

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

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

Page 1 of

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. PARKHURST OFFING COCLOGET Establishment name Telephone Number Date of Inspection) Establishment 8/18/22 101 BRANTGER BLUD FRANKLEN.) Owner Purpose: Follow-up Release Date Owner 1. Routine EAT N PARK Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary DUNCAN 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler DUNDAN 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" Narrative To Be Corrected by Section # C/NC LRAK PRODUCE SINK NC LIGHTS 21 NOT PUNCTION ING PROPERLY ON EXHAUST mecHANICAZ dISAMAZHAR HOT WATER SANCTIZATION REDSE 160°F OR MURO, ON AJEOUATE MUARE/UTONSIL SURFACE (162°F 160°F/71°C Received by (name and title printed): Inspected by (name and title printed): Deva Duncan General Manager Received by (signature):



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

Establishme	nt name		2 4 3 3 3	Telephone Number	Date of Inspection	ID#		
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420	1 5	L	Madison	Purpose:	Follow-up Release	Date		
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			(remanded)	2. Follow-up	Summary of Violati	ons:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arce)	CO NC	$C \bigcirc NC \bigcirc R \bigcirc$		
r crson in ch	arge			5. Temporary 6. HACCP	CNC	K		
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Certified foo	d handle	r			- 1 2 2	, ,		
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Establishment name Pilot Establishment address 2962 E Soo N Whitelo Owner 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 Date Summary of Violations: CNCR Menu Type (See back of page)
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CIC	N	SR	135	Purpose:	Follow-up Releas	se Date
Owner			Greenway	1. Routine	8	1422
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operation	al	
Person in ch	arge			5. Temporary	CNC	3 R 0
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Responsible person's email				7. Other (list)	Menu Type (See	back of page)
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Certified foo	d handler			**************************************	1 2 3	1 2 5
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Establishment name POPZ PTZZA	Telephone Number	Date of Inspection	ID#	
	() Establishment	819122	1601	
Establishment address	() Owner			
215 MOLTON ST. FRANKLIN, to	Purpose:	Follow-up Release	Date	
Owner	1. Routine		9/22	
CHSISTOPHER MANdox	2. Follow-up	Summary of Violation	ons:	
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	c_O_NC_2_R		
RICHARD LYNCH	6. HACCP	las I a callet		
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)	
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Certified food handler		1 $(2 + 3)$	4 5	
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Establishm	ent name	-	#7208	Telephone Number	Date of Inspection	ID#
Establishm	ent addre	ss 1 C	3/N Greenwood	() Owner	2/30/00	2201
03	71	12	SIN IN 46142	Purpose:	Follow-up Release	Date / 22
Owner /	γ	1	nata	1. Routine	100 9	/ //
(24	90	alle	2. Follow-up	Summary of Violati	ions:
Owner add	ress /			3. Complaint		
				4. Pre-Operational	1	5 3
Person in c	parge	11	hew Wilkes	5. Temporary	c_1_nc_5	
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Responsible	e person's	emai	and Primary to the state of the	7. Other (list)	Menu Type (See b	ack of page)
Certified fo	od handle	or.			The state of the s	
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10.100	770.00	PART I	une as a	Public Health	V CONTRUCT) /
201	.10	1	not aublent.	for chicken	pites	0/2:50
256	NC	<u> </u>	100 Knontrotta	The Confer	Msiae	8/31/20
431	NC	2	Colling and H	VAC VENT COV	lod)	9/5/22
101	100	10000	in Bitchen	Meal		10/40
218	NC		(1) Deep Sryer -	basket and o	leep	9/5/22
			Rujer Peack	plate (i.e. no	lder)	1//
			O damaged,	,	/	1
	194		3 Bottom door	gasket torn	on	10/30/28
		-	two door free	eger		10/21/5
399	NC	-	minor Uga	set repair in	eeded	10/30/2
309	A 10	<u> </u>	at anne on	in all t	nea	9/15/20
007	NC	<u> </u>	TINDENTO XX	muse fur /	ruce	1/13/00
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Page 1 of

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Establishmer	nt name			Telephone Number	Date of Inspection	ID#		
	ev.		J	() Establishment	0 300	100		
Establishmer	it addres	s		() Owner	8 30 L	21804		
290	7 0	U	main St Greenwood	Purpose:	Follow-up Release	Follow-up Release Date		
Owner			Greanwood	1. Routine	NOIS	10 22		
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in cha	arge	-		5. Temporary	c _ONC	\bigcirc _R \bigcirc		
				6. HACCP	-			
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Establishme	nt name	-				Telephone Numb	200	Date of Inspection	I TD#
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Establishme	nt addre	ss				() Owner		8/31/22	1089
22	95)	m AIN	JX FM	NKUTHIN	Purpose:		Follow-up Release	Date .
Owner						1. Routine		- 91	10/22
	RA	A	AND (055		2. Follow-up		Summary of Violation	
Owner addre	- Market State of					3. Complaint		(7)
						4. Pre-Operation	nal		A
Person in ch	arge					5. Temporary		C O NC	R
ma	tcitt	Tel	- m	ORRISON		6. HACCP		1 121 - 1 1165	
Responsible	person's	emai	1 =		E 1 2 - 11 1	7. Other (list)		Menu Type (See bac	ck of page)
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	_	-	ROM PREVIOU	IS INSPECTIONS AF	RE DENOTED IN THI		NS" AND IN T	'HE NARRATIVE BELOW AS "	
	Section # C/NC R Narrative							04:1	o Be Corrected by
3.18	NC	T	CDITT	K-IN	COOLER	door ga	SKET	work!	9/30/22
TATT	No		Frad	ORKAZ	es not	SPIPOSOF F	Vine	menumum	9/3
of, 6 proves in wark-In Freezer								113	
239	NC	4	0.15	HRACKS		STORED OFF	FFZC		9/2
			KITTO	EHEN					
399	NC	巡	WAZ		v pr AR		H XHE	u Cian i	9/30
731	NC	*	4 4-75	TROOM	COTELANG	Soen In	BAR	107 CLEAN	ONTRUL
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		\vdash	Men						
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Establishmer	nt name	R	Coline Mol Greenwood	Telephone Number) Establishment	Date of Inspection ID#
Establishmer	nt addres	· ·	3 TO CONTRACT	1 Dollard Britain	0.1000 7271
2716		S 1	C 1 : [0 al	() Owner	8 1862 10711
701	70	7	(o Cinevade	Purpose:	Follow-up Release Date
Owner			Everwood	1. Routine	NS 828 CC
				2. Follow-up	Summary of Violations:
Owner addre	ess	-		3. Complaint	1
				4. Pre-Operational	
Person in ch	arge			5. Temporary	$C \longrightarrow NC \longrightarrow R \longrightarrow$
	-0-			6. HACCP	0
Responsible	person's	emai		-0	To (See heah of page)
Responsible	persons	CIIIAL		7. Other (list)	Menu Type (See back of page)
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6.			AND THE RESIDENCE OF THE PARTY		
Establishme	nt name	lu	shi & Pho	Telephone Number (317) 893 + 5780	Date of Inspection ID#
Establishme	nt addres	s	Green wood,	() Owner	8/17/22 2994
2800 9	5.5.1	R.	135 IN 46143	Purpose:	Follow-up Release Date
Owner	0	5	H 250 B	1. (Routine)	No 8/27/22
COV	1) (11	na Thailtha	2. Follow-up	Summary of Violations:
Owner addre	ess	W	ug Tracerog	3. Complaint	
			ů ,	•	
n				4. Pre-Operational	c 0 NC 8 R
Person in ch	arge	-	600	5. Temporary	C_ONC_R
	(.)		Sen)ate	6. HACCP	
Responsible	person's	emai	EXP	7. Other (list)	Menu Type (See back of page)
Certified foo	od handle	r	1 1100 9/15/26	4	1 2 25/4 5
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• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARBATIV	E COLUMNS MARKED "C"	
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
431	NC	V	Floors walls, &	loor drains	- soiled 8/18/22
	3.70 14		in various area	is and seitchen	exhaust hood system
295	NC	-	Various lauga	ment (cooke	ng 8/18/22
		P	and regregerate	on) are si	olled 'I
			inside land or	utside + sode	L dispensing parts,
218	NC	V	O Ceeling light ins	ude Walk-in-Co	oler (WIC) 9/17/22
		1	low/dim 0	1 (**) (**) (**) (**) (**) (**) (**) (**)	
		V	2) Shelving inside	WIC rusty	4
177	NC	\checkmark	Food Storedon	walk-in-fre	eses Recon 10/1/22
413	NC		Kitchen back so	reen door is	O Weed anot
			damaged to screen	portion)	RIF
346	NC	90	no stap at co	Okline hand	Sure Corrected
234	NC	\checkmark	Rice Scoop Stor	ed in cup o	1 water Corrected
245	NC		Wet rags no	st stored in	Sanitizen Corrected
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name Lyral Comp Establishment address Sho S. W. 34 Owner Owner Owner address Person in charge Responsible person's email Certified food handler					Telephone Numb () Establishm () Owner Purposet 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	Follow-up Released Summary of Viola	se Date 8/24/22 ations: R back of page)
			ENTIFIED IN	N THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C		45
				US INSPECTIONS ARE DENOTED IN THE			7 AS "R"
Section #	C/NC	R]	Narrative		To Be Corrected by
				violation Lung			
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cc:				cc:		cc:	



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Establishmen	nt name		1 mount	Telephone Number	Date of Inspection	ID#
Establishmer	nt address	s I	1 mort mer dr Bongersville mer dr IN, 4610 B	() Establishment () Owner	-8/10/22	2098
7 19	4 +	ul	mer der In, 4 610 b	Purpose:	Follow-up Release	Date
Owner				1. Routine		124/22
Owner addre				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
Person in ch	2,000			4. Pre-Operational	la de No. 1	n 0
r erson in ch	arge			5. Temporary6. HACCP	Menu Type (See back of page)	
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Certified foo	d handle	r			123	_45
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Section #	C/NC			Narrative	A THE TURNETTY E BEEG WITH	To Be Corrected by
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Establishment n	name		v	Telephone Number	er Date of Inspection	ID#		
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Establishment a	ıddress	~~~	\	() Owner	8 1977	320		
1.200	W.	Sm	In Valla Rol	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine	NOS	29 77		
			reenvood	2. Follow-up	Summary of Violat	Summary of Violations:		
Owner address				3. Complaint				
property in the state of the first of the state of the st				4. Pre-Operation	al			
Person in charge				5. Temporary		$C \cap NC \cap R$		
8				6. HACCP				
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Certified food h	nandler				123	_45		
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			US INSPECTIONS ARE DENOTED IN TH			.S "R"		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment	t name		Telephone Number	Date of Inspection	ID#
SORE	edi	120 H 8051	() Establishment	8-10-22	11110
Establishment	t address		() Owner	0 10 00	1070
500	1/1	1 Smith Valley Rd.	Purpose:	Follow-up Release	Date
Owner			1. Routine	162 8-6	0-54
			2. Follow-up	Summary of Violatio	ns:
Owner addres	SS		3. Complaint	8-11-50	
			4. Pre-Operational		,
Person in char	rge		5. Temporary	$c \frac{1}{2} Nc$	R
			6. HACCP	11 76 21 6 11	as deed
Responsible p	erson's em	ail	7. Other (list)	Menu Type (See ba	ck of page)
		and the state of the second		11	
Certified food	_	(EXP		123	_45
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		DENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NAPPATIVE RELOW AS	"R"
Section #	-		Narrative		To Be Corrected by
2011	CINCIA	And Enk in Mr	K Strong VC	(a) - (a)	A-17-77
3 101	V. 1	3 Fred Sink NOT	Drain and ar	Callyani	31100
3621 312		DA FORCE	(885) M	dry M	
347	NC.	NO PADER FOLLES D	mulded at ha	nd SIMK	8-10-77
, ,		by 3 bay Sink	10 2.00. 01. 10	That On the	2
415	C	Observed many t	denoyat esily	OUT	8-17-22
1100		6240/12pilloug	1. 1011 6/60	10000	0-1-25
430	NC	ODENIGONION WY	HE MAIL OLDE	ar mak	8-11-62
U31	NIC	Elect Harry of all	A eath history	mont is	8-17-22
7)1	100	Soiled	W.C. SUXDISM	IVXVII 3	01000
		5 Inder Ste	Wall Shell	My Tacks	
	4 4	F Dyllmon St	er" Hronke"	and traces	
		5 by Soda	machine of	8	9
295	NC	MOTK-IN COOPER,	Shelmy rack	I are Soilly	17-16-6
1293		1 forth - My thought	Shellen Ia	eks as ould	ball room
LIS		MINIA CODUNES CI	ATTION DONE	Soiled	
PAS .		2 Milder Soc	av a simble	MONTHION	
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NARRATIVE REPORT

Establishr			e Address	Inspection Date
Sperc	DUR	N	#8051 5061 W Smith Valley Rd	8-10-02
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
431			Wall behind (New is soiled	8-15-22
174	NC		Bulk tood products inside stond	8-12-22
			up freezer in Storage room not	0
	. [10/08/89	0-12-20
2551	VC		Mermoneter 105/2 Cooler	8-12-22
718	NC		myer our offens warring.	8-17-22
210	10C		ice Crown 4 DISSON Freezer	01100
797	NC		Special Speedy Premum Coffee	8-12-22
			MDZ les me Sorled	
197			ice coffee poszles are soiled.	
	<u> </u>		NOTE: Miserted COCA-COLA YACKS ONE	
			being used to Store Single USE Herris	
			5 items must be lo" off floor	,
397	N		Dinosta Light House	
			3 Observed trash meres dumpster	П
			Savea Orang dumpster Delds	
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			1 Shake	() Establishment		¬ .
Establishme	nt addres	S	0 = 1 = 2	() Owner	8 3 22	2444
24	1 0	7	Smith Valleyrel	Purpose:	Follow-up Release	
Owner			Greenwood	1. Routine		1377
				2. Follow-up	Summary of Violation	ns:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	- 1-	
Person in ch	arge		79 20 20 20 20 20 20 20 20 20 20 20 20 20	5. Temporary	CNCC	
			Obj. 1	6. HACCP	a game ale	- TI
Responsible	person's	emai	I down well a	7. Other (list)	Menu Type (See ba	ck of page)
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Certified foo	d handle	r			123	_45
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW AS	"R"
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S+0./ Establishmer	20 [1	ook Binis	() Establishment	1.00
Establishmer	nt address	S		() Owner	X 4 77 11X7
911	~ <	50	2 135 Greenvard	Purpose:	Follow-up Release Date
Owner	7	,		1. Routine	NO 8 1422
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	The second section of the second seco
				4. Pre-Operational	
Person in ch	arae			5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$
i cison in ci.	nge		2g2 *** 11 1	6. HACCP	CNCR_
Responsible	person's (email		7. Other (list)	Menu Type (See back of page)
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Certified foo	d handler	r		The state of the s	1 2 3 4 5
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section #	C/NC	R	1	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

Establishment name	Telephone Number	Date of Inspection	ID#
Strange Brow	() Establishment	8/17/22	1165
Establishment address		0/11/22	1165
Establishment address 4800 W. Smith Valley Rd Greenwood	Durpose:	Follow up Release	Date /
Owner 1 /N 46/42	1 Routine		27/22
Daniel & Jone Carr 1046/42	2. Follow-up	Summary of Violatio	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	cnc4	R 2
Callie Berndty	6. HACCP		1, 1, 1
Responsible person's email Sen Sate	7. Other (list)	Menu Type (See ba	ck of page)
Certified food handler 1/24/24		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH 			
Section # C/NC R	Narrative		To Be Corrected by
295 NC V Interior of Ice	maker	soiled	8/17/22
1/2 NC Some refrigera	tion equip	ment	12/1/22
324 NC Olold water kno	& Pleaks at		9/17/22
PALLER AND HA	nd Sink		1/1/20
(2) Public nextra	on tollet	seat	
not open front			4,
430 NC Bottom shelever	ng in co	fee	12/1/22
area worn/da	maged "		
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		and the contract of the	1 11
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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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Establishment name					Telephone N		Date of Inspection	ID#	
Subwa					() Establi	shment			
Establishmer		s		- / ſ	() Owner		82222	669	
57	3	5	SR	135 Weer	Purpose:		Follow-up Release	Date	
Owner					1. Routine		P CV	2 22	
					2. Follow-up		Summary of Violati	ons:	
Owner addre	ess				3. Complaint				
					4. Pre-Opera				
Person in ch	aroo						$C \bigcirc NC \bigcirc R$		
r erson in en	arge				5. Temporar	y	CNC_	R	
D			1		6. HACCP	A.	76 1	7 6	
Responsible	person's	emai	l e		7. Other (list))	Menu Type (See b	ack of page)	
Certified foo	d bandla						V		
Cerunea 100	d Handle	1					123	_45	
CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST AND NAI	RRATIVE COLUMNS MARKE	D "C"			
• VIOLATION((S) REPEA	TED I	ROM PREVIOU	IS INSPECTIONS ARE DENOTE	D IN THE "SUMMARY OF VIOLA	ATIONS" AND IN	THE NARRATIVE BELOW AS	S "R"	
Section #	C/NC	R			Narrative			To Be Corrected by	
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Establishmer				Telephone Number	Date of Inspection	ID#
	Sub.	Wa	Υ	() Establishment	, ,	
				() Owner	8/10/22	1299
12	150	fu	I gas Square Trufalgas, IN	Purpose:	Follow-up Releas	e Date
Owner			Land lead to	1. Routine		
			crasaigas, IN	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		1
				4. Pre-Operational	_	
Person in cha	arge			5. Temporary	C O NC	/ R
				6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
Certified foo	d handle Ser	r V	Sorte certificate		123	45
• CRITICAL I			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
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Section #	C/NC	R		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

Establishmer	ub v nt addres 5.	S	Toneveh Ad Wineveh, IN	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint	Date of Inspection 8/i 0/ZZ Follow-up Release Summary of Violati	1/20/22	
Person in cha	person's	r	uv Patel	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C _ O _ NC _ Z _ R Menu Type (See back of page) 1 2 _ X _ 3 4 5		
The state of the s			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
		,	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		D IN THE NARRATIVE BELOW A		
Section #	C/NC	R		Narrative		To Be Corrected by	
239	Ne		Table Storage s pars in soiled			3/10/22	
			* FOOD temp	resatures are	very good		
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

		tutio.	n Requirements. The time limit for correction			
Establishme		-		Telephone Number	Date of Inspection	ID#
SUBWay				() Establishment		7
Establishme	nt addres	S	Greenss	() Owner	8185	2 6557
737	W	~<	tun siva	Purpose:	Follow-up Releas	
Owner			(Servers)	1. Routine	N9 8	78 77
				2. Follow-up	Summary of Viola	
Owner addre	ess			3. Complaint	~ -	
				4. Pre-Operational	-	
D in ab				-1	C_O_NC_	O . C
Person in ch	arge			5. Temporary	CNC_	K
- 111				6. HACCP	- 6	ar plantin
Responsible	person's	email	L Inc. Care of the second	7. Other (list)	Menu Type (See	back of page)
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Certified foo	od handle	r			123	45
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Establishmer	nt name				Telephone Number	Date of Inspection	ID#
70	bu) (TA		() Establishment	C	71.10
Establishmer					() Owner	8102	
988	3 6	_	na	Greenwood	Purpose:	Follow-up Releas	
Owner				Greenwood	1. Routine	NO 8	20 22
					2. Follow-up	Summary of Viola	tions:
Owner addre	ess				3. Complaint		
					4. Pre-Operational		
Person in ch	arge				5. Temporary	CNC_	\mathcal{O}_{R}
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Certified foo	d handle	r				1 2 2 3	4 5
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