

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

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

Establishment Samtation Requirements. The time mint for confecti	on or each violation is specified	in the narrative portion	or tins report.
Establishment name  Catheria  Establishment address	Telephone Number  ( ) Establishment	Date of Inspection	1D# 105
1800 Northwood Plaza	( ) Owner	/ /	
	Purpose:	Follow-up Release	Date
Owner / / / /	1. Routine	yes 11	/19/22
I JOM S'ELLE	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint	ľ	
	4. Pre-Operational	1 1	1
Person charge, 1 0 .	5. Temporary	C NC	P
John Halia		C	K
	6. HACCP	N T (C-1-	1-1-of 1-1-1
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
			/
Certified food handler		13	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
187 c Vothree door rea		2/	11/9/22
contained auro	meat at 48	of and	1/1/22
meat item ( 50°	Frenc ac 10	1 Wha	ANTALIZED
	itained egg	product	(ap axen for
Survo Cooler cor	at 440r	pracuce	
(3) Whole cooked	1 Proposition	states	i i
1 2016	to 107°F at	L	
measured 99°F	flat top gril	0 (cm =00)	
The last Plan	Cardinate	contained	1
Cottage Charles	at 48°F		
egg product	1+ 48°F	0160	
egy produce o	407.	nonthrene a	
notes:			Honge to 1
1244011 444 1	ulinait Time	11	
Owner well s a Public Health	Contral Plan	1 1 0 1	
Salad Bar.	o wine mu	700	
Salaa Dar.			
Received by (name and title printed):	1.	ed by (name and title printed, VPW Miller, EHS	// 0 0 / / / / / /
Received by (signature):	Jaspect	ed by (signature):	10 11
ly )		New Millor,	MAKEELL
сс: сс:	cc:		and the same
		2	

## NARRATIVE REPORT

Establish			e Address , O/	Inspecțion Date
ati	renz	1	1800 Northwood Plaza	11/9/22
Section#	C/NC		REMARKS	TO BE CORRECTED BY
431	NO	1	wall behind the dish machine is	11/11/22
			Soiled and floors and walls in kitchen	) 1
295	NC	V(	The machine in bour Orea is	11/11/22
		_	Soiled	
		VC	The state of the s	
795	N.C.	7.	Soilld.	11/12/22
C-15	100	•	5 soiled and inside bottom of trigidance	7/12/22 Fresher L
796	NC		10 50/10 A Sold De 15 Soll de 19 19 19 19 19 19 19 19 19 19 19 19 19	11/12/22
795	NC	47	many over anskets on fairinment	11/12/22
2.5			need & lemed	11/12/12
218	N		Observed in build up inside walk-in	12/1/22
			reezer and door seals torn on salad la	$\omega$ $\perp$ .
295	NC		many Shelving Units are Soiled in	Hy 12/11/22
295	NC		Interior of Deer Cookers are Soiled	11/11/22
451	NC	V	women's restroom to lets fill grand	11/9/22
431	NC	V	Mellis restroom toilts ruld aloned	11/9/22
324	NC	ν	Mot Water temperature in men's nestroom was 128°F and cooking	Adjusted
			hand sink was 147°F and cookline	hot water
			y aura Serce Was 111 P	Corrected
				Correction
		- 1		
			MINTER CONSENDED ? HOOK STAND LOUIR	CCXVector
			0 COK WI OF 47/430F. HE COMM	and contine
			to be twined down to near 35-38°F	
	S		NOTE: CRITICA TILL IS MISSIN DY WINK-IN-	
			treezer.	A : >
Possing d P	CNI	0 7	Jemperature logs are maintained by the Inspected By (Name & Title)	fun
Received By		۵ ۱۱	inspected by (Name & Title) (indiew Miller EHS)	Page 2 of 2
State Form 48	3621 (R2	/ 8-0	A-N	



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

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

Establishment Saintation Requirements. The time mint for concen-	on or each violation to specifica i	in the marrier portion of the report	
Establishment name	Telephone Number  ( ) Establishment	Date of Inspection ID#	
Bar Louie Establishment address  Greenwood W	( ) Owner	11/7/22 1926	
Establishment address $1251 U 5 31 N Greenwood 1N$ $46 142$	Purpose:	Follow-up Release Date /	
Owner 70112	1 Routine	No 11/17/22	
	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	-)	c_0_Nc_4_R	
Daniel Bernett	<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	C_V_NC_/_R_	
Responsible person's email	7. Other (list)	Menu Type (See back of page)	
responded persons chian	7. Other (usi)	Within Type (See Ouck of page)	
Certified food handler		1 2 2 1/4 5	
Daniel Bennett		12345	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH</li> </ul>	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"	
Section # C/NC R	Narrative	To Be Corrected by	
431 NC OMichanical exhau	est hood be	eters 11/19/22	
	okena enga	ment //	
Va Felon drains	souled in	bar area. 11/10/22	
ENDO and Mech	anical dish as	rea , 1	
3 Filon under	elyument	Soyled 11/7/22	
in low area	gogn		
295 NC OBlue ICE SCOOD	holder soil	led at Corrected	
large ice mach		1	
3 Walk-in-coole	r green shel	vina soiled "/19/22	
3 Exterior sides	and casters &	oiled 1	
on cooking earing	ment	and area was a first arranged	
@ Compression les	reto soiled on	Some	
refrigeration uni	to	and a minerage contribution	
	hand sirk		
leaps and ho	t water m	reasured	
148°F.		th area 12/21/22	
399 NC & Grout work needed in dish area 12/2			
and mop sink		nside	
mop sink basin	Januaria.	d by (name and title printed):	
Received by (name and title privated):	1	drew Miller EHS	
Received by (sign) ture):		d by (signature):	
1		drew Meller	
cc:	cc:		



