

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

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

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177						
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NARRATIVE REPORT

	Establishment Name			Address	Inspection Date
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Section#	C/NC	R		REMARKS	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.

Establishment name Telephone Number Date of Inspection AFC Sushi #909) Establishment) Owner 3100 MERIDIAN PARK GREENWOOD 4442 Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational $C \not = NC Z R$ Person in charge 5. Temporary Responsible person's email 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" To Be Corrected by Narrative Section # C/NC R - No THERMOTHETERS IN COOLERS 250 - 2 DOOR UNDER WORK STATION -30008 - PLEASE ADD THERMOMETERS THAT ARE RESOUND BULL FOOD LITEMS NOT CARCED HEMICAL SPRAY BOTTLES STORED NEAR AND ABOVE FOOD / FOOD / ITEMS * NOTE Inspected by (name and title printed): Received by (name and title printed): ONE AVAILABLE AT DIE TIME OF INSPECTAL L. T. Received by (signature): cc:



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

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

Establishmer AFC Establishmer Owner Owner Owner addre Person in ch Responsible Certified for	arge	emai	ton St Kranklin, IN 41e131	Telephone Number () Establishment () Owner Purpose: () Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date $\frac{1}{2}\frac{3}{2}\frac{3}{2}\frac{3}{2}$ Summary of Violations: C NC R 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

Establishme	nt name	AFO	inshi @ Kroger	Telephone Number	Date of Inspection	ID#
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Establishme	nt addres	s		() Owner	1/24/23	
乙	LOU	Inc	lependance De Greenwood	Purpose:	Follow-up Releas	e Date
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			IN	2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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Establishment name ANN 5 Establishment address 77 W MONROR ST, FRANKLIM, IN Owner Owner Owner address	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up	Date of Inspection ID# 1/6/23 104 Follow-up Release Date 1/6/23 Summary of Violations:			
Person in charge THERTER CRUZEY Responsible person's email Certified food handler	 Complaint Pre-Operational Temporary HACCP Other (list) 	C_O_NC			
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Establishme				() Owner	116/23	1063
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	7	۷	33 Granwood	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	.00	16/23
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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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. Telephone Number Date of Inspection Establishment name) Establishment 01/30/23 Establishment address) Owner Purpose: Follow-up Release Date Mo 1. Routine 02/10 Owner Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler Collins Mickinzie 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 R no 22 les get Cleaned eveny a Received by (name and title printed): CANDIEVS Received by (signature): Hall Betiev. cc:



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

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

Establishment name Frank 3 Establishment address 111 Owner Owner Owner address Person in charge Responsible person's of	1 A September 1		ord, IN 142	Telephone Number () Establishmer () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	ent F	Follow-up Release Date O 2 / 0 3 / 2 2 Summary of Violations: C NC 2 _ R		
Certified food handler	:				1	23	45	
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Section # C/NC	R			Narrative		7	To Be Corrected by	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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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. Date of Inspection Establishment name Telephone Number) Establishment 01/30/23 950 Ciscenwood) Owner 31 Purpose: Follow-up Release Date NO 02 Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational c_0 Nc 4 Person in charge 5. Temporary 6. HACCP Responsible person's email 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" Narrative To Be Corrected by Section # C/NC R llamin g Ne walls 02 131 Floors 224 MC wall-m cooler No nanertowel 347 hand - Sink Ne 218 MC cooler Inspected by (name and title printed):

NAM BLICY ETT Received by (name and title printed): Shynesson Inspected by (signature): Revul Beticu.



