

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

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

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Establishme		2	1 141		Telephone Number		ID#
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				1	Owner )	1.5-2	2 2969
	0 1	<u>ر</u> د	3 31 five	e mine		Follow-up Relea	ise Date
Owner					1. Routine	NO	15 22
					2. Follow-up	Summary of Viola	ations:
Owner addre	ess				3. Complaint		
					4. Pre-Operation	al	
Person in ch	arge				5. Temporary	C_O_NC_	$\bigcirc$ R
					6. HACCP		4
Responsible	Responsible person's email				7. Other (list)	Menu Type (See	back of page)
1 40					()		
Certified foo	d handle	r			Name of the last o	1 2 3	4 5
• CRITICAL	ITEMS AR	RE ID	ENTIFIED IN THE CHECKLIS	ST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS A			S" AND IN THE NARRATIVE BELOW	
Section #	C/NC	R			Narrative		To Be Corrected by
- 17	3 1 11			to the late	\ _ \ \ \ \	21 1 322	Tological
	randon.		NO iter	ns 100	sted too	day.	100 1 24
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Received by	(signature)	:				Inspected by (signature):	(1371
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name E) PUEDIO Establishment address  J904 Northwood Plazza  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 Violati  C NC  Menu Type (See b)	Date 5/22 ons:
Certified foo	S MI	re	les Exp: 2022		123	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	5 "R"
Section #		_		Narrative		To Be Corrected by
297 346	NC		Soda nottle a bar by b soap dispensers not we sink on moun line	lender Soiled orking@ par and in Kitchen	hand	1/25/22
431 257	NC	-	Keg cooters Soiled NO Thermometer found I Walk in freezer	n small white fr	ilter by	1/25/22
399 227 187	NC. NC	V	Cracked tile in floor by appropriate on pepsi stall cooling unit wisourcreal food thrown our food thrown our food thrown our	tojek nd up cooler split m, guaci + pico (c †	45-50°F	2/5/22
295	NC	V	Food not stored 6" offf	nt line Soiled loor Inwalkin ocol	ert freezer	1/25/22
Received by	10	a	printed): GONTI CZ	Jau	I by (name and title printed)  O D D D D D  I by (signature):	
cc:		0/	сс:	Véc: Y		



# 460 N. MORTON ST. STE A \\ |9\22 FRANKLIN, IN 46131 ce 317-346-4365

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

			1							
Establishmen	nt name	Ta	eks		i din	Telephone Numbe  ( ) Establishme		ID#		
Establishmer				ur dr		( ) Establishine ( ) Owner	01/14/	22 1505		
	111	-	7 000111			Purpose:	Follow-up Relea	se Date		
Owner						1. Routine	MO -	_		
						2. Follow-up	Summary of Viola	itions:		
Owner addre	SS					3. Complaint				
						4. Pre-Operationa				
Person in cha	ırge					5. Temporary	CNC_	CNCR		
D 111	Responsible person's email					6. HACCP	i to the transfer	in the first of the second		
Responsible j	person's	emai				7. Other (list)	Menu Type (See	back of page)		
Certified food	d handle	r					13_X	_45		
						COLUMNS MARKED "C"	" AND IN THE NARRATIVE BELOW	/ AS "R"		
Section #	C/NC	R		ACCOUNT OF THE PARTY OF THE PAR	1	Varrative		To Be Corrected by		
	-	-	Balor	i, egg, chees.	e & G	ther foods a	susperted for			
	1		foor	portoning	temp	iratines a	re Okony	162.01%		
			4		1		U			
			NOTE	: I enlour timperatu	aged as	more proz	d safety praetu	es.		
The same	900	-			71		And the second second second			
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ly i							The state of the s			
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50° - 7 - 400		4,000								
Received by	name and		printed):	-(/			Inspected by <i>(name and title printe</i> NAML BUTKU	ed):		
Received by	(signathre)		Tall	3 8			Inspected by (signature):			
cc:	1 6	/	VV	cc:	PHOTO CONTRACTOR CONTR		cb:			



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

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

Establishmer	nt address	S	SK135 Greenwarl	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID#  1 7 7 324  Follow-up Release Date 2
Responsible	od handler	r		6. HACCP 7. Other (list)	Menu Type (See back of page)  12345
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NADDATIVE RELOWAS "P"
Section #	C/NC	-		Narrative	To Be Corrected by
411			Note santa	and the k	the interes
Received by cc:	7	<u> </u>	printed):	)_	red by (name and title printed):  Red by (signature):  346 4376



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

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

	FRANKLIN MART			Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishme	nt addres	SS		( ) Owner	1/31/22	
Owner	C	Je	AFERSON SI. FANKAW, IN	Purpose:  1. Routine	Follow-up Releas	19/22
			PATEL	2. Follow-up	Summary of Violat	ions:
Owner addre	arge		Report of the second se	<ul><li>3. Complaint</li><li>4. Pre-Operational</li><li>5. Temporary</li></ul>	C_O_NC_	R R
	M	ITA	PATEL	6. HACCP	a 1, 11, 1	
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
Certified foo	od handle	Hyp	1 ANI EXB. 12/28/24 PR	emetriz)	123	45
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TR		IN THE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R		Narrative	u	To Be Corrected by
431	WC	N	ROSTRUOM - CETLL NUT CLEAN	ING EXHAUST FI	to cover	2/3/22
239	ne	8		OR SOFT PRINKS Spenser Holde	NOT .	allo
218	nc	3	WARK-IN COOLER door GASKETS WOR	FRONT SERVER	doors-	2 Jas
2567	al contraction	×	ANGEL DE LA CONTRACTION DE LA		A SOURCE OF THE SECOND	<b>*</b>
(No	e	1	SOME SANDWAZHES AN PAST dischip dano		er/with	d.EscArd ed
	-					
Received by	(name and	d title j	orinted):	B	ted by (name and title printed	): E7+5
Received by	fsignature pull	B		£	ted by (signature):	2012-07 943
cc:			cc:	cc:		a



460 N. MORTON ST. STE A 122 FRANKLIN, IN 46131 ce 317-346-4265

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

Establishmer		2	Large Artistan and Market and Application As	Telephone Number	Date of Inspection	ID#
FRI	-en	d5	DINER	( ) Establishment	1/4/1-	
Establishmer	nt addres	S		( ) Owner	1/14/22	2202
98	91	$\vee$	US31 WHITELAND IN	Purpose:	Follow-up Releas	
Owner				1. Routine	24/22	
(	ZUB	en	PEREZ	2. Follow-up	Summary of Violat	
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch				5. Temporary	$c \rightarrow NC$	7r
RU	Ben		PEREZ	6. HACCP		Adquest
Responsible	person's	email	T + 1 =	7. Other (list)	Menu Type (See l	pack of page)
	William .				A man dr. manghay	
Certified foo R F	d handle	r LL	Rerez (10/24)		123	4 \$ 3
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION(</li> </ul>	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	THE RESERVE AND ADDRESS OF THE PARTY OF THE
Section #	C/NC			Narrative		To Be Corrected by
439	C	<b>D</b>	3 SPRAY BOTTLES OF CLEANER STORED			1/16/23
0 0-1			Next To CANNE			.///
256	NC.	8	THERMORETER NOT OBSERVED ENTER			1/16
193	C	.2	SHELLOD REFRIGERATOR IN KATTHER SHELLOD REGS ON PREPARATION TABLE			carected
175	-	ð		com TerreriATU		1/14
		-		no/Temperan		
218	NC	9		ORN/SPLIT ON	. g R.TLL	2/14
			LINE PEFRISERATOR	35		
431	NC	4		AIN NOT CLARN	In KITTHEN	120
295	NC	0	WALL/ CETLING FAN	cover dusty		1/20
347	NC	7	OTSPOJABLE TOWERS 1	NOT PROMINED A	7	1/15
-011	2.0		FRONT HANDSTOK	TOTAL COA	- nut mail	> 1/26
324	NC	3		- TOTLET SEAT	nye rature	7/100
324	NC	6	FRONT TYPE	100°F-120°F	ingainto	7/113
			1-10-1 1001 111	7007 7007		
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cé:		1	cc:	cc:		
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#### 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	ID#	
		(A)	d Pizza Kino	( ) Establishment			
Establishme	nt addres	s		( ) Owner	1/4/22	1789	
520	St. a	٦	d. Pizza King 135 Greenwood, IN	Purpose:		se Date	
Owner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>a.,</i>	133 81.22.00 300, 310	1. Routine	Tonow-up Recease	1/14/22	
				2. Follow-up	Summary of Viola		
Owner addre	ess			3. Complaint			
o wher made	200			•			
Danasa in al				4. Pre-Operational			
Person in ch	arge			5. Temporary	C O NC	7 R	
Responsible		1		6. HACCP	77 77 70	1 1 6	
Responsible	person s	eman		7. Other (list)	Menu Type (See back of page)		
Certified foo	d handle	r					
			acump		123	45	
	-		ENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		1	
• VIOLATION	S) REPEAT	red fi	ROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
311	NC		the dining aska	13 Very 200 antilation 7	okey	_ 111 - 1	
	13.00		Egroper W	antilation 7'	-/		
431	NG		The Kitchen & 100	r under the	3-by sink	1/6/22	
1111	NL		13 dirty	in the walk-in	coalec	<b>*</b>	
41/	N.C.		is indduouate	The Are water			
218	NC		The condensation	drain is not	proper	_	
			The condensation on the pizza	prep unit	7.7		
			,	7 /			
						day ale	
13				64 d T *			
		_				1/45 1	
		-					
						15	
						1	
Received by	(name and	title p	rinted):	3.00	ed by (name and title printed		
	700	tby	'el Lee Roach		Terry D. Bay	K.55	
Received by	(signature)		lie Rouch	Inspect	red by (signature):		
	Z	10			Imy D P	my fire	
cc:			cc:	cc:	/	/	



