

460 N. MORTON ST. STE A V

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

Establishment name						Telephone Numb	er	Date of Inspe	ection	ID#	
as	nil	U	0 /			(8/2) B. S. str.	1944	3/3/1	22	2497	7
Establishme	ent addres	SS	b C), Gre	enwood	() Owner	,	0,51	dd	2///	
007	90	14	Lek Ke	dIN	46145	Purpose:			Release I		
Owner 21		1	6	2 11	1	1 Routine		yes	4/	10/22	
1	nar	d	0 2	Stra	da	2. Follow-up		Summary of	f Violation	is:	
Owner addr	ress					3. Complaint		J			
						4. Pre-Operation	ıal	1	1	1 -	
Person in ch	narge		12 (7.4	1	5. Temporary		c_4	NC	$I_{\rm R}$ 5	
Lle	M	M	0 2	Stral	da	6. HACCP			- 1		-63
Responsible person's email						7. Other (list)		Menu Type (See back of page)			
0								a significant			
Certified for	od handle	de	Esi	trade	C			12	_34	45	
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN	N THE CHECKLI	ST AND NARRATIV	E COLUMNS MARKED "C"					
 VIOLATION 	I(S) REPEA	TED I	ROM PREVIOU	JS INSPECTIONS A		E "SUMMARY OF VIOLATION	IS" AND IN T	HE NARRATIVE		I A COLUMN TO THE OWNER OF THE OWNER OWNER OF THE OWNER	
Section #	C/NC	R		P		Narrative			Т	o Be Corrected	<u> </u>
188	C	V	Dyll	so in	1 war	ner tall	U N	nease	med	Correcte	ed
			72°F		- + 11	h	M 0 10	0 . 0 1			
		(2) (1)	100 U	V table	100 TO	jarin	ner			_
201	150	1	you	1 1 1 M	indule.	2 89°F	000	111 10	1)	3/31/aa	
291	NC	V	2000	nege	LAT TO	At But	Pu	race		Today	
- Paragraphic Co	-	-	San	111000	ac ce	st kil	100			Today:	_
295	NC	1/	ion	Ado	TOD D	of lee n	nake	21/		4/1/22	
5/5	700		SOL	led	Stop 0	D	- Conce			1/10/10	
324	NC	/	Sm	au M	male	attacher	de	hos	0)	4/5/22	
			Was	I see	insped	into a	wat	ter l	ine)	1	
			und	er z	three	bay sin	e,	100	- Store of	1	
303	C		m	echan	ucal a	ish may	chin	e wa	2	3/3//23)
			MOT	tsan	itizing	dishes	in	medy	toly	1	
2:10	0	-	afte	or cle	aneng	2.04	A 4 0		1	1	
344	0		Cat	arry	board	ana phi		vere	4	Correct	q
<u> </u>		-	Stor	la 1	n the	bar a	Pla	hance			
174	NC	1	Rist	D IN	andult	to mid	labe	led 1	10	3/3//2	2
Received by		ditte	printed):	7/1/	The state of	1100	VVV C	by (name and tit	THE RESERVE TO THE PERSON NAMED IN	3/3/10	_
	1			The state of the s	U	*: No.	An	Wiew.	V V I ~/I	les	
Received by	(signature):	-					by (signature):	m'	00	
		0	/				an	drew	Mel	ller	
cc:				cc:			cc:				
(ľ			1				

NARRATIVE REPORT

Greenwood

Establish	1	lame	2 Address 2245 Sheek Rd 46143	Inspection Date 3/3//22
Section#	C/NC	R	REMARKS	TÓ BE CORRECTED BY
295	NC		Containers in Retchen Compressor units are soiled for cook line mes table Vand Berg live sleder door	4/5/22
431	NC		Filor soiled inside walk-in-	3/31/22
430	NC	(2	(covering electrical outlet)	4/5/22
295	NC	(4	from wall in dish area (i) Clean silverware was found soiled (ii) "Itones" were found soiled.	Corrected
218 295	NC		soda dispensing parts soiled at server area & near ketchen	
439	C		Plastic spray bottle of Sanitizer and a wood cleaning Chemical were stored above ice	Corrected
417	NC		Employee jackets were stored, on shelving with and for below open continuers of bulk ingredients	Corrected
Received E	Ry (Name	a & Ti	tle) Inspected By (Name & Title)	7
Noodived L	(I vaile		andrew Miller, EHS	Page of



