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

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

Establishme Establishme Owner Owner addre Person in ch Responsible	on on addres 3 L ess arge person's	emai	Franklin, IN 46131	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 2 Follow-up Releas V Z Summary of Violat C NC Menu Type (See b) 1 2 3	/11 22 ions: 2
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		O IN THE NARRATIVE BELOW	
Section #	C/NC	R	A	Narrative		To Be Corrected by
270	WC	Kolj.	3 bay sink needs ldb	eled for wash	rist,	12/5/22
295	NC III. Say		NOTE:	equently Dize at an a	aluna.	12/1/22
	OPA		printed): Chaple		cted by (name and title printed)): V
Received by cc:	(signature)	24	hondel cc:	Inspe	cted by (signature):	ler tit



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

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

Establishmen			znovije, dasmi ilian i	Telephone Number	er Date of Inspection	ID#
Me	MILY		#132	() Establishme	ent	
) Owner	12/02/22	636
150	S.	N	Orlin dr. It 46142	-Purpose:	Follow-up Release	e Date
Owner			(1. Routine	- 12	116/22
me	rjer	r.		2. Follow-up	Summary of Violati	
Owner addre	And in case of the local division in the loc			3. Complaint		
				4. Pre-Operation	al	- 6
Person in cha	ırge	ilbo-	Charles are the control to the	5. Temporary	C NC NC	R_{\perp}
1.1.1	0.56		- a garge of the contract of	6. HACCP	grow flactors ing dis	
Responsible p	person's	email	tana Iragi ufutut ka esuseri — kisirii ir	7. Other (list)	Menu Type (See b	ack of page)
Certified food	d handle	+			Lateral Marie and the proof	4 5
Anne			995		123	_45
The second secon			## CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	•	
• VIOLATION	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW A	The state of the s
Section #	C/NC	R		Narrative		To Be Corrected by
			the Absormanation in	stella alle		vren sto. 1
111/200	- 11.	3 76.16	Lights, out morde of	the care (coolin & theo	12/9/22
411/290	5 Me			Ercle the	Cooler.	12/1/08
			ometa for organismo	The fire	Cascer	
218	Ne		weres last in one	Paulet at	bull storage	
			in fresh food stord			
				/	A. I	
431	NC		Drain by Meg State	on is sort	eq	<u></u>
411	NC		Lights are out in so	de up night	cooler at	12/09/22
711	NC			ven veget		W. C.
					, ,	1
218	Ne		boor gasket is wor	n at ill	cream ymoght	
			coolers		1 0	
		_				
-		-				
Received by	(name and	l title	printed):		Inspected by (name and title printed	
Pa	nul	k	cent	illi	raul Betier	Etts
Received by	(signature,):/	Well		Inspected by (signature):	men and he
Y	en	_	West K		agu	
cc:			cc:		cc:	
						Page 1 of



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

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

Establishment name MLJU # 295 Establishment address 2390 M Morton St Owner Owner 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)	Date of Inspection (2 / (4 / 2 2) Follow-up Release Summary of Violation CNC3	ons:
Certified food handler Robin OWENS Eyr. 2027 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"	123	45
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative	1	To Be Corrected by
411 MC One light out by	oven at deli		12/21/22
THE PROPERTY OF THE PARTY OF TH	at delic u forted	d frozen	
Received by (name and title printed): Received by (signature): cc: cc:	Ra	ted by (name and title printed): WBUTEN sted by (signature): WBUKN	Dets



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

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection ID#
Establishment address # 20	() Establishment () Owner	12/20/12 389
	Purpose:	Follow-up Release Date
Owner	1. Routine	-1/201/27
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	\sim 0
Person in charge	5. Temporary	$C \nearrow NC \nearrow R$
	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
20 1 1 1		gaster opport
Certified food handler		$\begin{vmatrix} 1 & 2 & 3 & 4 & 5 \end{vmatrix}$
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIS		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS AT		
Section # C/NC R	Narrative	To Be Corrected by
431 M Floor Wide	Kitchen Eginpment	13 301/60-
431 NC Floor Under	3 1819 2111 18 18 18 C	ALOU D
295 NC Stand-110 2	doc coder Shelling	y vorks
are soiled	1 VINSTA	3
431 Walls behind	Eginpalent is soiled.	
NOTE, 3 The	moneters ove predi	ed in a
tewofithe	Stand up freezers	+coalers.
Note: HII	Hensils held to be we	15h, Finzed
Santred à	Mr ald-	, ,
	<u> </u>	The second secon
		and the state of t
		A OF LOTTING SAFE LIGHT CO.
Received by (name and title printed):	MINISTRATED Inspect	ted by (name and title printed):
Received by (signature):	Inspect	ed by (signature):
top bals	Co	200AM
cd: cc:	cc:	



