

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

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

Establishme 36 1 Owner Cowner addr Person in ch	nt address PA PR	SSS HRIS	N INN OR FIANKLIN, DY INN	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 Date 4/4/3 Summary of Violations:		
Certified foo	od handle	er			1(2_💢 3	_45	
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
291 (WOT	NC D	A	APPLES IN BASKET NOT PREWRAPPED, T FOR DESPENSING CHEMICAL PEST STA MECHANICAL DISHMAT TIMO OF INSO	RAPS WOT RUATER	700	70N95 PLACOD / 3125 /02	
Received by Received by	1	KI	printed): // // // // // // // // // // // // //	6	I by (name and title printed) Ob Smith I by (signature):	E715	



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

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

			4	_		
Establishmen	6 0			Telephone Number	Date of Inspection	ID#
Establishmer		- 1	cham	() Establishment () Owner	3/9/22	2354
907	N	Sto	Ite Rd 135	Purpose:	Follow-up Release	Date
Owner				1. Routine	No 3,	119/22
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C NC	\rightarrow R
				6. HACCP		
Responsible	person's	email	1 2 2 12 2 2 2	7. Other (list)	Menu Type (See ba	ack of page)
				()		77.87
Certified foo	d handle	r		-	123	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVI		THE NARRATIVE BELOW AS	S "R"
Section #	C/NC			Narrative	The state of the s	To Be Corrected by
	11 17	8.	No violations found	dunna inspert	100	1 prop - com
11.75	11/1/6		1 3 6 6 6 6			
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	- 1 2				* * * 1500 *	
	ν.					1
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Received by	(rignature)	N	7	Inspected	By (signature): MMM	ford
cc:	Maria		сс:	cc:		



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

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

			in requirements. The time mineral contests		
Establishmer	nt name			Telephone Number	Date of Inspection ID#
Hich	Lox	1	Stick Golt	() Establishment	
Establishmer	nt addres	s		() Owner	51622 1124
447	12 1	-	okonstide Blvd	Purpose:	Follow-up Release Date
Owner		,		1. Routine	NO 3 2622
				2. Follow-up	Summary of Violations:
Owner addre	100	-		_	out in the state of the state o
Owner addre	:55			3. Complaint	
				4. Pre-Operational	7 3 5
Person in ch	arge			5. Temporary	$C \subseteq NC \subseteq R \subseteq$
× 1			2 A	6. HACCP	Control of Control
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)
200					art all the second
Certified foo	d handle:	r			1 2 3 4 5
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
 VIOLATION(S) REPEAT	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R]	Narrative	To Be Corrected by
297	R		cle on the insi	de of the	cooler in
			the Crocken -	rentace r	warms witherack
			she Wide	, } .	O LIGHT DESIGNATION
			0		TO Section the State Color Section
297	NZ		Clean the inside	le of he	ico machine
			bin (especial	en the	plack flan
				0	0
324	N		Repart Lancet	on 3 bo	as sink so that
/			it works (le	ft side u	(An Sprager)
	14 (4)				
			Thank you.		
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				activities and the second seco	
				parts 1991 1991	
Received by	c 1			Ins	pected by (name and title printed):
Vav	id	W	allace		enn fer Warner
Received by		: 1	0	Ins	spected by (signature):
Val	in 1	Val	Clille	(TW 546 45 16
cc:			cc:	C	2:
l				1	



