

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

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

Establishment Saintation Requirements. The time mint for correction	n or each violation to opecimen i	i ine marani e pormon o	r tino reporti
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address (N 46/42)	( ) Establishment ( ) Owner	6/24/22	
1695 Meridian Oaks Dr. 76172	Purpose:	Follow-up Release	Date /
Owner	1 Routine	Ves 7/	4/22
Corporate	2. Follow-up	Summary of Violatio	
Owner address	3. Complaint	1	
	4. Pre-Operational	2 6	7
Person in charge	5. Temporary	c_2_Nc_8	R
Chrus Mill	6. HACCP	100	
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
Certified food handler		/	1000 m
Certified food handler		123_V	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
	Narrative		To Be Corrected by
187 c phe following	utternue pru	auct (	allea
Timbutuli o w	ere measur	ua	KOI DO MAG
This are and on	ant alb tor	nperatura	Gemergenc
of a an any matal	1(a):50 0m) H	19 E Carrier	Tapetter
a Cooled Oan	PA 440E	r	Dis cardeo
(E) Chickon I for	110 HA 480F		JAMO US
(E) Cheese blen	a product 4	8°F	food-s
Ballfield one, du	on Pasta ci	Daleh)	Vol.
not plugged in	contained t	he.	Discarded
Rollowinh intern	al product	temperatu	res 1
(9t 2:09 pm):			
(A) Fettuccine	55°F		
	04°F		
	as not store	don	
The product w	denation.	a or	
Acc / acc / acc	<del>gracion</del>		
Received by (name and title printed):	Inspected	by (name and title printed):	= FUC/
Chris H	An	drew Miller	ITAS
Received by (signature):	Inspected	drew Mill	1040
cc: cc:	cc:	wew / wel	UU

Greenwood IN 46142

# NARRATIVE REPORT

		_	NARRATIVE REPORT //V /6/1/2	
Establishr Fat	1.1		Address 1695 Meridian Oaks Dr.	Inspection Date
Section#	C/NC		REMARKS	TO BE
				CORRECTED BY
295	NC		1 Exterior top of clish machine	6/24/22
			is soiled	, 1
			3 Pasta and pizza area exhaus	1
			hood filters and soiled	
		_ (	3) Inside top of ice maken Soi	led
			1 Ice scoop at ICe maker	
			was stored in stamant	= -
			Soiled Water	
		_(	5) Extenior Sides of Retchen	
			equipment sailed and	
			wheels on kitchen egupment	
			are soiled	, 1
431	NC		Obish area wall sailed behind	6/24/22
			sanitizer and pan Clean	1 1
			holders	
		(	2) Floor heavely soiled under	
			pasta cooker and drive-up	
			turndow, ice bin	, ,
324	NC		Otest drain pipe leaks at three	6/24/22
			bay Sink	, , ,
		(	3 Right wall water filter unit	
			Continuously leaks water (behing	1
			ice maker)	1
399	NC		Shout repair needed in	7/24/22
			single Service Storage area	1 1
218	NC		Ice maker hinge area	7/1/22
			Contained damage (major)	', L,
430	NC		Stainless stell wall panel	6/24/22
			loose from wall and containe	
0.)			loose bolts/screws in bettle a	rea, +
347	NC		Paper toweld not dispensed	6/24/22
		_	from two paper towel units	
125			In auch and prep area	1 +1
130	NC	_	Tualk-in-Cooler fixed bracket	6/24/22
100		_	for don roller is loose	1 1 - 1
109	C		thurn was ordered close at	6/24/23
			approximately 2:15 pm due to refriger	tion /
			excuprint malfunction and a gross is so	nitary occurren
Received By	(Name 8	& Tit	lle)   Inspected By (Name & Title)	Page <u>2</u> of <u>2</u>
1/1	210		///////	3



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

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

Establishmen 6595  Owner  Owner address  L  Person in cha	t addres S 18	s QS	TRAFAGAR, IN  FA POUNDATION LLC	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 6/13/22  Follow-up Releas Summary of Violate CNC	se Date /23 /22 tions:
Responsible p			ROY	6. HACCP 7. Other (list)	Menu Type (See	back of page)
Certified food	22A	1	ROY SOR VISITE ROY (SOR VISITE		12	4)_5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	AS "R"
Section #			The same of the sa	Narrative		To Be Corrected by
295	nc	×	TOP ANSIDE OF	Se MAKER I	UOT CLEAN	6/18/13
218	MC	×	CONVECTION OVEN	TO SUPPORT	8915Q OF	7/1
392 899	NC	4	CONTHINER NOT FLOOR THE LOOSE WALL WORN / dis	Proutoed		6/20
295	NC	S	WACK-ON SOOLER	steevens we		6/25
(NO	re)		UPSIGHT FAN C	OVER NOT CO	epo	6/25
Received by (	(name and	d title p	rinted):	Inspe	cted by (name and title printed	
Received by (  The state of the	e la (signature)	): ):	CC:	Inspec	cted by (signature):	Archen MI
						Page 1 of



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

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

Establishii	iem Sam	auon	Requirements. The time i	mint for correcti	ton of each violation is specin		n or tins report.
Establishme	ent name	0	To the Internal to	Amcor	Telephone Number	Date of Inspection	ID#
Five	Stay	+0	sad Service	101	( ) Establishment	111111	7 11101
Establishme			A 11	1.10	( ) Owner	10016	1501
3201	130	ONI	n Dr. 46	143	Purpose:	Follow-up Relea	se Date
Owner			3		1. Routine	NOT	11172
					2. Follow-up	Summary of Viola	tions:
Owner addr	ess				3. Complaint	***	
					4. Pre-Operational		
Person in ch	arge					CNC	D
r crson in cr	large				5. Temporary	C_V_NC_	- R
Responsible person's email				181 11	6. HACCP	75 77 70	1 1 6
					7. Other (list)	Menu Type (See	back of page)
Certified for	nd handler					$\sqrt{}$	
Cerunea 100	od mandie.	L				123	45
• CRITICAL	ITEMS AR	EIDE	NTIFIED IN THE CHECKLIST	'AND NARRATIV	E COLUMNS MARKED "C"		
					IE "SUMMARY OF VIOLATIONS" ANI	D IN THE NARRATIVE BELOW	AS "R"
Section #					Narrative		To Be Corrected by
197	NIC	(	"ROOL CIVO"	MM 77 1	res soiled		\$ 10/14/72
	IVC		collection	110001	50/100	1.791.465	7 (11 (9) 10
The second	E 1		The state of the s			1000	Tes 190m
			The second of the	D. No.	11 -0 2 -0		A September 1
				· · · · · · · · · · · · · · · · · · ·			
4							1
							110
				e e			
				1/1/	\		
			~ 11	11111			
			MAN	1400			
			11 000				
Received by	5//	-			Inspe	ected by (name and title printed	<i>i</i> ):
X	50	nn:	for Water		()(	135) HALL	Zanadra II
Received by	(signature)				Inspe	ected by (signature):	- Augustus
X	1 RM	h	- Nue			MOST FELI	
cc:			cc:		cc:		
1	1				ı		



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

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Page 1 of

-	1011	-	the same of the sa			
Establishme	-		C IC. DHL	Telephone Number	Date of Inspection	ID#
Five	1010	Y	toodservice	( ) Establishment	1.115177	1476
Establishme	ent addres	SS	01/2 1 111171	( ) Owner	0112166	29110
180	BOY	tV	on 18W1 4(013)	Purpose:	Follow-up Release	Date
Owner				1. Routine	1 485 10/6	5/11
				2. Follow-up	Summary of Violatio	ns:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	orce.	-		-1	1 3 3	70
r erson in en	large			5. Temporary	C T , NC	R
D 11			11	6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See ba	ck of page)
Certified foo	. 1 1 11.					
Ceruned 100	od nandie	er			123	_45
• CRITICAL	ITEMS A	DE II	DENTIFIED IN THE CHECKLIST AND NARRATIV	TE COLLIMNIC MARKED "C"		
l			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		D IN THE NARRATIVE RELOW AS	"R"
Section #	-			Narrative		To Be Corrected by
107	(1	-	(Mean led cools is	Cia amplem	1 temporalis	loll Cl
101	-		OF EZOF COOR	S CHA CHAINIG	tt 16thbarra	C WILD IN
			End orminate 1018	to chestled	Scan	
			ESOF TO USOF	MC COST VIII	71011	
			-Deare France	2.1- reduced for	at milk to 49	F
			- Orange forms C	pacalite mi	1K 6 480	
			COLD CLAT SUN 6	2 49°F	In G 10	and and
			- COLDY YUX CHEE	SR @ 550F		
			- Ovemium 0177	25107		
			- FLINKEY SUKMON	MLG 480F		
		<u></u>	All Dotentially V	asardous for	cos Ovaducts	
			INON DISCOVERED DE	time of inso	ection	1
187	C.		Coserved exidence	e of movor	er cold min	ina
			divine transport	ation	0 10 1 101	1)
			E Observed V	Welted When	se inside	1
			DACKASES	It time at in	solction.	
			- Viscorded 2 hom	1 899 Cheese	muffins	
			2 canadian ham e	MI I W ( IN INCH ) I	and 1	
			Da con eac and Ch	rese Croisso	ant At tym Of 11	nspection
Received by	(name and	d title		Inspe	ected by (name and title printed):	
XV	m	_	Stevens	( )	USSI HOW	
Received by	(signature,	1:1)	2 1 1 2 1 2 1	Inspe	ected by (signature):	ian Asing
1	WE	5	William		May Call	1
cc:			cc:	cc:	21-1 2111 115	771
					11-541- T	) []

### **NARRATIVE REPORT**

Establish	ment N	am	Food Service 180 Box From PKIN 4613)	Inspection Date
Section#	C/NC		REMARKS	TO BE CORRECTED BY
			Note: One nozzle of coffee	
			machine needs Clean	
			NOTE: A few Cooler Shelves need Clean	
			10010: FITEL COOK STEAMS THAT CHAT	
			\	
			A Carp Mari	
			Mar,	
				-3
	_	1		
Received By	(Name	ж т\.	Inspected By (Name & Title)	Page of
State Form 48	3621 (R2	8-05		



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		1			· · · · · · · · · · · · · · · · · · ·	
Establishme		CIC	Energizer	Telephone Number	Date of Inspection	ID#
	Star	took service		( ) Establishment	10/16/17	11475
Establishme		~ .	1022	( ) Owner	W/13/10	0117
180	BOWT	con Phy. L	H0131	Purpose:	Follow-up Release	Date
Owner		<i>J</i> .		1. Routine	100 101	65/66
				2. Follow-up	Summary of Violati	ons:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	$\perp$	
Person in ch	narge			5. Temporary	CNC	R
X				6. HACCP		
Responsible	person's er	nail		7. Other (list)	Menu Type (See b	ack of page)
Certified for	od handler	<del></del>				7 Th. 10
					12X_3	_45
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKI	LIST AND NARRATIV	E COLUMNS MARKED "C"		
			ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
145	NC	Cappuccino	Machine	LIS Soilld		0-11-22
195	765	Coffee may	chive 15	Soiled	The Marine	D SHARELINE
245	++	Bottom of S	tong up	fridge is soilled	1	
	+					
	+-+					
			— L '#1	A Supergraphy and S		
			***************************************			
			11/1/11		and the second	
	30	1/00/	JR 400	C		ne L
		11 00	V A		IN S.A. III. TSG.A.	
	-					
	+					
		+				
Received by	(name and ti	tle p <del>rint</del> ed):		Inspecte	ed by (name and title printed):	:
X	asora	Sweeringel	<b>✓</b>	1400	351 Hall	
Received by	(signatylre) :	100		Inspecte	ed by (signature):	W-3/T
X :	PY	J -		(0)	MACRE	
cc:		cc:		cc: 1 -	2 111/ 117-	7 1
				2	7-34(0-43-	



#### 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

		tatic	on Requirements. The time limit for correct	*	
Establishme	nt name	_	(2	Telephone Number	Date of Inspection ID# 2487
	Har	- +	and Service linterstate	Workstablishment	1 17/1/11/11/13
Establishme	nt addres	SS	11/ 12/	( ) Owner	10/6/162 65
100	Row.	tr	on PKING 4(0131	Purpose:	Follow-up Release Date
Owner				1. Routine	NO 7/1/22
				2. Follow-up	Summary of Violations:
Owner addr	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge		,	5. Temporary	C NC R
				6. HACCP	CNCN
Responsible	person's	ema		7. Other (list)	Menu Type (See back of page)
=	P			7. Other (usi)	Menu Type (see back of page)
Certified foo	d handle	r			1 2 1 3
					12345
• CRITICAL	ITEMS AI	RE II	DENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		
Section #	C/NC	R		Narrative	To Be Corrected by
Note	0	2000	Observed One big	dry 200mi	VIN OUCKORED
			planted	) 0 )	22-22-1
			5 was discorde	9 Oct +1Ma 06	INSPECTION
		-	NO Other items We	re. Noted at +	IN OF INSPECTION
			NO OTHER THEIRD DE	16. HOTELA MI 7	The of Hobertion
					projects from a finishment of
			3 10		Frankling -
				1 1111	to B. ver
				100.	
			11 1011.		
Received by	(name and	l title	trinted):	Inch	ected by (name and title printed):
i b	mame and	17.		liisp A	ASC A A M
Received by	(signature)	_	on	Insp	ected by (signature):
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cc:			cc:	cc:	



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

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

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

Establishm	ient Sanii	tatio	n Requirements. The time limit for correc	ction of each violation is specified	in the narrative portion	of this report.
Establishme	ent name		Interstate	7 Telephone Number	Date of Inspection	ID# 2515
LIVE C	Star	4	and Service Wavehouse	Establishment	1 121/10	11187
Establishme				( ) Owner	0/2/14	15105
700	Par	7	run Pkuy, 4(0131	Purpose:	Follow-up Releas	e Date
Owner			)	1. Routine	1/(()	1177
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	01	
Person in ch	narge			5. Temporary	C NC	P
	8-			6. HACCP	100	
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)
	Persons			7. Other (usi)	Welld Type (See 2	uck of puges
Certified foo	od handler	r			1 2 × 3	4 5
					J	
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
			NO Hems noted Or	t time of ins	pection	
	STATE OF THE				1	Wall I
			Note: Bottom of S	Stand-up tridge)	needs clean	
			11   01			
			Mark VIII	11 12		
			1/10/11/100			-11 71
					and the second	4
				_8546		
			y-1			
Received by	(name and	title	printed):	Inspected	d by (name and title printed	):
Ver	n V:11	1:0		( AS	551 Hall	
Received by	(signature)	:		Inspecte	d by (signature):	ered of
1	M		-		DE APPL	
cc:			cc:	сс:		
I			1	ı		



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

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

			on Requirements. The time limit for correction		in the narrative portion	of this report.
Establishme	nt name		Duck Din Amel'a	Telephone Number	Date of Inspection	ID#
Establishme	nt addres	ss	Duck Pin Bowling 2000 St. Franklin, Ist 46131	( ) Establishment ( ) Owner	6/23/23	2 2285
27 1	~/ A	AD	inone St. Franklin Tal	Purpose:	Follow-up Release	and the second s
Owner	V	-	46131	1. Routine	No 7	7/22
				2. Follow-up	Summary of Violati	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	$\alpha$	$\sim$ $\alpha$
Person in ch	arge		16	5. Temporary	CNC	O R
			<u> </u>	6. HACCP	181-	
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	1//	the	agan (Exp. 8/14/24)		12_V_3	45
• CRITICAL	ITEMS AI		DENTIFIED IN THE CHECKLIST AND NARRATIVE			
		16 (	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		I THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
	, ISA - 16		No violations dum	ng merettion.	7 A C T Latinum	
103 105	TO BY	211	1 to the total total to the total total to the total total total to the total	1 majerica.	1000	
						2 2
				, , , , , , , , , , , , , , , , , , , ,	0 - 4 - 1	0
			Moit: make sure all	egray bother	one cabelled	-
	-					
	II pe					
		15				
D : 11						i
Received by	(name and	, .	printed): HUGUN	Inspected	ed by (name and title printed)	EHI
Received by	(signature)	):		Inspecte	ed by (signature):	entar talah
· M	argar	et	Hagen	Kai	ill Betron	
cc:	O		cc:	cet		



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

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

Establishmer	nt name				Telephone Numbe	T Date of Inspection	ID#
	UC35		2122	enta	( ) Establishme		10#
Establishmer	nt addres	S		enia Circenwoo ranch IN, 4614	Owner	6/30/22	2-146
664	2 (	Oli	ve bo	ranch Int, 46143	Purpose:	Follow-up Release	Date /
Owner					1. Routine	alo 7	17/22
					2. Follow-up	Summary of Violation	ons:
Owner addre	ess			Marie Control of the	3. Complaint	6	
					4. Pre-Operationa	al /	
Person in ch	arge			O JAMAN BENERAL EN	5. Temporary	C_NC_O	R
					6. HACCP		
Responsible	person's	email	2960	XI - Make and the state of	7. Other (list)	Menu Type (See bo	ick of page)
Certified foo Jass	d handle		PP			123	_45
• CRITICAL I	ITEMS AI	RE ID	ENTIFIED IN	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
		_	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN TH			
Section #	C/NC	R	Demunio	of healts out	Narrative Win		To Be Corrected by
711	MC	1	) Solit	of ngous out	room Storag	le by small	7/5/22
	114 12	( 0	freez	Out in balk	OUTH STORES	e sinuu	116/18
			fice	2/13	True - I - I	To a de l'Ope de	
256	MC		NO &	hermometer m	ovided in	small looler	2/6/22
			unit	by hand sink	close to the	he Oven.	
		-		U			mbres (
			16056	100000000000000000000000000000000000000	alax a. Fr a	re cet to at	
			MOIE	Unake sure con	oler units or	re set to at	
			Cast	20 F			
			1 mak	I save there's &	sufficient Sor	milizer in	
			mech		ister rango	ng about 200-	400 ppm
					0(		1-1
Received by	(name and	title p	orinted):	Dally		Inspected by (name and title printed):	Etts
Received by	(signature)	): ,	7	04		Inspected by (signature):	26 to 20 To
· fer	th	\	uc	elle		juil Betner	
cc:				ce:		cc:	

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

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

Establish	ment San	itatio	n Kequirements. The time	e mint for correction	on of each violation is specifi	ed in the narrative portion	of tills report.
Establishm	nent name		Olivian D	1	Telephone Number	Date of Inspection	D ID#
Brea	two	LLL	, Chinese Kesi	awand	(317 =736-555	6/8/22	2022
Establishm	A/	u.	Fran	Klin, IN	( ) Owner	7 -7	
1070	Nory	nn	ood Plaza	16131	Purpose:	Follow-up Release	Date
Owner	· 4	1.	. A		1 Routine	100 61	18/22
de	1	W	rg		2. Follow-up	Summary of Violati	ons:
Owner ado	dress		1		3. Complaint		
					4. Pre-Operational		0
Person in	charge	1	ortenia monte		5. Temporary	c 1 NC 6	$R_{2}$
de	. (	ar	ra /		6. HACCP		
Responsibl	le person	emai	Sen/S	te Exp:	7. Other (list)	Menu Type (See b	ack of page)
Certified fo		W	U 3/3/	25		123_/	45
· CRITICA	LITEMS	RE ID	ETTIFIED IN THE CHECKLI	ST AND NARRATIVE	E COLUMNS MARKED "C"		
		-	ROM PREVIOUS INSPECTIONS		E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW A	
Section #	# C/NC	R		]	Narrative		To Be Corrected by
187	C		Cooked g	arle	en oil m	reasured	Corrected
			72 F WHIL	le ste	ned at 1	som	Must
2211	. 10	/	remperat	we n	ew wor	1 1000	reingerati
234	NC	V	spatilla.	for up	ute rue	Stolla	Corrected
112	110	, /	in a	2 Corca	tion of the	ita	
112	WC	V	Le Yuhi	a a a a a a	all mot	NIST IMICE	Perlace.
	+		COMPLET	must	may buy	NEFIDALS	Tulban
		$\vdash$	PAUL OM ON	- musi	oray say	1001/11/03	juan
139	NC		O Chaped	PM NOV	Or stoned	$\circ$	12/1/22
15/	700	$\vdash$	Mented	Jan Des	Monis	Tised	6/9/22
			to sonk	up pie	)	-000-00	111
295	NC		Extonin	Sides	of cooking	2 earlion	ent 6/13/
431	NC		Spiled an	d lloor	under Al	werd soile	1 6/13/2
218	NC		Large 11	hite Ch	est stoese	a interio	7/1/22
			lefts led	Cracked	and witc	door	Repair
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name W Ow	ia	n smoothe 31 N. Chreenwood 31 N. Th, 46142	Telephone Number  ( ) Establishment	Date of Inspection				
Establishme	nt addres	s	Civelnood	( ) Owner	06/86/2	2 1934			
1251	US	3	31 N. TM, 46142	Purpose:	Follow-up Releas	se Date			
Owner			K /	1. Routine	NO	6/30/22			
				2. Follow-up	Summary of Viola	Summary of Violations:			
Owner addro	ess			3. Complaint					
				4. Pre-Operational					
Person in ch	arge			5. Temporary	CNC_	$\mathcal{O}$ R $\mathcal{O}$			
12				6. HACCP	11.	5 1 5 1			
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)			
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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

Establishme	nt name	~^	(201)20	Telephone Number	Date of Inspection	ID#		
Establishme	nt addres	} }	Gallery	( ) Establishment ( ) Owner	1/13/12	1512		
741	NP	1	Nin St. 46006	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine	NO 16/13/17			
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational	C*			
Person in ch	arge			5. Temporary	C \( \int \) NC_	R		
XMH	RTY	1 +	-AMINTON	6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)		
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Section #	C/NC	R		Narrative		To Be Corrected by		
256	NC		NO thermometrie C	DSERVED for	the	10-7-22		
	alletja			reezer and th	a ice crear	W		
			Sveezer.		0, 60			
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			That I W	<del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 1		
			11000					
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Paraire 11	HRI	4	HAMILTON		201 Hall			
Received by	(signature)	F	4mi Hon	Inspect	ed by (signature):	Bullet & Street		
cc:	/	7	cc:	cc:	900			



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

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

Establishmer	nt name		and a	1.11		0	Telephone Numb	er	Date of Inspection	ID#
Inde	OPN	dt	nce	/1/1/49	e ot	breenv	535 04	(22 ent	1.12/22	101
Establishmer	t address			Gre.	enwoo	00	( ) Owner		4/2/20	2436
2339	75.	5.	R.135	IN	16/93		Purpose:		Follow-up Release	e,Date j
Owner	-		, , ,	,			1.(Routing)		Ules 6	112/22
Comn	inn	5	sil In	vest	Grow	0	2. Follow-up	10	Summary of Violati	CANADA CONTRACTOR OF THE PERSON NAMED IN COLUMN 1
Owner addre					/		3. Complaint		1	
							4. Pre-Operation	ıal		0
Person in ch	arge				1		5. Temporary		c_ <i>O</i> nc	Ø_R
Koo	en,		)11h	ת ס			6. HACCP			
Responsible	person's	emai		-			7. Other (list)		Menu Type (See b	ack of page)
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Section #	C/NC	R				1	Narrative			To Be Corrected by
4/3	NC	V	1100	th.	hall	way	1 doors	le	adeng	6/18/22
		20.11	too	um	pote	2	grea. No	ect.	sealing	1
	- 101		at	the'	cent	en	vottom	<i>1 111</i>	then	Southern Printers
0.16		,	wort	NO	word	an	e closes	D	2	1
218	NC	V	Qua	er-u	n-fr	eger	v green.	rigi	it	1/2/22
			cot	pm	UZ	Prol	for he	eld i	up	New
			sull	ny	wood	, 5	exocks.	,		Shelt!
			2),00	oled	w	Iter	noted	ins	ide	6/3/22
			wood	on	0/	wo	acon p	nep	table	7/0/22
		(	3) 11		def	t. A	ringe c	m	00.1	7/2/22
		2.5	50	uthe	renau	ove	Nas li	2010	you	'
		-	4791	) ao	900	00		bot	- 222	6/4/22
	ad Cov	(	2 700	200	Celp.	100	ger val	Ker	o www	0/7/20
			3) a	nage	ant	YIM	Itan las	bais	7N	
			Dod	m	1140	b- i	n- CATH	Call !	coiling	
			Dois	oina	and	1. 1	A Ywater	111	no notea	
			ant	the	001	21	low of	1 1	arind	
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									17-346-4	380

NARRATIVE REPORT

NARRATIVE REPORT								
Establish	ment N	Name Address Green WOOD	Inspection Date					
Inde	<u>Dena</u>	dence Village of 2339 S.S.R.135 IN 46/43	6/2/22					
Section#	C/NC	Green Woodsemarks	TO BE CORRECTED BY					
431	NC	Dolow and Algor drain Soiler	<del></del>					
		under two lay sink	7/1					
		12 Kitchen ceiling vento and	6/8/22					
		tiles soiled	/ /					
	ļ	13 Walk-in-cooler floor	6/3/22					
		Storage some Stead what	<del>                                     </del>					
		along floor wall uncture						
277	NC		6/12/22					
		pressure gauge read approximate	de 1					
		16-7 psi/ range shall be 15-25 psi).						
295	NC	neck of table mixer soiled	Corrected					
		and quinding stone area						
4//	10	for table Street soiled	1 10 10 0					
7/1	NC	overhead lights (some) not	6/8/22					
		Tworking (801102) The	<del>                                     </del>					
430	WC	north storage room wall	7/1/02					
		Contains damaged (near)						
		bulk can areal.						
352	NC		6/20/23					
		Sell- Clarina	<del>                                     </del>					
		- see casing	1					
	<del></del>							
		` ` ` ` ` · · · · · · · · · · · · · · ·						
			-					
		<del>                                     </del>	-					
Received É	y (Name	e & Title) Inspected BY (Name & Title) A M	1/22					
/1:	1	inspected By (Name & Title) Willer, Eff	Page <u>2</u> of <u>2</u>					
State Form 4	8621 (R2	(18-05)						
		$\mathcal{O}$						



# 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 name ) Establishment Establishment address ) Owner Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up 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 Received by (name and title printed): Inspected by (name and title printed): Inspected by (signature): cc:



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Telephone Number Establishment name Date of Inspection ID# Establishment address Purpose: Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational  $_{\rm C}$   $_{\rm NC}$  =  $_{\rm R}$ 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" Section # C/NC R Narrative To Be Corrected by NO Received by (name and title printed): Inspected by (name and title printed): Inspected by (signature): Received by (signature): cc:



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

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

Owner	Randent address Arke  UCK  ress  harge	no ss et 1	Mc Grath Clark	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release  No 6/3  Summary of Violation  C NC  Menu Type (See both	/a 2 ons:
Certified fo	aci	E_	Clark		123_	_45
1/			DENTIFIED IN THE CHECKLIST AND NARRATIVE			umu
Section #		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative		To Be Corrected by
	-	R	1.0			10 Be Corrected by
431	NC	V	Filons walls cer	ungo air	ents,	6/13/22
295	110	1/	Consult Stack Of	Ma solled	no otioni	6/12/22
245	NC	1/	Interior so the	do do oo	eración de	+ 4/13/22
228		1/	Tills Solled and	a accit og	askots sper	7/1/22
228	NC	-	TWO WAR COOL	us are mo		1/3/20
188	MA	1	Brand Brosoni Ch	roddoby Apri	1/1/2	Commercial
100	AC AN	V	tula Dana) mark	Cagaro sou	a ton and	Corrected
		1	in a day to the	January A	manual was	(1)
		1	GOOF (Plane Tolke	it in over	thon,	
		1	of the Then man	unit).	ricero	
218	NC		There is walled	Confine at	Desistan	7/1/22
210	140		and contained a	Trong and	et door	Remix
			Van it hits the	Polt domi di	hone	regar
	1		Closing)	igi cono ai		
291	NC		no Chemine to	st ket avail	alsto)	6/3/22
- 11	700		to test low May	ritizer		77/
					=	
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Received by	//	-	kr ced	Inspect	ed by (signature):	5)
cc:			cc:	cc:		<u> </u>



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

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

Establishme  270  Owner  Owner addr  Person in cl  Responsible	ress  person's en	J-979 Franklin, IN Honst 46131	Telephone Number (3/7) 13/16604  Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID#		
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"		/ 3	
		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	AND REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	
Section #	NC NC	News in walk in da	Narrative		To Be Corrected by	
210	140	INMILIA MANIETA MA	ing voviex sorred	The state of the s	11/11/20	
324	NC	Water leak @ hand si	nk by 3 bay sink	in bistro	10/19/22	
347	NC	No paper towels by ha Station in bistr NOTE: Hot holding to Makesure ALL at all times in	emp@135 or a be chicken in histor display case	oy foaming	(4/9/22	
Received by Received by cc:	aniel	the printed):  Lamott D AS  cc:	2 30	ted by (name and title printed MUR Blanks ro ted by (signature): Mull Blanks	Plant Betik	



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

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

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

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

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 Requirem	ents. The ti	me limit fo	r correctio	on of each violation is s	pecified in	the narrative	portion o	of this report.	
Establishmen		Г			K F	r (a)	Telephone Numb		Date of Inspection ID#		ID#	
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Establishmer	nt addres	S	3(	_			( ) Owner		62-	122	1930	
125	1 (	15	3(	Gree	www	Isso	Purpose:			Follow-up Release Date		
Owner						0	1. Routine	J	No	7	722	
							2. Follow-up		Summary of	f Violatio	ons:	
Owner address							3. Complaint					
							4. Pre-Operation	ıal		12		
Person in charge							5. Temporary		$C = NC \setminus R$			
							6. HACCP		G			
Responsible	person's	emai	1	ed to put t	7 - 1 - 1		7. Other (list)		Menu Typ	e (See ba	ick of page)	
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Certified foo	d handle:	r							12	3	_45	
• CRITICAL	TEMS AF	E ID	ENTIFIED IN	THE CHECK	KLIST AND I	NARRATIVE	E COLUMNS MARKED "C"	"				
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Section #	C/NC	R				]	Narrative				To Be Corrected by	
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			31				0		0	3 /		
			7)-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	1						
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