

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

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

Establishment name Telephone Number Date of In	spection ID#
9 H	
Establishment address Owner	6-22 2259
221 - 12 21 1/12/	p Release Date
	p Release Date
	11/0/22
The state of the s	of Violations:
Owner address 3. Complaint	
4. Pre-Operational	
Person in charge 5. Temporary C	$NC \subseteq R$
6. HACCP	
	ype (See back of page)
7. Other (use)	ype (see ouch of page)
Certified food handler	, , , ,
1_2	34_/_5
• 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 NARRATI	IVE BELOW AS "R"
Section # C/NC R Narrative	To Be Corrected by
324 C 2 bay waste drain closed Waster	vater 3-26-22
a de la companya del companya de la companya de la companya del companya de la co	lischarge
onto floor.	as consider
187 C Food-grade trash can (white plas	stic 3-26-22
	eepe Discarde
@ 53.6°F @ 3:21/pm, Not de	ate Storal
	hen in
made. Melted ayeso cann	1 1 0 0
he Stored in a plastic	- 1
20 gallon Container	
191 () Ready-to-eat, Dotentially hazare	1045 3-26-2
food product NOT date ma	rked
in Walk-in-Cooler	
336 C Spray hose on garden hose a-	Grixed 3-26-
to MOD SINK, MOD SINK SU	epplied.
W/ Back Siphonase device	NOT
approved for use und	er
Continuous pressure	
Received by (name and title printed): Inspected by (name and Elizabeth	d title printed): - Schulter
Received by (signature):): , 0 ,
Elitabe	eth Schultz
cc: cc:	46M
	Page 1 of

NARRATIVE REPORT

Establish	nhent N	lam	Address	Inspection Date
Za t	ton	Λυ	tura II 226 5 5 R 185 46	
Section#			REMARKS	TO BE CORRECTED BY
199	NC		Thawing Shrimp @ Room temp	4-26-22
345	NC	Ш	Back Hand Sink has Strainer Stored in Crasin	4-26-22
000	110		Stored in Casin	
239	NC		Ice Scoop Stored on top of ice	Correct
	ļ	Н	Knife Stored in joint of flip-top	4-26-23
			Knife Stored in joint of flip-top	7000
295	NC		Interior plap of the ice machine	4-26-22
			Soiled	
177	NC		Food not Stored 6" of floor in	4-26-23
011	410		Walk-in Cooler & Freezer	1/ 2/ 25
216	NC	Н	Shelves lined w/ aluminum foil & Cardboard	4-26-22
		Н	Cotton towels @ bottom of	45-26-22
			Beer Cooler - They appear	19
			to have a mold-like	
			Substanc	
351	NC		Covered waste receptacle not	45-26-00
430	7.70		provided in women's restroom	
750	NC	Н	Wire shelving is pealing inside Both 2 door, reach-in . Llip-	Z
		Н	Both 2 door, reach-in, flip-	72
430			Store Room Shelves not sealed	4-26-22
430		X	Utility door is in disrepair	
310	WC		Air intake vent is dusty	•
		\square		<u> </u>
		Н		
		H		
			note: Observed a few flying	insects
			that appeared to be the	0_
-		4	Note I tollet seat not open fro	n
		$\vdash \vdash$	In Womens Notroom	
-		$\mid \rightarrow \mid$	Dich machine Sanititie	
			ZISM TO SATURE SATURED	
Received B	y (Name	& Ti	e) Insperted By (Name & Title)	Page 2_of 2
		2	2 Elizabeth Schill	age <u>Sul S</u>
State Form4	6621 (R2	/ 8-05	,	



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Establishme	nt name	n	7	Telephone Number	Date of Inspection	ID#
OMM Establishmer	ot addres	5 . 6	WWW , Lnc	() Establishment () Owner	4/7/2	2 1483
497 F	Co	11	no Rd 11/46143	Purpose:	Follow-up Rele	ease Date
Owner	(10)	0	Ste 1	1. Routine	No	4/17/22
All	an	10	navo	2. Follow-up	Summary of Viol	lations:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	0	7 1
Person in ch	arge.	1	1. 1 Ban112	5. Temporary	C_ONC_	2 R
UU.	usi	U	ch Buss	6. HACCP	75 (0)	1 1 C
Responsible	person's	email	(1/19/23	7 Other (list)	Menu Type (Se	e back of page)
Certified foo	d handle	r/	Bravo SenSate		123_	4 <u></u> 5
· CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELO	
Section #		-/		Narrative		To Be Corrected by
4//	NC	V	Overhead light	s out in	various	1 4/22/22
016	110	9 11	areas of the	form		6/22/22
218	NC		Walk- un- coot	2 Soulos	ing	0/00/20
290	NC		rusig and wa	Succes	0	1
					-	
Date of the Asset			notes: 80 gallo	n) hot w	ater	
			nealer is fruis	tha alone	1 the	
		\vdash	vollom. Please	monucu	arue	
		-	,			
					and the same of	Advantage Commence
						7 111-121
Received by	(name and	l title t	winted):	In	spected by (name and title prin	ated):0 0
Received by	rist	Hia.	Bravo		Andrew M	iller EHS
Received by	(signature)		Ins	spected by (signature):	0 10
//				/	indrew /	ulles
cei			cc:	c	c:	*
				V-200		

NARRATIVE REPORT

Establish	ment N	lam CA	e Address esters PIZZA 906 N morton st. Franklin in	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
MIM	wc	4	- BACK DOOR NOT CLOSED FLOOR (CORNEY)	110/80
216	ne	1	CARDBOARD USED TO LINE SWELL IN KIATCHER	4/3
		_	(NOT du CABE/CLOANABE)	
295	wc	E) PFZZA EXHAVST HOOD FILTERS NOT CLEAN	4/20
				7.00
)	
				3
	-			
				100
				_
Received B	(Name	& Fi	Inspected By (Name & Title) Onale General Manager Bell Sand ETS	Page <u>A</u> of <u>A</u>



460 N. MORTON ST. STE A WW 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.

Establishment name Telephone Number Date of Inspection CAESAS RIZZA LITILO) Establishment 1820 Establishment address) Owner N MOSTON ST. FRANKLIN, IN Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C O NC 16 R Person in charge 5. Temporary BILTHANG 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler AMBER WRIGHT (-SerusARE) 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 4/3/22 Towels NOT POWEDED AT NC WITH BULK food stored NOT CABELED NC NOT CLEAN, WARK-IN WOOR 2/3/ KITCHEN WALL CONTRY NOT INSTAZION OF AGENTS OF KETCHEN 399 NC COILING PAWELS NOT IN PLACE IN ARREAS OF KATCHEN NC NC some cerusny Lights ATRE OUT ON dISHWASHEDS AREA METAL STEM PRUBE THEOMORPIER PREJISPETING O-2200 NC 256 NC THERMOMEPER NOT OBSERVED DU PIZZA PROPACATION ROFCISE CATOR 38 NC ployees on KATZHEN 3 compartment STUK FREN 324 NC OBSERVED IN DAN UNDER STAK door gosket wern/spat FREEZER NOT Received by (name and title printed): Inspected by (name and title printed): senera cc: cc:



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Establishme	nt name		OUT I PAIL TO LET I	Telephone Number	Date of Inspection	ID#
	Lusa	2	izza D. Roma	() Establishment	21.1	1050
Establishme		S		() Owner	4/7/22	1052
	12	5	N. US 31 Greenwood,	Purpose:	Follow-up Releas	e Date
Owner		-	IN	1. Routine	4/	7/22
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_DNC_	Y R
				6. HACCP		
Responsible	person's	emai	Land Committee of the C	7. Other (list)	Menu Type (See l	pack of page)
353					and the state of	71-8-7
Certified foo			4		1 2 3 1	4 5
	loh	1	sigton			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
	-	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative	7 7	To Be Corrected by
295	MC	BORT.		szeles use soi		4/7/22
295	NC	72			y sofled	5/1/22
218	NC		cooks handle is m	7	drinks	4/9/22
431	Nc			seturn 73 C	overed m	7/1/22
			dust,			1000
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			4 15		- Laboration	and the state of
			Warner Committee			
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TO MARK TO THE						
	4504					
						71
Received by	(name and	title	printed):	Inspecto	ed by (name and title printed): ,
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Received by	(signature)	: .	Prink Moors	Inspecto	ed by (signature):	1
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cc:		i	сс:	cc:	1/1	
					/	



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 1110 1063 in Jefferson St. Franklin, In Purpose: Follow-up Release Date 1. Routine CHEN Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational c = 0 NC = 3 RPerson in charge 5. Temporary TIANG ZHIHUI 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler SITANZ ZHI HUI EXP 202 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 WAZK-IN COOLER DOOR GASKET 218 THERMOMETER NOT OBSERVED 756 WALK-IN FREEZER TREMPERATURE 12 F NOT AT 0°F OR LESS 197 Received by (name and title printed): Inspected by (name and title printed): TIANG 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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Owner addre	antant address SMC	<i>f</i> n	Grill Greenwood, Valley 46143	Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operations 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas Summary of Violat	11/22 ions: 6 _R (
Certified foo	d handle	r			123	_45
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			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
402	NC		Floor soiled in Walkin	(poler, freezer	under	4/15/22
			equipment in bar as	rd on cook iin	e soiled	E
in	NO	1/	Frodstored on Floor in wall	Lincoper (6"	offfloor)	4/1/22
						1 1
187	Ky	C	Holding temps of queso	(107F) and	ground beef (120°F	Corrected
	4.					111
410	NC		Light under venthood n	lot shielded		4/6/22
174	MI		Day Claire as Contact in and	not labeled		411102
1.17	140		Dry Storage Containers	WI Tasare		7/1/22
718	NO.		Fruer haskets damag	ed		4/1/22
391	NU		no text strips proving		Late State and	1.1
	-		11 - 10 11 11 11 11 11	. 1 1 - 1	altside of	
				with handle on		
			- Dlease clean table wh		chired on	
			COOK line	VI PINALA IN I	, , , , , , , , , , , , , , , , , , , ,	
			· Die under 3 bay in har are	a needs to be se	cured and	
			nointed down 17	/		
Received by	(name and	title			Inspected by (pame and title printed	w Beh Fel
Received by	(signature)	:	wotencall		Inspected by (signature): My Hanford	paul Betor
cc:	, ~~	71	cc:	ě	/gc: // /	f

317 346 4369 Page 1 of 1 Call with any questions!



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

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Establishme	nt name	000	2011				Telephone Number	g/N	Date of Inspe	ction	ID#
Establishmen	nt addres	//(/s	WOW	Groon	MARK		() Owner	WUU	4/11/3	12	1058
2551	7.	Γ,	R 135	6reen IN 4	1113	,	Purpose:		Follow-up	Palanca T)ate /
Owner	0.	J ./	1,120	//V / G	0/7		1. Routine		No I	4/	
Pa	ul	71	/				2. Follow-up		Summary of Violations:		
Owner addre	THE PERSON NAMED IN COLUMN	v					3. Complaint				
						1	4. Pre-Operation	al			,
Person in charge					5. Temporary						
/9	ay	la	1	Mo			6. HACCP				7 -
Responsible	person's	emai	1		to the		7. Other (list)		Menu Type	(See bac	k of page)
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Certified foo	d handle	r	VA	Po					12	_3_ <i>V</i>	15
• CRITICAL	WEMS AI	RE ID	ENTIFIED IN	THE CHECKL	IST AND NAR	RRATIVE	COLUMNS MARKED "C"				
	/		•				"SUMMARY OF VIOLATION		THE NARRATIVE I	BELOW AS "	R"
Section #	C/NC	R				N	Narrative			Т	o Be Corrected by
295	NC		en	side 1	top o	7	we ma	ker	Soile	1	4/13/22
				the Manne	, ,		D 3 DO				///
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	ung de									III. A. A. I	
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Received by	(signature)	: V/	WAT	All	2			Inspected	by (signature): Narew .	mil	Mes)
cc:		W	V VIV	cc:				cc:	100000	, , , ,	



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment address Telephone Number Establishment	LStabusinn	chi Sam	tatio	in Requirements. The time mint for correction	or each violation is sp	cemed in the narrative portion	or tins report.
Establishment address Owner Durpose: Follow-up Release Date Numary of Violations: Summary of Violations: Su	Establishme	nt name	1	1's			3
Owner address Owner address Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 7. The watt Certified food handler 1. Th					() Owner	4/12/23	
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VOICATIONS, BEPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R NATTATIVE To Be Corrected by ALC & STITLE AL		0 X	. "	Emg of \$4 46181		Follow-up Releas	e Date
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Tim Watt - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by 3. 44 Hand Smk by the 1le - machine not leastly of 15/12 aloce Strible 431 Alocer by dish machine is sovied 431 Alocer by dish machine is sovied Aloce Strible Received by (name and title printed): Received by (name and title printed): Received by (figurature): And Hand Smk by the line printed): Public Signature): Inspected by (figurature): Inspected by (figurature): The Add Hand Smk by the stribute of the printed): Public Signature): The Add Hand Smk by the stribute of the printed of the public of the pu	Owner			(
Person in charge 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) 1 2 3 1 4 5 Menu Type (See back of page) 1 2 3					2. Follow-up	Summary of Violat	ions:
Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 1 2 3 4 5 Certified food handler 1 1 2 3 4 5 Certifical LITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS, 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 All Cless by dish machine is sorted Received by (name and title printed): Free Constructions: Inspected by (name and title printed): Public Gignature): Inspected by (name and title printed): Public Gignature): July Blicky Liter Common of the printed o	Owner addre	ess			3. Complaint		
Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) 1 2 3 1 4 5 Certified food handler AR IN WALT CRITICAL ITEMS ARE PROTECTED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS, REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R NAITATIVE To Be Corrected by Alch machine to classify of 15/22 All Alch Machine to Souted Deflowers & viall at back stringe raches clearing Received by (name and title printed): Received by (name and title printed): Received by (name and title printed): The Act of tignature): Inspected by (name and title printed): The Act of tignature): Inspected by (name and title printed): The Act of tignature): Jan Batter.					4. Pre-Operationa	ıl ,	1
Responsible person's email 7. Other (list) Menu Type (See back of page) 1 2 3 V 4 5 1 2 3 V 4 5 Certified food handler I'M WALT I 2 3 V 4 5	Person in ch	arge			5. Temporary	CNC	P R D
Certified food bandler Tim Watt 1 2 3 1 4 5 • 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 Natrative To Be Corrected by 3.444 Hand Smk by the lle machine not leasth of 115/22 4.31 Floor by dish machine is storted Through the printed in					6. HACCP	0.000	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS, REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by ### Hand Smk by the Ile - machine not eastly of 115/22 CUCC Service by dish machine is sovied #### Hand Smk by the Ile - machine not eastly of 115/22 ##################################	Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS, REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by 3.44 Hand Smk by the 1le - machine not leastly of 115/22 alce serble To Be Corrected by All Ploor by dish machine is sovied Below in the printed of the pr	Certified foo	d handle	r				
* VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by ### Hand Sonk by the Ile - machine not easity of 115/22 alle & Stuble ### April	Cerunea 100	d Haridie	Tin	n Watt		123_	45
Section # C/NC R Natrative To Be Corrected by 344 Hand Smk by the ple-machine not easily of 15/22 431 Floor by dish machine is sovied Difference with the printed strange release clearing. Received by (name and title printed): The better. Inspected by (signature): July Better.	• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
Hand Sonk by the ile-machine not easily of 15/22 431 Floor by dish machine is sovied Floors & wall at back strage reles cleaning. Received by (name and tith printed): Falle Blike Litts Received by (signature): Falle Blike Litts Inspected by (signature): Jak Better.			_			" AND IN THE NARRATIVE BELOW A	
Received by (name and title printed): The World Received by (signature):	Section #	C/NC	R		Narrative		To Be Corrected by
Received by (name and title printed): The World Received by (signature):	9.11.11			Hand & M. h. Has	10 - mainta	in and pard	- ALE 100
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name MI ABULLITO # 3 Establishment address 2797 N MORTON ST. GANKIN, IN Owner Owner Owner address Person in charge BULHERO GARGA CORNA 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 Summary of Violation C NC Menu Type (See ba	Date 8 27- ons:
Certified food handler BULANAGO GACTA CERVA EXA CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI		123(5
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		THE NARRATIVE BELOW AS	"R"
	Narrative		To Be Corrected by
199 WC (3) FROZEN RAW CHTC)		O TUB	H812
392 NC 2 OUTSEDE DUMPSTER	2Id NOT CLOSS)	419
Received by (name and title printed):		by (name and title printed):	REPAIR/
Received by (signature): A Bulmara B Garcia C	B	by (signature):	EXIS
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer			in Acquirements. The time man for conte	<u></u>	•		
Establishme		27 /	0.01=1	Telephone Number () Establishment	Date of Inspection	ID#	
Establishmer	nt addres	. 11.	5. Curl Greenwood In) Establishment	4/6/22	223	
1			2 posturas s	Owner Owner			
Owner	27 5	. / 17	heridian 31.	Purpose: 1. Routine	Follow-up Releas	e Date	
Owner							
0 11				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational	4. Pre-Operational		
Person in ch	arge			5. Temporary	C _ O _ NC_		
				6. HACCP	Hard Control		
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)	
0 10 10					septor (2) a part		
Certified foo			my 17, 1/er 2023		12_ _3	45	
• CRITICAL I			PENTIFIED IN THE CHECKLIST AND NARRATI	INE COLUMNS MARKED IICII			
III SA DECIMA DE			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	AS "R"	
Section #				Narrative		To Be Corrected by	
						,	
	295	* 7	can opened & are	soiled.		4/6/22	
100			The specific services		100 100	1,4,20	
					7,7,-3	100	
			* provide	wholerine test p	apers-	-	
			. ,				
						-	
			Great	306!			
			3,7,44	300 1			
Received by	(name and EMI	title f	brinted): Coman Manager	Inspecto	ed by (name and title printed)		
Received by		-	100-100	Inspect	eed by (signature):	/	
X	401	11	honge	1 ,	Tony & Bus	lse	
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Establishmen	nt name	/	22	Telephone Numb	oer	Date of Inspection	ID#
	here		s BP	() Establishm	nent	4-20-22	
Establishmer	nt address	3		() Owner		20	1
				Purpose:		Follow-up Release I	Date
Owner				1. Routine		Yes 4-	30-22
Nea	ther	·U		2. Follow-up		Summary of Violation	
Owner addre	ess	1		3. Complaint			
				4. Pre-Operation	nal	2	
Person in ch		٠.	pare all and an age of	5. Temporary		c_0_Nc_3	
Mrs.	Nei	at	hery	6. HACCP		1,811	
Responsible	person's e	emai	I de de la companya d	7. Other (list)		Menu Type (See bac	ck of page)
			Jan 1 nov sa	ares)		97.90 2014	
Certified foo	d handler					123	4 <u>0</u> 5
• CRITICAL	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	"		
• VIOLATION	S) REPEAT	ED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		NS" AND IN T	THE NARRATIVE BELOW AS "	R"
Section #		R		Narrative		Т	o Be Corrected by
410	NC		Light Shields in	disrepair	in h	of holding	4-20-22
	1 100	H ⁻	displan case.			J	
295	NC	7	Pepsi interior ice		Soile	d	4-21-22
431	Nc		Restroom Ceiling Ve	nto spiled		The second second	4-25-22
2			Hood vents Soiled				
	<u> </u>			oda mach			
-			disrepair maki	1 .	3 72	ot lasy	
	\vdash		Floor sinks are		1 . 1 . 1	, (- 0
			Floor under sod	1	Wal	K-in- is B	orlas
11-7-	Ato		Wood block (porou	/	hold	up Shelf	1/ -20-22
475	ALC		Mops not hung a			,	4-20-22
394	NE	411	Dumpsker Contain	s trask y	iet	is not	4-20-22
			'closed.	-			
							1
Received by	(name and	title j	printed):		Inspected	by (name and title printed):	Security 1
PHEON	her	H	OSKING		Colir	mbeth Su	oh, ltr
Received by	(signature)	: ,			Inspected	by (signature):	0
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Establishme	ent name	and polymer the contract of the	Telephone Number	Date of Inspection	ID#
NIPLLI	A /	umo Japanese Restaurant		11110	1001
Ėstablishme			() Owner	4/7/22	1861
1051	611	efferson St. 46131	Purpose:	Follow-up Release	Date
Owner			1. Routine	NO 1411	7/27
			2. Follow-up	Summary of Violati	ons:
Owner addr	ess		3. Complaint	State of the state	(2000-000-000)
			4. Pre-Operational		
Person jn ch	arce		4	C NC /() n
YT	1 /		5. Temporary	CNC_/	<u></u>
Responsible	person's e	mail	6. HACCP	Maria Tana (Saa h	h of n and
Кезронаюс	person's c	man	7. Other (list)	Menu Type (See bo	ack of pagej
Certified foo	od handler	CXP-			. X
11	1-1	(7130124)		123	_4_/\5
• CRITICAL	ITEMS ARI	E IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
• VIOLATION	(S) REPEAT	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS	S "R"
Section #	C/NC	R	Narrative		To Be Corrected by
13/10431	NC	Men's restroom ver	its soiled.		4/11/22
295	NC	Hood exhaust filters	Soiled.	No. of the Control of	4/14/22
411	NC	light out in hood.			411114
430	NC	floor tile by Walk-1	in cooler horr	1/damaged	5/2/22
430		Coving by Dack door	- in Kitchen M	USSIN TWOM	3/4/67
745	NC	Inside ICE MOCHINE S	soiled.	J	6/14/6
-295	NC	Inside reach in cooler	across from 0	tell and	414122
1,71	. 12	deep tryer soiled.	-1 21102		111111177
451	NC	floor wider equipmen	0		411416
218	NC	Te build how how	KIN Freezer	200 01222/00	3/2/6
	NC	1200 DE OLIONE	of stored 6"	, , , , , , ,	rected at time of
	1	Food items not Stor	ed 6, Off floor	C IN Malk-in	4/11/16
7711	200	Verzer Famantia	7 hos Cunt		E17 177
324	NC	Leak in FACCETION	3 bay Sint		5/6/6
	1	1	2.22.1		//
		Note: Floor grease to	TUP IS CHECKED	4 C/800	
	1 1	NOte: Observed a f	Plat Flies	o Citori	
	1	TO STOR CITY OF THE	TW INC		
Received by	(name and	title printed):	Inspecte Bab S	ed by (namefand title printed)	Hall
Received by	(signature):	Fi Li	Inspecte	ed by (signature):	'Hall
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer			1001 (6) 31 112	Telephone Number	Date of Inspection ID#		
New	ske		talan	() Establishment			
Establishmer		S	0	() Owner	414727105		
1270	3 1	5	Enerson Ar	Purpose:	Follow-up Release Date		
Owner			Greenwel	1. Routine	428 42422		
			E / CENCONES	2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge			5. Temporary	$C \setminus NC \setminus R \cap R$		
	8-		7 2 2	6. HACCP	CNCN		
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)		
l and a second	Perconc		- 1	7. Other (tist)	Menu Type (See Ouck of page)		
Certified foo	d handle	r			1 2 3 4 5		
					123		
• CRITICAL I	ITEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE				
Section #	Section # C/NC R Narrative To Be Corrected						
117	no	-	Replace burned.	out lightly	its in the		
			hood in buse	O			
00	-						
291	NL		broade chiserne	fest strip	x to teat the		
		_ (sishmachine	- rach s	wit		
794	6		Renair dishmar	him to su	1 - 70 1 - 1		
			and ashmay	hone TO Su	intre with		
			Da Out to War	of reparter	N Oce 3 ha		
			- Lect + uon Sh	· Ct Thank			
	7			~	and the matter of the control of		
324	NO		Rescuir the dra	win on the	handside		
	ari mi		tem - mist	work with	hot and		
			coid running u	rater			
			0				
			I hank you.		Note ecolas		
			0		(an the way		
Received by	(name and	title	trinted).	Inchected	d by (name and title printed):		
received by	(nume and	une f	<i>primus</i> .	Inspected	- () () A Co. Co.		
Received by	(sionature)	: 0		Inspected	d by (signature):		
				This pector	21 346 4376		
cc:			cc:	cc:	5 /-18 1 . 4		
				1.555	1		



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

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

Establishme	nt name	0	0 0 0	Telephone Number	Date of Inspection ID#			
Establishme	Cer) -	surel Brewing	() Establishment	1. = 2-1.70			
Listablishine	iit addites	0		() Owner	42622 619			
50 1	1 P	4	Sport May	Purpose:	Follow-up Release Date			
Owner			(Wednowl	1. Routine	NO 5 6 22			
				2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint				
				4. Pre-Operational	~ 5			
Person in ch	arge			5. Temporary	$C \longrightarrow NC \longrightarrow R \longrightarrow$	$C \longrightarrow NC \longrightarrow R \longrightarrow$		
				6. HACCP	10 mm			
Responsible	person's	email	92 1 44 27 34 37	7. Other (list)	Menu Type (See back of page)			
Certified food handler				Parties and the second second	12345			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		The state of			
	_		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	The state of the s				
Section #	C/NC	R		Varrative	To Be Corrected	оу		
431	R	0.43	Clean the reili	of and to	in inside			
	G-Str	2771	wallin conter	O		-		
718	0		0 1000 000	1 2000	2 22 22 2	_		
C18			Preplace damage) d acre >	las on valen			
431	R	-	Work on wall	Jeer 100	and vent clean-	2		
		\vdash	in latering					
		\vdash						
			Thank you!					
					2 2 2 2			
				**************************************	2000 200			
						_		
Received by	(1 4:41-		Inches	ted by (name and title printed):	_		
Received by	(name and	-	Ates MANAGE	nispec				
Received by	(signature)	- Constitution	THE TWONGE	Inspec	ted by (signature):	_		
/S	Max I	1			W 346 4376			
cc:			cc:	ce:				



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

			1	addit of cacif violation is specified			
Establishme			1000 × 100 - 100	Telephone Number	Date of Inspection	ID#	
Ow	7	6	ble	() Establishment			
Establishment address				() Owner	4 202	22501	
568	30	9	SR 135 Barava,	Furpose:	Follow-up Releas	se Date	
Owner			0	1. Routine	NO 4	30 22	
				2. Follow-up	Summary of Violations:		
Owner addre	ess	-		3. Complaint			
				4. Pre-Operational	=		
Person in ch	0.00				$C \bigcirc NC \bigcirc R$		
i erson in ch	arge			5. Temporary	CR		
D:1.1.			1	6. HACCP 7. Other (list)	7.5 M (C	M. T. (See heek of tree)	
Responsible	person's	emai	Image established		Menu Type (See back of page)		
Certified foo	J bandla				1, 3	\	
Cerunea 100	d nandie	Ι			13	45	
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
	CDE I	THE S	No items no.	ted todas.		7 10 1	
		1007-44					
			Thank con-			ŧ	
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	44		and the second state of the second				
			to the first the second				
	4	. Yillis	control of the second of the s			Lac de-	
				<u> </u>			
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Dagaired by	(11 2 111 2 2 11 2	l siste	toriutad).	Inspecte	d by (name and title printed	<i>I</i>).	
Received by	(name and	utie j	printed): Se Miller	Inspecte			
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Received by (signature):				mspecte	$\lambda \left(\begin{array}{c} 2 \\ 1 \end{array} \right)$	7771	
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0.			55.				