

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

	-		tatio	n Requirements. The time limit for correction			_	t this report.					
	Establishmer	nt name		0 : 0 = =1	Telephone Numbe		Date of Inspection	ID#					
	NEW	_\L	0	mg Cai Kestalwont	() Establishme	ent	(0/11/7	1519					
	Establishmer	nt addres	S	- 01 175 111 1117	() Owner		011162.30	a Co					
	Loc	15		st kd 155 4614L	Purpose:		Follow-up Release	Date					
	Owner				1. Routine		Yes 68 (0/	11/2/2					
					2. Follow-up		Summary of Violatio	ns:					
	Owner addre	ess			3. Complaint								
					4. Pre-Operationa	al	h 7	1					
	Person in ch	arge	- 1 ₋	* -	5. Temporary	r	CNCR_						
	95				6. HACCP								
50	Responsible	person's	emai		7. Other (list)		Menu Type (See ba	ck of page)					
∞	Certified foo	nd handle	r 0	1exp.			2061	V					
9	Leev		(mona (3/19/25)			123	45					
S	CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"												
2			_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN T							
Z	Section #	C/NC	R		Narrative			To Be Corrected by					
+	187	C											
2	1.1.00	W.	2	Raw Beef@ 48.4°F, Cooked Noodles in Bottom @ 50°F. Ambient air temp thermometer reads 50°F, Water Chestruts @ 50°F@ 3:30 pm									
30	120	DY	190				The second secon	VIII / I					
3	D. K	10/ A	<u>\</u>		3°F in morning		77.1	open coole					
E	12	X0.6	h.	a lot the food gets war		Tab	1	1 1					
	177	NC		Kept@ 41°F or Lower,	tood products	discouded a	ttime of insp						
	1	Toc		Store d' (1' Off Floo	0-0-0-1	10	DRY HOT	0,2 5					
	1711	NC		Pull demonstration	reled (a feel)			0-10-22					
	174			BINK Frozen meat	Droducts	labeled (6-10-22						
	1 1 -)			is stand up and C	hest trees	245	100000	P W LL					
	295	NC		Shewin Wit insid	le Walki		x/lex	0-8-22					
				Soiled	William I have been the second								
	218	NC		Grahanized trash car	, , , , , ,	MK	food,	6-6-22					
	010		_		ndel		\	6 20					
	218			Shelvey (op dog) on	0	Sta	id-up	0-8-22					
				Free Ser Droken I Mo	M								
	Received by	(name and	l title	printed):		Inspected	by (name and title printed):						
	Received by	(signature)): <i>F</i>	HALL STATE OF THE		Inspected	by (signature):	.OH					
	cc:	, , , , , , ,	0										
	& Discarded all Potentially Hayardons Food above 41°F (4°C)												
A	& Disc	C RXC	101	all rotentially to	uzaldons ti	ood	() UC	Page 1 of 2					
V	· 9 · 0 (CWIC	,	HIP (HON)	U			Mark					
				111 (70)				You					

NARRATIVE REPORT

Establish		am	ai Restaurant 209 5 St Rd 135, 46142	Inspection Date
Section#	V 1		REMARKS	TO BE CORRECTED BY
414	NC		Back door not protected from potential rodents	6-8-22
			6 day wht observed	
205	NC		Observed duct tope on Knife Sharpener	6.3.77
3/0	NC		hood lent soiled Sappears lost Cleurid Lucs 1/31/21	6-8-22
218		<	Chest freezer is in disrepair	6-8-22
			From the water heater	
	`	L	Dishes & Utensils not	
		/`	Aways Wash, Rinsed, & Sanitized	110
			Dishes & Coupant	your
				_
Received B	y (Name	& Ti	tle) Inspected By (Name & Title)	Page <u>2</u> of <u>7</u>

State Form 48621 (R2 / 8-05)

