

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

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

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Establishme			The second of the second of the second of	Telephone Number	Date of Inspection ID#
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Establishme	nt addres	S	J Energy Ar	() Owner	93072 19106
127	9	1	J Energy Ar	Purpose:	Follow-up Release Date
Owner			Con word	1. Routine	NO 41022
			Si sano ioo	2. Follow-up	Summary of Violations:
Owner addr	ecc			_	,
Owner addit	200			3. Complaint	1
				4. Pre-Operational	
Person in ch	arge			5. Temporary	$C \longrightarrow NC \longrightarrow R \longrightarrow$
	-		1 7,2 0	6. HACCP	
Responsible	person's	email	I to the man	7. Other (list)	Menu Type (See back of page)
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	To Be Corrected by
Section #	C/NC	R			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishm	ent name			Single discussion of the Salar of	Telephone Number	Date of Inspection	ID#
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Establishm	ent addres			eenwood, IN	() Owner	Spacjaa	1200
180	05	3,	/	46142	Purpose:	Follow-up Release	Date /
Owner	- 0		À ,		1. Routine		07/22
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Owner add	ress			J	3. Complaint		
					4. Pre-Operational		
Person in c	harge	1 1			5. Temporary	C_ONC_	
di	tesh	in	ie 1		6. HACCP		
Responsible					7. Other (list)	Menu Type (See b	ack of page)
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Certified fo	od handle	r				123	_45
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• VIOLATION	N(S) REPEA	ΓED F	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R]	Narrative		To Be Corrected by
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43/	NC		way	R-in-cooler	fan quar	as and	4/12/22
0011	.10		cere	ing soulea	Tursigue Ti	haw cooler	J. 11/20
237	NC		Expe	2 apper w	rele, kor u	ce oream,	3/31/22
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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Establishmer	nt name		and the second second	Telephone Numb	per Date	of Inspection	ID#
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Establishmer				() Owner	3	14 22	2503
1140	n	1	512135	Purpose:	Follo	w-up Release I	Date
Owner			Greenerd	1. Routine	N	7 3 7	6 22
				2. Follow-up	Sumi	mary of Violation	ns:
Owner addre	ess			3. Complaint			
				4. Pre-Operation	nal		
Person in ch	arge			5. Temporary	С	\bigcirc NC $\boxed{2}$	- R 🔾
				6. HACCP			
Responsible	person's	emai		7. Other (list)	Mei	nu Type (See bac	ck of page)
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Certified foo	d handler	ŗ			1	23	45
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Section #		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	NS" AND IN THE NA		o Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	nt addres	s	1	P		() Owner		3/10/22	127/		
115	1 Ci	ra	nam (d		Purpose:		Follow-up Relea	se Date		
Owner						1. Routine					
						2. Follow-up		Summary of Violations:			
Owner addre	ess					3. Complaint					
					1	4. Pre-Operation	nal	C O NC O R O			
Person in ch	arge					5. Temporary					
	U					6. HACCP		0	7		
Responsible	person's	emai				7. Other (list)	back of page)				
l contraction	Perconc					7. Other (usi)		Menu Type (See	ouck of puges		
Certified foo	d handle	r						1 2 1 3	4		
								123	45		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN T	THE CHECKLIST AND 1	NARRATIVE	COLUMNS MARKED "C	"				
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS I	INSPECTIONS ARE DENC	TED IN THE	"SUMMARY OF VIOLATION	NS" AND IN T	HE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R			1	Varrative			To Be Corrected by		
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		tatio	ii requirem	ents. The time mint i	tor correction	ii oi cacii violation is s		and the second s		r tins report.
Establishmen	nt name	Ar	el servi	(es Comazor	(2)	Telephone Number		Date of Insp	ection	ID#
Establishmen	nt addres			- Could co.	-0)			3/10/	1 22	21120
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The second secon	15 0	1000	10.00	4),x		Purpose:	ŀ	Follow-up	Release	Date
Owner						1. Routine	Į		<u> </u>	
						2. Follow-up	1	Summary o	f Violatio	ns:
Owner addre	ess					3. Complaint	- 1			
					Î	4. Pre-Operation	al			
Person in ch	arge					5. Temporary		$c \mathcal{Q}$	NC	R
	8					6. HACCP	- 1	<u> </u>	110	
Responsible person's email							-) (T	/C 1	-1 -C \
Responsible	persons	CIIIAII				7. Other (list)	- 1	Menu Typ	e (See ba	ck of page)
Certified food handler									,	
Cerunea 100	od Handie.	1					1	12/	3	45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST AND	NARRATIVE	COLUMNS MARKED "C"				
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Section #	C/NC	-				Varrative				To Be Corrected by
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cc:				cc:			ce:			



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Establishmer	nt name		des restaud d'a la survey	Telephone Number	Date of Inspection	ID#
The	50	ci	al of Greenwood	() Establishment		
Establishmer	nt address	3	1/2 of Freenward	() Owner	3 29 22	1544
550	5 P	0	1/2 of Freenway	Purpose:	Follow-up Releas	e Date
Owner			(1. Routine	NOY	9 22
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	\circ R
				6. HACCP		
Responsible	person's	email	C. F. Joseph et al.	7. Other (list)	Menu Type (See l	pack of page)
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Certified foo	d handlei	·			123	45
• CRITICAL	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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Section #	C/NC	R		Narrative		To Be Corrected by
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Establishme	nt name			Telephone Number Date of Inspection ID#				
50,	710	_		() Establishment				
Establishes a	n+ nd dune		,	() Owner	3-4-77	2015		
126	7	N	Energy Ar	Purpose:	Follow-up Release	se Date		
Owner			Energy Ar Greenerad	1 Routine		1472		
			0.7 20) 0000	2. Follow-up	Summary of Viola	tions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational		7		
Person in ch	arge			5. Temporary	CNC_	$L_{\rm R}$		
				6. HACCP	Y 1			
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)		
Certified foo	11 11				V			
Ceruned 100	od nandie	r		^	123_	45		
• CRITICAL	ITEMS A	RE II	DENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"				
 VIOLATION 	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
232	NZ		heplace the ta	a cart con	er for c	nico		
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Establishme			C 21-	Telephone Number	Date of Inspection	ID#
200	ME	0	of chicago Pizza	() Establishment	2100	iOLO
Establishme		S	0	() Owner	3 18 20	1998
C50	50		SR 15 Greens	Purpose:	Follow-up Release	Date
Owner				1. Routine		2822
				2. Follow-up	Summary of Violati	ons:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	$_{\rm C}$ $_{\rm NC}$	$-$ R \bigcirc
				6. HACCP		
Responsible	person's	emai	I The state of the	7. Other (list)	Menu Type (See b	ack of page)
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Section #	-	R		Narrative	, , 9	To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme 70/ Owner S (20) Owner addre	nt address DOWN ess arge	ss Adr Y	H1319 HMS SX ATHAKLIM IN SISCOP	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 (25/22 Follow-up Release (965) 4/ Summary of Violation C	ns:
Certified foo	d handle	er			1234	45
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Section #	C/NC	R		Narrative	17	To Be Corrected by
394 394	NC NC NC		PREPARATION/PISHWAS WALK-PN COO'UR, I SHELVES NOT CLEAN UNDER DRIENK STA TROOP THENS RESTROOM - TO.	HING STOCK ON AZK-IN PRODUCTION / STOCK IT THEIR SEAT NOT COURL NOT COURL NOT COURL NOT COURT	Spen FRONT-	4///32 4/1 74/20 4/1 4//
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name	MANUAL PROPERTY.	Alam Sept. 9	Telephone Number	er II	Date of Inspection	ID#
	de	1		() Establishme	1		10#
Establishmen	nt addres	s	$\overline{\gamma}$	() Owner		3 2 77	320
			Smith Valley Rol	Purpose:		Follow-up Release I	
Owner			Smith valle 100	1. Routine	ľ	N/C Release	2 27
			(July 1000)	2. Follow-up	1	Summary of Violation	
Owner addre	ece			4	ľ	outilitiary of violation	13.
Owner addre	.00			3. Complaint	,		
D				4. Pre-Operation	al	C_NC_) - ~
Person in ch	arge			5. Temporary		CNC	R
Responsible	percon's	emai		6. HACCP	-	N T (C 1	1 6
Responsible	persons	Ciliai	A spiror sec	7. Other (list)	- 1	Menu Type (See bac	er of page)
Certified foo	d handle:	r			— <u>,</u>	. 0	4 5
						23	45
• 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		IS" AND IN TH		
Section #	C/NC	R		Narrative		Т	o Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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				1 1		() Owner		100 10000			
	0 5	4, 1	d. 135 Traf	algar, IN		Purpose:		Follow-up Release	Date		
Owner					<	1. Routine	Į.		3/18/22		
				~		2. Follow-up		Summary of Violation	ons:		
Owner addre	ess					3. Complaint					
						4. Pre-Operation	nal				
Person in cha	arge		11.1%			5. Temporary		C_/_NC_7	4 R		
						6. HACCP		C_/_NC_ ' R			
Responsible :	person's	emai				7. Other (list)	ack of page)				
Certified foo	d handle	r						123	_45		
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Section #	C/NC		ROM PREVIOUS INSPEC	TONS ARE DENOT	-	s "summary of violation Narrative	NS" AND IN T		To Be Corrected by		
Section #	C/NC	- 1				Harrative	war		To be conceiled by		
239	NG	137	D-1-1/	a cabeau	14	are soiled		The second State of	3/15/72		
431	NG	6 10	Drank Cu	2 000/100	Class	11 Sail	/	a	3/15/22		
295	NO		Wall o	1 (1	7786	il are se	sledo	10 20 100 100	3/15/22		
336	C					ver on th			3/9/22		
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431	NC		Storage 1	wom Flo	01 15	soiled		and the second s			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer Star Establishmer 2276 Owner Owner addre	buck at addres	S MI	Coffee Franklin, IN YUSI	Telephone Number () Establishmen () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Release NO 3 Summary of Violati	19122 ons:
Responsible p				6. HACCP 7. Other (list)	Menu Type (See b)	ack of page)
ı			ENTIFIED IN THE CHECKLIST AND NARRATIV		AND IN THE NADDATIVE BELOW A	C "ID"
Section #				Narrative	AND IN THE NARRATIVE BELOW A	To Be Corrected by
257			Themometer not eas small cooler w/ egg bit	es and sand	Temp Rite S Pate: Fecha Employed Englished CHARD BANK BLUE BAS TIMES CRANGE HATFRIER CHARD BANK AND CAMBAR COOR MANARA A	commeted
Received by	dru	10			ispected by (name and title printed) AMAL BLANG Ispected by (signature);	1
1/(8)1	65	301	ye bdy cc:		Dayen blank	d



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

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

Establishment name Steak N Shake, Establishment address 103 N SR 135 46143 Owner Owner Owner address Person in charge X Katherine Crum 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 I Y - 1 (Summary of Violation Menu Type (See back)) - \(\frac{1}{2} \)
Certified food handler		fa gar with a	4_ X_5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT		THE NARRATIVE BELOW AS	'R"
Section # C/NC R	Narrative		o Be Corrected by
Jose @ 2:32 pm Day dot on 131 NC Hoor under eau H31 NC Door to freene is poiled Wish Machine	Lid Shows Tue	ed! k-in-cooler	4-1-22
Received by (name and title printed): X HATHERINE Crom Received by (signature): V C CC:	El	d by (name and title printed): naveth Sc d by (signature): tabeth Sch	hultry ult E



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

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			in requirements. The time limit for concer					
Establishment name				Telephone Number	Date of Inspection	ID#		
70	2W	a		() Establishment	7 2 7			
Establishmer	nt addres	s) Owner	9 9 EC	-669		
373	5	K	- 135 Evenus	Purpose:	Follow-up Releas			
Owner				1. Routine	NO 3	13 22		
				2. Follow-up	Summary of Violat	Summary of Violations:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge	-		5. Temporary	\bigcirc R \bigcirc			
				6. HACCP				
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