

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

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

					ar and remained Postage	r or time report.
Establishme	nt name	:6	Dumaer TOTA	Telephone Number	Date of Inspection	ID#
Establishme	At addres	110	o doyor July	(317) 7366166004	2/8/22	2002
O.	V. N		top It Holz	( ) Owner	Fallers up Delege	Date
Owner	VCI	WY	10/13/	Purpose: 1. Routine	Follow-up Releas	18/22
Adva	ncea	1 7	Fresh concepts	2. Follow-up	Summary of Violat	101
Owner addre		1 /	16,1,00.100,13	3. Complaint		
				4. Pre-Operational	01-1	
Person in ch	arge			5. Temporary	C NG	$\mathcal{T}_{\mathbf{R}}$
		y		6. HACCP		Land 1
Responsible	person's	emai	In the state of th	7. Other (list)	Menu Type (See l	pack of page)
Certified foo	والمعمط أو					
Cerunea 100	d nandie	:1			123	45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW	
Section #	C/NC	R	EATTER OF THE	Narrative		To Be Corrected by
NOT	E	V	MAK Crates are being u	sed for storage		
			- Managersaid he w	ill contact / jung	fer	TAN
			TOVO More She	10119		N
	-				-	
			7			3
				. Aller and the control of the contr		
Received by	(name and	l title	trinted).	Inspected	d by (name and title printed	<u>l</u>
V	2	(HU)	1 1 1 1 1 1	Inspected ()	ULLE BLANT	
Received by	(signature)	): /	9	Inspected	by (signature):	101
X	a	$\nearrow$	<i>×</i>	17.1	Jamie De	unknol
cc:			cc:	cc		



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

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

Establishme	nt name			Telephone Number	Date of Inspection	ID#
Pic	$\lambda$ i	I	~C	( ) Establishmer	nt	
Establishme		S		( ) Owner	2822	1850
360	9	502	2 135 Grenulas	Purpose:	Follow-up Release	
Owner		-		1. Routine		822
				2. Follow-up	Summary of Violati	
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C O NC	) PC
	80		100 40 40 700	6. HACCP	CNC	
Responsible	person's	emai	30 30	7. Other (list)	Menu Type (See b	ach of page)
responsible	persons	Ciriai	. 11 0 636 0 1 4	7. Other (usi)	Menu Type (See 0	ack of page)
Certified for	d handle	r			<b>-</b>	
					123	45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	AND A STATE OF THE	
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R	I	Varrative		To Be Corrected by
			1			
			No tems not	rd todo		100
			* 2 W ,			4 - 4
			Mankagor			
	-		0			
						100
	14		A a Y La			
						de l'al
Received by	(name Amo	title	trinted).	Ite	aspected by (name and title printed)	
Iteccived by	/ /	nd n	( ) ( a) M		Specied by (name and title printed)	0 601.1
Received by		_	( )		aspected by (signature):	
	h				Jul 346	4376
cc:	11		сс:		cc:	T



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

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

Establishme	nt name	1	Roll to and	Telephone Number	Date of Inspection	ID#
Amer	icav	1	egion Post # 233	( ) Establishment	1 - 1 - 1	
Fetablishme	nt addres	c	Talda Edinburgh	( ) Owner	2/25/22	708
500	men	wr	ial dr. IN 46124	Purpose:	Follow-up Release	Date
Owner				1. Routine		
				2. Follow-up	Summary of Violatio	ns:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c	R
	U			6. HACCP	0	
Responsible	person's	email		7. Other (list)	Menu Type (See bac	ck of page)
				in a since (may	lizella zype (eee ell	J P. 89
Certified foo	d handle	r A	1/A-		123	45
• CDITICAL	TEMS AD	PE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		+
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW AS	'R"
Section #		_		Narrative		To Be Corrected by
187	C		One reproperation um	t temperature	is at 45°F	
	171.5	1 1			15 / 15 16 169 1	Take!
295	me		Soda gun in bor is	sorted	draw are	2/26/22
			U			
			NOTE: New Cooler is	Conclavant for A.	tems will	
			be introd to new Coo		tems will	
			DR HOVER TO THE COL	<u>D</u>	8	
			Get materials off	the floor m:	bilekroum	
			& walk-in cooler.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
					polya a polytopia de	
						*
Received by	(name and	l title i	printed):	Inspected	d by (name and title printed):	
	NA	1	Johnson	Eau		PHS
Received by		:	11.\@	Inspected		The state of the s
0	->0	The	The Johnson	lail	d by (signature):	
cc:		/	// cc:	cc:		
			V			



### 86 WEST COURT STREET FRANKLIN IN 46131

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

Establishmer	nt namej	Λ				Telephone Numl	ber	Date of Inspection	ID#
	ople	14	POA			( ) Establishn		2/11/22	563
Establishmer	nt addres	S		, lovo	enwood	( ) Owner		2/1/22	
125	I V	5	3/ N	11/2	76142	Purpose:		Follow-up Release	Date /
Owner		^		// /	0.1	(. Routine		No 2/	17/22
(100l	2)	11	men	can	Shoup	2. Follow-up		Summary of Violati	
Owner addre	ess		1.00 0	,0010	1000	3. Complaint		2009	,
						4. Pre-Operation	nal	_	4
Person in cha	arge	-	1 / 1	0		5. Temporary		c O NCX	R
Jan	ÜS		Koch	l		6. HACCP			
Responsible	person's	email	maga.	/	Sen Safe	7. Other (list)		Menu Type (See b	ack of page)
Certified foo	d handle:	rK	ochl	) (	2024 /	/		123	_4/_5
						E COLUMNS MARKED "C			
	_		ROM PREVIOU	S INSPECTIONS		E "SUMMARY OF VIOLATIO	NS" AND IN T	THE NARRATIVE BELOW A	
Section #	C/NC	R			n · b )	Narrative	da i		To Be Corrected by
431	NC		Alra	yna .	unes s	oilea un	any	2001/11/2	2/17/22
		No.	mic	namic	al ausn	mut a	na	coopline)	D ETS VAC I I
324	NC		e ypi	tand	Sinh Di	11 200	taldo	donina	2/17/22
327	NC		1800	Will &	- mon	SIND WINT	h SM	PALLER TINAGO	menues)
218	NC		2000	n gl	ruent D	askets a	dimi	thed	2/10/22
346	NC	_	10	hain	and Soa	a avail	able	( in	2/7/22
	700		lak	ane	1 /AU	dispens	ev)		1.1
413	NC		Ina	sh 1	room	overhead	doe	n not	2/22/23
			seal	ing -	lower -	left corne	W		1 1
			200	, ,	7/	0	10 1	22 1	
			10	tes ic	some i	we sma	u w	ungea	
			M	sus	Jeen -	UN DUU	ane	dill	
			linit	- "in	money	re gauge	repa		nent
			Min	/ N/U	payax	000	regsa	y your	resco
-		-	= = =	0 - 1		4.5			
	j								1 /
Received by	/ .	title p	//	HL.			Inspected	by (name and title printed)	er, EHS
Received by			1				Inspected	By (signature):	1.
cc:	$\Rightarrow$	1	1/0	cc:	<del></del>		cc:	NUM MUM	
cc:			1						
									Page



