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

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

Establishin	ent Sam	itatio	n Kequitein	ents. The time in	int for correction	i of each violation is s	pecified in th	ie narrauve portion (	or tins report.
	sey	_	Gen	eraz ST	une	Telephone Numb  ( ) Establishm		10/6/22	1D# 2005
Establishmen	nt addres	ss	mictor	ST. Fran	VKITON	Owner Owner		' /	
Owner	0 /0		7.0(70.	37 - 417.	77	Purpose: 1. Routine 2. Follow-up		Follow up Release Date 10/16/22 Summary of Violations:	
Owner addre	ess					<ul><li>3. Complaint</li><li>4. Pre-Operation</li></ul>	ia1		
Person in ch	arge HH	*	AgAn	nan	and construction of the state o	<ul><li>5. Temporary</li><li>6. HACCP</li></ul>		cl_nc	7_ r
Responsible	person's	emai		and an instant	abs or a te	7. Other (list)	Menu Type (See b		ick of page)
Certified foo	d handle	3					1.	2	55
				N THE CHECKLIST A		COLUMNS MARKED "C" "SUMMARY OF VIOLATION		E NARRATIVE BELOW AS	"R"
Section #	C/NC	R			N	Varrative			To Be Corrected by
187	0	2	. Dr. T	EINAZ	Food T	emperATVros of			Food moved To
10 1			h	ONTARLY	HAZA	Redus Food	1 ITE	ns	rocior.
107.5.240	TE, Up Y	2	Tan	PREPASI		FRICATOO		2 ex - 44	F 10/6/27
			NeT		OR (05)	5 (AMBI	-	IR remper	
				480F)	0,000	CNINA		101/20	,,,,
		<u> </u>	10.1	70 /					
394	NC	2	TRA	SH BAG	or grow	end on or	mps	TER	10/8
			120	ICLOS UNE			1		
431	NC	4	FI	OOR NOT	CLEAN	mexT TO	CUAZI	unrer	10/10
			AND	Beltind	FOULEN	ent in Kt	THER	And STO	ckroom
			und	er stec	VING I	~ WALK	-IN a	OUR	1
295	NC	R	Brei	AD CENTT	87de.	SHELF RATE	5 NOT	CLERN	10/8,
295	NC	7	BAC	K EX ACC	10ROF			CFRIGE A	10/10 10/10
			2001	COAN					
		-							
		-							
Received by	(name an	d title	printed):				Inspected by	(name and title printed):	
Sara	in V	Jag	aman	Store ma	mager		Bos	5 SmiTH	ZHS
Received by	(signature	7 L	Jue ou		U		Inspected by	(signature)	5
cc:	WV	· U	()	cc:			cc:	57.00	
			$\sim$						1



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

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

Establishm	ent name		alogia medicana in transcription of	Telephone Number	Date of Inspection	ID#		
The)	(he	es.	ecake) Pactory	( ) Establishme	ent 10/24/22	1201		
Establishm	ent addre	SS	Greenwood, IN	( ) Owner	10/27/22	129/		
1251	115.	21	N 46/42	Purpose:	Follow-up Releas	e Date		
Owner	002	<i>-</i> 1		1. Routine	Ves 11/	4/25		
(or	DM 1	11		2. Follow-up	Summary of Violat			
Owner ad	ress	20		3. Complaint	1			
				4. Pre-Operation	al			
Person in c	harge		A heath area of the second	5. Temporary	c_1_nc_	7 R		
Bi	11	7	Paethner	6. HACCP	. 60	C		
Responsibl	e person's			7. Other (list)	Menu Type (See l	pack of page)		
					21	/		
Certified for	ood handle	iv	11		1 2 3	4 / 5		
Bil	l	11	aethner					
1			ENTIFIED IN THE CHECKLIST AND NARRATI					
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		S" AND IN THE NARRATIVE BELOW A			
Section #		R		Narrative		To Be Corrected by		
431	NC	~	Floor soiled u	nder deep	fryer	10/24/22		
200	E.A.	./	area of the cook.	lino '	0 0	1,4		
399	NC	V	Shout and tile	repair need	edin	12/1/22		
218	1/6	1	some areas	the set as		11/25/28		
210	NC	<u> </u>	10 1 Kasuc insert/s	root open	ng on waln't	11/25/22		
		1000	severely narrayed	maket)	ea on rugici			
			3 Broad, "duck	Drill" hold	41 damaned	Corrected		
			3 July scoop cano	ked in are	AD	Corrected		
			3 Tender counter	cooler (	elow	11/1/22		
			whip machines!	in cheese	cake area	1		
	1		contain one door	and one	drawer	104 / 11		
	10.7	L,	not sealing to the	re unit	1 and	, , ,		
295	NE	V	Onterior botto	on of dee		11/10/22		
		_	are "heavily" sou	led at	Cook lin			
		-	2) Some "Clean" p	uzza boa	7 .	Corrected		
2011	1	-	found soiled a	t cook &	ine 1 polo 1	1/2/22		
324	NC		let some table	t made	noted below	11/8/22		
Received b	v (name and	d title		t mechan	Inspected by (name and title printed)	):		
1314			ETHNER	e , o	Andrew Miller	EHS		
Received by	y (signature	):_	1		Inspected by (signature):	non-test		
130	elh	100	while		Undrew Mille	$\lambda_{\ell}$		
cc:			cc:		cc:			

Establish	nent N	am	secake Factory 1251 US 31N. IN 46142	Inspection Date
Section#	C/NC		REMARKS	TO BE CORRECTED BY
		-	machine	
			3 Water was leaking on top of	10/29/22
			the mechanical dish machines	77
			from the bottom bracket for	
			pressure gauge	$\mathcal{L}$
430	NC	4	Production interior walls are	<i>5/15/</i> 22
			peeling white paint	, <u>, , , , , , , , , , , , , , , , , , </u>
190	NC		Prevously cooked Chicken wings	Corrected
			measured 53°F to 59°F while covere	
		Н	with aluminum foil and Chicken	
		Н	artichoke (previously cooked) measur	ed
			while inside the production cooler	
187	$\overline{c}$		Chicken moduct, measured 57°F	Called for
101	<u> </u>		while inside. the louth side	repair
			"Apps" preparation table and	1
			Lex-Mex measured 50°F.	1
		$\square$		
-				
		$\vdash$		
		$\vdash$		
		H		
		$\exists$		
	·			
Received By	(Name Mex	& Til	Inspected By (Name & Title)  MOTH Miller EHS	Page <u>2</u> of <u>2</u>



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

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

Listabilisiiiii	ciic oaiii	tatio	ii kequitements. The time initi for conceut	or even violation to specific	d in the internal Postures	or time report
Establishmer Chr C	nt name	25	pízza Bangersvilletty R 135 floto Co	Telephone Number  ( ) Establishment	Date of Inspection	367
Establishmen	nt addres	S	10 10 5 Bongersvillering	( ) Owner	10/25/22	
_	1.	5	K 135 46106		Follow-up Release	
Owner				1. Routine		4/22
0 11				2. Follow-up	Summary of Violati	ions:
Owner addre	ess			3. Complaint		
D				4. Pre-Operational	0 D 300	
Person in ch	arge			5. Temporary	CNC_	R
Responsible	nerson's	emai	CONT. Manual I	6. HACCP 7. Other (list)	Menu Type (See b	ach of page
тезропзівіс	persons	Ciliai		7. Other (usi)	Menu Type (See 0	ack of page)
Certified foo		Ser	tin's £x4. 9/2/25		123_ 🗸	_45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
THE RESERVE OF THE PARTY OF THE		· ·	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		IN THE NARRATIVE BELOW A	The state of the s
Section #	C/NC	-	Λ	Narrative	CP	To Be Corrected by
239	MC	V	couple of bush sacks	one on the j	wor.	10/28
	tti paq	SOFT	There are the second	The feets	3 - 1 - 1 - 1 - 1 - 2 - 7 - 7 <b>3</b> - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	THAIRS !
275	NC	V	Inner upper part of	the lee-mark	wine is sorted	1
				Λ		
	MOTE	= (	Soda rozzles meld			0
			( Cutting board by the	e over reals	to be change	
			W Medianical Sur	fals Isn't a	r Constitutor	nec
			is open	+ year may be	Sommer Zer	
				es are olimy		L. a. Bri
	1 - 10	e Holn		0		
			thank you!!			L swal
Received by	1		printed): ON THARP	P	cted by <i>(name and title printed)</i> AUL Betilov	£tts.
Received by	THE RESERVE TO THE PERSON NAMED IN	OCCUPATION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED I	P. 4	Inspe 92	cted by (signature): aul Betiku	i mi Jang
cc:			cc:	ce:		



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

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

Establishment name  CHILE'S  Establishment address  2299 W MORTONST. FRANKUTN FN  Owner  Owner  Owner address  Person in charge  MARK THOMPSON  Responsible person's email	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Release    C NC   NC   Menu Type (See baa	Date /2/ /27 ns:		
Certified food handler  MARK THOMPSON  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	1233	5		
Section # C/NC R  399 WC × FLOOR, COUTING IN  M31 NC pr ACRES OF KIN  392 NC × OUTSIDE DUMPSION  218 NC = WACK-IN FREETRE  TIGHTLY  324 NC ~ PRODUCE SINK FAUCET  SINK FAUCET LEI  218 NC × SALAD DRESSING C  FOOD UP  431 NC ~ WOMENS ROSTROOM EX	399 NC × FLOOR, COUTING WORN, NOT CLORN — 431 NC DN ARURS OF KLARHEN, BAR (LER 492 NC × OUTSIDE D'UMPSIER LID NOT CLOSS) — 218 NC ~ WACK-IN FREEDE DOOR DOES NOT CLOSSE  TIGHTLY  24 NC ~ PRODUCE SINK FAURET, 2 COMPATIMENT  SINK FRUCET LEAKS 218 NC × SALAD DRESSING COOLER INSIDE CONDENSOR  TOOD UP  131 NC × KOMANS ROSTROOM EXHAUST COURE NOT CLORN				
Received by (name and title printed):  Received by (signature):  cc: cc:	- B	I by (name and title printed):  Solve (No. 1) A  By (signature):  Low Control of the printed):	Page 1 of		



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

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

Page 1 of

Enablishment name	Telephone Number	Date of Inspection ID#
Chilis Dull and Bar	( ) Establishment	10/31/22 2291
Establishment address 1281 US 31 N. Greenwood 100 46 142	( ) Owner	10/31/22   2291
11281 US 31N. TN 46142	Purpose:	Follow-up Release Date
Owner	1. Routine	NO 11/10/27
minker	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	N D E
Person in sharge	5. Temporary	$_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ $_{\rm S}$
Marile Joaq	6. HACCP	and the part of the state of
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food bandler 1   FYP: 8/7/24		putantia peti seriaci soli soli s
Certified food handler EXP 8/7/24		123_V_45
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	
	Varrative	To Be Corrected by
295 NC V Some don gast	eets are so	led 11/1/22
on representation	units an	a lite
218 NC y some O gaskets	are tour	split 12/1/22
431 NC / Floors soiled	y li lity)	nea 11/1/22
399 NC V Prout repur	mand at	Server 11/22/22
Station &	Tan and	1000
402 NC V top of cove base	Mode	aled 11/22/22
inside walk-in	1-Conton	The state of the s
430 NC Jeon drain	nsent belo	w ban 11/22/22
ice pin, appears	aamage	Land "1"
no longer nou	ind and s	mooth, L
210 NC Ban area ice	gen spaa, l	ines, 11/22/22
are leaking an	d Soiled (i.e	mokey
0		0.)
	The state of the s	
	y =	
Recoined by harle and title printle):	Inspected	by (name and title prifted):
	Vm	IVEN MILLEY, EHX
Received by Songture:	Inspected	by (signature)
	Ψννλ	rew ruyer
cc:	cc:	
		Op. y



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

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

Establishme	nt name	a ferigit on browning traditioners on a 190 a	Telephone Number	Date of Inspection ID#
Chi	na (5	avden	( ) Establishment	10/11/11/1 000
Establishme			( ) Owner	10/11/62 1/101
7/70	) 5 4	SR 135 Greenwood	Purpose:	Follow-up Release Date
Owner	,		1. Routine	18 10121122
			2. Follow-up	Summary of Violations:
Owner addre	ess		3. Complaint	
			4. Pre-Operational	1 1
Person in ch	arge	7 Local Commence	5. Temporary	$C = \frac{1}{NC} = \frac{1}{$
		ming size a fam.	6. HACCP	tub furnitus to 1 b and my
Responsible	person's ema		7. Other (list)	Menu Type (See back of page)
Certified foo	d bandlar	1 9 1 9	100	\rac{1}{2}
7	12+1'. (	(510/6) ONC		1234_5
• CRITICAL	ITEMS ARE II	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
	_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section #	C/NC R		Narrative	To Be Corrected by
190	NS	Observed cooked to	poles cooling th	10 par Corrected
		greater than 4"1	vith a blastic	C COVEY
(11)		9 61° + Inside Walk	S-IN COOR	
440		Observed Fld 241	be bound to	SVV CLIM
200	A IC	IN KITCHIN CUST ODDU	ried for Condiner	Cal 11287
415	100	WORK IN COOR SK	KINING LOCK	CNE
		SO(180).	15 Salled	
431	K	THE TONE SOUTH	D 2011111.	
431	I.C.	Good Made Sport	X YIM IS SO	100
174	NC	Deevied Front Dri	Micts Stored	Moid
	100	grocery boos in the	LIGHK-IN EVERT	. 0. 00
		The state of the s	200	V SIMIA DE
		5 food product ne	Port to be Stor	ed in food
		gran rous	WO I S TO S O I W	W 11
296.		Wat Slicer Ruchy	us soiled.	corrected.
		5 should be clea	ned at least	
		KIEF OLT OF YO	on temperature	9.
431		Wall behind 3 Day 3	511/K 15 30/10	
Received by	(name and title	- /	Inspecte	ed by (name and tille printed):
Received by			Inspecte	ed by (signature):
(	_ / /		(100)	Martin
cc:		cc:	cc.	and the same

Establish			den 2/70 SSR 135 Greenwood	Inspection Date
Section#	C/NC			TO BE CORRECTED BY
294	NOR	80	Wash, ringe, Sanifize, airdry in 3-bay	
			Sink all dishes.	
			Sobserved on Employee not Sanitizey dishes after rinsing them	
			dishes ofter rinsing them	
			J	
Received By	(Name	& Ti	tle) Inspected By (Name & Title)	Page of



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

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

			1	- P	The same and the s	
Establishme		n	400 800	Telephone Number	Date of Inspection	ID#
	co d	U	e Mayo Mexican	( ) Establishment	10/17/2	0 1971
Establishme			Many Jule	( ) Owner	1.7.	7070
1251	05	31	N 1N 146142	Purpose:	Follow-up Releas	se Date /
Owner p	0		10 -	1. Routine	10	127/22
Z	lu	1	Montosa)	2. Follow-up	Summary of Violat	tions:
Owner addr	ess		· Carring	3. Complaint	***	
	0			4. Pre-Operational		
Person in ch	aroe			5. Temporary	C_O_NC_	4
T CISSII	arge.				C_O_NC_	K
Responsible	person's	emai	600	6. HACCP	No. The Continue	1 . 1 . ( )
			/Sen Sate	7. Other (list)	Menu Type (See b	back of page)
Certified for	od handle		endoza Exp: 1/29/23/	/	123	_45
· CRITICAL	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		A CONTRACTOR OF THE PARTY OF TH
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW.	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
295	NC		Rodent-like pe	elets (RLP's		10/20/22
			seen inside of	ront metal	e cabinot	
			below register			1
431	NC	V	Front Oline o	rea Ceilen	2 Soiled	10/18/22
2/8	NC	V	Two door see	els are	ton/	11/17/22
- ,			split at front	line prep.	table	1
324	NC	(	Stront dine C	old water	know	10/31/22
			at hand Sink	leaks		1 1
			2) Frot Water h	eater leak	<u>)</u>	Need new
			continuous	from the		not water
		-	bottom			heater, by
		1				10/31/22
			<u> </u>			ALC: NO.
						Line area
		$\vdash$				1 1
	The second					
						-
Received by	(name and	l title i	brinted) ·	Inspect	eed by (name and title printed	7) •
Blance	a. Te	00		A	ndvew Miller	EHS
Received by	(signature)	:		/ .1	red by (signature):	SPER TRU
Dans				W	narew Mill	er
cc:			cc:	cc:		
4			•			



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#		
Circ	10 /	H/1710085	( ) Establishment	la de la constante de la const	1D#		
Establishme	nt address	1 77 10000	( ) Owner	10/2/11/	(0)		
349	NI	Morton 46131	Purpose:	Follow-up Release	Date		
Owner			1. Routine	NO 10131172			
			2. Follow-up	Summary of Violations:			
Owner addr	ess		3. Complaint	Z 1			
			4. Pre-Operational	4 1			
Person in ch	arge		5. Temporary	C NC	) R		
			6. HACCP	7			
Responsible	person's er	nail	7. Other (list)	Menu Type (See bac	ck of page)		
0 15 15	,, ,,			11 11 200 100			
Certified for	1	Jilson (12/2/25)		123	.45		
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
<ul> <li>VIOLATION</li> </ul>	(S) REPEATE	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI					
Section #	C/NC	R	Narrative	.  7	To Be Corrected by		
451	NC	Slow Myder Egilipi	nent is soil	d.			
431	NC	from Under Sheling	ng Whits Wisc	de Walk-	71 × 1		
		IN COORY IS SOILED	edrink display				
345		Observed a soun	DOHLE OF DOK	THILLY OLD (	Corrected		
	ste à	Cotten Cloths Stoll	NO INT CLESIA DOFT	d hold sink			
010	NE	2 Shorty OF M	30 to Ind h	JUSTING MILL			
48	NC	WALK-INICOSER CA	ILLY GLIVES ) G	mon dances			
	-	15 STIT WOULD	Lass Colorate all	0.010.0			
		William Court Co	000	Will			
Z95	NC	CALOR VIGILIEROS	1 Pourto	3/00/1/00/1	-		
L 15	100	FROM MOUNTE IN LOOK	(WITH CHILLS)	JI KIUWY			
2.10	NO	400 B CHE SOLVE	indust Soiled	_	P		
718	nr		10/10/10/10/10/10	-infreezer			
Cro	100	516 DN10-1	10 00 Figure		7		
110	ite:	in 158 1Hensik St	The Sta	red on a	Corrected.		
100		Clean Switge Con	tainer.				
			12/411/50				
Received by	(name and ti	tle printed):	Inspecte	d by (name and title printed):			
Received by	(signature):		Inspecte	d by (signature):	n. Miss		
XIIa	10106	Weels		Mall			
cc:	Jan J	cc:	cc:	Crex Cinara			



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

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

Page 1 of

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 name ) Establishment Establishment address ) Owner Purpose: Follow-up Release Date 1. Routine Owner 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 Received by (name and title printed): Inspected by (name and title printed): Inspected by (signature) cc:



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

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

Listablishini	ciit baiii	tatio	nacquirem	ciito. The ti	ine mine i	or correction	i of each violation is s	pecifica ii.	the namative por	tion or	tins report.
Establishmen	nt name	1 r	nark		Johnst T. I	University	Telephone Numb  ( ) Establishm		Date of Inspection		ID#
The second secon			THE RESERVE OF THE PERSON NAMED IN	The same of the sa				CIII	10/6/23	7	2321
Establishmen	of address	s ad	ata	Rd. 13	5		( ) Owner		C 3		19.00
1.10	5.	ST	till 1	ka. 15	5		Purpose:		Follow-up Rel		
Owner	Owner Bangersville, Ily					· Ily	1. Routine		Yes 1	0/2	20/22
Owner Bangersville, Ily 46106							2. Follow-up		Summary of Violations:		
Owner address							3. Complaint				
						Ī	4. Pre-Operation	ıal			
Person in ch	arge		1 1 1 1 1 1 1	recover feet			5. Temporary		c 4 NC 8 R		
							6. HACCP				
Responsible	nerson's	emai	O - THE COLD				7. Other (list)		Menu Type (S	oo hac	h of page)
responsible	persons	Cilian	Kyrik 1597H				7. Other (usi)		Menu Type (3	ee oaci	k oj pagej
Certified foo	d handle	1-							Partition of Many Street	1	- wang
Cerunea 100	er manene	.1				- 1			123	4	15
• CRITICAL	TEMS AI	RE ID	ENTIFIED IN	THE CHECK	LIST AND	NARRATIVE	COLUMNS MARKED "C'	,			
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	S INSPECTION	IS ARE DEN	OTED IN THE	"SUMMARY OF VIOLATION	NS" AND IN T	THE NARRATIVE BEL	OW AS "I	R"
Section #	C/NC	R				N	Varrative			T	o Be Corrected by
297	Ne		Soda	no2	eles.	ore	Sorted				
170	Ne	ng	Mere	are	mate	wals	on the f	loor	in walk-	m	10/10/22
	17/014	SUPE	Cooler	elinia -	Tital Promise	1177			निर्देश अब क्षेत्र अध	ONE TEN	
411	Ne		1 - A 1	s gre	out	merd	e walk-in			9 5 - 7 - 4 5	13 17 9H -
431	Me		Phoor	movel	e n	rall-in	cooler is	soit	ed en.		
430	Ne		meelia	mcal	vent	tation	merde v.	estro	om does	1	0/20/22
100	in the second		not i	NORE			4				
273/342	NC		, Hand	sink/	prep	Sink	dees not			ter	10/13/22
329	C		> fac	ertity	does	not	have not	water.			
	_		7	<b>V</b>			0		A		
345	C	(	mere	ore					d sink	1	10/10/22
346	MC		( Soap	irnot	morro	led	at und	SmK	*		
		1.11			/		Charles II	- 1	30 et 101 217 18360	250	<u></u>
303	C		Mere	is ne		ntize	r sean in	the	boy sint	ol lit	10/10/22
				tizer		net u	used in sh	Yel-	bon sint	2	
187	C		TORPIN	195 m	side	small	coolen ter	npera	title is	at 1	0 /13/22
			57°€	\$ 61	oF.	1		- 0			
252	Me		Fooe	Ther	mome	ter 1	not provid	cel			
								I. i	1 / 1::1	1)	_
Received by			printed): 38 Siv	Ola				Inspected	by (name and title pr UBIT	inted):	f HS
Received by	(signature	1.						Inspected	by (signature):		
		X	Leunon	-				Rale	by (signature): Bet lov		
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Listabiliani	ciic ouiiic	atton xtequireim	ents. The time mint for concen-	on or enem (nominon to o	promise in the interior	T I		
Establishmer	nt name	Mark	baceter electronomente a arbe maios	Telephone Numb  ( ) Establishm	ent	ID#		
Establishmen	nt address	.05	Bongersville, ID 46106	( ) Owner	10/25/22			
1 10 3	· 5'	L 135	4610Ce	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine				
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint		-		
				4. Pre-Operation	al			
Person in cha	arge	Constitution of		5. Temporary	9			
	DO RESIGN			6. HACCP	non or early	E. Sentages		
Responsible	person's e	email	proje i ber jest i " i je ogi	7. Other (list)	Menu Type (See l	pack of page)		
	r			7. Other (tist)	went Type (see a	ucit of page)		
Certified foo	d handler				123_	1 5		
					123	_45		
• CRITICAL I	TEMS AR	E IDENTIFIED IN	THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEAT	ED FROM PREVIOU	S INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	IS" AND IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
	-	food	thermometer non	provided				
	-	Somo	tizer not prov	ided or see	en in the kitche	n		
1.4 (1.17)	TI - 1	Soap	is not protrated	d by hand	Sink	100mm		
	~	Soda	nozzles are f	forted		1/79		
	_	there	are some mat	enals on A	he floor moved	2		
		walk -		Ara Ara	· · · · · · · · · · · · · · · · · · ·			
	_	lights		side walk	1			
	-	floors			Sorted			
	-	Medi	anrical ventilati	ion inside	public sestroom			
		Joesn		not have	hot water.			
1-8	-	The	1	not have	hot water.	10/28/27		
425	NIC	one fr	hat Hung eezer by Grill is	OF NCF OR	innved.	10/28/22		
112	Ne	NOTE	: O please Call	Box gersville	utility	C. STEPHEN		
		NUIE	@ 217-422	- E115	3011019			
			(1) make sure of	there are San	nitizers provided			
			1.04.	en "winder		cred a		
			Sanstizer					
Received by	(name and	title printed):	W. Marine a		Inspected by (name and title printed)  Raul Blilo	v Etts		
Received by	(signature)	Ldoop	Sul		Inspected by (signature):	gries des		
cc:	VU	- mer	cc:		cc:			

