

### 460 N. MORTON ST. STE A FRANKLIN, IN 46131 Office 317-346-4365 Fax 317-736-5264

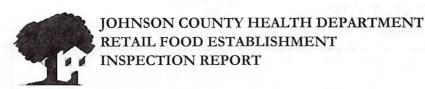
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Office 317-346-4365 Fax 317-736-5264

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Telephone Number  Establishment address  Owner  Purpose:  1. Routine  2. Follow-up  Summary of Violations:  3. Complaint  4. Pre-Operational  5. Temporary  Certified food handler  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONGS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SIGNMAN OF VIOLATIONS" AND IN THE NARRATIVE RELOW AS "R"  Natrative  To Be Corrected by  Received by (affer and fifth printing):  Lectived by (affer and fifth p			tatio.	in Requirements: The time mint for con		-	n or this report.
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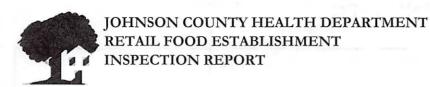
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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

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

Establishment nam	188 J	- Oatota	Telephone Number  ( ) Establishmen	Date of Inspection	ID#		
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name  Establishment address  Owner  Owner  Owner address  Person in charge  Responsible person's email  Certified food handler			29.7	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 Summary of Violase  C NC  Menu Type (See	se Date  Y 77  ations:  D R D  back of page)
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