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

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

Establishment name Arby I Establishment address 954 £ main Owner Owner address Person in charge Responsible person's email						[(P P 1 1 1 1 1 1 1 1 1	Telephone Number) Establishmer) Owner Ourpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operationa 5. Temporary 6. HACCP 7. Other (list)	nt	Date of Inspection ID#		
Certified food handler						_	1 - 1174		123_	4	5
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Section #	C/NC	R		Narrative		To Be Corrected by		
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Establishin	ent Sann	tatio	n Requirements. The time limit for corre	ction of each violation is specified i				
Establishmen	nt name		shout such again the endowed and	Telephone Number	Date of Inspection	ID#		
Aund	Je A	hr	IPS KIOSK	() Establishment	1/3/123	2010		
Establishme	nt address	S		() Owner	1 1 21)	2012		
GHEN	my	Po	irk Mall	Purpose:	Follow-up Releas	e Date		
Owner		1.		1. Routine	100 2/	10/23		
				2. Follow-up				
Owner addre	ecc			3. Complaint				
Owner addit	200			^				
				4. Pre-Operational	C_NC_	A A		
Person in ch	arge			5. Temporary	C NC	R		
	ing of the	100	on days and the second	6. HACCP	Types of a state	sheby i		
Responsible	person's	emai	ranse instrustinate our control end on the	7. Other (list)	Menu Type (See l	back of page)		
Certified foo	d handler	r			1 2 62	4 5		
					123	45		
• CRITICAL	ITEMS AR	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"				
• VIOLATION	(S) REPEAT	red f	ROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R	0	Narrative		To Be Corrected by		
			No violations tours	during time of	insupotion			
	77-670		No vi lovi de la companya de la comp		-17001	145 HP31 1 X-1		
E EST FOR		152().0	the projector april and to for	Transfer or in the action of the action of	17 7 7 7 7 1 (1)	ACDARO		
			SAFOTE TO ESPAINED THE PART SCHOOL TO SEEL	(1011) (1011)		75572		
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	Millioner	user.	N. 1696, pp. 110.		- Annual Company	1 1		
	2-42	-	un fil decimality of the second			1		
while			rette weeth					
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Received by	(signature)): .	1	Inspecte	d by (signature):	en Adord		
1) . "	- }	1. Ilah	' /	d by (rignature):	MI		
cc:		1	cc:	cc:	Marian			
	/		2	1 9	/ /			



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#
BASKIN RO	BBINS	() Establishment	1-/	1.21
Establishment address		() Owner	1/18/23	2136
1280 US 3	SI GREENWOODS 4	6142 Purpose:	Follow-up Relea	se Date
Owner	415	1. Routine	- 1/	23/23
		2. Follow-up	Summary of Viola	
Owner address		3. Complaint		
		4. Pre-Operational		
D		The state of the s	C L NC_	0 p 0
Person in charge	Taris	5. Temporary	C - NC_	
OREYANA	TOOLEY	6. HACCP	M T (C	Lash of hara)
Responsible person's e		7. Other (list)	Menu Type (See	back of page)
Certified food handler	arsiobir - T			
Ceruned 100d nandier			123	45
• CRITICAL ITEMS AR	E IDENTIFIED IN THE CHECKLIST	'AND NARRATIVE COLUMNS MARKED "C"		
		E DENOTED IN THE "SUMMARY OF VIOLATIONS" ANI	O IN THE NARRATIVE BELOW	7 AS "R"
Section # C/NC		Narrative		To Be Corrected by
		2		
* NOTE	FAUCET ON HAVE	Suc in DISREPAIR ->	BROKEN	- New FAULET
7000	AUD CORNOSIO		miles by the second	HAS BEEN
	- FIX OR	REPLACE FANCET	Section annual supports	PonestasEO.
Δ.				
* NOTE	Boxes OF FOXO	1 TEMS BEILY STORED O	I THE FLOOR	- Na Deliver
	IN WACK IN	FREERER.		MANAGE wind
	- F200	FREERCK. ITEMS NEED TO BE STORE FLOOP.	250 6"	FIX 1/18/23
	OFFTH	E FLOOR.		
- 100	and a second	and the state of t	<u>ar pi matagadana</u>	1 4
	and the Land State of the Land	St. 1. S. J. Ob. LEW J. HUNG.	n are A ziece	
191	inductor and a dust the	ale tral (Triette) per	- Carranel II Malay	
Received by (name and	title printed):	Inspe	ected by (name and title print	ed):
X Oveyas	in tooler	B.	EVIN K TAULIA	Smitstury i 2 2
Received by (signature)	:	Inspe	ected by (signature):	Tuniockie (†
X W		/	KI	
cc:	cc:	cc:		
				Page 1 of
				1 420 1 01



