

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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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

Page 1 of

Establishment name	Talanhana Nambar	Data of Ingression
ANN 5 ROSTAURANT	Telephone Number () Establishment	Date of Inspection ID#
Establishment address	Owner)	1/25/00/109
77 W MONROEST.	Purpose:	Follow-up Release Date
Owner	1 Routine	- 2/ /20
TARA TREATMONT ENTER	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	cO_Nc_3R
MERIKA CRAWLEY	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler CRAWLEY SERVE	EXP. 10/6/26	1234_\(\) 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
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Section # C/NC R	Narrative	To Be Corrected
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishin	ent sam	tatio	n Requirements. The time limit for correction	on of each violation is specified	in the narrative portion	i of this report.	
Establishme Av l	nt name		46353	Telephone Number () Establishment	Date of Inspection	ID#	
Establishme	nt addres	is A	#6353 Aborton St Franklin III	() Owner	01/24/22	2 642	
Owner Owner	14		WHAT 46131	Purpose: 1. Routine	Follow-up Releas	e Date 22	
				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational	1 1 1		
Person in charge			ulier * miles	5. Temporary6. HACCP	CNC_	C	
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Section #	C/NC	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

Establishmen	nt name	C	#6744	() Establishment	Date of Inspection	ID#
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			erough air gap	- U		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		tano	on Requirements. The time mint for correct			or tins report.
Establishment name Ar bys				Telephone Number	Date of Inspection	ID#
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Establishme				() Owner	1522	930
210	10	U	531 Greenwood	Purpose:	Follow-up Releas	
Owner				1. Routine	NOI	1577
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
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Person in charge			To be a second	5. Temporary	c_O_NC_	R
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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	nt name			Telephone Number	Date of Inspection	Date of Inspection ID#	
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Establishme	nt addres	S		() Owner	1-6-27	LS07	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Ave	in	2 X	meridian St Greenwood	() Establishment		
Establishmer	t addres	S		() Owner	12177	472
750	3 5	0	meridian St	Purpose:	Follow-up Release	Date
Owner			Grognion D	1. Routine	mil "	3177
				2. Follow-up	Summary of Violatio	ons:
Owner addre	SS			3. Complaint		
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Responsible 1	person's	emai		7. Other (list)	Menu Type (See ba	ck of page)
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460 N. MORTON ST. STE A WILL CE 317-346

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

Establishment name Huthe Howe Establishment address Owner Owner Owner address Person in charge 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	7/2 Z ns:	
	tine	GUENT EXP: 2026 IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	123	45
		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW AS	'R"
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name	1	The least the second of the second of the second	Telephone Number	Date of Inspection	10#	
Anr	Hil +	A	mer Ripale	() Establishment	Date of hispection	ID#	
Establishme	nt addres	S	MM3 PICSI	() Owner	117/22	2012	
				Purpose:	Follow-up Releas		
Owner				1. Routine	NU	17/22	
				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
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Person in ch	arge				CNC	\mathcal{I}_{R}	
less hu		-		6. HACCP			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		1 and a second	Telephone Numb	per Date of Inspection	ID#		
			INS SCOOPS & TRUASURS	() Establishm	,			
Establishment address				() Owner	1 /28/22	2375		
49 E COURT ST. FORNKUM, IN				Purpose:	Follow-up Release	Date 1		
Owner				1. Routine	- a/	7/22		
BRO	25 NO	Am		2. Follow-up	Summary of Violation	ons:		
Owner addr				3. Complaint		and the second		
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Person in ch	arge		The I offer the second of the first of	5. Temporary	C O NC	c <u>O</u> nc <u>5</u> r		
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"				
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Section #	C/NC	-		Varrative		To Be Corrected by		
411	WC.	10	(1) LIGHT ON EXT	HAUST HOOD	BOUT	2/5/22		
254	NO	12	methr stom probe	TYPE THES ME	in mellon	211		
001	000	1-55	PRISTERS 0-220°		CCURATE	0.11		
			1-2121			, +		
234	NC	x		N TOP SUR	FAZO OF	211		
-	-	-		CLEAN SU	RFAO(TTAY,			
			Holder ETZ.					
228	10		FRONT AREA UPRI	SHT REFOR	TSERATOR)	2/20		
000	NC	3		EASILY		0,00		
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			and accompany of the second second second second	10° 11 10 11 10 10 10 10 10 10 10 10 10 10	ALL DESIGNATION SHOULD SEE	1		
324	NC	8	NOT WATER AT HO	and SINK	125-0F	1/30		
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460 N. MORTON ST. STE A 1/19/22 FRANKLIN, IN 46131 ce 317-346-4365 Fav 247

