

460 N. MORTON ST. STE A W

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

Establishme	nt name			Telephone Number	Date of Inspection	Lanu		
La \	Her	Y (idura	() Establishment	Q/2//2/	1D# 1150		
Establishme	nt addres	SS	· ·	() Owner	1161166	100		
226	<	51	R 135, 46106	Purpose:	Follow-up Release	Date		
Owner			1 1,55 , 10104	1. Routine	YES 10/	1/22		
				2. Follow-up	Summary of Violatio	ons:		
Owner addre	ess			3. Complaint	10/5/22			
				4. Pre-Operational	1, 10	1		
Person in ch	arge		d -	5. Temporary	$C \longrightarrow NC$	$c = \frac{\sqrt{Nc}}{R}$		
			10	6. HACCP				
Responsible	person's	emai	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7. Other (list)	Menu Type (See ba	ick of page)		
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Certified foo		1	Nezada (9/27/26)		123	_45		
• CRITICAL	ITEMS A	RE II	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE					
Section #	C/NC	R		Narrative		To Be Corrected by		
187	C		Observed gueso Ch	RESS IN MET	as containers	600		
			greater than 4" Wi	thalid ins	Ide WAK	distance		
		_	N Cashr @ PSob	and date may	-V 0,000 01 0, 100	Of time		
	-		STIRTE LOW	DO COUTE MAN	R) Child Olice	OF IT PAGE		
438	0		Sala Flus IIII	Soray bottles	11770	9121172		
130	\(\frac{1}{2}\)	-	7000	they tours	NIVI I	11410-		
419			Observed medicat	(lingual) nois	Stored	9/2/12		
			of sight gord, show	n Mikalin n				
199	NC		Oseved Ment to	alion Words	a Dlastic	Corrected		
16			Dicket in the 2 1	ay Sylk With	NO UNIVER			
7/1			Motor			01-11-2		
345	NC	32 E	for how sur he	is bleach or	Ja a cup	9/21/12		
1110	0	-	240019 W 4.	0/1000	C(x, \ \ \ \	11stem		
415			COSCIONA GEOGLES	Chroaches O	iand	1015/16		
7 11-1	-		The storage with	ins honain f	from Kitcher	9/7/1/77		
4-11			Certine Mathematic	and man	HOW MINOR	THEHLE		
	15		5 not adorned to	of conner is	L Kitchen Ito			
Received by	(name and	l title		Inspect	ed by (name and title printed):			
X	Thefor	3	1 2	$/, \infty$	SSI Hall			
Received by	(signature)):		Inspect	ed by (signature):	ne and		
+					MAN			
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			and the second s			1		

NARRATIVE REPORT

Establish	ment N	am	e Address	Inspec	tion Date
Section#	C/NC	R	REMARKS		BE CTED BY
234	NC		Observed in USR Utensils Stored	9/22	122
			improperly: ice scoop stored on top of ion	CHER	
			5 Knifes (stored in the Elban)		
			OF FIND TOP COOLEYS.		
			5/for ice scoop wasn't stored		
			5 many Scoops for Spices Wasn't		
			5 Many Scoops for Spices Wasn't		
216	NC	X	Observed alluminum foil linner Shelling	9/7	2177
2.0	1-0	-/	Observed alluminum toil linning Shellin) 112	1
			Observed cotton cloths liamen how		
			Coolers		
NO	te:		Observed a Wet dish cloth Stored on		
			pred toxall not inside somitizer		
			Ducket.	Water	73-7
430	NC		xBock door in hitchen (Storage 100m)	10/5	111
		_	Maisrepay 1	\	
			Disserted of DOIL IN the MAILING TO THE	nker	2
797	N		Builting Did and along is it all all have	0100	177
290	175	X	Con to contract to the contrac	ME	127
	100		Solod Polers shering rocks are	10/5	110
218	NC		Observed a gove in hard filter spacing.	1015	177
			5000 cars on filter is missing		,
351	NC	X	Observed no covered wasterered tacle	9/21	122
			inside women's restroom.		
347	NC		No Paper tangle at por rund Sink	9/71	122
			Note: Contact your pest control operator		
			Note: Large Oil DMK tood Containers.		
			Note: Observed a ten small flies.	100	_
			NOTE: DON WIND SINK COLD WATER VIJH	randih	
			NOT TENTIONIN TREASTERMINED.		
			Dish machine is Sanitage of at		
			fine of inspection.		
Received By	(Name	& Ti	tle) Inspected By (Name & Title)	Page 2	_ of <u>Z</u>
X	Velor	5	WHI-CON		82011203



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

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

Establishment Saintation Requirements. The time mint for correction		
Establishment name	Telephone Number () Establishment	Date of Inspection ID#
Latrationa	-1	
Establishment address	() Owner	7 (772 127
201 N motison Av Owner Greenwood	Purpose:	Follow-up Release Date
Owner St. 100 miles	1. Routine	ND 10 7 22
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$
an angle of traffic and rest and a combine and a state of	6. HACCP	the state of the indexed -
Responsible person's email	7. Other (list)	Menu Type (See back of page)
11.5	The state (state)	· 'one mustiped 555
Certified food handler		1 2 3 4 5
		12
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
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The second section of the second seco		H. 21 Ch. v. s. Labourt . Printers . H
(Linivarya) 14 mil 2 (Linivarya)		Secretary and the second secon
Thank you		
		altigasais
		1
Received by (name and title printed):		ed by (name and title printed):
Received by (signature);		ed by (signature):
сс: сс:	cc:	
		Page 1 of



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

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

Establishmen	it name		Gar	2	1.1901	Telephone Numb		Date of Inspection	
Establishmen			6(10	0		() Establishm	ent	9/27/20	2351
			ATOI "	97 60	nKan, In	() Owner		•	
Owner	10	401	KIN S	21, 4-(11	NKONITO	Purpose:	F	Follow-up Releas	e Date
	7TT 4	/	WOR	194		1. Routine	-		The same of the sa
Owner addre						2. Follow-up	3	ummary of Violat	ions:
Owner addre	SS					3. Complaint			
D : 1	nterior ja					4. Pre-Operation	al	CNC	5
Person in cha	S A	RF	18 5	WANT		5. Temporary 6. HACCP	V	C <u>\\</u> NC_	
Responsible p	NAME AND ADDRESS OF THE OWNER, WHEN	-	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Lette of the		7. Other (list)		Menu Type (See b	pack of page)
									7
Certified food	d handle	r	Emi	ty Wu	164		1		45
• CRITICAL I	TEMS AI	RE ID				E COLUMNS MARKED "C"			
						E "SUMMARY OF VIOLATION		E NARRATIVE BELOW	S "R"
Section #	C/NC	R				Narrative			To Be Corrected by
343	0	8	HA			INSTACO		2	10/27/20
	Villalino		BAC	K Foc	ed burt	DA NATION	Ano	A	100000000000000000000000000000000000000
011-	NC	-2	4-	0.00	20 (2) 11	1010 1117	- 00	1.15821	9/29
347	100	×	0.1.5 B+	FRON	1000 Tour	rels NOT	V 0 6	USTROOM	
		\vdash		SEN		27707 111		23//2011	
239	NC	3	SI	vale	SERVILO	CUPS ON	1 FR	CONT	9/30
00	, ,	<u></u>	000	KreR	NOT	CUPS ON PROTECT	ed		
228	NC	*	BAC	K ROOI	n - Sm1	MOVERBO	TFI	2002 000	10/20
	ida		NOT	EH	3724	MOVERBO	e	de federal de la constitución de	
2777	100		11-	- 1.18	700 ni	2 21 21	1001		1014
324	NC	2	1401	Fron	THA	NO SINK	211/54	anolitem perg	1014
			V- /	1 1010	7111	03202			
171	vC.	X	Em	protec	pot i	ISING STO	Scoof	70	9/28
				sense	The fro		AKE	e	
			V						
D : ::		1	n				T 11	1	
Received by	name and	-	1	Manage			Bo.	(name and title printed,	1
Received by	Contract of the last	Commence.	2	1			Inspected by	y (signature):	ericelos —
	De	Jan	Down				2	2 Janos	
cc:				cc:			cc:		



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Bottomomm		· ·	in requirements. The time limit for conceut			n or this report.
Establishmer	nt name)	De land	Telephone Number	, ,	ID#
			ucan Restaurant	() Establishme	ent 9/29/22	2145
Establishmen	nt addres	S	rson Ave IN 46143	() Owner	1/41/00	
1241 E	. En	121	rsan AVE IN 46143	Purpose:	Follow-up Relea	
Owner) 1	,	m	1. Routing	No 10	7/22
U	fre	d	o Melendon	2. Follow-up	Summary of Viola	tions:
Owner addre	ts.			3. Complaint		
			- "	4. Pre-Operation	al	,
Person in ch	arge		701	5. Temporary	$_{\rm C}$ $_{\rm NC}$	6 R
KOL	MM		Moloni -	6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle:	r		/		/, .
ma			to Leon 9/25/23/		123	<u> </u>
THE RESERVE TO A STREET THE PARTY OF THE PAR	-		ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
295	NC		Okitchen soda statis	on dispen	sing parts	Corrected
	2.48.19	PC -	soiled	/	<i></i>	1,4
			Large Moecet ly	owls we	re noted	10/11/22
			clean but fou	ind soil	ed	1 2/-1
- 16	- 3	(Inside top of	ice mas	ker is soiled	9/27/22
		G	Bottom step in	ve mu	a shelp	10/10/22 Uto) L
2.18	NC	7	mochanical du	of bulk &	in inguale	10/3/22
210	NC	_(leader from Stops	en well	and a	10/0/20
- 2			hore gelew the	o anon	area w	
		(7 Julik- un- cooler	Sholiuna	needs	10/10/22
			- US US	cure the	units	
		- 1	to the lea			1,1,
43	NC		Kitchen Culina	tiles a	nd air vente	10/1/22
<u> </u>			are soiled	0		1,1
430	NC	V		tchen do		11/11/22
			the door frame	and ha	s an exteri	D11 4
		-/	B) Southeast bit	class) lint	onion wall	1
Regeived by	(name and	title	C 2011 31 30 7 7 800	chen int	Inspected by (name and title printe	d):
Key	14/	1	2066		Andrew Mil	ler, EHS
Received by		:			Inspected by (signature):	·m.
-Kel	14				andrew Mi	eller
dc:			cc:		cc:	

NARRATIVE REPORT

Establish	ment N	ame	Address Ave	Inspection Date
des	$n \mathcal{L}$		rican Kestamant 124/ E. Amerson	9/27/22
Section#	C/NC	R	Address Oxican Restaurant 1241 E. Emerson REMARKS Greenwood N 46143	TO BE CORRECTED BY
			and door frame area is damaged	, 11/11/22
			worn, and missing in areas	//
			3 Walk- in- Preiser unterior	
			floor contains cracks	
347	NC		The paper towels provided	9/27/22
			in bah area	1/1/
177	NC		Boxes of food were on the walk-	in-10/1/22
-			freizer .	· · /
			0 0	4
			70 1 1 0 0	
			Motes: Please remove beat	
		$\vdash \vdash$	Motes: Please remove bed + pillow from upstairs HVAC	
			Noon '	
		\vdash		
	-			
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		Ш		
		Ц		.^
		\square		
		\sqcup		
Descind D	· /No===	لِل	Inspected Du (Name 9 Title)	
Received B	y (Name	G III	Insperted By (Name & Title) (KU: u Kuk Undrew Miller, EHS	Page <u>2</u> of <u>2</u>



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Establishme			a requiremental The time mineral corre	Telephone Number	Date of Inspection	ID#
Lu		P	issa	() Establishment		
Establishme		ss	Greenwood	() Owner	9/26/22	1493
250	115	13.		Purpose:	Follow-up Releas	e Dage
Owner	1			1 Routine	1/es 10	/. /
	one	1_	Dimisio	2. Follow-up	Summary of Violat	ions:
Owner addr	ess (Strice	3. Complaint	/	
	·			4. Pre-Operational		1
Person in ch	arge			5. Temporary	c_/_nc_	$9_{R}5$
,				6. HACCP	0	d beril d
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)
					JI (77.89
Certified foo	d handle	r			1 2 3	4 5
			ENTIFIED IN THE CHECKLIST AND NARRAT			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN		AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R	A 41 +	Narrative		To Be Corrected by
295	NC	~	Dest area	and arme-	ир	9/26/22
	-		window soda	dispensing	g parts	
		-	2 Walkin-cooles	1h. liza	sin lad	10/1/22
43/	NC	/	Walls Ecelinas.	1	Paland	10/1/22
107			, , ,	icluding me	chanical	10/1/3
Ebec -		-	exhaust fan cover	1	Ca Carrows,	
H30	NC	/	O Two Bieces of	dan lusea	'as a	10/1/22
			sneeze, guard)	livere crack	ed / damaged	Remove
			near & alvove	the salad	lan 1	orreplace
			2) Wall mirror -	behind per	za bench	ASAP
	10000	150	(prep table) is c	racked, dama	ged, and	
221/			missing pieces		1	1, 1,
324	NC	~	O Shoe lay	sink leaks	from	10/8/22
	-	_	(2) Tun law	n gasket	som under-	
			neath hist til	R Clarks J	son unaer	1
413	NC	1	Back kitchen	door cont	ains an	10/8/22
710	,,,,	1	exterior gap at	the interior		& corner &
Received by	(name and	l title		Ins	spected by (name and title finted,):
\mathcal{B}_{ℓ}	10	ir	Mirantel	/	Andrew Mill	er, EHS
Received by	(signature)):	0 847 0 70	Ins	spected by (signature):	
120	MAR	2	Z 33		andrew Me	eller
cc:	0000		cc:	C	c:	The second second
				1		

NARRATIVE REPORT

Establish				Inspection Date
Luca	Pa	si	250 US 135 IN 46142	9/26/22
Section#		R	REMARKS	TO BE CORRECTED BY
138	NC		Front server employee	9/26/22
		\perp	lacked a hour restrailt	1
239 -	NC		Plastic spoons at drive-up	9/26/22
			unidan unere soiled	Move to
			from debries	new area
218	NC		Door gasket ton at	10/31/22
		\sqcup	single door cooler near)	
		Ц.	sauce table	
295	NC		Interior ice ben drop	9/26/22
		<u> </u>	plate is soiled	1
193	C	\sqcup	Time log sheet used as	9/28/22
	_	Ц.	public health control	
		\dashv	not completed as of	
		Ц,	12:47 pm, for 9-26-2022,	
		<u> </u>	for pinga products	
		\sqcup		
		\sqcup		
		-		
		\vdash		
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Received B	v (Name	L L	e) Inspected By (Name & Title)	
	AM			Page _2_ of _2_



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

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

Establishmer			the testification of a some	Telephone Number	Date of Inspection ID#			
LUCI	an	35	i Mexican rust	() Establishmen				
Establishmer				() Owner	97977 777	0		
113	27 1	1	S12135 Greening	Purpose:	Follow-up Release Date			
Owner				1. Routine	NO 10 9 77	-		
				2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	$C \longrightarrow NC \longrightarrow R \longrightarrow$	2		
	8		1.00	6. HACCP	CR	0R		
Responsible	person's	emai	1	7. Other <i>(list)</i>	Menu Type (See back of page)			
1				7. Other (ust)	Mena Type (see ouch of page)			
Certified foo	d handler	r			_ 1 2 3 4 5			
					123 - 3	_		
• CRITICAL	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE					
Section #	C/NC	R	I	Narrative	To Be Correcte	d by		
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			NI - I am Oal	= 1 to 1=	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			
			No tems not	ed was				
			1000		Temp≻Rite.	1828		
			The K MAZZ		Date: Fecha Emp: Empleado	_		
	2				PASS WHEN BLUE BAR TURNS ORANG SAETHALE COMPOS ON AN	IGE ARRA		
					ANI CAMBA COOR NAM	°C _		
			250					
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	-					-		
		- 4	the Waltacront					
Received by	(name and	title	printed):	Iı	spected by (name and title printed):			
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Received by	(signature)	:		Iı	spected by (signature):			
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460 N. MORTON ST. STE A (FRANKLIN, IN 46131

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

Establishmer	nt name			Telephone Number	Date of Inspection	ID#		
Max	adv	20	n Exmes	() Establishment				
Establishmer	nt address	;		() Owner	97177	7463		
7710	5	2	125 Granutora)	Purpose:	Follow-up Releas	se Date		
Owner				1. Routine	01 cm			
-			÷	2. Follow-up	Summary of Violat	Summary of Violations:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in cha	roe				C C NCC	$C \bigcirc NC \bigcirc R \bigcirc$		
rerson in charge				5. Temporary6. HACCP	CNC_	C NC RO		
Responsible	nerson's e	mail		7. Other (list)	Menu Type (See l	back of page)		
responsible	persons	JIII		7. Other (usi)	Menu Type (See 8	rack of pages		
Certified foo	d handler	:		processor and a second	1 2 2	4 -		
					123	_45		
• CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
	S) REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		O IN THE NARRATIVE BELOW			
Section #	C/NC	R	1	Narrative		To Be Corrected by		
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			Thate you!			-		
			IVENU GOO!					
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name		Continue of the second	Telephone Number	Date of Inspection ID#
Establishmer	CC	J' <	5 4220	() Establishment	1
920	1 1	<	1/2 2/1 (1/1/1)	() Owner	111100
Owner		1)	HWY SILL ALDERA	Purpose: 1. Routine	Follow-up Release Date
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
			!	4. Pre-Operational	\sim 1
Person in ch	arge		1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Temporary	C
			Later 1	6. HACCP	
Responsible	person's	emai	1.81	7. Other (list)	Menu Type (See back of page)
Certified foo	d handle	Ŧ (1 (88)		- X
VOH	ich	X	N129 (10/11/23)		12_/\3
			DENTIFIED IN THE CHECKLIST AND NARRATIVE		
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Section #	C/NC	R	A de	Narrative	To Be Corrected by
218	NC		1 COOR THY TOP, I	KUCH-IN LU	SIEN LYWIGH
	1		12 DIOKALI.		1 13 X 3 And 11 2 And 11 And 1
			100000000000000000000000000000000000000		2
			9		1,8 F 18,17
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				10.000	
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			NAO 9 CICAS 1801	80019 POLL	woment is
		(ECTION MICH	- wire can	Market
			Binder Flust	on reach ir	1 Coolers.
			The state of the s	A I COULT	
			2 d/ 1/5"	1//	
			NOTIF 1,	W.	
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X		Ja	ukob Brooks		assi Hall
Received by	(signature,	· R	ob Brooke	Ins	pected by (signature):
cc:			се:	cc	»



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Establishmer	nt name			Telephone Number	Date of Inspection	ID#		
		-2	0 -00	() Establishment	Date of May	10#		
Establishmer	nt addres	s	~~~	() Owner	91322	- 2321-		
119-	7	5.	wthPark Green	Purpose:	Follow-up Releas	9		
Owner			the contract of the contract o	1. Routine	NO 9	2322		
				2. Follow-up	1 4 4	Summary of Violations:		
Owner addre	ecc			NAME AND ADDRESS OF THE PARTY O	building of violati	ions.		
Owner addre				3. Complaint				
D : 1				4. Pre-Operational	0	$C \bigcirc NC \bigcirc R \bigcirc$		
Person in cha	arge			5. Temporary	CNCR			
D '11			2	6. HACCP	(0.1	1.6		
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)		
Certified foo	d handle				X			
Cerunea 100	d Haridic.				123	5		
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		1		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
	7 Th.		-					
	1, 188		No items o	ared toda	The state of the s			
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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

Establishme	ent Sani	tation	Requirements. The time limit for correction	on of each violation is speci	ified in the narrative portion	n of this report.		
OR OTHER DESIGNATION OF THE PERSON NAMED IN COLUMN	AW/	K 2.	TOVNING POCKET IN SENTOR COMMUNITY OF MILTORY FRANKLINGS		Follow-up Releas	e Date		
Owner				1. Routine	//	25/22		
Owner addre			9	 Follow-up Complaint Pre-Operational 	Summary of Violat			
Person in cha	arge	B	ARNETT	5. Temporary6. HACCP	C_O_NC_	C O NC A R		
Responsible	' '			7. Other (list)	Menu Type (See)	nu Type (See back of page)		
Certified foo	d handle	rR	SPURLOCK (SOFWARE)		123	5		
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Section #	C/NC			Narrative	TID IN THE NAMED TO BE SEED W.	To Be Corrected by		
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295	NC	*	INSTAL TOP OF Edge NOT CLERN	I'VE MAKER	JRIP	9/20		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment n	ame			Telephone Number	Date of Inspection ID#
GLACT	T	0) p	() Establishment	Date of hispection 1D#
Establishment a	ddress	, ,		() Owner	9572 7501
5080	<	2	LIBS GARGICUII	Purpose:	Follow-up Release Date
Owner				1. Routine	10 9752
1 1 5 3000				2. Follow-up	Summary of Violations:
Owner address				3. Complaint	
				4. Pre-Operational	
Person in charge	e			5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$
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Responsible per	son's e	mail	grander de la companya del companya del companya de la companya de	7. Other (list)	Menu Type (See back of page)
Certified food h	- 11				-
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishmer Establishmer Owner Owner addre	nt name O S nt address ess	s s	Som 125 Greenvool	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# 7 77 77 77 77 Follow-up Release Date NO 7 77 Summary of Violations:		
Responsible	person's	emai	l ega bengala de in batalas — obien dina. El cul e adama dinello de a como	7. Other (list)	Menu Type (See back of page)		
Certified foo	d handle	r			1245		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		IN THE NARRATIVE BELOW AS "R"		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131 Office 317-346-4365 Fax 317-736-5264

Page 1 of

INSECTION REPORT RETAIL FOOD ESTABLISHMENT JOHNSON COUNTY HEALTH DEPARTMENT



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Date.	Follow-up Release		Purpo	26/96	581.9	1.2 3	155
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#dI	Date of Inspection	lephone Number Establishment		9451#	WO CON	3	Establishmen
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NARRATIVE REPORT

Establish	ment N	lam	Address Greenwood	Inspection Date
Vana	la E	24	nex#1546 3315.5.R.135 IN 46142	9/6/22
Section#	C/NC	Ŕ	REMARKS	TO BE CORRECTED BY
			(for Panda Express)	
			13 Irside walk- in- freezen	9/26/22
			floor and door contain	///
			ice build-up	
295	NC	✓	Okandall one door cooler	9/9/22
		Ш	interior back is soiled	/ / /
			3 Underside of cooking	
		Н	equipment (WOK) is soiled	
			O Numerous "repeat" violations	
	\forall	Н	a West exterior right side door	
	1	H	D North exterior dans across from	
	- -		2 North exterior door, across from register area, rubs the door frame	
			y is the action of the second	
				
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmen		0	HE OF BUSINESS AND SERVICES	Telephone Number	Date of Inspection ID#
4an	wa	8	arend Dukun Cale	() Establishment	
Establishmer				() Owner	71922 1993
789	7	5	31 Greenwood	Purpose:	Follow-up Release Date
Owner				1 Routine	NO 97972
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge		***************************************	5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$
	U			6. HACCP	110
Responsible	person's	emai	1	7. Other (list)	Menu Type (See back of page)
	Γ			7. Other (use)	Mena Type (See Juck of page)
Certified foo	od handle	r			1 2 3 4 5
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• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
 VIOLATION 	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		O IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R	8	Narrative	To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishmen	nt name	5/1	nc	Telephone Number	Date of Inspection	2
Establishmen			21/2010 1	() Owner	9/2/22	
	1 J t	SIV	urson Ave	Purpose:	Follow-up Relea	se Date
Owner				1. Routine	100 9	1/2/22
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	1	/
Person in cha	arge		Law Military Transfer	5. Temporary	CNC_	$\int_{\mathbb{R}} \mathbb{R}$
				6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)
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Certified foo	handle C	ir Mi	lds Exp: 8/12/2027		12_3	45
-			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
 VIOLATION(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
294	C			ne low		9/2/22
0.10			- corrective action			0/0/0
341	NZ		Waper towers peldeda	handsink by cool	ling UNITS	9/2/20
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						D. 1.5
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment Saintation Requirements. The time mint for correction		n the marative portion	or time report.
Establishment name	Telephone Number (317) 736 5464	Date of Inspection	ID#
Establishment address (1) With and 10	1	19/23/22	(dd5d
Establish Mentfeddress Whiteland, IN 30 S US 31 44184	() Owner	Fallers on Daless	- Data 1
Owner , 0	Purpose: 1. Routine	Follow-up Releas	0/3/22
Control Control		Summary of Violat	
Kligh source	2. Follow-up	Summary of violat	ions.
Owner address	3. Complaint		
	4. Pre-Operational		7
Person in charge,	5. Temporary	c_O_Nc_	∠ R
Kligh Dewill	6. HACCP		r dal col
Responsible person's email Serv Safe Exp	7. Other (list)	Menu Type (See l	pack of page)
Certified food handler KUYN Service 10/9/24		123	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	THE RESERVE TO SHARE THE PARTY OF THE PARTY
Section # C/NC R	Narrative		To Be Corrected by
295 NC Wahree bay 8	ink an go	P	9/26/22
funnel and o	hain line	o are	TIETE PELO
Dolled,	don's a sobol	0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	11/1-/22
218 V 2 Prep table	door gasket	0	11/10/22
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De in the contribution of	Inspects	d by (name and title printed	7) •
Received by (name and title printed):	And	trew Miller	, EHS
Received by (signature):		d by (signature):	iller
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			Page 1 of 1



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

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

Establishme	nt nama			Telephone Number	Date of Inspection	Lvall
Ren	n 89	Pai	tion	() Establishment	1	ID#
				() Owner	9/16/22	802
255	S. (Sto	ate 8d. 135 Inf 46 143	Purpose:	Follow-up Release I	Date
Owner				1. Routine		9/22
				2. Follow-up	Summary of Violation	-
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	narge			5. Temporary	c_/_nc_2	p /
T CIUGIT III CI	mige			6. HACCP	CNC	<u>K</u>
Responsible	person's	emai		7. Other (list)	Menu Type (See bac	rk of page)
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #		R		Narrative		o Be Corrected by
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342	NC		Honolomk water tem	plenature is a	t 136°F	
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216	MC	V	cutting board by over	s not easily	2 cleanable	1
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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			1			
Establishm	ent name	,	T	Telephone Number	,	ID#
rep	Der	4	1	() Establishme	9/0/2	520
Establishm	ent addre	SS V	125 Greenwood	() Owner	110/01	
299.	5, -	1, 1	2.135 Greenwood IN 46142	Purpose:	Follow-up Releas	/
Owner		. (1. Routine	No 19%	18/22
Ge	orge) ,	2. Follow-up	Summary of Violat	ions:
Owner add	ress ()			3. Complaint		
				4. Pre-Operation	al n	
Person in c	harge			5. Temporary	c = 0 NC	7 R
				6. HACCP	0	-24
Responsibl	e-person's	s emai		7. Other (list)	Menu Type (See b	ack of page)
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Certified fo	od handl	er,	1) 1 · · (Provided)	-	1 2 3 1	/ =
AH	etten	J K	open /		123_	_43
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Section #	C/NO	R		Narrative		To Be Corrected by
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			mobile ice mak	ely,	0 1 0 0	1/1
2/8	NC	-	DOON Seals (2)	torn/sp	let for	10/8/22
1111	.10		The freezer	and'	interior	1
411	NC		light object	nissing	n moter,	0/2/2
251	NC	-	met to move for	on Mul	rande	4/4/22
201	11/0		TO AMITION	1 st may	udad 1111	9/0/-0
29/	100	-	bitchow)	asa puo	wa in	9/9/22
430	110	V	Drinth Mall	MIDDLE A	anto momentan	10/10/00
100	100		dob scontilul	hopenia	1 Mane)	1/0/03
	1000		IN Men's and	turm ins	J. May	
		V	3 South Williams	no restri	mon	
at The			vanity is deta	negrated	/damaged	1 1
324	NC	·V	Hot swater u	2 sublu	restrooms	10/8/22
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			be 100°F to 120°	P)	0	1
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