

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

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

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						2. Follow-up	Summary of Vi	olations:
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						4. Pre-Operation	al	
Person in charge		5. Temporary	C <u>Ö</u> NO					
						6. HACCP		
Responsible person's email			7. Other (list)	Menu Type (S	ee back of page)			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmen Establishmen Owner	t address	Tov Pel	vn.P127a ar I St Trafalgan, M	Telephone Number () Establishment	Date of Inspection	1D# 886 Date 27/22
Person in charge Responsible person's email Certified food handler				4. Pre-Operational5. Temporary6. HACCP7. Other (list)	CNC Menu Type (See back) 12 \sum_3	¥ =
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name Sympler forel servel Amazon Establishment address 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)	Follow-up Release Summary of Viola C NC Menu Type (See	ID# 2295 se Date tions: R back of page)		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishmer 305 Owner Owner addre	ess		Amerion My rd	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID#	88
Responsible person's email			are man dualities and a second of the second	7. Other (list)	Menu Type (See back of page)
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Section #	C/NC	R		Narrative	To Be Corr	ected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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

Establishing 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 Lionshead metals.

tablishment address

222 S- Graham rd 46143) Establishment Establishment address) Owner Purpose: Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C NC R 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 No wolation Inspected by (name and title printed):

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

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Establishme	-			Telephone Number	· · · · · · · · · · · · · · · · · · ·
200				() Establishmer	nt
Establishmer				() Owner	11-1-72 2015
166	ZN	C	e mer son pr	Purpose:	Follow-up Release Date
Owner				1. Routine	NO 11-11-72
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	d
Person in charge				5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$
				6. HACCP	
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)
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460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

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Establishme		110	part men and a second men and a second men and a	Telephone Number	Date of Inspection	ID#
Star	bul	K)	() Establishment	11/22/2	2 1/22
Establishme	nt addres	S	Franklin,	() Owner	11/22/0	- 1122
1227	91	/ /\	lorton St Franklin,	/Purpese:	Follow-up Relea	se Date
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				2. Follow-up	Summary of Viola	
Owner addre				-	Journally of Viola	cions.
Owner addre	288			3. Complaint		
		4. Pre-Operational		0 2		
Person in charge		5. Temporary	C_ONC_	\angle _R_		
			7 m	6. HACCP	147	
Responsible person's email		7. Other (list)	Menu Type (See	back of page)		
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Certified foo	d handle	r			1 2 03	4 5
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Section #	C/NC	R	I	Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name STARBUCKS #58693	Telephone Number	Date of Inspection	ID#
Establishment address	() Establishment	11/3/22	2327
153 GIANVILLO FIRMKLIN, FU	() Owner		
		Follow-up Release	Date
Owner	1. Routine		13/22
STAIBUCKS	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		-
	4. Pre-Operational	1	
Person in charge	5. Temporary	CONC	R
SOUT WALLACE	6. HACCP	aw .	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
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Certified food handler Jodi WAZLAZE (1/2/23	EXP.)	1	_45
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(WAS 168°F)	ore perincipalities	110 001712	
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460 N. MORTON ST. STE A THE FRANKLIN, IN 46131 ce 317-346-4365

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		1	4 7	tion of each violation is specifi				
Establishment nan	Le .	1/ 1	6.6	Telephone Number	Date of Inspection	ID#		
Sleak	2/	N X	nare	() Establishment	11-29-2	2 700		
Establishment add	-	* 100	7 · ·	() Owner	1''	109		
103 N	SR	135	46142	Purpose:	Follow-up Releas	e Date		
Owner			7 7	1. Routine	No	1		
				2. Follow-up	Summary of Violat	ions:		
Owner address				3. Complaint				
				4. Pre-Operational				
Person in charge) ^		c_0_nc_2_r_0		
reison in charge				5. Temporary	CNC	C NC R		
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Responsible person's email				7. Other (list)	Menu Type (See l	pack of page)		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment Sanitation Requirements. The time	mint for correction of each violation is specified	in the narrative portion of this report.
Establishment name	Telephone Number	Date of Inspection ID#
Stein N Shake	() Establishment	
Establishment address Zy7 w Smith V	() Owner	111572 24M
ZYT W Smith Vo	Purpose:	Follow-up Release Date
Owner (Vee	1. Routine	NO 11 75 72
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ $_{\rm C}$
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Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler		1 2 3 4 5
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishment nar		above auctionary it waster can be se-	Telephone Number	Date of Inspection ID#
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Establishment add	lress	reek Dining Co	() Owner	11-14-22 1057
Gil n	(<	Greenword	Purpose:	Follow-up Release Date
Owner		(21 00 01. DZ 51	1. Routine	NO 11 24 22
			2. Follow-up	Summary of Violations:
Owner address			3. Complaint	
Owner address				
			4. Pre-Operational	$_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ $_{\rm C}$
Person in charge			5. Temporary	CNCR_
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		tatio	n Requirements. The time limit for co			
Establishme				Telephone Number	Date of Inspection	ID#
	ubw	ay		() Establishment	10/26/22	1420
Establishme	nt addres	S	~ 11	() Owner	120/20	729
2120	E.10	14	& Franklin, IN	Purpose:	Follow-up Releas	se Date
Owner		\sim		1. Routine		
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Owner addr	ess	-		3. Complaint	,	
o wher addr	C 00			· ·	ı	
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C O NCO	R
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Section #	C/NC	R		Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection	ID#
Subway	() Establishment	16/23/22	440
E-thi-h	() Owner	(6/23/20	2441
924 N. Morton 4. FranklinIN	Purpose:	Follow-up Release	e Date
Owner	1. Routine	Follow-up Release	13/22
	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		4
Person in charge		c_/_nc_6	n P
r croon in charge	5. Temporary	CNC	K
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See b	ach of page
responsible person's email	7. Other (usi)	Menu Type (See 0	ack of page)
Certified food handler		1 2_ × 3	4 5
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
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Section # C/NC R	Narrative ,		To Be Corrected by
118 C - No "certafied to	good handler," "	serv-Safe"	3 months
certificate	is available- peat violation	Eliza i Middle 25	Feb 23, 20 23
Re	peat violation		2023
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishme			in to note made has redons fronts.	Telephone Number	Date of Inspection	ID#	
Establishme				() Establishment () Owner	11/20/12	1983	
107	OW	1	shitelood kd.	Purpose:	Follow-up Release	Date	
Owner			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1. Routine		0126	
				2. Follow-up	Summary of Violati	ons:	
Owner addı	ress			3. Complaint			
				4. Pre-Operational	Ox		
Person in ch	narge		and the state of t	5. Temporary	C NC	R	
				6. HACCP			
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Section #	C/NC	R		Narrative		To Be Corrected by	
414	NC		Kitchen back exterior	11-30-11			
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cc:	/ /	_	cc:	cc:	AL MA		
						7	



86 WEST COURT STREET FRANKLIN IN 46131

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

Establishme	nt name	- 1	. 0	Telephone Number	Date of Inspection	D#
Swaga	+ In	dia	in Cuisine	(317) 18913i-1426	1 4/15/22	2277
Establishme	nt addres	s	Greenwood, IN	() Owner	11/15/22 2	2337
Establishment address 11 Declaration Dr., 46/43 Owner 5te RES				Purpose:	Follow-up Release Dat	e
Owner			ste RES	1. Routine	No 11/25/	
				2. Follow-up	Summary of Violations:	
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in charge				5. Temporary	c_6_Nc_7_	R
Sukh	Sukhwinder Singh Responsible person's email			6. HACCP		
Responsible				7. Other (list)	Menu Type (See back o	of page)
				, ,		
Certified food handler					1234	5
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"	and the second s	
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN			
Section #	C/NC	R		Narrative	То В	Be Corrected by
413	NC		Back alley door	was note	ed open "	15/22
			at time of	inspection	, 1 Sept. 7.71	, <u>T</u>
430	NC		Back alley do	or self-clo	sing devices 1	2/1/22
221	1.5		damaged and	not conn	0 1	2/15/22
324	NC	_	Juin spray non	zle hangs	below flood 12	-115/22
			2 Three bay sink	contains	deport drain	
	O Three bay sink contains a direct drain					1
		hush area hand sink hot water temperature Corrected				
			161°F (Range shall 1	00°F to 120°F)		
218	NC		1 Walk-in-cooler			25 22
	@ Black & Decker blender top cover Replace			place		
		14,1-		tained grey	tape 12	122/22
295	NC		O Compressor soiles		turo 11	18/22
	-		M	ler	late soiled	
				terior drop p	race succes	
385	NC		Drumpster lid (1 of 2) open	n n	15/22
218	NC		Door seals split		on prep cooler	2/31/22
Received by		d title			spected by (name and title printed):	73.7
Suchringder Smith					Andrew Miller, EHS	
Received by (signature):				In	spected by (signature): .	Wag
T	9				Indien Mille	
cc:			ce:	c	c:	

NARRATIVE REPORT

Establish	ment N	ame	0	Addre	SS	Greenwood, IN		Inspection Date
Swaga	f In	diar	Cuisine	11 De	claration Dr.	46143		11/15/22
Section#		R			REMARKS	Greenwood, IN 46143 Ste R + S		TO BE CORRECTED BY
399	NC		Concrete repai	10	n floor	around h and crea is roug		12/31/22
			grease tras	not	smoot	h and		' ']
			leasily clear	rabe	le (i.e. o	rea is roug	h)	L
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Received By	/(Name	& Title)	T	Inspected By (Name 8	Title)	_	
	CI4	2			Cinder 7	Miller, EHS		Page _ 2 of _ 2