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

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

			quitein			off of each violation is s				_
Establishmen	ī		1 3000			Telephone Numb	- 1	Date of Insp	ection	ID#
Too	reb	200	·			( ) Establishm	ient			1 -
Establishme						( ) Owner		77	22	1065
870	15	0	82135	5 (Vi	lenuve	Purpose:		Follow-up	Release I	Date
Owner						1. Routine		NO	7	1722
						2. Follow-up		Summary of	f Violation	ns:
Owner addre	ess					3. Complaint				
						· ·	201			
Person in ch	arge					4. Pre-Operational 5. Temporary  C NC R				ъ ()
r crson in ch	arge					5. Temporary		C	NC	K
Responsible			-			6. HACCP			(0. 1	1 C
Kesponsible	person s	eman	12			7. Other (list)		Menu Typ	e (See bac	ek of page)
Certified foo	d bandla									<b>\</b>
Cerunea 100	d Handle							12	34	45
• CRITICAL	ITEMS AF	EID	ENTIFIED IN	THE CHECKLI	ST AND NARRATIV	E COLUMNS MARKED "C"	<u></u>			
						E "SUMMARY OF VIOLATION		HE NARRATIVE	BELOW AS "	R"
Section #						Narrative				o Be Corrected by
430	No		0.	011		root 1	2 a K	-0	e ou	
756	, , ,		200	ar	20		7000		000	
			the only		W OC	A CONTRACTOR OF THE PARTY OF TH				
			1321112					10.00	74	
			The	o Vie	MARIA					
					0					
										1 10
										-
			11.5			ž ·				
										A
				1						
					*					15.04
Received by	(name and	title f	rinted):	1			Inspected	by (name and til		
	1)'	E	HOU	SE			Jer	n.ter	700	owner
Received by	(signature)	: ,	_	111			Inspected	by (signature):	5 . 7	Office sale
	III	1		W				1 240	445	10
cc:				cc:			cc:			
				ĺ			1			



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

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

Establishmen  Establishmen  Owner  Owner addre  Person in cha	mins nt address ess		Scops +	Treasure	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	ent	Date of Inspection ID#  2/8/22 2375  Follow-up Release Date 2/8/22  Summary of Violations:  NC		
Certified foo	d handler						123	<sup>2</sup> 45	
					E COLUMNS MARKED "C" E "SUMMARY OF VIOLATION		HE NARRATIVE BELOW AS	"R"	
Section #	C/NC	R			Narrative			To Be Corrected by	
425	NC	Mop Floor Nonin	not hu soiled use us comuniv : Use t Reading apel frod Ong nal	under eq Lensile nee vaetron ta	wifment in d to be stor ten	bar ed pr	operly expls	2/8/22 2/10/27 2/8/22	
Received by Received by	amb		aldwel al	1		all	by (name and title printed):  (A C ) (A C )  (by (signature):  (A C )  (A C )  (B )	d Cent	



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

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

BULL CACTUS THE ARCOLUM STATE CALLING TO STATE S	Establishment:	name	0.0	- 6	7	110-11	Telephone Numb	er	Date of Inspe	ction	ID#
Owner  TOSE  MICRICIO  Owner  TOSE  MICRICIO  Owner  TOSE  MICRICIO  Owner address  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  Certified food handler  TOSE  MICRICO  Certified food handler  TOSE  MICRICO  CERTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONOS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUBMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Nativative  TO BE Corrected by FAIL ORDER  WITH COMPANY  FAIL COMPANY  FAIL COMPANY  RESTREAM  ARCH  POT CLERN  399 W. S. WINNERS  RESTREAM  PROTECTION  TOTO CLERN  399 W. S. WINNERS  RESTREAM  ARCH  PATIVET  OUT OF ORDER  Inspected by (name and title printed)  Received by (name and title printed)  Received by (injuntum):  ONCH  Received by (injuntum):  Inspected by (name and title printed)  Received by (injuntum):  Inspected by (name and title printed):  Received by (injuntum):  ONCH  Release Date  Naminary of Violations:  Summary of Violations:  ARCH  PROSENCE  TOTO  TOTO  TOTO  Inspected by (name and title printed):  Received by (injuntum):  Inspected by (name and title printed):  Received by (injuntum):  Inspected by (name and title printed):  Received by (injuntum):	BLUE	2 (	PHO	TUS	TACO + 180	VILLA BINA	( ) Establishm	ent	2/0	122	77119
Owner  Tose Mirital  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  Certified food handler  To se Mirital  • 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  Narrative  To Be Corrected by  ### Nort CLERN  ### Nort CLERN  ### NOT CLERN  ##							( ) Owner		2/9/		2591
TOSE (MIRILLO  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  Certified food handler  JOSE MURILLO  CERTIFIED HAND ARE DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATION(8) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SLIMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # JONE AND CERTIFIED AND COLUMNS ARE DENOTED AND THE NARRATIVE BELOW AS "R"  TO BE Corrected by HILLIAN AS TO CERTIFIED AND COLUMNS ARE DENOTED AND CERTIFIED AND CER	188	W	Je	FRSO	N ST. FORNK	CIN, A	Purpose:				Date
Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  JOSE MURILLO  CERTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS, REFERATED PROV PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  M31 NC ** Employees ROSTROOM**  CERTICAL TEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS, REFEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  M31 NC ** Employees ROSTROOM**  FAN COVER NO CERTICAL  399 NC ** PRINT PEDLET NG STORM ** WALL COLUMNS MARKED "C"  AND CURR NO CERTICAL  399 NC ** PRINT PEDLET NG STORM ** WALL COLUMNS MARKED "C"  AND COLD WATER PRINTED WITTSTITY GETTING!:  MENU STORM AND MARKED "C"  Inspected by (Jaume and title printed):  Received by (Jaume and title printed):  Received by (Jaume and title printed):  Received by (Jaynature):  OSE MUSINO Inspected by (Jaume and title printed):  By Samurative Eths  Inspected by (Jaynature):  DENOMINE THE SHEAT STORM THE SHEAT	Owner						1. Routine			211	9/32
4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  1 2 3 4 5  Certified food handler 1 2 3 4 5  Certified	Tos	e	m	KRI	220		2. Follow-up		Summary of	Violation	is:
Person in charge	Owner address	;			ACCESSOR STATEMENT OF STREET		3. Complaint				
Person in charge						1	-	al		) i	
Received by (name and title printal)  Responsible person's email  7. Other (list)  Menu Type (See back of page)  1 2 3 4 5 5  Menu Type (See back of page)  1 3 4 5 5  Menu Type (See back of page)	Person in charg	ge	- 1						$_{\rm C}$ $^{\circ}$	NC T	R
Responsible person's email  7. Other (list)  Menu Type (See back of page)  12 3 44 5  Certified food handler	Jose	N	UC	TLLO		2.55					
JOSE MURILO  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 Narrative  To Be Corrected by  H31 NC & Employees Postfrom = Cotling 2 11 32  FAN COVER NOT CLEARN  431 NC & FLOOR PN ARRED OF MOP CLOSET 2 14  NOT CLEARN  399 NC 2 WOMENS RESTROOM — WALLCOSET 2 14  394 NC PRINT PEULTING IN ARRED  COLD WATER PRINCH MISSITE GRAND 2 224  1 TOWLOT OUT OF ORDER  Received by (name and title printed)  By Smith Eths  Received by (name and title printed):  By Smith Eths  Received by (name and title printed):  By Smith Eths	Responsible pe	rson's e	mail				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Menu Type	(See bac	k of page)
JOSE MURILO  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 Narrative  To Be Corrected by  H31 NC & Employees Postfrom = Cotling 2 11 32  FAN COVER NOT CLEARN  431 NC & FLOOR PN ARRED OF MOP CLOSET 2 14  NOT CLEARN  399 NC 2 WOMENS RESTROOM — WALLCOSET 2 14  394 NC PRINT PEULTING IN ARRED  COLD WATER PRINCH MISSITE GRAND 2 224  1 TOWLOT OUT OF ORDER  Received by (name and title printed)  By Smith Eths  Received by (name and title printed):  By Smith Eths  Received by (name and title printed):  By Smith Eths					=						
VIOLATION(S) 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 #31 NC × Employels Restrong = COSLING	Certified food I	handler (	nu	RITLC	)			-	12	_3	5
Section # C/NC R Natrative To Be Corrected by H31 NC X Employels ROSTROM = COTLING 2 11 22 FAN COVER NOT CLEARN  431 NC X Employels ROSTROM = COTLING 2 11 22 FAN COVER NOT CLEARN  399 NC 2 WOMEN'S ROSTROM — WRLICETLING 2 224  324 NC PRINT PECLETY IN ARCA — WRSSIT G HANDO 2/24  1 TOWN OF ORDER  Received by (name and title printed):  Received by (name and title printed):  By b mith Eths  Received by (ignature):  Inspected by (ignature):  By b mith Eths	• CRITICAL ITI	EMS ARE	E IDEN	TIFIED IN	THE CHECKLIST AND	NARRATIVE	COLUMNS MARKED "C"	17			
H31 NC X EMPLOYERS ROSTROM - COSLING  FAN COVER NOT CLEARN  431 NC & FLOOP PV ARRED OF MOP CLOSET  NOT CLEARN  399 NC & WIMEN'S RESTROOM - WRIL/CESTLING - 32/24  324 NC PRINT PECLETY IN AREA  COLD WATER PRINCED MISSITY HANDLE 2/24  THANOSTNK FANCET  (1) TWILET OUT OF ORDER  Received by (name and title printed):  Bob Smith Etts  Received by (signature):  SEE MUSINO  Inspected by (signature):  Inspected by (signature):  Bob Smith Etts				M PREVIOU	S INSPECTIONS ARE DEN	-		IS" AND IN T	HE NARRATIVE I		
Received by (signature):  WE THERE OF MOP CLOSET 2 14  RECEIVED TO ARREP OF MOP CLOSET 2 14  REPRINT PROLITING FOR MISSING HANDLE 2/24  THE MOSTING FRUCT MISSING HANDLE 2/24  Inspected by (name and title printed):  By Smith Etts  Received by (signature):  By Smith Etts										Т	
Received by (signature):  WE THERE OF MOP CLOSET 2 14  RECEIVED TO ARREP OF MOP CLOSET 2 14  REPRINT PROLITING FOR MISSING HANDLE 2/24  THE MOSTING FRUCT MISSING HANDLE 2/24  Inspected by (name and title printed):  By Smith Etts  Received by (signature):  By Smith Etts	4311	MC ?	×	Em	ploxees	ROS	TROOM	COTLI	ng		711179
Received by (signature):  NOT CLEAN  NOT CLEAN  399 NC & WITHER FROM - WRITCETCING > 2/24  334 NC PRINT PECLET & THERE MISSITY & THURLE 2/24  1 TOWNOSTINK FRUCET  (1) TOWNOT OUT OF ORDER  Inspected by (name and title printed):  By Smith Etts  Received by (signature):  Sole MUSIO By My Signature):				- Hr	3 COVER	NOT	CLEMIN				18884
Received by (signature):  NOT CLEAN  NOT CLEAN  399 NC & WITHER FROM - WRITCETCING > 2/24  334 NC PRINT PECLET & THERE MISSITY & THURLE 2/24  1 TOWNOSTINK FRUCET  (1) TOWNOT OUT OF ORDER  Inspected by (name and title printed):  By Smith Etts  Received by (signature):  Sole MUSIO By My Signature):	431	WC -	70	EIA	OR IN	ARDA	2 lif ma	8 111	OSOT		2/14
Received by (signature):  See MUSINO  WORNERS RESTROOM - WRITCETLING - >2/24  TO HANDSTNK FAUCET  Inspected by (name and title printed):  By Smith Etts  Inspected by (signature):	(2)	,				111961	01 110	,	Jei		2111
Received by (signature):  OCOLD WATER FORCET MISSITY ATTAINED DISPETED MISSITY ATTAINED MISSITY A								,			
Received by (signature):  COLD WATER TOWN MISSITY HTWO 224  DANNOSTNK FAUCET  (1) TOWN OF OPDER  Inspected by (name and title printed):  By SMITHEMS  Inspected by (signature):  By SMITHEMS  BY SMI	399 h	VC ,	0	UDM	ens resi	Room	- WAZL	/ce.To	LING -		>2/24
Received by (name and title printed)  Received by (signature):  Received by (signature):  Inspected by (signature):	324 r	uc S	P	MINT					1/	21	
Received by (name and title printed):  Received by (signature):  Received by (signature):  Inspected by (signature):		/	/					55.12	9 ATTAIN	1000	- 2/24
Received by (name and title printed):  Received by (signature):  Inspected by (name and title printed):  Bob Smith Etts  Inspected by (signature):  Bob Smith Etts			2								
Received by (signature):  Sose Musillo Bab Smith Etts  Inspected by (signature):  But Smith Etts		<	_	_(1,	TUSLET C	out of	- ORDER				
Received by (signature):  Sose Musillo Bab Smith Etts  Inspected by (signature):  But Smith Etts											
Received by (signature):  Sose Musillo Bab Smith Etts  Inspected by (signature):  But Smith Etts									1 100		
Received by (signature):  Sose Musillo Bab Smith Etts  Inspected by (signature):  But Smith Etts											
Received by (signature):  Sose Musillo Bab Smith Etts  Inspected by (signature):  But Smith Etts											
Received by (signature):  Sose Musillo Bab Smith Etts  Inspected by (signature):  But Smith Etts											7
Received by (signature):  Sose Musillo Bab Smith Etts  Inspected by (signature):  But Smith Etts											
Received by (signature):  Sose Musillo Bab Smith Etts  Inspected by (signature):  But Smith Etts											MANAGEMENT AND
	Received by (na	ame and t	itle prin	ted) SOS	e Mu	5,110		Inspected BJ			EHS
	Received by (sig	gnature):		10	se mi	1,00	( \0	Inspected	by (signature):	P	and. d
	cc:					and the second s	America and a second and a second	cc:			