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

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

		tatio	in Requirements. The time mint for correcti			i uns report.
Establishmen	_		Shool such assert of the control of	Telephone Number	Date of Inspection	ID#
11111	SUC		Colheria	() Establishment	11-14-77	1527
Establishmen	nt addres	S	(1) (2)	() Owner	101100	LOCE
DIE	R	1+6	orson St, 46131	Purpose:	Follow-up Release	Date 9-77
Owner				1. Routine		
0 11				2. Follow-up	Summary of Violation	ns:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	C NC 4	l
Person in ch	arge			5. Temporary	C_NC_/	R
			3	6. HACCP	(2.]	1.6
Responsible	person's	emai	Landa de de la compania del compania del compania de la compania del compania del compania de la compania del compania d	7. Other (list)	Menu Type (See bac	ck of page)
Certified foo	d handle	. 1.	(+)			
Francis	VIS	0	Graveia Lopez W	176)	123	45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			
Section #	C/NC	R		Narrative	7	To Be Corrected by
111	A 10		20 100		/	6010000
465	NC	10111	WOD LOT LING ON	mil a racti	(4.7.7.7	Corrected.
218	NC	\vdash	DOS-1160 OT - 11914	F OUT BUSYO	COYVI	
410	100		BOLT TO TO COL	or du gisse		
177	NC		Bottom Storage Sheb	ves agneors not	· lou off floor.	
	100	-	NOTES All lights	musto on to	reach	
			odequate light inte	nsity.		
			Note & Store all		dication t	
		_	trist-aid Kits in de	Sighotld Orla	0	
		-				
			Westitud Food May	note 13 Merchec	CAN A WALL KO	R
	الله الله	J	CONTEND HOOM	Die Bredec) Da much our	
				- I	11 / / / / / / / / / / / / / / / / / /	
Received by	name an	d title	printed):	Inspect	ed by (name and title printed):	
Received by	(signature	J. Co		Inspect	ed by (signature):	Sin Margid
cc:			cc:	сс:		
						7 1 1
						Page 1 of



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
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) Establishment Establishment address Owner Purpose: Follow-up Release Date Owner 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 To Be Corrected by Section # C/NC R nonvisions respected by (name and title printed): Received by (name and title printed) inspected by (signature) Received by (signature) cc:

NARRATIVE REPORT

Establish	ment N	lam	e 1'5 BP. Address 9614 SR 144 46151	Inspection Date 12-79-22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			-in use Utensils must be Stored	
			on a Clean surtain or with	
			LOLON BOT OF THOMAS.	
			Note: 10 maker 18/ds Cleaned.	
			Note: Do not Dlack hard Sink	
	7		19141 CON 1-100 2 1000 21111	
	*	7		
				= = 7.1
			* a),	
	E al _			
	8			
				7.
Received R	(Name	27	ftle) Inspected By (Name & Title)	1
//	///	/	Inspected By (Name & Title)	Page of



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 Re	quirement	s. The tim	e limit for	correction		ation is specified			of this report.
Establishme Establishme	H	gar	den	2ηω/ <u>Λ</u> Λ	d 141	termelekt	-	ne Number	Date of	Inspection /8/22	227
1274 Owner 4	US.	31 N.	914	20W00	42		Purpose: 1. Routin	e	No	-up Releas	2/18/22
Owner addr	ess Tess	00	ОΨ.				 Follow Compl Pre-Op 	aint	Summa	ary of Violat	10ñs:
Person in ch Responsible	lly		ynol	W	ig to be		5. Tempo	orary P	C	NC	A R
Corrified for	. 0		111)	one -			7. Other	(1151)	1	23	pack of page)4 \sqrt{_5}
		RE IDENT		HE CHECKL		TED IN THE		RKED "C" VIOLATIONS" AND I	N THE NARR	ATIVE BELOW	
Section #	C/NC	R	,			N	Varrative			A	To Be Corrected by
295	NC	0)	Went nech Cooki	anice ng) l eguy	roth	mac t w	es of hine of heels/o	ve s Caste	rocled	12/15/22
218	NC	V(E)	Pasta	cook	ing	las p h	kets c	contain s and)aper	res	Corrected
AM	an	l	rasket	ts an	e d	amag	red/le	ron		,	1-1
248	NE		Left SOC Ages	racke	tom.	mag	etal ged c	n lo	pla th I	top	12/25/22
	Lul and	(3)	apple	nuor	ade	DACH	100	Jamas /	eace	1-ln-	1/10/23
324	NC		The	0 0	ay	sin	e le	raks -	from	n	12/25/22
254	NC	7	thern	not	ter	lar	cres	con he	th	LOX .	12/10/22
187	8C	4	3°F D	lat (Whi	end Ne	chi unsu	de M	e mu oleh s	erve	mea	Vol. Discarded
	e/ 1	Leine	1 10	- timbe		al al		Ano	rew 1	and title printed Miller	
Received Co:	Signature): <i>[</i>		c:				lnspact cc:	ed by (signal	U Mil	ller
7											



