

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

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

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Establishmen	nt name	A	-0	mont		Telephone Number () Establishme		Date of Inspection		ID#
Establishmen	nt addres	S	004	mont r Crus			nı	9/16/22		1114
200	1009		Cente	r Core	-	Purpose:		Follow-up Relea		
Owner	veol		Cara	0.147		1. Routine		•	1	7 /22
-					ľ	2. Follow-up	= A B	Summary of Viola		
Owner addre	ess					3. Complaint				
					ł	4. Pre-Operationa	n1			
Person in ch	arge				+	5. Temporary	aı	C_Ø_NC_	1	P D
a constant contage						6. HACCP		CNC_		_ N
Responsible	person's	emai			$\overline{}$	7. Other (list)	,	Menu Type (See	back	k of page)
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Certified foo	d handle:		ter	(10/3/23))			12_3	4	5
				N THE CHECKLIST AND NAI	-	COLUMNS MARKED "C"				
 VIOLATION 	(S) REPEAT	ΓED F	ROM PREVIO	US INSPECTIONS ARE DENOTE	ED IN THE '	"SUMMARY OF VIOLATIONS	S" AND IN T	HE NARRATIVE BELOW	V AS "R	en .
Section #			<u> </u>		-	Varrative			To	Be Corrected by
177	Me		Some	moderale on		the floor	in k	ack storag	2	9/20/22
			(w) mot	side water	be	coler 1	13-		+	
			w mai	inal should	DR	6° egg the	from	7.	Tolog	ALM T
									+	
			1	^						
100	-		NO TE		ater	temperature		120°7 -		
				knater temper a	Tome	range Sho	uld	be about		
			100 °F	-120°F					+	
			(10 Food temper	exatu	re 18 010	Ones		+	
				2 100 - (Engel	or our		9			
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									+	
									+	
Received by	(name and	title j	printed):	STANDARD MATERIAL CONTROL OF STANDARD STANDARD STANDARD AND STANDARD STANDARD.		TOTAL STREET, SALES AND A	Inspected	by (name and title print	ed):	
· Sho	agle	1	PhelP	5			La		ijou	1 fets
Received by	(signature)	1	Mi				Inspected	by (signature): Betype-		
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cc:	U	1		cc:			CCV			



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

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Establishmen 1 5 3 Owner Owner addre Person in ch	PIVA address Hold and address Hold address arge Hold arge person's	s /	y Marketine, in the contract of	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Released Summary of Viola Menu Type (See	se Date /// / / / / tions:
Certified foo	GAR	4	SINGH - (ORUSA FE) ENTIFIED IN THE CHECKLIST AND NARRATIVI	F COLUMNS MARKED "C"	123(4	5
Notice the second control of the second of t			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC			Narrative		To Be Corrected by
256	NC	R A		«HAUST HOOD OT Seen IN Ch	lesT	0/16/22
431	NC	190	FLOOR NOT CLEAN		T FRELZERZ	cocreated 9/1
295	NC	4	MIXER NOT CLOR	70	****	9/4
392 394	NC	7	TRASH ON GROUND			9/3
(ns c	Te)	>	IWASTO CONTAINER 1	FULL IN ROSTI	200m	9/1
Received by	(name and	l title t	rinted):	Inspect	ed by (name and title printe	1):
	Saro	<u> </u>	cc:	B	ed by (signature):	ÉAS



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Establishmen	t name	0.4		Telephone Number	Date of Inspection ID#
Establishmen	us	2	rill and Bar	() Establishment	7-8-22 2291
Establishmen	it addres	S	3. Greenwood	() Owner	1-0 22
1281	1)5	5	31 N. IN 46142	Purpose:	Follow-up Release Date
Owner	12.	,	- - >	1. Routine	Ves 7-18-22
	127	U	URIN	2. Follow-up	Summary of Violations:
Owner addre	SS			3. Complaint	
				4. Pre-Operational	1 5
Person in cha	irge () ()	1	labilitad	5. Temporary	c_l_nc_5_r
W	ll	1	lanuava	6. HACCP	Z I ALB WE SILL F
Responsible p	person's	emai	(Sensate)	7. Other (list)	Menu Type (See back of page)
Certified food	d handle		1011 EXP: 8/7/24)	1234_5
anymy aly	000	Iu	0 30000	COLUMN AND MAINTEN HOW	
5-201-01-01-01-01-01-01-01-01-01-01-01-01-0			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "R"
Section #	C/NC	_		Varrative	To Be Corrected by
443	C		Mechanical sa	nitizina de	she Called
	E M		machine contai	ned a Se	initizer for.
		151	concentration a	sproximately	2008 pm repair
295	NC		OExterior side	of reach of	un- cocoon; 7/8/22
			across from seri	124 soda s	tation, '1'
			is solla	1	/
			2 Vanous ripue	genation do	or gaskets
		/	are soiled	0	0
		V(3) Walk-in-Cooler	fan quaras	Soiled
			and green she	wing Jana	some
		,	Musty Juron	10 1 1000 0 0 1	0.0
		V (3) Onside vents O	n. mechani	cal
000	. \ 0	/	aush unit all	Illea	mood od a /2/22
399	NC	V	mout and ti	le repair	10000 8/8/22
			UU RUUNIN WU	server of	
100	. 10	-	statun, aish ar	la bar a	ren etc 8/8/22
402	NC		CONTAINED COOLOR	made and	LUON) 1
			Tile COURS have) augus was	1
Received by	(name and	l title	Mic Coo Dan	Inspecte	d by (name and title printed);
-		1		A	ndrew Miller, EUX
Received by	(signature)	JU ::	n Hanvand	Inspecte	d by (signature): Marliw Miller
cc	la	P	Jarop cc:	cc:	

NARRATIVE REPORT

(L	nent N	ami Yh	elland Bar 1281 US 31 N IN 46142		ction Date
Section#	C/NC		REMARKS	7 <u>0</u>	D BE ECTED BY
431	NC	V	Floors soiled in bar area	٤	3/8/22
			and behind server soda statu	SW.	1
			(sing of odor in this area)	,	
218	NC		1) Door gasket torn on cooler	8/1	122
		Ц	2) From flat top grill.		
			on fortilla warmen unit		
			is pelling/missing the		
			MUN STOCK COSTURY		
		H			
			·		-
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					-
Received By State Form 4		0	e Wing (1) (maren Miller, EAS	Page _	2 of 2



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

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Establishmer	nt nama	-		Telephone Number	Date of Inspection	7.00
Establishine		1	= 12 2 7 No 11/2-	(\(\sigma'\) Establishmen	(F)	ID#
Establishme	nt addres		MOUT L HSIAN HIDEN		9/12/11	1031
		<u> </u>	O 120 Greenwood	() Owner	11616	
5893 Owner)	K135 46143	Purpose:	Follow-up Release	Date
Owner			4	1. Routine	Y65 1101	0/12
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint	(01)100	
				4. Pre-Operational		
Person in ch	arge			5. Temporary	CNC_	R
				6. HACCP	a a ha a	
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
			a company of the company	l Gazz (stay	January Po (occor	
Certified foo	d handle	er			- 1 2 3	1 × 5
					12	_4X3
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION((S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW AS	S "R"
Section #	C/NC	R	ı	Narrative		To Be Corrected by
347	NC		Coserved no Doper +	towers of no	dsmk by	CONVECTED.
	TO BING	147	3 my Sink	0.00		-971-7
174	NC	X	asserved toog ou	sources Store	d in grocery	10/3/12
			bags with no latel.	Ed. 12 gr. 13	er units	
			15 food products	Meld to be	Stored in	
			tood grade longs.			10.100
	NC	X	Single Use Herrish	ist Stored to	Off HOOK.	1013122
431		_	3 Day SINK drawn	Sollid. He	or drain)	1019122
431	MC	_	Floor Grain myse Ci	which think	out 12 201/10.	
431		X	Floor Mage Edmbin	M-13 50/169	0 . 1 ~	Oldana
694		_	Savitizer Sollting in	7	erved Over 200 ppn	1.4178/15
00	h- [-		ST KEES TO DE	SU ppm.	the stands	0120101
259	NC	1	COSTATO SINGLE WAR H	4112, 24016	MORNINO	9/168/16
100	100	-	SINK CODINGS	11 N- 5005	Can Olympia	9178177
1 18	NC	-		MKET OF SEAS	Sorring Stored	1168177
				mal 2 million	ed under some	Val c
			5 tood products a	MITIN STON	C. M. Da Jema	11100 -
			- 9.2			
Received by	(name and	d title	printed):	In	spected by (name and title printed)	:
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X		, .	ish Hat >		Metals	
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NARRATIVE REPORT

Establish	ment N		Address 2. Asian Hibrachi 5893 N SR 135 46143	Inspection Date
Section#	C/NC		REMARKS	TO BE CORRECTED BY
No	te à		All toxic materials & Medication must	
			be stored separate from food	
			equipment, Utensils linens, and Single	
200			De Hems.	1.1/1/17
256	NZ		Observed no thermometer susible thest	10/9/12
			EMINT DE COSILL SPEN.	
215	NC		Smyt be cosily seen.	10/11/12
613	NC		Detivers Cooker earight at is soiled	101-1112-
			Street Color Edinbillate 12 20119	
N	ote	1	All Dersonal Hems Goodsdrinks) needs	
			to be labelled to separate from other	
			food products for establishment	
Received By	(Name	& Ti	Inspected By (Name & Title)	Page of

State Form 48621 (R2 / 8-05)



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

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Establishment	Sanita	ation	Kequiremo	ents. The time limit for correc		pecified in the narrative portion of this report.
Establishment n	ame		24-1	a desire the man	Telephone Numb	er Date of Inspection ID#
(irc	20	V	_		() Establishm	ent
Establishment a					() Owner	93077 1977
2110	ત <	51		0	Purpose:	Follow-up Release Date
Owner	1) V	lely	Greenvood		
Owner				(DV.00 - 100)	1. Routine	
					2. Follow-up	Summary of Violations:
Owner address					3. Complaint	
					4. Pre-Operation	nal a
Domes is also		-				$\begin{array}{c c} C & NC & R & C \end{array}$
Person in charge	e				5. Temporary	CNCR_
41 -7				. 4, 1 (4.1)	6. HACCP	rand and add about of
Responsible pers	son's e	mail			7. Other (list)	Menu Type (See back of page)
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Certified food h	andler					1 2 4 5
• CRITICAL ITE	MS ARI	E IDI	ENTIFIED IN	THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C'	,
						NS" AND IN THE NARRATIVE BELOW AS "R"
Section # C	/NC	R			Narrative	To Be Corrected by
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1 7818	9,1111	-	7070	15 Dack	room	
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Received by (sig)	nature):					Inspected by (signature):
						ON 2-16-1216
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer 41 Owner Owner addre Person in ch Responsible	nt address ess arge person's	email	USO FIVE UROE ST. FRANKLIK, IT HUGHOS	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 9/15/22 Follow-up Release 9/6 Summary of Violation C NC 3	Date 25/22 ns:
Certified foo	od handle	BI	JAN POTERSON		123	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NAME AT HE BELOW AS A	unu.
Section #	C/NC	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative		o Be Corrected by
395	NC	F		ITO MAKER IN		9/15/20
239	nc	4		E SISHMACHEN TSVORED OFF HUDMUM OF 6		9/22
138	NC	A	EMPLOYERS NOT RESTRAINTS CHA	WERRING AA	TR, VISOR	9/17
Received by Received by	Hy I	W	orinted):	5	by (name and title printed): by (signature):	E745



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

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Establishm	ent Sani	tatio	n Requirements. The time limit for correcti	on of each violation is specific	ed in the narrative portion	n of this report.
Establishmer			a figure esalts hazardous to sta-	Telephone Number	Date of Inspection	ID#
COI	No	V	5 restaurant	() Establishment		10
Establishme		S		() Owner	7 29 77	
320	5	<	5/2/35	Purpose:	Follow-up Release	se Date
Owner			Greenwood	1. Routine	NO 10	977
			5/1 0/7 5	2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	aroe			5. Temporary	C_O_NC_	0 R 0
CISON III CII	arge			6. HACCP	CNC	<u></u>
Responsible	percon's	emai		-0	Many Type (Can	hach of page
Responsible	persons	CIIIai		7. Other (list)	Menu Type (See	back of page)
Certified foo	nd handle	r			1 2 3	Δ
Geranea 100	or minare				123	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
1			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		D IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			,			
	History	BOG	No items no	sted tools	A right was in quitafferd	S Manual I
11 21110)	hidald) of the	. cast main		1 51187 / 1 3 3 3 1 1	Johnskin
			SHEAT STORY NAV		To Mallar 4 (10) (4)	11 11 1 2 213
			Thank you!			
						-
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	-11, -		<u> </u>		A STATE OF THE STA	
	12/27/11	ng la	<u>well is not accommon news presented and a second contract of the se</u>			1 28 11
	d la m	ri i				AUSBUL I
		_				
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Received by):	11	Inspe	ected by (signature):	271
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

			requirem	iems. The time mint for correct					Timo report.
Establishme	nt name	1	l		Telephone Numb	er	Date of Inspe	ection	ID#
Lill	M	M			(317) E3650m	0019	19/29	122	2171
Establishme	_			Greenwood	() Owner		101	100	$\alpha \sqcap j$
1142	ema	25	son A	tve IN 4614 3			Follow-up	Release	Date /
Owner	1		of .	A .	1. Routine		NO	10	1/22
1 //	Muke Ilose				2. Follow-up		Summary of	Violatio	ns: /
Owner addre	ess				3. Complaint				
					4. Pre-Operation	nal			
Person in ch	arge	170	J. 1		5. Temporary		c_Ó_	NC	
$ \gamma \gamma $	IKI	,	Alo	li	6. HACCP				
Responsible	person's	emai		The same of the sa	7. Other (list)		Menu Type	e (See ba	ck of page)
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Certifical foo	d handle	r	Tho	Si.			12	3	_45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C	•			Y
			ROM PREVIOU	US INSPECTIONS ARE DENOTED IN TH		IS" AND IN	THE NARRATIVE	-	
Section #		R		+ 1	Narrative			7	To Be Corrected by
430	NC		Ony	e celling li	ght ins	ide	1.0 414	_	10/31/22
			wal	1e-in- (100ce)	acontal	Va -	water)	
218	120		1/3/	at the the	ac acom		DOOR	SÉ	10/1/00
210	NC		2110	and Coppellan	0000		DI A	35	10/11/22
			dana	1100,	all o	u	eag.		
295	NC		(D) QV	tenim) ton	of ice	m	a lean) -	9/29/29
210	100		is	Soiled	0				1-1-1
			(2) D	rue us 1	undow	20	da		-
			arai	in lines a	re soil	ed			, , ,
347	NC	or and a	Par	ser towels.	not du	pen	sed	ester de	9/29/22
- 0		h	fro	m cooklin	e hano	L' SI	nk		1 1
	80	- H	0401	vel dispers	en .		14 15 15		
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Establishment nan	ne C - A -	DURNTLE DURNE CONTRE	Telephone Number	Date of Inspection	ID#
Establishment add		JUVANI CO BUSHOO COMPIC	() Establishment	980/22	540
		THE DI GO VIA DI	() Owner		
Owner	14021	DAC Pd. FRANKIA, IV	Purpose:	Follow-up Release	Date / 22
DASSEN, 0000004101	1	GOJT.	1. Routine	101	11000
	Co.	Govi.	2. Follow-up	Summary of Violati	ons:
Owner address			3. Complaint		
			4. Pre-Operational		2
Person in charge	1	SMITH	5. Temporary	C_O_NC_C	<u> </u>
	And in case of the last of the		6. HACCP	(0.1	in ulaza
Responsible person	n's email	Les trans-regulant in a colonier i	7. Other (list)	Menu Type (See b	ack of page)
Certified food han	dler	SONISARE			
		DeVIN Smith Serusare	h)	1 2 43	_45
CRITICAL ITEMS		ENTIFIED IN THE CHECKLIST AND NARRATIVE		-	
VIOLATION(S) REF	EATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
	IC R		Narrative		To Be Corrected by
392 N	C-X	LFD NOT CLOSED on	outside dumps	TCR	Cornected 3
255 NO	4	6 door REAZH - DW	E NOT AZCUSATE	2 112 112 112 112 112	
		6 door ReAZH - DW	refizoration	4	c Heck 10/4
			•		A SUBLINE
N	7	mecHANIEAR dISIT	MACHTER HOT	wotter	(ak)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		1 1
Establishment name DMG POTROLOUM DNC	Telephone Number () Establishment	Date of Inspection ID#
Establishment address	() Owner	9/30/22 2402
Owner Defferson Frankan,	Purpose 1 Routine	Follow-up Release Date 10 9 22
SINGH	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$C \longrightarrow NC \longrightarrow R$
M MARGAT	6. HACCP	i data wat 😁
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		
Control 1990 Indian		1 4 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR	RATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED		
Section # C/NC R	Narrative	To Be Corrected by
410 WC & WAZK-IN COOK	LER COILING LEG	ENC CAPS, -
(1) FLIVO RESONT L	19HT OUT IN WA	ZK-IW
COOLOR	The short of the state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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309 NC & ROSTRUOM DEX	HAUST FAN NOT	FUNCTION + 10/10
324 NC @ TUTLET S	RAT NOT OPEN	10/10
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Received by (signature)	Inspecto	ed by (signature):
сс: сс:	сс:	



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

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

Establishmer	nt name		3 2201 15	Telephone Number	Date of Inspection	ID#
1 201/CW BRYRY(1) #43/04			SRYRYCA #4364	() Establishme	nt Oliena	1000
Establishmer	nt addres	S	Greenwa	Owner	19115111	105
358 Modison			adisan	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	48 91	15/77
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operationa	1 ~ ~	7
Person in ch	arge	Ŧ	10 Gg 77	5. Temporary	CNC	R
				6. HACCP	Sept.	
Responsible	person's	emai	and the second second	7. Other (list)	Menu Type (See l	pack of page)
				HEATT AND ADDRESS OF THE PARTY	and the second s	
Certified foo	d handle	r			123	45
CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		1
1			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
2612	M		Doseved restra	m hand	Sink nat	9/22/27
	1. 1		150HY 972°4	0 100	V3/201	
0-0	. (-		2 Starle	OF 10001-	1004	10 10 100
329	NC		LOSEVILLO ROL	from Z	Day Sink	10/6/26
			+8/1/6+	Danced		-
1321	710		Stock through at	KNI 60.	Solled	9/01/27
101	IVC		3 COCOSC V	EN JOINGTON	SOHON.	16466
			5 MANG	005.		
430	NC		Coseved a hor	in the ray	CK STONIN	10/6/22
	Jen e		man wall		, , ,	
(21.19	A SI MUDO HOW	1551Mg Dy	MARAPHAS	Juden Ja
dib			EXH (DCSemura)		100	
			Man Coult 12 to	VIZZIA KASCIV	MIDOUR	
710	NC		Erosla Farial William	call Carr	14.102 to 100.11	NN 10/6/2
CVC	100		East ford 14h	Wilk Coll	STAN WEYE	WY TOTAL
			dox answer solit	WWW.	14 11 10000000	
352	N		Restarm door is	not selt-	-Closing.	9/22/22
Received by	(name and	title		I	aspected by (name) and title printed):
XX	ari	0	ch W Z		1022 HUN	part II
Received by	(signature)	7/	m	I	pspected by (signature):	
1	X)(N	100		MAD VOM	
cc:	T		/ ec:		cc:	
						Page 1 of 7

NARRATIVE REPORT

Establishment Name			Erreral 35	ess 8 Madison, Greenwa	Inspection Date
Section#	C/NC	R		REMARKS	TO BE CORRECTED BY
414	NC		front door	5 not protected	10/6/22
			From Dosens	TICK VODENTS	
			L) Congil	An bas insuall.	
			100000000000000000000000000000000000000	own Eroener	
			100463 10 CV	lan freezer	
				The transfer	
					2 1 2
					-
_ =		-			
		-			
			Many	11001	
		\dashv	11/01/		
Received By	(Name	& Tit	le)	Inspected By (Name & Title)	Page 2_ of 2
979	X	5		MANGER	Page of

State Form 48621 (R2 / 8-05)



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

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

Establishme				T-11 - N 1	D CI	
DO	I A	R	GENERAL	Telephone Number () Establishment	Date of Inspection	ID#
Establishmen	nt addres	SS	GENERAL MOSTON FRANKTINDN	() Owner	9/9/22	2332
/ <	55	N	MONTON FRANKTINDA	Purpose:	Follow-up Release	Date 1
Owner				1. Routine	- 9/	19/22
	_	-		2. Follow-up	Summary of Violatio	
Owner addre	ess			3. Complaint	,	
				4. Pre-Operational		
Person in ch	arge			5. Temporary	cO _{NC_} 3	D
		0	ASKIN	6. HACCP	CNC	
Responsible				7. Other (list)	Menu Type (See ba	ck of page)
	1			7. Other (use)	Mena Type (See Su	in of pages
Certified foo	d handle	er			1 (2)	4 5
CRITICAL 1	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			
Section #	C/NC	-		Narrative		To Be Corrected by
431	NC	a	RESTROOM- CETT	109 EXPERTUS	ST FAN	7/10/00
Trins		/11	5 14K3 1001 0	erro		Oldingon
218	NC	~	TRUE THE CREAM FOR	CEZOR (STOCK) A	1/082	1014
7,13	, _		TRUE PER CREAM FOR ALMOND MILK/ JUTGE COOR GASKET/SCA	TRUE COOLER	otiters.	70//
			door GASKET ISA	L WORN, SPL	#T	
2-6		,		00 ho	5 5 5	
250	NC	7	NO THERMOMETER	BOUTTOOD OR OR	- NEW SOME UN	TD ONE
			No y fac Rino Melle	PROVINCED OR ED	103/411/00/03/21	9113
		H	200119			
			1		r'	
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Receiver by	da.	6	askin	mspe	Bob SMITH	EAS
Received by	(signature):	-	Inspe	cted by (signature):	Sept In 1
- Yal	K		bun		By Suff	
cer			cc:	cc:		



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

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

Page 1 of

Establishme	nt name			Telephone Number	Date of Inspection ID#
1)0	niv	1	5 V 127-C2	() Establishment	012/20 10110
Establishme	nt addres	s	46131	() Owner	7/1/1/2 1/895
17/12	SI	JY	MOVEMON ST STE INA	Purpose:	Follow-up Release Date
Owner		-		1. Routine	NO 19/17/77
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	CX
Person in ch	arge			5. Temporary	C NC R
Liqui				6. HACCP	
Responsible	person's	emai	1 - 10 10 10 10 2000	7. Other (list)	Menu Type (See back of page)
					N/
Certified foo	d handle	T	MARI (STILLED)		12345
• CRITICAL	ITEMS AI	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected b
404	€ 3		Observed 3 Day Siv	IK SOVON hos	8 102218
		T	below the flood !	ing	
	115		5 Was correct	to at timest	inspection
310	NC		Ceiling Sents in	Kitchen ave	0
			are soilled.		
				- L	
			are the company of th		and the second second
				1	
			101		
			Just 1	30	
			1110.		
D : 11		17	n	ĬŢ	1 has because and sixth pointed by
Received by	(name and	1	printed):	Inspecto	ed by (name and title printed):
Received by	(signature,):	h found	Inspect	ed by (signature):
cc:) W	0	l cc:	cc:	MAD NOTA
66:				ec:	



460 N. MORTON ST. STE A Q 26 FRANKLIN, IN 46131

Page 1 of

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

	mor and mine mine for confection		ed in the narrative position of and report
Establishment name	need at 1900 in 1900	Telephone Number	Date of Inspection ID#
Domines Pr	(700	() Establishment	
Establishment address	. (10) Owner	9 22 22 1848
9979 W SM	um Vallente	Purpose:	Follow-up Release Date
Owner &		1. Routine	NO)10277
1	11 25 MARS.	2. Follow-up	Summary of Violations:
Owner address		3. Complaint	
		•	
D		4. Pre-Operational	$C \longrightarrow NC \longrightarrow R$
Person in charge		5. Temporary	C NC R
1 11 12		6. HACCP	realistation and the property of
Responsible person's email		7. Other (list)	Menu Type (See back of page)
			√
Certified food handler			12345
		<u> </u>	
CRITICAL ITEMS ARE IDENTIFIED IN			
VIOLATION(S) REPEATED FROM PREVIOUS			
Section # C/NC R		Narrative	To Be Corrected by
599.00 Be	pair do	naged as	return
p con	iel near y	2:22 CV	en
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			The state of the s
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di in			
			Latin I from the state of
tara ndi an			A T A PRINT REPORT TOWN A COLUMN
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	2	4 // IT	and her (u and Col title trainted):
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Received by (signature):		Inspe	ected by (signature):
			100 716 9514
cc:	cc:	cc:	



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

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

			1				T		1	
Establishmen	nt name	rl	TL F			Telephone Numb		Date of Inspe	ection	ID#
Establishment address					() Establishm	nent	010		77	
Establishment address					() Owner		719	17.	496	
640	· U	5	51	hree	nwood	Purpose:		Follow-up	Release I	Date
Owner						1. Routine		NO	97	1900
						2. Follow-up		Summary of	f Violation	ns:
Owner addre	ess					3. Complaint				
						4. Pre-Operation	nal			
Person in charge					5. Temporary	141	c 🛆	NC 1	p ()	
r Croon in Charge							<u> </u>	NC		
Responsible	naman'a	om ai	1			6. HACCP)/ m	/C 1	1 (.)
Responsible	persons	emai	1			7. Other (list)		Menu Typ	e (See bac	ck of page)
Certified foo	d bandla								1	
Ceruneu 100	u manuic	1				1		12	3	45
• CRITICAL	ITEMS AI	er in	ENTIFIED I	N THE CHECK	IST AND NARRATIV	E COLUMNS MARKED "C"				
						E "SUMMARY OF VIOLATION		HE NARRATIVE	BELOW AS "	'R"
Section #		_	A STATE OF THE STA			Narrative				o Be Corrected by
7016	10		Q.O.	0		e from.	Las	Side		F
	140	gente.	then	50	200	2 GOVC-	7,00	5,00		21
1 1	1941, 171	201	110		XXX	Office -				e const
			- E		0					
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AND THE RESERVE			100		1		-			
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Received by	(signature)):	1	- 11)	Inspected	by (signature):	L 9 30 1 1	ng caking .
			11	10HN	7. Ken	AN	de	J 34	69	376
cc:			0	cc:			cc:			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		epong zanda good yillin saare pina asana	Telephone Number	Date of Inspection	ID#
EX	259			() Establishment	011/11/1	1290
Establishme	nt addres	s		() Owner	MILLOILL	. 200
7999	3 <	5	Grove Blid 46106.	Purpose:	Føllow-up Releas	se Date
Owner				1. Routine	185 101	6/17
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint	10/3/22.	
				4. Pre-Operational		1
Person in ch	arge			5. Temporary	C NC	R
				6. HACCP	carrier pales to le	
Responsible	person's	emai	lona linutra ima di	7. Other (list)	Menu Type (See	back of page)
			St. serious (7)		anatour spiratopen	sansian mi
Certified foo	d handle	r	(6×6		1 2 3	4 × 5
Mic	1161		760/10/165 [J 130/32]			
			ENTIFIED IN THE CHECKLIST AND NARRATIVI			
		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		ID IN THE NARRATIVE BELOW	THE RESIDENCE OF THE PARTY OF T
Section #	C/NC	R	A	Narrative		To Be Corrected by
187	(Doserved giveso	in a Wetal	1011) die CITEN	Miswald
			than " with a !	d inside the	Markain	at the of
1100			Cooler date mork	RO 4118114	046°F	MSPELTION
438	C		Observed toxic	Spray DOTH	es with	, ,
			(10 label		1-01-	
345	W(Observed a spoon	Stored in H	no designot	Concrete d
			hand Sink	100 100 1	11 1100	convected.
			55 hould be	1969 for M	MOMODIN	
			only.			
N	1076	10	Observed to Spray	1022/es at	rixed to a	
		ina	graden hose attal	hed to the Y	NOD ZINK,	911 H45 4 4
			oppears to not m	We a books	imonage,	alctoaxid to
	Ed St. mi		delice tor "CONHI	Mus pressin	L' .	Learning L.
216	NC		ODSERVED CONDE	d linux the	The VIVISAE	44.5
			My Walk-in Cooler)		
			DESERVED GIVENINA	witch pinal	the colo-co	192
			Cooler Shelves.			
			5 not easily	Cleanable		
					11 / 1201010	7)
Received by	(name and	X	printed: Koon are	Aşp	sected by <i>(name and title printed</i>	everned
Received by	(signature		2111100	Insp	pected by (signature):	paciering
			11/UUVK		USD. VAN	
cc:			ce:	cc		
						D 4 20
-						Page 1 of 2

NARRATIVE REPORT

Establish	ment N	am	e Address 29935 Grafe Blud	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
787	NOte	00	Observed giveso (9/230F CA) the	
			cooking was corrected at time of	
7715	- 1		MSpection	
324	NC		Observed a leak at the 3 buy Sink	
441	^		touncet connection.	
991	U		Observed "Hot Shot" pest control inside	
			FUCH Ordering for commercial	
			1180	
NO	9+6		All toxic Materials and Medications	corrected.
			MUST BE STOYED WILL FROM (not alone)	Control
			food equipment, Smale, 182 items, 4495ils a	=
-			linens to prevent contamination.	
347	NC		NO paper towers provided at bour	
		,	nord Sink.	
N	ote	3	No rand sone is one of the women's	
	5 2 40	3	163110111 (15) (15)	_
	30th	_0	wall tives missing down walk-in	
~	5010	3	(00/8 C)	
	JON	J 0	asition in article.	
				= -
Received By	(Name	& Ti	tle) Inspected By (Name & Title)	Page <u>2</u> of <u>2</u>



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

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		tatio	m requirements. The time mint for confection	of each violation is specified i	ii tile namative portion	of this report.
Establishme	o tr	0	2 Mexican	Telephone Number (3/7, 6/6) 84/0	Date of Inspection	1D# 2568
Establishme			2 Restaurant	() Owner	1/1/22	2360
200 E	e. Ma	ain	Cross St. Edinburgh	Purpose:	Follow-up Release	e Date /
Owner			N 1N, 46124	1. Routing	Ves 9	119/22
M	un	1	Querada	2. Follow-up	Symmary of Violati	
Owner addre	ess		0	3. Complaint	ľ	
U				4. Pre-Operational		
Person in ch	arge		A	5. Temporary	C_/_NC	2 _R /
I KUU	Den	1	(VULLALA)	6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	ack of page)
-			, and the second	7	7	, ,
Consified foo	nd handle	r (Querada		123/	45
· CRITICAL:	ITEMS A	RE ID	DENTIFIED THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R	, I	Narrative		To Be Corrected by
324	NC	V	Hot water in	men's restr	soom)	Corrected
	"ABBELLIN		was 133°F (Ran	ge shall be 100	of to 120°F	2. 4
430	NC		O Ceiling tiles	are noted	previous	4 10/1/22
			wet and ou mo	edy in gue	st area	0
187	C		aportions resucción	Joana 12	ar alla	Corrected
101			Diottom of Fo	thint () wan	mae and	padil
			60°F	ouch over	Muasu	teat
				mer unit	(t1040)	
			measured 116°F	10100 1000	Jour Co	1
			7,000		in a levier of	
			notes : Both	restroom de	ons	
			rub the door-	frame.		and the second
			L.			
Reseived by	(name and	l title	trinted):	Inspected	by (name and title printed)	
Doers	quantity with		Francis -	And	Toy (name and title printed) ISEW Mills by (signature): Well Mills	or EHS
Received by):	1	Inspected	by (signature):	, , , , ,
Pubri		1	Pade	and	brew Mille	W
cc:			сс:	сс:		



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

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Owner address Person in charge	s Drj	hwood Plata	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Follow-up Release Summary of Viola	ID# 2038 se Date ////2_ tions:
Responsible person's Certified food handle			7. Other (list)	Menu Type (See	back of page)
Scrutted food handle				123	4_5
1		ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		ND IN THE NARRATIVE BELOW	AS "R"
Section # C/NC			Narrative		To Be Corrected by
		Cooling unit w/ Sou Order in to for Comeinveathon- manager will can unit repaired	rotenp. roman ha x the corne	s work rofit.	
Received by (name and Received by (signature)	KI	rinted):	(spected by (name and title printe, JAUAL BLANT spected by (signature): JAUAL BL c://317341	e 4369