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

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

	on or each violation is specified.		
Establishment name	Telephone Number	Date of Inspection	ID#
Bob Was	( ) Establishment		_
Establishment address	( ) Owner	17 7 7	4133
159 marin or Greenwood	Purpose:	Follow-up Release	
Owner	1. Routine	NOZ	17 22
	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		
	4. Pre-Operational	^	_
Person in charge	5. Temporary	$_{\rm C}$ $_{\rm NC}$	
	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
A II II I	7. Other (usi)	Mena Type (See Su	ick of puges
Certified food handler		1 2 3	
		123	_4/_5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	Grant Control of the	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative		To Be Corrected by
399 NZ Repair danage	a ceiling to	tes in sta	never
	0		
256 NE Provide thermor	neter by pr	reparea	
Sulad Cooley	V	1	
		1	
399 NC Wark on remove	ing fa hil		
in treered - (	epdir as ru	eded TU	vevent
have build a	P		
Thank you			
110000000000000000000000000000000000000			
			N. P.
Received by mame and title printed):	Inspected	d by (name and title printed):	)
Anneste Tovanoville	70	miter	JONNEY
Received by (signature):	Inspected	d by (signature):	13.70
wheth granon	00	0 796	7)16
ce: / cc:	cc:		



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

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

Owner add	folo ent address N. Fmed LLLM tress	Weld Wings #  Greenwood  46143  Men V, LLC  Whitacker  ail	1. Routine 2. Follow-up 3. Complaint 4. Pre-Opera	Follow-up R NO Summary of V  tional  C N	elease Date  2 3342  elease Date  2 30 32
Certified fo	ruck	Whitacker DENTIFIED IN THE CHECKLIST AN	ND NARRATIVE COLUMNS MARKEI	12	345
• VIOLATIO	N(S) REPEATED	FROM PREVIOUS INSPECTIONS ARE D	ENOTED IN THE "SUMMARY OF VIOLA	TIONS" AND IN THE NARRATIVE BE	ELOW AS "R"
Section #	C/NC R		Narrative	. ,	To Be Corrected by
295	NC	S1 MON 1	alle soiled	inside	7/10/22
399	NC	Ritchen &	low needs	till and	\$/22/22
218	NC	and serve	i along with in alla flo walk-in C	dish area ors (100 f200 Dolon (prod)	1/1/20) 2/22/22
		Dinside to	rusty work  celling lights  elser Js	ght for damaged	
411	NC	Trauben (	Jone door f	reeser	3/22/22
256	NC	Some amb	iont aller the	cooler unita	2/10/22
431	NC	Ban floor I server area under soda	Scations	counters?	
Received by	y (name and title L NG)	le printed): Port with Mi	lanager	Inspected by (name and title p	brinted):
Received b	THE RESIDENCE OF THE PARTY OF T		J	Inspected by (signature):	Meller
cc:		cc:		cc:	



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

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

F . 11: 1	2	711	ID 67 :	
Establishment name BURGUR	KD9 #7447	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishment address	1.21		2/2/22	507
	NORTON FYANKIEN, IN	( ) Owner		
	exite Printege 12	Purpose:	Follow-up Release I	Date
Owner	\	1. Routine		
	on Foods	2. Follow-up	Summary of Violation	ıs:
Owner address		3. Complaint	(1	
		4. Pre-Operational		
Person in charge		5. Temporary	C O NC	R /
ANA BAR	05	6. HACCP		
Responsible person's email		7. Other (list)	Menu Type (See bac	k of page)
		(111)		718-7
Certified food handler	2/0-		1 2 3 0	a) 5
14M 14 0314	RES		123	,
CRITICAL ITEMS ARE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION(S) REPEATED F</li> </ul>	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "	R"
Section # C/NC R	]	Narrative	Т	o Be Corrected by
A STATE OF THE STA		CATOCOT SPORTS	l so	A HARADAN
	DOGRESS AND SO	STATE OF THE PARTY	AB GOA	
	THE STATE OF			
	1 × 1 × 1			The state of
M31 NC &	FLOOR REHTIND 1	VUCO TANK NOT	- CLEAN 3	2/5
1			=	
(note) =	(1) PLFRIGERATUR	NUT IN USE		
				1500
				Mile rune
Received by (name and title f	printed):	Inspected	by (name and title printed):	45
Received by (signature):		Inspected	by (signature):	an mark
1		(6	sil Ima	
cc:	сс:	cc:		
				9



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

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

Establishme Establishme 5970 Owner	HETK Int addres	s /	19 Fate Rd 135	Telephone Number  ( ) Establishmen  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint	Follow-up Releas	e Date 13/22
Person in ch	person's	r	1.1	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	CNC  Menu Type (See b	
EDUQI • CRITICAL			POLING EXP: 2025 ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	(	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		AND IN THE NARRATIVE BELOW	
Section #	_	R		Narrative		To Be Corrected by
295	NC		Buildup Onice Machin	U	78 H7-86	2/28/22
257	W		no themometer found in cooler up front by her	shy pres		2/23/22
210	N		Sanitar bucket not so - Should NOT be or Low 1 k shake mach NOTE: QUESTION about Uncle forey fable WI GM is sending BK on	t bacon being	Stored	2/23/22
Received by Received by	(signature)	E\ ):		In In	spected by (name and title printed)  Spected by (signature);  Jayan Dang	1



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

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

						•
Establishmen	nt name	10	a marcha STORO	Telephone Number	Date of Inspection	ID#
Establishmen	nt addres	SS .	MORTON IT. FRANKLIN, FU	( ) Establishment ( ) Owner	2/7/22	2005
301	18	N	MORION ST.	Purpose:	Follow-up Release	Date
Owner				1. Routine	- 2	17/22
CAS	ey's		MARKETING	2. Follow-up	Summary of Violati	ons:
Owner addre		(		3. Complaint		
				4. Pre-Operational		
Person in ch	ırge	~		5. Temporary	c = 0 Nc = 3	R
te	nn	The	en Bouer	6. HACCP	2.00	
Responsible	person's	email	las	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	N	IFAL BOWER	1	123	<u>)</u> 45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			a unu
• VIOLATION( Section #			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" ANI Narrative	O IN THE NARRATIVE BELOW A	To Be Corrected by
393	NC	X			0.)	-2 9/23
394	NC	3	TRASH BAGS ON GA	PAUNA MIZA	o dumpster	2/9/00
3/1		,	ENCLOSURO	Q101-01 41-57-01	o o forthe	
		T	5074			are p
431	NC	*		WALL MOT CO	EAN	2/10
,			IN MORS OF KIT	Elten Isrock		•
		_				
			La L	<del></del>	761	T 1
		-				
					7.00	9
			J =			
Dagaire J.L.	(11 - 111 - 1	1 44	Sint II.	T	cted by (name and title printed)	
Received by	vil	AV	m Bower	C.	Rob Smith E	75
Received by	(signature	lu	m Boure	Inspe	cted by (signature): Bell SmD	
cc:			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	t Sanita	atior	n Requireme	nts. The tir	ne limit for co	orrectio	on of each violation is	specified in	the narrativ	e portion	of this report.
Establishment n	name		1 0	Lui			Telephone Num		Date of Insp		ID#
Ch	wa	90	SIL	ma.			( ) Establish	ment	2/22,	122	1584
Establishment a	ddress	10	21 (	greenu	wood		( ) Owner		/		
1200	1 U	7	31	IN 46	142		Purpose:		Follow-up	2/	/
Owner	2	1	6 n		,		1. Routine		yes		4/22
K	on		apple	,			2. Follow-up		Summary o	of Viólatio	ons:
Owner address			//				3. Complaint		<b>'</b>		
=							4. Pre-Operation	onal	_	a	2
Person in tharg	8 1		C 1	/			5. Temporary		c_0	$_{\rm NC}$	R_6_
110	Œ	•	Cople	//	7	^	6. HACCP				5-1-1
Responsible per	rson's e	mail	7/	10	166		7. Other (list)		Menu Ty	pe (See ba	ack of page)
	II. Wallace - And		300 C	18	Water		1				/
Certified food h	nandler K	8	oplet	EXP	: 10/31/	23	/		12	_3_V	_45
• CRITICAL ITE	EMS AR	E IDI	ENTIFIED N	тне снеск	LIST AND NAR	RATIVE	E COLUMNS MARKED "	C"			(-4
			ROM PREVIOUS	INSPECTION:	S ARE DENOTED		E "SUMMARY OF VIOLATIO	ONS" AND IN	THE NARRATIV		2-24-24-24-24-24-24-24-24-24-24-24-24-24
		R				10/1	Narrative				To Be Corrected by
218 1	VC	V	200	N ga	skets	spe	ton Ho	me.			3/22/22
205		/	alfri	great	ww	100	hute		2011111	200	3/11/20
295 N	C	V	Sold	dead	na w	THE	e-in-cool	0	ation	y	3/14/22
			2) 000	210000	time)	10	or contra	CA 100	d ON	111	
		-	inili	O M	lini	FN	MAR COLL	10d	a an		
		1	3)	4100	ton.	N	100 W	1 Akon	11 5	0100	1)
		(	4) (n	side	Hate	A	Flavor S	avon	110 8	FOU 00	d L
431 1	VC	V	Fle	ors c	valls	Ce	ilinas C	ellin	a ven	to	3/14/22
			hust	4/50	led)	an	d floor	de	hins	are	, / /
			Soi	led;	oven	hi	od wents	Jan	ot7	Soil	2d , + ,
227 N	10	$\vee$	Clear	vano	(derty	1 de	ish table	Seal	ed as	5	2/28/20
0 - 1	4.1	,	med	ranica	e dis	N,	The state of the s	rit		tan Count	1, 1
324 N	IC	V	HOT!	water	2 IN	pue	blic rest	200m	we	20/	7/23/22
205 01	0	_	14407	10 195	Oi I	000	/				- 12- 12
385 N	_		man	ysten	11 100	ppe	1/1:1	nuto.		1,60	2/22/23
309 N	IC		1 nucl	Taruca	appear	all	mot only	natio	nal	use	C 3/1/20
HII A	10		Juston	100	Lighted	M	ret 11mbi	na Inl	the H	100 4	door conto
Received by (nat	me and	title p	orinted):	WL A	ull s	111	DI WUKE	Inspected	by (name and		3/1/2
Nich	1	-10	ofe	0~	ner			Ana	rew 1	Willer	EHS "
Received by (sign	nature):	7						Inspected	by (signature):	-0:	20
W	2	//	1					Un	rdrew	The	lles
cc:				cc:				cc:			1. 200
1. 7	1 +	-	1 1.00	(4)	True		imi mad	NIN	coope	od it	Page 1 of



