

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

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

| Establishment name Cyanel Porvic Memory Care Establishment address 2 4445 State vel 135 Owner Owner address Person in charge Responsible person's email Certified food handler | | | | Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Release I Mo 9/8 Summary of Violation C NC Menu Type (See back) | ns: |
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| • VIOLATION(| (S) REPEAT | ΓED F | PENTIFIED IN THE CHECKLIST AND NARRATIVE STROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | E "SUMMARY OF VIOLATIONS" AN | | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishmer | nt name | . 1 | 25 | 1,5000 | Telephone Numbe | | Inspection | ID# |
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| Owner addre | | | | | 3. Complaint | | | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishment name | Telephone Number | Date of Inspection ID# |
|--|-------------------------|---------------------------------|
| Establishment address | Establishment | 0 - 2 - 1 - 0 |
| | () Owner | 8 29 1748 |
| Owner Every | Purpose: | Follow-up Release Date |
| Owner | 1. Routine | NO 9 25 |
| | 2. Follow-up | Summary of Violations: |
| Owner address | 3. Complaint | |
| | 4. Pre-Operational | |
| Person in charge | 5. Temporary | C NC R |
| 3.2 | 6. HACCP | |
| Responsible person's email | 7. Other (list) | Menu Type (See back of page) |
| | | Type (see carried) Fugey |
| Certified food handler | | 1 2 3 4 5 |
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| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA | TIVE COLUMNS MARKED "C" | |
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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

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 Establishment address) Owner Purpose: Release Date 1 Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational $c_{NC} = \frac{5}{R}$ Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certifæd∮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 430 NC 402 256 294 295 Inspected by (name and title printed): Received by (name and title printed): cc:

| NARRATIVE REPORT | | | | | | | |
|------------------|--------|--|--|-----------------------|--|--|--|
| Establish | ment N | lam M | Address Bargersville S24 E. Plank Rd- IN 46/06 | Inspection Date | | | |
| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY | | | |
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| Received B | (Name | & Ti | Insperoted By (Name & Title) | Page a of 2 | | | |



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

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

| Listablishilli | ent Samta | don Kequitein | ients. The time mint for correction | on of each violation is specified | in the narrative portion | Tor this report. | | |
|----------------|--|----------------|---|-----------------------------------|--------------------------------|------------------------|--|--|
| Establishmen | Kenh | einer S | errices O Endress | Telephone Number | Date of Inspection | ID# | | |
| Establishmen | nt address | 0.000 | Day Greenwood | () Owner | 8/18/23 | 2284 | | |
| Owner | , En | does f | lace. Joy, 46143 | Purpose: 1. Routine | Follow-up Releas | Se Date 01 /22 | | |
| (ille | tenli | eimer (| Service LLC | 2. Follow-up | Summary of Violat | Summary of Violations: | | |
| Owner addre | A STATE OF THE PARTY OF THE PAR | | | 3. Complaint | | į. | | |
| | | | | 4. Pre-Operational | 2 | 8 | | |
| Person in ch | arge | | ÷ e | 5. Temporary | C_O_NC_ | 4 R (U | | |
| Responsible | person's er | nail | | 6. HACCP 7. Other (list) | Menu Type (See l | hack of page | | |
| псоронально | personsen | nan | | 7. Other (usi) | Menu Type (See a | rack of pages | | |
| Certified foo | d handler | | | | 123_ | 45 | | |
| | | | N THE CHECKLIST AND NARRATIVE US INSPECTIONS ARE DENOTED IN THE | | N THE NARRATIVE BELOW | AS "R" | | |
| Section # | C/NC | R |] | Narrative | | To Be Corrected by | | |
| 342 | uc | Hemai | lank hot water | r temperature | is @ 130°F | | | |
| 411 | Ne | courte | e of lights one | out in pitch | in area | | | |
| 711 | ···· | Bu 3 | -boy kink | put on process | or crime | | | |
| | | of one | light out ansid | e dy storage | by coffee | | | |
| | | area (iii) ano | | 1 011011 | | | | |
| | | (in one | hight is out by | 1 Oven | | | | |
| 295 | Ne | Inside | 2-left of she | de-machine i | s getting sou | red | | |
| 324 | NE | one of | well is leading | g at Amel-6 | eny sink | | | |
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| Received by | | | ranc Nen | Inspect | ted by (name and title printed | ou Etts | | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishmen Establishmen Owner Owner addre Person in cha | arge | | Corrol Parlin Dr 46142 | 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 8- -22 2:300 Follow-up Release Summary of Violati CNC Menu Type (See b | e Date - / / |
|---|----------|-----|--|--|---|-----------------------------------|
| Certified foo | d handle | r | | | 123 | _4 <u>×</u> _5 |
| | | | ENTIFIED IN THE CHECKLIST AND NARRATIVE | | | S "R" |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| 336 | C | | Spray nomble atta | ched to hose | Connected | 8-1-22 |
| 344 | C | | Recommend Di backflow pre | for use un irchasing a venter for | der press Vacuum Use Sure" Property. | 8-8-22 Coming out in |
| 324 | NC NC | | Observed Single Use 6' off floor in mai | Hems (Straws) in Server box tombrock in | CATHER Jares | 8-8-72 parts on orde 8-7-72 |
| UN 295 310 | となってなって | | coms not 6" off fl Observed a light of Cobinets located in Homen's restrain | IF OLDONE GY! !! | 501/64. | 8-8-22 |
| Received by Received by cc: | JOA | 116 | cc: | (0) | ed by (name and title printed) A Solution (signature): Solution (Solution) | hultry |