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

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Establishment Samtation Requirements. The time limit for correct	ction of each violation is specified	in the narrative portion	or tins report.
Establishment name  Coy Horse NN	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishment address Green		11/2/17	19119
1468 W Stones Crossing	Purpose:  1. Routine	Follow-up Release	Date 3/7/2
	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational	0 7	
Person in charge	5. Temporary	c Nc	R
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See b	ack of page)
responsible persons email	7. Other (tist)	Wienti Type (See O	ack of page)
Certified food handler		123	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE CHECKLIST AND NARRAT		N THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
Date: Feach at Emp: Empired Department of the Color of th	ancer test si	OK. Stord up	
Received by (name and title printed):	Inspecte	ed by (name and title printed)	
Received by (signature):	Inspecto	ed by (signature):	niges will
cc: cc:	ce:		



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

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

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: Release Date 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 Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc: cc: cc:



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

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

230tttoxioxiii	ciii cuiii		a requirementor and the time and to control	or or their residence of their		T
Establishme	nt name	2	ds	Telephone Number	Date of Inspection	ID#
Establishme	The second second second			( ) Establishment	11/9/22	2047
			ST. Pranklin, In	( ) Owner	7	
Owner	KI	7	A1. (11/10)03/1-12	Purpose:  1. Routine	Follow-up Release	19/22
1	50	RY		2. Follow-up	Summary of Violati	
Owner addr	Charles Service Service	4./1	b .	3. Complaint		
				4. Pre-Operational		^
Person in ch	arge	n Loui	A tree of management	5. Temporary	CNC	6 R
and in a	THE	CC.	SA HAZLOREN	6. HACCP	tes folias our justyl	a alaphaga
Responsible	person's	email	Le l'Ileant-skalik a namer la fin il lu	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	nd handle	er e			- The El Agundanopean	
	Ter	3.05	A HAZLORAN		123	4-8-
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		-
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		O IN THE NARRATIVE BELOW A	
Section #	C/NC	-	1	Narrative	00 5	To Be Corrected by
187	e	7	INTERNAZ FOOD	remperation	RE OF	Food STIPM
- N 1 - N - N - N - N - N - N - N - N -		77.6	RAW FISH, CUT (		489F-49°F	1119/20
			NOT AT 41°F OR	110 200 100 200 100 100 100 100 100 100	187-11	ND AZON
						1
239	NC	×	BASEMENT AREA-	BOX OF SIN		11/11
		-		OFF FLOOR	MENTEMBER	
			OF 6 proxes			
H31	NC	$\times$	FLOOR DV AREAS		(BASEMONT)	11/18
	-		Beton distinguis	TO WALL	OR, BAR)	
218	NC	0	Some Areas wext		R JOOR	12/9
0110	1		ACROSS From gATTL	10 10 10 10 10 10 10 10 10 10 10 10 10 1	( 800)	
399	NC	2	FLOOR, WAZE TILL	WORN IN	ARURS OF	12/30
			FITTCHEN			
411	NC	4	(1) LIGHT OUT ON	EXHART HOOG	111	11/18
399	nc	4	WAZL CONDIDAY (SHEET A		telled, CAOLKOD	11/21
			NEXT TO gill so	KATCHEN		
Received by	(name ani	d title	brinted):	Inspe	cted by (name and title printed)	: -
So Te	Ves	0	Halloran, Gene	rol Manager (	306 Smith.	BHS
Received by	(signature	): 	1	Inspe	cted by (signature);	>
cc:		/	сс:	cc:		
1			1	1		



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

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	CIII OUIII		in requirements. The time mine for correct			
Establishme	nt name	(	yahoon aughmaan alkumasug sa mio maas	Telephone Number	Date of Inspection	ID#
Establishm		0	Ottel.	( ) Establishmen	11118177	1591
Establishme	addres	S	Oc Company was	( ) Owner	11110166	1001
Owner	INA	1	VIV Sharmong.	Purpose:  1. Routine	Follow-up Releas	e Date
Owner				2. Follow-up	Summary of Violat	ions:
Owner addr	ecc			3. Complaint	Summary of violat	ions.
owner addi	C33			•		
Person in ch	atroe			4. Pre-Operational 5. Temporary	C NC	R
r crson in cr	arge			6. HACCP	C_NC_I	K
Responsible	person's	emai	I on a figure of the state of t	7. Other (list)	Menu Type (See I	back of page)
	1			Harlis a man	to the latting in	7 P. 89
Certified for	od handle	r			12_33	45
• CRITICAL	ITEMS AT	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
ł			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
145	NC		Observed Wet	Niping Clot	as not	
	20. 1116		Stored in Somitize	- Bucket.	19/16 V. 1 10. 31/10/16	- 1.1.
		_	. A C 4 A C F (4 A)			Will 1890
-		-	Note: Com All th	Q. ( 100 ( 100 ) ) 1 5 5	inside codler	
	<b>†</b>		Mits Should be 80	Sila SOLO	inside Water	1
-		-	Common of the co			
	-	_				
		-	and six and the same and see of books		- Inch	1
		Line Le	Land the state of	. 1		701500
		_				
		-				
-		-				
Received by	(name and	d title	printed):	Iş	repected by (name and title printed	<i>i</i> ):
>	C	918	printed): b Shaw Shift Rad	o of	1035/ Hall	evr nowê 👢
Received by	(signature	1:1	um	It	respected by (signature):	इंग्रिक्की स्व
cc:			cc:		cc:	
						Page 1 of



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

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

Establishme	nt name BLIVE	, (	CAZTUS & TROUTH BAR	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishme	-	THE REAL PROPERTY.	Cition of the other		11/9/22	2349
	ne merene.		W. SOFFEISON ST. GANKLIN	( ) Owner Purpose:	Follow-up Release	
Owner			4	1. Routine	Tonow-up Release	119/22
			miras	2. Follow-up	Summary of Violati	1
Owner addr	ess		(1 - 1 ) 2	3. Complaint		F
				4. Pre-Operational		
Person in ch	arge	n i ne	ATTEMPT - description of the most field of the	5. Temporary	C_O_NC_	7 R
1	FSM	Are	L MUCITO	6. HACCP	te seataod detail	
Responsible	person's	email	dons from Jones a common of the description	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handle	r M ×	e mvetto		123(	4 P)5
• CDITICAL	-		ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
• VIOLATION			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ID IN THE NARRATIVE BELOW A	S "R"
Section #		R		Narrative	0 1	To Be Corrected by
295	NC	0	DUST DE OF THE MAKE	R NOT CLEAN	(TOP DIP Edge)	11/12/20
347	arc	(49)	JUSTAGOF TO MAKE ASSPOSABO TOWELS HANDSTOK, KITCHER	NOT PROFO	ted BAR	Visualization 2
	-		HANDINK, KITCHER	HANDENK,	BITCH RUSINGOI	-1/11/
324	nc	<b>2</b>	BAR HANDSINK OR	TIN LOAKING		CO CRECTED
-0.	,					11/9
324	pic	0	COLD WATER NOT	AVAZZABIO AT	FAVORT	11/28
201	1		SASHWASHING AREA	con a Ctalk	1.000	11/28
399	NC	×	BOARD ON TOP OF	mop store	WORN	11/08
351	NC	~	on womens restra	com WASTE	CONTRINER	11/18
			WATH LAD NOT PR		2.117	mba
202	mic		I was person I the wat of	2000)		11/10
392	NC	82	dumpster Lid NOT C	10 350		77710
	1					
9"						
D : 11		1 cul.	total D	Lace	sected by (name and title printed)	
	nae	1	Minica):	, the last of the	Bob SmiTt	1 278
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cc:			cc:	cc:		
						Page 1 of
						rageror_'



#### 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#
B.	1.3	1	Restaurant	( ) Establishment	10/20/22	
Establishme	nt addres	s		( ) Owner	10/20/	1344
12	51	N- 1	19 31 Greenwood,	Purpose:	Follow-up Release	Date
Owner				1. Routine	16	130/22
				2. Follow-up	Summary of Violation	Control of the state of the sta
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch		-		_	0 0 0 2	
reison in ch	arge			5. Temporary	C O NC 2	R
Responsible				6. HACCP	76 T (C 1	1 ( )
Responsible	person s	emau		7. Other (list)	Menu Type (See ba	ick of page)
Certified foo			A. Vogel	Management of the second secon	123∠	_45
			ENTIFIED IN THE CHECKLIST AND N	JARRATIVE COLUMNS MARKED "C"		
				TED IN THE "SUMMARY OF VIOLATIONS" AN	ND IN THE NARRATIVE BELOW AS	"R"
Section #	C/NC			Narrative		To Be Corrected by
293	Ne		doe of the	e dishwasher is ish room it very c	solled.	10/20/22
			D	ish room it very c	ongested-	Section 1
		1-211			- 1.14	P. CANAL
295	NC		Beer leng	racks are soll	al —	1.0/30/22
			,		# 1	
			Note:	varye sarifizer,	1 1 1-	
			ch	varye sanititely	Bucket-	
	-					
Received by	(name and	title p	rinted): A - Vogel	Insp	pected by (name and title printed):	Bay less
Received by	(signgture)	a	Vorar	Insp	pected by (signature):	(m
cc:			СС:	ces	: //	



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

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

			1		1	A		
Establishme			of nor parents be enjoyed onto	And the contract of the contra	Date of Inspection	ID#		
1500	vol	) (	Flansh	( ) Establishment	11	5 -		
Establishment address			•	( ) Owner	11-4-55	Lyns		
200 W Main St			main St	Purpose:	Follow-up Relea	se Date		
Owner			Greenise	1.9Routine	11 000	1487		
			(, &, )	2. Follow-up	Summary of Viola	tions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational		4		
Person in ch	arge		in and the Result	5. Temporary	CO NC	$C \bigcirc NC \bigcirc R$		
200	81.04			6. HACCP	0	True -		
Responsible	person's	emai	Tomos fees - Transa et a case a finalis	7. Other (list)	Menu Type (See	hack of page)		
Гсеврополого	Persons	CITICI	all references the risk	7. Other (usi)	Wienu Type (See	ouch of pages		
Certified foo	od handle	r			1 2 2 2	45		
					123	45		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARI	RATIVE COLUMNS MARKED "C"		1000		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative	1256	To Be Corrected by		
	vibalies:	R. T.	No Hems	noted too	Lan	SZERBIXA.		
Dinian	hedind	3011				THE PERSON AS		
			SHALL IN THE IN					
			Thank you					
	-	_						
	-	_				_		
	_	17.74				La Mineratoria I		
	2000	1111	C. N. Barrier Commence		The state of the s	soft factor		
	Han	1110	7 34 100 10 0160	5 3 3	-31.6	- 11671).		
-			I was vere	min >2	795	J 1161		
			Back door c	me and	so one			
	<u> </u>		) 000000	De , and of	)0.0			
			hore left	EDV-C+ D.	coffee m	- Des		
				1901				
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

			in requirements. The time mineral contents	n or each violation to speed	med in the market of portro	- or more port
Establishme	nt name	_	Region Lil. 1997	Telephone Number	Date of Inspection	ID#
1)0	PA	10	~~~	( ) Establishment		7
Establishme				( ) Owner	11-1-2	2 2144
159	M	CA	ri- W Greenwad	Purpose:	Follow-up Release	se Date
Owner				1. Routine	1-D 11-	-11-12
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	narge			5. Temporary	CNC_	R C
				6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See	back of page)
	1		4 1	7. Other (mst)	Micha Type (occ	such of pages
Certified foo	od handle	r			1 2 3	1 × 5
					13	4_/5
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEAT	ΓED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	]	Varrative		To Be Corrected by
150	N		Work on chan	no all +1	over avea	s under
		1	eguinment in	Willing fi	and Vair	\$
			1	, C		
431	N	_	Remove dust &	de bvis to	rom Geilin	& vents
76-			12 2 3 7 6		- 1	0
247	N		Chan dow sash	et on le	ach in ce	ders
210	10		Repair Condin	rent (ail	rowley	1 1 2
CIR	100		Ideas seres	-ac foolar	- GCD ic	1 Aug
			( enaved		) VITIC	
	7		7 700		- Hare	to
425	NO		Clean all dust	rows	Tola	~ A
	-		N. 4. T. S.		3	
415	N		txterminate &	male 11	rës 1	
			1			
			I have you!			
D : 11				Tr	11 ( leith tint	7) .
Received by	(name and			Ins	pected by (name and title printed	. (
Pagaina d bu	101		OTZUROIC	Inc	pected by (signature):	Novem
Received by	(signature)		OI MANNIN COX	ins	pected by (signature).	12710
cc:	10	ン	cc:	co	7 7 7	1710
			J U		<del></del>	



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

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

Establishment name  BOTAKS  Establishment address  377 E JLFFEGON ST. FRANKLIN, TOWNER  Owner  Owner address  Person in charge  GTEG GILLI  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 Releas  Summary of Violat  C NC	2 1365 e Date /25 /27 ions:
Certified food handler  Certified food handler	IVE COLUMNS MARKED "C"	123(	4405
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW A	s "R"
Section # C/NC 32	Narrative		To Be Corrected by
218 NC & KTIZHEN - da	OR GASKET WOR FRIZE (AFOR	NSPLIT	12/15/22
431 pc = FLOOR UNDER GR TO WAZL KOT FLOOR MET AFOR JOHN K OF MIN	CLEAN	(a)	11/23
Received by (name and title printed):  Received by (signature):  CC:  CC:  CC:	nion	ed by (name and title printed BEB Sm 1 VH ed by (signapage):	Page 1 of



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

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

Establishment Sanitation Requirements. The time limit for correction	on of each violation is specified	in the narrative portion of this report.
Establishment name SPO ECKS #1818	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment address	( ) Owner	11113 100 100
56 E DEFFESSON ST, FRANKLIN, FB	Purpose:	Follow-up Release Date
Owner	1. Routine	11/85/00
BPO ELKS	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
D	·	C O NC   R
Person in charge GORDON PRINE	5. Temporary 6. HACCP	C_O_NC_T_R_
Responsible person's email	7. Other (list)	Menu Type (See back of page)
4 2 's limb	7. Other (1131)	incha Type (see such sy pugs)
Certified food handler		1 (6 43)) 4 5
CHRISTY RAINCY		1
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "R"
Section # C/NC	Narrative	To Be Corrected by
239 MC & mecHANICHE JISAM	ACHEME - dISH	RACKS 11/18/22
NOT STURED OFF	FLOOR - ME	NIMUM
OF 6 sheres a	OFF FLOOR.	IN BAR ANDA
MECHANICAZ UL		let (1K)
NOTO WATER SANITIZE	79700 Pempes	Aruse
AJEQUATO 160°F SURFACE (W	OR MORE ON	PEATE /UNENSITE
SURFACE (W	AS 164°F)	
		200
- I di ne or i sensolo les par		The state of the s
ne seem gil in heit is not in high		
The line Whe may source as a second at sheet		and the second second desired
		inquest
Received by (name and title printed):	Inspecte	ed by (name and title printed);
Gordon Prive	Miles and a series of	Bob SMITH EXS
Received by (signature):	Inspecto	ed by (signgture):
Dordon Trus		El Smo ()
сс: сс:	cc:	
		Assets.
		Page 1 of/_



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

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

Establishment name	Telephone Number	Date of Inspection	ID#
Bucca di Beppo	( ) Establishment	10/20/22	897
Establishment address	( ) Owner	10/20100	8-1
659 US 31 N Greenwood, IN	Purpose:	Follow-up Release	e Date
Owner	1. Routine		30/22
and the second second	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
G what induces	• •		
n · 1	4. Pre-Operational	A	_ ,
Person in charge	5. Temporary	C 6 NC 6	R
	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food/randle;			. 1
Certified food/findler		123	_45
CRITICAL TEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAY	TIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative	ALL SOLD STREET, STREE	To Be Corrected by
324 NC - Pizza room has	nd sink leaks.		10/36/22
		-15 diffy,	10/25/22
under		/	
295 NC - coster I wheels 7	on the line	<u></u>	10/25/22
edvipment 15 -1	very duty.		
	12 12	11 0.11-	1/11/11
413 NC V - The back door [ex	ill is not fig	iht fitting.	11/20/22
295 NC - mold was noted o	on the dishtable	a collete	10/30/22
7.074 7000)	loor is soiled.	Lautking	10130120
431 NC The bar room for	the 111k]		
Wind	71		
		7	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Cake Bake Kreations, LLC  Establishment address  [251 US 31 N. 46142]  Owner  Shirley Folks  Owner address  Person in charge  Shirley Folks  Responsible person's email			Telephone Numb (3/7) 529 star  Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	455 	Date of Inspection      -   8 - 2   2  Follow-up Relea    No	2 24/3 use Date - 28-22 utions:				
0 10 10						-	- Callet (may	-	intend Type (see	ouch of page
Certified foo	handle	7					, , , , , , , , , , , , , , , , , , , ,		123	45
							E COLUMNS MARKED "C"		THE NARDATINE BELOW	AC UDU
	C/NC	_	ROM PREVIOU	S INSPECT	IONS ARE DE		E "SUMMARY OF VIOLATION Narrative	S" AND IN 1	HE NARRATIVE BELOW	To Be Corrected 1
	-/									zo de contecteu i
	25.		n	9 4	rioli	rtion	v noted	P	04)	
			£	us	ins	section	e noted	1		
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Th	1 7	N	0)				-		brew mi	(ler, EHS
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

_					
Establishme Establishme	ulas 2 1	Neiwan Pestal	Telephone Numb Establishm  ( ) Owner		2497
2245 Owner	Sheek k	d IN 46/43	Purpose: 1. Routine	Follow-up Release Ves 12  Summary of Violate	9/22
Owner addr Person in cl Aud Responsible	1		2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)		8 <sub>r</sub>
Certified for	y estras	la		123	4 5_5
		ED IN THE CHECKLIST AND NARRA		" NS" AND IN THE NARRATIVE BELOW	AC IIDII
Section #		VIOUS INSPECTIONS ARE DENOTED IN	Narrative	NS" AND IN THE NARRATIVE BELOW.	To Be Corrected by
295		naile too A	100 make	an anilad	11/30/22
290	NC OS	tub attent	ing of hand	Allimant	11130122
	114	of coiled	ny relative	guymnerce	
	(3) 7	a social dom ) m	es tables as	nd Rosa	
	Tu	odom cooler	i condens	er soiled	
	(A) B	and sodil one	1 and I non	sle soiled	
431	NC OB	ELIFERAGO, St	ation) 110	200 (Right)	11/30/22
101	1	Olled		C. J.	1
	(2) VI	tchen Report	INAINA SOL	000	
	3 Fi	loon donum	criled at	server areas	· -,
218	NC OW	alk-in-cooler	door seal	torn	12/29/22
	(A) 7	vater noted.	inside cle	ar dome	111
	CD	vers for wa	ex-in-coole	2 lights	+1
	(3) \$7	runers (2) we	th handle	s damageo	12/8/22
228	NC V Ja	eble large	storing fla	it top grill	
	no	it lasely me	valles 0	, 0	1, 1
324	NC V Sp	ray nepples.		timuous	12/10/22
	pre	essure Eattach	ed to wat	es line	, ,
		nder 3 lay	sirk		
1	(name and title printed):	nod		Inspected by (name and title printed AN AYEW MIV	er EHS
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NARRATIVE REPORT Greenwood

			MARKATTE REI ORT GIEGIWOOG	
Establish	. /)			Inspection Date
<u> </u>	ila		Sinh	TOBE
Section#	C/NC	R	REMARKS SUITE J	CORRECTED BY
187	C		The following internal product	Corrected
			temperatures were measured	101
			While stored inside a table	Discarded
		$\sqcup$	refugeration units	
		$\vdash$	(2) Shredded Cheese 63°F	
-		$\vdash$	Jonet Hill moted the while	
		Н	Of was model of while	
130	NC	H	TIVERS YMPITY CAPINOT, IN	12/25/22
		П	stored directly over a floor	Replace
				or W/moto
			Clearance at the teal beverage	1 tables
			Station	<u></u>
234_	NC		Bar ice scop and server	Corrected
			Station ice scoop handles	
ວມໄ	^		Louching ready - to-eat Ice	C 212 22 2 2 2
344_	<u></u>		Bar hand sink was storing	Corrected
		H	a mat a drain stopper for	
		$\vdash$	Blay sink and a small	
284	NC	H	Mechanical dish machine wash"	11/30/22
<u> </u>	100		temperature read 110°F, not 120°	
			gaige	call for
			Note: Some live small winged	Drepa
			insects seen around tea/beirhage	
		$\square$	station floor drain.	
		$\sqcup$		
		Н		
		$\vdash$		
		Н		
		$\vdash \vdash$		
		$\Box$		
		П		
		Ш		
		Ц		
			/	
Received B	y (Napré		1/1 $1/1$	Page <u>2</u> of <u>3</u>
State Form 4	1	<u> </u>		



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

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

Establishment name  CECHEV GWOVE, COWO  Establishment address  2340 5 SR 135 GWEENWOOD.  Owner			E 135, Gurenward.	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up	Date of Inspection ID#	
Owner address  Person in charge  Responsible person's email  Certified food handler				<ul> <li>3. Complaint</li> <li>4. Pre-Operational</li> <li>5. Temporary</li> <li>6. HACCP</li> <li>7. Other (list)</li> </ul>	CNC	R  pack of page) 45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		J THE NARRATIVE BELOW A	AS "B"
Section #	C/NC	_		Narrative		To Be Corrected by
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#### 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#
Chicagos Pizza	( ) Establishment	
Establishment address	( ) Owner	111 927 7355
Owner Greenwood	Purpose:	Follow-up Release Date
Owner (35 and Detail	1. Routine	NOO 11 1977
CIV EST COSTO	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$C \bigcirc NC \subseteq R \bigcirc$
r cison in charge	6. HACCP	C S NC NC
Responsible person's email	7. Other (list)	Menu Type (See back of page)
responsible persons eman	7. Other (usi)	The same of the sa
Certified food handler		1 2 3 4 5
		12545
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		
Section # C/NC R	Narrative	To Be Corrected by
431 No Clean the pizz	ia oven e	lacy templa
431 NE Flow wear a	se showin	n signs of
Good builden	e vistan	a consent of
along wall do	las - ci	ear
0	0	
297M Work on Jemon	pood priv	by bles on
preptuble 5V	Mary	0
20-10	L 1 1 1 1 1 2 5	17 ()=
297 R Peneve mold	Tall our or	1 White Flap
1 mide ja ma	ncm?	
	edia a su a	and the state of t
Thank you!		A Baltimon L. I
Province I by (come and title trained I):	Inches	ted by (name and title printed):
Received by (name and title printed):	Illspec	en mer librar (
Received by (signature):	Inspec	ted by (signature):
Nalhan Sheets		W 346 4376
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		1	1
Establishment name	Telephone Number	Date of Inspection	ID#
Chicago's Pizza with a Twist	(317) 3.613 HIS 81991	11/1/22	2391
Establishment address Greenwood, IN	( ) Owner	11/1/22	2711
997 E. Co. Line Rd 46143	Purpose:	Follow-up Release	Date
Owner	1. (Routine	A CONTRACTOR OF THE PROPERTY O	11/22
Harjap Singh Dhillon	2. Follow-up	Summary of Violati	NAME AND ADDRESS OF TAXABLE PARTY.
Training string in Unition	*	Culturally of Violati	
Owner address	3. Complaint		
	4. Pre-Operational	2 1	Λ
Person in charge	5. Temporary	c_2Nc	R
Har ap S, Dhillon  Responsible person's email  (Con GG From	6. HACCP	I go mangger of	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Sen Safe Exp:	MIRCH IN A TOTAL	enterripor	Sun Sun
Certified food handler 1 11.11. 10/12/25		1 2 3 🗸	4 5
Hariap Singh Dhillon 10/12/25			
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 I	N THE NARRATIVE BELOW A	CONTRACTOR OF STREET
Section # C/NC R	Varrative		To Be Corrected by
346 NC Hand sink mext	to one bar	1 Sink	11/3/22
347 NC lacked hand soa	so and page	er towels	11/3/22
345 c Hand sink next'	to one ba	y sink	Corrected
was blocked by	a shelving	unit	7117122011
and was storing	unused bev	erage rack	
	on seals (s	ome are	11/25/22
295 NC tolo and soile		1	
112 NC Magic Chef preezer			12/1/22
256 NC approved and	no thermom	eter seen	11/1/22
430 NC Back alley door	rubs the	door fram	1 / 1 .
324 NC One bag Sink	leaks from	n rue	11/11/22
areas of the	neck 0	0 - 5 - 1	
		from	V-16: 706
middle drain l		100 000 10	1 1 1
431 NC Floors, walls, cell		in areas	11/3/20
	rea contains	trash	11/3/22
187 C Voquet made in -he	Outo Magazia	1 66°F	Corrected
	ouse measured	ature inside	1 1 1
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Harjap SINGH DHILLON	1	drew Miller.	EHS
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		A control of the cont	Telephone Number	Date of Inspection	ID#
	Chi	na	WoK	( ) Establishment	11/29/22	2417
Establishme	nt addres	e		( ) Owner	11/211	2411
20	00 8	• .	Emerson Ave	Purpose:	Follow-up Releas	e, Date
Owner			Emerson Ave Greenwood, IN	1. Routine	12,	e Date
			The state of the s	2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint	~	
				4. Pre-Operational		
Person in ch	arge		1 ÷ w	5. Temporary	C/_ NC	2 R
				6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)
Certified foo	.1 1 11.		10		1 1 1 1 1 1	
Ceruned 100			Has LIA 2026  ENTIFIED IN THE CHECKLIST AND NARRATI		123	45
• CRITICAL	AND DESIGNATION OF THE PARTY OF		ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	The second secon	
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
5x.		8 (	, , , , , , , , , , , , , , , , , , , ,			
187	C		pre gared egg rolls		106171 SP	11/29/22
			temperature.	must maintain	4 hem at	
7.15	2.5.4		41 or helow.	5 A Kh.	1.1.1.	11/29/22
245	NC		Wet wiping cloths		olution	11/29122
			use not stored	241171201	0/4/10/1	
245	NC		Storage, ghelves	by the 3-	bay SINK	11/29/22
			are soiled			
		-				
		100	n o h k l see al sella a		0	
		-				
Name of the Adolf Street or Add					79	
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishma	nt name	Contract to		Telephone Number	Date of Inspection	I ID#		
Establishment name			10	( ) Establishment		ID#		
Establishment address 10 N. Morton & Franklington			K		11/28/22	153		
			ton A. Example nIN	( ) Owner				
			70 7	Purpose:	Follow-up Release	Date		
Owner				1. Routine				
				2. Follow-up	Summary of Violatio	ns:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	C () NC ()	R		
	8-			6. HACCP	0_0_110_0	C() NC_() R		
Responsible	person's	email			Mana Tama (Saa ha			
Responsible	persons	Cilian		7. Other (list)	Menu Type (see oa	ck of pages		
Certified foo	d handle				.,			
Ceruneu 100	d Handie	L			123	45		
• CRITICAL	ITEMS AT	EID	ENTIFIED IN THE CHECKLIST AND NA	RRATIVE COLUMNS MARKED "C"				
				ED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS	"R"		
Section #	C/NC	_		Narrative		To Be Corrected by		
			and the second of the second o					
		12.	The state of the stage of the s	9. 16	-1 HEB 1 - V	PERMITTED :		
		10	"No	polations				
			No C	7.074.070.		The Control		
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					ALCONOMICS OF THE PARTY OF THE			
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				. 1				



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

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

Establishment name	Telephone Number	Date of Inspection	ID#
CIRCLE K 121	( ) Establishment	1 8	
P 111 11		11/3/22	686
2105 E KING A. FINKUN, IN	Purposer		
Owner	1 Routing	Follow-up Release	113/22
	2. Follow-up	Summary of Violati	
Owner address	-	Junimary of Violati	0110.
Owner address	3. Complaint		
	4. Pre-Operational	c_O_NC_	7
Person in charge WILLIAM Wood COCK	5. Temporary 6. HACCP	CNC	/ R
Responsible person's email	7. Other (list)	Menu Type (See bo	ack of page)
Certified food handler		1(2	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT.	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TAXABLE.		ID IN THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
392 NC OUTSTAR OUTSTAR	- LID NOT CCO	Sod,	11/5/22
394 NC TRASH ON groun	rd on enclos	urd	To POLICE TO SERVICE TO
a contract of the contract of	00 - 00 - 10	C12 1 1212	11/0
351 NC & RESTROOM - CONE	er not Proutded	FOR WASK	///8
CONTRALIER			
2-56 NC & SHED/BARN - THER	MONETER NOT S	æn	11/8
DN CHEST FREEZER			
			/13
FLOOR NOT CLEAN D	Room, FLOOR	BY CUSTOMER	11112
	ROOM, FLOOR	BY FROSTER	loh
UNIT			1
295 NC DENSITOR OF FROST	TER UNIT CABA	AT &	11/10
BUCKETS NOT CLEAN	oral char	0	7.77
291 NC .			1
QUAT SANITIZE		FOR QUEST PEST	STRUS 11/10
BLEACH AV ANDLABLE			TSEEN
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Received by (signature):	Insp	pected by (signature)	uninverd
	cc	me on.	
ce: cc:	l cc:		1
			Page 1 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

Establishin	iem Sam	tatio	n Requirements. The time limit for correction	on of each violation is specifi	led in the narrative portion	n of this report.
Establishment name			er i masur gran i garan en	Telephone Number	Date of Inspection	ID#
Com	NUY	1 8	ty beach Renal	6 ) Establishment		
Establishme	-			( ) Owner	11-1-52	7734
60	(7)	e	enved Springs	Purpose:	Follow-up Releas	se Date
Owner			( securities	1. Routine	KD 11-	-11-77
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	$O_{R}O$
				6. HACCP	01	
Responsible	person's	emai	Days and the same of the same	7. Other (list)	Menu Type (See	hack of page)
Î				7. Other (ust)	Mena Type (see	ouch of pages
Certified foo	od handle	r			1 2 3	4 .
					123	45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

The same of the sa	RT	-	reet CAFO	Telephone Numbe  ( ) Establishme		1D# 2232	
Establishme	nt addre	SS		( ) Owner Purpose:	1		
Owner				Routine	Follow-up Releas	26/22	
	ste	RR	YOUNG	2. Follow-up	Summary of Violat	The second secon	
Owner addre			- 1	3. Complaint 4. Pre-Operationa	.1		
Person in ch	arge ter	R4	Young	5. Temporary 6. HACCP	5. Temporary C_O_NC_S_R_		
Responsible				7. Other (list)	Menu Type (See l	pack of page)	
Certified foo	od handle	PR	RY Young		123	5	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
431	NC	X	FLOOR UNDER STO	we poort	TO WALL	11/30/22	
	niidh			OR WET VI		A15041	
Kanan	1-11-11	Str	MAKER (LEAK ON	ITO MAKER	(MREA)		
295	NC	4	INSTALL OF STE MA	KER (DRIPE	-dge PINKTHOOL	R) 11/20	
228	NC		LARGO UPTENT ROMANDO	FRIZERATOR	SO NOT EASILY	12   36	
411	·NC	*	MAR CRILING LE	THTS OUT	IN KITCHEN	11/26	
256	MC	-	SMALL CHEST F	retter on the	DISHWAS HIAS	11/20	
1 28	(0) Ye		With Michigan	ER 1001 See	,,,	The constant	
		4	MecHANTERE dISH				
-			SANITATION TEMPER	ATURE ADO	CUMTE 160F	400	
pro	10/	_	MORE ON PLATE,	UTENSIL SO	MATEC		
-	-	-	(VIIS 184 F)				
Received by	(name gr	d title	printed): SHERRY YOUNG OWN	ISR	Inspected by <i>(name and title printed</i> Bob Sm 1177	ens.	
Received by	(signatur	/	Milard	-	Inspected by (signature):	A	
cc:		0	cc:		cc:	,	
						- 1 2	



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

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

Establishmen	nt name		- pa - a - i		Telephone Numb	er :	Date of Inspection	ID#	
( LIVINGS					(317) 560+5	725	11/-/		
Establishme	nt addres	s il	l. N	Franklin, IN 46131	( ) Owner		11/17/22	217)	
191 Granville Dr. 46131'					Purpose:		Follow-up Release Date		
Owner \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					1. Routine	1	No 11/27/22		
Ashley Mitchell					2. Follow-up		Summary of Violations:		
Owner addre	ess	0			3. Complaint	- 1			
					4. Pre-Operation	nal	1 5	- 1.5 1	
Person in ch	arge	U	Mill /	10	5. Temporary	- 1	c_0_Nc_5_R		
1/2/	hely		Mitchel		6. HACCP	- 1			
Responsible	person's	emai	l	the transfer of the state of	7. Other (list)	1	Menu Type (See back of page)		
							4 1 7 = 52-1 7		
Certified for		n	itchell	9			123_/	45	
	ey	/ V	Milw		Lawrence Lorentz Loren				
					ATIVE COLUMNS MARKED "C"		HE NAPPATIVE RELOW AS	'P"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF V  Section # C/NC R Narrative						NS AND IN T	AND DESCRIPTION OF THE PARTY OF	To Be Corrected by	
		A	1()	+ // -1			2 1	to be contected by	
385	NC	V	Lum	pster lids	open and	one	lid	11/26/27	
210	18 NC D Two deep fruer baskets are damas							d 11/18/22	
218	NC		(1) Ju	no deep of				11/18/22	
295	NC		3 Two metal scoops are damaged						
243	NC		2) Compressor units soiled for						
-	Dellield four door freezer and walk-in-								
			Conto	and four or	or grazer	una	war 4		
431	NC		Filos	n soiled	and conta	ined	an/	11/20/22	
101	700		off ador below drive-thru window						
			100	bin	nooc mone	ara			
218								11/21/22	
210	700		3 Flip top led for dressings and 11/27/22						
			sauce rules the inside top cover						
			at register (front) area						
		1	(3) Two ice Ocream topping covers						
	(i.e. plastic) are cracked								
a Two plastic light covers inside							ide	4	
			walk	-in-freezer	appear to Co	ontain	rice	12/1/22	
Received by	(name and	l title	printed):	11 2 102:		Inspected l	by (name and title printed):		
175N	161	1	11+CNE	11 male	2 (4)	Ano	drew Mille	V, EUS	
Received by (signature):						Inspected l	by (signature):	20	
~ CHUIC						Un	dien Me	lle	
cc:				cc:		cc:			
						1			