

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

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

Establishment	Samtadoi	i Kequirements.	The time mint for correct	on of each violation is sp	becined in the narrative portion	or tins report.
Establishment na	ame	Al The	í,	Telephone Number		ID#
Establishment ad	$\sim$	of Gran	Greenwood	( ) Owner	5/23/22	1942
275 5	) )	.K. 135	IN 46142	Purpose:	Follow-up Releas	e Date /
Owner )	0	20		1. Routine	Ves 6	12/22
Kan	lay	n Di	owning	2. Follow-up	Symmary of Violat	ions:
Owner address	0	/		3. Complaint		
				4. Pre-Operation	al	-
Person in charge		. 11		5. Temporary	$c = 4_{NC}$	5R
MIN	111	na Th	11111-	6. HACCP		
Responsible pers	on's email	Tuck of	WW C	7. Other (list)	Menu Type (See b	pack of page)
Responsible pers	on's cman	0	(Jen)ate	1. Other (ust)	Wienu Type (see a	dek of page)
Certified food ha	ndler	BOOTH	ina 3/9/3		123_V	45
· CRITICAL ITEM	MS ARE ID	ENTIFIED IN THE	CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
	V				S" AND IN THE NARRATIVE BELOW	AS "R"
	NC R	NO. TREVIOCO IN O.		Narrative		To Be Corrected by
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		mille	2 All	NOT DAN	illi, gus	
		gues	1000	we ear	ay o	94-1-2
1121	11	2 2000	- A JIHADA	Collina	2 SOURAL	5/23/22
731 10	10	100	mai nom	1 certify	Julio	3/2/3
	- /	2) 1/1/10	and was	2nt-1.60	2 sallato	
-		1000	enus ma	hous are	Illin	
		1 man	1 storage	100m	J. VIV	
295 N	10	Sugar	i stouge	al Dell Cal	11 mills	5/3/22
195 /	10	10ille	ray on	Canl 100	ener unit	called
216 1	10	TO CO	1 Aprila	m) man	201/100	5/24/22
210 10	IC	Lille	sears c	and freeze	ough dimaso	Al Dirdor
		2) East	Dana and	a VILADO	m suntage	Remove
<u> </u>		masi	ATUP WILL	do wall	Minty	2 remove
415		of the	mate fine	all in	ming/	
	C (	a con	Olivea Olli	e, amal	l Juin onl	5/23/22
Am C	_ (	Indert	12 Agan	n) bille	har ada	1 3/2/00
Ciri.	-	2 Ocas	S July	mollos	115an	
Received by (nam	me and title	triuted):	1 Leve	mune	Inspected by, (name and title printed	l);;
S CYNG	M M	prima).	1 row			Her, EHS
Received by (sign			Contract Annual Contract Contr		Inspected by (signature)	20.1
\$ _	-				(Marew Mill	ler
cc:		cc:			cc:	1001
					317-346-4	380

NARRATIVE REPORT

Greenwood

T-4-1-11-1-1-			Address	Inspection Date
Establish	ment N	ame 1 ol	This 275 S.S.R. 135 46/42	<u> </u>
<u> </u>	MAL		This 275 S.S.R. 135 46/42	5/23/22
Section#	C/NC	R  U	REMARKS	TO BE CORRECTED BY
		M	served inside a cardboard	)
			W 114th Vasald Lood	
			ile IN the back small	
		107	On A Al. O Amm )	
187	4		Bearl assouts stoned in	5/23/22
101		1	Platic Container altory	Keep
		P.	for stored in a menaration	
		17	Who I Well TIMA 476F to 50°F	or inside
139	-		lurd brass of Laurca Pearl	
, ,		W	d two longs of ground	Discarded
		CO	thee contained what	Correctéa
		a	peared to be rodent	
			mawing while stored	
		In	the back small	
· · · · · · ·			torage room	<u></u>
218	NC	OF	advance gas fulls lack	Order legs
		le		5/24/22
		(B)	Kitchen soda Station	Call for
		CO	teruously leaks from	repair
			buna ske much	
		m.	stan '	
		- /u	Doggent adent maurina	
-		(1)	apparent waent grawing	
			terior rubber coving in	
		11	nall, storal room	
		(2)	hree bay sirk contained	
		2	papy, water on left and	
<del></del>		M	ant boun.	
				, , ,
109	C	1	um was ordered to close	5/23/22
		at	approximately 12:11 pm?	///
		du	el to a gross insanitari	4
		$\square$ $OC$	Curence	
			<del></del>	
Received	(V (Nom-	& Times	Inswerted Re (Name & Title)	_
Vecelved	y (Ivame		Inspected by (Name & Title) (MMW) Muller, EHS	Page_ <del>Z_</del> of <u>_</u>
			WINDER THAT	<u> </u>



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

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

Establishmen  Establishmen  Owner  Owner  Owner addre	nt addres B		SBBQ Shack dwin St, 46106	Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary	Follow-up Summary of	Release Date S-12-22 f Violations:
Responsible Certified foo				6. HACCP 7. Other (list)	100 750	e (See back of page)
Ceruned 100	d Handle	1			12	_345
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE	
Section #	C/NC	R		Varrative		To Be Corrected by
414	NC	X	Broken Screen Obser	red in som	Kitchen &	5-9-17
			backson		TY TOTAL	
			5 light Shelld 1	S MISSING (	3) Shark ICE	
			Machine			
426	NC	X	Outside aven is dis	Corapposed		5-9-72
425	NC	X	mop stored in map	SMK, NOT	MMS.	5-4-22
329	NC	X	Cold water is not	Finctioning	Of Box D	and Sink 5-9-22
190	NC		Both restroom ton is	b John C.	was at 180	F Convected a
1510	100		cooling in a fail Do	1 WHO OF	CONSTRUCTION	in time of
			it (1500+ 0+ 410F0	Tless by 50	m. it needs	inspection
			discarded)	U.		
			Corn Casseral made	5-2 at	3:30 was (	2001m
			in a toil bas 1740 a	toil Cover	00	7
				ed removed	Jean	
		-	Note: Le machi	1077-18 MAR	de Clean	
			Note 3+ nexmmeter	is reeded	FOC LAIKTO	(moler
Received by	(name and	l title j			Inspected by (name and tit	tle printed):
x Se	dun	d	ollins		(ass: Hal	
Received by		1:01	c		Inspected by (signature):	2000年 - 1987年 - 1987
XX	- Ca	XX			my year	4
cc:			cc:		cc:	

# **NARRATIVE REPORT**

Establishment Name		lam	e Add	ess	Inspection Date
Dor	SOY	)	s BBQ Stack 87	S Baldwin St	5-2-22
Section#	C/NC	R		REMARKS	TO BE CORRECTED BY
			Note: mold 1	I've Substance Observed	
			below employe	the Substance Observed	_ =
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	TD#
LA COCINA MEXICAN RESTAULANT	( ) Establishment		ID#
Establishment address	( ) Owner	5/9/22	1673
912 N MORTON FLANKLIN, IN	Purpose:	Follow-up Release	Data
Owner	1. Routine	Tonow-up Release	19/22
ALBERTO S NERT	2. Follow-up	Summary of Violati	1/
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_	Z r
ALBERTO S MERI	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See bo	ick of page)
Certified food handler		The second second	(3)
ALBERTO S MERI		123(	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	
	Narrative	10	To Be Corrected by
346 NC & SOAP NOT PROU	Took of men	/ >	5/10/22
	5000p \$ 00	NTACT	5/10
WITH STE DU F	RONT ITO BE	<i>7</i> U	
239 NC > SISHRACKS NOT		F-200R	5/12
	inches	2 - 2 - 11 - 5	110
218 NC > 2 DOOR PEFRIGE	MCHIOR OOOR	2 gits Ket	619
WOVETO /STEFT			
295 NC & INSIDE TOP OF	to MAKER	NOT CLEAR	15-/15
425 NC & BROOMS NOT HUN	IGUP OFF FZ	COR	5/12
138 NC + EMPLOYEES IN KI	DLIENI AINT I	WARD THIS	5-/10
HAIR ROSTRAINT	SC CAPS /VISOR		- //0
(Net)		711.14	
		11. ( 1.17. 1.18	
Received by (name and title printed):	Inspected	Bob SM17	
Received by (signature):	Inspected	d by (signature):	D
.ec: cc:	сс:		
			Page 1 of



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

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

The second secon		tatio	n Kequirem	ents. The time limit for correc		pecified in the narrative portion	i of this report.		
Establishme			SINIO- L	per entre de la companya de la comp	Telephone Number	er Date of Inspection	ID#		
La	Tr	of t	toric	~	( ) Establishme	ent			
Establishme	nt addres	S			( ) Owner	5 742	7777		
201	N		mad	Isan Av	Purpose:	Follow-up Releas	se Date		
Owner				Leon Av	1. Routine	NO 6	477		
	CIV COMO SE				2. Follow-up	Summary of Violat	Summary of Violations:		
Owner addr	ess				3. Complaint	5 E B) 65-46.			
					•	.1			
D 1					4. Pre-Operation	CNC	0.0		
Person in ch	arge				5. Temporary	CNC_	R		
2 31	<del></del>				6. HACCP	(0.1	1		
Responsible	person's	emai	L		7. Other (list)	Menu Type (See l	pack of page)		
Certified foo	d bo = 11 -								
Certified for	od nandle	r				123X	45		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"				
						IS" AND IN THE NARRATIVE BELOW	AS "R"		
					Narrative		To Be Corrected by		
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	Iname and		1	TROLLIC		Jenner	Javner		
Received by	1					Inspected by (signature):	an promise		
		>	20			Du zulo	4376		
cc:				cc:		cc:			



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

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Establishme	at name	A	mad	tsan	CAFE	Telephone Numb	1	
Establishme			11110-	3010	Citte	( ) Establishm	ent 5/25/5	302 E
			An S	T For	TWXIIN, D	( ) Owner		
							Follow-up Rele	ase Date
Owner	Hard	Carr	horas	ypon /s	SCHULTZ	1. Routine	O CYT	17/20
Commence of the Commence of th	The second second second	010	700(11	16K1-13	SCIOULIZ	2. Follow-up	Summary of Viol	ations:
Owner addre	ess					3. Complaint	1	
						4. Pre-Operation	al	3
Person in ch	arge	1	n 1	HIA	Solo	5. Temporary	c_O_nc_	
				SILA	SHE	6. HACCP		1 1 1 1 1
Responsible	person's	email				7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	r						
			CHULT	2			1230	5
Control of the Contro	The second second	T-17-4-2			LIST AND NARRATI	VE COLUMNS MARKED "C"	·	
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOU	S INSPECTION	S ARE DENOTED IN T		IS" AND IN THE NARRATIVE BELOV	
Section #	C/NC	R				Narrative	2000000	To Be Corrected by
295	NC	4		13700	101	OF the m	HRORS(2)	5/29
//7:	1000	201111	NO		2AN	N 1.10 - 1 11	11100	6/2
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

		tatio	on Requirements. The time limit for correct	77	_	on of this report.
Establishme			Tariffee page to the target and targue and target and target and target and target and target and t	Telephone Number	Date of Inspection	ID#
	Do		262	( ) Establishment		
Establishme	nt addres	ss		( ) Owner	5-6-77	- 7376
110	17	5	otherine ar	Purpose:	Follow-up Relea	
Owner			(-(22-	1. Routine	NM 5	1672
Charles of the second			Christing Color	2. Follow-up	Summary of Viola	
Owner addr	ess	-		3. Complaint		
				8		
Person in ch		and the same		4. Pre-Operational	C_O_NC_	0.0
reison in ch	large			5. Temporary	CNC_	R_
D "11				6. HACCP		
Responsible	person's	emai	The manufacture of the first of	7. Other (list)	Menu Type (See	back of page)
Certified for	d beadle				1 2 3	0
Cerunea 100	od nandie	Г			1233	45
• CRITICAL	ITEMS AT	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	AS "R"
Section #		THE RESERVE	1	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

Establishment name  Second Sec	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 Violatio  C	######################################
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECK!	IST AND NARRATIVE COLUMNS MARKED "C" ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	45
Section # C/NC R	Narrative		To Be Corrected by
Note: (ce freezers (3	Fridge (with eggs + mi)  eared Spills a  Paw up AsAp  build up Observed insi  and reach in Freeze	ide Chest (with p.zza)	
Received by (pame and title printed):  Received/by (signature):  cc:  cc:	Inspect cc:	sed by (name and title printed):  Sol (1)  Sed by (signature):  346-4371	Page 1 of



#### 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.

Establishmer	nt name	^	tarran tarran	Telephone Numb	er Date of	Inspection	ID#
Vii	Abru	elito		( ) Establishm	ent	1	0 0 1 0
Establishmer			Franklin &	( ) Owner	5/	25/20	2319
311	1 £. =	] efferso	not 46131	Purpose:	Follow	-up Release I	Date /
Owner				1. Routine	76	25 06/E	8/22
				2. Follow-up	Summa	ary of Violation	ns:
Owner addre	ess			3. Complaint			
				4. Pre-Operation	al		
Person in cha	arge			5. Temporary		NC 6	ъ
				6. HACCP	0	NCO	
Responsible	person's em	nail		7. Other (list)	Menu	Type (See bac	b of page)
	p caccatte ca			7. Other (tist)	Wiend	Type (See out	k of pages
Certified foo	d handler		1 servente			2 3 4	4 <b>Y</b> 5
Jose	From	neisco	(£19-5/7/26)		1	٤٥ــ	+5
• CRITICAL I	TEMS ARE	IDENTIFIED IN	THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
<ul> <li>VIOLATION(</li> </ul>	S) REPEATE	D FROM PREVIOU	US INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	S" AND IN THE NARR	ATIVE BELOW AS "	R"
Section #	C/NC I	R		Narrative		Т	o Be Corrected by
295	Ne	10e St	oop stored moved	e a bou (nin	the other eg	urpment)	05/30/22
	1 10 1	T closico			, ,	V m	1 1
431	Me	there	is a nates leat	by the mois	n dram	m	06/01/22
		back.	storage & by	the Amel p	sony smk.		
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411	Ne	No ng	ht observed insi	a up ngu	correr u	7000	06/01/22
256	Ne	ben 0	this mometer Obsi	wied at the	upright	Cooler	06/20/22
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		100	2 2000				
17.4	Me	Samit	trer bucket ,	rot labelled			05/27/22
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187	6	Chrick.	en, tofu, & Cl	ronizo abov.	e 41° Fl'	it 45°F	)
•	-	47 they	are all throw	in away	, _		
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			9				

NOTE: Make sure lisade of lee-machine is clean



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

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

Establishment name	Telephone Number	Date of Inspection	
MORNING POINTS OF FRANKLIN	( ) Establishment		ID#
Establishment address	( ) Owner	5/9/22	1211
75 S MILFORD OR FANKLINAM	Purpose:	Follow-up Releas	o Data
Owner	1. Routine	- S	119/22
FRANKLIN SONTOR COMMUNITY LLC)	2. Follow-up	Summary of Violat	
Owner address	3. Complaint	1	
	4. Pre-Operational		+
Person in charge	5. Temporary	c_ONC_L	1 p
KEM BARNETT	6. HACCP	CNO	
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
* <sub>H</sub> = 100		160 160	
Certified food handler Am Ber Spuklack Serusare 8/31/23		123	4 7 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		N THE NARRATIVE BELOW A	
746-700-12-10-10-10-10-10-10-10-10-10-10-10-10-10-	Narrative		To Be Corrected by
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FRUCET			Transport
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218 NC & GOOR GASKET WO	RN/SPLAT IN	FREEZER	119
UNAT (ACROSS FROM		)	1 23
	Water the second second		
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cc: cc:	cc:		
			Page 1 of



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

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Page 1 of

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. Stabilishment rame Telephone Number Date of Inspection ID# ) Establishment Establishment address ) Owner Purpose: Release Date 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 Inspected by (name and title printed): Received by (name and title printed) Inspected by (signature): Received by (signature): cc: cc:



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

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

Establishmen	name		and Commission of the state of the state of the	Telephone Number	Date of Inspection	ID#
NAL	INI	2	Bundt Cakes	( ) Establishment		-2
Establishmen		(		( ) Owner	53122	7373
311-	3 11	T	Santalala Rd	Purpose:	Follow-up Release I	Date
Owner		_	Carried 1-00	1. Routine	1	(0 22
Marie Tally Town			Greenwood (		Summary of Violation	WHITE SHAPE
011				2. Follow-up	Summary of Violation	15.
Owner addres	SS		,	3. Complaint		
				4. Pre-Operational	A C	
Person in char	rge		Terminal Control	5. Temporary	C_O_NC_C	R
			property of the property of the second second	6. HACCP	97	.b . l
Responsible p	erson's e	emai		7. Other (list)	Menu Type (See bac	k of page)
			at and the	Marie 1	٠,٨	
Certified food	handler				12_3	45
• CRITICAL I	TEMS AD	EID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW AS "	R"
	C/NC			Varrative		o Be Corrected by
	,					
			No lein not	el filan		Battle at 1
7			THE THE	10000	ar en reger prome o	
			The state of the s		is i militare illinois	
		-	Thank are.			
					9.	
-200	-	-	The second and the second at the second	200	e a successive service of the	
					T. C. and Sances	
,1,				16.5		A. C.
			12 000 2 5 5	M. Dec II		
						01.146
Received by (	name and	title	printed):	Inspe	cted by (name and title printed):	WAO.
Received by (	signature)			Inspe	cted by (signature):	
( ) Original			unnett	· ·	N 346 43	376
cer			cc:	ce:		



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			a requirements. The time limit for confecti			n or this report.	
Establishmen	nt name VA	/	nternational Marke	Telephone Number	Date of Inspection	ID#	
Establishme	nt addres	s //	Greenling	( ) Owner	5-17-22	2500	
1001	N	S. /	1.135 IN 46/42	Purpose:	Follow-up Releas	as Data	
Owner			Ste B7	1. Routine		-27-22	
Jus	rda	A	Dadrie	2. Follow-up	Summary of Viola	tions:	
Owner addre	ess		0	3. Complaint			
				4. Pre-Operational		, i	
Person in ch	arge		<u> </u>	5. Temporary	c 0 NC 4 R		
der	111	1	Dagne	6. HACCP		r mary to y	
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)	
					a the first transfer to	, , , ,	
Certified foo	d handler	d	by 9-01-22		123_L	45	
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEAT	CED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
146	NC		Various repack	eged meat	and	6-1-22	
,			seafood items	I lack the	)		
	12:00		name and ado	vers of bus	iness		
411	NC		Lighting above	e meat cu	the contract of the contract o	6-1-22	
2:0			is ain / low	-0 0-08/01/1 0	200111101	5-22-22	
218	NC		no paper towe	41/	e vioriala	13-22-60	
			Vay sink	- Mear Muc		-	
324	NC			nk lacks a	111	6-27-22	
221	/00		alte Marks) pm	donin) pipi	nn.	1	
			acc garage	court prop-	9	t letone and	
		14. 1	notes Eduscusses	d with Our	ner	1 220 12 18	
			providing a "	Sale Handle	ing	i lavar of	
			Statement" on	meat pr	oducts	R. L. W.	
			that are repair	ckaged in-1	rouse		
			•	U .			
				<u> </u>			
Received by	luame and	title	trinted).	Inspecte	d by (name and title printed	d):	
L	IND	H	BADUE	Ar	drew Mu	Ver, EHS	
Received by	(signature)	: \	Tie	Inspecte	d by (signature): M	liller	
cc:			cc:	cc:			



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

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

					ı	1	
Establishmen	nt name	11	leux #406	Telephone Number  ( ) Establishment	Date of Inspection	ID#	
Establishmen	nt addres	s (	of 12- Greenwood	( ) Owner	2/2/27	406	
886	) ).		1, K. 125 IN 46143	Purpose:	Follow-up Releas	12/22	
Owner	100	41	Paris SEC	1. Routine	VRS 61	1/22	
0	a	ar	lly de	2. Follow-up	Summary of Violat	ons:	
Owner addre	ess		0	3. Complaint			
				4. Pre-Operational		3	
Person in ch	arge	0-	1 Davis	5. Temporary	$c_{NC} 3_{R}$		
//	W	n	v Laurs	6. HACCP	140 . [3]	b 4. 'v	
Responsible	person's	email	/Serv Safe	7 Other (list)	Menu Type (See b	ack of page)	
Certified foo	d handle		Davis ( Exp: 11/23/	25)	123_	_45	
	U		ENTIFIED IN THE CHECKLIST AND NARRATIVE				
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A		
Section #	C/NC	R	· · · · · · · · · · · · · · · · · · ·	Narrative		To Be Corrected by	
193	C		Jime stamp for	or chicken	. 11	Corrected	
			vatter, contain	ing Buttern	in of		
			was mor prov	rala ai i	are of	L	
295	NC	1/	Contraction !	lateastona W	n donne	5/27/22	
295	700		PALLEDO CINO CO	03001	acep	12/1	
431	NC	/	Dyigall / Kickolat	e couled l	ehind	5/27/23	
131	100	1,5%	deep kryers	300			
399	NC		Minor O Sgrout	repair nee	ded	6/25/23	
			in front of	deep fryer	sand	///	
			kettle areas	1 0 0		1	
				14			
	_1		The state of the s		3		
	-						
	-						
Received by	(name and	l title j	printed): Curl Ogle	Inspecte	d by (name and title printed)	len EHS	
Received by	(signature)	):	All	Inspecte	d by (signature): Mil	les	
cc:			cc:	cc:	LOCAL STREET		



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

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

_						1/		
Establishmer			Object of the hold and the first	Telephone Number	Date of Inspection	ID#		
019	101	S	Meuro: House	(G) resublishmen				
Establishmer			<b>S</b>	( ) Owner (	) 7072	- 2317		
147	5	M	adiçon AV	Purpose:	Follow-up Release	se Date		
Owner			(rencitor)	1. Routine	ND 5	3022		
				2. Follow-up	Summary of Viola	tions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational	2.0			
Person in ch	arge			5. Temporary	C ( NC	$C \bigcirc NC \bigcirc R \bigcirc$		
r croon in cir	ange .			6. HACCP	0	<u> </u>		
Responsible	person's	email			Many Type (Caa	hach of page)		
Responsible	persons	CIIIAII		7. Other (list)	Menu Type (See	back of page)		
Certified foo	d handle				<b>-</b>			
Cerunea 100	d mandic.				123	45		
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
	1' 11	18 = 1	No items note	of todan.	The American State of the State	Person of the second		
2271-0	145 700				The second second			
			The Tring Street Co.			194		
			I have you					
A 40 P		-4-	- 1					
						n life and a		
<u> </u>						1		
		-	New York Control of the Control of t	a new reservoir				
			'					
Received by	(name and	title ]	printed):	In	spected by (name and title printe	d): Javan		
Received by	(sionature	): ^	/ //	In	spected by (signature):	Toh-		
)	evil,		moeur moeur		200 34F	4376		
cc: V			cc:	C	c:			



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

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

Establishmer				T.1.1 N. 1	ID . CI .
0	nt name	C <sub>A</sub>	Bread Balunco	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishmer		s	/)	( ) Owner	5 247 947
769	()	<	31 Greenwood	Purpose:	Follow-up Release Date
Owner				1. Routine	NO 10 4 22
				2. Follow-up	Summary of Violations:
Owner addre	ess	-		3. Complaint	
				4. Pre-Operational	
Person in cha	rce			5. Temporary	C O NC R O
r crson in ch	nge			6. HACCP	CRCR_
Responsible	nerson's	emai		7. Other (list)	Menu Type (See back of page)
responsible	Person b	CITIC		7. Other (tist)	Menti Type (see buck of page)
Certified foo	d handle	r			1 2 3 $\times$ 4 5
					12343
CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	
	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section #	C/NC	R		Narrative	To Be Corrected by
431	2	/	work on floor	cleaning in	the back
		e de	now	0	State of the state
	0			1	
415	NR		work on exter	minating su	nace frits
			In the back to		
				HE 1965-12- 400-0 1 30	
			They will		14 -
					4
					1
					A COLOR DE L'ANDRE DE
	H way	. spi	parties of the second	17	and the second s
			-		E Company
		-			
Received by	(name and	d title	/ .//	Inspecte	d by (name and title printed):
Received by	(signature	115	/ F	Inspecte	d by (signature):
	_//	//	CC:	cc:	1946 1910
cc:		L			



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

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

		tatio	n requirem	citts. The time in	mit for correction	on or each violation is s		ne namanve	portion o	tins report.
Establishment address  Establishment address						Telephone Numb		ate of Inspe	ection	ID#
1- Car	16	VY	woh	25 Pizz	26	( ) Establishm	ent			
	ic merene		_			( ) Owner	<u> </u>	54	22	227
1011 N SK135 Greenward					Purpose:	F	ollow-up	Release l	Date	
Owner						1. Routine		02	5	1422
						2. Follow-up	s	Summary of Violations:		
Owner addre	ess					3. Complaint	ı			1
					i	4. Pre-Operation	nal			
Person in cha	arge					5. Temporary		c <u></u>	NC C	R
	0					6. HACCP	1		110	
Responsible	person's	emai		DE THE	- 15/14	7. Other (list)	F	Menu Type	(See had	ck of page)
1	ı				rsg us	7. Other (iisi)	"	Mena Type	- Joee out	in of page)
Certified foo	d handle:	r		45				2 🗸	3	4 5
									_3	<del></del>
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST	AND NARRATIVE	COLUMNS MARKED "C"	1			
<ul> <li>VIOLATION(</li> </ul>	S) REPEAT	TED F	ROM PREVIOU	IS INSPECTIONS ARE		"SUMMARY OF VIOLATION	IS" AND IN TH	E NARRATIVE	-	
Section #	C/NC	R			1	Varrative			Г	o Be Corrected by
				,						
	15 111		No	1 tens	note	el today	,			1 2 19
	HVN						<u> </u>			
				1	, 3					
		·	Ina	le goz	ر ل		V-1-1-1			
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		-		C					MALE X	
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			C					The state of the s	3/4//	
							4	7		
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Received by (signature):					***	Inspected by	(signature):	Deport :	THE PARTY OF THE P	
Accepted by (sgname).							tu	34	6 4	3 70
cc:				cc:			cc:			
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

						r
Establishme			DIMERS CONTRACTOR	Telephone Numb		ID#
Tope	ens	5	Wasianachick	(Establishme	the second control of	7777
Establishme			Λ.	( ) Owner	5162	6559
(70	N	<	SR 135 (weenvar)	Purpose:	Follow-up Release	Date
Owner				1. Routine	NO 5	4-62
				2. Follow-up	Summary of Violati	ons:
Owner addr	ess			3. Complaint		
				4. Pre-Operation	a1	
Person in ch	arge	-		5. Temporary	C_O_NC_	2 0
r croon in ch	arge		a 1 - w		CNC_	
Responsible	nargon's	omoi	1	6. HACCP	M T (C-1	1-1-C+
Responsible	persons	emai		7. Other (list)	Menu Type (See b	ack of page)
Certified for	d handle			-		$\sim$
Cerunea 100	d Handie	L			123	_45
• CRITICAL	ITEMS AF	EID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	MANAGE CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PAR	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			S "R"
Section #	-	-		Varrative		To Be Corrected by
4-31		_	work on floor (	leaving:	nder all	
				Burgers	Leite has	No. of Participants
	majodi		CGS. Process	00 9 1000	14.000	Park Investigation
7.97	NI		Chean and suri	tize to	i chicken	flow
			hin			
the man	-				Her Or I Heren to the	
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			Thank you.			
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			and the first second and the second		9.40 10 150	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

			The time mint for confective		
Establishmer	to	_	A -	Telephone Number	
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	ba	-		( ) Establishme	
Establishment address				Owner	5 31 22 2115
700	1 '	5	2135 Greenson	Purpose:	Follow-up Release Date
Owner				1. Routine	69 6027
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operation:	al
Person in cha	aroe			5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$
r croon in cir	nge			6. HACCP	C
Responsible	nercon's	emai		7. Other (list)	Menu Type (See back of page)
responsible	persons	CIIIai		7. Other (usi)	Went Type (see ouch of page)
Certified foo	d handle	r			
Geranea 100	a minute				12345
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		
Section #	C/NC	R		Narrative	To Be Corrected by
431	N		Clean all late	chan flo	or areas and
			from drains	through	hout
	in-	-			
المحاد	NC		(iran all was	le areas	thoughout latcher
399	NZ		Replace Missins	baseba	sand tile
			(1)		
179	200		Claan the bir	5 has	hold dry bears
177		_	and label the	m	
0			( u an the exch	2-1-1-0	2) + ( "1)0,00
7 1	NZ		Cuan the exh	The state of	0 - 1 - 1
Care C	N		Replace all	owned:	out 1: contaulos
711			The state of the s	700	
431	WC		rea fre ceilic	a near	hand area
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			3		
			Thank your		İ
			()		
Received by	(name and	d title	printed):	tW.	Inspected by (name and title printed):
Received by	(signature	);		12	Inspected by (signature):
l '	K	her	- Judy		JW 396 43760
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