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

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

Establishment name High Way Lands Establishment address High Morton St Owner  Owner  Owner address  Person in charge  Responsible person's email			anes Orton St	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	ID# -  370  e Date
					12_3	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	S "R"
Section # C/NC R				Narrative		To Be Corrected by
345			Keep hand sink em	pty and used the		1/6/22
Received by	(name and	title f	orinted):	00	ed by (name and title printed) MABIANDO	d
Received by	(signature)	( )	ines	Inspect	ed by (signature):	rford
cc:		Ú	ce:	(26:		V

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

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

Дэтабизии	.iii Oaiii	atioi	in Requirements. The time mint for correction	on or each violation to specimen	in the marting of Postson	<b></b>
Establishmer HO-	it name	) K	Pizza	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishmer	nt addres:	s	Creen		01/25/22	1706
3147	W,	SI	mith valley Rd IN, 461	Burpose:	Follow-up Release	e Date.
Owner				1. Routine	1 1	01/22
				2. Follow-up	Summary of Violati	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	c = 1 $NC = 5$	RO
-1				6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
			A- 1	, ,		an so of
Certified foo	d handler Lov	190	ordner (exp. 3/22/26)	)	123	_45
• CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	
Section #	C/NC	R	1 000	Narrative	0 0 -	To Be Corrected by
347	ne		No papertowel provid.	ed by hand sint	K Clase to	01/31/22
N 1 50			the three boy Sink		1	Zeri viji i med
139	C		No usage of ile sco	op Observed		01/26/22
191	C			Se lle-scoop 4	rill transfer	ning
			lle.			<b>"</b>
decision for the second	MOT	£:	Make sure all sprom is	potties one lab	rellet c	
425	NC		mop not bring			01/27/22
77.11	- 10		0			12:100
411	Ne		ON light out by OVE	n		01/31/22
297	NC		One soda norrell is a	linging off & be	rse of 10e	01/27/22
21	٠٠٠ر ــ		machine is soil	migne al b	De of the	0.1211
				zile is change	and clean	
			NO22/LS-	V	4	
			,	14.	- 0	10.1
399	NE		One wall tile is missing	g by wall-in co	colera	01/31/22
	NO	TE	:Make sure there is	no obstruction is	n front of A	he walk-in
Received by	(name and	title f	printed): COOLER & FREEZER +	for much la hapation	d by (stable landstitle printed)	
	AN	CH	HASE		Raul Betil	CV Etts.
Received by	(signature)	:		Inspecte	ed by (signature):	
	you.	W			and Betiev-	
cc:			cc:	cc: (		



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

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

			1		_			
Establishmer			2010. 20	Telephone Number	Date of Inspection	ID#		
10	USE		St Tokyo	( ) Establishment	, -			
Establishmer	nt addres	S	lody In	( ) Owner	12622	515		
172	. ~	10	lody In	Purpose:	Follow-up Release	Date		
Owner			Greenwal	1. Routine	NO 2	6/14		
				2. Follow-up	Summary of Violati	ons:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	C_O_NC_O	O R		
				6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ack of page)		
					77	. ^		
Certified foo	d handle:	r			1 2 3	4 5		
			ENTIFIED IN THE CHECKLIST AND NARRATIVI					
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		N THE NARRATIVE BELOW A	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		
Section #	C/NC	R		Narrative		To Be Corrected by		
			N 12 26 2 3					
may 107 Police	Mean	200	No items not	red dear.		100		
8		_	95 - 1 - 14 - 15 - 14 - 15 - 15 - 15 - 15			(= 184)		
			Thank you!					
					7			
		-						
						H. F		
			- sandarda la servicio de la servicio della servicio de la servicio de la servicio della servici					
75.0	Marin.	- 10			The street street			
						Cecil a 1		
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Received by	(sig <b>y</b> lature)	: ~		Inspecte	d by (signature):	lavoer		
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cc:			Сс:	cc:				
l			S <sub>1</sub>					



460 N. MORTON ST. STE A WYM
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name	Telephone Number	Date of Inspection	ID#
Indian Bazar	( ) Establishment	1-1-1-	1878
Establishment address  334 S. LMETSON AVE  Owner  Greenwood  JN	( ) Owner	12/28/21	1018
334 S. LMETSON AVE	Purpose:	Follow-up Release	e Date
Owner Greenwood	1. Routine	2022 1/	8/21
IN	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
,e	4. Pre-Operational		
Person in charge	5. Temporary	c_1_Nc_1	3 p /0
- control of the cont	6. HACCP	CNC	T.
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page
Acceptation of persons canal	7. Other (usi)	Went Type (See 0	uck of pages
Certified food handler		1 2 3 🗙	4 5
X Not found		123\$	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		-1-
<ul> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE</li> </ul>	E "SUMMARY OF VIOLATIONS" AND	N THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
295 NC Produce display bins	are soiled.		1/1/22
295 Na 1 Front display shelves	are soiled - cases	the a protable	F.
431 NE 1- SHOCK coom floor is dirty	- Near the Kitchen	7	
295 NC Restroom toslet is	Soiled.		
426 Ni 1- Rear storage room 12	uluttered.		
177 Ne - many botes + bugs of		ne	
311 Ne Exhaust filhers are very			
311 NC / Exhaust fillers gre very 295 NC / Bryer surfaces are soil			
431 NC 1- Kother walls and floor			
295 NC 1 - Buck food foods was ar			
295 NG 1-Kitchen storage shelve.			
431 NC 1 Floor by the dish sink		and more con-	1
187 C 1 meats sauces and con		are not	12/28/21
maintained at 4100	. [Only 430F]		
426 Nc 1- The outside - Rear a	re ss scutter	ed worth	
boter and debis			
Ak A a state to a	1 /	:2.5.2.7	
Received by (name and title printed):	Take over in	ed by (name and title printed)	:
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Received by (signature):		red by (signature):	1
of Chan This		Man & Prim	las
cc: cc:	cc:	my com	J. S. J.



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

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

			in Requirements. The time mint for contents		1	1
Establishmer			O No. 1	Telephone Number	Date of Inspection	ID#
Loo	har	0	Gaptist College	( ) Establishment	an research of the latest	
				( ) Owner	1272	1071
1301	U	<b>U</b>	Co Greenwood	Purpose:	Follow-up Releas	e Date
Owner			(FCE EN SOO)	1. Routine	NO Z	777
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess		1	3. Complaint		
				4. Pre-Operational		
Person in cha	Person in charge			5. Temporary	C_O_NC_C	$\sim$ R
				6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See b	pack of page)
				7. Other (1131)	internal Type (occo	mende) puigo
Certified foo	d handle	r			1 2 3	4 5
					123/	43
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION(</li> </ul>	(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
		5 °	No items note	ed today	N 140 A 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Milson	SI.		1,110		11.1	E I I I SELLE
			Thank axov!			-
			0			-
				SEC LIMITE THE PLANTS OF		
						1 1 2 1 1
						1
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A A A A A A A A A A A A A A A A A A A		-		- 140		
				э		7
Received by	(name and	l title	printed):	Inspecte	ed by (name and title printed)	):
	Emily			Je	no tevi	Janus
Received by				Inspecte	ed by (signature):	gripulbeci
€	mile	1 K	Finer.	du	J 346 4	3710
cc:			cc:	cc:		