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

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Page 1 of

Establishme	ne Ti	o W	-	JUTRITION		Telephone Number () Establishmer () Owner		Date of Insp		3395 3395	-
Owner				FORNKLI	$\rho_{1}\mathcal{I}_{1}$	Purpose: 1. Routine		Follow-up	Release 3	Date 1137	
Owner addre	ress	7117	AN			Follow-up Complaint		Summary o	f Violation	ns:	
Person in ch	8 F		SHM A	~	b. a	4. Pre-Operations5. Temporary6. HACCP	al	c		13000	
Responsible Certified for						7. Other (list)		Menu Typ	e (See bac	ck of page) 45_	
					ENOTED IN THE	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATION		HE NARRATIVE			
Section #	C/NC	R	()		1	Narrative			Т	o Be Correcte	dby
347	NC	*	FRO	POSABO	DSTMK	PLS NOT PR		1 22 1	3	CORPUGAL 3/1/20	all had
414	NC	*	FRO	NT DOOR	NOT	CLOSED, BA	ck de	OR BOO	25	3/2	
əs-6	NC	X	BAR	K STOCK 2MONETCR	ARRA NOT	SMAZL P	LEFR.T	ZER Pe	TOR	3/10	
		+									
Received by	(name and	d title p		an -bu	uner			by (name and til BSM		EH5	
Received by	(signature		2	Nev			Inspected k	gy (signature);	A	read rep	
cc:				cc:			cc:				1



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

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

Establishme	nt name		supplied as a second-order	Telephone Number	Date of Inspection	ID#		
Hoos	RIER	0	ABOARD CANDY, SNACKS	() Establishment	3/11/22	1949		
Establishme	nt addres	S		() Owner	3/11/90	, , , (
3/1	OE	1	OFFASSON ST FLANKLTH, P	Purpose:	Follow-up Release	Date		
Owner				1. Routine				
		I'm	1日24	2. Follow-up	Summary of Violation	ons:		
Owner addre	ess			3. Complaint				
1				4. Pre-Operational				
Person in ch		Pi S	ne Imagas	5. Temporary	CNCR			
CAMPRO	N	SM	1174	6. HACCP				
Responsible	person's	email		7. Other (list)	Menu Type (See back of page)			
			5 H 1 100 1					
Certified foo	od handle	er			1(2	45		
			ENTIFIED IN THE CHECKLIST AND NARRATIV		THE NADDATINE DELOW AS	: "Р"		
• VIOLATION Section #			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	N THE NARRATIVE BELOW AS	To Be Corrected by		
as 6		K \(BASEMENT CHEST F		MOTOR	3/16/22		
030	100	_	NOT SOON NOT CONS	SPICUOUSLY 200	ATO	2/10/43(
-114						COMPLETED.		
228	NC	*	BASEMENT CHEST FO	reczer NOT E	RSILY	29/11		
			MOVERBLE					
	-							
	-	-						
			7					
						AL Y		
D : 11	<u> </u>	7		Townse	ed by (name and title printed)			
Received by	(name and		printed): DSM:HO	Wher	Bob SMATH	EH5		
Received by	(signature):			ed by (signature):	5		
cc:			cc:	сс:	The second secon			
						a		
	1.					Page 1 of		



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

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

Page 1 of

Establishmer DV PA Establishmer 211 Owner	nt name RCHO nt addres Co Prott	RCH s mm	Food PANTRY Erce DR. Franklin H Food AMTRY	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint	Date of Inspection 3/8/33	ID# 1408 se Date 18/22
Person in cha Responsible	POL person's	email	PHIPPS	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	CNC Menu Type (See all 2 all 3)	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			1
• VIOLATION(Section #	(S) REPEA	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND I	IN THE NARRATIVE BELOW	To Be Corrected by
415	C/NC	N N	mouse droppings o		TS OW	control
110	1111		RIO FOOD PACKING			3/9/22
218	NC	F	door gASKET WOR REFREGERATOR (R	N ON REAZH	IW	4)1
431	NC		ROSTROOM - CO.	ILING EXHAUS	T FAN POSTROOM)	3/18
Received by	(signature)	1:	riplad): hypp Executive D	rector :	ted by (name and title printed So Sm 17 ted ted by (signature):	1): 4 875
cc:	ar		cc:	cc:	136 20106	



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

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Establishme 054 Owner Owner addre Responsible	nt addres A constant addres ess arge person's	s TA	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP CNC	2 296 ease Date 3/19/27 plations:
Certified for	oa nandle	r	12_3_	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" COM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELO	DW AS "R"
Section #	C/NC		Narrative	To Be Corrected by
411	NC		Light out under vent above over	3/19/22
//0.1	12	90C	Daily whole = 7-he. I am a chy Collad	2/10/22
431	NC		Vent on ceiling above dish area rusted	2/10/20
)10	7 0		Vall all Control above ABTTO THE TANKS	3/11/2
291	NC		No test Strips for sapitizer available	
			· · · · · · · · · · · · · · · · · · ·	
1,000				
		100		
Received by			rinted): Inspected by (name and title pri	nted):
Received by	(signature)		MCThee Mule Blanton MMU Inspected by (signature):	full THAS
çc:	a la	1	cc: sc:	



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		1		^					
Establishmer	nt name	100	T. b. a.c.	Telephone Number	Date of Inspection	ID#			
7 1111	7	mmy	10442	() Establishment	3/8/22	2209			
Establishmer	nt address	1.	Frank Un. IN	() Owner		1 12			
98	30 N	morton	Frank Un, IN	Purpose:	Follow-up Releas	e Date			
Owner				1. Routine		8/22			
				2. Follow-up	Summary of Violat	ions:			
Owner addre	ess			3. Complaint					
				4. Pre-Operational					
Person in cha	arge	114 to \$1		5. Temporary	C_O_NC_	C _ O _ NC R			
9 2				6. HACCP		2 100			
Responsible	person's e	mail		7. Other (list)	Menu Type (See l	pack of page)			
Certified foo	d handler	1 . (1 0		- 12_X3	_45			
X		The second secon	undrum						
			IN THE CHECKLIST AND NARRA						
			OUS INSPECTIONS ARE DENOTED IN		ND IN THE NARRATIVE BELOW				
Section #	C/NC	R		Narrative		To Be Corrected by			
430	.)		4 1 1 7 0	Va e malle	2 - 3 11				
7 70	Nc	71	re wall im	the wall- badly rusted	- 1M	NEUT			
		(1)	roded-	saviy rusted	ariq	inspection 4 mos.			
			110000			1,103,			
- 141				distance of the second					
				water the second					
		200	The state of the s						
			The second secon			4.77			
					A DECEMBER OF THE PROPERTY OF	LN S John			
		-							
		-							
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Received by	(name and)	title printed):	undram Gen	neral Mar Insp	Jerry D Bayla				
Received by			Ru	Insp	pected by (rignature):				
cc:	/ /		cc:	сс	11 my 1 > 00	J W			
						Page 1 of			



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Establishmer	nt name		1	mexic 7	1 1 1 1 1 1 1 1 1	Telephone Numb		Date of Inspection	ID#	
Joh	nny	1	lare	nos		(317 1885 Am	5735	3/39/20	2059	
Establishmer	nt addres	s /1 (- 21	11 6	reenwood	() Owner		Offilad	2001	
720) (3/1	V. //	1 46/42	Purpose:		Follow-up Release	e, Date	
Owner	21			1 -	1. 110	1 Routine		Yes 4/	8/22	
2	De	22	nur	od o	the LLC	2. Follow-up Summary of Violations:				
Owner addre	ess	-	A CONTRACTOR OF THE PARTY OF TH	Marian Company of the Party of	0	3. Complaint		1		
						4. Pre-Operation	al	y 3	11	
Person in cha	Person in charge							c_1 NC_1	<u></u>	
11/	in	a	NA	Senne	tt	6. HACCP		9. 1		
Responsible	person's	emai			Sensati	7. Other (list)	ı	Menu Type (See b	ack of page)	
Certified foo	d handle	Th.	1B	ernet	t)8/23/22			123	_45	
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN	THE CHECK	LIST AND NARRATIVI	E COLUMNS MARKED "C'	,			
• VIOLATION(S) REPEA	TED I	ROM PREVIOU	IS INSPECTIONS	ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	IS" AND IN T	THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R,	- 01			Narrative)	To Be Corrected by	
218	NC	V	(1) Ru	use au	mal no	t worken	3 07		4/11/22	
		1	mech	anical	dishin	nachine "	J	Sint	. /	
		V	3 Bot	tom a	trop pla	te cracke	LRO	1 ce		
			mac	hine	1		U	all tell and	TOTAL TOTAL	
			(3) Ben	kel t	able Sli	con model	ct	rolder		
			mus	sing	ten (10)	metal pill	les .			
	0.00		(P) BO	ttome	left do	ruble oven) do	0		
		,	vert	ical 1	netal pe	ece worn/	dam	aged	, 4	
295	NC	V,	Botta	M MC	uck of 1	table must	en sc	xilea	3/31/22	
256	NC	V ,	There	nometer	mot se	en in not	box	x /warmen	wet 3/30/5	
402	NC	٧,	Jule	cover	g loose	of South	1 k	itchen w	tel 4/14/25	
228	NC	V	Met	al to	ble hold	ing gas	greet	L+ Stove	4/14/22	
-		1	not	lasil	y mova	ble ,	0		1	
399	NC	V,	Tho		lot smal	oth under	1 Sen	rn statu	No 4/14/22	
431	NC	\checkmark	ana		Diled.				1	
324	NC		smay	nonge	e with he	se under c	contin	mous	Corrected	
			11 July 2017 23 Table 1	ure but		R			, t,	
415	C		Thum	nious	live smo	all winged	inse	cts seen -	m 9/4/22	
			van	area	:	0			1	
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MAR			SENNE	-((m	gren Mill	EXEMX	
Received by		/ 1	7	an L			Inspected	by (signature):	Male	
VIC	enc	rh	THE	mes			W	www.	eller	
cc:				cc:			cc:	•	101	
I							I		7	

NARRATIVE REPORT Greenwood

Establish	ment N	am	arinos 920 US 3/N. IN 46/42	Inspection Date
Section#	C/NC			3/29/32 TÓ BE
		IX.		CORRECTED BY
218	NC		Clean side of Michanical dish	4/11/22
430	NC		· Women's restroom Celling contains	ed 4/22/2
			peeling paint and an exposed	
112.			hole with loose tape	1/
431	NC		Women's restroom mechanical	4/1/22
			ventuation and steading della	
		3	notes: several gepeat"	
		1	wolations from last inspection	U
			010 11-2-2021	
-				
				2
Desette 15	. /NI=:	0 -	Han Add Div (Norma C Title)	
MAR A	Wame HHT	& II	Itle) What Hours Rule Maken Miller, EHS	Page _2_of _2_



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

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

Establishme	nt name		0.0	Telephone Number	Date of Inspection	ID#
John	Pai	>	5 1513Q shack 3) Establishmer	The state of the s	
Establishmer	nt addres			O () Owner	3-7-22	- 2487
1001	R	7	SR 135 Greenwas	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	3153	17 22
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operationa	1	
Person in ch	arge		- Abn	5. Temporary	C_O_NC_	$R_{\underline{}}$
	13.07			6. HACCP	p(2) 1 11 ±	
Responsible	person's	emai		7. Other (list)	Menu Type (See b	pack of page)
Certified foo	d bandla					N
Ceruneu 100	d Handie	.1			13	45
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	'E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		' AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
347	Ne		Provide Soap at	the hon	dsink by	15h drey
174	50		Labor all build			or aut
1191	NC		Label all bull	- 1200 d D.		100
45	172		Stre mises and	other or	verno i tee	255
	1.2		the office or	other	non food	OVOL
	. 0	-	5 h			
	N		Stere all too	stems 2	of the Ho	
426	K (7		Clean and once	in to the	ma man	
100	, 0 0		3 3 3 3			
290	NZ		Clein the trap of	of the d	ushnadin	0 -
		150	no stronger			
77.	. 0		0	Clark B	h. 1.01	200
709	NL		repair the water	w war o	n in ausni	rounge
411	NC		Replace the bow	ned out 1	i duthoriby	n the
			beer		0	
291	N		Provide quat t	est shops	tor 3 Da	
Received by		-	1 . 1 .		nspected by (name and title printed,	
Received by			ron With	T	nspected by (signature):	our new
Ticcerved by	(signumit)	. /			JW 3464	376
cc:		(-cc:		cc:	
l						



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

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

Establishme	nt name	-				Telephone N	Number	Date of Inspection	ID#		
K	35	C	ras Stat	.01	1 Franklen IN	() Establ	lishment	3/23/22			
Establishme	nt addres	S			A	() Owner	ľ	7229100	1837		
5	0 5.		morton	L.	Franklon	Purpose:	7	Follow-up Relea	se Date		
Owner					/	1. Routine					
					IN	2. Follow-up)	Summary of Viola	ations:		
Owner addr	ess					3. Complain	-				
						4. Pre-Oper					
Person in ch	arce	-						C O NC 3 P			
r crson in ch	arge					5. Temporar	ry	C_O_NC_3_R			
Responsible	percon's	emai				6. HACCP	4)	Menu Type (See back of page)			
rcesponsible	persons	CIIIai				7. Other (lis	i)	Menu Type (See	back of page)		
Certified foo	od handle	r						1 2 / 2	4 5		
								123	45		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN TH	E CHE	CKLIST AND NARR	ATIVE COLUMNS MARKI	ED "C"				
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS IN	SPECTI	ONS ARE DENOTED	IN THE "SUMMARY OF VIOL	LATIONS" AND IN	THE NARRATIVE BELOW	'AS "R"		
Section #	C/NC	R				Narrative			To Be Corrected by		
					Dumps	ster		_			
392	NC	it is	The	2	outsid	e area;	is not	451 W ME LOUIS	3-27-22		
			/ <e< td=""><td>pt</td><td>4.P-</td><td>Narrative ster le grea s Dump ste</td><td>15</td><td>not</td><td></td></e<>	pt	4.P-	Narrative ster le grea s Dump ste	15	not			
21.	-				se	1	7	/ /			
345	かし		- Stora	,	600m	hand sinte floor 13	13- 201	12d/			
431	NC		· stock		100m	1/001 12	011117/				
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						All and a second		4.01 7.4.01	41.7		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	t name			Telephone Number	Date of Inspection	ID#
Kim	1	AS,	an Restaurant	() Establishment	3/3/22	
Establishmer	t addres	s		() Owner	3/3/22	1544
12	86	N	. US 31 Greenwood, IN	Purpose:	Follow-up Release	Date
Owner				1. Routine	Follow-up Release	1/13/22
PI .				2. Follow-up	Summary of Violati	
Owner addre	SS			3. Complaint	1	4
				4. Pre-Operational		1
Person in cha					0 0 10 /	
Person in cha	irge		, 34 - 34 min	5. Temporary	C_O_NC_6	,R
D 71		-		6. HACCP		7 C
Responsible p	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	- /	7.1		,	31
∠ ·	i Handic		Almy y		123	_45
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
• VIOLATION(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R	1	Narrative		To Be Corrected by
112	NU		small whest freez	er is not	a	when
	ART S		commercial unit.		. 10	replaced,
324	NC		The 3-boy facust	leaks-	1 100	Estable (Street)
330	NC		Faint is souling		raga	
430 4			100m floor		,	
216	Na			19 not aleandb		
127	NC		Bags of lestace	and potatoes	are	
. 45	Xku	-	stored on the	Walk in cool	les floor-	
245	Wo		kitchen door	is suiled-		
					(1195 P	
	-					1
				×2		
		-			The second second	
						į,
Received by	name and	l title j	printed): Pau Lam Pinno	Inspected	by (name and title printed) ((v) D Buy (/
Received by	(signature)):	Khy In		by (signature): By By	len
cc:		-	сс:	ce:		



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

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

Establishmer	nt name	-				Telephone Numb	per 1	Date of Inspection	ID#	
Kroger Establishment address						() Establishm		, ,		
Establishmer	nt addres	SS				() Owner		3/30/22	922	
7.7 an Talanadona Pri						Purpose:		Follow-up Release	Date	
Owner Greenwood, In						1. Routine	ĺ	_	1/22	
				Greek	wood, IN	2. Follow-up	1	Summary of Violation		
Owner addre	ess					3. Complaint		•		
						4. Pre-Operation	201			
Person in ch	arge					5. Temporary		C O NC 2 R		
	80					6. HACCP		C	K	
Responsible	person's	email				7. Other (list)		Menu Type (See ba	ick of page)	
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Certified foo	d handle	r eg	P Re	in hold	2025		1	23_X_	_45	
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460 N. MORTON ST. STE AU FRANKLIN, IN 46131

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

Establishme	nt name			Telephone Number	Date of Inspection	ID#
) Lwc	ce	~		() Establishment		
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591	10	P	V SK 125	Purpose:	Follow-up Release I	Date
Owner			V SK 135 Greenvoel	1. Routine		5 22
			Greenvoor	2. Follow-up	Summary of Violation	ns:
Owner addre	ess			3. Complaint		
			i	4. Pre-Operational		
Person in ch	2 # 0 0				C_ONC_	
r crson in ch	aige		1	5. Temporary	CNC	K
Responsible	percon'e	emai		6. HACCP	Marra Tana (Saa har	h of head
responsible	persons	Ciliai		7. Other (list)	Menu Type (See bac	ik oj pagej
Certified foo	d handle	r				\mathcal{N} .
					123	45
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• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "	R"
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			AL S			
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460 N. MORTON ST. STE A GUM FRANKLIN, IN 46131

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Kun	00	Jan	one se Stealth	SeEstablishm	ent	7 71 172	
Establishmer		3		() Owner		4 24 22	1430
125	1 1	5 2	1 Greenway	Purpose:		Follow-up Release I	Date
Owner				1. Routine		3284	3 22
				2. Follow-up	Î	Summary of Violation	ns:
Owner addre	ess			3. Complaint			
				4. Pre-Operation	nal		
Person in cha	arge			5. Temporary		$c \bigcirc Nc $	р 🔷
	8-			6. HACCP		CNO	
Responsible	person's	email		-1		Mana Tara (Can lare	h of page
responsible	persons	Cinan		7. Other (list)		Menu Type (See bac	k oj pagej
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• CRITICAL I	TEMS AR	E IDENTIFII	ED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C'	"		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name			Telephone Numbe	er Date of Inspection	ID#
2A	RO	SF	7	() Establishme	3/3//22	2019
Establishme	nt addre	SS	BARGERUTCO	() Owner	3/3//20	0011
50	N	5	T Rd 135 BARYERSUTCO,	Purpose:	Follow-up Releas	e Date /
Owner				1. Routine	Follow-up Releas	10/22
				2. Follow-up	Summary of Violat	
Owner addre	ess			3. Complaint		
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Dansan in al				4. Pre-Operations	C NC	7 .
Person in ch		0	101 8 1	5. Temporary	CNC	R
			tel Rodaquez Juries	6. HACCP	(0.1	
Responsible	person's	emai	1	7. Other (list)	Menu Type (See l	pack of page)
Certified foo	d handl	0.5				(2)
	Joe	L	THIEN		123	4 / 5
• CRITICAL	ITEMS A		ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	***************************************	
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW A	AS "R"
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187	C	>	WAZK-IN COOLER			Frans
			Temperatures or C		Cocked RICE	O I SCARAGE
			440F, REFEED BEAN		PORK 574	3131122
		_	NOT AT 41PF OR les	25		
11 15			B+116 01 777 8/8/80 15	C 12-2-	a cast attack	24/2
147	NC	(29)	BULK CONTAINERS OF	1-000 (SUGIET	NOT LABRES	0.)410
			FROZEN SHRIMP IN B			corrected
(net			WATER, NOT THAWA		10010 KUIUIUII	3/3/
197	NC		WALK-IN FREEZER		AT OF OF	4/2
	100		CESS .	101	7.10	170
218	wc	COM-	3 door REFFERENTO	E door GAS	KET WORN SPLAT	-5/1
218	NC.	A		2 REFISECI		
295	nc	Z	WORN INOT CLEAN	0		
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			BIN.			Concere 18/3/3
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		Ļ			T 11 / 101	3(3)
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	690	3	Jest 1		was strong	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishmen Establishmen S Owner Owner address Person in cha	t address N	s ~ ~	ne	ND T. FRANKINII ORLEY WANT	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary	Follow-up Rele	ase Date 335/
Responsible p	person's	email			6. HACCP 7. Other (list)	Menu Type (Sec.	e back of page)
• CRITICAL I	TEMS AI	RE IDI	ENTIFIED IN	THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "C		
• VIOLATION(S	S) REPEA	TED F	ROM PREVIOU	IS INSPECTIONS ARE DENOTED I	N THE "SUMMARY OF VIOLATIO	NS" AND IN THE NARRATIVE BELO	W AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
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		_	- 1				1 1
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				THE THE WIND		nes contra e e e	
<i>i</i> -111	Ni	i	1791	47 INTENSET	4 NOT Adeau	ATO IN	3/15
				PLUYDE RESTRI			20 - 174 }
174	No		The second second second	MITWER IN L	T	U STURON	CORPOCIO
			NU	1.0001	TO CONTANTS		314
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239	NC		FROM		or Adequition	ell protected	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name	Chal w		Telephone Numbe	er	Date of Inspec	ction	ID#
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Establishmer	nt address			() Owner		3-1-	-22	7167
219	,]	ndes	enlenco	Purpose:		Follow-up	Release I	Date
Owner			Garage	1. Routine		315	3	11 22
200			Ch serial ord	2. Follow-up	1	Summary of	Violation	ns:
Owner addre	ess			3. Complaint				
				4. Pre-Operationa	a1			
Person in ch	arge			5. Temporary	aı	$c \bigcirc 1$	NC 1	D A
i cison in cir	mgc		The state of the s	6. HACCP		C	VC	_ K
Responsible	nerson's en	nail		7. Other (list)		Menu Type	(See has	h of page)
responsible	persons en			7. Other (<i>usi</i>)		Menu Type	(see out	k of page)
Certified foo	d handler					4 0	D	
						12	_3	15
• CRITICAL I	ITEMS ARE	IDENTIFIED IN	THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
• VIOLATION((S) REPEATE	D FROM PREVIOU	S INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS	S" AND IN T	HE NARRATIVE I	BELOW AS "	R"
Section #	C/NC	R		Narrative			Т	o Be Corrected by
324	N	Rep	air 3 bay	sink dr	ain	hard	2	
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		ajon	gwan co					
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NARRATIVE REPORT

Establish	Inspection Date			
Lon	0	25	the Silvers 219 Independence	3172
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
431	NC		Clean all soiled certing tiles of	Con
			vens	
3 99	M		Provide mishing certing tiles	
115-	. (
736	N		Replace rusting wall racks in formation of dishwasting area	rep
			and oushwastern g area	
			Thank you.	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer			2 5 18	175			Telephone Numb	er	Date of Inspection	ID#	
Luc	is a	~	as p	rer	D. Re	st.	() Establishm	ent			
Establishmer	nt addres	s				1	() Owner		51422	2220	
Establishment address 1133 N SR 135 Greenwood							Purpose:		Follow-up Release Date		
Owner							1 Routine		3-72 3 7	422	
							2. Follow-up		Summary of Violation	ns:	
Owner addre	ess						3. Complaint			7:	
l							4. Pre-Operation	al	_	1	
Person in charge							5. Temporary		$C \bigcirc NC \subseteq R \bigcirc$		
	O						6. HACCP		0		
Responsible	person's	email					7. Other (list)		Menu Type (See bac	ck of page)	
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Certified foo	d handle	r							123	45	
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Section #	C/NC	R	·]	Narrative		T	o Be Corrected by	
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