Elijabeth Schultz



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

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

Establishme	nt name		00 . 00 1 112 -2	Telephone Number	Date of Inspection	ID#				
NIN	e Ne	0	Mini Mort #1.753	() Establishmer	1.111111	1 7-				
Establishmer	nt addres	SS	NO COLORO	() Owner	011916	0//				
8010	5.	1	nesten Road Nineuch.	Purpose:	Follow-up Release	Date				
Owner				1. Routine	Yes 10/2	-4162				
				2. Follow-up	Summary of Violati	ons:				
Owner addre	ess			3. Complaint	6-61-22					
				4. Pre-Operational						
Person in ch	arge			5. Temporary	RO					
X	6-			6. HACCP	- N					
Responsible	person's	emai		7. Other (list)	Manu Type (See h	Menu Type (See back of page)				
responsible	persons	CITIC		7. Other (usi)	Menu Type (See 0	ack of page)				
Certified foo	d handle	r			- 1 2 3 X	4 -				
					123_/\	_45				
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"						
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW A	S "R"				
Section #		To Be Corrected by								
177	NC	X	Single, Use Hems (Stu	coform (2005)	not Staved	6/16-22				
	DE STO		by the floor							
414	NC	X	exterior backdoor	NOT Drotect	rd from	10-21-22				
			Octential rodents	2 ctential roberts						
5			Laty light his	is observed						
430	NC	X	Floor files are won	in by Sodo		4-21-22				
431	NC	X	by Stock room door	r and by	Front counter	1 22 3 6				
7	7		from around mop	Sink, Und	- Soda poxes,	6-16-62				
			and under Depsid	COCa-tola!	tridge are					
			Soiled		0					
433	NC	X	mor not hung			6-15-22				
431			walkin coolly halls	s are soiler						
347	NZ		NO DODRY TOURIS OUS	or to have	stroom hand	6-14-22				
5			Sink			the second				
351	NC		trash con lid not D	rovided for	restroom	6-15-22				
			trash		· ·					
430				Sin disvepa	M	6-21-22				
430		•	back room door is	in disrepair	-					
Received by	(name and	d title	printed):	I	aspected by (name and title printed)					
Received by	(signature):		Is	nspected by (signature)	um salte i - E				
X Co	mul	-			(DETECTION)					
cc:			cc:	(517-346-4371					

NARRATIVE REPORT

	Stablishment Name Vineuch Mini Mort Address 800 5 Nineuch Fa								
Section#	C/NC		REMARKS	TO BE CORRECTED BY					
413	NC	χ	Exterior back door in storage room not self-closing	6-21-22					
			Self-Closing						
				=					
				=]					
			Note: light fixture is missing in						
			Note: ice build he observe in he cream						
			Scool of						
			Note: 3 SER DER DER CONTENTS						
			Floor under Shelving inside Walk-in						
			Mote: Stock room Floor Needs Clean						
			1 010. 24006 1 0011. 11001 11102 01011						
				:40					
				-					
Received By	y (Name	& Ti	tle) Inspected By (Name & Title)	Page 2 of 2					



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THE RESERVE OF THE PERSON NAMED IN					an one managed position	- (P)
Establishme	ent name	1	1 P NI Pian	Telephone Number	Date of Inspection	ID#
Establishmo	ent address	1	mans Craft Peppa	Establishment	6/20/22	293
1876			R. 135 Greenwood	() Owner Purpose:	Follow up Poloso	Data
Owner	0.		2 IN 46143	1. Routine	Follow-up Release	30/22
1	Al	2	Romans Inc		Summary of Violati	
Owner addi	004	_ /	Comany Inc	2. Follow-up	Sulfilliary of Violati	ions.
Owner addi	.ess			3. Complaint		5
				4. Pre-Operational	0	1 4
Person in cl	narge OHHI	1,	Frahaunk!	5. Temporary 6. HACCP	C_O_NC_	R C AN
Responsible	persons	emai	o wan aligno	Other (list)	Menu Type (See b	ach of page)
сезроняюс	persons	CIIIai	9 Sensate	other (usi)	Menu Type (See 0	ack of pages
Certified for	od handle	er	EXP: 9/8/2	3/	123_	45
all	M.	Y	nnings -	7		
	//	/	ENTIFIED IN THE CHECKLIST AND NARRATI			c upu
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW A	To Be Corrected by
	Section # C/NC R Narrative					
346	346 NCV No hand soap available at					
719	1.00	/	Dar nana Sin	tone one	222	7/20/22
218	NC	,	about gasters	: 1	me	1/20/02
43/	NC	~	From a KVAC	vento restro	Om)	1/20/2-
101	1.00	<u> </u>	vents and tiles	and mecha	nical exhau	1 F 1
	-		Trent soilet in)	restroom	ruce opniai	L
218	NC	V	Dough som	nobele inose	diont	7/4/22
210			bin cracked a	nd misen		1
295	NC	~	Walk-in-cooler	neen Sho	Elveria	7/4/20
			Soiled	J -	7	11/1
425	NC	**	Brooms and d	ust pans) no	t hung	6/20/2
			up	,	0	1
			/			1
						1
Received by	1			Inspecto	ed by (name and title printed,	Ver EHC
Dogoire J1	ENN		ANABAUgh			20
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	ly	_/	Tan	0.,,		
cc:			ce:	cc:		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		ad Mari	Sugar 15	0	- /	Telephone Number	er	Date of Inspectio	n	ID#	
Nobel Establishme	es Ro	mo	ins (ra	iff 1	122a +	Pub	(317) 49404ish603	344	6/21/2	2	2515	
Establishme	nt addres	s	Miles bearing by the second of	F	Frank Fr	anKlin	() Owner	. /	0/21/3		2505	
1990/	Vorth	wa	od Plaz	a in	1 4613	/	Purpose:		Follow-up Rele	ease I	Vate /	
Owner			0	///	TO101		1. Routine		No	7 /	1/22	
Owner	obto	,	Koma	ns 1	Inc		2. Follow-up		Summary of Vio	lation		
Owner addr	ess		1001110	1 1			3. Complaint			14.101		
Owner addi	Coo						_					
							4. Pre-Operation	al	c _ O_ NC	3		
Person in ch	. 0 11		Wall ac				5. Temporary	R				
Mul	H I	en	nings) /	١		6. HACCP					
Responsible	persons	emai	1	18	enSate	3	7. Other (list)		Menu Type (See back of page)			
Certified for	od handle	ζ		P	XP: al	/_/			1 2 3	1/1	1 5	
Da	ue 1	Je	nnena	0 \	1 9/8	1/23/			15_		f5	
• CRITICAL	ITEMS A	RE ID	ENTIFIED I	THE CHE	CKLIST AND	NARRATIVI	E COLUMNS MARKED "C"					
 VIOLATION 	(S) REPEA	TED I	ROM PREVIOU	JS INSPECTI	ONS ARE DEN	OTED IN THI	E "SUMMARY OF VIOLATION	S" AND IN T	HE NARRATIVE BELO)W AS "	R"	
Section #	C/NC	R					Narrative			Т	o Be Corrected by	
218	NC		Do	n o	gaske	to or	N some	refre	geration	v	7/21/22	
	Al rulled	96	un	ets 0	are	te	nn/spli	to a	1 The second second second		1/1	
431	NC		File	Dors	and	f	loor dra	ins			6/23/22	
			soil	ed	in	Va	ish ar	ea			1,12,	
324	NC		Wa	ter.	leak	no	ted unde	er,	mens		6/30/22	
			rest	room	VI	rand	suck (1	blue	line)	\perp	/ /	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_				_				37		
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Received by	-	-	X	<u>\</u>				Inspected	by (signature):	2.0	ń	
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cc:		_		çc:				cc:				
1								l				



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Establishmer Z Owner Owner addre	nt address	^	adison per Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# Follow-up Release Date TO T
Certified foo			Ster and 1 k		1 2 3 4 5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		AND IN THE NARRATIVE BELOW AS "R"
Section # C/NC R				Narrative	To Be Corrected by
			No items no	Led to	
Received by Received by	R	_	printed):		spected by (name and title printed): spected by (signature):
cc:		~	cc:		c: 346 45 16



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

		-							
Establishme			D. (Telephone Number	Date of Inspection	ID#			
0	n th	10	Border	() Establishment	6/16/	1522			
Establishmer			1	() Owner	01161				
867	Ν.	45	31 Greenwood, IN	Purpose:	Follow-up Release				
Owner			,	1. Routine	6/2	422			
				2. Follow-up	Summary of Violation	ons:			
Owner addre	ess			3. Complaint					
				4. Pre-Operational					
Person in ch	arge			5. Temporary	CO_NCZ_R				
	0			6. HACCP					
Responsible	person's	emai	1.55 TA	7. Other (list)	Menu Type (See ba	ick of page)			
	1			7. Other (issi)	incha Type (see su	e ouck of page)			
Certified foo	d handle	r			1 2 3 <u>X</u>	1 5			
1 De	ice	(ahazaoni			_+			
• CRITICAL	TEMS A	ACCOUNT OF THE PARTY.	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"					
 VIOLATION 	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH						
Section #	C/NC	R		Narrative		To Be Corrected by			
			1	11	- 1 /	3111			
431	NC		Floor drawn by the	e dish washel is	301/04	6/16/24			
214	. 1		1. 1	1.1.7. 1	et listale	11.11/2-			
218	ML	7	he Lower boy refrie	perayor in the	n moising	6/16/200			
	n.	130	s remp.						
-				the case as					
	- 16/1/23	inco				4			
				Landaning of the	and the second second				
			"Very cha	H KITCHEA"					
			- Anna			or the fact			
						lan land			
				- ALP PARTE.					
Received by	(name and	d title	printed):		ed by (name and title printed):	/ /			
1 10	Sew	/	a harconi	The	esoy & Buy	655/			
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d		1	12011		Type & FU	/wn			
cc:		C	cc:	cc:	,	/			
					,				



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

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

Establishment	name	-		Telephone Numbe	er D	ate of Inspection	ID#		
THE ORI	SINI	AZ	CHICAGO'S PIZZA & CUTTY	() Establishme		5/7/22	2495		
Establishment	addres	S		() Owner	E		0 (1)		
	HOL	ID	AY PLACE FANKLIN, IN	Purpose:	F	ollow-up Release I	Date /		
Owner				1. Routine		- 6/1	7/22		
			Strg H	2. Follow-up Summary of Violations:					
Owner addres	S			3. Complaint					
				4. Pre-Operationa	al	c			
Person in char	ge			5. Temporary	1				
G	AM	7	SING	6. HACCP					
Responsible p				7. Other (list)	1	Menu Type (See back of page)			
Certified food	handle	T. N	GH (SERUSAFEL / 18/25)			12345			
				COLUMNS MARKED "C"					
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THI	E NARRATIVE BELOW AS "	R"		
Section #	C/NC	R]	Narrative		Т	o Be Corrected by		
177	NC	X		T STURON C		FLOOR	6 19 122		
	9 - 400/01 10	0	O O O O O O O O O O	num of 6			Learn and		
			IN WAZK-IN COOLE	er and K	FICHE	N	207001		
228	NC	0	CHOST EDODTIE MI	LITTHON	niat	->	7/1		
	NC		CHEST FREETER IN	THERM	ome	er -	7 6 19		
0,36			NOT Seen) (,		
431	WC.	10	FLOOR NOT CLEI	AN IN AR	CAS O	OF	6/10		
			KITCHEN WINDER	EQUIPPOP	vy pa	VEXT			
			TO WALL				11.		
295	NC	8	METAL TABLE SHELL PAN AT WATER HE	DING NOT	Cleth	1	6/10		
			PAN AT WATER HE	THER ROI	ccer	770			
411	110	0	LIGHT OUT ON	EV HADUST	Hond		6/10		
396	_	A S	RESTROOM - WAST	CONTAIN	AS F	VLL -	618		
	1	,	vas, its in						
			Arguni trans and a prompted to provide transport of	Secretary of Section 2					
					т 11	7			
Received by (name and		rinted):			(name and title printed):	HETS		
Received by (s	signature,				Inspected by	(signature):	+ p fakty		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

	*	tine marrata e portion					
Establishment name PENN STATION	Telephone Number () Establishment	Date of Inspection	ID#				
Establishment address 11 H 2 n. MARIAN Grand Company	() Owner						
1143 N MORTON FORNKLINAN	Purpose: 1. Routine	Follow-up Release	Date 22				
perpensation of the Community	2. Follow-up	Summary of Violati	ons:				
Owner address	3. Complaint	ri .					
Person in charge	4. Pre-Operational 5. Temporary C O NC R						
JALL MOUNTS	5. Temporary6. HACCP	C_O_NCR					
Responsible person's email MICHAL MACHALA EXPLICATOR	7. Other (list)	Menu Type (See b	ack of page)				
Responsible person's email MICHAL MACHALA EXPLICAT Certified food handler Services Certified food handler	<u> </u>	123_45					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	THE NADDATIVE BELOW A	S "P"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI Section # C/NC R	Narrative	THE NARRATIVE BELOW A	To Be Corrected by				
431 NC - FLOOR UNDER WATER HEATER							
NOT CLEAN	1 8 3 1 1 MP 1	477	and the second				
and in the memory	NOT SOON /NO	~	2111				
256 MC - THER MOMENTERS	LOCATES IN	3)	87.1				
REFOISE CATORS 1		rea					
			-				
		6 ⁷ - 10	rection from				
			NAS - POLICE				
	Total Project						
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Received by (name and title printed): Jade Mounts Manager	Inspected	Bob Sm 1	TH EHS				
Received by (signature):	Inspected	Bol So	200 m				
сс: Сс:	ce:	×.					
			Page 1 of				



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

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		tatio	n Requirem	ents. The time i	imit for correction	on of each violation is sp				of this report.	
Establishme			35 N			Telephone Numbe		Date of Insp	ection	ID#	
1-11	0+	1 9	ave	1 Cent	w	() Establishme	ent	1 157			
Establishme						() Owner	(· 7-	77	1>56	
49	82	1	135	300		Purpose:	I	Follow-up	Release	Date	
Owner				Wn, te	Jan J	1. Routine		No	6	M72	
						2. Follow-up	S	Summary of Violations:			
Owner addre	ess					3. Complaint	- 1				
						4. Pre-Operation:	al	55.20			
Person in ch	arge			NAME OF TAXABLE PARTY.		5. Temporary		$_{\rm C}$	NC C	R	
	0					6. HACCP		·	.110		
Responsible	person's	emai	1			7. Other (list)	H	Menu Tyr	o (See h	ack of page)	
reeponosose	Persons					7. Other (ust)					
Certified foo	od handle	r						2	_3_	4 =	
							1		3	_45	
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST	AND NARRATIVI	E COLUMNS MARKED "C"					
• VIOLATION	(S) REPEA	TED I	ROM PREVIOU	JS INSPECTIONS ARI	E DENOTED IN THI	E "SUMMARY OF VIOLATIONS	IS" AND IN TH	E NARRATIVE	E BELOW AS	5 "R"	
Section #	C/NC	R				Narrative				To Be Corrected by	
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	3 rar			vans		TCGM	Je -	in te	NU	Jarrer	
Received by	The second second	THE OWNER OF TAXABLE PARTY.		VOCTIS			Inspected b	y (signature):	Jaza and p	anna foragi	
6	3		- 5		8		de	J 5	yo.	4376	
cc:				cc:			cc:				



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

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

Establishmen 4860 Owner Owner addre Person in ch Responsible	nt addres In ess arge person's	emai	th valley Rd reenwood IN, 46142	Telephone Number Establishme Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	ent	CNC	27 22
Certified foo	od handle	r				123	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		S" AND IN TI	HE NARRATIVE BELOW AS '	'R"
Section #	C/NC	R		Narrative		r	o Be Corrected by
			Some				
239	Me		Bish racks one on	the floor		20 000	6/15/22
431	NC		there is a feat ms	ide the wa	lt - m	Cooler	6/28/22
			MOTE: Mehanical switched out to a On-going installation	Sisher is new one.	get Uns	rng v Vs an	
Received by	(name and	title			Inspected I	by (name and title printed):	RAG
Received by	(signature)	1	tialer		Inspected l	oy (signature):	



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

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		tatio	n Kequirem	ents. The time limit for correction			n of this report.		
Establishmer	nt name		ship the of		Telephone Numb	er Date of Inspection	ID#		
Delo	boa	/			() Establishm	ent			
Establishmer					() Owner	1097	7115		
704	5	R	135	(Scentor)	Purpose:	Follow-up Relea	se Date		
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Owner addre	ess				3. Complaint				
					4. Pre-Operation	ıal			
Person in ch	arge				5. Temporary	C NC	R		
					6. HACCP				
Responsible person's email					7. Other (list)	Menu Type (See	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

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

		tatioi	n Requirements. The time limit for corr			n of this report.	
Establishme				Telephone Number	Date of Inspection	ID#	
Rama	H.	op,	sitt Gasway	() Establishment		71117	
Establishme	nt addres	S	7	() Owner	6/29/22	2462	
	5	60	N. St. Rd 135 Greenwood	Purpose:	Follow-up Relea	se Date	
Owner				1. Routine	7	19/22	
				2. Follow-up	Summary of Violations:		
Owner addre	200			3. Complaint			
Owner address	200			0			
				4. Pre-Operational		3	
Person in ch	arge			5. Temporary	C/_ NC	R	
				6. HACCP			
Responsible	person's	email	per characteristic and a particular	7. Other (list)	Menu Type (See back of page)		
Certified foo	d handle	r		MANAGEMENT CONTRACTOR	1 2 3	4 5	
					13		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"			
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED I	N THE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"	
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431	NC			ida boxes is	Soiled		
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