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.

Establishment name	Telephone Number	Date of Inspection	ID#
CANARY CROCK HEAD START	() Establishment	2/22/22	
Establishment address	() Owner	2/22/23	1095
486 N MORTON ST. FRANKLIN, IN	Purpose:	Follow-up Release	Date
Owner	1. Routine	Follow-up Release	2/22
HUMAN SERVICES, INC	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge CHASTITY SUGGETT SURSAFER WIGHTENE	5. Temporary	c_O_NC_	R
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Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment address 2 455 S. Mur ggm twm rel TM 46143 Purpose: Owner 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Certified food handler 1. Ville Miller 1. Quive graph 1. Routine 2. Follow-up Summary of Violations: Menu Type (See back of page) 1. Certified food handler 1. Other (list) Certified food handler 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) Menu Type (See back of page) 1. Other (list) 1. Other (list) Menu Type (See back of page) 1. Other (list) 1. Other (list) Menu Type (See back of page) 1. Other (list)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Establishment address Owner Follow-up Summary of Violations: Summary of Violations: Owner Owner
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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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86 WEST COURT STREET FRANKLIN IN 46131

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

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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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Establishmer Clauk Establishmer		le	sant Middle School	Telephone Number (317) 535 3175	Date of Inspection 2/17/22	1D#
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Owner				1. Routine	No 2,	127/22
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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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460 N. MORTON ST. STE A) } FRANKLIN, IN 46131 ce 317-346-4267

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

Establishmen	it name	/	$r \sim r \sim r$	(317) 535 Sull 3685	Date of Inspection	ID#
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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.

Telephone Number Date of Inspection) Establishment Establishment address) Owner Purpose: 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 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 Received by (name and title printed): James Inspected by (signature) cc: cc: cc:



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

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

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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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Responsible			VALL			7. Other (list)	Menu Type (See	back of page)
						7. Guiler (Mass)	Mena Type (occ	cuence of pugey
Certified foo	od handle	r		16x0			- L X .	4 5
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#
Edinburgh High School Middle, Scho) Establishment	0117100	797
Establishment address	() Owner	4/11/11	> 1 1
300 S. Keeley St. 46124	Purpose:	Follow-up Release	Date
Owner	1. Routine	NO 2/2	7/22
	2. Follow-up	Summary of Violatio	ns:
Owner address	3. Complaint		
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Certified food handler		1 2 × 3	4 5
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	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

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Establishme	ent name	00	Discontinue Critical	Telephone Number		ID#		
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700	E Si	- 0-	3 44 FANKLIN, IN	Purpose:	Follow-up Release	se Date		
Owner				1. Routine	- 2/	24/22		
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Owner addr	_	-		3. Complaint				
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Responsible	persons	Ciliai		7. Other (list)	Menu Type (See	back of page)		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishme	nt name		Short company of the town Account	Telephone Number	Date of Inspection	ID#	
Cus	TER	BI	THER DUTER MOSTATION SCHOOL	() Establishment	21.11100		
Establishment address 101 W ST P3 44 FANKLIN, IN				() Owner	2/14/28	400	
101	WS	71	3 44 FORKLIN, IN	Purpose:	Follow-up Releas	e Date	
Owner				1. Routine	- 2/	2/24/22	
9	SC	50		2. Follow-up	Summary of Violat		
Owner addr				3. Complaint			
				4. Pre-Operational			
Person in ch	arge		2	5. Temporary	C_ONC	P	
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Responsible	person's	emai		7. Other (list)			
	1		I stant in the same of the sam	7. Other (ust)	Wicha Type See 8	ack of page	
Certified foo			V ERNET (S/13/24)	00154000	1 2 3	4 5	
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Section #		R		Narrative		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

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. Telephone Number Date of Inspection ID# Establishment address
Establishment address

2600 CUMBERCAND DR, IN) Establishment) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational $C \bigcirc NC \bigcirc R$ Person in charge 5. Temporary ACHEEL WHECLER 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler RACHARL WHERLER • 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" Narrative To Be Corrected by Section # C/NC WASHING BULK CONTAINER OF SUGARES NOT LABELSO NC NOTED ON TRITY WASHING Received by (name and title printed):



460 N. MORTON ST. STE A 7 FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#	
Franklik middle School	() Establishment	2/17/22	1385	
Establishment address 625 GR12ZLY CUB AR	LT (D () Owner			
628 GRIZZET CUB DR	Purpose:	Follow-up Release	Date /	
Owner	1. Routine	- 2/6	17/22	
RCSC	2. Follow-up	Summary of Violatio	ns:	
Owner address	3. Complaint			
	4. Pre-Operational	0 1		
Person in charge	5. Temporary	C_O_NC_A_R		
MELINDA SCOTT	6. HACCP	1 12 201 2 11 1	- W. L. W. T. L. W. W. W.	
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
	National Section 1 and 1 to 19) [8-)	
Certified food handler Scott (50	2RUSAFP 1 3/13/04	123	45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST	AND NARRATIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE	E DENOTED IN THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	"R"	
Section # C/NC R	Narrative	7	To Be Corrected by	
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an Pentrolo	VIEWSK SURFACE			
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295 NC + INSEDE	top of the maker	- 1001	a/au/aa	
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460 N. MORTON ST. STE A HATT FRANKLIN, IN 46131 ce 317-346

