

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

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

Establishment Samtation Requirements. The time mint for con-	ection of each violation is specified	in the narrative portion of this report.
Establishment name Kas tar LLC	Telephone Number () Establishment	Date of Inspection ID#
Karton LLC Establishment address PO M State rd 135 IN 4610	() Owner	10/24/22 2628
Owner Owner	Purpose: 1. Routine	Follow-up Release Date 10/4/22
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary 6. HACCP	c_/_nc_3_r
Responsible person's email	7. Other (list)	Menu Type (See back of page)
	7. Other (tist)	and the same and t
Certified food handler		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected b
295 Me Ther upper left of	the the maelingue	is starting 10/28/2
to get soited.		and the second of the second o
and the state of t	0	POPULATIONS INSIDE
177 re some materials more	le the walk-in coo	ler net
above 6" off the gro	und	
297 rue Some Soda nozile	es one soiled	-
329 MC The fairty close ne	of have not water	r. 10/27/22
Mo If there wouldn	It be a Submitted	l proposed
meny because the fo		be serving
food.		
' w maintenance		week of
24-28/22 to pi	of kitchen hood	8 hot water.
Descined by (same and title being the	Tage	d by (name and title printed):
Received by (name and title printed): 11 C 2 S/21 C 21	Pau	l Betier Etts
Received by (signature):	Inspecte LAU	d.by (signature): Bettese .
се: сс:	dc:	



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Establishme	nt name		ignor of a se-perm collection manufactor and st	Telephone Number	er Date of Inspection ID#
120	nh	20	kg Fred Unice	() Establishme	ent
Establishme			SP 135 (Venno	() Owner	10772 724
1525	7	7	SP 135 (V elnuvo		Follow-up Release Date
Owner				1. Routine	ND 10 1722
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operation	al
Person in ch	arge		a rest William Control Control	5. Temporary	C O NC Y R O
			a mar ext Constitution Constitut	6. HACCP	
Responsible	person's	email		7. Other (list)	Menu Type (See back of page)
responsible	Person		to the state of the state of	7. Other (itsi)	Wienti Type (see buck of puge)
Certified foo	nd handle	r			— I
Ceranea 100	ra minare.				12345
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
l			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section #		-		Narrative	To Be Corrected by
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903	170				la ly
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			100		
			N. H. Chennelle and M. C. Control of the Control of		al literacy III
			Note Freezer	out is	in the war
			Mank you		
Received by	(name and	title p	rinted):		Inspected by (name and title printed):
	205	16	y Green	mag i j	Jennifer Warner
Received by	(signature)	7) (1)		Inspected by (signature):
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cc:			сс:		cc:
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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.

Date of Inspection Establishment name Telephone Number 10/10/22 2041 2239 N MORTON FRANKLY, DY OWNER Follow-up Release Date Owner 1. Routine EN OHEN Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational c () Nc S RPerson in charge 5. Temporary EN CHEN 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler +n often 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 239 NC SHELUING WORN IN WAZK-IN COOLER 3 compartment 324 NC Noted AT meTAL TABLE SHELF DU WHIZERT BUCK FOOD STORED NOT CLEAN 10/20 431 FLOOR NEXT TO WAZL, UNDER 10/20 NC EQUIPMENT NOT CLEAN PAN WITH STAGNANT WATER INSIDO 324 10/20 NC SOFT BRINK STATION CABINET UNDER 295 NC 10/20 OLORN MENS RESTROOM CETLING EXHAUST 431 NC COURR NOT CLOAN OUMPSTER LTD NOT NC Received by (name and title printed): Inspected by (name and title printed): Received by (signature):



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	ements. The time mint for correct		in the narrative portion of this report.		
Establishment name		Telephone Number	Date of Inspection ID#		
Lyocer		() Establishment	10		
Establishment address	1.	() Owner	101122 934		
5100 Men	dian Parturo	Purpose:	Follow-up Release Date		
Owner	GV. Se march	1. Routine	NO 10 21 22		
	C/1 000 000 C	2. Follow-up	Summary of Violations:		
Owner address		3. Complaint			
		4. Pre-Operational	7 0		
Person in charge		5. Temporary	$C \longrightarrow NC \longrightarrow R$		
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Responsible person's email	Date that the latter of the la		Many Type (See heah of page)		
Responsible person's eman		7. Other (list)	Menu Type (See back of page)		
Certified food handler			1 2 3 4×5		
ceranea rood mindier			1234_7_5		
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		THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"		
Section # C/NC R		Narrative	To Be Corrected by		
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	al Dela		ð		
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297 NC Rei	nove food	midep in	door tracks		
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			gi fisher be		
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cc:	cc:	cc:			



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Establishment name	Telephone Number	Date of Inspection	ID#
La Herradura	() Establishment	10/- 100	2000
Establishment address	() Owner	10/5/6	-12259
1240 S SR 135 46006	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	- 16	115127
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	CNC	R
	6. HACCP	7	Lambara -
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
and but the state of the	7. Giner (1886)	we have a manager	ersenouna
Certified food handler		123	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATT	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
345 MC OBSENCED A STOW	er basket sta	med in	Corrected
designation and	SINK Dy M	10 SINK	AMERICAN AND AND AND AND AND AND AND AND AND A
19 Should be	isad torunor	d Moson	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
210 16 510	2 00 110 1000	10151000	
218 M Observed a apr	SOUTH THE LOCA	3 Systant	
35 2 NC DOSENIED DOCOVE	LEGITATION PIN	10018	
SO COOL COLOR	1000012 (05)	100M	
234 NC OBENIED WILLS	THEVENS STEW	sormani bos	1/12
5 honder so	Ald be stone	1 19 Hick	Ü
716 NO DOSENRO GILLIMON	for foil lings	nx Shelvin	Aniamanuil I
racks in Kitche	Ut box one	20	D. L. Line and L. Committee and L. Commi
50served alumi	num toil Ino	in par	10.1
Coolers	01-11	10 - 10 - 110 -	
Doserred Cotton	Cloths Inning	Dow COOKE	
431 NC Floor inside walky	Cleanoble Cooler Imale	- heer	
451 NC Floor inside walks	il Cooke Mille	1 1/(1)	
739 NC OPENIER CIST ROCK	5 DOX STONED O	FF Flor	
Received by (name and fittle printed):	Inspecto	ed by (name and title printed):
Received by (signature):	Laspecto	ed by (signature):	
7	$\binom{3}{1}$	So Hall	
сс: сс:	cc:	July William	
			Page 1 of

NARRATIVE REPORT

Establish	ment N	am	Address 226 S SR 135 46106	Inspection Date
Section#	C/NC	R		TO BE CORRECTED BY
411	NC		Observed one light out in wolk-in	
			treizer	
		_	light intensity in Kitchen Oven not	
310	NC		inestrooms vents over soiled.	
510	100		thestrooms vents appears not functioning.	
			Prestrour saws affens to inclining.	
			Note: 1xmen's restroom has now	
			toilet seat not open front	
			Note: Observed employee drink without	
			118:	
			Sneeds to have a lid.	
			Note: dumpster lid not Closed.	
			105	
		_		
				4.00
				¥
Desci and D	. /Na	0 -	Honorted Dr. (Name of Title)	
Received By	(IName	α II	tle) Inspected By (Name & Title)	Page 1 of 2
()	-		(Introduction	



