/	7.0	Edinburghin ver Dr. 46124	() Owner	4-30-25	2010
4/3 5	i Él	senhor	ver Dr. 46124	Purpose:	Follow-up Releas	
Owner				(I. Routine)	Ves 5	-10 -25
Va	lon R	ahmani		2. Follow-up	Symmary of Violat	ions:
Owner addr				3. Complaint	25	(
				4. Pre-Operation	al Priority PT	AM COPE
Person in ch	narge	4.	die e e e e e e e e e e e	5. Temporary	al Priority Pf	X6 16
Va	lon Ro	hmani		6. HACCP	and the sub-boots are it	
Responsible			6060	7. Other (list)	Menu Type (See)	back of page)
		_ lay(i	ServSate Exp	entimit a tood i	e got a garden brienipo	Falkoports
1/1	Certified food handler 11/4/27				123	4 2 5
• CRITICAL	ITEMS ARE	IDENTIFIED I	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
		FROM PREVIO	US INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I
Section #	CANC I	1		Narrative		To Be Corrected by
443	Core	file	ors Ewalls s	oiled th	roughout	5-1-25
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443	Core	Ru	chen mecha	necal vent	latton	9380-373-4-1
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363	Core	Plun	bing leaky	at mos	,	
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		lay	sink			
306	Core	JAI	eria basin	of map si	nk soiled	
	- Harris	Int	ino of ice	maker	us saled	
306	Core	Inte	now three	vais of	the	
243	Core	thre	e bay sine	is set	erely soiled	
20	Core	an	wing is I bit	chen is	line)	Sacenally o
284	Core	Von	more chost		is not	
1	Coro	NSF	ANSI amore	red lack		
		1 /	mometel an	d the	unit	
		15/		novable		
100	(name and tit	le printed):			Inspected by (name and title printed	1085
VR	(diameters)	lo subsa egati	Mark In the Market of Market	t abide totale deplaces	Andrew Miller	EHS
Received by	(signature):				Inspected by (signature): Mil	les
cc:			сс:		cc: 317-346-439	0

NARRATIVE REPORT

Edinburgh

			 	
Establishment Na		Address . We and	1	ion Date
Edinburg	gh) Diner (4/3 S. Eisenhaugh) Dr 48/24	4-30	-25
Section# C/Ne	77	Diner 4/3 S. Eisenhauser Dr. 46/24 REMARKS	TO	BE
	-			CTED BY
286 Core		artic air one door freezer	5-1-	2025
		is approximately 50°F/50°F		
		ambient air temperature		
213 Priori	1	Mossarella Sticks internal	Correct	Val
210 100VI	7	product temperature was	Discard	
	-	1000 who follows	Discara	ru
	$\vdash \vdash$	60°F while in the artic air	-	
200	$\vdash \vdash$	one don freezer	-	
306 Core	M	Walk-in- Cooler outside		
	\sqcup	don handle	ļ	
236 Core	M	Berkel meat tenderiger		
	Ш	Cover is sealed with an		
		unknown material due to		
	\Box	damage		
447 Core	[기	Tilet man not huns up		
363 Core	は	Teliet tank is cracked in		
303 0070		women's restroom		
	H	Whiteha historiane		
	b	Mata: tulm also andoned to alone		
	۲	1 ste: Jum was ordered to close	100 011	
	$\vdash \vdash$	at 3:20 pm for a gross insanitary occurr	William.	
	1	Remove large red awning on		
	H	East Exterior		
	5	Flat top grill needs 4 legs to elvate	Unit	
409 Core	H	11/200 habited man air be lavest	5-1-25	_
701 610	H	Wall behind map sink faucet is damaged and contains a hole	5-1-23	
100	╁	is damaged and contains a note	+	
185 Core	⊢┼	Wet wiping cloth not in	+ +	
	${oxed{H}}$	solution	+ +	
437 Core	Н	Restroom mechanical ventilation appears		
	Щ	not operable		
	Ш	·		
	П			
	П			
	H		1	
	H			
	$\vdash \vdash$		 	
	H		 	
Received By (Name	<u> </u>	tle) Inspected By (Name & Title)	-	
The ceived by (Ivalile	OL TH		Page 2	_ of <u>න</u>
with		Andrew Miller, EKS		



95 S. DRAKE ROAD FRANKLIN IN 46131

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

_			1	1	T	
Establishme		nn	20	Telephone Number	Date of Inspection	ID#
E2	PV			() Establishment	4/2/25	- 2038
Establishme			FRANKLIN, IN	() Owner	1/0/03	1010
1904	INC	RY	HWOOD PEAZA	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	(DEC) 41	12 25
				2. Follow-up	Summary of Violat	ions:
Owner addre	200			-		
Owner addre			go bent figure subjection agragate recognises	3. Complaint	St. Chesto gines Conf. A	4)
	Standorn	ris.	shedens are englished both. Adopped lemin	4. Pre-Operational	I was departed in	bul Sved
Person in ch	19/		Sounds is terificial in single months. Pri	5. Temporary	C O NC	R
Ct	120	P	GRASS with soul vilus rating & to	6. HACCP	unting coolars, cool	usi 20eenuurg
Responsible	person's	emai		7. Other (list)	Menu Type (See l	back of page)
						01
Certified foo	d handle	er			1 2 3 (18) 5
	0				123	- -
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	-	4 4 4 5
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	mod in Suntaum produces of the original	Narrative	and the state of t	To Be Corrected by
431	NC	0	FLOOR NEXT TO W	AZZ, UNCER EZ	DUIPMONT	4/12/25
I ke s		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AT WAIT STATION		NOT COA.	a,
- 42		- 2	FLOOR GROUT NO		LACHEN	1
257	NC	5	METAL STEM PRO	BE TYPE THEO	nomerco	4(3
		-		OF OR digit		
	2 - 12	3	NOT BURILABLO &			-46
17/	NC	+		BRINK CUP	TO dISPER	4/2
TEST O			DR FROM DRO BEN			412
256	NC	0	THE momente NO	T Seen IN (1)	REFRIGER	ATOR 4/8
	includ.	5285	AT WALT STATION		HOST FROM	ZOR
Sant L	e vyirigi	d-ag	IN BACK WILLIAM SOULS SHOW	and the state of t	paragraph for need days	d boonevbel
309	NC	0	MECHANICAL EX	HAUST NOT FO	MOTTONET	19-4/12
1-21					L RESTRO	
431	NC	米	CETT ING EXHAUST		CLEBON	
351	MC	1	BACK WOMENS RESTROOM 270 NOT PROULDED			
			FUR WASTE CONT	MINER		418
399	NC	7	CETTING PAMEL N	IBSING BACK RE	com ABOUR	418
100	F =		BULK CONTRINCES	OF BOANS/CH	TPS	
218	ovc-	1	NOCK-IN COOLOR - OUT	STOY WORN, door	R GASKET W	ORN S/A
Received by				Inspecte	d by (name and title printed):
3 (h10+	0	zrass		d by (name and title printed	4 EHS
Received by	(signature):			d by (signature):	800
*			(Gressi		Bul Sm	1
cc:			cc:	cc:		
-		100000	1			Page 1 of

NARRATIVE REPORT

Establish				Inspection Date
E2 (1000	20	1999 VENTHUCO PIETH TO	7/3/83 TO BE
Section#	C/NC	P\$	REMARKS	CORRECTED BY
રાષ્ટ્ર	NC	3	JOOR PASKETS WORN/SPETT ON	5/2/25
			(2,600R ANC(3) JOOR ROFFIGE (ATORS	
-			D KAIDHEN	
431	re	830	KITCHEN COTLING PANELS AND	4/10
		Ш	CETLING VENT (OUSTY) NOT CLEAN	
		Ш		
2 34	~C		KNITUES STORED BETWEEN COVER OF	413
			RUTIGUIATORS IN KLITCHER	
\ 117_\	90.10		OFF TO OUT THE PART OF A	4/10
414	nc	\vdash	THRESHOLD BACK DOOR	7110
		$\vdash \vdash$	TOTAL TIPLE	
324	re	H	BAR 3 COMPANIMENT HOT WATER NOT AVAILABO, LOAK	4/20
<i>J</i> a , •	140	H	WATER NOT AVAILABO, LOAK	1/00
		H	AT FACET	
		H	14 1 14 1666	
		П		
		П		
		Ш		
		Ш		
		$\vdash \vdash$		
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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.

Establishment name EN ZO PIZZA Establishment address FRANKUN, TN 1700 N MORTON ST. Owner V. VERDETAMO Owner address Countries of front 1819 St. Countries	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Summary of Violatio	Date 3 (25 ms:
Person in charge CINO Romo Responsible person's email	5. Temporary6. HACCP7. Other (list)	C NC	· resolvent
Certified food handler FERNANDO ROMO SORUSAFE FOR NANDO ROMO SORUSAFE • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		123(5
	Narrative		To Be Corrected by
174 NC & STOCK AROR SHEL CONTRAINING WHITE AS TO CONTENTS		LABOLS	4/6/25
MECHANICAL dis SANITIZATION TEM MORE THAN 160°F SURFACE	perneture (163.6		6R)
239 WC = MOCHANICAL DISION NOT STURD OFF 6 INCHES	MACHINA DISHO	RACKS	14/5
138 NC & (Somo Employees NOT both	erry Hair ru	ESTRAZIOTS	4/5
	istory/responding in a first	borge, we the gridlen	Fersenito 2
Received by (name and title printed)	R	by (name and title printed):	EH5
Received by (signature).	Inspected ce:	Bel Sm	
			Page 1 of