

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

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

Establishmer				Telephone Number	Date of Inspection	ID#
5035				() Establishment	7/21/22	1479
Establishmer	nt addres	S		() Owner	14122	, , , , ,
22	9 N	1. 1	radison AVE	Purpose:	Follow-up Release	Date
Owner			radison Ave Greenwood IN	1. Routine		7/31/22
			Bree Wood IN	2. Follow-up	Summary of Violati	
Owner addre	ee				,	
Owner addre	200			3. Complaint		
				4. Pre-Operational	(2)	
Person in ch	arge			5. Temporary	C O NC O	R
				6. HACCP	~ _	2 24
Responsible	person's	emai	li zami z v	7. Other (list)	Menu Type (See b	ack of page)
Cerrified foo	d handle	r /			123	
(he	//	1	mi		123	_45
		_	ENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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		19	No V	riolations	1 1 1 1 2 1 32 1 1 1 1 1	Tropies tov
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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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

Establishme		tation Requirements. The time limit for corre	Telephone Number	Date of Inspection	ID#	
Sm	ARE	4 Bones	() Establishment	7/11/20	20	
Establishme	ent addres	are Greenwood	() Owner	1/11/22	1330	
100	05.	210, 11 76/42	Purpose:	Follow-up Release	1 1	
Öwner			1. Routine	0/0	22/22	
			2. Follow-up	Summary of Violati	ions:"	
Owner addı	ress		3. Complaint			
			4. Pre-Operational	1		
Person in cl	narge	\cap	5. Temporary	c_1_Nc_6_R		
Jul	ler	Koy	6. HACCP			
Responsible	person's	email 0	7. Other (list)	Menu Type (See b	pack of page)	
Certified to	od handle	inie K		123	_45	
• CRITICAL	ITEMS AI	RE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"			
 VIOLATION 	N(S) REPEA	TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	s "R"	
Section #	C/NC	R	Narrative ,	1	To Be Corrected by	
295	NC	OBAN SOLA OL	in is soil	ed.	Correcte	
		Bar mug 1	rusers con	tain	7/11/23	
		broken glassi	and are	saled,	1 1	
399	NC	mout and de	Il repair 1	relded	8/11/22	
324	NC	Sco. Colam	dipper 1 vell	mot.	7/11/2	
	1,00	containing a	. Constant st	ream of	1	
160		quater,) and bunks	11 /000 0 10 11		
187	C	Tagge Chuken	Jarya tulle	y Masu	red Corre	
	-	63 FULL KITCH	ar more an	auto	Putonica	
430	NC	TIOMON'S ADVANDO	my cordina ti	ON- (SOMO)	7/22/22	
100	100	are armaned	1 Mentander	wet	1/1	
218	NC	Ornside top 1	hight side	of ice	Replace,	
		maker contar	is rust	0	units 8/11	
		(2) Wictory #12 7	reezer interio	n right	1.	
11.00		sal deteriora	ted damageo		1-1	
431	NC	report soiled	under	expo and	7/11/20	
Received by	(name and	d title printed):	Inspec	ted by (name and title printed	1	
Tyl	erk	204	A	narew Mill	er, EH8	
Received by	(signature)): 	Inspec	ted by (signature): Mil	ller	
cc:		cc:	cc:			
		note: ambrer in public res	it air Jemper	ature	Page 1 of	
		The Contractor	trooms was	88°F at		
		in purite is	imately 3:20	pm.		
		1 0 1 00 10	The state of	/		



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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 narrative portion of this report. Establishment name Telephone Number Date of Inspection) Establishment Establishment address) Owner Purpose: Follow-up Release Date Owner 1. Routine 2. Fellow-up Summary of Violations: Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified 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" Narrative To Be Corrected by Section # C/NC R Inspected by (name and title printed): Received by (name and title printed): Received by (signature):



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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

Establishm	ent Sani	tatio	n Requirements. The time limit for correction	on of each violation is specified i	n the narrative portion	of this report.
Establishme	nt name		or eller deut plageter er eller e	Telephone Number	Date of Inspection	ID#
27 00010	e 9		ough, LLC	(317) 767-hn99/2	7/12/22	2542
Establishme			, O Greenwood IN	() Owner	1/15/20	2012
1257	US3	3//	V Greenwood, IN 46/42	Purpose:	Follow-up Release	Date,
Owner	,	2	210A	1. Routine	No 7/2	3/22
lonu	/ /_	ar	naston	2. Follow-up	Summary of Violati	ons:
Owner addr	ess	017	743.77	3. Complaint		1 4
l '				4. Pre-Operational		
Person in ch	arge		2	5. Temporary	$c = 0$ $NC \le$	5 R
Tess		P	owers	6. HACCP	0110	- K
Responsible		•		7. Other (list)	Menu Type (See be	ack of page)
1	1			7. Other (use)	Wiena Type (See Of	ich of puge)
Certified foo			1		1 2 1/3	4 5
Not	provi	de	đ		125	_43
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	red f	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	
Section #	C/NC	R		Narrative		To Be Corrected by
295	NC		a Interior of in	e maker	soiled	7/3/22
			(2) Interior of Co	soler storin	1	/ /
	4.		milk and we	up cream	es socied	- 1
43/	NC		Floor arain	sy ice crea	am	7/13/22
2411	0/0		freezer (Migea	I is soiled	1 1 - 1	-122/22
711	NC		room	uts out in	vace	7/20/22
177	NC		Bottom shalling	110+ CN //	" hall,	7/19/22
///	100		bloom in Dracks	180m	1000	1111
433	NC		Thet mos not	t hung up	to on	7/13/22
	700		aris	Jan		
			7		196%	
			(64) 50 cs	ř ing	. / et maintela	King da
					186001	
Received by	(name and	title	brinted).	Inspected	d by (name and title printed)	
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Received by	(signature)	_	P_	Inspected	d by (signature): Will	Day
100		6		un	wew me	eer
cc:			cc:	cc:		



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T 10.1			1		1	1		
Establishme	nt name	, -	Food mart	Telephone Number	Date of Inspection			
Establishmer	ne/	1 +	FOOD That	() Establishment	7/21/2	1837		
Establishmen	nt addres	S		() Owner		7/21/22 1776		
2/3	1 7/	. In	orton 74. Frankta	Purpose:	Follow-up Release Date			
Owner			IN	1. Routine				
				2. Follow-up	Summary of Viola	Summary of Violations:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational	C NC R			
Person in ch	arge			5. Temporary				
	Ü			6. HACCP				
Responsible	person's	email		7. Other (list)	Menu Type (See	hack of page)		
	1			7. Other (itsi)	Mena Type (See	ouch of pages		
Certified foo	od handle	r			1 2 1/2	45		
					12_X_3	45		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"				
 VIOLATION 	(S) REPEA	TED F	ROM 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		
			3					
	C		mold nuted	inside the	904	7/21/22		
			mold nuted	ood congrey s	u face	1 2 2 2		
			75.7					
200 2						to a 1 2 man showing a min		
(4)		-11			the state of the state of	USO Six		
						170		
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Establishme	nt name				- E - Tr	Telephone Numb	er	Date of Inspection	ID#	
	ic					() Establishm	ient			
Establishme	nt addres	ss				() Owner		7 2100	7015	
176	1 5	J	Ene	r800	A	Purpose:		Follow-up Release l	Date	
Owner				Gree Gree		1. Routine		NO 8	672	
				CTV Le	Von soon	2. Follow-up		Summary of Violation	ns:	
Owner addre	ess	-				3. Complaint		=		
						4. Pre-Operation	nal			
Person in ch	arge		****************			5. Temporary	14.1	$c \bigcirc NC$	7 R	
है। जार के कि Lincolnon lavage						6. HACCP		0N		
Responsible	person's	emai	1		11.15	7. Other (list)		Menu Type (See bac	ch of page)	
			7. Other (1131)		Wienu Type (See Suc	k of puge				
Certified food handler						1 2 3	4 5			
								123	45	
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN	THE CHECKL	IST AND NARRATIV	E COLUMNS MARKED "C	"			
	-	_	ROM PREVIOU	S INSPECTIONS		E "SUMMARY OF VIOLATION	NS" AND IN T			
Section #	C/NC	R				Narrative		Т	o Be Corrected by	
297	N		Way	The a	1 ver	ion: so p	food	50.1 2	ild	
	- 27	6	Up o	m to	ne to	700 St. C	(0	clers o	mee Ter	
			47 (0010	ing con	ea				
797	~ /		000				i	~ 11		
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431	NZ		Rem	CA	muld	0= 1110	00 1	2 ha	- Sink	
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Establishme	nt name		Majoreni	A TOTAL OF THE STREET	138	Telephone Numb	er	Date of Inspection	ns I	D#
500	مهار		of C	lai ca	WA'ZZG	() Establishm	ient			
Establishme	nt addres	ss		and the second second	0	() Owner		7-12-2	7	948
255	00	5	SM	135		Purpose:		Follow-up Relea		e
Owner				Facios	loon	1. Routine		NO)	77	77
				Circo	7100005	2. Follow-up		Summary of Viol	ations:	
Owner addre	ess					3. Complaint		•		
						4. Pre-Operation	201			
Person in ch	arge					-1	ıaı	c O No	2	n 🔿
r crson in ch	arge					5. Temporary		CNC		
Responsible	parcon's	omoi				6. HACCP) (C.,	1 1	<u>(, , , ,) </u>
Responsible	persons	Cilian				7. Other (list)		Menu Type (See	back of	j page)
Certified foo	nd handle	r							Δ.	- [
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• CRITICAL	ITEMS A	RE ID	ENTIFIED II	N THE CHECK	LIST AND NARRATIV	E COLUMNS MARKED "C"	"			
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	US INSPECTIONS	ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	NS" AND IN T	HE NARRATIVE BELOV	V AS "R"	
Section #	C/NC	R				Narrative			То В	e Corrected by
399	2		Wov	ic o	n clea	sing all	2 xx	all av-	eas	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Бэгарцынн	CIII Sain	tatio	ii Requirements. The time mint for correction	on or each violation is specified	in the namative portion	or this report.
Establishme	nt name	WS.	Coffee # 13949	Telephone Number () Establishment	Date of Inspection	ID#
Establishme			12- Greenwood	() Owner	1/24/22	1290
2110	٠٥.	K	135 10 46142	Purpose:	Follow-up Releas	
Owner	1			1. Routine	No 81	19/22
2.40	-	V	cks Corp.	2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		_
Person in ch	arge		Cilla	5. Temporary	CNC	Z_R
Kass	side	1	Staples	6. HACCP	grant la la griña	trodition 1
Responsible	person's.	email		7. Other (list)	Menu Type (See b	pack of page)
			WRFSP	0 , 0		71 67
Certified foo	d handle	r	Staples (20/26	0/)	123	45
170		E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
ı			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	AS "R"
Section #				Narrative		To Be Corrected by
415	0		numerous lives	small wing	01)	8/1/22
113		gi ~	insects seem in	hack of a	1 puse	01.60
	The second	1	MANA	- January of	busc	Pest Contra
431	NC		Flores and Soils	LIN SELEN	00,	9/1/22
141	100		00000 (18 JIndo	HI ICE, MAI	ker etc)	8/11/22
413	NC		Sat MACK (T	house do	m	St L
110	100		contains an	NHOULIDO GOL	1	
			Calling Co.	The contract of the	2	
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	/	1	, , , , , , , , , , , , , , , , , , , ,			



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		tation	in Requirements. The time mint for correct			t of tine report.	
Establishme			MACE OF ALL OF THE	Telephone Number	Date of Inspection	ID#	
	Subn	V9~	1	() Establishment	7/21/22	1911	
Establishme	nt addres	SS		() Owner		- (
	3	21	N US 31	Purpose:	Follow-up Releas		
Owner				1. Routine	7	131/22	
			- New Whiteland	2. Follow-up	Summary of Violat	ions:	
Owner addre	ess		A H	3. Complaint			
				4. Pre-Operational			
Person in ch	arge) ^	CNCR Menu Type (See back of page)		
r cison in cir	arge			5. Temporary			
D				6. HACCP			
Responsible	person's	emaii	Asserted to the second	7. Other (list)			
Certified foo	d bandla				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Later College	
	MUL	1	montas de oca		123	45	
THE RESERVE OF THE PARTY OF THE	The second second second		ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"			
607500000000000000000000000000000000000			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		N THE NARRATIVE BELOW	AS "R"	
Section #	C/NC			Narrative		To Be Corrected by	
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		ation Kequ	irements. The time milit for corre		_	or this report.	
Establishme	•	0	0 1	Telephone Number	Date of Inspection	ID#	
The second second	eet	Uce		() Establishment	7/29/22	- 1853	
Establishme		71	Greenwood, IN	() Owner	//- //	10	
1251	US 3	3/ N,	46142	Purpose:	Follow-up Releas		
Owner		0, 0		1. Routine	yes 8	///	
Wit	_ ر	Del	ek	2. Follow-up			
Owner addre	ess			3. Complaint	1		
_				4. Pre-Operational	1	-	
Person in ch	arge	11	0.0	5. Temporary	c 1 NC 7 R		
Una	alle	Vi	llagracia	6. HACCP			
Responsible	person's e	mail		7. Other (list)	Menu Type (See b	pack of page)	
						ar and	
Certified foo	d handler				12/3	45	
• CRITICAL	ITEMS AR	E IDENTIFI	ED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"			
1			EVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW A	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
324	NC	Jh	nee bay sin	k leaks from	\sim	8/1/22	
	12000	fa	ucet neck	U D	in Chings	, ,	
344	C	4		n klosk wa		Corrected	
			toring a plast	ic pan with	clear		
346	NC	20	do	moveded, at	hand	7/29/22	
346	DC-	51	to hand soap	podeta ac	s rearra	1/2//	
431	NC	71	loon soiled 1	inder ice or	naker	7/29/22	
295	NC	Dr	storior drop o		irion	1	
		to	p of ice m	aker soiled		4	
399	NC	Jo	o counter w	orn/damaged	1 for	8/8/22	
-		to	a dispenser		U	Startes	
25%	NC	1	o thermome	ter seen in	Dide)	7/29/22	
291	NC	Ty	rest	strips not	mmudad	7/29/22	
211	100		Cloud Less	suaps Thou	paoasa	, 1/21/20	
-1/0					100 - 100 - 100		
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Received by	(signature)	ER		Inspec	ted by (signature): Marley 7	Mellos	
cc:	THE TO	7	cc:	cc:	" William "	na	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	nt name		112121	Telephone Number	Date of Inspection	ID#
1000	Be	11	#30265	() Establishmen	7/6/22	1000
Establishme	nt addres	ss	Carrier Carrier	() Owner	3:30 p.m	1860
3048	15	to	MRS CLOSSING, GNERMIND	Purpose:	Follow-up Releas	se Date
Owner		1	31	1. Routine	Ves 7/	16122
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operationa	1	1
Person in ch	arge		2	5. Temporary	CNC_(R
				6. HACCP	19 Jan 1	- Si
Responsible	person's	emai		7. Other (list)	Menu Type (See)	back of page)
			640		- in the state of	eta e
Certified for	od handle		Ediroda (1/11/17)		123	45
	1		ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		' AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
187	('.		Canacamale, made at	11:00 am 0	0 18F+ SIde	INOS dixond
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218 NC Walk-in-cooler supporator (1) was heavely seed over in e the backs of the unit product (1) 187 a She following internal product (1) temperatures were measured in inside the walk-in-cooler of at 11:06 am with an ambient (0)	s: R /e of page)5
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at 11:06 am with an ambient of auto temperature of 51°F a	bod to a
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460 N. MORTON ST. STE A FRANKLIN, IN 46131 Office 317-346-4365 Fax 317-736-5264

Establishmet	of the distribution of the	35		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 7/8/22 Follow-up Releas Summary of Violat C NC Menu Type (See b	18/22 ions:
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			ENTIFIED IN THE CHECKLIST AND NARRATIV		THE NARRATIVE BELOW !	S"R"
Section #				Narrative		To Be Corrected by
759			Dips & salads @ 47- -Corrective evenion Of inspection - make sure foods	3 pushed back in	cases	7/8/22
411	No		nom soited	swalk in cooker	TEM T	1/18/02
			No violations found o	at stamucks		
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Establishme	nt addres	s t	A. Edinburgh	() Owner	7/25/23	1734		
816	W.	Cor	Der Cross IN 46124	Purpose:	Follow-up Rele	ase Date		
Owner				1. Routine	NO 8	1/08/22		
				2. Follow-up	Summary of Viol	ations:		
Owner addre	ess			3. Complaint				
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r crson in charge				6. HACCP	CNO_	<u> </u>		
Responsible person's email				7. Other (list)	Monu Type (Sa	Menu Type (See back of page)		
Responsible person's email				7. Other (usi)	Wiena Type (See	ouck of puges		
Certified food handler - No food Clotificate -				lier control of the c	123	45		
CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"				
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			V AS "R"		
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40	Me	~	Inaclegnate lightenin	g in back	Storage	8/4/22		
· ·	EHERD	#0			0	7.4		
413	Me	~	Back room exit door	or net Self-closing				
1/2	re	V()	up right cooler at ki	tchen not	NSI approved	0 8/12/22		
112 Nevel night cooler at kitchen not NIST approved 8/					0/1/00			
		100	WORLT THE THE					
	MOT	E Samitize test strip not seen						
255	Me		one cooler unit at the borr temperature at					
			52°F		1			
				- 1	114			
1111	1) NC Materials on the floor movide walk-in cooler 8/2/22							
411	Me			louble door	cooler by war	r		
0 - 1	-10		drea.	- man 10 m	anadak an			
256								
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		tatio	n Requirements. The time lin	nit for correctio					of this report.
Establishment name				Telephone Numb	er	Date of Inspection ID#			
16	IFV	1	day		() Establishm	ent			
Establishme			0	n	() Owner	1	11.	22	1904
125	(r	V	VS 31 Gree	(SUPPUL	Purpose:		Follow-up	Release	Date
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					2. Follow-up	Î	Summary o	f Violatio	STREET, STREET
Owner addr	ess				3. Complaint				
					4. Pre-Operation	al			
Person in ch	arge				5. Temporary		c	NC T	3 R 🔾
r cison in ci	ange.						CNCR_		
Responsible	person's	emai			6. HACCP		Menu Type (See back of page)		
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Certified for	nd handler								∞ .
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Establishment name TUTSTED STCF21AM Establishment address 75 N MORTON FRANKGIN, Owner CHEA CATMACK Owner address	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Summary of Violatio	Date 25/27	
Person in charge CHER CAMPACK Responsible person's email Certified food handler CHER CAMPACK	5. Temporary 6. HACCP 7. Other (list)	CNCR Menu Type (See back of page) 123		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAI	RRATIVE COLUMNS MARKED "C"			
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