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection	ID#		
Establishment address 1379 UPPER SHELBYUTLLE RE)	() Establishment	2/18/22	1101		
Establishment address FRANKLTO, IN	() Owner	9/10/00	701		
1399 UPPER SHELBYUTLLORD	Purpose:	Follow-up Release I	Date)		
Owner	1. Routine	Follow-up Release I	18/22		
FCSC	2. Fellow-up	Summary of Violation			
Owner address	3. Complaint				
	4. Pre-Operational				
Person in charge	5. Temporary	c O NC O	R		
KRISTING GOTT	6. HACCP	CNO	CR_		
Responsible person's email	7. Other (list)	Menu Type (See bac	ch of page		
Acceptance persons crimin	7. Other (ust)	Menu Type (See Out	k of page		
Certified food handler		1 (2)			
- KRISTIMP GOTT		1	45		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" ANI	O IN THE NARRATIVE BELOW AS "	R"		
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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. Establishment name Telephone Number Date of Inspection Establishment address FRANKLIN, IN) Establishment 2/23/22 403 Establishment address) Owner Purpose: Follow-up Release Date 22 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational NC O R Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler PATTON WERMON 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" Narrative To Be Corrected by Section # C/NC Food Remper ATURES JFOOD FTOMS KIRHER 1055 SISHMAZHINE DANITIZA DON TEMPERATURO AB OR MORE WAS Received by (name and title printed): Inspected by (name and title printed): MITA

cc:



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

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

Page 1 of

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. Establishment name Telephone Number Date of Inspection INTON ELEMENTARY

blishment address

3990 W DIVISION RJ.) Owner Purpose: 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational $_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ Person in charge 5. Temporary PEGGY RIGGLPS 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler RIGGLES reggy 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" Narrative Section # C/NC To Be Corrected by R mecHANICHT. @is/tmateriale SAW ITIZATION NO ITEMS Inspected by (name and title printed): Received by (name and title printed): cc:



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

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

Page 1 of

Establishment name WBB EVERNARY SCHOOL Establishment address 1400 WBB CT FRAKUN IN Owner FCSC Owner address Person in charge BOLINDA WILLIAMS 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 Summary of Violatio C NC Menu Type (See ba	28 27 ns: R
Certified food handler BULINGA WILLIAMS CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA		123	45
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE			
Section # C/NC R	Narrative	11 12 502	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

Page 1 of

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishm	ent Sani	itatio	n Requirements. The time limit for correction	on of each violation is speci	ified in the narrative portion	of this report.		
Establishment name		Telephone Number	Date of Inspection	ID#				
Establishme	nt addres	ee	K High School Middle Scho	() Establishment () Owner	2-16-21	2 47/0		
ONT	-		1:00 C COOK DC 41101	Purpose:	Follow-up Releas	Data		
Owner	0 1	-VY	Jian Creek Dr. 46181	1. Routine	Pollow-up Releas	26.12		
Owner					Summary of Violat			
0 11				2. Follow-up	Summary of Violat	ions:		
Owner addr	ess			3. Complaint				
				4. Pre-Operational	(1	1 ~		
Person in ch	arge			5. Temporary	C 📈 NC	R		
a an high	9.		raina 8 Birina Millian India (1971).	6. HACCP	7 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Responsible	person's	emai	Let usual in the subject of April 1995	7. Other (list)	Menu Type (See b	Menu Type (See back of page)		
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Certified for	d handle	T.	SIS ((2/7/26)		123	45		
• CRITICAL	ITEMS A	RE IL	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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411	NC	_	LIGHT INTENSITY		poler not	2-26-22		
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460 N. MORTON ST. STE A J FRANKLIN, IN 46131

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

		ation	Requirements. The time limit for correction			n of this report.		
Establishment name				Telephone Number	Date of Inspection	ID#		
Establishment a	ddress	ek.	Intermedicate /Elementary	() Establishment () Owner	2/28/2	2 (078		
1000 S Indian Creek Dr. 46181				Purpose:	Follow-up Relea	se Date		
Owner				1. Routine	100 3/	10/26		
				2. Follow-up	Summary of Viola	tions:		
Owner address				3. Complaint				
				4. Pre-Operational	OX	X .		
Person in charge			Share the first the Secretary	5. Temporary C NC R				
			nurtion)	6. HACCP	and the second			
Responsible per	son's e	mail	The second street of the second	7. Other (list)	Menu Type (See	back of page)		
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	landier	1	MyHay (Exp. 27)		123	45		
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• VIOLATION(S) R	REPEAT	ED FR	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"		
Section # C,	/NC	R	I	Narrative		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

Page 1 of

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishm	nent Sani	itatio	n Requirements. The time limit for correc	tion of each violation is specifie	ed in the narrative portion	of this report.	
Establishme ST Establishme	ROS ent addres	C	OF LIMP SCHOOL LOT AR. FINNKIJN, ITA	Telephone Number () Establishment () Owner	Date of Inspection	ID# 87,9	
114	LAN	100	LOT AR FANKEIN 1740	Purpose:	**************************************		
Owner				1. Routine	Follow-up Releas	2/22	
3-	t . F	205	E OF LIMA	2. Follow-up	Summary of Violations:		
Owner address				3. Complaint	• • • • • • • • • • • • • • • • • • • •		
				4. Pre-Operational			
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