




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 AFC Sushi	Telephone Number () Establishment () Owner	Date of Inspection 12722	ID# 1675
Establishment address 3100 Meridian Parkway	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NO	Release Date 2722
Owner Greenwood		Summary of Violations: C <input type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/>	
Owner address			
Person in charge		Menu Type (See back of page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Responsible person's email			
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"

[illegible]


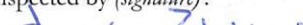
Received by (name and title printed): 		Inspected by (name and title printed): 
Received by (signature):		Inspected by (signature): 
cc:	cc:	cc:

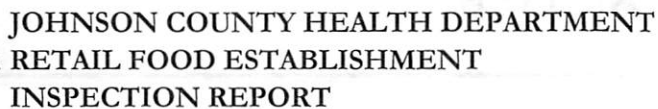
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Aldi	Telephone Number () Establishment () Owner	Date of Inspection 1-4-22	ID# 466
Establishment address 1595 US 31 Greenwood	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up No	Release Date 1 14 22
Owner		Summary of Violations: C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input checked="" type="radio"/>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

- 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"

[illegible]

Received by (name and title printed): Stephen Hackert		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature):  3464376
cc:	cc:	cc:



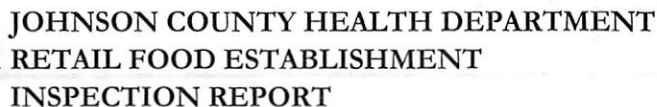
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name Ale Emporium	Telephone Number () Establishment () Owner	Date of Inspection 1 25 22	ID# 2280
Establishment address 997 Co Line Rd	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NO	Release Date 2 5 22
Owner Greenwood		Summary of Violations:	
Owner address		C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input checked="" type="radio"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 <input checked="" type="radio"/> 5 _____	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Lean Blankenship General Manager		Inspected by (name and title printed): Jennifer Warner
Received by (signature): Lean Blankenship		Inspected by (signature): JW 3464376
cc:	cc:	cc:


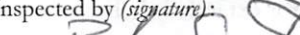


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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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[illegible]

Received by (name and title printed): Merika Crawley		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


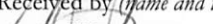
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Arby's #6353	Telephone Number () Establishment () Owner	Date of Inspection 01/24/22	ID# 642
Establishment address 1400 N Morton St Franklin, IN 46131	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NO	Release Date 01/31/22
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____	
Certified food handler Mickmzie Collins (Serving safe Exp. 1/17/26)			

- 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"

[illegible]

Received by (name and title printed): 		Inspected by (name and title printed): Paul Betiku EHS
Received by (signature): 		Inspected by (signature): Paul Betiku.
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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FRANKLIN, IN 46131
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Butson
1/25

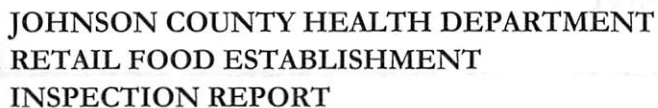
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Arby's #6744	Telephone Number () Establishment () Owner	Date of Inspection 01/24/22	ID# 769
Establishment address 111 N SR 135 Greenwood, IN 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 01/31/22
Owner		Summary of Violations: C 1 NC 3 R 1	
Owner address		Menu Type (See back of page) 1 2 3 ✓ 4 5	
Person in charge			
Responsible person's email			
Certified food handler Mariah Hestand (Servesafe Exp. 12/31/25)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
—	—	—	Walk-in freezer temperature not at 0°F (10°F) → freezer on defrost	corrected
334	C		main drain by three bay sink does not have enough air gap	—
399	NC		some tiles are missing at dry storage entrance → some coverings missing by prep sink (this is in work order)	02/7/22
297	NC		some soda nozzles are soiled	01/25/22
342	NC	✓	Hand sink water temperature at 145°F (should be in range of 100°F - 120°F)	01/31/22



Received by (name and title printed): Clayton Fields	Inspected by (name and title printed): Paul Betkov EHS
Received by (signature): <i>Clayton Fields</i>	Inspected by (signature): <i>Paul Betkov</i>
cc:	cc:

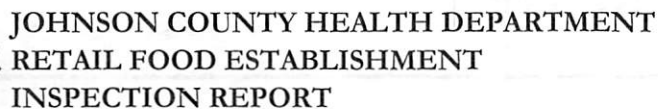


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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Received by (name and title printed): Ryan Cannon		Inspected by (name and title printed): Jennifer Warner
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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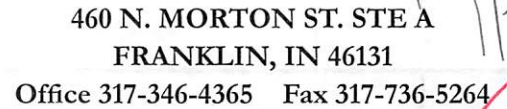
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Arbys	Telephone Number () Establishment () Owner	Date of Inspection 1-6-22	ID# 2507
Establishment address 954 E Main St	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up NO	Release Date 1 16 22
Owner Greenwood		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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"

[illegible]

Received by (name and title printed): Jodie Rosales		Inspected by (name and title printed): Jenna Ferl Warner	
Received by (signature): Jodie Rosales		Inspected by (signature): JFW 3464376	
cc:		cc:	



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

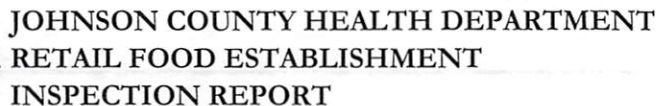
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Auntie Anne's</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/7/22</i>	ID# <i>722</i>
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>1/17/22</i>
Owner		Summary of Violations:	
Owner address		<i>C</i> <u>0</u> <i>NC</i> <u>2</u> <i>R</i> <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1</i> <u>2</u> <i>X</i> <i>3</i> <u>4</u> <i>5</i>	
Certified food handler <i>Kristine Geer Exp: 2026</i>			

- 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"

[illegible]

Received by (name and title printed): X Christine Day		Inspected by (name and title printed): Janice Blanford
Received by (signature): X Kristine Geer		Inspected by (signature): 
cc:	cc:	cc:



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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 <i>Auntie Anne's Kiosk</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/7/22</i>	ID# <i>2012</i>
Establishment address	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>1/17/22</i>
Owner		Summary of Violations:	
Owner address		C <u><i>A</i></u> NC <u><i>0</i></u> R <u><i>0</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u><i>4</i></u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): X <u>Justine Geer</u> Area Manager		Inspected by (name and title printed): <u>Jayne Blanford</u>
Received by (signature): <u>Justine Geer</u>		Inspected by (signature): <u>Jayne Blanford</u>
cc:	cc:	cc:



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

Bekm
1/31

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 BENJAMIN'S SCOOPS & TREASURES	Telephone Number () Establishment () Owner	Date of Inspection 1/28/22	ID# 2375
Establishment address 49 E COURT ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/7/22
Owner BROSNAME		Summary of Violations: C <u>0</u> NC <u>5</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Person in charge KIM BROSNAM			
Responsible person's email			
Certified food handler LEO BROSNAM			

• 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
411	NC		(1) LIGHT ON EXHAUST HOOD IS OUT	2/5/22
254	NC		METAL STAIN PROBE TYPE THERMOMETER REGISTERS 0-220°F NOT ACCURATE	2/1
234	NC		ICE SCOOP STORED ON TOP SURFACE OF ICE MAKER NOT ON CLEAN SURFACE (TUTTY, HOLDER ETC.	2/1
228	NC		FRONT AREA UPRIGHT REFRIGERATOR/ FREEZER NOT EASILY MOVABLE, NOT ON CASTERS	2/20
324	NC		HOT WATER AT HANDSINK 125°F NOT AT 100°F-120°F	1/30

Received by (name and title printed): * Kim Brosnam	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): * Kim Brosnam	Inspected by (signature): Bob Smith
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Beth
11/19/22

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.

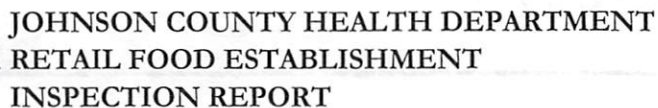
Establishment name Bob Evans Restaurant #453	Telephone Number () Establishment () Owner	Date of Inspection 1/13/22	ID# 2134
Establishment address 900 N MORTON ST. FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 1/23/22
Owner		Summary of Violations: C <u>0</u> NC <u>8</u> R <u>—</u>	
Owner address		Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>—</u> 4 <u>5</u> 5 <u>—</u>	
Person in charge VICKIE FISHER			
Responsible person's email			
Certified food handler VICKIE FISHER			

• 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
239	NC	X	BOXES OF SINGLE SERVICE ITEMS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN STOCK AREA, FRONT PREPARATION AREA	1/16/22
431	NC	R	FLOOR NOT CLEAN UNDER EQUIPMENT NEXT TO WHEEL IN CLEANING CLOSET, KITCHEN, WALK-IN COOLER	1/18
(NOTE)		X	DISINFECTANT TEMPERATURE ADEQUATE (160°F+) ON SURFACE (OK)	
411	NC	X	LIGHT INTENSITY NOT ADEQUATE WALK-IN FREEZER	2/10
346	NC	X	FRONT AREA / PREPARATION HANDSINK	1/14
347	NC	X	SOAP / HANDTOWELS (DISPOSABLE) NOT PROVIDED, BACK AREA HANDSINK DISPOSABLE TOWELS NOT PROVIDED	
295	NC	X	SEAL OF GATE NOT CLEAN / GROSS BUILT UP	1/17
392	NC	X	DUMPSTER AREA - DUMPSTER LID NOT CLOSED	1/18
394	NC		TRASH / CIGARETTE BUTTS ON GROUND IN ENCLOSURE AREA	

Received by (name and title printed): Vickie Fisher Asst Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Vickie Fisher</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:

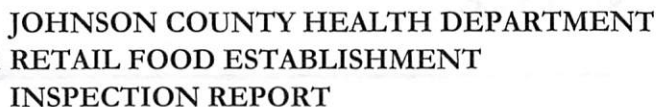


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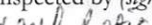



Received by (name and title printed): <u>Shon Bowling</u>		Inspected by (name and title printed): <u>Jennifer Warner</u>
Received by (signature): <u>[Signature]</u>		Inspected by (signature): <u>[Signature]</u>
cc:	cc:	cc:



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Received by (name and title printed): Jennifer Stauffer	Inspected by (name and title printed): Paul Betton/Cassi Hall
Received by (signature): 	Inspected by (signature):  / 
cc: 	cc: 



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Beth
1/26

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 <u>Buffalo wild wings</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>1/25/22</u>	ID# <u>2163</u>
Establishment address <u>2330 N Morton St Franklin, IN 46120</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>ND</u>	Release Date <u>2/05/22</u>
Owner		Summary of Violations: <u>C 1 NC 4 R 0</u>	
Owner address		Menu Type (See back of page) <u>1 2 3 4 5</u>	
Person in charge			
Responsible person's email			
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
431	NC		① Build up on drain under ice at bar	1/29/22
			② Floors soiled at bar under ice + 3 bay sinks	
			③ Floor under fryer soiled	
425	NC		mop not hung	1/25/22
			Floor under fryer soiled	
187	C		Bacon on line @ 45°F → thrown out	1/25/22
218	NC		Fan out in walk in freezer	2/5/22
			* May be b/c its down to temp → follow up next inspection	
411	NC		light out in handicap stall in womens restroom	2/5/22
			NOTE: Keep dishracks off floor!	



Received by (name and title printed): <u>Eric Ferguson</u>	Inspected by (name and title printed): <u>Jaycie Blanford/Cass Hall</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc:

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 <i>Burger King # 1720</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>1/19/22</i>	ID# <i>1885</i>
Establishment address <i>765 County line rd Greenwood IN 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date
Owner		Summary of Violations: <i>C</i> <u><i>0</i></u> <i>NC</i> <u><i>0</i></u> <i>R</i> <u><i>0</i></u>	
Owner address		Menu Type (See back of page) <i>1</i> <u> </u> <i>2</i> <u> </u> <i>3</i> <u><i>X</i></u> <i>4</i> <u> </u> <i>5</i> <u> </u>	
Person in charge			
Responsible person's email			
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"

[illegible]

Received by (name and title printed):		Inspected by (name and title printed):	
Paul Belieu		Paul Belieu LHS	
Received by (signature):		Inspected by (signature):	
 Contreras			
cc:	cc:	cc:	

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 Burger King	Telephone Number () Establishment () Owner	Date of Inspection 1/26/22	ID# 2223
Establishment address 891 US 31 N	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 2/6/22
Owner White Land, IN		Summary of Violations:	
Owner address		C 0 NC 2 R	
Person in charge		Menu Type (See back of page) 1 2 X 3 4 5	
Responsible person's email			
Certified food handler Kristen Christopher			

- 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"

[illegible]

Received by (name and title printed): + Kelly Christopher		Inspected by (name and title printed): Terry D. Boyless
Received by (signature): [Signature]		Inspected by (signature): Terry D. Boyless
cc:	cc:	cc: