

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name Oaken Barrel Brewing	Telephone Number () Establishment () Owner	Date of Inspection 1057	ID# 629
Establishment address 50 N Airport Hwy	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10 15 22
Owner Greenwood		Summary of Violations: C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Responsible person's email			
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"

[illegible]

Received by (name and title printed):

Received by (signature):

CC:

CC:

Inspected by (name and title printed):

Inspected by (signature):



CC:

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 PENN STATION	Telephone Number () Establishment () Owner	Date of Inspection 10/6/22	ID# 1242
Establishment address 1143 N MORTON FRANKLIN, IL	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up —	Release Date 10/16/22
Owner HOOSTER PS, Inc.		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge SAVANNAH DOANE			
Responsible person's email			
Certified food handler MICHAEL MACHALA (1/10/27 EXP)			

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[illegible]

Received by (name and title printed): SAVANNAH DOANE, GENERAL MANAGER		Inspected by (name and title printed): Bob Smith ETS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.

Establishment name Pho Lai	Telephone Number () Establishment () Owner	Date of Inspection 10 2022	ID# 2022
Establishment address 1000 N Madison Av	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NV	Release Date 10 30 22
Owner Greenwood		Summary of Violations: C 0 NC 3 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): <i>gms</i>		Inspected by (name and title printed): <i>Jennifer Warner</i>
Received by (signature):		Inspected by (signature): <i>JW 346 4370</i>
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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 Pilot Travel Center	Telephone Number () Establishment () Owner	Date of Inspection 10/17/22	ID# 1536
Establishment address 4982 N 350 E Whiteland	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NO	Release Date 10/27/22
Owner		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Brandon Evans		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

rev 10 10 22
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264
Bekm 10/10

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 <u>Sadoba</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>10 3 22</u>	ID# <u>2145</u>
Establishment address <u>704 SR 135 Greenwood</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>10-10</u>	Release Date <u>10 13 22</u>
Owner		Summary of Violations: <u>C 1 NC 16 R 0</u>	
Owner address		Menu Type (See back of page) <u>1 2 3 4 5</u>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
			Observed very dirty conditions overall Cleaning must be done every day	
431	NR		Remove heavy soil buildup on all walls ceiling and floor areas	
431	NR		Clean all floor drains	
425	NC		Remove heavy soil buildup on dustpans Hang all items when not using them	
411	NR		Replace all burned out light bulbs in entire kitchen	
297	NR		Wash rinse and sanitize white food storage bins - label properly	
135	NR		Employees need to wear clean clothing each shift	

Received by (name and title printed): <u>Brock A. Brown</u>	Inspected by (name and title printed): <u>Jennifer Warner</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Qdoba			704 SR 135	10-3-22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
297	NC		Remove food soil buildup on and inside all reach in coolers & freezers	
218	NC		Replace moldy door gaskets on reach in freezer	
426	NC		Remove all junk misc items from the top of reach in freezer	
239	NC		All boxes must be stored off the floor by office desk area	
310	NC		Clean the exhaust hood and filters	
411	NC		- replace burned out light bulbs too	
297	NC		Clean all grill / fryer area shelving	
399	NC		Provide missing baseboard tile	
345	C		Do not place anything in handsink - utensils sponges etc	
245	NC		Sanitizing buckets had very dirty solution in them - change it frequently when dirty or cloudy	
			Significant progress on cleaning must be made by 10-10-22	
			Including a plan to keep it that way	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
Kellie H. Bean			Jennifer Warner	


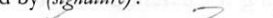


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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Section #	C/NC	R	Narrative	To Be Corrected by
			* New hand sink is on order from for the cafe.	
			* Dial hot water at the bakery hand sink down to 110°F	
			* old ice maker is still soiled [produce area]	
			* No hot water at the rotisserie room hand sinks	
			* Demo hand-sink needs repaired Work order submitted	

Received by (name and title printed): DAVID BARLEY Farm		Inspected by (name and title printed): Terry D Barley
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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 <i>Sarku Japan</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/17/22</i>	ID# <i>1941</i>
Establishment address <i>Greenwood 1251 US 31N. IN 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/27/22</i>
Owner		Summary of Violations: <i>C 0 NC 3 R 2</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>Ku Bin Zhang</i>			
Responsible person's email			
Certified food handler <i>Ku Bin Zhang</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): <i>Ben Zhang</i>		Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
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Bulkm
10/28

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 <i>Smokey Bones</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/18/22</i>	ID# <i>1338</i>
Establishment address <i>780 US 31 S Greenwood, IN 46142</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10/28/22</i>
Owner		Summary of Violations: C <i>0</i> NC <i>7</i> R	
Owner address		Menu Type (See back of page) 1 2 3 4 <i>✓</i> 5	
Person in charge <i>Stephanie K</i>			
Responsible person's email			
Certified food handler <i>Stephanie K.</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	✓	Floors, walls, ceilings, and floor drains, soiled in areas	10/31/22
399	NC	✓	Grout and tile repair needed in various areas	10/31/22
218	NC	✓	Victory #12 freezer interior right top cover missing	12/21/22
430	NC	✓	Women's restroom ceiling tiles (some) are damaged from being previously wet	12/21/22
324	NC		Mechanical dish machine top vacuum breaker leaks "heavily" and the	10/31/22
218	NC		"wash" gauge was stuck on approximately 130°F	10/31/22
309	NC		Men's and women's public restrooms contain mechanical exhaust fans that appear not working	11/1/22

Received by (name and title printed): <i>Stefanie Krkowski</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Stefanie Krkowski</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

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 <u>Southern Chicago Pizza</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>10 24 22</u>	ID# <u>1948</u>
Establishment address <u>2550 SR 135 Greenwood</u>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <u>NO</u>	Release Date <u>11 5 22</u>
Owner		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address			
Person in charge			
Responsible person's email			Menu Type (See back of page) 1 _____ 2 _____ 3 <u>Y</u> 4 _____ 5 _____
Certified food handler			

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[illegible]

Received by (name and title printed): Bev Jaeger		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): Beverly Jaeger		Inspected by (signature): JW 3464376	
cc:	cc:	cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Beth
10/10

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 <i>Steak n Shake</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/3/22</i>	ID# <i>1081</i>
Establishment address <i>2088 N. Morton St. Franklin, IN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>7-10 Days</i>	Release Date <i>10/13/22</i>
Owner		Summary of Violations: <i>C 0 NC 8 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>+ NO certified food handler</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		The front counters in the service area are very very greasy	10/4/22
345	NC		The front hand sink is very soiled.	10/4/22
431	NC		The floors are very soiled under the line equipment. [Food debris piled up]	10/10/22
431	NC		The wall and floor by the fryer is very soiled.	10/10/22
255	NC		The temperature gauge on the freezer unit is not accurate - corrected.	10/10/22
295	NC		The Hamilton Beach mixer is very soiled.	10/3/22
392	NC		The trash dumpster lids are not closed	10/3/22
390	NC		The trash dumpster enclosure is very soiled.	10/5/22
			* The store needs a deep cleaning -	

Received by (name and title printed): <i>Kacie Roberts</i>	Inspected by (name and title printed): <i>Terry D Bayless</i>
Received by (signature): <i>Kacie Roberts</i>	Inspected by (signature): <i>Terry D Bayless</i>
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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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 Subway	Telephone Number () Establishment () Owner	Date of Inspection 10/3/22	ID# 1872
Establishment address 882 S 52135 Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10/13/22
Owner		Summary of Violations: C 0 NC 2 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Carbon white		Inspected by (name and title printed): Jennifer Warner
Received by (signature): carbon white		Inspected by (signature): JW 346 4376
cc:	cc:	cc:

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 SUBWAY #42293 (WAL-MART)	Telephone Number () Establishment () Owner	Date of Inspection 10/6/22	ID# 1923
Establishment address 2125 N Morton Franklin, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 10/16/22
Owner DHIRUV PATEL		Summary of Violations: C 0 NC 0 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge JORDAN GOMES			
Responsible person's email			
Certified food handler DHIRUV PATEL (SERVSAFE 5/4/26) (EXP)			

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[illegible]

Received by (name and title printed): Jordan Games		Inspected by (name and title printed): Bob Smith ENT
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

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 Subway & Walmart	Telephone Number () Establishment () Owner	Date of Inspection 10/10/22	ID# 2091
Establishment address 1128 N. Emerson Ave	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 7-1	Release Date 10/20/22
Owner Greenwood, Ind		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Shantanu Patel 2021			

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[illegible]

Received by (name and title printed): X [Signature]		Inspected by (name and title printed): Terry D Bayless
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name Sunny's Chicken	Telephone Number () Establishment () Owner	Date of Inspection 10/6/22	ID# 1855
Establishment address 1030 US 31 Greenwood	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 10/6/22	Release Date 10/16/22
Owner		Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Jennifer Barrett		Inspected by (name and title printed): Jennifer Warner	
Received by (signature): Jennifer Barrett		Inspected by (signature): JW 3464374	
cc:	cc:	cc:	

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 Starbucks	Telephone Number () Establishment () Owner	Date of Inspection 10 12 22	ID# 1109
Establishment address 1035 E main st	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NB	Release Date 10 22 22
Owner Greenwood		Summary of Violations: C 0 NC 3 R 0	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Mar Trexler Fox	Inspected by (name and title printed): Jennifer Warner
Received by (signature): Men Tuzman	Inspected by (signature): JW 346 4376
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
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Beta
10/18

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 <i>Sweet Ice Indy 2</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>10/17/22</i>	ID# <i>2396</i> 2318
Establishment address <i>1251 US 31 N. Greenwood IN 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>10/27/22</i>
Owner <i>Art D.</i>		Summary of Violations: C <u>1</u> NC <u>5</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge <i>Art D.</i>			
Responsible person's email			
Certified food handler			

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• 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
345	C		One 10 Liter container was stored in the hand sink	Corrected
324	NC		Hot water measured 90°F in the kiosk hand sink	10/27/22
399	NC		Floor tiles missing in front of the 3 bay sink	12/1/22
295	NC		Ice maker drip plate soiled	10/27/22
218	NC		3 bay drain stopper damaged (i.e. center area missing)	I
			* Note: Strong off odor inside cabinet below 3 bay sink *	
218	NC		Refrigerator door gaskets torn on Beverage bar two door cooler	11/17/22


Received by (name and title printed): <i>ARTURIO DILEK</i>	Inspected by (name and title printed): <i>Andrew Miller EH</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

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 <u>Sycamore Ice Cream</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>10/20/22</u>	ID# <u>2563</u>
Establishment address <u>260 S Emerson Av</u>	Purpose: 1. <input checked="" type="radio"/> Routine 2. <input type="radio"/> Follow-up 3. <input type="radio"/> Complaint 4. <input type="radio"/> Pre-Operational 5. <input type="radio"/> Temporary 6. <input type="radio"/> HACCP 7. <input type="radio"/> Other (list) _____	Follow-up <u>NO</u>	Release Date <u>10/30/22</u>
Owner <u>Greenwald</u>		Summary of Violations: C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler		Menu Type (See back of page) 1 _____ 2 <u>X</u> 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"

[illegible]

Received by (name and title printed): Aurora Bustos		Inspected by (name and title printed): Jenn. Ferwar
Received by (signature): 		Inspected by (signature): JW 3464376
cc:	cc:	cc: