460 N. MORTON ST. STE A W 30 FRANKLIN, IN 46131

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

Establishment Samtation Requirements. The time limit for correct	ction of each violation is specifie	d in the narrative portion	of this report.	
Establishment name VACO BULL #2679	Telephone Number () Establishment	Date of Inspection	ID#	
Establishment address	() Owner	11/28/20	x 159	
Owner Owner	Purpose:	Follow-up Release Date /2/8/22		
TATO BOLL OF AMELICA LLC	2. Follow-up	Summary of Violati		
Owner address	3. Complaint			
*	4. Pre-Operational			
Person in charge	5. Temporary	C_O_NC_	3_R	
CAZEB STEVENS	6. HACCP	10 m = 10 m 1 m		
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)	
Certified food handler CAZEB STEVENS EXP3/24/36		12(3_2)	55	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO THE PROPERTY OF THE PRO	THE "SUMMARY OF VIOLATIONS" AND Narrative	IN THE NARRATIVE BELOW A		
Section # C/NC * OVTSTOR OVTSTOR	•	20201	To Be Corrected by	
3/2010-1 0013404 00119516	705 2105 100:	2003	1/130/20	
177 NC = FEW FOOD PACKI FLOOR IN WAS	Ages NOT STURGE	OFF	11/30	
FLOOR IN WITE	4- IN FILL COR		1	
431 NO A FLOOR IN AMORS		L/under	12/4	
EQUIPMENT NOT	CLEAN	100 4 10 11 11 11 11 11 11 11 11 11 11 11 11		
	42 - 25-)	1.00		
WOTE FLOOR DRAI	IN LOCATED UN	MR	/	
		RINTERAND	,	
100 Crisici fice	SSLE VOR III	FLATO ICV-110 C		
			Tara T	
Received by (name and title printed):	Inspec	tted by (name and title printed)	: .	
acaleb stevens	i in an	Bob SmiTH	-ETT	
Received by (signature):	Inspec	eted by (signature);	ine) sluka	
сс: сс:	cc:			
			Post C	
			Page 1 of	



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

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

Establishment name Taw Bell Establishment address 153 N State Rall3 5 Owner Owner address Person in charge Responsible person's email Certified food handler				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	13/22 lons: 1_R_/_
					7	
NORTH CONTRACTOR CONTRACTOR			ENTIFIED IN THE CHECKLIST AND NARRATI ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW A	s "R"
Section #	C/NC	R		Narrative		To Be Corrected by
399	NC	N I M		redsreplaced in	mnt	12/30/22
i s mangu	TO YOU		Of 3 baysine	/	00	,
295	NZ		Fryen soiled			11/30/22
402	NZ	V	Floors Soiled by dr	ive thrucera		11/30/22
218	NC		Rack for draining in dining monto	at dnnk stati damaged naeed x	8M	12/30/22
		1	NOTE: Don't block b	ack door!		
Received by Received by	1	Ki	cc:		d by (name and title printed) While d by (signature):	ler



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#
Taco Bell			_((() Establishment	1 - 1	1699
Establishment address Greenwood, 1129 E Main St. Franklin			Greenwood,	() Owner	10/19/22	
112	9 1		main st. Franklin	Purpose:	Follow-up Releas	e Date
Owner			IN	1. Routine	16	129/22
				2. Follow-up	Summary of Violat	
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_/_nc_	4 R
				6. HACCP		
Responsible	person's	email	, andres - I	7. Other (list)	Menu Type (See I	back of page)
			1 v			71 97
Certified foo	d handle	Loc	r-s		123 y	_45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
10 1000			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
20/	- 1	3.5	2 1). [10/-0/10
295	NC		Bulk food contain	ness are soiled		10/23/22
431	NC		The piper be	chinal the fr	yer units	10/21/22
431	NC		The work space	Floor is	Foiled.	19/19/22
	1,0		needs mopped.			
100						- Maraham Maria Calaba
392	HL		The Frash at.	the drink di	spener	10/19/22
		a .	is overflowing		,	
			4	1 1	,	1./2//22
344	C	-	The front area	a hand sink	is not	10/26/22
			in use.			. 10
	19 35					
				par Teacher In Control of the Contro		
	ļ	, , ,			11 / 73/	
Received by	(name and	title p	rinted): So-5	Inspec	ted by (name and title printea	
Received by	1 0			Inspec	Terry D. Hay	10 p
I _	signature	. ~		Inspec	Maria Bu	less
cc:		6	cc:	cc:	17-	/ (
			Terriple -	10000	/	



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

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

			ii Requirements. The time innit for confect			or time report.
Establishmen		,		Telephone Number	Date of Inspection	ID#
Tac		1		() Establishment	11/23/22	1970
Establishmer	nt addres	s	Circlenoses Nes CADSSINO	e) Owner	,	1 200
504	ST	DV	les Crossing		Follow-up Release	1 ~ 1
Owner			- J	1. Routine	NO 12	13/22
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	A 1	8
Person in ch	arge			5. Temporary	c Nc_1	R
			g (1 5) (10) () () ()	6. HACCP		
Responsible	person's	emai	Le strate de la companya de la compa	7. Other (list)	Menu Type (See bo	ack of page)
Certified foo	d handle	r				
001411111111111111111111111111111111111	u				123	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIV		THE DELOW A	
Section #	C/NC	_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	THE NARRATIVE BELOW AS	To Be Corrected by
795	17	1.	Hotholding units her	ed SIMPIA AIL Lan	mothers	1(1/3/12
1210	100		INT MOTORITY WAYS THE	a surprous on	go nor v	11/2/12
	-7 - 21		NOTE?		product of the	
			sanitary in 3/00	ry Since is very l	ugh	53,425113
			add notwater to ha	IPF solution to PX		
				12		
1	er i				u die i i	
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dc:			cc:	co		



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

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

Tarriet Groven & Starbines () Establishment 111,1/22 Oct	
	12
Target 6 noceny + Starnacks () Establishment 11/4/22 94 Establishment address () Owner	777
895 S 35 Purpose: Follow-up Release Date	
	2
2. Follow-up Summary of Violations:	
1	
o. companie	8
4. Pre-Operational	
Person in charge 5. Temporary C NC R	—
6. HACCP	
Responsible person's email 7. Other (list) Menu Type (See back of page)	e)
Certified food handler	
12345_	
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"	
Section # C/NC R Narrative To Be Core	rected by
431 NU Floors Soiled 14141	122
-Starbucks	
- Ambrent Room	
- Dainy cooler	
NO 18:	
Keep an eye out on temps in coolers:	
- meat display case	
- egg cooler	_
	10
Received by (name and title printed):	
X chan Contaco Jayre Blantond	
Received by (signature): Inspected by (signature):	' /
X ////////////////////////////////////	101
cc: cc: cc:	-



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

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

Establishment address Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Certified food handler Certifical Items are identified in the Checklist and Narrative columns marked "C" Violations) Repeated From Previous Inspections are denoted in the "summary of violations" and in the Narrative Below as "R" Section # C/NC R Narrative To Be Corrected by
Purpose: Purpose: Follow-up Release Date
Owner address 3. Complaint 4. Pre-Operational 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" Section # C/NC R Narrative To Be Corrected by
Owner address 3. Complaint 4. Pre-Operational 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" Section # C/NC R Narrative To Be Corrected by
Owner address 3. Complaint 4. Pre-Operational 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" Section # C/NC R Narrative To Be Corrected by
Owner address 3. Complaint 4. Pre-Operational 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" Section # C/NC R Narrative To Be Corrected by
4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Certified food handler CITICAL 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" Section # C/NC R Narrative To Be Corrected by
Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 1 2 3 4 5 5 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" Section # C/NC R Narrative To Be Corrected by
Responsible person's email Certified food handler Level food handler Certified food handler Level food handler Certified food handler Level food
Responsible person's email 7. Other (list) Menu Type (See back of page) 1 2 3 4 5 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" Section # C/NC R Narrative To Be Corrected by
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" Section # C/NC R Narrative To Be Corrected by
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" Section # C/NC R Narrative To Be Corrected by
Section # C/NC R Narrative
Section # C/NC R Narrative
No Hems noted today
No Hems noted todan
No Hems noted today
Mark you!
Thank you!
Thank you.
Received by (name and title printed): Inspected by (name and title printed):
Jenn to Warren
Received by (signature): Inspected by (signature):
101 200 3464376
cc: cc:



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

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					1	
Establishme	nt name			Telephone Number	Date of Inspection	ID#
10m	0)a	pa	nese Kestauvant	() Establishment	11/22/27	2107
Establishme	nt addres	s		() Owner	11/22/20	- 2101
1957	4 N	ora	hwood Plaza	Purpose:	Follow-up Relea	se Date
Owner	, , ,			1. Routine	ND 11	-11/22
-				2. Follow-up	Summary of Viola	
Owner addre	229			3. Complaint	2	
wher addre	200			•		
				4. Pre-Operational	c_ONC_	2 0
Person in ch	arge			5. Temporary	CNC_	R
				6. HACCP		
Responsible	person's	emai	to the second of	7. Other (list)	Menu Type (See	back of page)
0 10 16	11 11				1	0
Certified foo	d handle	r			123_	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
246	NZ		Manag groves when	handling Meats		
		P		J		- Alexandra James P
198	NL	Ealth	Don't fill up meat con	tainer toofull so	<i>i</i> +	
			can reach 41. F			
A CAT.		_	d 1 8/1 /2 2/2 2/2 2/2	or Milion		
1101	}		Record PH levels of r	ice fully		
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Received by	(signature)		r. c.	Inspecte	d by (signature):	11 -
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

	tation Requirements. The time limit for corr		
Establishment name	short in the salate trate partition	Telephone Number	Date of Inspection ID#
Tried	firm Alehous	() Establishment	
			17977 70110
7500	S SP 135 (Well	O ToPurpose:	Follow-up Release Date
Owner	3 PLISTER	1. Routine	ND 17 9 77
			Summary of Violations:
		2. Follow-up	Summary of Violations:
Owner address		3. Complaint	
		4. Pre-Operational	2
Person in charge	The first of the second of the second	5. Temporary	$c \circ Nc \cdot S \cdot R \circ$
		6. HACCP	andrea a Science
Responsible person's	email	7. Other (list)	Menu Type (See back of page)
		7. Other (1131)	in the land to be seen of puge
Certified food handle	er		1 2 3 4× 5
			12345
CRITICAL ITEMS A	RE IDENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"	The second second
	TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW AS "R"
Section # C/NC	R	Narrative	To Be Corrected by
421 N	ware on fi	or den	0 to 00 1 000 T
7	Vita = 110	der to	all the state of t
TO THOM EQ. (1)	1981 Mar and the same and the same of the	Car of	A CONTRACTOR OF THE STATE OF TH
399 NO	Grove on fla	or oregon	in least here
	has deterio		
	have stands		t ford de lavis
	- remout	ny war	1 1000 0000
	- 160, 881		
Cit al	550- 578 -0-10	area - han	- an items
10510	a con a map	21 + 10 - 1 W	5
N 1 1	Dishmachine	in how as	eu is not
Note-	C =		a Enow ringe
	15 50-100000	Terrain 18	200
		til repaired)
	Je not ose on	All Ispan AC	
	3		
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Received by (name an	d title printed):	Inspec	eted by (name and title printed):
Jenn		b	noi ker Warrage
Received by (signature		Inspec	cted by (signature):
2,11	shows -		0154014
cc:	cc:	cc:	
			Page 1 of



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

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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 VFW whiteland) Establishment 11/2/22 Establishment address 215 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 C _____, NC______ R____ 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" Section # C/NC R Narrative To Be Corrected by The buck- does not fit light 413 Nc Received by (name and title printed): Inspected by (name and title printed): Received by (signature): cc: cc:



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

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

			1		1	1
Establishme	nt name	. 1	Meridian A. Greenwood- IN	Telephone Number	Date of Inspection	ID#
D 11:1	V1	ag	is fantry	() Establishment	11/29/22	251
Establishme	nt addres	S		() Owner		and the second
, , , , , , , , , , , , , , , , , , ,	520 7	٧	Meridian A. Greenwood-	Purpose:	Follow-up Releas	
Owner			TN	1. Routine		12/9/22
			274	2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	†R
				6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
Certified foo	nd handle	r			1	
Ceruned 100	od Handie.				12_X_3	45
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	ΓED FR	OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
216	MC		Floor drain by	the drine station	75	
			IN poor condit	ion, Broken a	nd dirry	
		\Box				
70.1						r a f
		\Box				
D : 11		1 111 1	in D.	T	11 (7).
Received by	(name and USS)	uue pri	Sizemore	Inspected	d by (name and title printed	Say less
Received by	(signature)	:		Inspected	d by (signature):	/ 1
202	Dail	ب			Tun Du	1 WW
cc:			cc:	cc:	'	,
					/	

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

Establishment Samtation Requirements. The time limit for correction	on of each violation is specified	in the narrative portion	or this report.
Establishment name WAFFLE House	Telephone Number () Establishment	Date of Inspection	1D# 2 /677
Establishment address 98 N LOVERS LN FRANKLIN, D	() Owner	I'lal pa	
Owner	Purpose 1. Routine	Follow-up Release	Date 1 122
WAFFLE HOUSE	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational	0 5	
Person in charge ASHLOY HOVEHINS	5. Temporary 6. HACCP	C O NC	R CONTRACTOR
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler	13077 29	1 2 (3 A	5
ASHIER HONCHINS			-J
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NADDATIVE RELOW A	S "D"
	Narrative	THE NARRATIVE BELOW A	To Be Corrected by
218 NC & ROACH -IN PLFRKE	RATORS - 5/Kel	A COATTONS	1/20/23
WORN ON SUME SHE	lues	gn, yara ta gradanian s	
295 m = (1) REACH - IN PEFCI	COLATOR - BASI	INSTOR UNIT	VED 173(1
NOT CLOSEN	Jernione - Whise	4011-00 01041	
a salla tana distributioni	enilar of the room	-h0:-	
- mecHANICAL distante Sprinzarron rempo	Elter HOT WA	TEK	(DP)
1804 OR more on	PIAN VIENST	SURFACE	(J)
(WRS 166°F)			
LOTOLOGY Class Coli	Tay Lathon	2+110	
CONCENT ATTON EX		DOGPM	
(No.)	GISTO PA	<u> </u>	fiscanos.
			İ
Received by (name and title printed): His Wey Houchins District Ma	inager !	d by (name and title printed)	A EAS
Received by (signature):	Inspect	ed by (rignature):	(makey no.]
сс: сс:	cc:		1



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

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

E 1311								In ax	
Establishmen					1 2	Telephone Numb		Date of Inspection	ID#
		DW-	-) Establishme	ent	11	(m)
Establishmen				- (0) Owner		11-3-6	1866
	_ >	EI	55	Greenw	_			Follow-up Release	Date
Owner						1. Routine		NB 11	372
						2. Follow-up		Summary of Violation	ons:
Owner addre	ess					3. Complaint			
					Î	4. Pre-Operation	al		
Person in ch	arge				\dashv	5. Temporary		C_O_NC_	- R C
	0					6. HACCP		0	
Responsible	person's	email	_	A contract to the contract to	-	7. Other (list)		Menu Type (See ba	ach of page)
теороновые	persons	cirian				7. Other (usi)		Menu Type (See Of	ick of puges
Certified foo	od handler							1 2 3	. 🗙 -
								13	_47_5
• CRITICAL	ITEMS AR	E IDENTI	FIED IN	N THE CHECKLIST AND NAR	RATIVE C	COLUMNS MARKED "C"			
• VIOLATION	(S) REPEAT	ED FROM F	REVIOU	US INSPECTIONS ARE DENOTED	IN THE "	SUMMARY OF VIOLATION	S" AND IN	THE NARRATIVE BELOW AS	; "R"
Section #	C/NC	R			N	arrative			To Be Corrected by
297	N	C	ll.	on the de	52	an lase	tur	coolud	chicken
	11 * 17	1	9	Dela	0		He PA	3 - y maniphates	THE TREAT IS
and the second	ER ER								
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Received by	(name and	title printed	:, ^	Ca.1 / Na	" 0 la		Inspected	by (name and title printed):	2 b 2011
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name			Telephone Number	Date of Inspection	ID#
W	noy!	s		() Establishment	11/23/22	625
Establishmer	it addres:	S		() Owner	16/27/20	627
49	0 N.	ma	Hon St. Franklin, IN	Purpose:	Follow-up Release	e Date
Owner				1. Routine	12/	2/22
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess		and to be taken as the control of the second	3. Complaint		
				4. Pre-Operational		
Person in cha	ırge			5. Temporary	C O NC 3	R
	U			6. HACCP		0 1
Responsible 1	person's	email		7. Other (list)	Menu Type (See b	ack of page)
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Certified foo	/		7		1 2 × 3	4 5
X (ynn	(ones			
• CRITICAL I	TEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
239	u-t.	Scott I	Catalogue Land	harries the la	sad saca	4/25/22
277	NL		Frosty cups stored	beside the h	and soap	4/25/22
295	NC		Plug in connection	for bump board	d Corders 7)
- (7)	NC		is very soiled.	TO BUTT DOUG	4,20,247)	
			/	,		
324	NC		Hot water was not	available at	driverup	¥
,			hand sine			
						1
						= 1
		-	to			
					_	1100
						7
						-
Received by	(name and	/	•	Inspecte	d by (name and title printed)	1 1
1/ (ynn	one		Ţ	Terry o Way	1299
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cc:			Dec:	cc:	Juny D Du	/wx
			7	30.	, /	

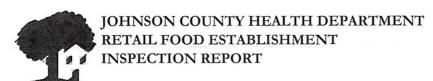


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		tatio	n Requirements. The time limit for correction		
Establishme				Telephone Number	
Ne		~	``	() Establishmen	1- C/
Establishme	nt addres			() Owner	11-17-72 7378
1000	2 5	5	An Park or Greenwood	Purpose:	Follow-up Release Date
Owner			(TOO award	1. Routine	ND 11 27 22
				2. Follow-up	Summary of Violations:
Owner addro	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge			5. Temporary	$C \cap NC \setminus R \cap C$
	O			6. HACCP	<u> </u>
Responsible	person's	emai	1	7. Other (list)	Menu Type (See back of page)
reoponoioie	Persons			7. Other (usi)	Went Type (see buck of page)
Certified foo	d handle	r			$ \begin{vmatrix} 1 & 2 & 3 \\ 1 & 2 & 3 \end{vmatrix}$
					12345
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
• VIOLATION	(S) REPEAT	red f	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
777	NR		Provide addit	ional (o	ick for fries
			in walk In fr	2272/	
	100				
431	SV		IN-wie on flow	cle oning	throughout
				stural	9
				0	
			3		
			Though you!		
			O		
			,		
				10	
				T _T	11 (1:11 : 1)
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CICI to WILLATOSS				<u></u>	then ter waren
Received by	(signature)	(_ Ir	respected by (signature):
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Zotaozomi								
Establishmen		,	1	Telephone Number	Date of Inspection	ID#		
Wh/ Establishmer	te G	ast	Te	() Establishment	11/21/22	1366		
				() Owner				
112	9 N.	Mo	rton Franklin, IN	Purpose:	Follow-up Release	Date		
Owner			7	1. Routine	12,	11/22		
				2. Follow-up	Summary of Violation	ons:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational	1			
Person in ch	orge				C O NC 3 R			
i cison in ch	arge			5. Temporary	C_D_NC_D	K		
Responsible			1	6. HACCP	(0.1.1.6.1)			
Responsible	person s	eman	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7. Other (list)	Menu Type (See bo	ick of page)		
Certified foo	d handle	-			,			
Ceruned 100		10	u hts/im		123_ ✓	-45		
	and provide solven		ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"				
#2545-E1-0-0-20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW AS	"R"		
Section #				Narrative		To Be Corrected by		
	-	_				1 120 5		
295	NC		The design diges	ander the 3-bay	siale	11/30/22		
1	, <u> </u>		The drain pipes u	tract /	1774 800 17	133465.6		
			William Control All Control Co					
218	NC		milk cretes are	milk cretes are not approved shelf				
			shelving.					
307	NG	-	Hood ventilation is	shelving Hood Vertilation is poor kitchen area is smoky -				
		<u> </u>						
						1		
			and the second		. 3	20.2		
			the state of the s	Acceptance of the second		(Wallace)		
		_ 1				<u> </u>		
	Service of the					<u> </u>		
	-					<u> </u>		
Received by	(name and	l titla	triuted):	Inchasta	ed by (name and title printed):	,		
Received by	-	_	= 11/h tstru	nispecte	Real & Real	1		
Received by			MINTIN	Inspecte	ed by (signature):	7		
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cc:	y M	MV	l cc:	cc:	my)	Transcription of the second of		
			5					



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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 Purpose: 1. Routine 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" Section # C/NC R Narrative To Be Corrected by Received by (name and title printed) Received by (signature)



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

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Establishment name				Telephone Number		Date of Inspection	ID#	
The Willard				() Establishmer	nt	11/12/22	1010	
Establishmen	nt addres	and the same of	ain St Franklin, IN	() Owner		1111122	1068	
and the second s				Purpose:		Follow-up Release	Date	
Owner			# x =	1. Routine		465 111	21/22	
				2. Follow-up		Summary of Violation	ons: /	
Owner addre	ess			3. Complaint				
				4. Pre-Operational	1	1 /	6	
Person in ch	arge			5. Temporary		C NC OR S		
			-av-g	6. HACCP		33.00		
Responsible	person's	emai	L P at 1179 at	7. Other (list)		Menu Type (See back of page)		
							1 0	
Certified foo	d handle	h	Benban Exp. 2025			123	_45	
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
 VIOLATION(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS"	' AND IN T	HE NARRATIVE BELOW AS	5 "R"	
Section #	C/NC	R	6	Narrative			To Be Corrected by	
295	NZ	V	Bar coolers in Maina	nd cide har 1	OMO	letchi	11/17/22	
	Total Control	ľ	Soiled -> Needs a	eaned asd	0	9	84 - N	
				/			1	
			Pizza Koom			re i		
402	NC	/	, - Froor boards da	maged /Soil	id.		12/20/22	
310	NC	V	- Vent to oven con		11/20/22			
			- cooling unit @ 45°F	- too many	witc	ms	11/17/22	
Stored in unit for				orit to be the	nghi	t temp.		
:0-						1 (22.12.1	111.71-	
161	187 C Stooling unit in Mexican Doom should not be used) F De Used	11/11/22	
until repaired X						and the state of t		
- 1-10			-Food at 50-65				what ye .	
-comcovcacton taken							111111111111111111111111111111111111111	
257 NC Thermometer in chief freezers werded					. ()	11/12/122		
40	NC			hest meter by	jaan	P	11/20/22	
-			gaskets damaged	10-10-20		-		
200	117	. /	The scroper handle need	ole stored No	The	iching ice	111:4100	
2017	100	V	ice scoper namare next	13 3101 COLTVU	1 /00	igging re	1111100	
Received by	(name and	l title i	printed);	II	nspected l	by (name and title printed):	Λ I	
X	Tev	V	Flynn		Id	West Blan	tord	
Received by (signature):				I	nspected	y (signature):	1 1	
1	PL	X	r tu		1/1/	aunu (bla	nhad	
cc:			cc:	/	cc:	11 0	1	
				٢		V	U	



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

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Establishme	nt name		Taken In an analysis of the control of	Telephone Number	Date of Inspection	ID#		
ME	TV63	FI	-5	() Establishment	1 1	A 200 CO. CO. CO.		
Establishme			V	() Owner	11/4/23	2029		
223	70	n	OCTON ST. FRANKLIN, IN		F 150 ID 1	Dist		
Owner			V C / V		Follow-up Releas	14 22		
Owner				1. Routine				
	-,		AMERICA AND THE STATE OF THE ST	2. Follow-up	Summary of Violat	ions:		
Owner addr	ress			3. Complaint				
				4. Pre-Operational	1 ~ -	7		
Person in ch	narge	,	i firi-il seleccer temp	5. Temporary	c_2_NcR			
	OF (A	rdo	on Hensley	6. HACCP	tion de borance in the			
Responsible	person's	email	are buy agreem hare. I held o	7. Other (list)	Menu Type (See back of page)			
Certified for	nd handle	24*	V HIEXA					
	ANDO		HENSLET		123	*4/_5		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		1 6		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R	· · · · · · · · · · · · · · · · · · ·	Narrative		To Be Corrected by		
187	C	1) CHTCKEN WINGS	5 INTERNAZ D	emperaturo			
,	(Alacin)		DU BUCK COVERED O	on mares to 1	VAZK-IN	PIMICAL ACT		
The state of		11.50	COOLER 530 5	TOF NOT AT 4	10F 01 655	THE CHARLES		
431	NC:	2	FLOOR NOT CLEAN IN APPROF BAR, 11/10					
KITCHEN NEXT TO WAZZOUNDES EQUIPMENT,								
	WASK IN COOLER, FLOOR JOHEN NOT							
				ECHANICAL OTSI				
and state under f								
309	NC	×	MECHANICAL EXHAUST FANS IN ROSTROOMS 1/18					
			NOT WORKING					
324	NC	4	FLOOR WET IN ARRES OF RESTROOM 11/10					
324	NC	7	LAK NOTED AT BACK PRODUCE STAK 11/10					
	HIS A WIMPLAND FITTER SOME ARM ARMED SONTROLL							
415		I was the state of						
0 0 3	9	-	distinctive FLOOD date					
245	1010	1	METAZ WORK TABLE IN KITTCHEN NOT CZOBNIIIO					
24)	NC	9	- SIDES OF Alex	FYERS, EXHA		11/10		
.220	nc	2	BULK FOOD CONTRIBUERS	NOT OFF FLOOR		CHS TO KITC		
Received by		d title t			eted by (name and title printed	THE RESERVE OF THE PARTY OF THE		
B	-ande	en '	Hensley	mspec		HETE		
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	ve				El In			
cc:		-	ce:	cc:				
						1		
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Establishment nar UHNG	STOP	्राक्षात् । १९६१ प्राकृतिस्था स्त् सन् विकास ।	Telephone Number () Establishment	Date of Inspection	ID#
Establishment add		an a Callon	() Owner		
	N MO	NON ST. FRANKIM IN	Purpose:	Follow-up Releas	
Owner			1 Routine	- 12	
			2. Follow-up	Summary of Violat	ions:
Owner address			Complaint Pre-Operational		
Person in charge Kl W 8	veTH	ESTEP	5. Temporary C NC R 6. HACCP		
Responsible perso	n's email	domining the second beautiful and an experience of the second of the sec	7. Other (list) Menu Type (See back of page)		
Certified food han	ndler METH	ESTEP		12	245
1		ED IN THE CHECKLIST AND NARRATIVI EVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	AS "R"
Section # C/I	VC &		Narrative		To Be Corrected by
		ane Emplokees AIR RESTRAINTS		TO TO THE STATE OF	HODEL CELL
Received by (name Received by (signa	th Eske	on the second second	Bo	d by (name and title printed b Sm 17H - d by (signature)	ENS
cc:	ny	cc:	cc:		
					Page 1 of _



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

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Establishment name HPT WISTED SICILIAN Establishment address 175 W MOTTON FRANKLIP Owner CHEA CAMMAK Owner address Person in charge KATTY GENTRY	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 11 /9/22 Follow-up Release 11 Summary of Violation C	19/22 ons:
Responsible person's email Certified food handler CHEH EIMMAK	6. HACCP 7. Other (list)	Menu Type (See ba	ack of page)
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative		To Be Corrected by
431 NC/D) FLOOR IN ARCH	OF BACK 3		11/12/20
H31 NC FLOOR IN ARCH COMPARTMENT STA	K NOT CLERY	Oth will to Milliplica	ALCOSSE'T
1 2-277 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	[] [[] [] [] [] [] [] [] [] [7 190 7 1900	- HOVERUPE
HII NC Q (1) LIGHT OUT O		1000	11/19
324 NC @ TOTLET LORKING ROLLISED THAT U	AROUND BASE		11/12
	JAX SOAL WO	RN	
GTOX THATR ROSTRAINT	1000000	OCED ON DANN	
FIRE PROSTRAINT	WELL OUTS	REPATATION)	
		E qual agent	
	Link deliceron Services	all series a	
	Salahda dan dan Salah		930 231
			1.404 PO4200 E
			8.5
Received by (yame and title printed):	Inspecte	d by (name and title printed):	EHS
Received by signature:	Inspecte	d by (signature):	Z . Girlamel
сс:	cc:		N
			Page 1 of