NARRATIVE REPORT

| Establishment Na | ama | e Address | Inspection Date |
|-------------------------|----------|--|---------------------------|
| . Of I do | | | Inspection Date |
| Lulaen | - (| Corral 160 Sum Marlen Dr | 8-1-22 |
| Section# C/NC | R | REMARKS | TO BE CORRECTED BY |
| 218 NC | | Air curtain broken (parts on order) | 8-15-22 |
| 347 N/ | | Disposable paper towels not | 8-1-22 |
| 77 770 | | provided @ meat Cutting- | 0 1 00 |
| | | Koom designated hand Single | 6 |
| note: | | Meat in Nu-VU hot holding /cook | No 8-1-23 |
| 70000 | | device @ 128°F @ lon. | |
| | | Unit had Stopped Cooking as | <u> </u> |
| | | it had run out of water. | |
| | | Water replaced. | |
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| | 1 | Date: Fechis Final dish Machina OX Empleado BAR TURAN CHANGE BAR TURAN CHANGE EN CAMBER CHANGE LARAN LOC CAMBER A COLON MARAN 100 OF /710C | |
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| Treceived By (Ivaille & | 7 | Inspected By (Name & Title) | Page <u>2</u> of <u>2</u> |

State Form 48621 (R2 / 8-05)

Elizabeth Schulty

JOHNSON COUNTY HEALTH DEPARTMENT OPERATOR WRITTEN RESPONSE TO INSPECTION NARRATIVE REPORT

Date Aug 3 ZOZZ

Johnson County Health Department 460 North Morton St., Ste. A Franklin, In 46131 Phone: (317) 346-4365 Fax: (317) 736-5264 eschultz@co.johnson.in.us

The following is my response to the inspection narrative report prepared by your agency's representative, Elizabeth I. Schultz on *Attach additional sheets as needed.

Establishment Representative

Inspected by: Elizabeth Schultz, REHS (317) 346-4373 eschultz@co.johnson.in.us



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

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name

Telephone Number

Date of Inspection

ID#

| Establishmen | it name | | 45,00 | Telephone Numbe | er Date of Inspection | ID# |
|----------------|-------------|-------|--|---------------------------|--|---|
| Hot | bo | 0 20 | - Pízza | () Establishme | ent / / | 1706 |
| Establishmen | it addres | SS | Mira Valley Rd JN 461 | Owner) | 08/22/2 | 2 1126 |
| 341 | 1.W. | 8 | mith valley Rd IN 461 | Purpose: | Follow-up Relea | ase Date |
| Owner | | | | 1. Routine | XLS 9 | |
| | | | | 2. Follow-up | Summary of Viole | THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER. |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operation: | al | |
| Person in cha | arge | | | 5. Temporary | $c_{1} = Nc_{1}$ | $4_{\rm R}$ 2 |
| | | | | 6. HACCP | 11 | |
| Responsible p | person's | emai | 1 | 7. Other (list) | Menu Type (See | back of page) |
| | | | Card Cate | most attacherent Language | - u " mugi | |
| Certified food | d handle | 190 | ordner (Esp. 3/22/26) |) | 123 | 45 |
| • CRITICAL I | TEMS AI | RE IL | DENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| | | - | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI | | S" AND IN THE NARRATIVE BELOV | |
| | C/NC | R | | Narrative | | To Be Corrected by |
| 430 | Ml | _ | | served by v | vater heater | 9/02/22 |
| | | _ | arla. | | | |
| 247 | Me | / | No paper towal provid | led by both | h hand sinks | 2/16/22 |
| 341 | Me | ~ | Ku pycer 1000 provice | la y voi | 1 nund omps | 8/26/22 |
| 297 | Ne | 1 | Few Soda nozzles or | re sorted | | |
| 16 | | L | - Relamined Cleaning | | a week. | |
| | | | | 1 | | - 1 |
| 174 | Me | | one saray bottle not | Cabelled | 0 0 | Corrected, |
| 303 | C | | | tizer Observ | ed, dishes jute | nsots 8/26/2 |
| | | | not samfized after i | wash | | |
| | 4/0: | - | Durcha Guna Inn - mant | 2-0 12-da 3- | alan al | |
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| Received by | | | printed): Moreland | п | Inspected by (name and title print AUL BLE) | ied): OV EHS |
| Received by (| (signature, |): | | | Inspected by (signature): | or many and |
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| cc: | | | cc: | | ¢c: | |



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

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

| Establishme | | 5 | PORTO | Telephone Number | | ID# |
|-----------------------|------------|-----------|---|----------------------|---------------------------------------|--------------------|
| Establishment address | | | DUVI) | () Establishme | 8/3/aa | 2306 |
| | | | PERCULATION ENVITA | Owner) | 20.0 | |
| | W - | | FRECSON FRANKEN, | Purpose: | Follow-up Release | Date / |
| Owner | > | | (| 1. (Routine | (40) 81 | 113/20 |
| of | | | | 2. Follow-up | Summary of Violati | ons: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operationa | 1 | \overline{a} |
| Person in ch | arge | | | 5. Temporary | C O NC | A R |
| EI | RIN | J | Green | 6. HACCP | | |
| Responsible | person's | emai | | 7. Other (list) | Menu Type (See be | ack of page) |
| 223 | | | | , | | 71 37 |
| Certified foo | d handle | r | | | 1 (3 (3) | 4 5 |
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| • CRITICAL | ITEMS A | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI | | " AND IN THE NARRATIVE BELOW AS | |
| Section # | C/NC | | | Narrative | | To Be Corrected by |
| 431 | we | (K) | FLOOR NOT CLEA | N IN BA | CK ROOM > | 8 8 3 |
| 001 | | | | 001 0011 | se wixer | 210 |
| 291 | WC | 8 | BUAT CHEMICA | | tpers NOT | 815 |
| 011 | arc | 45 | , | , , | USIABO | 52/52 |
| 216 | NC | 5 | CARDBOARD USED | JURABO | duck BOARDS | 818 |
| / | _ | 0 | NOT CLOPA, NOT | Freezer - | MARMOMETE | 288 |
| 256 | NC | 1 | 2 | NOT EASIL | | - 8118 |
| 431 | nc. | 8 | BACK ROOM SHEL | LUES NOT C | | 818 |
| 324 | nc | 0 | CEAK NOTED AT | BACK ROOM | HANDSINK - | - 2/18 |
| 30.1 | 100 | | FAVCET | | | 37.5 |
| 239 | wc | P | Box of strigo service | 2 HOT ORINA | CCUPS NOT _ | 8/5 |
| 0 | | | STURED OFF FLOOR | minimum or | e 6 priettes | A. A. A. A. |
| 431 | NC | X | PRSTROOM COFLING 5. | XHAUST COVE | RS NOT CLEAN | -8/8 |
| 234 | Ne | æ | UTENSILS STORED IN | | Ell-WATER- | 814 |
| | | | | IPPER WEL | | |
| 256 | inc | 0 | FRONT REFLIGERAT | | | on 8/3, |
| 234 | NC | 0 | | | KER-HANDLE | - 97 |
| | | <u> </u> | AN CONTACT WIT | 74 Dec | | 813 |
| Received by | (name and | d title j | ormted): | 1 | Inspected by (name and title printed) | H EXB |
| Received by | (signature |): '. | N. Arim | I | nspected by (signature): |) |
| cc: | | | Cc: | | cc: | |
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

| Establishment a 38 S Owner | BS ddress SSE | BBQ ROWELL ST. FRANKLIN, IN HUTTON HUTTON | Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP | Date of Inspection 19 22 Follow-up Release 8 Summary of Violate C NC | ions: |
|--------------------------------------|---------------------|---|--|---|--------------------|
| Responsible per | son's em | ail | 7. Other (list) | Menu Type (See) | back of page) |
| Certified food h | andler QSS | · HUTTON | | 1233 | 45 |
| | | DENTIFIED IN THE CHECKLIST AND NARRAT | | N THE NARRATIVE BELOW | AS "R" |
| Section # C, | NC R | | Narrative | | To Be Corrected by |
| 291 1 | VCR | "QUAT" FEST S | TRIPS NOT AN | MILABLE | 8/28/22 |
| 431 1 | UC X | ROSTROOM COIL. | ING EXHAUST | - COVER | 8/23 |
| Received by (nan) Received by (sign) | À 334 | OFF FLOOR M. DY BASEMENT Eprinted): Harts | Inspecte | d by (yame and title printed | 8/22/22 |
| cc: | Janure): | CC: | Inspecte cc: | d by (signature): | D |
| | | | | | Page 1 of |



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

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

| 22 1111 | | | | | | | | | |
|---------------|-----------|---------|--------------|--|--|--------------------------------------|--------------------|--|--|
| Establishmen | nt name | ſ n. | 1 12 de 1/2 | | Telephone Numbe | | ID# | | |
| Junn | SOV 1 | NΙ | inty A | & Thowing | () Establishme | nt Blinks | 2410 | | |
| Establishmen | | s 1 | , , , | 1 1 10 11 10 | () Owner | 011116 | - 2717 | | |
| 400 | 1 1/5 | 3 | Whi | tcland, 1N 46189 | Purpose: | Follow-up Relea | | | |
| Owner | | | | | 1. (Routine | ND 8 | 127/2021 | | |
| IMW | NONCIO | | | | 2. Follow-up | Summary of Viola | tions: | | |
| Owner addre | ess | | | | 3. Complaint | | | | |
| | | | | | 4. Pre-Operationa | d D | | | |
| Person in ch | arge | | | | 5. Temporary | $_{\rm C}$ $_{\rm NC}$ | C ONC OR O | | |
| | | | | | 6. HACCP | | | | |
| Responsible | person's | email | A serie | Trep Tompp - r make | 7. Other (list) | Menu Type (See | back of page) | | |
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| Certified foo | d handler | r | | CHECK TO A CHECK THE CHECK | | $ 1 \lor 2 3$ | 4 5 | | |
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| • CRITICAL | ITEMS AR | E ID | ENTIFIED IN | THE CHECKLIST AND NARRATIV | E COLUMNS MARKED "C" | | | | |
| | _ | - | ROM PREVIOUS | INSPECTIONS ARE DENOTED IN TH | | " AND IN THE NARRATIVE BELOW | | | |
| Section # | C/NC | R | | | Narrative | | To Be Corrected by | | |
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| Sec. 10. | - | 1600 | The second | | | | | | |
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| | | | | | | | | | |
| Received by | (name and | title t | orinted): | | | Inspected by (name and title printer | d): / | | |
| X(hr. | Stoppe | 17 | P. Eng | ۵۱ | 1 9 11 | Jancie Ban | tord | | |
| Received by | 7101/ | | | |] | Inspected by (signature): | 0. 1 | | |
| XIM | / | 1. 6 | 0/// | | | () AMeis | Simple | | |
| cc: | | | | cc: | | сс: | | | |
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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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishmer | nt name | | | Telephone Numb | er Date of Inspection | ID# |
|---------------|-----------|---------|---|--|------------------------------------|----------------------|
| Mr | KW | 78 | SBA Shruk-Burdhin | () Establishme | | 1258 |
| Establishmen | nt addres | SS | man man square |) Owner | 8119162 | 1 130 |
| 100 | 50 | 5 | and I was Grammand | Purpose: | Follow-up Rele | ase Date |
| Owner | | 2 | to sound customages | 1. Routine | 8 | 79172 |
| NOA | P . = | 13 | msm | 2. Follow-up | Summary of Viol | ations: |
| Owner addre | ess | A | | 3. Complaint | | |
| | | | | 4. Pre-Operation | al l | 2 |
| Person in ch | arge | | | 5. Temporary | C NC | \Re R \mathbb{Z} |
| | U | | | 6. HACCP | 0 | ~ |
| Responsible | person's | emai | [| 7. Other (list) | Menu Type (See | hack of page) |
| | | | 2 24 | () | | 77.87 |
| Certified foo | d handle | r | | The state of the s | 123_ | 4 X 5 |
| • CRITICAL | ITEMS A | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | COLUMNS MARKED "C" | | |
| • VIOLATION | (S) REPEA | TED I | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | "SUMMARY OF VIOLATION | S" AND IN THE NARRATIVE BELO | W AS "R" |
| Section # | C/NC | R | Ţ | Varrative | | To Be Corrected by |
| 294 | 0 | | Moserved dish me | While Say | nitizer | ionrected. |
| 7 7 7 7 7 | | | less than 10 ppm. | | | 0.1.100 |
| 414, | NC | X | book exit door to | 24 Office | not protect | 97777 |
| | | | xnow boutertian to | CHATS. | | |
| 1-1- | 11 | _ | D.00011914 0026 | Social No | ans not | Q1/4/17 |
| | IVC | | Stored by off floor | THING H | WD LOL | 0111100 |
| | | | 2016 0. OF 2100 | Capinet & | Horodon Amr | - |
| | | | Dayes Of C | NO STOVE | FON FLOOR | |
| 431 | NC | | Slow Inder earlie | whent soil | Pd. | 8-26-22 |
| 295- | NC | | Walk in Cooler She | IVIN YOUKS | Soille. | |
| 310 | NC | X | Soth restroom Je | My Solle | | 1 |
| - P 5 C | 46 | (, | Kestroom toilet o | ippears to | de leaking | 9/2/22 |
| NOTE | 9 | | Note: meat insid | & walk-in | cooler opser | vid . |
| | | | at 43°P, recommen | dec to lea | R toll packet | S d l alanta) |
| | | | | John John | (if nothing is st | ould oppne) |
| | | | Note: tea Container: | s need lide | flies. | |
| 1121 | | | Floor drain Mall | Small | 71163. | 1 |
| Received by | (name and | l title | | | Inspected by (name and title print | 'ed): |
| Xn | 2 | | | | (16557 HW | et . 1/2 / - |
| Received by | | | | | Inspected by (signature): | of officials of |
| Xmi | chas | -/ | Lanning | WWW. | Vasa July | |
| cc: | | | cci | | cc: | |
| | | | | | | |

Thank You!

Page 1 of



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

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

| Establishme | nt name 1/2 | sian | V | Telephone Numl | ber Date of Inspection | ID# |
|----------------|--|--------------|---|--|--------------------------------------|--------------------|
| K | mu | Restaul | arit | () Establishn | 8/11/22 | 1544 |
| Establishme | nt address | | | . () Owner | 8/11/20 | 1201 |
| | 1280 | N US | 31 Greenwood | Purpose: | Follow-up Releas | e Date |
| Owner | | 1 | 9 | Name and Address of the Park o | | 3/21/22 |
| | | | | 2. Follow-up | Summary of Violat | |
| Owner addre | ess | - | | 3. Complaint | | |
| | | | | 4. Pre-Operation | nal | 1 |
| Person in ch | arge | | | 5. Temporary | C / NC | 6 R |
| r croon in cir | 80 | | | | CNC | - K |
| Responsible | nerson's em | nail | | 6. HACCP | Mana Tana (Can) | each of base) |
| кезроплоге | person's em | ian | | 7. Other (list) | Menu Type (See l | ack of page) |
| Certified foo | d handler | | | | | |
| + Pa | u Lan | Piano | λ | | 123 | 45 |
| • CRITICAL | The second secon | | N THE CHECKLIST AND NARRA | ATIVE COLUMNS MARKED "C | NII | |
| • VIOLATION | (S) REPEATEI | FROM PREVIOU | US INSPECTIONS ARE DENOTED I | N THE "SUMMARY OF VIOLATIO | NS" AND IN THE NARRATIVE BELOW | AS "R" |
| Section # | C/NC F | ₹ | | Narrative | | To Be Corrected by |
| 295 | NU | - Th | & ice makes | shield is | Boiled | 8/13/22 |
| 2/6 | NC | -The | work tahi | le shelf is | very rusted. | Pre- Wal |
| 127 | C | -6140 | | heel 5. lices | are not | 8/11/22 |
| 216 | Ne | | 411111111111111111111111111111111111111 | of or telon | I in the | 150,150 |
| 0.10 | AC. | - / . | ch-in prep | refirigerator- | | 2/27/ |
| 2/8 | AC | - 1. W | | | erator | 8123/22 |
| 110 | ile | dra | 7 | working- | and the | - |
| 112 | HE | - YM | 1 / / / / | lyte Freez | er unit is | |
| 190 | NC | - POI | Le broth A | poved. | | 8/12/22 |
| 1/0 | /4.0 | 101 | 1 large 5 | fock pot & | operly cooling | 912122 |
| 12. | | _ | inches | 7000 701 7 | Cxcecomy | - Sal |
| 311 | NC | - 1 | ranst follers | and hon | d are not | 8/23/22 |
| | | | are | | | |
| | | | | , | | |
| | | 5K | The reach- | in woler | is not | 1 |
| | | | maintaining | ropes temper | ature | |
| | | | / | / | | |
| | | | | | | |
| Received by | 0 | | | | Inspected by (name and title printed | |
| X | tau La | am tian | 29 | | Jacky D D | ey 1.855 |
| Received by | (signature): | PULS | | | Inspected by (signature): | less |
| | | / / | 00: | | | 1100 |
| cc: | | / 1 | cc: | | cc: | 7 |



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

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

Page 1 of

| | | 15 17 | 7 |
|--|---|---------------------------------------|--------------------|
| Establishment name | Telephone Numbe | | ID# |
| LA COCINA MOSICION ROSTAURIM | () Establishme | 8/2 20 | 1672 |
| Establishment address | () Owner | 0/00 600 | 1015 |
| Establishment address 912 N MURTON ST. Franklan | Purpose: | Follow-up Release | Date 1 |
| Owner | 1. Routine | - 8/ | 1262 |
| ALBRITO SIXTO PACT | 2. Follow-up | Summary of Violatio | |
| Owner address | 3. Complaint | | |
| | 4. Pre-Operationa | 1 . | |
| Person in charge | 5. Temporary | C_O_NC_S | R |
| AdoLFO | 6. HACCP | | |
| Responsible person's email | 7. Other (list) | Menu Type (See ba | ck of page) |
| | (, | | 71 87 |
| Certified food handler | | 1 2 3 | 5 |
| PRLIBERTO JIXTO 188 | | 1 | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATION | IVE COLUMNS MARKED "C" | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T | | | |
| Section # C/NC R | Narrative | | To Be Corrected by |
| 295 WC & INSTOR TOP O | of see mAK | OR NOT | 815/20 |
| CLOAN | ~ | | 810 |
| 295 NCK WALK-DN COOLES | | | 813 |
| 177 Mc K Some PACKAges | SONTAINE | RS OF FOOD | 5/11 |
| NOT STORED MICH | smum of | & Inches | 814 |
| OFF FLOOR - WA | CF-IN (60 | LOR, WACK-IN | |
| FREEZER | 221871/111 | ORDI LINGO | 8/4 |
| 216 NC & CARD BOARD NOT 3 COMPANTMENT | CONTO (OU | RABLE UNDER | 8/9 |
| 3 companiment | 3 210 K | | |
| (1) SPRAY BUTTLE | OF CLOAM | OP AMT | comerred |
| | HELF WITH | CLOAVERS | 8/2 |
| ABOVE 3 COMPA | | | 810 |
| 431 NC FLOOR IN ANERS | | N NOT CLEAN | 8/8 |
| DIEXT TO WAZL/UN | Idel Equipo | | 0 10 |
| West 10 still 2010 | COU L'ACTIV | , 410 | |
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| | | | |
| Received by (name and title printed): | | nspected by (name and title printed): | 上包约 |
| Received by (signature): | | nspected by (signature): |) |
| / full | | Del Im | _ |
| сс: се: | | cc: | 175 |
| | | | 1 |



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

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

| Establishmen La Establishmen LA Owner VIP Owner addres Person in cha Emtl Responsible(p | Puint address S. Rai ss | tel | Sr. Circen IN, | 46143 | Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | ent | Pollow-up Releas Summary of Violat C NC Menu Type (See b | 09/27 ons: |
|--|-------------------------|--|---|--|--|-------------|---|--------------------|
| 1 | ΓEMS ARI | | | | E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS | S" AND IN T | 1 2 3 | |
| | C/NC | | | THE RESIDENCE OF THE PARTY OF T | Narrative | | | To Be Corrected by |
| 228 257 M9 146 | NL NL | There were appropriately the control of the control | mometer mometer tains tes in the congs are abilid for nstains, | not so | hongs. | prege frict | Te a residence | 8/28/22 |
| Received by (| name and i | i the | c: please marked | make es date | Sure items manced. | Inspected I | The Cooler oy (name and title printed) W B HO oy (signature): BUTCU | |
| cc: | | | cc: | | | éc: Z | 17-346 | -4370 |



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

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

| Establishme | nt name | | 34 - 12 14 | Telephone Number | Date of Inspection ID# | 1 |
|---------------|-------------|---------|---|----------------------|--|-------|
| Les | 00 | 1 | Vitotion | () Establishment | 01171 121 | |
| Establishme | nt addres | S | 22 | () Owner | 19-9-11 150 | |
| 106 | W | 0 | etterson St. 46131 | Purpose: | Follow-up Release Date | |
| Owner | | | | 1. Routine | NO 18-14-12 | |
| | | | | 2. Follow-up | Summary of Violations: | - : - |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | \propto | |
| Person in ch | arge | | | 5. Temporary | C NC R | |
| | | | | 6. HACCP | | |
| Responsible | person's | emai | | 7. Other (list) | Menu Type (See back of page) | |
| | | | | 70 | rughten plansker mil | |
| Certified foo | od handle | r | | | 12345 | _ |
| • CRITICAL | ITEMS AI | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | |
| | | | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI | | AND IN THE NARRATIVE BELOW AS "R" | |
| Section # | C/NC | R | | Narrative | To Be Correcte | ed by |
| 431 | NC | | HOORS LANDER PAINION | nert and shr | Eluin Units | |
| | to Hi | H.B | Soiled. | The second | The second secon | |
| 295 | NC | | Interior of ice max | er soiled. | Control of the second s | |
| | | | Battom of Stand U | p fridge so | 1160. | |
| | | | Note: no ceiline | HID MAISSIN | <i>a</i> | |
| | | - | Note: Women's | Men's toile | & needs clear. | |
| | | | Note: 10 5000 Sm | uldn# be = | Hoved On FOD | |
| | | | Ofice Maker. | | | |
| | | | Note: Small Frido | il an Stora | X Sheff | |
| | | | needs through your | A. (Corrected | 3 | |
| t ia | | | 7041166 | | | |
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| Received by | (name and | l title | printed): | Ing | spected by (name and title printed): | |
| X | 54 | // | Hawle, Owner | | 'ASSI HOW | |
| Received by | (signature) | | | In | spected by (signature): | |
| | | / | | | c: | |
| cc: | 1 | / | ce: | " | C. | |



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

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

| Establishmer | it name | | | Telephone Number | Date of Inspection | ID# |
|---------------|-------------|-------|--|-----------------------|----------------------------------|--------------------|
| Litt | | 9 | aesais | () Establishment | 8/4/22 | 1819 |
| Establishmer | | | | () Owner | -7 77 | 1011 |
| | 670 | 5 | US 3L | Purpose: | Follow-up Relea | |
| Owner | | | Greenwood, IN | 1. Routine | 7-10 S | 8/14/22 |
| 2 | | | SI COLOR | 2. Follow-up | Summary of Viola | ations: |
| Owner addre | ess | | | 3. Complaint | | -4 |
| | | | | 4. Pre-Operational | | |
| Person in cha | arge | | | 5. Temporary | C O NC | 7R |
| | | | | 6. HACCP | 75 | |
| Responsible 1 | person's | email | paralament and an interest | 7. Other (list) | Menu Type (See | back of page) |
| | | | g + 4 - 1 - 1 - 20 | 411 | and the same | 10000 |
| Certified foo | d handle | | whitney | | 123_> | <u>45</u> |
| • CRITICAL I | TEMS AI | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIV | VE COLUMNS MARKED "C" | | |
| | | _ | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | IN THE NARRATIVE BELOW | |
| Section # | C/NC | R | | Narrative | | To Be Corrected by |
| | - 1 | | Walk-in Looler | | Serlad | -// |
| 245 | Ne | | Wipe down and | cleap the | outer | 8/6/22 |
| 1-7 10 | 617 | | | le 0/001 | 2/2 | 37 . |
| 126 | NC | | 1 11 | , , , , | omsete | |
| 431 | NC | | - The floor une | 3+01201- | ay sink | 8/6/72 |
| 7/) | 1. | | 13 SO1/Ad- | Pr Trix | 47 27.17 | 5/5/2/ |
| 345 | Ne | | | hand sink 16 | 2065 | 8/5/22 |
| | | | are disty- | | | |
| 218 | No | | | | out of | 8/10/22 |
| | | | under ELOWA | | | 121.5 |
| 431 | NL | | The restroom flow | | | 8/5/22 |
| 197 | No | | | Greezes unit | 75 | 0/1/77 |
| | | | not maintain ? | 7.2°F | below- | 8/6/22 |
| | | | unit says | 7.0 - | | + |
| | | 1000 | | | THE COLUMN STREET, WAS ASSESSED. | |
| | | | | | | |
| | | | | | | |
| Received by | (name and | | rinted): Whitneys | Inspect | ted by (name and title printe | ed): Bay /255, |
| Received by | (signature) | : | a Wilsohita | Inspect | ted by (signature): | Rey less |
| cc: | | | de: | ce: | - My S | 7 |



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

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

| Establishmer | nt name | | A Charles of Control o | Telephone Number | Date of Inspection | ID# |
|---------------|--|-------|--|---------------------------------------|----------------------------------|--------------------------|
| 1.00 | d'5 | | Locker | () Establishment | 0173177 | 1110 |
| Establishmen | nt addres | ss | | () Owner | 0/2017 | 150 |
| 100 | E | 17 | 2001 St. 46181 | Purpose: | Follow-up Release | Date |
| Owner | | | | 1. Routine | 10, 01 | 5/12 |
| | | | | 2. Follow-up | Summary of Violation | ons: |
| Owner addre | ess | | | 3. Complaint | | |
| | | | | 4. Pre-Operational | d 1 | |
| Person in ch | arge | | | 5. Temporary | C NC | / R |
| | Ü | | | 6. HACCP | 0_0_110_0 | |
| Responsible | person's | emai | l e e e e e e e | 7. Other (<i>list</i>) | Menu Type (See bo | ack of page) |
| | • | | | · · · · · · · · · · · · · · · · · · · | inche zype (eee e. | , c. c. s) P. 8 s) |
| Certified foo | d handle | r | | | 12_X3 | _45 |
| | | | | | | |
| 1 | | | ENTIFIED IN THE CHECKLIST AND NARRATIVEROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | | IN THE NARDATIVE BELOW AS | · upu |
| Section # | | - | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | Narrative | | To Be Corrected by |
| 756 | 110 | | The vineme ters | Merco NOT O | NSPNIBY | To be defrected by |
| 650 | 100 | | N Ergeners H. 4 | 5 000 | 0311000 | 7 4 4 1 |
| 114 | NK | 17 | meeried built + | and Hems V | 10+ labeled | |
| | | | 5 m dri S | torrage Shell | 188 | -19 E H |
| | | | 5 Sinside F | reezers. | | |
| N | Hes | | wooden blocks ! | nder freezer | 43 | |
| | | | Open's porous | 11111 | | a contract to the second |
| | | | Note: Overred a | of godes popular | food and | |
| | | | cong good, Un | Shelvey Mits | 1/2017 | |
| | | | orcest and one | 0x19 7009 DA | Odvicts. | |
| | _ | | Note: 182 5 104 | Silk to aish | Marin | |
| | | | Sanitizer | 2 10 dictir CC 1111 | DELLE GLIOTE | |
| | | S- 81 | Cost Harris Design of | test strips one | De Cons. | |
| | | | in community principal | (Coment) | The Cord. | |
| | | | NOTE: 112 Valla-110 | MSide Ereezer 3 | | |
| 7 | | | 100,000 | 11000 | The second second second | |
| | | | Thomas IIII | | | |
| | | | 110000 | | | |
| Received by | - / 7 | | | Inspec | ted by (name and title printed): | |
| XXA | THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN | 650 | 29 | | 10011 | |
| Received by | (signature) |): [[| | Inspec | sted by (signature): | |
| Ma | rel | 10 | | 201 | WHO I MAN | |
| cc: | | | cc: | cc: | | |
| | | - (| / | | | |



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

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

Page 1 of

| | | | | | | or mad report | |
|-------------------------------|-------------|----------------|--|-----------------------------------|--|--------------------|--|
| Establishme | nt name | | a finally the same of the same | Telephone Number | Date of Inspection | ID# | |
| 100 | IX | 10 | Matis | () Establishment | 010100 | 1171 | |
| Establishme | nt addres | s | | () Owner | 0/19/22 | 1510 | |
| 701 | < | 50 | . 135 Ste.B Green | | T 11 D 1 | D | |
| | | >K | · 132 SEVD ONEGITY | Purpose: | Follow-up Releas | e Date | |
| Owner | | | | 1. Routine | 100 1010 | -01 [[| |
| | | | | 2. Follow-up | Summary of Violat | ions: | |
| Owner addre | ess | | | 3. Complaint | 1 | | |
| | | | | • | | - / | |
| D : 1 | | | | 4. Pre-Operational | CNCR | | |
| Person in ch | arge | | | 5. Temporary | CNC | / R | |
| | | 263 | town to set and | 6. HACCP | and the second | and by | |
| Responsible | person's | email | The state of the s | 7. Other (list) | Menu Type (See b | ack of page) | |
| | | | | 1 7 0 2 | e the capacit | A sal | |
| Certified foo | od handle | r | | | 1 2 3 X | 4 5 | |
| | | | | | 123 | | |
| • CRITICAL | ITEMS AF | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATI | VE COLUMNS MARKED "C" | | 177 | |
| VIOLATION | (S) REPEAT | ΓED F | ROM PREVIOUS INSPECTIONS ARE DENOTED IN T | HE "SUMMARY OF VIOLATIONS" AND IN | THE NARRATIVE BELOW A | IS "R" | |
| Section # | C/NC | R | | Narrative | | To Be Corrected by | |
| | | - | NO Hems noted | at time at ins | cactions | 19 49 | |
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| Received by | (name and | title | printed). | Inspecter | d by (name and title printed, |): | |
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| D = 11 / | | | - Cotton Problem Co | Lagrania | d by (sign stup) | | |
| Received by | (signature) | | | Inspected | d by (signature): | | |
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| V | | | | 0/ | | | |



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

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

| Establishmer | | | the state of the s | Telephone Number | Date of Inspection | ID# | |
|---------------|-----------|---------|--|----------------------|--|--|--|
| Lu | ca | Pi | eza di Roma | () Establishment | 8/9/22 | 1052 | |
| Establishmer | nt addres | s | | () Owner | 3/9/22 | 100 | |
| 125 | 1 N | | US31 Greenwood, IN | Purpose: | Follow-up Release | Date | |
| Owner | | | 3, 3,100 | 1. Routine | 8/19 | | |
| | | | | 2. Follow-up | Summary of Violation | ons: | |
| Owner addre | ess | - | | 3. Complaint | | 1 | |
| | | | | 4. Pre-Operational | | 1 | |
| Person in ch | aroe | | | 5. Temporary | CO_NC_3 | P | |
| r croon in ch | inge- | | | 6. HACCP | CNO | | |
| Responsible | nerson's | email | | 7. Other (list) | Menu Type (See back of page) 123 45 | | |
| Responsible | persons | Cilian | | 7. Other (ust) | | | |
| Certified foo | d handle | r | | | | | |
| 201 | 20 | 6-0 | ston | | | | |
| • CRITICAL I | TEMS AF | RE ID | ENTIFIED IN THE CHECKLIST AND NARRATIVE | E COLUMNS MARKED "C" | | | |
| • VIOLATION | (S) REPEA | TED F | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH | | | The state of the s | |
| Section # | C/NC | R | | Narrative | | To Be Corrected by | |
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