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

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

Establishme	nt name	1		Telephone Number	Date of Inspection	ID#
Circ	ll 1	K		( ) Establishment	211111	115
Establishme			Edinburgh,	( ) Owner	CHILL	661
200 12	J. C.	(0)	55 St. IN 46124	Purpose:	Follow-up Release	Date
Owner				1. Routine	2/1	1177
				2. Follow-up	Summary of Violatic	ons:
Owner addre	ess			3. Complaint	9	
				4. Pre-Operational		
Person in ch	arge			4	c_O_Nc_	D
	ûcei		N 205	<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	CNC_	K
Responsible	nerson's	emai	Ayers	7. Other (list)	Menu Type (See ba	sob of page)
теороногоге	persons	Cilia		7. Other ( <i>usi</i> )	Menu Type (see ou	ck of pages
Certified foo	d handle	r			1 2 N 2	
STAZY	ma	THE	OR 14 (11/14 /24 Deris SAFE)		12X_3	_45
• CRITICAL		The second	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		7
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R	]	Narrative		To Be Corrected by
324	NC		leak from sink fail	icet in bond sink	s by the	a/15/ar
			3 bay sink		U	
0.10	2.16					- (
218	INC	_	One food not work	ing in the Wo	MK IN	3/1
	-	-	Coolt	O .		
119.1	NC		[/- 15 12 1] a Class	C00000 C011d		2/12
751	100		TOOK WI THE STOCK	m Cooler Soild	10-	ajio
			->+1001 W WWW.	m Cooler Soi	10-	
1131	NIC		Mechanical Ventilati	on in restroom	n in the	2/10
731	100		Stock room Soila.	0/1 111 10000	11111	
					900000	1
309	NC	V	Mechanical ventual	tion in restrac	m topped	3/1
			not working			10.
(1010)	To)		Chili Sauce for na	chos Used by a	dote is	2//
400	9		1/30/22 8am.	V		
01/	. 10		Cla	The state of the s		2/8
Received by	(name and	d title	Cleaner Stored in cor	Topograf DOX.	by (name and title printed):	
54	G ( +	11	Ayers	This period	30: Hall	
Received by	(signature	1)	1421-	Inspected	by (signature):	The state of
	51	1	1 GUS		Nort ilse	
cc:	6	0	сс:	cc:	1009	



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

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

Establishmer	nt name		Jade of Loc	Tall Egge		Telephone Numb	er	Date of Inspection	ID#
	- de	)	14			( ) Establishm		•	IDIT
Establishmer						( N ) Owner		7 11,77	12
161	9 1		1153	1 NWil	felan	Purpose:		Follow-up Release	Date
Owner					Cov	1. Routine		NO 7	2427
						2. Follow-up		Summary of Violation	ons:
Owner addre	ess					3. Complaint		•	
					ł	4. Pre-Operation	.o1		
Person in ch	arge			DESCRIPTION OF THE PROPERTY OF			iai	cNC	0 0
r erson in en	arge					5. Temporary	A	CNC	R
Responsible	percon's	email				6. HACCP		M T /C1-	
Responsible	persons	CITIALI	1			7. Other (list)		Menu Type (See bo	ick of page)
Certified food handler								_	
								12_3	_45
• CRITICAL I	ITEMS AR	E ID	ENTIFIED IN THE	CHECKLIST AND	NARRATIVE	COLUMNS MARKED "C"	1		
<ul> <li>VIOLATION(</li> </ul>	(S) REPEAT	ΓED F	ROM PREVIOUS INSI	PECTIONS ARE DENC	OTED IN THE	"SUMMARY OF VIOLATION	IS" AND IN T	HE NARRATIVE BELOW AS	; "R"
Section #	C/NC	R			N	Varrative		V.	To Be Corrected by
	MISS LL	017	No 1	tems	101	ed tod	C	2311 DV XII A HERADAN	
					-				
			11700	Il yo	) d				
	- Lander			0					
			.:						
			-	- 't' -					
				hh				POT TROUBS IN	re e st
								7	
								1	
D : 11		2 7	71				IT 1	1 ( 1)	
Received by	(name and	, ,					1	by (name and title printed):	
Received by	TIVIE	212	W1158	<b>/</b>			Inspected	by (signature):	deres
Received by	(signature)	de	erio L	OUSO	9		Inspected	J Zyle	1376
cc:			cc:			āt .	cc:		



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

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

Establishmer	nt name		The second of the second of the second	Telephone Number	Date of Inspection	ID#
	Chil	14	Wole	( ) Establishment	2/1/22	2/68
Establishmer				( ) Owner	211/22	2,00
200	5. 1	E m	erson are Greenwood,	Purpose:	Follow-up Release	Date
Owner			Fal	1. Routine	2	11122
			7. NE	2. Follow-up	Summary of Violati	
Owner addre	ess		AND THE STATE OF T	3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C O NC	R /
				6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
Certified foo			Hat wine		123<	5
• CRITICAL	-		ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW AS	5 "R"
Section #	C/NC	R		Narrative		To Be Corrected by
1/2	Na		(3) Home type f	reezes - mus	+ be	when
		4	commercial units		or T	replaced.
					-	in Product
324	NC		strong sewer gas	sdors noted in	n the	
		-	Kitchen-			
190	Ne	/	Cooked chicken I Br	eaded 7 coolin	g improperly	2/1/22
	/ /		in deep bus tu	bs exceeding	2-4 inche	
			/	/		
295	NG		Bulk storage The	lues are ohr	1-1/	2/2/22
06.					port and the second second second	7/./
295	NC	(6.7	The plustic it		the	2/2/22
		71	Walk-in cooler a	re soiled.		
-						
						,
D : 11		11		Tr Tr	11 ( 1:11::.7)	
Received by	Nen	han	orinted):	Inspec	ted by (name and title printed)  Terry  D	3/24/059
Received by	(signature)	): ]A A	i lin	Inspec	ted by (signature):	m
cc:	MM	ЩÜ	cc:	cc:	In Dia	
					/	



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

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

						-
Establishmer	nt name	1	About the last of the second	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishmer	nt addres	s v	1009		7 78 77	1017
			arius Plaza	( ) Owner	2 28 22	11815
Owner	4		artest Plaza	Purpose:  1) Routine	Follow-up Release	
Owner			Greenwood		Summary of Violation	8 27
0 11				2. Follow-up	Summary of Violation	ns:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C NC C	
			3)	6. HACCP		508.2
Responsible	person's	emai	1	7. Other (list)	Menu Type (See bac	ck of page)
Certified food handler				PROFESSIONAL CONTRACTOR OF CON	12_3	45
• CRITICAL I	ITEMS AF	E ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS	'R"
Section #	C/NC	R	I	Varrative	Γ	To Be Corrected by
			No items note	ed today	A COLUMN TO THE REAL PROPERTY OF THE PERTY O	
			DEFECT ALTERNATION			
			1		)	
			Mank you			
			0			
						1
			NO E		100 - 100 -	900,745 EFF
7						
	ļ				11 ( 1:1 : 1	
Received by			printed): Lara Archibali	d Je		war.
Received by	(signature)	7	Lua Ans	Inspec	cted by (signature):	1376
cc:			cc:	cc:		