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

Establishme	nt name	110	2 2 2 2 2 4	Telephone Number	er Date of Inspection	ID#		
Bob	to	VI	NS RESTAURANT 453	() Establishme	ent //13/22	21 211		
Establishme	nt addres	SS		() Owner	11/12/00	. 0137		
900	N	Ma	DRIONST. FRANKLAN IN	Purpose:	Follow-up Releas	e.Date /		
Owner				(1. Routine		123/22		
				2. Follow-up	Summary of Violat	THE RESERVE OF THE PERSON NAMED IN COLUMN 1		
Owner addre	ess			3. Complaint				
				4. Pre-Operation	al			
Person in ch	arge			5. Temporary		C_O_NC_8_R		
		y	FISHPR	6. HACCP	110	CNCR		
Responsible				7. Other (list)	Menu Type (See k	pack of page)		
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• CRITICAL	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
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Section #		_		Narrative		To Be Corrected by		
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431	NC	82			= QUIPMENT	1/10		
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(NOT	2)	~	distingether Penapor ATU	no Adequate	e (1600F+)ON SU	OFATO(OK)		
411	NL	×		NOT ADEC		alio		
			WARK-IN FREE		, 0, 1, 0	0.110		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name		almosa chaerainstan ann ann an ann a	Telephone Number	Date of Inspection ID#
1000	51	U	Tour Dow Vizza	() Establishmen	
Establishmer	it address	s		() Owner	1 20 22 2348
510 N Meridian				Purpose:	Follow-up Release Date
Establishment name Boby Turon Dow Pizza Establishment address 510 N Mendian Owner Owner				1 Routine	ND 2 6/22
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in cha	arge		State of Table and the Comment of the Comment	5. Temporary	$C \cup NC \setminus R $
in the second				6. HACCP	√
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			aboren e manari Terligi	ly feet a sign had	and the second second
Certified foo	d handler	r			12345
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			800 K		AN 346 4376
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Brave Mintion	Telephone Number () Establishment	Date of Inspection ID#				
Establishment address Swafalaar TM		01/28/22 2522				
Establishment address 807 Spring lake dr 46181	Purpose:	Follow-up Release Date				
Owner	1. Routine	No house sine				
And the second s	2. Follow-up	Summary of Violations:				
Owner address	3. Complaint					
	4. Pre-Operational	1 1 1 0				
Person in charge	5. Temporary	C O NC OR				
	6. HACCP					
Responsible person's email	7. Other (list)	Menu Type (See back of page)				
Certified food handler	-	1 2 3 4 5				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"					
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Section # C/NC R	Narrative	To Be Corrected b				
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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	nt name	Photo and place in the second of a second	Telephone Number	Date of Inspection	ID#	
BUT	alo	wild wings	() Establishment	1/25/22	2163	
Establishme	nt address	0_	() Owner	120/22	2100	
2330	NM	orton St Franklin, IN acis	Purpose:	Follow-up Release	Date	
Owner		112000	1. Routine	ND 2/	05/22	
			2. Follow-up	Summary of Violatio	ns:	
Owner addr	ess		3. Complaint			
D : 1			4. Pre-Operational	C		
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		a second control of the	6. HACCP			
Responsible	person's e	mail	7. Other (list)	Menu Type (See ba	ck of page)	
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Certified foo	od handler	~		123	45	
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431	NC	D Build up on drain under			1120122	
451	100	2 Floor spiled at har us	ider ice + 3 hay 3	SANG	101100	
1913TE	MX, 275	3) Floor under freex Soile	301	71100	Table 1	
475	N)C	Mor not hung	<u>a</u>	- Line a men	1125122	
12)	100	Trup mirrorig			110160	
		AFI DONAMADON HARAGE ISBILO	ed			
187	1	Bauph on line 00 45°F	=> thrown out		1125/22	
		Data Company	THE WAY OF COMME		1//	
218	NO	Fan out in walk in fi	refer		215122	
		4 May be bicits about to tempo	2 - Follow up next	nspectron		
411	NC	"light out in handicap!	stall in womens	restroom	215/22	
1					/ - /	
		NOTE: Keep dishracks	off floor!	4		
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r ₁						
D . C 11	,	in the second se	Ιτ	11		
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		CC.	Co:	/ //		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name	20	- Kima # 1727	Telephone Numb		ID#	
Fetablishme	ot addres	72	T Critical to the control of the con	() Establishme	1/19/22	1885	
Establishment name Burger King # 1720 Establishment address 165 County line rd Ty 4614				Owner)	Follow-up Releas		
Owner			THY TONT	1. Routine	No Releas	e Date	
				2. Follow-up	Summary of Violat	tions:	
Owner addr	ess			3. Complaint	in the second of \$1.		
				4. Pre-Operation	al (
Person in ch	arge		A first of the state of the same	5. Temporary	cNC	$\mathcal{L}_{\mathbf{R}}$	
Test For				6. HACCP	180.	1 -5 1	
Responsible	person's	email	ye i nejingiyi i	7. Other (list)	Menu Type (See l	back of page)	
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Ceruned 100	d nandie				123_X	45	
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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			(Special encloses and the second of the first	Telephone Number	Date of Inspection	ID#	
77 11' 1	134	190	r King	() Establishment	11-1	2223	
Establishme				() Owner	1/26/22		
	841	V	15 31 N	Purpose:	Follow-up Relea		
Owner				1. Routine		/22 /	
			Whiteland, IN	2. Follow-up	Summary of Viola	tions:	
Owner addre	ess		,	3. Complaint			
				4. Pre-Operational			
Person in ch	arge		4 d top of ray tood	5. Temporary	C _ O _ NC _ Z _ R Menu Type (See back of page)		
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		7	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"			
• VIOLATION	(S) REPEA	TED FR	OM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
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