

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

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

Page 1 of

Listablishini	icht Sami	auoi	in Requirements. The time mint for correction	if of each violation is speci	ned in the narrative portion of this report.
Establishment name Ochich Barrel Graning Establishment address 50 N A Cort (NWY)				Telephone Number	Date of Inspection ID#
UWI	<u>un</u>		garrel Tours	() Establishment	
Establishme	nt address	S		() Owner	105 5 650
100	2 17	70	ortivery a	Purpose:	Follow-up Release Date
Owner			Company	1. Routine	NO 10 15 722
			`	2. Follow-up	Summary of Violations:
Owner addr	ess			3. Complaint	
			1	4. Pre-Operational	
Person in charge				5. Temporary	C NC R
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• VIOLATION	(S) REPEAT	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW AS "R"
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Establishme	nt name	_		Telephone Number	Date of Inspection	ID#		
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Owner addr	ess			3. Complaint				
				4. Pre-Operational		\circ		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	nt name		# 8 ª SI	I m to me	Telephone Numb		Date of Insp	ection	ID#	
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Establishme	nt address	S	3	^	() Owner		10 20	777	20	77
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Owner				Greenwood	1. Routine		S	10	30.	22
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Owner addre	ess				3. Complaint					
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							- ID 47			
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Establishmer	nt address	S .				() Owner	1017	L7 1536		
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Owner						1. Routine	NO	55 150		
						2. Follow-up	Summary of V	The second secon		
Owner addre	ee									
Owner address						3. Complaint				
		-				4. Pre-Operationa		1		
Person in cha	arge				rtigle -	5. Temporary	CN	C R		
					ea legen	6. HACCP	may ple aputes.	101		
Responsible	person's	email	issues from	a A II inia i	apriler s di	7. Other (list)	Menu Type (See back of page)		
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• VIOLATION	(S) REPEAT	TED F	ROM PREVIOU	US INSPECTIONS ARE I	DENOTED IN THE	"SUMMARY OF VIOLATIONS	" AND IN THE NARRATIVE BE	LOW AS "R"		
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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

		tatioi	n Requirements. The time limit for correction			
Establishmer	nt name		supplied from property for the form frome.	Telephone Numbe	Date of Inspection ID#	
(20)	lab	Ca		() Establishme		
Establishmer			(A	() Owner	103727145	
100	1 5	12	both of the	Purpose:	Follow-up Release Date	
Owner				1. Routine	10-10 10 13 00	
				2. Follow-up	Summary of Violations:	
Owner addre	ess			3. Complaint		
				4. Pre-Operation	al .	
Person in cha	aroe			5. Temporary	C NC CR	
l croon in cin	ge		Basis Cartini Diteration Con	6. HACCP	0N	
Responsible	n oues n'e	omoil		0	Mary Tara (Soo hash of tage)	
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Certified foo	d handle	r			—	
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• CRITICAL I	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW AS "R"	
Section #	C/NC	R		Narrative	To Be Corrected by	
			Observed ver	dorth (anditions overall	
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	146					
425	NC		Remove heave	1 5011 b	vildup on ductoons	
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	. 9		3			
9111	N		Preplace all bur	two ben	1. ghtbuibs in	
			entire luitche	n		
257	N		wash ringe or	d sanit	- re white took	
174	N		Storage bing	- labe	1 property	
8						
135 M Enjoyees need to wear clear cloths						
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P	200	CK	CA. Brown		Jenner Warner	
Received by	(signature):	11 13		Inspected by (signature):	
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NARRATIVE REPORT

Establishme			e Address	Inspection Date
Qual	20		704 512 135	10 372
Section# C/	/NC	R	REMARKS	TO BE CORRECTED BY
297 N	2		Remove Food soil buildup a which all year in coolers of	
2181	(Replace moldy door sasiuls on	reach
426 N	L		Romove all purk misc : tems & top of reach in Special	nen ha
239 N	7		All boxes must be stored off I by office desic orea	ne floor
310 N	52		- replace surred out lightbut	filters he too
	٩٥	- 1	Gean all gr. 11 / fryer area sheli	
399 N	R		Provide missing baseboard to	Le
3450	_		Do not place conting in hands	
245 N	2		Solution on them - charge frequently when dury or also	
			Significant progress on cleaning the made by \$10-10-72 Involing applan to lup it	hat way
Descind D. (1)	lav-	0 7	Hall in the stand Div (Alama C Title)	
Received By (N	vame 8	x 111	Inspected By (Name & Title) Henry Work	Page Z of Z



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					1	
Establishme				Telephone Number	Date of Inspection	ID#
•	Sam	5	Club	() Establishment	10/0/20	110.1
Establishme	nt addres	s		() Owner	10/5/22	7 86
×	1101	W	indhorst Way	Purpose:	Follow-up Releas	e Date
Owner			'indhossy Way Greenwood, In	1. Routine	Follow-up Releas	
			I	2. Follow-up	Summary of Violati	
					outilitiary of violati	ions.
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		- 121 - P - 3 - F - 1 - 2	5. Temporary	C NC	R
				6. HACCP	1 2 1 1 1 1 1 1 1 1	
Responsible	person's	emai	error of the state	7. Other (list)	Menu Type (See b	pack of page)
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Certified foo	od handle	r			123	4 5
					123	_45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" ANI) IN THE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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			down ra 110°E			
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		1.2	4 Demo hand rink			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		1	
Establishment name	Telephone Number	Date of Inspection	ID#
Sarku Japan	() Establishment	10/17/20	10411
Establishment address / Greenwood	() Owner	10/1/00	177/
Establishment address J Greenwood 1251 US 3/N. IN 46143	Purpose:	Follow-up Release	e Date /
Owner	1. Routine	NO 10	1/27/22
	2. Follow-up	Summary of Violati	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$C = O_{NC}$	3,2
Ru Bin Zhang	6HACCP	CNC	
Responsible person's email	7. Other (list)	Menu Type (See b	ach of page
Evo:	7. Other (usi)	Wend Type (See 0	ack of page
Certified food handler		1 2 3 /	/1 =
Ku Din Willing 6/22/25		123	<u>-</u> 45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
295 NC Inside top of	uce ma	Ren	10/20/22
210 May solled	201 . (101)		1,1
218 NCV Front Cool	er arai	ver	11/17/22
Sugar, relou	flat it	Parlit	/
324 NC Three	July 18 n.B.	your -	10/3//23
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmen	t name			Telephone Numb	er Date of I	ispection	ID#
Vm	DR	11	Bones	() Establishm	ent /	10/0	1220
Establishmen	t addres	s	Greenwood, W46142	7 () Owner	10/	18/22	1338
MSA	211	3	1.P Statuta, 10 16192	Purpose:	Follow-	p Release	Date /
Owner	00	0	TV.	1. Routine	1000	//	/28/22
-				2. Follow-up	Summar	y of Violatio	
Owner addres	20			_	0	, 01 , 10111120	
Owner address	55			3. Complaint			
2				4. Pre-Operation	nal /		7
Person in cha	rge	1	10.01 1/1	5. Temporary	C	NC/	R
M	ly		ne K	6. HACCP	762 61	as Pot	
Responsible p	erson's	emai		7. Other (list)	Menu 7	Type (See bac	ck of page)
Certified food	handle	r	//	-		3	1 /5
SU	44	u	ne K.				.+
• CRITICAL f	ΓEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C	•		1
Charles of the Control of the Contro	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IS" AND IN THE NARRAT		
	C/NC	R	3	Narrative		7	Γο Be Corrected by
431	NC	/	Floors walls,	cellings.	and	31	10/31/22
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399	NC	\checkmark	Ortant and til	e repair	mede	d	10/31/22
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218	NC	V	V 400 4 12 fr	elser wite	run	1	12/21/23
430	NC	1	11/2001/10/201	At 0 00:00	WW SICK	+	10/01/00
720	VC	V	TITO (5000)	20 0000	addy	-	12/21/22
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324	NC		D Mechanical la	11sh) mg	china		10/31/22
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	and the same		"hessisson" and	the			
218	NC	i i tuesi	"wash" Januar 1	was stu	ck on	NO DESCRIPTION OF	10/31/22
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309	VC		Mens and Jus	men's pul	Lec restr	ooms	11/1/22
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		tatio	n Requirements. The time limit for correction			or this report.
Establishmer	nt name		selection to the line of the land as topical	Telephone Number	Date of Inspection	ID#
Sou	ho	0	f Cincaso Pizza	() Establishmen	nt	
Establishmer		S	Phicago Pizza P 135 Greenward	() Owner	10 7472	1948
255	0	5	R 135 (Feerwood	Purpose:	Follow-up Releas	e Date
Owner			,	1. Routine	NO 11	577
				2. Follow-up	Summary of Violat	ions:
Owner addre	Owner address			3. Complaint		
				4. Pre-Operationa	ıl	
Person in ch	arge		decide all and a second and a second	5. Temporary	$C \bigcirc NC$	\mathcal{O}_{R}
Time bea				6. HACCP	e made la et a colle	
Responsible	person's	emai	Proping property of the proping of	7. Other (list)	Menu Type (See l	pack of page)
			in display the second	0011 H HL H	ne gen loos grusslapar	
Certified foo	d handle	r			123	45
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Section #	C/NC	THE REAL PROPERTY.		Narrative	AND IN THE WARRATIVE BELOW I	To Be Corrected by
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Received by	(dignature)	1: 1/2,	ly Cosor.	I	Inspected by (signature):	376
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmen			C 1- 1/4	Telephone Numb		ID#
Ste Establishmer			5 halle	() Establishm	10/3/2Z	1081
Establishmen	nt addres	ss ,	1. moston St. Franklin, IN	() Owner	Upon market and the	
-	088	7	a morton on manching Div	Purpose:	Follow-up Releas	7 .
Owner			e	1. Routine		113/22
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operation		
Person in ch	arge			5. Temporary	C_O_NC_8	R
