

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

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

| Establishmer | nt name | | 7/ " | 10/ | Telephone Numb | er Date of Inspe | ection ID# | | |
|------------------|------------|------------|-------------|--|------------------|-----------------------------|------------------------|--|--|
| Q | VAZ | ++: | M. Y | J 110 | () Establishm | ent 9/9/ | 22 none | | |
| Establishmer | | | , | 0-14-15 | () Owner | / / / ′ | 2023 | | |
| 150 | LOW | 215 | LN. | FRANKLIN, IY | Purpose: | Follow-up | Release Date | | |
| Owner | | | | | 1 Routine | | 0 9/19/22 | | |
| PI | ATPC | | | | 2. Follow-up | Summary of | Summary of Violations: | | |
| Owner addre | ess | | | and the state of t | 3. Complaint | | | | |
| | | * | | | 4. Pre-Operation | al | . 1 | | |
| Person in charge | | | | | 5. Temporary | C | C NC R_ | | |
| TRACKY HIGGIES | | | | | 6. HACCP | | | | |
| Responsible | person's | email | 40 , | * gr 3 3 3 3 3 3 | 7. Other (list) | Menu Type | e (See back of page) | | |
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| Certified foo | d handle | r | | | | 1_2/4 | 3 4 5 | | |
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| Received by | (name and | i iiie j | minica). | Troce 11 1100 | ins | Bob Cm | MH ENS | | |
| Received by | (signature |) <u>:</u> | 10 | THE PROPERTY OF THE PARTY OF TH | 31113 | Inspected by (signature): | 2 🗙 | | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| _ | | | | | in the name portion of this report. |
|---------------|--------------------------------|-------|---|-----------------------|--|
| Establishme | nt name | - 1 | 0 () | Telephone Number | Date of Inspection ID# |
| 101- | >e 1 | N | 1011 | () Establishment | 7.3. |
| Establishme | nt addres | s < | ROII 62135 Greenod | () Owner | 9422 (146 |
| (01 | 1 1 | 1 | 12 (7) (7/2/2000) | Purpose: | Follow-up Release Date |
| Owner | | | | 1. Routine | NO 10 122 |
| | | | | 2. Follow-up | Summary of Violations: |
| Owner addr | ess | | | 3. Complaint | 1 |
| | and the potential legal to the | | | 4. Pre-Operational | |
| Person in ch | arge | | | 5. Temporary | $C \bigcirc NC R \bigcirc$ |
| g e mekan y * | | | | 6. HACCP | and the second second |
| Responsible | person's | emai | I | 7. Other (list) | Menu Type (See back of page) |
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| Certified foo | od handler | r | | | 12_345 |
| • CRITICAL | ITEMS AF | RE ID | DENTIFIED IN THE CHECKLIST AND NARRATIV | 'E COLUMNS MARKED "C" | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | THE NARRATIVE BELOW AS "R" |
| Section # | C/NC | R | | Narrative | To Be Corrected by |
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| Received by | ٠٨ ، | | | Inspected | by (name and-title printed): |
| D : 11 | | 104 | el Swant | ver | inter Warner |
| Received by | (signature) | 4 | A | Inspected | by (signature): |
| | // | V | | | 7947516 |
| cc: | | | cc: | cc: | |
| ı | | | | | |



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

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

| Establishme | nt name | 110 100 | # 226 | Telephone Numb | Date of Inspection | ID# |
|---------------|--|-------------------|--|------------------------------|--------------------------------------|--------------------|
| Establishme: | nt addres | <u>uryoc</u> | # 220 | | 9/12/22 | 1915 |
| 1015 | F | Mains | t Green WIND | Purpose: | Follow-up Releas | na Data |
| Owner O | L. 1 | viairio | 11/1/1/100 | . Routing | Pollow-up Releas | 22/22 |
| P | ond | PANGE | 4 14 46140 | 2. Follow-up | Summary of Viola | |
| Owner addre |)WU | Mary | · j Inc | | () | dons. |
| Owner addre | C88 | J | | 3. Complaint | . * | |
| | | | | 4. Pre-Operation | | 1 |
| Person in ch | arge | 220 / | iller | 5. Temporary | CNC | R |
| 7 | <u>lli</u> | Dea 1 | gres | 6. HACCP | | |
| Responsible | person's | email | 0 | 7. Other (list) | Menu Type (See | back of page) |
| Certified for | d handle | , , , | | | | |
| VI | d manda | lonth | on | | 1333 | 45 |
| • CRITICAL | ITEMS A | RE IDENTIFIED IN | THE CHECKLIST AND NAR | RATIVE COLUMNS MARKED "C | " | |
| • VIOLATION | (S) REPEA | TED FROM PREVIOU | S INSPECTIONS ARE DENOTED | IN THE "SUMMARY OF VIOLATION | NS" AND IN THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC | R | 5-1 | Narrative | | To Be Corrected by |
| 430 | NC | V OStor | age room - | enterior w | ales near | 12/1/22 |
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| | | len | t Office | and of | 100 | |
| 388 | NC | This | el remi | tures and | trash | 9/22/23 |
| 200 | | ane | accumul | lated insi | de dumpst | (1) |
| | | pad | La companya da la com | | Harris Carrier | Total and I |
| 218 | NC | Su | est area | Doda St | ation | 19/13/22 |
| | | leak | ing cont | inuouply | - IN | Turnott |
| : 11 / | | Lac | e of th | e rinit " | 1 01 | 1100 9/12/ |
| 146 | NC | Kep | acked fr | | it Strauber | nes 4/12/3 |
| <u> </u> | - | Jun | eapple & Do | mapes) in | clean of | + '' |
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| Received by | (name and | d title printed): | Marine. | cagia, ve | Inspected by (name and title printed | d): |
| mei | | | 105 | | Andrew Mil | ler, EHS |
| Received by | |): | ia-manus manus | | Inspected by (signature): | 1 00 |
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| cc: | | | Ec: | | cc: | |
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NARRATIVE REPORT

| MANNATIVE REPORT | | | | | | | |
|------------------|------------------------|------------------|--|---------------------------|--|--|--|
| Establish | ment N | lam | 791 #226 Address Greenwood 1615 E. Main St. IN 46143 | Inspection Date | | | |
| | <u>(L. K</u> | | Λ | 9/12/22 TO BE | | | |
| Section# | C/NC | R | 0 REMARKS | CORRECTED BY | | | |
| | | | many and business of the | | | | |
| 431 | | | Men's restagon coilína tiles | 9/12/22 | | | |
| 112 | NC | | and HVAC THAT ARE SCALED | 1/12/00 | | | |
| 426 | NC | | Exterior (South) parking lot | 9/13/22 | | | |
| | | | contained trash and debris | | | | |
| | | | 9. 1. 1. 1. 1 | | | | |
| 324 | NIC. | | Subway: | 9/22/22 | | | |
| JET | الال | | Drom lechin night side | 1/2/53 | | | |
| | | | Dogasket/piping | | | | |
| 295 | NC | $\vdash \mid$ | Just ravon preparation rave | 9/12/22 | | | |
| 430 | 20 | \vdash | dan seals are soiled Wall mounted shell | 9/18/22 | | | |
| 720 | ,,,, | Н | above microivaire is loose | 1/10/20 | | | |
| | | | from the wall | | | | |
| 187_ | C | | Great and ham measured | | | | |
| | | \vdash | 43°F at front line assembly | | | | |
| 411 | NC | | anterion) bulle out en | 9/22/22 | | | |
| | 7.00 | | Master-Bilt two door Incere | | | | |
| 295 | NC | | Front line assemble 0 | 9/12/22 | | | |
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| State Form 4 | <u>ひかい</u> 8621 (P2 | <u>ر</u> ۱۹۸۰ | TOUR TOURNETTER | | | | |
| J.G.C 1 011114 | 1112 | | , - | | | | |



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

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|---------------|-------------|--------|--|--|---|--------------------|
| Establishmen | nt name | 7.7 | e Cure Par | Telephone Number | Date of Inspection | ID# |
| KUUT | 574 | | e Juice Bar | () Establishment | 9/2/72 | 211.1 |
| Establishmen | | | Greenwood, IN | () Owner | 11-100 | 2166 |
| VIIU | EN | 10 | in St Greenwood, IN 46143 | Purpose: | Follow-up Release | |
| Owner | | | | 1. Routine | ND 91 | 12122 |
| | | | | 2. Follow-up | Summary of Violati | ons: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
| Person in ch | arge | | | 5. Temporary | CNC | 2 p / |
| r croon in ch | mge | | | 11 mil 21 | CNC | |
| Dagnanailda | | | | 6. HACCP | N 77 /C 1 | 1 C |
| Responsible | person s | emai | 3,001,011,011,011 | 7. Other (list) | Menu Type (See be | ack of page) |
| Certified foo | d bandla | | | | C | 2 |
| Cerunea 100 | od nandie | :I | | | 123_ | 5 |
| • CRITICAL | ITEMS AI | REID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLLIMNS MARKED "C" | NOTICE THE REPORT OF THE PARTY | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | THE NARRATIVE BELOW AS | S "R" |
| Section # | C/NC | | | Narrative | | To Be Corrected by |
| 107 | 1 | | Conser Musport @ 40 | 0-50°F | | 912122 |
| 101 | | | | neidl (a) 45°F | The way to the offi | 110100 |
| | | pal ni | our y promis man | IMPOUL OF TO | TO A HEART | 6 |
| 247 | NC | | no hand towals at h | and sink | | 9121202 |
| 7/ | 1 | | TVV TIGHTER TO CONTRACT TO | er for all the | | 12/ |
| 1510 | 17 | | No thermometers pro | vided in cooling | e Units | 913122 |
| -J W | 100 | - | 100 1.101.1101.101.101.101 | 1 | 1 001419 | 1110 |
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| Received by | (name and | title | printed): | Inspected | I by (name and title printed) | |
| Received by | (fignature) | T | i Hagland | Inspected | l by (signature): | March |
| cc: | | | ce: | ceff | // | // 1/ |



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

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

| Establishme | | | 61 / | Telephone Number | Date of Inspection | ID# | | |
|-----------------|-------------|---------|--|--------------------|-------------------------------------|------------------------------|--|--|
| | m's | | Club | () Establishmen | 9/21/22 | 486 | | |
| Establishme | | | | () Owner | 9/2./20 | , | | |
| 11 | 01 1 | N: | nd horst Way Granwood, IN | Purpose: | Follow-up Releas | e Date | | |
| Owner | | - | 7 | 1. Routine | अर्थको १० | 11/22 | | |
| | | | | 2. Follow-up | Summary of Violat | Summary of Violations: | | |
| Owner addr | ess | | | 3. Complaint | | | | |
| | | | | 4. Pre-Operational | a l | | | |
| Person in ch | orge | | | 4 ^ | C_D_NC_ | 10 p | | |
| 1 CISON III CI. | arge | | | 5. Temporary | CNC_ | 70 K | | |
| Responsible | person's | emai | 1 | 6. HACCP | Many Type (Saal | (sab of page) | | |
| Responsible | persons | CIIIai | | 7. Other (list) | Menu Type (See a | Menu Type (See back of page) | | |
| Certified foo | d handle | r | J Darrey | | 1233 | <u> </u> | | |
| + | M | 10 | 1 PEVIECY | | | | | |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE | | | | | |
| | | - | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | Narrative | AND IN THE NARRATIVE BELOW | | | |
| Section # | C/NC | K | 1 | Narrauve | | To Be Corrected by | | |
| | -12-,-1 | | T. C. To -1 | | | | | |
| 324 | Hù | HIB | The funce is loss | 0- 11 1/h1 1 | Front Hard since | 9/29/22 | | |
| 204 | NC | | | se at the f | Frigerators | 9/02/202 | | |
| 431 | NC | | 11001 | ation equipo | 7 | 9/29/22 | | |
| 1-1 | 75 | | Soiled. | 70.71 | Terr 1 | 1 | | |
| 324 | NC | | no hot water at | the fron- | + hard sink | 9/29/22 | | |
| 324 | KC | | No hot water at the | e men3 100 | om hanolsine | 9/29/22 | | |
| | 110 | | 20- 30 sec. | 11170 | 7.1.1 | | | |
| | | | | | | | | |
| | | W | Produce - | , | | animo pale . It is | | |
| 347 | NC | eri de | - Hand Youek were | not in th | | 9/22/20 | | |
| 295 | NG | | - old ice machine | is soiled- | - Linside unit | 1 9/29/22 | | |
| **** | | | Rothsterf & | 1 . 1 1. | -1 1 | | | |
| 321 | 116 | | - No hot water or | hand tou | rels in | | | |
| 347 | NE | | | 60111 | 219.44 | | | |
| 324 | NC | | the hot water at | the olemo | | hot water | | |
| Received by | (name and | l title | hand sinc - | | espected by (name and title printed | | | |
| T K | aser | 4 | may Assistant | manager | Terry D Bay | / / | | |
| Received by | (signature) | 1 | Mount | In | ispected by (signature): | m | | |
| cc: | 700 | - | CCT | | cc: | | | |
| | | | | | / | | | |



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

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

| Досионоппп | ent oam | uuioi | is requirements. The time mint for con- | ection of each violation is specified | _ | or tins report. | |
|---------------|-------------|----------|--|---------------------------------------|------------------------------------|--------------------|--|
| Establishmer | nt name | _ | 01 | Telephone Number | Date of Inspection | ID# | |
| Establishmer | nt address | <u> </u> | unt Pleasont Batist | | 9/9/22 | 2451 | |
| | N | _ | 30 E 46131 | Purpose: | Follow-up Releas | se Date | |
| Owner | | | | 1. Routine | NO 19/19/22 | | |
| Owner addre | | | | 2. Follow-up | Summary of Viola | nons: | |
| Owner addre | ess | | | 3. Complaint | | | |
| D : 1 | | | Marian Carlot and Carl | 4. Pre-Operational | $C \nearrow NC$ | χ_ | |
| Person in ch | arge | | | 5. Temporary | $C \longrightarrow NC \rightarrow$ | R | |
| Responsible | person's | email | | 6. HACCP | M T (Can | hack of page) | |
| Responsible | persons | Cilian | 4 | 7. Other (list) | Menu Type (See | back of page) | |
| Certified foo | d handle | r | | | 12_X3 | 45 | |
| ı | | | ENTIFIED IN THE CHECKLIST AND NARRA ROM PREVIOUS INSPECTIONS ARE DENOTED IN | | THE NARRATIVE BELOW | AS "R" | |
| Section # | C/NC | R | | Narrative | | To Be Corrected by | |
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| Received by | (name and | title f | brinted): | Inspecte | d by (name and title printed | d): | |
| Janic | eh. | Co | Conway, Co-Diretor | Cas | S' Hall | 10.1 | |
| Received by | (signature) | 1 | | Inspecte | d by (signature): | Children | |
| 11/10 | we | X | The reg | | THOM H | | |
| cc | | | cc: | сс: | | | |



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

| Establishmer | nt name |) | CRG | nt | Telephone Numbe | 1 1 | ID# |
|--------------------------------|------------|---------|-------------|---|----------------------|---------------------------------------|--------------------|
| Establishmer | | | CIC | 2 | () Establishme | 9/9/27 | 1937 |
| | | | CON C | 7. Franklin, P | () Owner | 7 / / / 2 | |
| Owner | JUI | IC | 13010 3 | 1.1/1/10/09/77 | | Follow-up Release | Date /22 |
| | nH | 10 | BA | 1/00 | 1. Routine | | 1177010 |
| | | W | OH | Rev | 2. Follow-up | Summary of Violati | ons: |
| Owner addre | ess | | | | 3. Complaint | = | |
| | | | | | 4. Pre-Operationa | C NC | 2 |
| Person in cha | arge | 14 | 0 00 | TKER | 5. Temporary | CNC | R |
| | 1 | -7 | | THE | 6. HACCP | | |
| Responsible | person's | emai | | | 7. Other (list) | Menu Type (See b | ack of page) |
| Certified foo | J b an Jla | | | | | |) |
| Ceruned 100 | d nandie | 74 | 6 B1 | TROF | | 12(| 5 |
| • CRITICAL I | TEMS A | RE ID | ENTIFIED IN | THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | |
| VIOLATION(| S) REPEA | TED F | ROM PREVIOU | IS INSPECTIONS ARE DENOTED IN TH | | " AND IN THE NARRATIVE BELOW A | |
| Section # | C/NC | R | | | Narrative | | To Be Corrected by |
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| 0.16 | | | OF | HAMBURGER | | RISERATOR | discapa |
| 218 | NC | | NOT | AT 410F 01 | | , , , , , , , | N 9/11 |
| 197 | NC | 7- | ICO | | rezer Ter | TRESAFURO | 7 //// |
| (1) | 100 | 4 | ~2M | OF NOT AT | | 155 - Ice | 9/11 |
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| 228 | WC | * | | DOR UPRIGHT | REFRISE | PRATOR, | 1019 |
| | | | UPR | 19HT FREEZE | | ASILY MOVER | Ble, |
| 347 | NC | × | BAR | HANDSINK | - wodi | sposable - | -9110 |
| 224 | NC | | Tour | els, LOAK | NOTED AT | ORAIN, _ | -9115 |
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| 256 | NC | × | KIT | THEN - SMA | | SPRATUR BY. | - 9//3 |
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| 218 | WC | A | | OUR REFRIG | eter not | asket worn- | 0/1/2 |
| 0 | 140 | - | SPO | ILI JINEKIIIOM | ETER 1000 | 2000 | 7/13 |
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| Received by | name and | title j | brinted 3 | CER | | Inspected by (name and title printed) | 8710 |
| Received by | 1. |)A < | 1 | $\overline{}$ | | Inspected by (signature): | |
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| cc: | - V | | 1 | cc: | | cc: | |
| * | | | | | | | , |



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 nam | ie | . Vagle . | day registration | Telephone Numb | er Date of Inspection II | D# | | |
|----------------------|--------------|------------|----------------------------------|-------------------------|--|-----------------------------------|--|--|
| Smal | Cel | SUNS | e Contento | () Establishm | ent | | | |
| Establishment add | | | | (N) Owner | 92872 7 | 2563 | | |
| Mar | 1 | 3/2 1 | 35 GURDINDO | Purpose: | Follow-up Release Date | Follow-up Release Date | | |
| Owner | | | | 1. Routine | 1012108 | 22 | | |
| | | | | 2. Follow-up | Company of the Compan | | | |
| Owner address | | | | 3. Complaint | | | | |
| | | | | 4. Pre-Operation | nal . | | | |
| Person in charge | | | | 5. Temporary | C O NC 8 | $C \subseteq NC $ $R \subseteq R$ | | |
| r cross in charge | | | ai . | 6. HACCP | CNC | K | | |
| Responsible persor | 's email | | | 7. Other (list) | Menu Type (See back o | f page) | | |
| responsible persor | 13 CITIAN | | | 7. Other (usi) | Went Type (See Ouck of | page | | |
| Certified food hand | ller | | | | | 1 | | |
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Page 1 of ___

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

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

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

Office 317-346-4365 Fax 317-736-8264

Page 1 of

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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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| Establishmer | nt addres | s | 111 1/10 | () Owner | 7/6462 |
| 103 | N | 5 | 2135 410146 | Purpose: | Follow-up Release Date |
| Owner | | | , | 1. Routine | NO 10/2/22 |
| | | | | 2. Follow-up | Summary of Violations: |
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| Person in cha | arge | | 1 | 5. Temporary | CNCR |
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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 | nt name | | stop violana lliman og god og er | Telephone Number | Date of Inspection | ID# | | |
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| 1270 | 9 N | 1 | Emerson | Purpose: | Follow-up Release | se Date | | |
| Owner | | | Greenword | 1. Routine | NO 10 | 672 | | |
| | | | | 2. Follow-up | Summary of Viola | tions: | | |
| Owner addre | ess | | | 3. Complaint | | | | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishme | nt name | | 21/ #1716 | Telephone Number | Date of Inspection | ID# |
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| | | | TV #1319 | () Establishment | 9/6/13 | 158 |
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| SP | cepi | WI | 74 L2C | 2. Follow-up | Summary of Viola | tions: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | | |
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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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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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

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

| Establishment na | ame. | | | Telephone Number | Date of Inspection ID# | | |
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| | | 7 | | () Owner | 1666 | | |
| 7800 | | 8 | 213 Gilliano | Purpose: | Follow-up Release Date | | |
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| | | | | 2. Follow-up | Summary of Violations: | | |
| Owner address | | | | 3. Complaint | | | |
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| Person in charge | | | A STATE | 5. Temporary | CNCR_O | | |
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