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

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

Establishment name CANDOWS Surfa Canz Establishment address ZOUS 31 Whiteland Owner Owner Owner address Person in charge 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)	Date of Inspection ID# 3 3 7 2 S Follow-up Release Date 3 17 3 2 2 7 Summary of Violations: CNCR Menu Type (See back of page)		
Certified food handler		12_345		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS "R"		
Section # C/NC R	Narrative	To Be Corrected by		
218 M Pet wheas on wood blocks of the chicken	black rose	sher - no		
mak yell	moter for			
Received by (name and title printed); Received by (signature): cc: cc:	26	ed by (name and title printed): ed by (signature):		
cc: cc:	l cc:			



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

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

			1				
	up 2		neral	Store # 4022	Telephone Number (317) 1898+2393	Date of Inspection	1D# 2523
Establishmen	nf address		175	Tratalgar, IN 46181	() Owner	/ / -	
2/4 Owner	IN		135	46/8/	Purpose: 1. Routine		31/22
10	2002	M	e		2. Follow-up	Summary of Violati	ions:
Owner addre	ess				3. Complaint		
					4. Pre-Operational		
Person in ch	arge	,	1	0	5. Temporary	C_D_NC_	2 R O
Cim	del	1	otochu	M-Engel	6. HACCP		
Responsible	, -,	110	<u>a Cru</u>	Can Cafe	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handler HIU	c	Pany	uson (Exp: 3/18/25)		123/	<u></u>
10	UU-V	E IDI	ENTIFIED IN	N THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	1	
1				US INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R			Narrative		To Be Corrected by
382	NC		ENV.	tonimo trash	dumpster s	tone	5/21/22
	1-	1	in	grass not	on pavene	int or	///
- I		10.38	con	chete!	/	80013	1
295	NC		Coma	lensate (i.e. 1	ce build-up)	on	3/3//22
			walk	E-In-freezer	ceiling and	floor	/ /
	-			0 0			
	-						
	-						4
	-						
		7					
							Torrier of
Received by	(name and	title t	rinted).		Inspecte	d by (name and title printed)	
L (inder	1 6	Setch	rum-Engel	An	drew Mill	ler, EHS
Received by	(signature)		Vota	hum- Encel	Inspected	aby (signature):	iller
cc:	/	1	1	cc:	cc:	alian telebranean anno anno anno anno anno anno anno	
	U						



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

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

Establishme	nt name		- 1	- (21	Telephone Numb	ber	Date of Inspection	ID#	
Cha	rlei	N	Phe	elly V	teaks	() Establishm	nent	3/8/22	1002	
Establishme	nt addre	A.	THE RESIDENCE OF SHARPS AND ADDRESS OF THE PERSON.	reenwo	100, IN	() Owner		0/0/00	1100	
1257	US	31	_	46142	<u>'</u>	Purpose:		Follow-up Release	Date /	
Owner		/	7 .			1 Routine		// -	10/22	
1700	let	(nino			2. Follow-up		Summary of Violatio		
Owner addre	ess			-		3. Complaint		-		
						4. Pre-Operation	nal			
Person in ch	arge		1			5. Temporary	-	C = 0 $NC = 4$ R		
Tel	Per	1	nono	_		6. HACCP				
Responsible	person's	emai	1			7. Other (list)		Menu Type (See ba	ick of page)	
				06/				a data	/	
Certified foo	d handle	er/		NRF	SP,			1 2 3 V	4 5	
1lell	y	1	uno	EXP.	8/23/22/					
1	1/			(E COLUMNS MARKED "C				
		_	ROM PREVIOU	S INSPECTIONS		E "SUMMARY OF VIOLATION	NS" AND IN T			
Section #		R	1)=		1 + 10	Narrative	A . 10 A	D. 1001	To Be Corrected by	
218	NC		000	or ga	spect sys	et on	sings	1) auo	3/28/22	
295	NC	2/4	T. On	(11/10)	Lave 1	m) M do	220	0,100)	3/20/22	
1.10	NC		CADU	not.	harsha	Jon to like	1) 1	20 MOOTS	0/20/0-	
			(P) F	(5)	The same		-		3/10/22	
			(2) On	side	top of	ice m	aker	W.	1	
			Soile	d	7 0				, 1,	
411	NC		ONE	rhead	- bulbs	out also	ve 3	bay.	3/13/22	
1101		_	Sin	K	0000	-) 1)		1	1,4	
431	NC	-	wo	UR-1	n-0000	v fan	gua	rds	3/13/22	
	-		are	Acile	'd		/			
		1	971	to	Dan d	100 110 1		10.		
	-	1	ma	use .	Caught	in tindo	went	inder		
			met	Al to	Irle 11	mina. 10-	ac	Ances		
			Con	tainer	D. Mean		Ofre	LEND.		
							00			
		<u>L</u>								
Received by		-			(Inspected	by (name and title printed):	- FUC	
Received by	(view atum	10	1000	SUN	(0)	uner)	Tradacted.	THEOR PULLER	12118	
Received by	(signature):	AA.	_			Mspected	by (signature):	11.)	
cc:			110	cc:			cc:	iau mull	PO	



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

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

Establishme	ent name	the region of the regions	Telephone Number	Date of Inspection	ID#		
The	Chee	secake factory	() Establishment	3/22/22	1201		
Establishme			oct) Owner	3/22/22	1271		
1251	US H	Johnan 3/N IN 46142	Purpose:	Follow-up Release	e Date /		
Owner	1	The state of the s	Routine	No 1	11/22		
	(mn	orate	2. Follow-up	Summary of Violations:			
Owner addı	ress	o acco	3. Complaint				
			4. Pre-Operational				
Person in cl	harge		5. Temporary	$C \longrightarrow NC \nearrow R$			
R:	00	Maothner	6. HACCP	10_1	CR		
Responsible	e person's ema	il (7. Other (list)	Menu Type (See b	ack of page)		
	1		The Galler (1999)	Menu Type (see buck of page)			
Certified for	od handler	-2 .1	Martin Ma	1 2 3	4 1 5		
Bu	00 4	Naethner					
• CRITICAL	ITEMS ARE I	DENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"				
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW A			
-	C/NC R	D to do	Narrative	,	To Be Corrected by		
218	NC	Jasia Cooker	baskers were	1 min	4/4/22		
7000	5455	amagea at t	ne pasta coc	reng	///		
431	ALC	Station Model	inal disease. Vi	101.01	4/1/22		
72/	NC	molder and led	re walls u	rere	7/1/29		
H30	NC	East / interior	wall of th	10)	9/1/22		
120	700	Production 2009 Est	- Dealing with	ito mint	11/1		
218	NC	mechanical de	who unit ass	ears to	4/10/22		
- 1		be leaking			///		
324	NC	Three pay se	nk in dish	area	4/10/22		
1		and bar sin	ks contain	water	1/1/		
00.0		blaks			1		
295	NC	Previously cle	an aishes f	or	Corrected		
		Rigs fruits so	imples for	soups	Marcon 1		
		ana o sauces	were soi	lea.	-		
		an me sow	a wea				
	+	_					
Received by	(name and title		Inspected	d by (name and title printed)			
Bu	u MA	ETHNER	An	trew Mil	ler, EH8		
Received by	(signature):	A.	Inspected	d by (signature):	Ma. 1		
150	U Mu	July 1	Une	view //h	uller		
cc:		cc:	cc:		4		
1							



460 N. MORTON ST. STE A

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

Establishmer Establishmer 55 Owner Owner addre	Mart address Mark	r II	Ison	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 3 3 2 974 Follow-up Release Date			
Certified foo	d handle	r			123	_45		
		TED F	ENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NARRATIVE BELOW A	s "R" To Be Corrected by		
218	NC	F2.c	Door gaskets need replace drive thrustrea Floor in Walk in freez	edat front coolex in (work order in) er soiled	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	4/7/22		
324	NC			used for more the Korder in) Shelving with loose		4/1122		
431	NC		Floordrains under 3k NOTE: If rapid chill be sure to have lio	pay sink + prepsir is in use (walkir is off until it rec	nk soited naoler) nches 41°F	4/7/27		
Received by Received by	ielis	50	i v	Inspected	by (name and title printed) by (signature): Manford / Color of the printed) the blankord / Color of the printed	assi Hall I Good Ha		



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

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

Establishmen	t name		1 /	Telephone Number	Date of Inspection	104	
Cico		7		() Establishment	Date of Hispection	ID#	
Establishmen	t addres	s		() Owner	3477	1182	
1187	5 6	=	mayo st	Purpose:	Follow-up Releas		
Owner			Main St Everyous	1. Routine	Na 3	14 77	
-			Ch man bed	2. Follow-up	Summary of Violat		
Owner addres	SS			3. Complaint	The second secon		
				4. Pre-Operational			
Person in cha	rge			5. Temporary	C_O_NC_		
	0			6. HACCP	01		
Responsible p	erson's	emai		7. Other (list)	Menu Type (See l	Menu Type (See back of page)	
				(,	× (366 6		
Certified food	l handle:	r	× *		123	_45	
CRITICAL IT	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
				1 - 2 1 1			
			No items no	ted today	71		
			Thank and				
						1	
						1	
					Hall the second second		
Daging 11 /		1 4141	Animed).	ĪT.	ed by (name and title toil to).	
Received by (Stephan Marril)e	ed by (name and title printed	Janel	
Received by (signature)	:	Stephan P. Mouil	Inspect	ed by (signature):	4376	
cc:			cc:	cc:			
L						Page 1 of	



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

Office 317-346-4365 Fax 317-736-526

E . 11: 1		-		77.1.1.37	E CY			
Establishme			116	Telephone Number	Date of Inspection	ID#		
CVVI	0 100	na	en LLC	(317) 985:8926	3/31/202	1 12 90		
Establishme	nt addres	s		() Owner	10/31/00	1201		
2170	55	12	135 Greenwood	Purpose:	Follow-up Release	e Date		
Owner				1. Routine	MPC 41	16/27		
				2. Follow-up	Summary of Violati			
Owner addr	000			-1				
Owner addr	ess			3. Complaint				
				4. Pre-Operational	1	7 11		
Person in charge				5. Temporary	CNC	R		
				6. HACCP				
Responsible	person's	emai	Committee of the second	7. Other (list)	Menu Type (See b	ack of page)		
					The state of the state of	1		
Certified foo	od handle	r			1 2 2	1 1/6		
					13	_45		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	THE RESERVE THE PROPERTY OF THE PARTY OF THE			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	s "R"		
Section #	C/NC	R	/	Narrative		To Be Corrected by		
310	NO	1/	VENTE Soiled under h	and ton hood		4/15/22		
	10		VVIVIS TITLE VIII LEWI 10			111111111111111111111111111111111111111		
2015	177:	1116	Cooling unit spiled >1	doors chelves bas	e needs cleaned	4/5/22		
256	NIC	,	no the manater found	a cooling unit	- Halla Cherry	4/11/22		
The state of	100		no themometer for wid	IK in freter		41/122		
324	NC	/	lear under 3 hay cir	ok Obsensed		4/15/22		
1	10	_	Teach direct sound sir	VI UDUITUR		11012		
402	NZ		Drain under Ctore Soile	d tarease build	upon Floor	ACAP!		
100	,		Floorspiled in Walk in	1 1	age of the face			
246	NC			ployee while h	andling	3/21/22-		
	100		cooled poddes	Tropic Volta	o di divirigi	131/22		
			, word hours			1		
2117	NIC	1/	NO MARKTONALCO hand	CINK		3121122		
344	~		hand sink blocked	511 VR		3/3/122		
777	-		HANDSHIK PROPER			2/2/102		
177	NC		food/liquidiontainers o	eed stored 6" Of	+1100r	4/5/22		
1.	100		- Rodin Walkin +	rezer on floor	111001	1/1/4		
			1 Death Workers	West Ort 1100				
174	NZ	V	Wo date many observed i	n WAIK in context	Greger (bulk a)	tainers)		
Received by	(name and	l title		Inspe	cted by (name and title printed)			
			241			ssi Hall		
Received by	(signature):	11		cted by (signature):	10		
\/ /	20			1/ /	wie Blanford	Make also		
cc:			cc:	V 9C:	The same of the same of			
			1	1/	/ /			



