

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

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

Establishment name  DMG PETROLOUM  Establishment address  237 w Jeffelson St. Fawleth, pr  Owner  Strugtt  Owner address  Person in charge  CHRYSTRV Ruberts				Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID#  3/25/32 2402  Follow-up Release Date  4/4/32  Summary of Violations:		
		AL	Rubects	6. HACCP	0		
Responsible				7. Other (list)	Menu Type (See l	ack of page)	
Certified foo	d handle	r		49 100	123	45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	AS "R"	
Section #				Narrative		To Be Corrected by	
324		*	RESTROOM TOTLE	T SEAT NOT O	PON	*4/3/22	
Received by Received by cc:	Chn	181	orinted):  a l Roberts  otal Roberts  cc:	6	d by (name and title printed,  by (signature):	D .	



#### 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.

Establishmen	tablishment name			Telephone Numb	er :	Date of Inspection	ID#
Doll	av (	'ne	neral #4364	( ) Establishme	ent	21011	INTO
Establishmer	nt addres			( ) Owner	- 1	7/9/17	1015
358	5	n	rodison Greenhad	Purpose:		Follow-up Release	Date
Owner				1. Routine		MO YES 3/1	91177
				2. Follow-up	1	Summary of Violation	ns:
Owner addre	ess			3. Complaint		1	
				4. Pre-Operation	a1		
Person in ch	arge			5. Temporary		C () NC	R R
V TILL	11	Li	elds ASSA. Manager	6. HACCP	ı	C	K
Responsible	person's			7. Other (list)	ŀ	Menu Type (See bac	ch of page)
	r		1	7. Other (usi)	- 1	mena Type (see out	ik of puge)
Certified foo	d handle	r			— I	1 2 × 3	4 =
						12_/\_3	45
• CRITICAL I	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	1		
_	-		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	THE CONTRACT OF THE CONTRACT O	IS" AND IN T	The state of the s	A STATE OF THE PARTY OF THE PAR
Section #	C/NC	R	I	Narrative		T	o Be Corrected by
256	NC		NO thermometers	Obstruld in	1,000	ler units	5-11-22
0151	0.01		in the tront of the S.	tore and in	1 th	back ram	9 11 77
612	NC		Door gasket worn or	resh food	(+1	(1770) + (00)+()	5-10-66
1100	111		Cooler		7		2-16277
1120	100		MOD YIOT YIONG	tun deuton	Slara	-	2-12-77
1120	MC		changed and I llow	the Light	+ 1000	Mest	5 65-66
72			10 por con	C Trac Porti	1 HOUY	1110	
431	NC		Floor is soiled throw	wholat the	Stare	4 back room	3-160-22
			5 Corner by the	2 Jaman S	ORD	Spilled	
310	NC		Exhaust for in res	troom Solls	d		3-16-22
351	NC		NO lid observed on	restroom t	rash		3-16-22
1	4.	ed.	NOTE: no Self-ally	3. Closure or	1 1991	roun door	
			NOTE: Emergency ex	it door Swee	op Star	ting to	
			get worn	10 3 100 1 1111	1,0700	0 1- 14,000-1	
-	-		A STATE OF THE PARTY OF THE PAR	ter read 141	y The	ras Turrea	
			Thank Illy	XT 5 Day			
			Mar Jano				Y .
Received by	(name and	l title	printed):		Inspected l	by (name and title printed):	
X Ji	ilie		Fields Assistant n	rangall	X ( CK	ssi Hall	166
Received by	(signature)	):	1.11	Ò		oy (signature):	- 12
XX	Mi		Jules		x (a)	SD HAN	
cc:			cc:		cc:		
							1

Please Send me the remodel Plans

317-346-4365 Page 1 of 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.

Establishmer	nt name	-		N IES I	Telephone Numb	er II	Date of Inspection	ID#
Establishmer	W (		neral #112	59	( ) Establishm		3/17/11	1076
9975	5	110	21 11	6174			11.11/1	
Owner			)), 41	0121	Purpose:	1	Follow-up Release I	Jate
Owner					1. Routine	Ļ	l ext	
					2. Follow-up	١	summary of Violation	is:
Owner addre	ess				3. Complaint	- 1		
					4. Pre-Operation	nal	0	
Person in ch	arge	7/	1		5. Temporary	CNC_	$C \cap NC $	R
XAU	wa	14	-		6. HACCP			
Responsible person's email				7. Other (list)		Menu Type (See bac	k of page)	
Certified foo	ع المحال		CENTRALISC CANODAL MANAGE ALAS CAMPAGE PROFILE	THE STATE OF THE S			V	
Ceruned 100	d nandie	:I				1	234	15
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHE	CKLIST AND NARRATIVI	E COLUMNS MARKED "C'	"		
			ROM PREVIOUS INSPECTI		E "SUMMARY OF VIOLATION	NS" AND IN TH		
Section #	C/NC	R			Narrative		T	o Be Corrected by
295	NC		fresh to	ad Stand	up cooler	in	DOCKYCOM	
			Soiled	1	0			
			bottom S	shelves in	treezer o	nd C	ooler	
			Units Dr	1 HOUR S	soiled.			
218	NIC		(D) S& 1/18	dice h	i 011 blis	NNE	5+18	
			Drumstic	k Stand	IND Freez	er		
2711	NIC		22-52 6:	0/2-2//0	1			
529	100		11106 21	MR SOME	d			
			1106° (	MONKE SU	W III ON	nme	CVC0	
			1007Co	AND SC	AC (VIII I	richs	CVA	
			1 10 to o	FAREVUEN	CW EXIT	Now	SISTERO	
			Stryting	to 98+1,	1000		may	
			The state of the s	100				
6			The state of the s					
Received by	(name and	title p				Inspected by	(name and title printed):	
Received by	(signature)		7	AND THE RESERVE OF THE PARTY OF	CONTRACTOR	Inspected by	(signature):	ni shal
X AV	mil	) (h	i			Schol	ALD COLL	
cc:			cc:			cc:		

317-346-4371

Page 1 of \_



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

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

		auto	ir Requirements. The time mint for co			or tins report.
	llar	,	General	Telephone Numb	1 /	ID# 2 /779
Establishme	nt address	5	Groenwoo	( ) Owner Purpose:	Follow-up Releas	e Date
Owner	1			1. Routine	No 4/	4/22
	Control of the last of the las	4	sorate	2. Follow-up	Summary of Violat	ions:
Owner addr	ess	/		3. Complaint	į.	
				4. Pre-Operation	nal h	7
Person in ch	narge	1	Y lime 1	5. Temporary	$C = \frac{0}{NC}$	R
Rons	00,	h	iller	6. HACCP		
Responsible				7. Other (list)	Menu Type (See l	pack of page)
0 16 16	,, ,,				path	
Certified foo	od handler	V	A		123	45
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NAR	RATIVE COLUMNS MARKED "C	"	
• VIOLATION	(S) REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
385	NC		Rumpston le	de up/ope	n.	3/25/22
295	NC		enside of n	nuk chaler	is in	13/56/22
			lack storage	room and o	quest area	1' 1'
22 :			are soiled			1/15/20
324	NC	_		en at mos	sink leaks	4/15/22
		-	and backflow		th ruse,	
399	NC		at mop sink	leaps 111	on, ou	4/25/22
3/1	NC		miles a	Discouraged, W	en of the	1/20/20
			miest postin	n) At the	ton of	
413	NC		Duter Alide	H) doors	not	4/4/22
1.0			mening/close	na on their	4 own	1
			Doors were	moted "sa	tuck open	
			during inspec	tion	/	1,
430	NC			og/pet food	area contact	N 4/25/2
			two areas of	peeling	paint and	/
-/			damaged, and	puall of	om what	
Paul	.10		appears from	being go	evously wet	1 1 - 1
<b>324</b> Received by	NC (name and	title	Othe balkroom	not worke	Inspected by (name and title printed	order 4/10
S		en		. at an an a	Marew Mille	en EHS
Received by	(signature)	//	nel 9. Suller		Inspected by (signature):	J
cc:	- /	1	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.

Establishme	nt name	and except of the control of	Telephone Number	Date of Inspection	ID#
1001	lar	General	( ) Establishment	2110111	2110
Establishme	nt address	Nineven	( ) Owner	2/6/16	6119
29	E	lake View 4/01/04	Purpose:	Follow-up Release	Date
Owner			1. Routine	110 4/8	177
			2. Follow-up	Summary of Violation	ns:
Owner addr	ress		3. Complaint		
			4. Pre-Operational		
Person in ch	arge		<b>-</b>	CNC	D
v cison in ci	large		5. Temporary	CNC	K
Responsible	person's en	nail	6. HACCP	Mana Tama (Coo la d	ah of page)
Responsible	person's en	nau -	7. Other (list)	Menu Type (See bac	ck of page)
Certified for	od handler			1 2 X 3	
				123	45
• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEATE	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS '	'R"
Section #	C/NC	R	Narrative	Т	o Be Corrected by
414	NC	Exterior door (eme	cryphcy exit) no	or protected	1-12-77
	131.	from pontential ro	derts	1	
		12 day light of	oserved		24 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	,		Liescol	160 201	7 21. 22
551	NC	Women's restroom	trash can lid	MW2 110+	5-50-61
		Observed.			
1175	NY	moo not hima (1)	vet)		3-30-77
40	100	Those that thought	JET )		5 50 - 77
200	NC	Men's restran	mechanical 1	1017	4-17-77
201	TOC	appears to not be	E MANKING	Veril	16
		whom s to to to	· warring	- 10 100 5 5 5 5	
610		NIOTE: Women's r	estrom Mec	honical	S. A. I. I
		VRN7 needs clean	(has dust bui	Idup	
				,	
		Mote & All treezer of	Coolly units	101110	
		CAS DOF DEIN MOSEY	du to remor	de 1 trait	
		will to Stort pext hi	ECK.		
Received by	(namo had ti	the printed):	Inspecte	ed by (name and title printed):	
×	(name and u	the primetal).	Inspecte	as sy (name and the printed).	
Received by	(signature):	- Cu	Inspecte	ed by (signature):	
	SAN	EARLY		MALL	
cc:	ZHIV	ce:	cc:	TO DUDY	

317-346-4371 Page 1 of



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

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

		-				
Establishmen	t name	0	GONERAL # 21555	Telephone Number	Date of Inspection	ID#
001	LLA	K	GOIVERAL a1933	( ) Establishment	2/20/20	2332
Establishmen	t addres:	s ·	MORTON ST. FIANKLIN, DV	( ) Owner	3/25/22	0,000
155	N	1	TORION ST. FITTINGER DV	Purpose:	Follow-up Release	Date /
Owner				1. Routine	- 4	Date /22
Da	11 Ap	1-	emeraz	2. Follow-up	Summary of Violation	ns:
Owner addres			The state of the s	3. Complaint		1
D : 1	00000			4. Pre-Operational	c_O_NC_S	2
Person in cha	rge	1	CORYELL	5. Temporary	CNC_O	R
				6. HACCP		
Responsible p	erson's	email	in a factor of the second	7. Other (list)	Menu Type (See ba	ck of page)
0 10 16	,, ,,		Maryara Pananakan ana kana ay ka mana ay ana ay			
Certified food	handle				123	45
• CRITICAL I	ΓEMS AR	E IDI	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
431	NC	+		19 EXITAUST	FAN COVER	4/1/22
13.	- 111	7.	NOT CLEAR		, E	
A) I I	130/4	100		720		Roser Harry
256	NC	7	STOCK ROOM UP,	RIGHT FREE	ter-Thermome	VER 4/1
			not seen			111
			Augustian and the second second			
			~			
						II II . 33
						1000
Received by (	name and	title t	printed):	Ins	spected by (name and title printed):	ENS
Received by (	signature)	: -	Policelo	Ins	spected by (signature):	on u.c.
cc:	u/W		cc:	C	c:	
						9



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

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

Establishme	nt name		11 11 6 6 6 1	Telephone Number	Date of Inspection ID#			
0011	WX-	W	ee #4704	( ) Establishment	2/11/22 VG1			
Establishme	nt addres	ss		( ) Owner	11 61/66 12			
780c	5	. <	take Rd 135 GHEENERS	Purpose:	Follow-up Release Date			
Owner	-		)	1. Routine	NO 3/31/22			
			-	2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	C NC R			
x 490	SIM	1	MARRIA ON	6. HACCP	0 <u></u>			
Responsible	person's	emai	1	7. Other (list)	Menu Type (See back of page)			
	1			7. Other (1131)	Mena Type (see ouch of page)			
Certified foo	od handle	r			12345			
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	TED I	FROM 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			
411	NC		Observed a few 1	ights Out th	WUUGh OUT 3-28-22			
	1.6165		the Store					
			100000000000000000000000000000000000000	76 ( 2:000	0 9:00:1			
			Note: Door Sweet	25 tor emer	gury			
			EXITS ONC SUBJIN	1 10 get war	(0).			
			NOTE = Back Storage room is in the process OF getting reorganized.					
		-	NIOto o Distalt O	Freezer				
		-	or cooler mits					
			De M. 1/284 got Dulled From An floor- (that					
			had tend products).	2410				
			,		1			
			1/10					
			MONETO					
Received by	(name ána	l title	printed):	Inspec	ted by (name and title printed):			
× He	SSI		SCHOOLU	Cir	SSI Hall			
Received by	(signature)			Inspec	ted by (signature):			
X	1	6		(a)	LAT LEE			
ćc:			cc:	cc:				
					2			
				31	1-346-4371 Page 1 of			



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

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

		tutio				r or tins report.		
Establishmer		- 1		Telephone Number	Date of Inspection	ID#		
150	nin	0	5	( ) Establishment	2/11/11	VILC		
Establishme	nt addres	SS	46131	( ) Owner	2114166	1042		
1-113	NI	M	oxton St Str. 10A	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine	10 3/	24/27		
				2. Follow-up	Summary of Violat	ions:		
Owner addre	PSS			4				
o wher addre	233			3. Complaint	1			
				4. Pre-Operational				
Person in ch	arge			5. Temporary	CNCR			
			190	6. HACCP		e ur		
Responsible person's email			m – Sun – o g g	7. Other (list)	Menu Type (See back of page)			
			0.00		o Standard			
Certified foo	d handle	r	wner (2/5/24)		123	45		
• CRITICAL	ITEMS AI	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"				
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
324	NC		Soray 1072/19, Q+3	Day Sink nega	s replaced			
	T. U.		1 5 ODSEVIED V	Janain Deloin Fl	and line			
	100	1 14	5 Obstried of	1 PPIE	Tage 10 To 10 To			
				10011		7		
						1 1		
			Note: thermomete	or is needed -	FOY			
			left Side OF OVED	Cooler				
					-7.			
						and the second		
			· ·					
			,					
Received by	(name and	d title	printed):	Inspecte	d by (name and title printed	):		
Received by			- 1	Inspecte	d by (signature):	the state of		
XIX			id		DOP 65			
cc:			cc:	cc:	71			
-				317	-346-4300	Page 1 of		



### 460 N. MORTON ST. STE A 7

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

		tutio	ii requirem	ems. The min	e mine for correction	on or each violation is spe	The second secon			r uns report.
Establishmer	nt name		- 0	77		Telephone Number		Date of Insp	ection	ID#
100/	V IV	10	25 4	1220		( ) Establishmer	nt	7 , 5	277	10.0
Establishmen	nt addres	SS	_ ~			( ) Owner		> 1	8 2 (	1808
997	9 1	S	Som	thVal	les Fe	Purpose:		Follow-up		Date
Owner			$\in$	reen	red	1 Routine	- 1	NO	37	-0 -0
						2. Follow-up		Summary o	f Violation	ns:
Owner addre	ess					3. Complaint				
						4. Pre-Operational	1	-		
Person in ch	arge					5. Temporary		c O	NC_	
						6. HACCP				
Responsible	Responsible person's email					7. Other (list)	Ì	Menu Typ	se (See bac	ck of page)
								$\circ$	,, ,,	
Certified foo	od handle	r						1 2	$\cup_3$	4 5
						E COLUMNS MARKED "C"				
		CHARLES STREET	ROM PREVIOU	IS INSPECTIONS		E "SUMMARY OF VIOLATIONS"	' AND IN T	HE NARRATIVI		
Section #	C/NC	R				Narrative			- 1	To Be Corrected by
			W C -		10.00	1 - 1 -		At At	705	
	1	-	1/12	1 tev	w by	ted toda	7		7.97	
	-		1 T ( 1 T)	To					1.0	
			Tha	- V c	· Col					-
					1					}
						- me				
	1	land.								
	-	_			©)					
HARLES ST		-								
	_									
Received by	(name and	l title j	brinted):			Iı	nspected l	by (name and ti	itle printed):	
ERI	-(	5	atlit	F			Jer	miter	111	NON
Received by	(signature)	):	1	1		Iı	nspected l	oy (signature):	Share and the	manufacturer of
(	in	_	De		0		Ju	7 3	40.	4376
cc:				cc:			cc:			1
l				ĺ						



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

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

T. 11:1				T 71 1 N 1	In ar	
Establishme	nt name	n n	Commence of the last service of the last servi	Telephone Number	Date of Inspection	ID#
Establishme	nt addres	w	1 thital and in	317) 757-8001	3/11/22	2298
080		17 (	21 William 311	( ) Owner	, ,	00,70
707	/V U	7	76/07	Purpose:	Follow-up Release	
Owner	-	4/	11.100	1. Routine		21/22
The second secon		//	Mueller	2. Follow-up	Summary of Violation	ons:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	,	<b>~</b> ,
Person in ch	arge	V = [ 5	A Al Administration	5. Temporary	cnc	$L_{\rm R}$ /
Chr	iste	na	Kollins	6. HACCP	1 5 7 4	
Responsible	person's	emai		7. Other (list)	Menu Type (See ba	ick of page)
			SenSate	1. 5		7 F - 6-7
Certified fo	d handle	er,	Langler (FXP: 2/12/24)	/	123_	_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R		Narrative		To Be Corrected by
187	C		The following	internal pro	duct	Corrected
10		2.0	temperatures 11	vere mease	ned,	Unit
1,3911	Hill In		in the fay le	At make	line/table	turned
			() (ut him	50°F	/	0-111
			(2) Mongarell	a Cheese	52°F,	/
			Unit was four	nd turned	off at	
		-	1:48 pm		00	1
010	-10		of the day has	. 11	1 h	= /= = /20
210	NC		Exterior apor ran	idle on wal	er-in-	3/22/22
			Cooler Clackeap	aamagea		
1121	416	-	1.110000 1000	· · · · · · · · · · · · · · ·	A	- /22/22
4.31	NC	V	resor soura i	under mobile		3/13/22
		-	Coca - Lota cool	er and u	ne bay	
		-	SUR			
		-				~
		-				
	<del> </del>	$\vdash$				
			*			
A Received by	(name and	d title	brinted):	Inspec	cted by (name and title printed):	
-	0	Mr.	istina Rollins	A	ndrew Miller	- EHS
Received by	(signature	M	m Wm	Inspec	eted by (signature):	81
cc:			cc:	ce:		



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

Establishm	ent Sani	tatio	n Requirements. The time limit for correct	ction of each violation is specified	in the narrative portion of this report.
Establishme	nt name	L	on Cyervo	Telephone Number	Date of Inspection ID#
1000	5 9	no	d Brews	(317) 225 11sh 4807	3/19/22 7387
Establishmer	nt addres	s	11 11 DI Greenwood	( ) Owner	220)
3113	W.	mi	th ValleyKd IN 46142	Purpose:	Follow-up Release Date /
Owner	1	1	.   0	1. Routine	1/195 3/28/22
m	H	1	acob hopes	2. Follow-up	Summary of Violations:
Owner addre	ess	1	1 3	3. Complaint	
				4. Pre-Operational	
Person in ch	arge		0	5. Temporary	c 2 NC 4 R
M	NOM	1	1 nood	6. HACCP	C
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)
, A	1		Sewsate Exp:	7. Other (usi)	Hend Type (see buck of page)
Certified foo	d handle		0/2-/		1 2 3 4 5
Jes.	SIGA	L	opez 9/27/26	1	12343
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"	
• VIOLATION		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
438	C		Two spray be	ttles not l	abeled Corrected
	HT <sup>2</sup>	1	with contents	(i.e. Chemica	es) at 1
10-1	0	3.44	three lay s	ere	
187	C		Two pans of	previously	cooked Corrected
			Quese measie	rea ggot gt	0 46°F VOI Discard
			while inside	the walk-	-in-
			COOLED . And GE	uso was in	raal
734	110		Margary,	10000 handles	were) Corrected
257	100		Touchima The	co Inside +	he server 1
	,,		and low as	ea were hin	N. I
295	NIC		(mmesson) unis	to soiled on	1 salsa 3/20/22
	, 0 -		ana kea cool	er units	4
177	NC		Boxes of f	ood were	noted on 4/1/22
			the walk o- in.	- freezer fl	our more
324	NC		Two bay sen	R lacked	an Shelving
			air gaps		
			//		
Dagaire J L	(many = ===	1 4;11.	toriuted):	17	d by (name and title trainted):
Received by	10	20	эптеа):	An	d by (name and fittle printed):  WIN VIIIER, EHS
Received by	(signature)	):		Inspecte	d by (signature) Willer
cc:	· V		cc:	cc:	



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

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

Establishment name  DUNKIN DONUTS  Establishment address  120 W SMITH VALLEY RA GRUNWOO  Owner  Owner	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection ID#  3/29/22 240  Follow-up Release Date  1/0/72  Summary of Violations:  C_NC_R  Menu Type (See back of page)  1_2_3_4_5_		
Person in charge  Responsible person's email  Certified food handler  MAHN EISWED EXP: 2024	5. Temporary 6. HACCP 7. Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE				
Section # C/NC R	Narrative	7	o Be Corrected by	
25 TWC No Thermometer found Jocated by donuts  324 WC Hand Sink leaking w  No TE: Please instruct ice scooper instract	p front  temployees to a  tof cups to scoop	Ase ice	3/29/22	
			-	
Received by (name and title printed):  A SON GOYGIULO  Received by (signature):  WOOW AGUIULO	Jau	d by (name and title printed):  All Blantoval  d by (signature):	1	
cc:   cc:	cci	man brank	MOR	



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

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

Establishment n			77.1.1. 37. 1	ID . CI .			
Energy Soot-Luhiteland			Telephone Numb  ( ) Establishm	7.0	ID#		
Establishment address			( ) Owner	3/4/12	1527		
989 118 31 N 46184			Purpose:	Follow-up Releas	Follow-up Release Date 3/14/22		
Owner			1. Routine	Ves 13/			
			2. Follow-up	Summary of Violat	Summary of Violations:		
Owner address			3. Complaint				
D : 1			4. Pre-Operation				
Person in charge			5. Temporary	CNC	C_1NCR		
Responsible person's email			6. HACCP 7. Other (list)	Manu Type (See I	Menu Type (See back of page)		
The period of th			7. Other (iisi)	Went Type (See t	ack of pages		
Certified food handler				12\(\sum_3	12\sum_345		
• CRITICAL ITE	MS ARE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE CONTROL OF THE PROPERTY O							
Section # C/					To Be Corrected by		
40 L N	OL N Storage Shelles not 6" Off the				3-11-22		
SYCHALO					The same of the sa		
757 NC Thermometer not observed in both					3-7-72		
		Fridges by the fro	and by				
the 3 bay Sink							
187 (		Temperature in fr	boy Was	HWORD AND			
Observed at 46 of Ency the tridge at time of by the door was observed at 45 of inspect 3-11-22  Note: Make Slive Sanitizer & Changed					at time of		
					3- Spection		
					ad be		
The sale with							
WONK Any o							
	-						
Received by (name and title printed):  Inspected by (name and title printed):							
	shoc	Kea		Cassi Hall			
Received by (sign	nature);			Inspected by (signature):	d by (signature):		
x / pers	1/19	сс:		MAR ECTO			
cc:				cc:			