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

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

72 . 11: 1			on requirements. The time mint for correct			
Establishme		0	halifold 2, olev pil	Telephone Number	Date of Inspection	ID#
Jac	MS	1	1,77a	( ) Establishment	1	
Establishmer	nt addres	S	0	( ) Owner	11422	655
107	S	1	nodison Ar	Purpose:	Follow-up Release	The state of the s
Owner			(m/ 10 2 10 10 20 m)	1 Routine	IGN	24 22
			CN	2. Follow-up	Summary of Violati	ions:
Owner addre	ess			3. Complaint	1	
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_C	$\sim$ R $\sim$
	U			6. HACCP	0	
Responsible	person's	emai	11	7. Other (list)	Menu Type (See b	ach of hage)
	Γ		eg a et	7. Other (1131)	Menu Type (See 5	uck of pages
Certified foo	od handle	r			1 2 1 2	4 5
					123	_45
• CRITICAL	ITEMS AF	E ID	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
						16"
	\$ERCH.		No items not	ed tudan	==, y = ±2=	
\$31 Y** 93	1 (23)		a za appli		The little is a strong of	200000000000000000000000000000000000000
-			State of the state			
		-	Thank you:			
			<u> </u>			
4. 11.						manual districts and
	-					
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		_				
			В			
a salan sari.	2011	1.3			the second second	backed 1
2, 3			the state of the s		A A A A A A A A A A A A A A A A A A A	2000/1/61
						3
Received by				Inspecte	ed by (name and title printed)	;
A	faron	1	Dewler	Je	um tarl	Javan
Received by		: .,	1	Inspecte	ed by (signature):	
CW	M) I	211	W	7	N 5461	1376
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1			1	ı		



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

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

Establishme	nt name		2 -	1103	Wiles	Telephone Numb	er	Date of Inspection	ID#
JACKS PIZZA						( ) Establishm	ient	1/27/22	
Establishme				_		( ) Owner		1101100	1001
21	S ,	ma	RTON S	ST. FIR	NKLIN-IV	Purpose:		Follow-up Release I	Date
Owner						1. Routine		- 216	122
	e Hr	215	m	Addox		2. Follow-up		Summary of Violation	
Owner addr		-				3. Complaint		•	
						4. Pre-Operation	201		
Person in ch	arge					5. Temporary	ıaı	c_O_NC_2	_ p
TO	Red	Ar	m	Addor	4	6. HACCP		CNC	K
Responsible			_	.,,,,,		7. Other (list)		Menu Type (See bac	ch of page
recponence	Person	CITIC				7. Other (ust)		Went Type (see out	.k oj pugej
Certified foo	od handle	er						$1 \left( 2 \right) \left( 3 \right)$	4 =
XV		•						1 2 0 3	45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN	N THE CHECKL	IST AND NARRATIV	E COLUMNS MARKED "C	"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F	ROM PREVIOU	JS INSPECTIONS	ARE DENOTED IN TH	IE "SUMMARY OF VIOLATION	NS" AND IN T	HE NARRATIVE BELOW AS "	R"
Section #	C/NC	*				Narrative		r	o Be Corrected by
256	NC	~			neters			DV	21122
				19HT	Freezek			FERRATOR.	
			And	SmA	el Free	EZOR (CITES	7 141	20)	
228	Nc		.10	- 117	E000-	200 Dan 6	2-1-1	Hact	2/15
000	140	8	FRE	elzer	NICE	ERSILY 1	MAIR	ARIO	S (13
		$\vdash$	No		CASTERS		11000	10 700	
			, -0	1 010	CHITCHE				
(1)	10/	9	R25	TROOM	FAN	NOT FUNL	TONL	rug I	2/10
1200	7								
	Officer 7				28				
			Mr. It is					-99	section it
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		-							
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Received by		-	printed):	6M			Inspected	by (name and title printed):	K SHS
Received by	dan		Iguag	CITY			Inspected	by (signature):	
TO A	Signature	ill	0				mspecied	BUS S	
cc:	U	1		cc:			cc:		
									0