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

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

Establishmer Establishmer 435 Owner Owner addre Responsible	nt addres Cho Cho ess arge person's) emai	Stian Blud Franklin, 46131 Trueblood (SenSate)	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 3/22/22 850 Follow-up Release Date 4/0/22 Summary of Violations: C NC 5 R Menu Type (See back of page)
Certified foo	yer	1	risher \ 11/7/24		12345
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		NATUR NADDATIVE BELOW AS I'D!
Section #	C/NC	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative	To Be Corrected by
431	NC	1/	Went and louth	Denn 141400	1 3/24/22
430 385 411 399	NC NC NC		Junctures soiled Istock room. I floor soiled aish unit floor O kitchen leabin I back storage holes with ly (in area with Lumpster lid Interior bul three door free Floor around	apound me drain ets are da room ceiling posed insule bananas), open be out for yer and ceiling	chanical maged/worn) 5/21/2 ntien lictory (#5) back g light out in stock al dush
Received by	Sie	I	Motes: Refugeration Nack order printed): Trueblood RN/Sh CC:	Inspects	ed by (name and title printed): Arw Muly EH8 ed by (signature): Muly Wally



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

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

Establishm 25 Owner add Person in c Responsible	ent address S Hu ress harge person's c	Y Y Y	Nayo Mexican Grifl 31 N Breege 200 d, 1N Nendona Van Meter Sen Jafe 128/23)	Telephone Number 317) 893 bishocht Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 3/22/22 Follow-up Release Summary of Violation CNC Menu Type (See both 123_	//22 ons:
• CRITICAL	Mary Strategy and Company of the Com	_	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
New York of All San Carrotter of			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW AS	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC		Front area /se	reice) Ceilin	9.	4/11/22
		GØ	wents, sign, an	a rope light	ling	///
210	110		questy/soiled	I day a series of the	Pagas	1/00/
218	NC	_	Low psets to	y damaged on	funt	4/22/22
2011	NC		yea prep race	nder continu	AII)	verlage)
027	100		mening of me	o cink	our	of ace
295	NC		Sutonion of Ico	maker soiled		Corrected
291	NC		no Chorene te	it kit avai	lable	3/24/22
			for Sanitizer	4 /		11
218	NC		VEXTERIOR Spottor	n of ice ma	ker	4/4/27
			leaking continu	Dusly		Call for
			U	<i></i>		repair
	1		-			,
	-					
	-					
	-					
	+ +					
Received b	y (name and	title f	printed):	Inspecte	d by (name and title printed)	10/
	nv	Vai	1 Meter	An	New Miller	EH
Received by	y (signature)	:		Inspecte	d by (signature):	n. O
Vestin	& Var		Meter	\mathcal{U}	nam run	w
cc: -	J		cc:	cc:		



460 N. MORTON ST. STE A WWW FRANKLIN, IN 46121 ce 317-246

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.

Establishme	nt name	1	1 11/1700000	Telephone Numbe	Date of Inspection	ID#		
Lir	CIP		7 #4 100085	() Establishme	2/20/10	1/000		
Establishme	nt addres	S	Franklin	() Owner	15150120	. 009		
349	NN	10	cton, 410131	Purpose:	Follow-up Releas	se Date		
Owner				1. Routine	YES 354	19172		
				2. Follow-up	Summary of Viola	tions:		
Owner addr	ess			3. Complaint		1 3		
				4. Pre-Operationa	al ,	1		
Person in ch	arge	Δ		5. Temporary	CNC	CNCR		
XLOID	ten		N () > DN	6. HACCP	1, 191 14			
Responsible	person's	emai	range to the second allowers	7. Other (list)	Menu Type (See	back of page)		
					e a prime	-Ste		
Certified for	od handle	r	Jilson (85/122/25		123	45		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	The second secon			
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS	" AND IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
346	NC		Observed no hand	Spap at the	hand Sink	3-30-22		
347	NC		Observed no paper	- towers cut	the hand Sink	3-30-77		
431	NC		Hoor Under Shelling	in drink Wo	UK-In Cooler	34-6-22		
1101			Soiled		5/1.1	(1 / 27		
431	100		Floor In DIA CON MORE	h Storage 10	on soiled	4-6-22		
414	NC		11 10 11 000cs (N.C. 010	CO 1 1100	vendents pest			
			not protected from	den licht	rodents / pest			
			5 Observed i	No blue bire	(old carwash)	1 1		
177	NC		Single Use Hems not	Stored G" Of	f floor in old			
			CONTINGEN STOVER FOR					
177			Shelving in walk in	cooler apper	my notle" off			
	100		£1000	- A		and the state of t		
297	NC		Floring Corporation of I		e machine &	4-1-22		
7711	11 1 6	_	nozzles (inside) Soil		ica al			
324	NC		Hoilet Seat in restroom	Total Control of the	Krin Cociler			
			Note: One light out	111 011101	DER NEED			
			Clean.	is write the or	NIV LITED			
Received by	(name and	l title	printed):		Inspected by (name and title printed	<i>t)</i> :		
X)	P55	C	2 NUarsney		1351 1	P.		
Received by	(signature	1:-	ill CTTH of		Inspected by (signature);	i peri		
XYX	010	W(e on a full		(a DD' VTH			
cc:			cc:		cc:			

317-346-4371

NARRATIVE REPORT

Establishr	nent N	lam		Inspection Date
Circle K #470085			#470085 349 N Morton, 46131	3/30/22
Section#	C/NC		REMARKS	TO BE CORRECTED BY
			Note: cove bose in restroom not	
			attached to wall	
			Note: restroom vent needs Clean	
			Note: ice shoot on sook machines	
			needs clean	
			Note: make sine to label all products	
			Trotte in circle (date mark)	
			Thomas Addis	
			1 Moreil 1	
2				
Received By	(Name	& Ti	tle) Inspected By (Name & Title)	Page <u>1</u> of <u>1</u>



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

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

Establishmen		. 1		Telephone Numb	er Date of Inspection	ID#		
			ouse fille	() Establishm	ent 5/11/22	2335		
Establishmen				() Owner	3/11/22	0,150		
211 4	ma	on	ROE ST. FANKIN, IN	Purpose:	Follow-up Release	Date		
Owner				1. Routine	- 3/8			
PY	PPR	5		2. Follow-up	Summary of Violati	ons:		
Owner addre	ess			3. Complaint				
				4. Pre-Operation	al	1		
Person in ch	arge /		11.3.	5. Temporary	C O NC	R		
0.00	140	91	165	6. HACCP	1			
Responsible	person's	emai	er i er glei e tara	7. Other (list)	Menu Type (See b	Menu Type (See back of page)		
				1		21 For . 1		
Certified foo	d handle	r	200000		1 2 3	<u>45</u>		
		-	PETERS)					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE					
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IS" AND IN THE NARRATIVE BELOW AS			
Section #		-		Narrative NOT STURS	2) OFF	To Be Corrected by		
177	NC (A)	BAGS OFF COFFEE		Factos	3/15/22		
7211 24. F	THE THE	2 3	IN KITCHEN	11. (01 0	41007	en regal		
190	NCI	973		AUY in PIR	STIC TUB	3/12		
1 10	1 (10)	COOLING AT ROOM	TEMPERAT		37100		
				Hall meTH		1944		
174	wc	0	BULK FOOD IN FROM	TARRACYO	quet Powder)	3 15		
/			CONTRINCE NOT L	ABPLED 1	BACK			
				CONTAINE		e la		
	WHICH BULK FOOD STORED NOT LABOLDS							
			CLABOL CONTRINER.			2 1 1 1 1		
228	NC	A			PRIGHT FREZER	4/11		
201	-60		NOT EASTLY MOVER		DIADO	3/15		
211						NOT SOON		
256	NC	×	IN FRONT Arch	2 200R 1	REACH - In	1000 Jeans		
		-	REFERENCE	a our f	enen qu	3/15		
			Tell age 211000			5		
Received by	(name and		tuales Lond Bartsta		Inspected by (name and title printed)			
Received by	IN				Inspected by (signature):	7		
A	1 Cu	4	lythes		Bil In	1		
cc:			СС:		cc:			
					_	,		



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		latio	in Kequirements. The time limit for correction			or tins report.
Establishmer			1 4 4 2 - 12 to 10 th 10 to 1	Telephone Number	Date of Inspection	ID#
	mu		to Health Rhab	5) Establishment		
Establishmer	_			() Owner	52900	2234
60	16	IVS	renuvor Somes	Purpose:	Follow-up Release	
Owner			(vaen wood	1. Routine	No	9 22
			Ch hash co soc.	2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	c	O_R
	U		- 150 b	6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See ba	ack of page)
			* j	1. 2	133 155	-) [·· 8 /
Certified foo	d handle	r			123	_45
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW AS	; "R"
Section #	C/NC	R	I	Narrative		To Be Corrected by
			(6 jüzsan 1 s	K 8 8 8	- V 1 - 45 (2. d)	1260
1 1263			No lems not	ted today		4
			At a last the second of the second)	
		_	1			
			Thank you			
			Ú.			
					4.3	7.40
	TANK MATERIAL					
				IT .	11 / Otile twinted	
Received by	(name and	l title	brinted):	Inspec	ted by (name and title printed):	1
Fatherine To Commit				Inches	eted by (signature):	Javas
Received by	(signature)):		Inspec	w 346	1370
cc:			cc:	cc:		
			I			



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

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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.

Establishme	nt name	11			Telephone Numb	er	Date of Inspection	ID#	
	15	#	(do48		() Establishm	ent	3/0/11	Olix	
Establishme	nt addres	S			() Owner		3/9/22	840	
655	5	V	551	. (Sveenwood	Purpose:		Follow-up Release Date		
Owner			,	,	1. Routine		NO 3/19/22		
					2. Follow-up		Summary of Violations:		
Owner addr	ess		LOSE II MADERALIS COMPANIA		3. Complaint			_	
					4. Pre-Operation	ıal	.5		
Person in ch	arge	-	0		5. Temporary	* ***	C O NC	R	
VDin	tho	mil	X	itter	6. HACCP				
Responsible	1	4	ones Est	time nets	7. Other (list)		Menu Type (See back of page)		
Xal	Mia	1	+14	The & Vahorita			income zype (oce em	or of P.189	
Certified foo	od handle	r			MACHINE WAS ALMERINA MACHINE TO THE OWNER OF THE OWNER OWN		1 × 2 3	4 5	
								T	
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN	N THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	•			
			ROM PREVIOU	US INSPECTIONS ARE DENOTED IN THE		NS" AND IN T			
Section #	C/NC	R			Narrative			o Be Corrected by	
3/0	NC		mon	ven's restroom	expaust +	ran '	soilld.	3-11-22	
431	0.10			1	1	1-01	A Company of the control of the cont	7 111 27	
451	NC			under Shelvin	y Units in	Day	Kroom	5-14-66	
-	-		Soiled						
295	NK		Dair	a cooler and	drink cools	~ Sh	RIVINS	3-14-7.7	
013		-	501/8	Description of the second	O'III CAUII	1 -1			
430	NC		Morry	Ceilmitiles missi	n Horangh ax	+ Sto	re Work order	IN Drugress	
414	NC		EXTE	rior abor in bo	ick room no	of Dro	Hected ?	3-16-77	
	From potential rodents								
			-0.	body light	observed 1	nder	door		
	Note: Shelvith Units in book room not								
	Sealed.								
	Note: French vanilla Cottee mate								
	creases pest buy date of 10/2/0/21. They were								
Just delivered. They pulled them from shelles									
-			CARLO	of severing trium	1 Marines				
				THOUK AM	Ġ				
Received by (name and title printed): Inspected by (name and title printed):								13.	
*			>			Coss			
Received by	(signature)):	0 1	D'+1=1		Inspected	by (signature):	ami sita	
XHI	MY	101	14	MITEV		(a)	2 OHEN		
cc:			1	cc:		cc:			

317-346-4371 Page 1 of 1



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

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

Establishmer	nt name	11		Telephone Number	Date of Inspection	ID#		
	15	#	12843	() Establishment	210111	11112		
Establishmer	nt addres	S	set Dlace de Greenwad	() Owner	5/8/27	1460		
402	M	WX	St DINCE OR G.	Purpose:	Follow-up Release Date			
Owner				1. Routine	yes 3/18/22			
				2. Follow-up	Summary of Violati	Summary of Violations:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in cha	arge			5. Temporary	C O NC	CNCR		
x Sha	1101	/-	Fillerd	6. HACCP		T I N		
★ Sha Responsible	person's	email	7100	7. Other (list)	Menu Type (See back of page)			
940 (3			12	,	1 1 1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Certified foo	d handle	r			1 2 3	_45		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			- Color		
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	MOVE AND ADDRESS OF THE PARTY O		
Section #	C/NC	R		Narrative (11.	To Be Corrected by		
151	NC		No thermometer	Obstrued for	- thl	5-10-62		
1987		7 1 201	mark-in Cooler			1000		
900	NC		Shorting Unite So	siled in Light	in emoleic	2-15-71		
(-1)	100		STEDING MITTS SC	JILO III WUIK	-111 (0)01(1) 15 (2		
414	NC		Fragger Wy Exit do	ar not prote	Cted From	3-27-72		
	40.00		potential radents	Conviliant obs	fried under			
			000	7. 1.				
218	NC	X	Many door gaskets or	e worn soiled		3-15-22		
310	NC		Exhaust form in both restrooms soiled			3-15-22		
()))	N 1 -		1 (2) (2)	1 0 - 10 -		2 10 22		
411	NC		L'ally One IN Mail-	in Cooler		3-15-22		
U31	NC		flowe + himle in h	10/1/ 10 Castly	Soiled	2-15-77		
931	IVC		in many socts	MAIR-IN COULT	30/1/0	31366		
			Place in Jup Stairs	Stock room S	soiled			
			NOTE: Frans in Link	in cooler nee	d Cleaned			
			Note: Shelving Unit	s in stock roc	om not sealed			
				istroom not full	y Sealed to 1	Jall		
Received by		d title	printed):	Inspect	ed by (name and title printed)):		
x Sha		14	Mard	L CA	od by (signatura)			
Received by	(signature)): !~ (Filler	Inspect	ed by (signature):	TO THE REAL PROPERTY.		
cc:			cc:	cc:				
				317-36	16-4371	Page 1 of		