				6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	ack of page)
			y 1		180 - Link S	
Certified foo			certified Post Hardh	Λ	1 2 3	4 5
+	h	10	cartified Hardh	9		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative	and a caba	To Be Corrected by
295	NC		-The front counters	in the sy	vice area	10/4/22
345	NC		-The Front hand sink		eniled	10/4/22
431	NL		- The Floor & are we	- 1 /.	unoler the	10/10/22
751	NC			rood defri p	7	10/10/22
431	NC		The wall and floor	by the f	ryer is very	10/10/22
771	140	-	Soiled.		/	Orași de la companie
255	NU			younge on	the freezer	10/10/22
				vate / coe	rected.	, 1
295	NU			ach mixer	is URFY	10/3/22
,	Miles 4		soiled.			1.1.
392	Mc		- The flash dump	ster liels	use not	10/3/22
	art e u	and.	closed		*	14/2/-3
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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		
Establishment name	Telephone Number	Date of Inspection ID#
Subway	() Establishment	
Establishment address) Owner	1032 1872
882 S 512 135 Green avois		Follow-up Release Date
Owner	1. Routine	NO 101372
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	0 3
Person in charge	5. Temporary	C O NC Z R O
same begging the control of the cont	6. HACCP	H. J. C. Start Co.
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		1 2 3 4 5
Certified 100d frankrei		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
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11-12 21-121 11-12-12-12-12-12-12-12-12-12-12-12-12-1	ACT COL	The distance of soons and the second of the
324 NR Berrie hum	lwashing 512	the is backeroon
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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m 1 11 1	- Marie Control	4)			ID . CY .				
Establishmen	nt name	42293	(WAL-MAST)	Telephone Numb		- 0			
Establishmer	nt address	100.13	(OCHZOTIVATI)		10/6/20	2 1923			
2125	- A.	MATON	Franklin In	Owner Durmage	· '				
Owner	00	0. 10.	111111111111111111111111111111111111111	Purpose: 1. Routine	Follow-up Releas	116/22			
	21111	PATE) — · · · · · · · · · · · · · · · · · ·	2. Follow-up	Summary of Violat	MARKET THE PARTY OF THE PARTY O			
Owner addre		11116		3. Complaint					
Owner addre	255				-1				
Person in cha	orce.			4. Pre-Operational 5. Temporary C NC R					
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Responsible				7. Other (list)	Menu Type (See l	a hach of page)			
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Certified foo	d handler	ATREL (SE	RUGAFE- 5/4/26 DE	(P)	123	45			
			N THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"					
• VIOLATION((S) REPEAT	ED FROM PREVIO	US INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW	AS "R"			
Section #	C/NC			Narrative)		To Be Corrected by			
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Owner					100, IN	1. Routine		10/20/22			
No.				0	7 - 33	2. Follow-up	Summary of Vi	THE RESIDENCE OF THE PARTY OF T			
Owner address						3. Complaint	1	7			
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Person in charg						4. Pre-Operational					
reison in charg	ge					5. Temporary	C C NC R				
Responsible pe						6. HACCP	76 T (C 1 1 C)				
Responsible pe	rson s	emau				7. Other (list)	Other (list) Menu Type (See back of page)				
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CRITICAL IT	EMS AF	E IDE	NTIFIED I	N THE CHECKLIST	AND NARRATIVE	COLUMNS MARKED "C"					
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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Owner							1. Routine		P800 10	-	16-22		
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Owner addre	ess						3. Complaint						
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Person in ch						in die de Sent Line	6. HACCP		mandy brootings of the land				
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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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.

Telephone Number Date of Inspection Establishment name Establishment address Owner Purpose:_ Release Date Owner 1. Routine 2. Follow-up Surmary of Violations: 3. Complaint 4. Pre-Operational c I NC 5 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" Section # C/NC R Narrative To Be Corrected by Received by (name and title printed): Inspected by (name and title printed): DILEK



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

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Page 1 of

1	*	
Establishment name	Telephone Number	Date of Inspection ID#
Sycamor Ice Crea	() Establishment	
Establishment address 260 5 Enerson Owner Green	() Owner	107077 2563
260 5 EmysonA	Purpose:	Follow-up Release Date
Owner C-x 20 m	1. Routine	ND. 10 30 72
GVSCON	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$C \bigcirc NC R \bigcirc$
Person in charge		CR
Responsible person's email	6. HACCP	Mary Tara (San hash of page)
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		S
Certified 100d finificial		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND) NARRATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DEM		IN THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
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