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Listablishin	ont Sam	tatio	ii requireiii	citis. The time	. mint for correction	on of each violation is sp			THE RESERVE	THE TOPOTH
Establishmer	\ \	1	abool and	ing an dispre	and, in the Hollin	Telephone Number		Date of Inspec	ction	ID#
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Establishmer	nt addres	S	0	in the second		() Owner		1013	77	(16)
210	71	1	nde	send	inel	Purpose:		Follow-up F	Release I	Date
Owner			6	7	l l	1. Routine		No	10	C3 C2
				West	COOS	2. Follow-up		Summary of	Violation	as:
Owner addre	ess					3. Complaint				
						4. Pre-Operation	al			
Person in cha	arge		A Respire			5. Temporary		C_{0}	NC Z	R()
						6. HACCP		na h Lacres	in Inter	Junt
Responsible	person's	emai	THE DESIGNATION	doreiz i Lycn	a c Yalina Lind	7. Other (list)		Menu Type	(See hac	k of page)
responsible	person	011110				7. Other (tist)		wichu Type	(See one	it of page
Certified foo	d handle	r				-		1 2	X	4 =
								12	_3'	+5
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN	THE CHECKLI	ST AND NARRATIVI	E COLUMNS MARKED "C"				
• VIOLATION	S) REPEA	TED F	ROM PREVIOU	US INSPECTIONS A	RE DENOTED IN THE	E "SUMMARY OF VIOLATION	IS" AND IN T	THE NARRATIVE B	BELOW AS "	R"
Section #	C/NC	R			9	Narrative			Т	o Be Corrected by
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			and	2010	ipmen	4				
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Tr. 181	T. L. L N L	ID-to of Inspection	1 "
Establishment name RIVER OF FRANKLIN INC	Telephone Number () Establishment	Date of Inspection	
Establishment address		10/0/2/20	7 1160
1063 W JEFFEGON ST. FRANKLIN, IN	Owner Dungstal		
Owner	Purpose: Routine	Follow-up Releas	123/22
CIVEN	2. Follow-up	Summary of Violat	
Owner address	3. Complaint	The state of the s	
o which induces			
Person in charge	4. Pre-Operational	CONC	7 n
2HIHUI JIANG	5. Temporary 6. HACCP	neph house a do	<u> </u>
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
Certified food handler	PART OF STREET WITH IT		\supset
ZHIHUI SAANG		12(3	55
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	
	Narrative		To Be Corrected by
218 Me 2 2 door proper.	ATTON REFRIGE	0141000	11/13/20
OOR GHSKETS U	100EN 13 PLF1	TY (TYRKY Z. SDOCT)	3.0000000
197 NC + WALK-IN FREE	70 02 ATR TO 000	10457,570	10/18
197 NC + WALK-DN FREE 19°F, REAZIT NOT AT O°F	IN FREEZER	17°F	10/10
NOT AT OOR	OR LESS		
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the state of the s		<u> </u>	Line the
			Later the later
Received by (name and title printed): Thinks Tion9	Inspected	by (name and title printed DM/174): ENS
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			Page 1 of
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name	. 5	t. brille	Telephone Number () Establishment	Date of Inspection	ID#
Establishmer			. Britie	() Owner	10/11/22	1834
			essan Alla	Purpose:	Follow-up Release	
Owner		15- 1	resson Ave Greenwood, IN	1. Routine	1 1	21/22
			G. CENWOOD, XX	2. Follow-up	Summary of Viola	
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	3 R
	C			6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
Certified foo	nd handle	r			- 4	110 E 81
Ceranea 100			a spencer		123	45
	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT			
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN 1		ND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
35 Z	NC	, a	Back door left	open agar		10/11/22
216	NL		SI IC Mach	the due do		3 2 200
190	NE		Shelf WORN in Raw whicken	not armach	wood of	10/11/22
170	7022			1500	/ /	10/11/00
	a	-	The second secon	8		
		-				
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				(4)		
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cc:			cc:	cc	: / 4	



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Establishme		. 1	ρ ρ	Telephone Number		Date of Insp	/	ID#
Establishme			ers Lleli	1	ent	10/7/	22	1974
			Greenwood 1.135 IN 46142	() Owner			In .	11121
	N, J	. K	1.135 IN 46142	Purpose:		. ,	Release 1	/ /
Owner				1. Routine		No	/	/
				2. Follow-up		Summary o	t violatio	ns:
Owner addr	ess			3. Complaint				
				4. Pre-Operation	al		2	?
Person in ch	arge	0	1	5. Temporary		c/_	NC_	, R
I W	bu	Ρ,	rune,	6. HACCP				7
Responsible	person's	emai	/Serv Safe	7. Other (list)		Menu Typ	e (See ba	ck of page)
Certified foo	od handle		Tellapaugh Exp: 3/9/26			12	_3/	45
			ENTIFIED IN THE CHECKLIST AND WARRATIVE	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	TED I	ROM PREVIOUS IN PECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	S" AND IN T	HE NARRATIVI	E BELOW AS '	"R"
Section #	C/NC	R		Narrative			7	To Be Corrected by
303	C		mechanical dish	machine 7	was	not		Corrected
			Sanitizing immedi	ately after	clea	ning		
399	NC		minon grout	repair	nee	ded		12/1/22
			in various kei	tchen ar			,	1
324	NC		O Double Check	value 1	eake	nga	t	12/1/22
	-		@ Theter Dises leak	2 2 2 2 4 1	- / - /)		10/2/22
			2 Water pipe leak	noted u	nder			10/31/20
			3) Sorau hour alt	table to	<i>C</i>	1.51.	6.	Corrected
			spray rose all	Continuou	may	essur	.)	1
218	NC		a Distu when of t	alde lel	000)			11/15/22
210	700		michanical de	sh unit	- 10	crack	eed	1
			at the bottom	of an and	gled	met	al	1
			quard	0				
			13 Door gasket is Prep table	torn split	on	NZ		L
			prep table					
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Establishme	ent name		And the second	Telephone Number	Date of Inspection	ID#
Mi	Dow	dla	21	() Establishment		10#
Establishme		4410		() Owner	10/7/22	1555
				Purpose:	Follow-up Release	Date
Owner				1. Routine	100 10	117/22
				2. Follow-up	Summary of Violation	ons:
Owner addı	ress			3. Complaint		
				4. Pre-Operational	A - 1	1
Person in cl	harge			5. Temporary	C_ONC_	7_R_
				6. HACCP	(420 Carabination of Carabination (420 Carabinat	
Responsible	e person's	email	year exercised to an order	7. Other (list)	Menu Type (See ba	ack of page)
Certified fo	od handle	r			123_)_45
C.7900C-12*5C-23 -23*9C9U.V*			ENTIFIED IN THE CHECKLIST AND NARRATIVE		LITTLE NADDATERE DELOW 12	"D"
Section #			OM PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative		To Be Corrected by
218	AX			Good repair		10117127
210	100	4120	ing ouspers with mi	goongar	THE DESCRIPTION	10/11/02
402	NZ		Floors soiled behind if	uipment up fron	<i>t</i>	10/8/22
295	Ne		area abund drink s	tation at drive	tnu	1017/20
295	NC		Soiled arive s	TAGION WIAMVE	<i>J NIN</i>	10/1/02
	NC		MARINON Shake male	him sorred	1 0 0 0 0 0 0 0	10/7/22
			ANOTE: dishwasher	not in use, rep	wrorder	
	-		supmitted	V		
)	there
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Received by	in h	1ctt		Inspecte	d by (name and title printed): YCIC Banfova	1
Received by	(signature)	:		Inspecte	Aby (signature):	Gad
cc:			ce:	cejf	131734184	369



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

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		atioi	requirements. The time mint for e	correction or each violation is specified	
Establishme			finer are all law, along foods.	Telephone Number	Date of Inspection ID#
Ma	100	1	Sber	() Establishment	
Establishmer	nt addres:	S		() Owner	101722 6612
796	2	6	200 N Whitela	Purpose:	Follow-up Release Date
Owner				Routine	NO 10 7772
				2. Follow-up	Summary of Violations:
Owner addre	ess	24/11/14		3. Complaint	
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D : 1		T- 100 (100)		4. Pre-Operational	$C \longrightarrow NC \longrightarrow R \longrightarrow$
Person in ch	arge			5. Temporary	CNCR
1111	MINT.			6. HACCP	and the second second
Responsible	person's	email		7. Other (list)	Menu Type (See back of page)
0 10 10	11 "		0.000	to the state of th	
Certified foo	od handle:	r			12345
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NA	RRATIVE COLUMNS MARKED "C"	
0.00				ED IN THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
	14.81 63	027	Th : 1. 10 30	in Freezer I	105V 102188
	mdand	01.	All Control		1987
			acent!	Productive in the second	STREETHINGS STATE OF THE
			X X X		
			mak you	3 -	
	4				and the second of the second o
				11. I.	A
					vs. 1315 Ve. J
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		De	M		N 5464376
cc:			cc:	cc:	
			/		



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

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

Establishm	ent Sanit	atio	on Requirements. The time limit for correct		
Establishme	nt name		e e e en en parez al	Telephone Number	Date of Inspection ID#
Establishmen	11/11/1	Sk		() Establishment () Owner	10/31/22 1245
300 Marly Dr. Sypenhous			In Dr. Greenward	Purpose:	Follow-up Release Date
Owner				1. Routine	<u>— 11/10/22</u>
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	\sim
Person in ch	arge		5	5. Temporary	$C \sim NC \sim R$
20				6. HACCP	a de la constantina della cons
Responsible	person's	email	An angle of the second	7. Other (list)	Menu Type (See back of page)
	1			7. Other (1135)	radio al grazitação
Certified foo	d handler	r			12345
• CRITICAL	ITEMS AR	E ID	DENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	•
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
			No items noted	at time of	Inspection
	011/12/19	107	Carron Company of the		Committee of the control of the cont
	rediad	J. Land	Annual Control of Manager St.		
			7 E		
			10101 d 011 Had		0-0220
			POTE ALL THEY	nometers insid	Sily Sten.
		_	MIG COOKY WITTS S	MOUNT DE ENS	sily sterl.
	a lunca	100			
					and the state of t
					suser pill le
Received by	(name and		printed): IATTE WALLEOVERINGS	1/5	ed by (name and title printed):
Received by			ALLOVALING)		ed by (signature):
XQ	, 0	~		(')	1206
cc:	THE REAL PROPERTY.	0	cc:	cc:	



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Establishment name	Telephone Number	Date of Inspection	ID#
MI ABUPLITO 3	() Establishment	10/4/22	2460
Establishment address	Owner)	101.110	01100
2797 N MOCTON STEA FRANKON,	Purpose:	Follow-up Release	Date /
Owner	1. Routine	101	110
JUAN QUEZAVA	2. Follow-up	Summary of Violatio	ns:
Owner address	3. Complaint	(5
	4. Pre-Operational		
Person in charge	5. Temporary	c O NC	R
BULMATO R COINA	6. HACCP	10000	In the risk
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
	7. Giller (1111)	Mena Type (see ou	on of puge,
Certified food handler ARO CORNA (3/10/26		1 2 3	100/5
Certified food handler ARO CORNA (3/n/26	serusarey	12	3
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		1 1 1 1 1
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section # C/NC R	Narrative		To Be Corrected by
A INTERNAL FOOD			10/5/20
	CAW SHRIMP	130F DN	PRO L
RUFRISON ATOR BY	gRtll NOT F	41-41-1	A 10 LONG
324 NC + LOAK NOTED AT	Ilandetall Ex	1/07	10/16
	HANDSINK FA	VCET,	10/10
392 NC A OUTSED OUMPS PER	LED NOT CLO	SOA	1016
177 NC & SOME CONTAINERS		TOFF	10/7
FLOOR MINIMUM	of 6 unches		
WACK-DU FREEZE			
351 NC - GOVER FOR WAS	RE CONTAINER	NOT	10/10
PROVIDED - WOM			
	Seen BY BAC	//	ORKIN
(1000) COOKROAZHES SEE			HAS TREAT
(P) AND NEXT TO WI	HTER HEATER		Keep, CONTRO
220 40 4 50 00 0 4 4500 6	17.00	10 110 000	10/6
	TOROS ON TAB	6 under	10/5
Received by (name and title printed):	Tychen	l by (name and title printed):	, 5/2
	. /	30 6 Smil	4 6249
Received by (signature):		l by (signature): 1)	
	Inspected	Parl Im	1)
cc: cc:	cc:		
	5.53		A -



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 Mi Jefl Establishment address 106 S. S. R 135 46181 Owner Owner Owner address Person in charge Josh Cwon 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)	Date of Inspection 10 6 2 2 Follow-up Release NO Summary of Violate C NC NC Menu Type (See b)	e Date /20 /22 ions:		
Certified food FUJ L			on Exp: 2024,		13	45
• VIOLATION(S) REPEA	TED F	ENTIFIED IN THE CHECKLIST AND NARRATIVEROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
411	Ne	~	Dish washer	Contamens are all contamens he rescoop is upris	Cabelled.	10/20
Received by (Received by (Coc:	05e signature,	I		Inspecte Luspecte	d by (name and title printed) Black d by (signature): Mul Black Black And Signature)	Etts.



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

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r. 12.1	T I I N I	ID CI	T
Establishment game Nauleta Brewing Co. LLC	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address	() Owner .	10/28/22	2/59
6001 N 1/531 Stel4 in 46184	Purpose:	Follow-up Release	Data
Owner / / / / / / / / / / / / / / / / / / /	1 Routine	MA III	107/22
Stone. Hahmon	2. Follow-up	Summary of Violati	0 1/0-1
Owner address	3. Complaint		
When address			
Person in charge	4. Pre-Operational	c	/ B
XTO 110 Mahmon)	5. Temporary 6. HACCP	C_ONC_	/ R_
Responsible person's email (*/OFCD FVO!	7. Other (list)	Menu Type (See b	ack of page)
Responsible person's email (NRFSP EXP:	7. Other (tist)	Wienu Type (See O	uck of puges
Certified food handler 1/ 1 1 4/0/23	/	1 2 1/3	4 5
Natalie Kendall (1972)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		N THE NARRATIVE BELOW A	
	Narrative // // //		To Be Corrected by
218 NC Inside botton	n of Cold II	aster	142920
Coller is fell	eurg pair	39007 300	
tasan iqualiarens barrisbul or or	MILES PROPERTY OF THE PERSON O	the controller or chessive	VHD 1× 1
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there is a pain also burge in the selection of	and the second s		7150 L20 2 2
		and the second second	
			me a la
		-	
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Received by (pame and threy pinea):	A	ed by (name and title printed,	ler EHS
Received by (signature):	Inspect	ed by (signature):	2 90
Stephen Harm	2010	ed by (signature): Marle N	alle
сс: сс:	сс:		



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- · · · · · · · · · · · · · · · · · · ·			
Establishment name	tange was a sing in	Telephone Number	Date of Inspection ID#
	JAPANESO ROSTAUCANT	() Establishment	10/11/02 1821
Establishment address	000 00 00 00 00 00 00 00 00 00 00 00 00	() Owner	10/11/00/1801
	FORSON ST. FRANKLIE, IN	Purpose:	Follow-up Release Date
Owner		(1. Routine)	10/21/22
YI LI		2. Follow-up	Summary of Violations:
Owner address		3. Complaint	
6		4. Pre-Operational	
Person in charge		5. Temporary	c_O_Nc_9R
YI LI			CR
Responsible person's emai	1	6. HACCP	M T (Control of total
Responsible person's emai		7. Other (list)	Menu Type (See back of page)
Certified food handler	2, 100, 20		
YJ U	SERUSARE		1234\frac{1}{3}_5
	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "R"
Section # C/NC R		Narrative	To Be Corrected by
wore >	SMALL FLES See		1.
WUTOS	WAZK-IN FREEZE		
417 NC >			10/15/20
295 NC 4		=RTER /GRILL A	
431 NC 9	0 100 /00 /0	- 601/60/	
411. NC -	(1) LIGHT OUT ON		
234 NC x	KNIFE/CLEAVER STO		
	MOTAL TABLE IN K	MAHSTE	10/11
112 NC 4	FrONT ARCA CHEST	RIFITSECATORI	FREGRAR - 10/20
238 WC 2	NOT commercial	NOT EASTLY M	DOVERBIO
250 NC C	THORMOMETER NOT	provided	
1			
- Louis	the state of the s		No. 255
			4.8 (0.8)
			1 1
Received by (name and title)	printed):	Inspected	by (name and title printed):
A	1161	D _c	ob SMITH EAS
Received by (signature):	7.1 :	Inspectee	by (signature);
7		1-	El Jmod
cc:	cc:	cc:	
i		I	



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

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection ID#
New Wang (a)	() Establishment	1 120 100
Establishment address	() Owner	111111111111111111111111111111111111111
209 5 5R 135 460147	Purpose:	Follow-up Release Date
Owner	1. Routine	N/0 10/78/17
	2. Follow-up	Summary of Violations:
Owner address	nee .	7
Owner address	3. Complaint	
	4. Pre-Operational	X
Person in charge	5. Temporary	C_NC_R_
and the contract of the contract of the contract of	6. HACCP	agalana Assertaireis alute est la equ
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Gertified food handler		ammon sin mali na susse and i
Certified food handler Lethua Chons (3/19123)		12345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section # C/NC R	Narrative	To Be Corrected by
174 My Bulk frozen meat	inside chest fi	et Zer
Note: In back not large	led-	Jan 2011 to gregorian Talento C.
218 MC Convanished trash	Can holding	1102
Shandy 12 pa	JAN 2016	
Drie Should b	e left in backage	
795 NC Walkin Coder Shell	my mits are	DOME
		The second secon
1 300 3 7 7		4
	JK-Like vs. s. s	
		incepsi:
	T _T	11 () A substitute of the state of the stat
Received by (name and title printed):	() 45	d by (name and title printed):
Provinced by Giventumbia	Inspecte	d by (signature):
Received by (signature):	IIISpace	D Hall
сс: сс:	cc:	JUN V MA
	317	346-4371



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

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Establishment name	Telephone Number	Date of Inspection	ID#
NORMA JEANS PASTRIES	() Establishment	10/10/20	SHAN
Establishment address	() Owner	10/13/22	2709
49 N MAZIOST FRANKITO, IN	Purpose:	Follow-up Release	Pate /
Owner / Take	d. Routine	- 101	23/200
what mer myers	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint		
	4. Pre-Operational	10	
Person in charge	5. Temporary	c O NC	R
Person in charge WHITNEY MYERS	6. HACCP	that is the second	alastone and a
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
t na ambaggat db na ar barn et	efection of		NAME AND
Certified food handler WITT MERS SERISHER	3/8/26 ETRP.)	1 2 3	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		The state of the s	
Section # C/NC R	Narrative		To Be Corrected by
431 MC FLOOR NOT CLOPAT	N DN KATCHEN	& RESTROOM	10/00/00
(NOTE & Some Food deBris 5	N HANDINK	S Trades Tiller, 131	101121
(NOTE & Some Food deBris 5	10 HAMISTOCK	The second second second	10/1-1
256 NC - THERMOMETER NO	IT Seen on 2	door	10/75
REFRIGERATOR			
			12/
396 NC + RESTROOM -	ASP ROCOPTATO	le FULL,	10/14
347 NC disposable HANDY	TWELS NUT SOO	N N	1 -
	HAUST NOT F	NO CHONLEY	10/20
(NOT CLEAN)	11 30 07 5 1 STARS	manuar Jamulland	
431 NC COTCLEG FAN BLAZ	les Dusty	and the state of t	10/20
	3.3.1	al	
			1
Received by (name and title printed):	Inspect	ed by (name and title printed):	
7. Whitney Myers	and the second	Beb Smith	1-5/5
Received by (signature):	Inspect	ed by (signature):	nigestated.
cc: cc.	ce:		
)
			Page 1 of