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

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

E - 11:1				The state of				
Establishmer		1	Specifically a Not to go Ho 14	Telephone Number		ate of Insp	ection	ID#
(0)	7 2	+	ne creaning	( ) Establishme	ent	, –	7-	1
Establishmer	nt addres	S	31 Greenwood	( ) Owner		- 1	22	12455
780	1	15	SI Gleenwood	Purpose:	F	ollow-up	Release 1	
Owner				1. Routine		OM	ZY	222
				2. Follow-up	St	Summary of Violations:		
Owner addre	ess			3. Complaint	1			
				4. Pre-Operation:	01			
Person in cha	aroo.			4	au	()	NO C	R
r erson in ch	inge			5. Temporary	1		NC	R
D :11				6. HACCP	_		/o T	1 ( )
Responsible 1	person's	emai		7. Other (list)	1	Menu Typ	e (See bac	ck of page)
Certified foo	1111.	_				Y	0	822 44
Cerunea 100	d nandle:	r			1_	2	3	45
• CRITICAL I	TEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			************	
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			NARRATIVE	BELOW AS "	R"
Section #	_	_		Narrative				o Be Corrected by
	100		No stem note	el toda				
799		T		6 1000	7		10.00	THE STATE OF THE S
			3			1 11		2 144
		4	Marke soc.					1
		-		- ×	-			
							h 1 a 1 60	18
								4 4 7
	rel		31 200			21		ne fini
								+
Received by	(name and	title f	printed):	; Zhang	Inspected by	(name and til	tle printed):	
		1/5	tu 6 Hu	12100	Jen	nter	Wa	WW
Received by	(signature)	: /			Inspected by	(signature):	de de la cons	and his
	/	1/	The state of the s		OW	34	44-	3710
cc:			cc:		cc:			
								1 1



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

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

Establishmer	nt name			Telephone Number	Date of Inspection	
			~ ( ) -	( ) Establishment		ID#
Translinkary	2	1	Notr. Lien			11 -7-
\$	addres:		0	( ) Owner	21622	
MS	) (	101	ve Branche Parisi or		Follow-up Releas	se Date
Owner			(200 d. 1978)	1.) Routine	NOZ	2622
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	2#20			d .	C O NC	0.0
reison in ch	arge			5. Temporary	C_O_NC_	R
D 31				6. HACCP		
Responsible	person's	emai	THE STATE OF THE S	7. Other (list)	Menu Type (See	back of page)
0 10 10				-	- No.	/
Certified foo	d handle	r		1 2	12_33	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVI			LO HON
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		ND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
			01-1-	1 6	The second second	
			No teans note	el today		t t
					)	
		_				
			have you!			
	-		9			
		-			2-2-1	
			week and the second sec			
			# 200 - 0.0 Column #			11.2 10 2 2 2
		_				-
CONTRACTOR	-	-				
Received by	(name and	title	svisited).	Inc	pected by (name and title printed	<u> </u>
A	1 ( T	7	Tidhals miner	1115	Pecced by mane and the primer	The state of the state of
Received by	(signature)	:	JULY WILLS   CIVOTOCO	Ins	pected by (signature):	Jane
l state of		U	van dim -		241	4371
cc:		- 4	l cc:	co	1	