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

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

Page 1 of

Establishment nan	ne	1000 Pto	in gri in i	e i melincide.	Telephone Number	Date of Inspection	ID#
awi	TG)	see			() Establishmen	it	
					() Owner	1222	7501
5080	40	1-1-3	5 B	10 (O) (S)	Ruppose:	Follow-up Release	
Owner				wgra	1. Routine		217 77
					2. Follow-up	Summary of Viola	NAME AND ADDRESS OF PERSONS ASSESSED.
Owner address					3. Complaint		
					4. Pre-Operationa		
n : 1					-1	C_O_NC_	0 , 0
Person in charge					5. Temporary	CNC_	R_
Responsible person	nla amai			or disease have the	6. HACCP	25 T (C	11C+
Responsible person	n s emai				7. Other (list)	Menu Type (See	pack of page)
Certified food han	dler					- I 2 3	7
Geranea 100a man	circi					123_	45
CRITICAL ITEMS	ARE ID	ENTIFIED IN	THE CHECK	LIST AND NARRATIV	E COLUMNS MARKED "C"		
						' AND IN THE NARRATIVE BELOW	AS "R"
Section # C/N	IC R				Narrative		To Be Corrected by
*HRED	IT ICET	No	r.te	ens o	oted to	da	AND THE PROPERTY OF THE PARTY O
1 400 100	701 0 1441	Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición de	Tiggin dir	a. To grank			SBC 101 NUM
			I I I I I I I I I I I I I I I I I I I	- 1			This is a
		Inc	de:	Lon:			
	_			0			
							-
	_						
						211 1111 15	1
							if the room
							-
D : 11 (1	1)			Ι _Υ	notested by (union and title toint	d).
Received by (name		brinted):	7. 1	1 ; ller	11 20 11	nspected by (name and title printed	Darner
Received by (signat	ture):	-	1	· le	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nspected by (signature):	4376
cc:			cc:)		cc:	



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

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

Establishme	nt name			Telephone Number	Date of Inspection	ID#
on the Border				() Establishment	12/5/22	
Establishme	nt addres	s		() Owner	145/22	1522
	867	115	31 N Greenwood, IN	Purpose:	Follow-up Release	na Data
Owner	0	012	AL M. BISSILVESSIAL	1. Routine	17 Indiana	12/22
O WHEE					Summary of Viola	
				2. Follow-up	Summary of Viola	uons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	1 ^ 4	
Person in ch	arge		7-	5. Temporary	c_0	R
				6. HACCP	8000	
Responsible	person's	email		7. Other (list)	Menu Type (See	hack of page)
				1. Giller (1111)	Mena Type (occ	ouch of puge,
Certified foo	d handle:	r			1 2 2./	4 5
£.	Tori		Burner		123	45
• CRITICAL			ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		V//
• VIOLATION	(S) REPEAT	ΓED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
347	NU	W	No hand towal at	the dish wash.	et honel	12/5/22
		11 11 59	sinic			11.
431	NC		The drain by th	e dishwasher is	n is	12/6/22
324	NG		The urinel in -	the mens room	n is	12/12/22
•			out of order		5	944
·	-					
			p c			
	44.0					1
				<u> </u>	7 VH 2 1 1	
Received by	(name and	title p	rinted):	Inspect	ed by (name and title printed	1): /
1	ori	7	surner memages		essy D. Bay	K35 /
Received by	(signature)	: /		Inspect	ed by (signature):	2 /
7 0	Vori	١ ر	Surper		14W) D]	My lasse
cc:			cc:	cc:	1	



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

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

Establishmer	nt name		And and then must represent	Telephone Number	Date of Inspection	ID#
VIGN	reto	W	1 Brewing	() Establishment		
Establishmer	nt addres	S	1	() Owner	12-14-22	1991
188	50	no	idison Ave Green	Purpose:	Follow-up Relea	se Date
Owner			10.3011 100,01011	1. Routine		-24-72
				2. Follow-up	Summary of Viola	NAME AND ADDRESS OF TAXABLE PARTY.
Owner addre	:SS			3. Complaint		
				4. Pre-Operational		
Person in ch	aroe	/		5. Temporary	CNC_	P
				6. HACCP	I C I I C	
Responsible	person's	email	on the state of th	7. Other (list)	Menu Type (See	hack of page)
responsible	Person			7. Other (1131)	Wiena Type (See	ouch of puge)
Certified foo	d handle	r			1 2 1 3	4 5
					123	
• CRITICAL	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
• VIOLATION	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
295	MC			nachine needs	tobe	
	distin a	11.16	Cleaned.		A SECOND	3 6 6 6 6 6 6 6 6 6
	reduction 1	7112	remaining the boosts of the second second		ni gammil ar saiva	12 VED 325H 3
					96 1 NOS T	
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		5 1 1 1 15 2 D 150000	-
	lss		u ja j. Karrini saan urii		88 T 1 107 CT	
		-				
Received by	(name and	d title	printed):	Inspect	ed by (name and title printe	d):
X	1		Groves	("(0"	SSI HALL	
Received by				Inspect	ed by (signature):	thurstern a
X	Al	4	7/		MADER	
cc:			ce:	cc:		
						Page 1 of



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

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

Establishmer	nt name		and the state of t	Telephone Number	Date of Inspection	ID#
Pin		11	ut.	317) Establishment	12-8-22	
Establishmer				() OV 500	11.	2184
1027	2	ì	1631 46143		Follow-up Releas	
Owner			16143	1. Routine		-18-27
	+	16	1. 1 1 0 110			NAMES OF TAXABLE PARTY.
Qual	My	74	to Indianapolis LLC	2. Follow-up	Summary of Violati	ions:
Owner addre	ess I		,	3. Complaint	7.	
				4. Pre-Operational	\sim	7
Person in cha	arge	0	1/.1	5. Temporary	CNC	
	ma	h	91/00/0	6. HACCP		
Responsible	person's	emai	l o militaria	7. Other (list)	Menu Type (See b	ack of page)
					4 -	
Certified foo	and the same of the		(Marro) 11-15-27		123_X	45
-	nar			OOL VINGUA SALDYTTON HOW		
			ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND IN	THE NARDATIVE RELOWA	C "D"
Section #	C/NC	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative	THE NARRATIVE BELOW A	To Be Corrected by
431	NC	IX.	The state of the s		+ Specifica	2le 12-10-2
701	140	20.04	Floor Soiled throughout Walk-in-Cooler	4 -		De 12 10-2
	1211 0			0 / / 0	der U	U
			equipment Such	2 - 10	or aust	12 21 29
4310	No		Cerling vent excess	ivel. Stil.	(intake)	12-8-22
77010	100		located above		e Oster	
		-	- W/ Spatulas &	. //	le - use	
			items such a	200 10 3 3	on portion	2 cups
346	AC		Note Soap out (@ 1 Grand S	ise	12-8-22
			Prx Fryer, Wi	rong Soap was	delivered	•
347	NC		Towello @ above -	mentioned	hand	12-8-20
			Sink			
49			Mote: Ser Soap	dispensing	tube	
			observed in 'Ci	enter bay of	3-Day	
			Seno, Ih	at bay is	I to be	
		9	used for rins	sing only		-
Received by	(name and	l title	printed):	Inspecte	d by (name and title printed)	:
DHain	nah	L	Manager Shift Wanage	1 81	i tabeth S	Chultz
Received by	(signature)):	1/ /		dby (signature):	200-
044	J-	\mathcal{N}	hiller	A Comment of the comm	catello S	2 Kults
cc:			cci)	cc:	311 211	1100-
					517-346-	
						Page 1 of/_



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

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

Establishment name \$1229 that Establishment address \$500 Smith Valley Owner Circlenvood, In 4 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)	Date of Inspection 12 16 22
Certified food handler Flygelmem Certified food handler Flygelmem CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND N		12345
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENO Section # C/NC R	Narrative	IN THE NARRATIVE BELOW AS "R" To Be Corrected by
NOTE : Meenamical (ii) Food temp (iii) fleers & walt - m co isay sint)	dut washer is work water and goed walls needs cleaning aller, the dish nashe	Clay Alve
Received by (signature): c CC: CC:	I R	cted by (name and title printed): All BLUCU Lette- cted by (signature): Mill Beh Cu.
		Page 1 of



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name POP QUALITY MEATS Establishment address 1 08 W 200 N Franklin, IN Owner KOLGAN POP Owner address Person in charge KOLGAN POP 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)	Follow-up Release A S A Follow-up Release A Summary of Violation C NC Menu Type (See ba)	1276 Date /22 Ons:
Certified food handler		12_3	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED 1		N THE NARRATIVE BELOW AS	"R"
Section # C/NC R WO VIOLYADO)	Narrative MS OB SERVE		To Be Corrected by
Received by (name and title printed): Received by (signature): Keegan V cc: cc:	Inspects Inspects CC:	gd by (name and title printed): Sm IN + ed by (signapare):	EHS



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

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

Establishment name POPZ PIZZA Establishment address Responsible person's email			MORTON ST. FRANKLTAJI MADDOX	Telephone Number () Establishment () Owner Purpose 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Summary of Violati C NC Menu Type (See b	1601 Pate /22 Ons:
Certified food			n Addleto		1_2-(3)	_45
			NTIFIED IN THE CHECKLIST AND NARRATIV OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	S "R"
	C/NC	Marie Control		Narrative		To Be Corrected by
-	sc.	~	RESTROOM COILING FAN EXHAVST NOT			12/22/20
256	rc	4	THERMOMETERS NOT SEEN/NOT CONSPICUOUSEY 12/15 LOCATES - UPRISHT FREIZER SUDING. 9LASS DOWN LOOLER, CHEST FREEZER			
218 n	IC	4	Stidting glASS dans	cooler, SHELF	COATING	1/20/23
228 r	٧	+	UPCISHT FROMER,	OHEST FOLDZING 300	NOT	12/30
	1,000		nat Alana maka	6°	m x X m br e m y	onto a dispersione di dispersione di di
D		1 44 4		Home	eted by (name and title printed)	
Received by (market) Received by (si	n	W	addox	Inspec	Bb SmiTH Cited by (signature) 77 Bl SmiTH	
ec:			cc:	cc:		Page 1 of



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

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

Establishmen	t name		V 850	Telephone Number	Date of Inspection	ID#		
Rall	110		47208	() Establishment	12-9-22	2287		
Establishmen	t addres	s		() Owner	12 (-22	2 0 /		
839	1 /	/<	31 46/42	Purpose:	Follow-up Releas	e Date		
Owner	-c	10	14172	1. Routine	11	-19-20		
Men	b	2 1	s drive in restaurai	2 Fellow w	Summary of Violat			
Crue C	Re	10			Summary of Violat	10115.		
Owner addre	SS		inc	3. Complaint				
				4. Pre-Operational		1/		
Person in charge		5. Temporary	C NC_NC_	/ R				
10	C	10	el Marie	6. HACCP		10.401.1		
Responsible p	erson's	emai		7. Other (list)	Menu Type (See b	Menu Type (See back of page)		
0 :51.16	,				a disselat			
Certified food	handle				123	5		
- CRITICAL I	1	\sim	NENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	AS "R"		
Section #	C/NC	_		Narrative		To Be Corrected by		
324	0		2011		professiona	12-14-22		
25-1		TE-T	cleaning, Provide		eceipt	West -		
2	Tare To	(2)	to eschultz@co.	. 0 1 1		often 1.8		
				an.in.us	1	,		
431	NC		Floors are Soile	1 thrusult	- throughous	12-90-2		
/			Ascilito - und	es equesme	it, (a)			
		-	Strive-thru,	under Sto	re room Si	relie		
431	NC		South ice bin used	d to Store l	iquid	12-9-22		
/			flavoring is	excessively	Doiled			
402	402 NC Shirested eplastic bun racks 12-9-23							
used as dunage rack makes								
1/2	1/-	-p 3	ploor not	easily Cl	eanable	10 0 0 0		
430	NC	152	Broken shelf	- in wal	10-11-	12-9-22		
Cooler and a drive -thru								
118	<u></u>		More Certifical	good nand	lei			
	-		left employs	new Taa	ys ago			
			0			1 = =		
Received by	name and	title,	brinted):	Inspect	ed by (name and title printed)): 0		
O RI	ach	re)	Maxie	61	izabeth	Schultz		
Received by	signature,	1.	11/2/20	Inspect	ed by (signature):	11 11		
p - V	nee		Will the state of	7. l	inabeth	chalty		
cc: T		-	cc:	cc:	2 2111 11	277		
<u></u>				131	7-346-4.	5/5/		
						Page 1 of/		



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 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 ID# THE MINT) Establishment Establishment address) Owner Purpose: Follow-up Release Date Owner 1. Routine CORY O'SULLTUAN Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary OSULLIUAN CORY 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler NOT 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 To Be Corrected by C/NC R Section # ITAZARDOUS FOOD NO In 324 NC D KITCHEN EXHAUST COURS OUSTY cc: cc: