

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

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

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Establishme	_		April a Michigan de	Telephone Number	Date of Inspection	ID#
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Establishme	nt addres	S		() Owner	62722	
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Owner			Greenwood	1. Routine	MO 1.	7 22
				2. Follow-up	Summary of Violati	ons:
Owner address		3. Complaint				
				4. Pre-Operational		Lesses in the second
Person in ch	arge			5. Temporary	C_O_NC_	\bigcirc R \bigcirc
				6. HACCP	010	
Responsible	nerson's	emai	1	7. Other (list)	Menu Type (See b	ach of page)
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Establishmer	5	0 4	,	() Establishment	1 5 - 7 -	
	nt addres	s [1.1 55-	() Owner	6 16 6	2006
596	1 10	7	SK 135	Purpose:	Follow-up Release	Date
Owner			(verivos	1. Routine	10 6	2627
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		- 5
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Office 317-346-4365 Fax 317-736-5264

Establishment name CAMP ALQUATO Establishment address				Telephone Number () Establishmer () Owner		ID#644
			TRAFAZAM, EN	N	Follow-up Release	Pate / 00
Owner				1. Routine	Follow-up Release	123/22
	•			2. Follow-up	Summary of Violati	ons:
Owner addres	SS			3. Complaint		
				4. Pre-Operationa	1 0	,
Person in cha	rge	10	0	5. Temporary	C_O_NC_3	5R
	IN	OA	RICO	6. HACCP		
Responsible p	erson's	email	100	7. Other (list)	Menu Type (See b	ack of page)
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Certified food	IN	TA	RECO		12(3_)	5
• CRITICAL I	TEMS A	-	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS	" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative	,	To Be Corrected by
218	MC	×	WARK-IN COOLER	door gas	KET LOOSE	6/20120
295	MC	×	prisade top o	F Jae MA	KER NOT CLEAR	6/18
324	NC	P	RESTROOM HANDS	SINK HOT AT	WATER T 100°F - 1209	6/14
(NO	10	4	CONDENSATE DETPI WAZK-IN COOLER AMERS NOT PEPE N	con densor	PIRE BOHEND	6/25-
	re	7	SANTITZAVECAN JUN	ARE CATURE (HOT WATER	OK
(2)			PCATE/UPENSZL.	SURFACO / SURFACO / CABUL OR OR METER (WATER	ROCOMMEND	6/25
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Establishme /3.00 Owner Owner addre Person in ch	nt addres PA VOITO ess arge	RK	RUE. FIRNKIA, AN BORSLEY	Telephone Numb Establishm Owner Purpose: Routine Follow-up Complaint Pre-Operation Temporary HACCP Temporary Temporary Temporary Temporary Temporary Temporary Temporary	Follow-up R Summary of V	Release Date 6/25/25
Certified foo	od handle	r			12	345
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			ELOW AS "R"
Section #	C/NC	P		Narrative		To Be Corrected by
239	we	:4	STYROFORM SINGG	SORVIO J	Tems IN	7/18/22
	VOL 177		BOX NOT STORED O	55	MINIMUM	
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Received by	(signature)	De	i Bustin		Inspected by (signature):	mD
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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Establishment name	2005 edutinant lancicali	Telephone Number	Date of Inspection	ID#
	BEES METHBURHOOD BAY 497ILL	() Establishment	1/0/22	687
Establishment address	V MORTON ST. FARKLIN IN	() Owner	6/0/00	00 1
	V MORTON J.L. O MENKON, IN		Follow-up Release	Date
Owner		1. Routine	6	18/22
•		2. Follow-up	Summary of Violatio	ons:
Owner address		3. Complaint		
		4. Pre-Operational		
Person in charge	1 2 2 2 2 2 2	5. Temporary	CONCO	R
Person in charge	CLARK	6. HACCP	gill des r	
Responsible person's ema	il - in - d- g ar and g	7. Other (list)	Menu Type (See ba	ck of page)
Certified food handler	Caralana a			
RY A	N CLARK EXP 6 B3/22)		13(5
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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

Establishmen Establishmen Owner Owner Owner address Responsible p	Ant t addres nwo	es cod	Annés Park mall	Telephone Number () Establishment () Owner Purpose: () Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas Summary of Violat C NC	/ 23/2 Z ions:
Certified food	l handle	r			12_/_3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			a unu
	C/NC	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative	D IN THE NARRATIVE BELOW A	To Be Corrected by
334 Nb7	C		No airgap observed und	ter 3 bay sink	sible * Affacility Thon	6/30/22 6/30/22 6/30/22
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460 N. MORTON ST. STE A (g FRANKLIN, IN 46131

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

Establishment name SUFF Creek C501F Establishment address Owner Owner Owner Owner address Person in charge Responsible person's email	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: C NC R Menu Type (See back of page)
Certified food handler		12345
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Section # C/NC R	Narrative	To Be Corrected by
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Received by (name and title printed): DANIEL DUNBAN	Inspecte	d by (name and title printed):
Received by (signature):	Inspecte	d by (signature):
cc:	cc:	



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Establishment name	Telephone Number	Date of Inspection	ID#
Board & Brush	() Establishment		ID!
Establishment address	() Owner	61777	2445
ZOO W Main St.	Purpose:	Follow-up Release	Date
Owner Ever nucro	1. Routine	4	27 27
	2. Follow-up	Summary of Violation	
Owner address	3. Complaint		
¥	4. Pre-Operational		
Person in charge	5. Temporary	$C \bigcirc NC \bigcirc$	R
	6. HACCP	6,317,112,12	
Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)
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Certified food handler		12_3	45
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	Narrative		To Be Corrected by
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Jame Oshry	a	N 54P A	376
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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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Establishme							() Owner		613	7	1014
100	1 2		50	1.35			Purpose:		Follow-up	Release	Date
Owner				Gre	تعما	Isa	1. Routine		ろろ		377
							2. Follow-up		Summary o	f Violatio	ns:
Owner addr	ess						3. Complaint				
					4. Pre-Operation	nal					
Person in ch	arge			ista e i			5. Temporary		c_()	NC	R
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Responsible	person's	emai	1	gara ge	No.	1 m 1	7. Other (list)		Menu Typ	e (See ba	ck of page)
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Certified foo	od handle	r	CO. CO. CO. C.						1 2	3	4 7 5
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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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Establishme	nt name		that is go one could be a compared to the	Telephone Number	Date of Inspection	ID#		
000x	10	W	cer Witchen	() Establishment	1			
Establishme	nt addres	S	SER 135	() Owner	61377	5020		
115	00	N	514135	Purpose:	Follow-up Release			
Owner			Frenchal	1. Routine	NOB	2322		
			chac rea	2. Follow-up	Summary of Violation	ons:		
Owner addr	ess			3. Complaint				
				4. Pre-Operational	A ==			
Person in charge				5. Temporary	C NC	$C \longrightarrow NC \longrightarrow R \longrightarrow$		
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Responsible	person's	emai		7. Other (list)	Menu Type (See ba	ack of page)		
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Certified foo	od handle:	r		Heretards and the Annual Committee of the Committee of th	1 2 12	4 5		
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Section #	C/NC	R		Narrative	192	To Be Corrected by		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishme	nt name	11	14 JULY	Telephone Number	Date of Inspection	ID#
			ing 7447	() Establishment	6/7/22	569
Establishme			Q	() Owner	6/ //0.5	507
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Owner				1. Routine	- 61	17/22
-				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		5
				4. Pre-Operational		
Person in ch	arge		1 =	5. Temporary	C O NC	R
EF	RAS	N	CONTRETAS	6. HACCP		
Responsible				7. Other (list)	Menu Type (See l	ack of page)
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Certified foo	d handle	r	Tilan Eller		1 2 (3)	4 5
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			ENTIFIED IN THE CHECKLIST AND NARRATIV			
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Section #	M	K	mens restroom	SAME TO PROPERTY AND THE PROPERTY OF THE PROPE	1000	To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishmer	nt name	1	ceneral Store \$ 2582	Telephone Number () Establishment	Date of Inspection	ID#		
Establishmer	nt addres	s	entray office or	() Owner	06/08/22			
				Purpose:	Follow-up Release	Date		
Owner				1. Routine		/22/22		
				2. Follow-up	Summary of Violati	ons:		
Owner addre	ess			3. Complaint		,		
				4. Pre-Operational	~/			
Person in cha	Person in charge			5. Temporary	C NC R R			
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Responsible	-			7. Other (list)	Menu Type (See b	ack of page)		
Certified foo	d handle	B	later (tap. 2023)		123	_45		
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	S "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
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cc:	Berger Street Colores		сс:	cd!				



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

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

Establishment name CRSEY'S GENERAL STORE Establishment address 3048 N MORTON FRWKUTYIP Owner CRSEY'S MANGETTY Owner address Person in charge BATTONY HARRISON Responsible person's email	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 ID# 6 15 22 200 S Follow-up Release Date 6 25 36 Summary of Violations: C NC R Menu Type (See back of page)		
Certified food handler		12(3	45	
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE 	E "SUMMARY OF VIOLATIONS" AND IN			
	Narrative	UP	6 //8/28	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name			Telephone Number	Date of Inspection	ID#
			en 2/Asion Hibachi+SI	Shi) Establishment	1/0/11	2077
Establishmer	t addres	s		() Owner	(118/62	1051
5893	5	21	35 Greenwad 46143	Purpose:	Follow-up Release	e Date
Owner			, , , , , , , , , , , , , , , , , , , ,	1. Routine	10-18-22 (0	118122
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
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Person in cha	arge			5. Temporary	C NC	/ R
V	-0-			6. HACCP	10	0
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Certified foo	d handle	r			123	_4 <u></u> 5
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	s "R"
Section #	C/NC	R	I	Narrative		To Be Corrected by
431	NO		Floor inside Wolking	1 Cooler IN	ider Shelling	10-13-22
			Soiled	V -	- Carlotte	
431	H -T= 1/2		Floor under equipm	nent B soiled	7 - 1016	6-13-22
295	NC		Side of free is soil	ed "		6-13-22
174	NC		med products insi	de UP- MIGHT S	Treezer	10-10-22
7100			not labeled		1 221	(CA 24
439	C		Observed Single US	& Hems & too	od brouncts	6-8-22
			Stored Next to M	d Delor and Cle	arren on	
177	h Tc		Sustains must like	to bolk -11	COOK	6-15-12
	NC		tood 1101-5+0160 6" Or	+ december +1001	IN THE	6-13-66
1111	NT		HACOLON LICIAL ALL	in the costic	000	(-18-22
1120	NC		Cherried 1944 Oft	WITIK ICSIV	COLAI	6-8-77
763	TVC		NOTE: Walking Col	er is recomme	nded to	10 0 20
			Do Finned down Or	servind at 45	13pt 10	
			Lo egg volls	inside Lalk in	(00/8/ Lacs	
			Ca HZOF	11200 = 17-0-1		
			Note: Sanifrer Solution	on in bluckets is	to high /st	rong
			Sneeds to be	50-100 ppn		
Received by	(name and	l title j		Inspect	ted by (name and title printed)	:
	Lai	no	a Cheny		(3) HMI	The second second
Received by	(signature)	/	lus phos	Inspect	ted by (signature);	SIN .
cc:			cc:	çei	lugbeth	Schults
				1		Page 1 of
			Thank YOU			



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

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

Establishment Sanitation Requirements. The time limit for correction	ii of each violation is specified i	if the narrative portion	of this report.
Establishment name De Mario Moniscan	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address 1761 115 3111 Greenwobdi!	() Owner	6/21/22	1876
1.201 V) J I IV.	Purpose:	Follow-up Release	
Owner 1/1/ 761972	1. Routine	YRS 7/	17/22
July Mendona	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint	/	
	4. Pre-Operational		1
Person in charge	5. Temporary	$c_{NC_{NC_{NC_{NC_{NC_{NC_{NC_{NC_{NC_{NC$	$\mathcal{F}_{\mathbf{R}}$
dilu Wondowa	6. HACCP		
Responsible person's email	7. Other (<i>list</i>)	Menu Type (See b	ack of page)
Serv Safe Exp:	7. Other (usi)	Wienu Type (See O	ick of page)
Certified food handler		123_ 🗸	45
CRITICALITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Varrative		To Be Corrected by
431 NC V Ceilings in Rita	chem/ and		7/7/22
from the peritor	anen soil	21	1/1/1
218 NC (I) Blue I plast	ic ice scoo	00	7/1/22
Proper of 100	maken	φ	11/1
(2) Perugenated de	on mandata	tonn?	7/27/22
ato Pront le	ne I regaske	to The state of th	1,
V3 Small ice m	aker look	2	7/7/22
grom exterior	lottom)	٠.	11/1
415 C Mumerous Su	re small -	wenged	6/27/22
invects seen	in) the ke	im 10	Elean)
187 C Dueso stoned	IN PROTHON	n of	Call
DAL STOWN M	marined 9	900F	pest co
227 NC JUVO BAIN SUR	& not se	cured	7/7/22
Or realed to	the wall	7	11/1
374 NC V TURTON Menton	Musted or	et almi	27/27/22
entarion) frott	omi and a	poears	1/01/
Tiet lenking)	1	
a car () and g	/		
	-0.0		
Received by (name and title printed):	Inspected	by (name and title printed)	Her EHS
Received by (signature):	Inspected	by (signature):	100 00 10
Received by (signature): Lily MENDOZA cc: cc:		narew 1	Miller
сс:	cc:		
	1		



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		tatio	ii Requirements. The time him for corre	edon of each violation is specified		or this report.
Establishmen	-	1	C	Telephone Number	Date of Inspection	ID#
Establishmer	A file	5	GreenevoodMall	() Establishment	0/13/22	179
1251			(31	() Owner Purpose:	Follow-up Release	Date
Owner	_/ V	V		1. Routine	No Release	23/22
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess		Construction of the Constr	3. Complaint		
				4. Pre-Operational	2	
Person in ch	arge			5. Temporary	C O NC	_ R
Responsible	person's	emai		6. HACCP	M T (Co. 1	-1f
Responsible	persons	CIIIai		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	r		Manager Manage	123	4 5 5
			ENTIFIED IN THE CHECKLIST AND NARRATEROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			Note: 1/2 2 Mana	V al a la la		
			NOTE: KEEP MODSIV	K Cleared and l	1sed	
		-	TOP THOSE WORK	orng	49.500	
	7					and the second second second second
	a Million					
Received by	(name and	title	printed).	Inspecte	ed by (name and title printed)	. ,
X /	181M		M. JoHHSON	inspect	ucie Blanto	nd
Received by		-	1/2/h	Inspecte	ed by (signature):	206/
cc:	(/		cc:	c¢:	Jujussa	ford!
		/			/	/



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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.

Establishmen	t name	0	connect.I	Arm gare i	Telephone Number	er Dat	e of Inspection	ID#
()	RMI	(2	navd	en LLC	() Establishme	ent (7-15-22	1200
Establishmen	t addres	9	10	O	() Owner		3:304	>1607
21/0) 5	SR	135	Greenwood	Purpose:	Fol	low-up Release	
Owner)	1. Routine		les 10-	25-22
					2. Follow-up	Sun	mary of Violation	ns:
Owner addre	ss		THE RESERVE OF THE PARTY OF THE	A CONTRACTOR OF THE PARTY OF TH	3. Complaint			
					4. Pre-Operation		// //	1.
Person in cha	rge		61	Ti i	5. Temporary	,C	4_NC4	R
Jas	Oll		71,673	p f	6. HACCP		1 C 2 NO. 2	
Responsible p	erson's	email	1 10 1	Tall a more for the	7. Other (list)	M	enu Type (See bad	ck of page)
Certified food	handle	r G	100 ([0/10/27)	1	1	23	45
				THE CHECKLIST AND NARRATIVE				
			ROM PREVIOU	S INSPECTIONS ARE DENOTED IN THE		IS" AND IN THE N		
	C/NC	R	-	I	Narrative			To Be Corrected by
414	NC	-	Back	door is open	0 0	doord	outs de de	mr 6-15-
NOTE	0		Vent		Jol - Sche	duled	026-11-	corrected
178	NC	Х	Ladel	in designate	a nava o	Jule	10-0	corrected
110	NC		Upen	Containers &	of Source	int to	O'LL	COTTECTO
			0	Mammation	Do their	alo d	ineether	
			1	under desegna	ted has	1 54	iles of	
				shelf w/0 so	ap & to	owel	2	
174	·No		Bulk	trice in ora	ner plasti	c con	tainer	6-25-22
			Y	lot marked	0 1	1	0	
336	d		Spr	ey nonnel	on green	/	in hose	corrected
			- 0		nopo Sinte		elet	
				both atmosphered		curent a	Contin	
					ile Spray	140	contin	0
402	·NC		Walk	ressure (Wh	le Spray	Low !	4 660	la-35-22
100	100		i i	Jall Grehind	3-ban is	5 500	les,	
			>	Fran Cooler	- Shelves	soile	d	
				δ				
Received by (name and	l title p	orinted):	€ 0-	14	Inspected by (n	name and title printed) j	chulte
Received by (signature,	1:	AMA			Inspected by (s	ignature):	Higgs of C
сс:		J	1 1	çc:		cc: 31-	1-346-	-4373

Page 1 of _____

NARRATIVE REPORT

Establishr		am	Address	Inspection Date
Ches	12	7	Jarden 2170 S SR 135	6-15-22
Section#	<i>(</i> 1)	R	REMARKS	TO BE CORRECTED BY
			Thermometer not cosile Seen in	Dialoxi
			Walk-in Freeze	Buch
			Kaus Chicken @ 470 \$ \$ 50° @ 3:300	- 000 Q
			Establishment received Chicken	profood
			(a) 1:30p today & cut it up.	less Jime
7.70	0		Wash Rise Sanition Air Day	1 15-27
110				6-15-30
			Observed Englores Washing	
			dishes in vegete prep sint	
	-		The large text stings not provided	
187	C		Egg rolls in Coca Cola Cooler @ 65°F	6-15-2
			O Chicken (Raw) Shish Kelvab @ 604	HOF A
			Cooked Chicken 65°F	Discoura
			Discard All Food Potentially	
			Hanardous Food not @ Oor	
1 - 1	alst		bel8w 41°F	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
174	NO		Food Stored in plastic grocery bags	Le-25-22
			in upright single-door freezy	
			not labeled 0	
			Note: Chlorine Somitizer Solution Should be	
			50-100 pm	
			DEFINEED 1"	
		7		
Received By	y (Name	& T	Inspected By (Name & Title)	Page 2 of 2
State Form 4	8621 (P2	/ 8-0		



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

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Page 1 of

			1		
Establishme	nt name	11		Telephone Number	Date of Inspection ID#
Com	Donu	Y	itchen HMAZ	Establishment	117/11/11/1251
Establishme	nt addres	9	01 1 (16:1-	() Owner	MM11- B3
193	do	5	idden BIVO, 4(013)	Purpose:	Follow-up Release Date
Owner				1. Routine	100 111122
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	cx d
Person in ch	arge		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	5. Temporary	C NC R
	35 (N 32 2)			6. HACCP	7
Responsible	person's	emai	l de lote deservir en	7. Other (list)	Menu Type (See back of page)
			er i a - 🐧	(***)	A Programmer of the second
Certified foo	od handle	r			$1 2 \chi 3 4 5$
ı			DENTIFIED IN THE CHECKLIST AND NARRAT		
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		
Section #	C/NC	R	The same of the sa	Narrative	To Be Corrected by
			NO Hemr Doxed	CH TIME CH	11 12 Section
		_			
		_			
			AINTO " VOC munamand I	a two on m	2.70
	ADV -		Note: recommend to	O THATT COM	
			Note: themaneter	needs replaced.	
			100000000000000000000000000000000000000	The second second	1
					and the second of the second o
	750			Manager and the second	res sharing mental
	nd		Contract to the contract of th		
					20 office 2
		_			
	1.5			11/11	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
		-	HOME	11111	
			1,000		
Received by	(name and	title	printed):	Inspecte	d by (name and title printed):
XT	cerc	70	Mielsen Ups 11	lanager (6)	551 HM
Received by	(signature)	:			d by (signature);
X	1	5			MAN SEAN
cc:	0		cc;	cc:	7 2111 /12-11
l			1		7-346-4371



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

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Establishme	nt name	,	0.+ 1.8	Telephone Numb		ID#
Crou	vea	h	Restaurant Lounge	(317) 8 78 mg	6030 6/15/2	1444
Establishme	nt addres	S	125 Trafalgar	() Owner	0/15/33	1////
209	S.K	2.	135 IN 46181	Purpose:	Follow-up Release	e/Date /
Owner				1 Routine		25/22
Pr	7/1/1))	Marchina	2. Follow-up	Summary of Violati	ions:
Owner addre	ess		11 usucu	3. Complaint	/ '	
				•	,	
				4. Pre-Operation		7
Person in ch	arge		0	5. Temporary	c_1_nc	R
111	R		Revoat	6. HACCP	and the second of	1/2
Responsible	person's	emai	SenSafe	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	r	ma A : EXP:		1 2 3 1/	4 5
Br	end	a	Mascheno			
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		The same of
 VIOLATION 	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
187	C		1) The following is	nternal t	emperateires	Called
	JABA	H.	were measured.	enside sal	ad prep table	for
0.1536			@ Shredded Cheese	58°F a	nd	emergency
			momandla. Chee	se 58°F.	i llia jug	repages
			This went contain	ined an	ambient	17
			ave temperalure	of 54°F c	it 3:30 pm	. 1
	receive on	V	2) Previously Coo,	ked lak	red potatoes,	Vol.
			with foil mea	sured 4	4°F 40 46°F	Discarded
200			while I enside i	valk-in-C	ocen	, 1
382	NC	1	Outside dumpster	storedi	mgravel	7/15/27
41)	NC	V	Inadequate light	eng ensi	le WIC	17/15/22
324	NC		Bar hand sin	k lacked	a Supply	6/16/22
	. / .	11	of not and cou	d water	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11.5
291	NC		1910 Chlorine tes	t Strips	1 12.	6/16/27
218	NC	V	Refrigeration door	seals to	nnjoput	17/15/22
190	NE		Preveously cooks	a salise	uly steak	Corrected
			covered with foil	and coo	leng measure	9
200		/	The inside wite	n	/// / / / / / / / / / / / / / / / / / /	7/15/22
399	NE	1000	Bar area places til	les damage	Inspected by (name and title printed)	1/10/00
Received by	K,	K	exist.	0	Andrew Mill	er EHS
Received by	(signature)): 5/			Inspected by signature):	les
cc:	/		сс:		cc:	
	M	t	", New bar area drain piping. Cur has direct plum	needs air	gap on	Page 1 of 7
	/u	Me	Danin Dipina. Cur	rently dra	en piping	
			Bras direct Dellem	bing	<i>y y O</i>	
			nas will pour	1		



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

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C			1		cented in the national portion	
Establishme	nt name		^	Telephone Number		ID#
	100	N	< 148 towart	() Establishme	1	10 -
Establishme	nt addres	SS	2135 Greenwa	Owner)	6872	-11971
570) (SI	2135 Greenwa	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	NO 6	1822
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operationa	1	
Person in ch	arge			5. Temporary	C_O_NC_	ORC)
	0			6. HACCP	CNC	<u> </u>
Responsible	person's	emai		7. Other (list)	Menu Type (See l	agah of paga)
recep characte	Persons	CITILL	\$ _ w^ _ p _ = 1	7. Other (usi)	Menu Type (See 8	rack of page)
Certified foo	od handle	r		KW	- 1 2 3) ₄ 5
					123	<u>-</u> 45
• CRITICAL	ITEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	omorphism med expresses, or the state accommission and	1 - 30
 VIOLATION 	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS"	' AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
	1					
	All he are		No items no.	ted trade		
1 1 10 196	2 - 15			W-15-05 [All 10-15]		16917
			and the same of th		- 10 7 13 207	The state of the s
			That you.			4 2 2
			0			
			a to the same shows a tree of the same	WY 1491 1 395 1		
-						
		-		1 22		
<u></u>						1
			al Later	Cold to	ad temos	noxf
			THE CONTRACTOR	e outsion		1:1
			9206 W 6 b D	e Thory	C!	
			10 10 0000			
Received by	(name and	title j	printed):	Į I	nspected by (name and title printed):
			Katelynn Fulbr	igto	Jenon Serl	Narrw
Received by	(signature)	: 1		to the same of the	nspected by (signature):	Naga - Sun
		1		V	2 59L	4376
cc:			cc:		cc:	
			1	ı		



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Башонанн	ciii Sain	tation ite	duncincino, The	time mint for co	ricedon of each violation is	specified in the narrative portio	n or this report.
Establishme	nt name	1/		1 1 1 1 1	Telephone Num		ID#
Establishme	nt addres	is .	Fr	anklin. In	(317 574) lish	6/9/22	2/7/
1916	ran	villes	Dr.	anklin, IN	Purpose:	Follow-up Relea	se Date /
Owner	1 1	V////	00 1. 1	00	1. Routine	Nole	5/18/22
(1)	shlo	24/	Vutche	ll	2. Follow-up	Summary of Viola	tions:
Owner addre	ess	0			3. Complaint		
					4. Pre-Operatio	nal	_
Person in ch	arge	AcTour Ly	2 11		5. Temporary	c_1 NC_	$\mathcal{O}_{\mathbf{R}}$
Tri	UMO	4) (obbs		6. HACCP		
Responsible	person's	email			7. Other (list)	Menu Type (See	back of page)
			70.			1 10 11 11 pt	10/200
Certified foo	dhandle		Mitch	ell		123_\	_45
CRITICAL	ITEMS AI	REIDENTI	FIED IN THE CHE	CKLIST AND NARI	RATIVE COLUMNS MARKED "	C"	
		TED FROM I	PREVIOUS INSPECTI	ONS ARE DENOTED		ONS" AND IN THE NARRATIVE BELOW	
Section #	C/NC	R			Narrative		To Be Corrected by
218	NC	VOC	astro 1	Blender	v covers	are cracked	6/19/22
		V (2)	Juo f	ry/no	ot food se	dops are	/ /
		(3)	lacked 1	100 114	the bandl	a damaged	1 1
234	NC		en Mo	CEPIHED	ADDONAL A	11. CD-MINO	ad Correct
20/	/0	0	nd n	pt, mos	tocked from	1) potentine	2 1
		C	ontami	ration) 0		1
324	NC	U	acuun	1 bree	aker leaks	on	6/19/22
		N	ychany	cal dis	hmachine	2	7/2/2
218	NC	×	some	repring	eration do	n gaskets	7/9/22
385	NC	a	ne 10	the state of	spece (Pm	transl mnt	1/9/22
280	100	0	1016d		cas for	music france	6/1/2
129	C		(00k)	mola	ules Observ	red while	Corrected
		1	vearin	a ca	oves mand	Chandling	Retrained
		P	hone,	and	continui	ng	employe
		K	ood s	ervice	operation	no without	washing
		- B	anas	and c	inanging g	WOULS.	1
Received by	(name and	l title trinte	7) •		0 0 0	Inspected by (name and title printe	d);
	006	- /	bb		1 Kdik h-	Andrew Mi	ller, EHX
Received by		: 11	/			Inspected by (signature):	1illan
	/ [No- C				Cinarew //	ull ?
cc:			cc:			l cc:	
						1	