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

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

Establishment address  3	COURT STREET CARE	( ) Establishmen	Date of Inspection	ID#
Owner SHERRY YOUNG SHERRY TOUNG STORY GOLDONS MARKED "C"  Responsible person's email  Certified food handler SHERRY YOUNG	100 100 100 100 100 100 100 100 100 100	_	2/10/22	2232
Owner address  SHERRY YOUNG  Owner address  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  Certified food handler  5 KERRY YOUNG  CETTICAL TIEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  **YOUNTONNS REPEATED PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SIMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  DO THE CRUTPONN NOT CRESSES  JOS NC R  THERMO MOTER SEEN IN CHEST FREIZER, 2/20  PROJECT CRESS FROM GREAT  HILL NC R  SOUNG CREING LIGHTS AND IN CHEST FREIZER, 2/20  LIN STATE DP OF DR M PHERR NOT 2/20  LIN STATE DP OF DR M PHERR NOT 2/20  CLE RN  NOT CRESTROOM  RECEIVED TO THE TOWN TO THE THERMO THE COLUMNS AND IN THE NARRATIVE BELOW AS "R"  AND RESTROOM  PROJECT RESTREAMENT OF THE SEEN OF THE SEEN AS "R"  AND RESTREAMENT OF THE SEEN AS THE SEEN AS "R"  AND RESTREAMENT OF THE SEEN AS THE SEEN AS THE SEEN AS "R"  AND RESTREAMENT OF THE SEEN AS THE			, ,	
SHERRY YOUNG  Owner address  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  Certified food handler  5 KERRY YOUNG  CERTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  **ORDATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Some EQUIPMENT NOT ERSILY  4/1/32  TO BE Corrected by  MOURABLO NOT ON CRESTER  356 NC THERMOMETER SEQUENT CHEST ENGINER, 2/30  REAL REPEACE FROM COLUMNS MARKED "C"  ACRUSS FROM GREAT ROLL AND ARRATIVE BELOW AS "R"  TO BE CORRECTED BY A CHEST ENGINER, 2/30  REAL REPEACE FROM COLUMNS MARKED "C"  ACRUSS FROM GREAT ROLL AND ARRATIVE BELOW AS "R"  AND CHEST ENGINERY  4/1/32  4/1/32  AND CHEST ENGINERY  ACRUSS FROM GREAT ROLL AND ARRATIVE BELOW AS "R"  AND CHEST ENGINERY  ACRUSS FROM GREAT ROLL AND ARRATIVE BELOW AS "R"  AND CHEST ENGINERY  ACRUSS FROM GREAT ROLL AND ARRATIVE BELOW AS "R"  AND CHEST ENGINERY  ACRUSS FROM GREAT ROLL AND ARRATIVE BELOW AS "R"  AND CHEST ENGINE AN				120 22
Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler 5 KRRY  VOUNG  CERTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  NOTATIONS REPEATED FROM PRIVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Narrative  To Be Corrected by Marrative  To Be Corrected by Complete Columns  Narrative  To Be Corrected by Columns  ACRES From grett  4/1 /33  ACRES FROM CORLING  TO BE COULTER  NOT CHEST FROM SEE  ACRES FROM GRETT	SHERRY Young		Summary of Viola	1
Person in charge SPERRY YOUNG Responsible person's email  Certified food handler SPERRY YOUNG  Certified food handler SPERRY YOUNG  CERTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLLEMNS MARKED "C"  **OTOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Some EQUIPMENT NOT EASILY  MOUCH BO NOT ON CRISTERS  TO BE Corrected by  MOUCH BO NOT ON CRISTERS  THERMOMETER SOUN IN CHEST FROZER, 2/20  AND REFFERENCE OF SETUM MARKED "C"  **TOLATIONS REPEATED FOR PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  TO BE Corrected by  MOUCH BO NOT ON CRISTERS  TO BE COTTED TO BE COTTED TO BE CONTINUED TO BE	Owner address	-		
Person in charge  STOCK YOUNG  Responsible person's email  7. Other (list)  Menu Type (See back of page)  Certified food handler  STOCK STOCK YOUNG  CERTIFICAL TREMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS REPRATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SLAMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Note of the County of the Charge of the Control of the "SLAMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  NOTE OF THE COUNTY OF THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS REPRATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SLAMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  NOTE OF THE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE Corrected by "MOURTH OF THE CHECKLIST AND IN THE NARRATIVE BELOW AS "R"  TO BE Corrected by "TO BE COUNTY OF THE CHECKLIST AND IN THE NARRATIVE BELOW AS "R"  TO BE Corrected by "TO BE COUNTY OF THE CHECKLIST AND IN THE NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE Corrected by "TO BE COUNTY OF THE CHECKLIST AND IN THE NARRATIVE BELOW AS "R"  TO BE Corrected by "TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF THE CHECKLIST AND NARRATIVE BELOW AS "R"  TO BE COUNTY OF		1		2.1
Responsible person's email  7. Other (list)  Menu Type (See back of page)  Certified food handler  SKERRY YOUNG  CERTIFICAL TIMES 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 MOURTBOO NOT CRESTED  TO WORK OF THE PROPERTY NOT CRESTED  TO BE CORRECTED AND ON CRESTED AND ON CRESTED  TO BE CORRECTED AND ON CRESTED AND ON	Person in charge		$c$ $\bigcirc$ $NC$	H_R
Certified food handler  SKERRY YOUNG  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  NATITATIVE  TO BE COTTECTED by  MOVERBOO  NOT CASTERS  THE RULL PROPERTY OF EASILY  4/1/23  356 NC R  THERMOMETER SEAN IN CHEST FROUZER, 2/30  RAND REFFIGURATIVE ACROSS FROM GREAT  LII NC SOME COLLING LIGHTS OUT IN KTICKEDN 3/1  295 NC R  TW. STAD DP OF DR MALLER NOT 2/30  CUL AND  MOL HANTER EX HAUST NOT FUNCTIONING 2 BC  THE STREET ON MORE ON PURTURE (TOPE UNITE  SHOULD PROPERTY ON PROPERTY OF THE RECEIVED WILLIAM AND INTERFECT ON THE PROPERTY OF THE RECEIVED BY (Jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  Received by (jume and tile printed):  SHERW JOUNG OWNER  RECEIVED THE AND THE A	SHERRY YOUNG			
SECRETICAL 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 Narrative From Previous INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R Narrative From Previous INSPECTION ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  SECTION # COTTON OF CONTROL OF CONTROL OF THE PREVIOUS AND IN THE NARRATIVE BELOW AS "R"  TO BE COTTECTED BE	Responsible person's email	7. Other (list)	Menu Type (See	back of page)
SECRETICAL 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 Narrative From Previous INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R Narrative From Previous INSPECTION ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  SECTION # COTTON OF CONTROL OF CONTROL OF THE PREVIOUS AND IN THE NARRATIVE BELOW AS "R"  TO BE COTTECTED BE	6 - 15 - 11 - 11		_ /	7)
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 So me EQUIPMENT NOT EASILY  HILL NO FORM EQUIPMENT NOT EASILY  HILL NO FORM COTTING LIGHTS OUT IN KITCHOPN  AND REFERENCE TO P OF THE MARKET NOT 2/20  CLEAN  MOLENTATION OF THE MARKET NOT FUNCTIONING 2 BC  PROCEDED TO MORE ON PURTURE HORSE FROM THE	SHERRY YOUNG		12	_4_/_5
Section# C/NC # Narrative To Be Corrected by 128 NC Some EQUIPMENT NOT EASILY 4/1/22 MOVERBOO, NOT ON CASTERS  356 NC THERMOMOTER SOUN IN CHEST FROZER, 2/20  AND REFFEGRATIVE ACROSS FROM GRELL  411 NC & SOME COREING LIGHTS OUT IN KITCHON 3/1  295 NC TW. STOP OF STE MANUER NOT 2/20  CLE AN MECHANICAL OBSTRACHTON FOR HORE ON PURTOUTH 2 BC  NOTE OF MORE ON PURTOUNIE (HOROUTTE)  SROWITZATION TO PROPORTURE (HOROUTTE)  CLE AS 160 F OF MORE ON PURTOUNIES OF ARE  (WAS 160 F)  Received by (signaturg):  SHERN YOUNG OWNER  Received by (signaturg):  Inspected by (sig	CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATION	IVE COLUMNS MARKED "C"		
Down the text of the port of the printed of the pri			AND IN THE NARRATIVE BELOW	
MOVERBLE, NOT ON CHEST FREEZER, 2/30  RECEIVED BY MOVER SCON IN CHEST FREEZER, 2/30  RECHARGE SOME CETTING LIGHTS OUT IN KITCHON 3/1  295 NC IN STO TOP OF SCOM PAKER NOT 2/30  CLEAN  MECHARGER EXHAUST NOT FUNCTIONING 2 DC  PROPERTY RESTROOM  MECHARGER EXHAUST NOT FUNCTIONING 2 DC  PROPERTY RESTROOM  MECHARGER EXHAUST NOT FUNCTIONING 2 DC  PROPERTY RESTROOM  Received by (name and title printed):  SHERN YOUNG OWNER  Received by (ingualary):  Inspected			-, ,	/ /
THERMOMETER SEEN IN CHEST FREEZER, 2/20  RIND REFFISIRATIVE ACROSS FROM GREEL  HII NC & SOME CETTING LIGHTS OUT the KITCHOPN 3/1  295 HC & IN STOD TOP OF SEE MAKER NOT 2/20  CLE AN  MECHANICAL DESIGNACIONE HOT WATER OF SENTENCIAL DESTROOM  MECHANICAL DESIGNACIONE HOT WATER ON PROTECTION OF MAKER ON PURITY OF ACCUMENTO ON PURITY UTEN SIL SUFFACE  (TURS 166°F)  Received by (name and tile printed):  SHERN YOUNG OWNER  Received by (ignatury):  Inspected by (ignatury):  CC:			124	4/1/22
THE STREET EX HAUST NOT FUNCTION THE SHOP OF STREET BY HAUST NOT FUNCTION THE STREET BY HOUSE STREET BY MORE ON PURITY OF THE CONTROL OF THE STREET BY SOUTH OF THE SHEET BY SOUTH OF THE S	MOVERBU NOT	DIO CHOVERS	2000	
AND REFFIGERATUR ACRUSS FROM GREEL  411 NC & GOME CORING LIGHTS OUT IN KITCHOPY 3/1  295 NC & INSTRUMENTE TO BE THE MATTER NOT 2/20  CLEAN  MECHANICAL DESIGNATION TO FUNCTIONING 2 DC  PROPERTOR ON PURITY SUITE  Received by (name and title printed):  SHERE YOUNG OWNER  Received by (signature):  CC:  CC:  CC:  CT. CO. C. CC:	256 NC & THERMUMETER SO	en In chest	FREEZER,	2/20
Received by (signature):  CIERD  TO STATE TOP OF STE MALLER NOT 2/20  CIERD  MECHANICAL EXHAUST NOT FUNCTION IN 2 DC  PROPERTY OF MORE ON PURTURE ADEQUATE  (WAS 166 F)  Received by (name and title printed):  SHERRY HONG OWNER  Received by (signature):  CC:  CC:  CC:  CC:  CC:  CC:  CC:				
Received by (signature):  CIERD  TO STATE TOP OF STE MALLER NOT 2/20  CIERD  MECHANICAL EXHAUST NOT FUNCTION IN 2 DC  PROPERTY OF MORE ON PURTURE ADEQUATE  (WAS 166 F)  Received by (name and title printed):  SHERRY HONG OWNER  Received by (signature):  CC:  CC:  CC:  CC:  CC:  CC:  CC:		C-1120	· Part	77/
CLE RN  Mechanical distance to have the about the about the above the article of	411 INC & SOME COILING I	19 HIS OUT	IN KLICKERY	311
CLE RN  Mechanical distance to have the about the about the above the article of	295 NC & INSTAG TOP OF	500 MAK	er NOT	2/20
Received by (signature):  CC:  MECHARITCH DISTRICT WITH DISTRICT WATER  AND TO TRATION DE MOOR ATURE ADEQUATE  ILLOGE OF MORE ON PURTE/UTONSIC SUFFACE  (WAS 166°F)  Inspected by (name and title printed):  BOD SIN 17H  THE  Inspected by (signature):  CC:  CC:	CLEAN			
Received by (signature):  CC:  MECHARITCH DISTRICT WITH DISTRICT WATER  AND TO TRATION DE MOOR ATURE ADEQUATE  ILLOGE OF MORE ON PURTE/UTONSIC SUFFACE  (WAS 166°F)  Inspected by (name and title printed):  BOD SIN 17H  THE  Inspected by (signature):  CC:  CC:				100 0 6
Received by (signature):  C:  C:   MECHANICAL OSSEMBENTAR DI WATER  SHOUTOZATION TE MORE ON PURTURE (SUCE ATCE)  Inspected by (name and title printed):  But Smith The  Inspected by (signature):  Cc:  Cc:  Cc:		X MATUST NOT	FUNCTION	2 BC
Received by (name and title printed):  SHERN YOUNG OWNER  Received by (signature):  CC:  SHERN YOUNG OWNER  Inspected by (name and title printed):  CC:  CC:  CC:  CC:	pol to restrective			1
Received by (name and title printed):  SHERN YOUNG OWNER  Received by (signature):  CC:  SHERN YOUNG OWNER  Inspected by (name and title printed):  CC:  CC:  CC:  CC:				
Received by (name and title printed):  SHERN HOUNG OWNER  Received by (signature):  CC:  CC:  Received by (name and title printed):  Inspected by (name and title printed):  CC:  CC:  CC:  CC:				(21K)
Received by (name and title printed):  SHERN YOUNG OWNER  Received by (signature):  CC:  CC:  Inspected by (name and title printed):  Inspected by (signature):  CC:  CC:	7 163			01)
Received by (name and title printed):  SHERN HOUNG OWNER  Received by (signature):  CC:  Inspected by (name and title printed):  Inspected by (signature):  CC:  CC:		ON PUMPIUTEN	SIC SOLF ACO	
Received by (signature):    CC:   CC:   CC:      SHERRY YOUNG OWNER   Bob Sin 174 CAS     Inspected by (signature)   CAS     CC:   CC:     CC:   CC:   CC:     CC:   CC:   CC:     CC:   CC:   CC:     CC:   CC:   CC:   CC:     CC:   CC:   CC:   CC:     CC:   CC:   CC:   CC:     CC:   CC:   CC:   CC:   CC:     CC:   CC:   CC:   CC:   CC:     CC:   CC:   CC:   CC:   CC:   CC:   CC:     CC:	Received by (name and title printed):	In	spected by (name and title printed	):
Received by (signature):    CC:   CC:   Inspected by (signature):   CC:   CC:	- SHERRY YOUNG OWNER		Bob SmiTH	EHS
cc:	Received by (signature):	In	spected by (signature):	50
Page 1 of		c	oc:	
				Page 1 of



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

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

Establishme	nt name		And the second second	Telephone Numbe	er	Date of Inspection	ID#	
CUI	ver	5	Restaurant SR 135 (reenwood	( ) Establishme	ent		10	
Establishme	nt addres	S		( ) Owner		7827	1471	
320	5	> 4	SR 135 (vegnuos	Purpose:		Follow-up Release I	Date	
Owner	THE PERSON NAMED IN			1. Routine		N 2 1	8 22	
				2. Follow-up		Summary of Violations:		
Owner addre	ess			3. Complaint				
			Î	4. Pre-Operation	a1			
Person in ch	arge	-		5. Temporary	41	$_{\rm C}$ $_{\rm NC}$ $^{\rm Z}$	р 🔾	
	8*			6. HACCP		CNC		
Responsible	person's	emai		7. Other (list)		Menu Type (See bac	b of page)	
Treep oncisie	persons	CITIC		7. Other (usi)		Menu Type (see out	k of page)	
Certified foo	d handle:	r		MARKET PROPERTY AND ADDRESS OF THE PARTY OF	_	1  2  3  4	1 5	
						1232	45	
CRITICAL I	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"				
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN T			
Section #	C/NC	R	1	Varrative		Т	o Be Corrected by	
	NC		Order nove Star	age rach	cs t	w Doves	OF.	
77.50	Dec.		truding all wal	ue, n tre	2020	/		
	. 0		V	2				
426	NC		hemore old wa	ight to	m	the back	noon	
			12.1					
			Thank yer.		_			
							1	
	,							
				- Umatic		91.0.7	1 x 2	
10			English at the second					
Received by	(name and	title t	brinted):		Inspected	by (name and title printed):		
7			yon Fulbright		Len	ni-terriva	WOLK	
Received by					Inspected l	by (signature):		
			(3)		0	U 3460	1376	
cc:			cc:		cc:			



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

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

Establishm	ent name	41113	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishm	ent address	#10000	( ) Establishment ( ) Owner	11/18/22	7/07
11 1	Invah	Morton Holsi	Purpose:	Follow-up Releas	e Date
Owner		$1 \cdot 1 \cdot$	1. Routine	100 3/	10/22
			2. Follow-up	Summary of Violat	l V l
Owner add	ress		3. Complaint	1	
			4. Pre-Operational	OT -	1
Person in c			5. Temporary	C NC	R
XCIS	ia Sn	nith	6. HACCP		
Responsible	e person's en	nail	7. Other (list)	Menu Type (See b	pack of page)
Certified fo	od handler		THE RESIDENCE OF THE PROPERTY	l, X	
				13	45
Complete and Chipman Control		IDENTIFIED IN THE CHECKLIST AND NARRATI			
		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		THE NARRATIVE BELOW A	
Section #	C/NC		Narrative	- 10	To Be Corrected by
(10	000	Split/LOVY	a truit coots	Y 15	5-10-22
1131		11100111		- 12)	Opping (
30	NC	EXMOUST fon in	men's and I	NOMBY'S	_35 18 Y
		restroom Soiled.			
414	NC	Exterior door	EMERNENCIO EX	+0 (+;	
11/1	10-	the bottom of t	no Stairs in	Storage	
		room not prote	cited from D	otential	
	-	rodents	1 0/2001 1	2-10-110	<u> </u>
	-	-> BOOM 1121	H Observed w	Mer The	_18
nella i		don			W 1/2
		101			da da
		Trank All	7,9		
	-	Hours			
	1	9			
Received by	y (name and ti		Inspected	d by (name and title printed)	):
Received by		Sasmith	Inspecte	d by (signature):	The state of the s
X		Lisa Smit	Co	ssi Hall	
cc:		сс:	cc:		



460 N. MORTON ST. STÉ 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 address   Compared to the printed   Compared to the pr	Establishm	ent Sani	itatic	on Requirements. The time limit for corr	rection of each violation is specified	l in the narrative portion o	of this report.
- 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 Narrative To Be Corrected	Establishme  39  Owner  Owner addr	ent name ent address ess	da	#6653 31, Whiteland 41	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP	Date of Inspection  2   14   22  Follow-up Release 2 / 2  Summary of Violatio	ID# 796 Date -4122 rns:
VIOLATION(S) 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 I C/OL NC Standard Community Communit	Certified foo	od handle	er			133	45
Section # C/NC R Narrative To Be Corrected 1  Cleanable	5 HE STATISTICS CO. 10						
Received by (name and title printed):  Inspected by (name and title printed):  Fina Sanders  Received by (ignature):  The Sanders		35.74	-				
Received by (name and title printed):  Tima Studies  Received by (signature):	July 1		I	Oi I I II			10 De Conected by
Received by (signature):  Inspected by (signature):  And a sanders  Received by (signature):  And a sanders				Cleanable			
cc: cc: cc: cci Celijabeth Sehultzy	$\varphi$	7	inc	a Sanders	Ċa	ssi Hall	
Page 1 of/	cc:			cc:	cci	lijabett Seh	ultz/

317-346-4373



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

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

Establishme  Establishme  Owner  Owner addr  Person in ch  Responsible	nt addres	St	Hob44  ate Rd 135	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  1-8-22  Follow-up Release Date  2-28-22  Summary of Violations:  CNCR		
Certified for					1 2 3	45	
			ENTIFIED IN THE CHECKLIST AND NARRAT FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW	AS "R"	
Section #	200			Narrative		To Be Corrected by	
431	NC		Ceiling exhaust Fang	s in both restroo	ims soiled	2-20-22	
414	NC -		not protected from	nergency exit i			
Received by Received by CC:	rand	la	Menale store Mana	ger Cas Inspecto Cas Cc:	ed by (name and title printed (SS) Ha 11 ed by (signature):  Arkth Schul	Page 1 of	



# 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  Cowner  Owner addre  Person in characteristics  Responsible	ess		State Rd 135	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  1-18-11  Follow-up Release 1-2  Summary of Violation  C NC NC Menu Type (See ba	8- CC ons:
Certified foo	d handler	r			1 2 3 4 5	
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>						
Section #	C/NC	R		Narrative		To Be Corrected by
310	NC		Ceiling fours in both	restrooms are	50:18d.	2-10-22
352	NC		NO self-closure on	2-28.72		
414	NC		Codents (Em execut)	2-28-72		
	Note: one light cover Missing in Walk in					
						4.00
Received by Received by cc:	lee	T	printed):  Licker Shift Manag	er Ca	1 by (name and title printed):  1 by (signature):	Page 1 of

317-346-4373