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

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

	om oum		in Requirements. The time initial for confecti		F	F
	nsor	(	ounty Shrine Club g St. Franklin, IN 46131	Telephone Number	Date of Inspection	ID# /3.2
Establishment address Oul Franklin, IN			Oil Franklin, IN	( ) Owner	1/17/00	100
7511	N. $K$	in	a UT. 46/31	Purpose:	Follow-up Release	Date /
Owner	0 -	10		1. Routine	1 / 1	24/22
7	nen	nl	441	2. Follow-up	Summary of Violati	ons:
Owner addr	ess	-	0 03	3. Complaint		
				4. Pre-Operational	(1	1
Person in ch	arge		<u> </u>	5. Temporary	CNC	4 R
1	nib	0	Park	6. HACCP		K
Responsible	person's	email	1 WOR	7. Other (list)	Menu Type (See b	ach of page)
recoponicion	persons	CITICI		7. Other (usi)	Went Type (See 0	ack of page)
Certified for	od handle	r	Pial		1 2 1/2	4 -
$-\gamma\gamma$	lik	Ü	rank		1223	_45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R	_	Narrative		To Be Corrected by
295	NC		Inside of ice	maker an	d	1/18/22
	1' 11	T I	drop plate	Soiled	, ,	11
112	NC	V	apright and	chest repri	geration	Keplace
1160			units I are n	ot NSF 1)	approved	when wo
713	NC		several exteri	or acous		damaged
00	.10		Mary Duller C	penings	L 2 1	1/28/22
218	NC		about demonded to	ryer I vaske	is 1	26/22/1
			are aumagene	0		1-
		-	<i>Q</i>	4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4		
						4
.42			Reservice at the second			
			poor			
						1
D : 11					11 / 137 - 1	
Received by	(name and	title f		Inspected	by (name and title printed)	OF FUC
Received by	(cian atura)		gragglantwell	7710	by (forging)	100
Received by	(signature)	•	Ja / 11-11	Inspected	by (fignature):	11/000
cc:			Cc:	cc:	vww //	muc
			,			



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

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

Page 1 of

		tatio.	r requirements. The time mint for correction		
Establishmen		1	Lord auchas	Telephone Number	Date of Inspection ID#
Joh	MAON	15	BBQ	( ) Establishment	1-24-27 1896
Establishme	nt addres	S		( ) Owner	1076
			46106	Purpose:	Follow-up Release Date
Owner				1. Routine	1010w-up Release Date 2 - 2 - 2 2
mati	, (	10	hnson	2. Follow-up	Summary of Violations:
Owner addre	ess	<u> </u>	)101	3. Complaint	
				4. Pre-Operational	1
Person in ch	0.500			4	co_nc5
r cison in cir	arge			5. Temporary	CNCR
D 311			9 MR 3	6. HACCP	
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)
Certified foo	d <sub>l</sub> handle	r			1 2 3 4 × 5
1	bhell				123425
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"	
-	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
		X	Submit remodel of	and if remod	
414	NC		Broken Screen of	served in S	
411	NC	1.50	hight out & not	Shielded also	ve Ice make 1-25-22
426	NC		ORtside area disc	rejanined	2-2-22
347	NC		no towels provided	in employe	e restroom 1-24-23
			7 Mold-like	substance	observed
Test leading		H1000		fow sink	
425	NZ		Mop stored in me	op sink, not	hung, 1-24-22
					8
			La session and Landau Recommendation and the session of the sessio		the state of the s
- rabel	-		<u>ar de la casa de Sala de la casa de la casa</u>	paralesa	
	4 43	- 1			The second secon
D : 11	Ļ				
Received by	(name and	title j	Printed):	Inspected C 1: 7	abeth Schultz Hall
Received by	(signature	) :	111/2/100/10	Inspected	1 by (cion atum)
706	- Committee	. )		Eliza	lett Schult 317-346-437
ce:			cc:	cc:	
=				H COS	MAST SA



