

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

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

Establishment Saintation Requirements. The time mint for con-	conton or enem troumson to operation	
Establishment name	Telephone Number () Establishment	Date of Inspection ID#
Establishment address	Owner	10577 7780
907 5 1 1	Purpose:	Follow-up Release Date
Establishment address Owner Creenway	1. Routine	NB 10 15 72
C1/ 300 100 = @	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$C \longrightarrow NC \longrightarrow R \bigcirc$
a cross in change	6. HACCP	C
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Acceptable person's crimal and a man organization	7. Other (tist)	Wient Type (See Such of page)
Certified food handler		1 2 2 4 5
		12343
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
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Page 1 of

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Establishmen	nt name	^	almon and man tous foods.	Telephone Number	Date of Inspection	ID#
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				2. Follow-up	Summary of Violat	SECRETARIA DE LA CONTRACTOR DE LA CONTRA
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r crson in ch	arge			5. Temporary	C_/NC	
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Establishmen	nt name			Telephone Number	Date of Inspection	ID#	
Establishmen		_		() Establishment	10/12/23	104	
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Owner		, ,	3 111.764	Purpose:	Follow-up Releas	123 27	
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Responsible	person's	email		7. Other (list)	Menu Type (See b	pack of page)	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment Sanitation Requirements. The time limit for correct	tion of each violation is specified		of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
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874 SR 135 Ground	Durnosa	Follow-up Releas	a Data
Owner	1. Routine	_ ^	
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	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
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Person in charge	5. Temporary	C_O_NC_	(RO
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D	6. HACCP	36 FI (C 1	1 (.)
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Certified food handler		123	_45
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FRANKLIN, IN 46131 Office 317-346-4365 Fax 317-736-5264

Establishm	ent Sani	tatio	n Requirem	ents. The t	ime limit for	correctio	n of each violation is s	pecified in	the narrative	portion	of this report.
Establishment name				Telephone Numb	er	Date of Inspection ID#		ID#			
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Owner							1. Routine		No	10	2722
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Owner address					3. Complaint						
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Person in charge					5. Temporary		c	NC C	\mathcal{O}_{R}		
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Owner address 1. (Routine) 2. Follow-up 5. Summary of Violations: 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 1 2 3 1 4 5 Certified food handler	And the second of the second o	nt addres	ss		Gre	enwood	1			10/31/	/ -	200	3
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Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) 1 2 3 4 5 Certified food handler Mangarato Certified food handler Menu Type (See back of page) 1 2 3 4 5 Certified food handler Menu Type (See back of page) 1 2 3 4 5 Certified food handler Menu Type (See back of page) 1 2 3 4 5 Certified food handler Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 To Be Corrected by Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 To Be Corrected by Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 3 4 5 To Be Corrected by Menu Type (See back of page) 1 2 3 4 5 To Be Corrected by Menu Type (See back of page) 1 2 3 4 5 To Be Corrected by Menu Type (See back of page) 1 2 1 2 2 2 1 2 3 4 5 To Be Corrected by Menu Type (See back of page) 1 2 1 2 2 2 1 2 3 4 5 To Be Corrected by Menu Type (See back of page) 1 2 1 2 2 2 1 2 3 4 5 To Be Corrected by Menu Type (See back of page) 1 2 1 2 2 2 1 2 3 4 5 Narrative To Be Corrected by Menu Type (See back of page) 1 2 1 2 2 2 1 2 3 4 5 Narrative To Be Corrected by Menu Type (See back of page) 1 2 3 4 5 Narrative To Be Corrected by Menu Type (See back of page) 1 2 3 4 5 Narrative To Be Corrected by Menu Type (See back of page) 1 2 3 4 5 Narrative To Be Corrected by Menu Type (See back of page) 1 2 3 4 5 Narrative To Be Corrected by								4. Pre-Operation	al	,			
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