460 N. MORTON ST. STE A 10/28
FRANKLIN, IN 46131
ce 317-346

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

Establishment Saintation Requirements. The time mint for concent	on of each violation is specified in	if the narrative portion of this report.
Establishment name	Telephone Number	Date of Inspection ID#
(rumbl Coolines	( ) Establishment	
Establishment address  1675 W SouthValle, Rd	( ) Owner	102422 12498
1675 W SnuthValle Rd	Purpose:	Follow-up Release Date
Owner Greenwood	1. Routine	NO 111 4 TZ
011-001080	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$C \longrightarrow NC \longrightarrow R \longrightarrow$
to the second because a discourse of the second of	6. HACCP	recognition to the first
Responsible person's email	7. Other (list)	Menu Type (See back of page)
20101 - 151-2	odestra a of the till	July and Physician case your!
Certified food handler		12_345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
739 NC DISOLOS 015	nosable <	mons del
and Care	tron - Di	FENTIPOS
to assist in Ca	Paulino ro	Agan anton
	8	
Mark you.		
0		
There are a manually and the experience of		
- slavini marni (s.f. ol. davil se (see davil seeti		Polymore / Polymore I
		191 191 191 191 191 191 191 191 191 191
Received by (name and title printed):		I by (name and title printed):
Received by (signature):	The state of the s	d by (signature):
cc: cg:	cc:	7-10 -1710



86 WEST COURT STREET

86 WEST COURT STREET FRANKLIN IN 46131

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

Establishin	ent Sam	tatio	n Kequirein	ents. The time	mint for correctio	on of each violation is sp				tins report.
Establishmen	nt name	1	Lines-		region refere	Telephone Numb	er D	ate of Insp	ection	ID#
1 ast	11/	()	1100 n	)		( ) Establishm	ent	. /	1	100
Establishmen	nt Addres	s 1	. (1	Green	100d, IN	( ) Owner		10/2	0/22	192
601	W- 1	1/	ain ot	4	6142	Purpose:	F	ollow-up	Release 1	
Owner		1	1 .			1. Routine		YRS	10	/30/22
Ruch	ard	-	lestan	1		2. Follow-up	Sı	ummary o	f Violation	ns:
Owner address						3. Complaint	- 1			
						4. Pre-Operation	al	1		~
Person in ch	arge					5. Temporary	1	c_4	NC /~	R
1 2						6. HACCP				
Responsible	nerson's	email					<b>—</b>	Mony Typ	o (Saa hay	ck of page)
responsible	persons	Cilian	KT TT-64			7. Other (list)	1 '	vienu Typ	e (see bac	.k of page)
Certified foo	d handle						— I.		1.	The state of the s
	know		)				1_	2\	<u></u>	45
	Annual Control of the	-		THE CHECKLIS	ST AND NARRATIVE	COLUMNS MARKED "C"	-			
• VIOLATION	(S) REPEAT	TED F	ROM PREVIOU	IS INSPECTIONS A	RE DENOTED IN THE	"SUMMARY OF VIOLATION	IS" AND IN THE	E NARRATIVE	E BELOW AS "	'R"
Section #	C/NC	R	_		1	Narrative			T	To Be Corrected by
1303	C		1)11	hwash	emplo	(180) mot	wa	shen	0	10/20/22
3700		22.1	Hin	una	and	Santia	ina		8)	1
324	NC	(	Drilat	04 ) 1	ak) Rts	omi wate	49 l	ine)	ANDE	10/25/22
	700		to	ot wa	ten the	ator			T SOUTH	
			2) 41/0	ten n	noted d	nigara 1	from	)		
		_	hole	Mind	rasemer	it) lroy	ni	Ce		
			ma	KAR)	unit o	m Ofers	t le	vel		
324	C		7110	ster -	line 1	n las	emer	it.		10/25/22
			wa	s lea	kina,	near si	ump	De	t	Ĺ
324	NC		OThr	ee l	MIL SU	nk.in	eron	Ha	rea	10/25/22
			fai	icet.	leaks	and &	he of	rani	de	/
			les	brok	en)					
		(	2)	me t		ay sink	let	spra	u.	
			han	al l	elow &	Good Mir	A)	7	8	
438	C		The	ree 1	Plastic	spray &	rottl	es		Corrected
-			wer	e n	ot lal	beled wi	th (	onte	nto	)
291	NC		no	Quat	or Chlo	nine test	str	iss		10/21/22
			proi	ride				/		1
346	NC		1 no	har	d Soap	provide	dat	7		10/20/22
Received by					,	/	Inspected by	NA II	tle printed)	150, 1411
	ckey		1055				Andrew	Miller	FH3/	MITTALL
Received by	(signature)	: " 11	Voss	)			Inspected by		1/20	Max &
	and a	1	0000				andrew	1 Week	/ (MX)	* V WW
cc:				cc:			cc:	1		,
1										

NANNATIVE NEPONT						
Eştablishr	nent N	ąm	e Address Greenwood	Inspection Date		
H)nih	n (	االا	HUN Address Greenwood 601 W. Main St. IN 46/42	10/20/22		
	//			TOBE		
Section#	g/NC	R	REMARKS	CORRECTED BY		
			area hand Sink			
174	NC		Bulk items (sprinkles toppings	ex)10/20/22		
-1-1-1	<i>, v C</i>		111000 MOT PANALON	(K) 10/20/22		
216	NC	$\neg$	Conditioned in used to line	10/20/22		
210	100		Metal shelling	10/20/23		
210	9/6		Durage State of	11/22/22		
218	NC	$\stackrel{v}{\dashv}$	Turneur Teprigeration	11/20/22		
211		$\dashv$	door gaskets are split/torn.	<u> </u>		
256	NC	_	and some refugeration units	10/20/22		
			lacked ambient can thermometers	<del>                                     </del>		
228	NC	$\leq$	some refrigeration units are	12/1/22		
			not lastly movable	<u> </u>		
426 1	VC	$\underline{\checkmark}$	Basement area contained	12/1/22		
<u> </u>			various unused laurement	//		
		[	and in front area	<u></u>		
295	NC		numericais refrigeration	10/25/22		
			enument were soiled inside			
			and doed frier wheels are soiled			
			(i.e. Pensi Ice Shoot both ice			
		$\dashv$	Cream units. The Freezer with			
		_	toppings etc); and interior top of ice m	AboL		
431	NC	ᅥ	floors throughout were soiled	10/25/22		
121	/VC	$\dashv$		10/20/22		
216	216	┥	Miluding inside Walk-in-Cooler/fre	01112		
218	NC			011/1/22		
		-	on back of fan area and on			
		_	numerous products (boxes of food).			
100		_(	3 Try scoop was cracked	Corrected		
187	C		The following internal food	Corrected		
		_	products were measured	Vol. Discarde		
			unside Sandwich preparation take	le foods		
			O fulled pork 49%F			
			1 Hot dods 55°F			
			3 Sliced Cheese 56°F			
431	NC	<b>ノ</b>	West Interior basement wall	was 10/25/22		
1.3/			soiled with onease and dead	7		
			insicts (reseat from 3/2/21 inspection)			
2.34	NC	$\neg$	LODONN AT druse-115 11400 mot	Corrected		
<u> </u>	,,, <u>,,</u>		dispensed or stored to prevent	( ) ( ) ( ) ( ) ( )		
				portion		
Received By	(Name	ጼ Ti		_		
N/	-		1 4 1	Page _2 of _2		
	_		, , ,	!		
State Form 48	3621 (RŽ <i>i</i>	8-0	5)			



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

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

Establishmer	nt name		age and the	Telephone Number	Date of Inspection	ID#	
De	nny	5		( ) Establishment	10/11/22	836	
Establishmer			1 7 1	( ) Owner	10/11/02	520	
125	3 5.	Pa	IL AVE Greenwood, IN	Purpose:	Follow-up Releas	e Date	
Owner				1. Routine		10/21/22	
				2. Follow-up	Summary of Violat		
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge			5. Temporary	C_/_NC_	/ R	
-21				6. HACCP		The Later	
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)		
	•			l o said (illig	January Po (core	s) F8-9	
Certified foo					123_X	4 5	
	Cra	59	Predmore				
• CRITICAL	TEMS AI	É ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
		COLUMN TO SERVICE	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
239	NC		Proper shalfing is	not < used	406		
10.7			Eggy out Contain		line	10/11/22	
137	C		Humburger patties	phin the	F or Below	1911120	
			refrigeration are not	LOW boy di	rowars		
			,	201 90 7 01			
					- 1		
			4 S			unie I	
	ec.i.a					s state	
						/	
						/	
						/	
	11					1	
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L			and the second s		/	Page 1 of/	



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

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

A CONTRACTOR OF THE PARTY OF TH		tatio	n Requirements. The time limit for correct		•	of this report.
Establishme	nt name	$\cap$	2 111120	Telephone Numb	er Date of Inspection	ID#
100	OX	(-	51enexal #1159	( ) Establishm	ent IN LIN 100	1071
Establishme	nt addres	s	- 11 -	( ) Owner	10/10/6	-1010
88.	55	W.	S HIGHWAY 31	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	- $10/$	70/77
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
9				4. Pre-Operation	nal /	/
Person in ch	arge			5. Temporary	CNC	O R
	O			6. HACCP	110_	
Responsible	person's	emai		7. Other (list)	Menu Type (See l	back of page)
	Persons			7. Other (usi)	Went Type (See 8	nick of puges
Certified for	d handle	r				4 5
					12_/_3	45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	'IVE COLUMNS MARKED "C'	1	
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
414	NC		Back room exter	ior emerge	they exit	
			doors not protect	ed tromo	potential	
			rodints.	0.00	11 15	
			SIDE CXXXION SU	revolenta es	XIT GOOV D	
			10+ protected tre	NN SOTEMAN	all y corners	
			5000 119 VA 100	S ODSEVURC	J WORL	
218	NC.		Back room " Sces	sh food! Co	Oler HEOV	
210	NC	-	back room "tree	NOVE O	ORY OWN	
<b>-</b>			Bh CV COM I tresi	ford's cod	er left door	
		-	hander is missing.	1100.00	er lert door	
			Checked to White	1 W in Da	ck room	
			i Expen for too	er treeder	en loui.	
			The Tight out in	Dack voor	n "frozen fond	1
			Erce Zec.	1000011001		
295	NC		Back room Fron Fo	od" coolers	nelvin racks	
			one soiled.		1.5	
			Bottom of back vo	on "trozen	tood" Couler	The second
			is soiled.			
Received by		1 /			Inspected by (name and title printed	):
$\wedge$	9110		maa		MAN (COU)	
Received by	(signature)	1	// ~		Inspected by (signature):	
	lavu		hu		MALKON	
cc:			ce:		cc:	

Establish	Establishment Name  Address  Octor Orchand #139 8835 US Highway 31			Inspection Date
Section#	C/NC		REMARKS	TO BE CORRECTED BY
			Bottom of produce Shelf is Soiled.	
			Bottom of ice Cream freezer is soiled	,
			Shelving wit with " electrolit" products	
431	NC		is solled. (next to trust snocks)	
451	100		floor through out establishment is	
			1 GODSENED a Spill infront of Side	
			emergina exit	
			Spill in front of 100 (room freezer	
			Scroot under Shelvin units / equipment	15 Soiled.
430	NC		Cailing tills omno dimen is domosid	
77/1	- 11		Suprers to have with damage	
324	NC		METTS TESTICON TOTLET IS SOLICO	
			Woman's restroom toillt is Soilld.	
		-		
		_		
			<u> </u>	
Received By	(Name	& Ti	Inspected By (Name & Title)	7 7
, /	and		(ABUCCO)	Page of



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

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

Establişhmer			in requirements. The time mint for confect	Telephone Number	Date of Inspection	
		101	101111	3 2	Date of Inspection	ID#
Establishmer	MM	111	10nuts	( ) Establishment	10/7/77	7401
Establishmen	nt addres	10	200 10 1 (m) 1 0 1	( ) Owner	11/1/20	2101
	() V	15	moth Valley Rd	Purpose:	Follow-up Release	Date
Owner				1. Routine	No 10,	17/26
				2. Follow-up	Summary of Violati	ons:
Owner address				3. Complaint		1
				4. Pre-Operational		+
Person in charge				5. Temporary	C NC	2 0
l croon in cir	80			_ ,	CNC_	N
Responsible	person's	emei		6. HACCP	M T (Co. I	I C + \
responsible	persons	Ciliai		7. Other (list)	Menu Type (See b	ick of page)
Certified foo	d handle	r			to	
ADIM		1	ava 80:4/26/2027		123	_45
1			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
ı			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW AS	5 "R"
Section #		-		Narrative		To Be Corrected by
WHAT	WC		Drain under 3 kays	ink soiled		10/10/27
431	100	No.	10 Mil Wille Stay 3	THE JUILLY	The Table State of the State of	10/10/02
7015	NC		Don't sit sanitizer bul	Kets on food conta	t surfaces	10/7/27
	100		V - SWINGER PERC	- S o freeh contract	21 July Mes	777
			1. 6			
			NOB' Walk in freezew	needs food sweep		200
			/-		- Harrison Olivi	Company or contract
	ds &				the state of the s	
			The state of the s		and the state of	
			147 112			of market
					5	Tade Lore
						1
Received by	(name and	l title	trinted):	Inspected	d by (name and title printed)	
X /		m\c	es Edens	mspecie 7	MCH Blank	nd
Received by	(signature	انا	3 +00.12	Inspecte	by (signature):	), (1
X	1			///	Rinie Ha	nd
cc:			cc:	cç:	when the	11 84/2
- Commen						1 totto