

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

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

Establishm	ent Sani	tatio	n Requirements. The time limit for correction	on of each violation is specified in	n the narrative portion	n of this report.
Establishme	nt name	Market Color	· · · · · · · · · · · · · · · · · · ·	Telephone Number	Date of Inspection	
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Establishment a	OW	yn High Middle So	Telephone Number () Establishment () Owner	Date of Inspection ID#
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Establishment name	Telephone Number	Date of Inspection ID#
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Establishment address	() Owner	111/6/166 (11)4
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Owner	1. Routine	-117/11/77
	2. Follow-up	Summary of Violations:
Owner address		,
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Establishme	nt name		1 10	7 70	Telephone Numbe	r Date of Inspection	n ID#
Establishment name Our Lady of Greenwood Establishment address 399 2. Meridian II Greenwood Owner			enwood	() Establishme	nt "/a/	396	
Establishme	nt addres	s s			() Owner	11/7/22	7,5
3	99 2.	m	eridian	st Greenwood	Purpose:	Follow-up Rele	ease Date
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					2. Follow-up	Summary of Vio	lations:
Owner addre	ess				3. Complaint		
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Responsible	person's	email	,		7. Other (list)	Menu Type (Se	e back of page)
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Establishmer	nt name			Telephone Number	Date of Inspection	ID#
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Establishmer		ss		() Owner	4/16/22	391
	1999	4	45 31 Greenwood, IN	Purpose:	Follow-up Releas	
Owner	1011	_	45 TO GT ZZIVW OBOT ZN	1. Routine		1/26/22
Owner						
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C O NC	l R
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer Owner Owner addre Person in cha	rge		Averitt Rd. Greenwood	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 Violation C _ O _ NC _ Menu Type (See ba	Date /25/22 ons:
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Office 317-346-4365 Fax 317-736-5264

Establishmer	nt name			Telephone Number	Date of Inspection	ID#
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Establishmer	nt addres	S		() Owner		12
615	w/ 3	mig	th Valley Rd Greenwood, In	Purpose:	Follow-up Releas	se Date
Owner			Greenwood, IN	1. Routine		
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment addre	ss		() Owner	11/10/22	393
50		Broadway Greenwood	Purpose:	Follow-up Release	e Date
Owner		Tak	1. Routine		1/20/22
			2. Follow-up	Summary of Violat	ions:
Owner address			3. Complaint		
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Nor	thea	st	Eleventary	() Establishment		
Establishmer	nt addres	s	Elementary estview Ar. Greenwood, In	() Owner	11/14/22	395
-	99	Cr	estview Dr. Greenwood	Purpose:	Follow-up Release	Date.
Owner	••		E	1. Routine	12/	24/22
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Office 317-346-4365 Fax 317-736-5264

South west glemen fary Establishment address Owner Owner 1/1/4/22 390				r requirements. The time inin					
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 1. 2	Establishmen	nt name		Still de street, with the contract	n dibras	Telephone Number			ID#
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Received by (signature): Inspected by (signature): Terry & Fan / 10.95 Inspected by (signature): Tuny & Frey (1.55)				160°F/71°C					
Received by (signature): Inspected by (signature): Juny Frey Line	Received by	(name and	title j	printed);		In	spected by (name	- 77	/
	, ,	(signature)	11	1 (1/11 2(le		In	spected by (signal		
		1		cc:		,	cc:	/	76



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.

		tatioi	r Requirements. The time limit for confective				
Establishmen		,	, , , ,	Telephone Number	Date of Inspection	ID#	
	Wes	fu	rood Elementary	() Establishment	11/16/22	7/2	
Establishmen	t addres	S		() Owner			
8	99 8	ton	ley Creek Rd	Purpose:	Follow-up Releas	e Pate	
Owner			Greenwood Sil	1. Routine	12	126/22	
Establishment address 899 Honey Creek Rd Owner Greenwood IN			0,041,1080 JV	2. Follow-up	Summary of Violations:		
Owner addres	SS			3. Complaint			
				4. Pre-Operational			
Person in cha	rge			5. Temporary	C O NC &	O R	
				6. HACCP	01		
Responsible p	erson's	email		7. Other (list)	Menu Type (See b	ack of page)	
			ra wille	7. Giller (1131)	Mena Type (See 8	uck of pages	
Certified food	handle	T			1 2 💢 3	4 5	
					12_3	45	
• CRITICAL I	TEMS AI	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
 VIOLATION(S) REPEA	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
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	-		Temp▶Rite, §				
			Emp:				
			Empleado PASS WHEN BLUE BAR TURNS ORANGE IS 4CHARE CUMP A NEW AND CAMBA A COOR MARIE AND CAMBA A COOR MARIE SACONE				
		_	160°F/71°C				
					11. (//	
Received by (iame and LUN	title p	rinted): WiKU	Inspected	by (name and title printed)	le/25	
Received by	ignature)	:] A	na Walles	Inspected	(M) (signature):	M	
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				0	/		
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