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

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

Establishmen  **BG**  Owner  Owner addre  Person in cha  Responsible p	ve y at address		P.zza Społ 31 whiteland, IN	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 ID#  1/31/22 282  Follow-up Release Date  2/9/22  Summary of Violations:  C_O_NC_Z\R_  Menu Type (See back of page)		
Certified food	Keit	1-1-	Buiber		133	<u></u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	S "R"	
Section #	C/NC			Narrative		To Be Corrected by	
Z16	NC	q	The racks are Sandwich prep co			3/3/22	
216	1 1		The tacks are walk-in coeles	WORK WOEN	in the	3/31/22	
Received by ( Received by (	0.8	1	e Rodriguez e Rodriguez	Inspecte  Inspecte	ed by (name and title printed)  [es ry ] [3]  ed by (signature):	yless	



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

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

Page 1 of

		tano.	ii Kequiteine	ents. The time mint for correction		_	narrauve portion o	i uns report.		
Establishme	nt name		158	a second with the mark to at the second	Telephone Numb	er Dat	Date of Inspection ID#			
Le	ate	ال	ca fr	red Chicker	( ) Establishm	ent				
Establishmer					( ) Owner	1	7777	2245		
129:	3 N	(	5B1	35 Greenword	Purpose:	Foll	low-up Release			
Owner					1. Routine	7	-10 7	1/27		
					2. Follow-up	Sun	Summary of Violations:			
Owner addre	ess				3. Complaint		<b>V</b>			
					4. Pre-Operation	nal	323 123 <b>4</b>			
Person in ch	arge				5. Temporary		O NC	Q R O		
	0			1	6. HACCP	0	110			
Responsible	person's	emai			7. Other (list)	M	enu Type (See ba	ck of page)		
песропосоте	persons	CITILL	55 112		7. Other (usi)	141	ena Type (see ou	ck of puge)		
Certified foo	d handle	r					2 2	1 X .		
				±1		1	23	45		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C'					
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	S INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	IS" AND IN THE N	ARRATIVE BELOW AS	"R"		
Section #	C/NC	R			Narrative			To Be Corrected by		
218	NR		Ben	lace ice or	nachine					
	311		,							
374	NC	1-16	Rep	arr 3 bar	sink &	fouce	F Leaux	4		
			repla	ra Sprange	20					
0 -			1	, 0		,	73. 2			
791	MC		Prov	ide quat	ammor	ria +	95+ St	162		
399	. 0		Prov	ide missin	a Vent	22.10	ser (	Dur		
222	NC		1400	machine a	200.	CITTIC				
			100	The Mira	~ ~~					
426	NC		Par	nove all by	when or	unner.	pacara	and of		
			2001	ment			0	Tr News H		
	54. 1			V	4 46 4 96	100	The second second			
399	N		Prou	ide Ancho	nong 11gh	nts sm	whas	1st hooc		
200			2		1. (	1	100	2.00.00		
779	399 mg Replace all broken floor drain cover							en-u/s		
3991 Provide all misers cailing							tiles			
					7	0				
Received by	fname and	l title		10. 20n	1	Inspected by (n	name and title printed):			
Dagaire 11	in	Y	4 1	itham 5611	,	Inspected by (s		arriv		
Received by	(signature)	): <b>"</b>				Inspected by (s	341	1276		
cc:				cc:		cc:	10	1 / 10		
						5.23				

### **NARRATIVE REPORT**

Establish				Inspection Date
her	40	0	leg Fried Unider 1293 N 512135	1 27 22
Section#				TO BE CORRECTED BY
431	NC		(Le an all certify thes & light	
411	NC		Replace all burned out light be in witchen I walk in cooler	165
			in Witchen I walk in cooler	
431	NC		clean wall by map sink	
399	Ne		Provide all missing baseboar.	dtile
297	NC	_	(rean vents on Gench Sry hold	ling bin
399	nc		Repair exterior doors selsa ave brown-dungged Hard	Losures
			over tolose	to
347	n		Provide paper travels in 14 stre	57 1 S
218	Nic		Benair drink machine in denie	g ron
			TO THE CHARACTER CONTRACTOR	
				P-
			Thank you!	
Received B	y (Name	& Ti	Inspected By (Name & Title)  Steam RGM  Jenn Ler Warner	Page Z of Z



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

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

-				_		
Establishme			BUFFET	Telephone Number  ( ) Establishmen	Date of Inspection	ID#
				-	1/14/20	X 2041
223	391	N 1	MORTON ST SUITOG	( ) Owner Purpose:	Follow-up Release	a Data
Owner	-		30,51	1. Routine	/	24 22
	EA	J	etter	2. Follow-up	Summary of Violati	ions:
Owner addr	Approximation of the second			3. Complaint	,	
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_1_Nc_(	5
		C	Iter	6. HACCP	0	
Responsible	person's	emai	72 :	7. Other (list)	Menu Type (See b	pack of page)
			* 10 y 5		7 - 7 - 0	(T)
Certified for	d handl	er	ENCHEN		123	4 5_5
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		1
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		AND IN THE NARRATIVE BELOW A	
Section #	C/NC	_		Narrative		To Be Corrected by
187	C	4		ofm mix	47°F NOT	1115/30
1 11	_H_	63	FRONT 7 SUSHI RICE	0H 5.5	NOT AT	F-17 L-1811
(1010)	178)	*	4,6 pH OR Le.		TIME AS	Corrected
(100	19		CONTROL NOT do	CU montes)	Ad VISO	1114102
			THAT FOOD HELD		JURS OR 1055	
						1/21/
324	NC	8			TUSH I HANDSH	
1295	NC	-0	FRONT SUSHI CAT	3. In ets In sz	of Not CLEAN	1/20
431	NC	×	FLOOR NOT CLEAR	on Acons 1	F KITCHEN	1/20
()	100	/		under E		(100
295	NC	4	SHELVES OF WAZE		OR NOT CLEAN	1/22
				1		
411	NC	0	LIGHT INTENSLTY		NATO IN	2/10
200	b (c			Hen	umpster	1/16
392	NC	*	to NUT (2050).	-00 15 ±00 0	umpster	1(10
Received by			printed):	In	spected by (name and title printed)	X EM
Received by	(signature	- 1		In	spected by (signature):	5
cc:	- > C	100	cc:	(	ce:	
						)



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

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

	a requirements. The time mint for confection				t tins report.	
Establishment name		Telephone Number	Date of Insp	ection	ID#	
Krock		( ) Establishment	1 2 2			
Establishment address		( ) Owner	1-10	)-22	434	
SIDO Mei	idean Purke Br	Purpose:	Follow-up	Release 1	Date	
Owner	idean Purke pr Green wood	1 Routine	NO		10 72	
OME I THE MEETING	Green wood	2. Follow-up	Summary o			
Owner address						
Owner address		3. Complaint				
		4. Pre-Operational				
Person in charge	off to g	5. Temporary	c	$C \longrightarrow NC \longrightarrow R \longrightarrow$		
101 - A - A	5. 11. 7	6. HACCP				
Responsible person's emai	I in the original terms of the contract of the	7. Other (list)	Menu Typ	e (See bac	ck of page)	
	1 ° 1	, ,	. 765	ari	5 N	
Certified food handler			1 2	3	4 1 5	
			1		·	
CRITICAL ITEMS ARE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
VIOLATION(S) REPEATED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVI	E BELOW AS '	'R"	
Section # C/NC R		Narrative		Г	o Be Corrected by	
SLYNE	De line and	han dist	miasi	er 1		
2900	Deli - have			or le	-2.4	
	and be all					
				-		
30PTNZ	World on repa	Arina the	Clas	un	le	
	the foless is	2000				
297 10	Clean the n	ille coolex	(-es	alca		
					7	
	Thank sor!					
1127						
					de vers	
					-	
Received by (name and title	printed):	Inspec	ted by (name and t	itle printed):		
H	bby / Revers	Le	noter	1 1	will	
Received by (signature)?		Inspec	ted by (signature):		apred and	
1 /1/h	L Maulis	( )	W 3	M.	73760	
cc:	cc:	cc:				
	V	1				