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

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

	T m	- IS 47	
Establishment name Bulfalo Tulld Ulinas #3342	Telephone Number	Date of Inspection	ID#
Establishment address		1-23-23	2/29
1077N. Greenwood IN 46143	() Owner	Follow-up Release	Data
Owner	Purpose: 1. Routine)-23
11/	2. Follow-up	Summary of Violati	
Owner address/		Juniary of Violati	01101
Owner addressy	3. Complaint		_
D : 1	4. Pre-Operational	c_/_NC_C	5 .
Person in charge Serv Safe	5. Temporary 6. HACCP	C_/_NC_C	Z R
	7. Other (list)	Menu Type (See be	ack of page)
Responsible person's email Patrick Whitaker (Exp: 2025)) 7. Other (usi)	Menu Type (See of	uck of page)
Certified food handler Am		1 2 3 1	4 5
Lee Kunshe			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO		ND IN THE NARRATIVE BELOW AS	CHARLES IN COLUMN 2 IN COLUMN
Section # C/NC R	Narrative 7	1012	To Be Corrected by
399 NC VOKitchen GOOT).	1) minin		2-14-23
2 Vitch and Drugs	1 ahoa di	sh non	
1841401 / 100	I MIDAL	nout	
repair			1
218 NCV Olenterior of	produce	cooler)	2-14-23
door is or	usty	11:	
(2) Inside 100	celling.	light	
KON WALK-IN-	reezew UA	(May)	
431 NCV Floor Soiles	1) IIndon	1011111	1-26-23
anea and ctar	tions Stal	ona old	1 20 25
oden noted l	rom resure	Soda	
station 100 0	area		
295 NC Bar soda gun	s are soe	led	1-23-23
187 c Cut lettuce / me	asured 490 F	and naw	1-23-23-
lacon measures	149°F on to	p of Drill C	Society (al
41.3 NC South exterior	aruple d	gois not	doors a
Received by (name and title printed):	Inst	pected by (name and title printed)	
Patrick Whitaker	Ä	ndrew Miller, EH	5 2-14-2
Received by signature):		pected by (signature):	
Min		Indrew Miller	
ac: cc:	сс		

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

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

Establishment name BUFFALD WILD WINGS Establishment address 2330 N Morton St Franklin, IN Gwner Owner Owner address Person in charge Responsible person's email	Telephone Number () Establishment () Owner Purpese: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 1 1 2 23 2 6 3 Follow-up Release Date 1 2 2 3 Summary of Violations: C NC S R Menu Type (See back of page)
Certified food handler Milhael Brock EXD: 2021 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	12345
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T.		
Section # C/NC R	Narrative	To Be Corrected by
425 NC Mop not hung -standing water ob	censed burnop si	nr 1/12/23
- 5100 1011 til Ward Op	squea og mop si	1 LA
294 C Sanitizerlowin 36	ay sinkand sani	17er bucket 1/12/23
244 NC DISTINGUES FOUND ON F.	Inne hu back I ha	rdichuralnov 1112-123
DITION DISTINCTS DIVIDIONIL,	100 My DOLL + DIC	anstrodesica (1:12)
405 NC V Floors and wall for = Floor in midd	lind grill + frye le way Kin freeze	or soiled 1/17/23
187 C Dressings (ranin + ble measured ug F	uchuse in coo	ling unit 1/12/23
NOTE: Small wringe by mopsinul	d Insects Obser area	ved
Received by (name and title printed): Reserved by (signature). Reserved by (signature).	eaet V	sted by (name and title printed): AMAL MILLY (CALED FILE) ACOUNT (Signature):



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

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

					D 01	
Establishme	nt name	x K	g bootskolm ver vlare e oan e te ni Ma	Telephone Number () Establishment	Date of Inspection	ID#
Establishme	nt addres	S	(/	() Owner	Q1/17/23	2606
183	9 E.	mo	in st. In	Purpose:	Follow-up Release D	ațe
Owner				1. Routine	MO 01/31	23
				2. Follow-up	Summary of Violation	s:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	A 0.	Ø.
Person in ch	arge	14	a mpa ka li maani i bahani	5. Temporary	C NC D	_ R
leja ka	i piletori	.,		6. HACCP	delicar integral deput	
Responsible	person's	email		7. Other (list)	Menu Type (See back	k of page)
Certified foo	d handle	r	380		1 2 3 1 4	_
John	YL.	11/2	J		123_/	5
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRA			
	-	_	OM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	D IN THE NARRATIVE BELOW AS "R	Be Corrected by
Section #	C/NC	K		TVarrative		be confected by
	Million.	100	No violation durin	ig inspection	one desire grather de la	netz i i i i i i
17/11/11	rigina		AND THE SERVICE OF THE SERVICE STREET, THE SERVICE SERVICE SERVICES		11-11 12 1 1 1 1 1 1 1 1	DEBY ON 1
			Most: Prechanged &	ish newsher Aleds	Cottle bot	
			More Samfizer	- Currently belive	en 150 - 200 frm	
			Food temper	atura is and		
			feet (emper-	die a die		
	dictor		a eren juenda e eren eren ile aanse gewoons eren erelaan.		<u> </u>	15.29
	25-2		La la colonia de			
700	331,22,330		LAN 2007 Cod 1000 P. 2010 11 11 11 12 12 12 12 12 12 12 12 12 12		4f (15	
<u> </u>	-					
Received by	.0	4			ected by (name and title printed):	ets
John	Rw	28	General manager		aul Betito E	
Received by	(signature)		V	Insp	ected by (signature): ON BUTOV	
cc;	MILL		cc:	ccy		



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.

Establishme	ent sani	tatio	n Requirements. The time limit for correction	on or each violation is specifie	u in the narrative portion of this report.
Establishmer		her	a # 1720	Telephone Number () Establishment	Date of Inspection ID#
Establishmen	addres	s A	Eme rel. 46142	() Establishment () Owner	01/17/23 1885
165	Com	ly	lme sel. 46142	Purpose:	Follow-up Release Date
Owner		J		1. Routine	NO 1/31/23
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in cha	arge	Ţ	Task adams a mare in the Real	5. Temporary 6. HACCP	$C \bigcirc NC \bigcirc R \bigcirc$
Responsible	nerson's	emai		7. Other (list)	Menu Type (See back of page)
responsible	persons	Cilian		7. Other (usi)	Went Type (see buck of page)
Certified foo	d handle	r	Mcomorrous En 4/18/24		12345
• CRITICAL I	TEMSAL	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	•
• VIOLATION((S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
			24 00	A	
	ATROUG	10d	No villation tun	ng mypertio	n.
10.1 11.10.11	astory		THE THE THE PROPERTY CONTRACTOR OF THE PROPERTY OF THE PROPERT	0	OF DAUGHI V. SONOS VIDE SEL
			NO[2: floors & wa	els needs some	Cleaning
			ICAN 1 = 3 X (D)	tex by 100 m	1 0
			Constant clean	ter by the mo	with the received
			Jest tem Car		
					an anni ta ar ta ar a anni
J. James					with a signal at any of
deli	4		page of the country o	Z	and the state of t
					sil high sind
		_			
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1 (tan	14	Andrews		fam Betien Etts
Received by	(signature):C		Inspec	ted by (signature):
cc:			сс:	cc:	
					Page 1 of



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

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

Establishmer			Dis on Safe 1	Telephone Number	Date of Inspection	ID#
B	urger	,	King	() Establishment		2324
Establishmer	nt address	S		() Owner	1/4/23	
89	1 US	5 3	IN Whiteland, IN	Purpose:	Follow-up Release	Date
Owner				1. Routine	1/1	4/23
				2. Follow-up	Summary of Violatio	ons:
Owner addre	ess			3. Complaint	98	
				4. Pre-Operational		
Person in cha	arge		2 2 2	5. Temporary	C_O_NC_=	³ _ R
				6. HACCP		1 24
Responsible 1	person's	email	Track Ind I I I to	7. Other (list)	Menu Type (See ba	ck of page)
			garage distribution of	da si a ji	- 4 5 7	. S
Certified foo	1		l la calaca a ca		123	_45
7 17	111/50		Harshman			
i			ENTIFIED IN THE CHECKLIST AND NARRATIVE		A CONTRACTOR DELOWAR	1150
• VIOLATION(Section #			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative		To Be Corrected by
Section #	C/IVC	N.		Ivaliative		To be conceiled by
431	NC		The storage area f	1001 15 501	led.	1/6/23
431	NC	9a n		n the wall		1/6/23
1-1	/*		cooler is yesy soils		7.8 17	
			1	, , , , , , , , , , , , , , , , , , , ,		
4/31	NC		The floor surfaces		=1,	1/6/23
			under the 3-ba-	y sink, Froze	n drink	
			machine and the	ich creem	machine	
		- 13				
						Lan II
						Auto
						1
Received by	(::::::::::::::::::::::::::::::::::::::	1 + 1 + 1 0 +		Inspect	ed by (name and title printed):	
Received by	name and	nue	o Houselaimous		Terry D. Bay	/
Received by	(signature))() (1 CONSTITUTION		ed by (signature):	
20	My	m	HA 1		Tung D Lee	1.00
cc:	9		cc:	cc:	1	



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

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

Establishme	ent name	P	0.	Telephone Number	Date of Inspection	ID#
CAR	110	(58	neral Store # 2582	() Establishment	18/0/22	11111
Establishme	engaddres	SS	Edinburgh IN	() Owner	10/9/23	1117
2100	Con	to	Edinburgh, IN Cross St. 46124	Purpose:	Follow-up Release	se Date
Owner	·	<i></i>	, 0,000	1. Routine	1/1 10	/19/22
1	000			2. Follow-up	Summary of Viola	, , , ,
Owner add	ress	,	MACANA PARAMANA MINAKA AMAMANA MANAMANA MANAMANA MANAMANA MANAMANA	- ^		
	1			3. Complaint		
D : 1				4. Pre-Operational	D	2
Person in cl	narge	0	Dood	5. Temporary	c_0nc_\	3 R
VIII		U	*Vla	6. HACCP		
Responsible	e person's	emai	(NRESP EXP.)	7. Other (list)	Menu Type (See	back of page)
Certified fo	00	r n b	(NRFSP Exp:)		123_u	45
- CAMA		RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"
Section #	1000000			Narrative		To Be Corrected by
411	NC		Ice cream, beve	erage cooler	and	10/20/23
, , ,			mechanical exhau	7 .	elits out	1/1/
431	NC		air return ven	t above &	Bandy	10/20/23
			area is soiled		8	+
218	NC		Door seal is tor	u on smal	el table	2/9/23
			top cooler Storing	g wraps (col	(d).	' '
				0		
<u> </u>						-
	-					
			M + : 16.	N 1	de	
-			The surve su	amp for t	yot	-
	1		Dissas were n	et noved	0 -1	
			Cfor Quality P	urasses).		
		13	(for accessed.	cooperato).		
Received by	(name and	l title	A (() A		ed by (name and title printed	
	GAR	_/-	Hovel		drew Miller	EHS
Received by	(signature,):	(1)	25	red by (signature):	
	Jan	0	Myerce		drew Mille	^
cc:			cc:	cc:		
I						



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

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

Establishment name Warley Establishment address 25 / US Owner Owner address Rerson in charge El Ma Responsible person's e	Roge/ mail TAFSC	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 -27-23 Follow-up Release NO	6-22 ons:
Elvis Re	gel = xp: 9/8/27/		123_	_45
CRITICAL ITEMS ARI				
	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	e "summary of violations" and in Narrative	THE NARRATIVE BELOW AS	To Be Corrected by
234 N/C	Ice scoop handle	le touching station	ice	1-27-23 1
218 NC	Front Counter t	of broken	at	11-25-23 L
347 NC	no paper towels	available o	at front	Corrected +
295 NC	True one door	cooler con	denser	1-27-23 1) L
399 NC	Thon not smoo	th around	grease	5-5-23
411 NC	Sor dish area	ig not adeq	wate	2-27-23
that we		a Markania	7. 101.Capp	ege if
3.				
Received by (name and Received by (signature)	river the area of the second	A	ed by (name and tiple printed) Y W My N by (signature): MANGER TO THE STATE OF T	Her, EHS
cc:	cc:	cc:	, , , ,	Page 1 of



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

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

Establishment name	what is submeter allegating from the	Telephone Number	Date of Inspection	ID#
CHILI'S		() Establishment	1 1	
Establishment address	<u> </u>	() Owner	1/11/23	2292
2799 K	1. Morrow Sr. FRANKLIN,	Purpose:	Follow-up Release	Date ,
Owner	The state of the s	1. Routine		/21/23
		2. Follow-up	Summary of Violati	
Owner address		3. Complaint		
		4. Pre-Operational		
Person in charge		5. Temporary	CONC	R
MARKT	(12m2SQX)	6. HACCP	at an are my titil	
MARK T Responsible person's em	ail and a second	7. Other (list)	Menu Type (See b	ack of page)
		1 1 (2) 12 11		77 37
Certified food handler			1 2 3	5
MARK THON	1PSON			
	DENTIFIED IN THE CHECKLIST AND NARRATIV			
	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AND Narrative	IN THE NARRATIVE BELOW A	
Section # C/NC F				To Be Corrected by
324 NC	- LEAKS FROM FAIRET	'S NOTED:	(numer) and admen	Schoones Sance
	- HADD STOKE - KITCHEN SOK	to birth a second	n n isanov evadys	A CONTRACTOR OF THE PARTY OF TH
	- Women's R	RESTROOM	SERVICE TO THE COLF	department
	COSM DE S	7,00,700,1		
431 NC	- DUSTY AIR FAN'S	NOTED:		
	MED'S RESTRE			
	WOMEN'S RESTI	ROOM		
112 1 20				
* Note	- A FEW WINGED 103	sects observer		- ADVISED PES
to locate		E = 10 (120 1/50.00	Costroc 13
FNOTE T-	- OBSERVED 1- PERMAL	- AT HIST OF	WRAPS/14105	SHOWING BUTT
	At 13 - 2001	AT THE BE	200-	Trendering I
431 NC	- GENERAL DETALL	1, EANIT NEED	ED ON FLOORS	10 Focus;
	- Kirchen From			
	-WALK-IN PLOC	n		
	-BAR FLOOR			
439 pc	- OBSERVED DISH RACK	s on THE FLOOR-	exted by (name and title printed)	-Corrected or
Received by (name and tit	le printation (nomp 30)	Inspec	VIDE PAUCIA	Bab Im ITH
Received by (signature):		Inspec	ted by (signature);	100
+ //		K	CHS/Bil	Im
cc:	ce:	cc:	0	
	7			

NARRATIVE REPORT

Establish	ment N	lam	e Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
* NOTE	/		- OBSERVED I FRY BASKET ON THE FLOOR	-corresped
			-NOT 6" ASONE PLOOR	1/11/23
218	NC		-To- Run - 120 Out War - 1. FOR = 2 ED	= 5-1 - 0-
	700		- ICE BUILD - UP ON WALK-IN FREEZER	By MARK
				2
392	N		- LID UP ON GARBAGE DIMPSTER	
				also v
		_		
Received B	y (Name	& T	Inspected By (Name & Title) Show MEN Line By (Name & Title)	Page <u>2</u> of <u>2</u>



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

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

Esyablishment name	Telephone Number	Date of Inspection	I mu
Establishment name in Manual in		Date of Hispection	ID#
anco de l'also l'exicate	() Establishment	1-27-23	1876
Establishment address 12 1 1 Green wood Shell	() Owner	/ / /	70,0
Establishment address 125/US 3/N. Greenwood Incl 125/US 3/N. Greenwood Incl	Purpose:	Follow-up Releas	
Owner /	(I. Routine	Ves 2-	6-23
July Ill and Man	2. Follow-up	Summary of Violat	ons:
Owner address	3. Complaint	1/	
The state of the s		'	
	4. Pre-Operational	c	9
Person jo charge	5. Temporary	C_/NC	/ R
riles Menalya,	6. HACCP	from Louinee to no	industrial "
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Lensate	1 191	find, artiguitablest	Jac 9 10
Certified God handles		1 2 3	4 1/5
July 111 Marka 1/28/23	<u> </u>		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
	Narrative		To Be Corrected by
324 WC Water heater)	continuous	es	1-28-23
leaks from a	the vottor	no.	- Later 1997
234 NC NCE SCOOD has	rale was	touching	2-1-23
the ice at fro	nt sadas	tation	1
324 NC Not water Otes	noeraturo	was	2-1-23
94°F at hand sink	at front	line	
347 NC no paper tour	es provide	d	Corrected
at front line	hand sink		1
218 NC Door seals tops	pat front	ling	2-27-23
new cooler the	ue le scor	of teroke	
431 NC Filon soiled	under dis	play	2-5-23
case at front	sure '	0	1
416 NC One dead me	suse was u	nder	Corrected
the front line	display G	ase	4
431 NC nevaerous re	dent-luke	pelleto	2-5,-23
seen under fre	nt area ac	splay ca	se I
187 C Previously con	oked vake	a wear	Correcte
NYCLASTICIA 46 P	while ins	ide	Vol.
Provide Walk in -	cooler. The	by (name and title printed)	Discarded
Received by (name and title printed):	Inspected	Arew Miller	~ 0 (
Received by (signature):	Inspected	bp (signature):	atpeck as a
I'll Musley		rdien Mil	les
cc: cc:	cc:		
			Page 1 of 2

NARRATIVE REPORT

Establish	21		Nayo	Address 125/US 3/N	Greenwood IN 46142	Inspection Date /-27-23
Section#	<u> </u>	П		REMARKS	//V 70/7 P	TO BE
			were m	1 do 1 M / 1-	26-23	CORRECTED BY
295	NC		Table to	ament st	ICIA)	1-27-23
			is soiled	Tast used	m1-26-23	1
399	NC		minor of	rout repair	v needed	2-5-23
		\sqcup	M deep ()	fryer area	and	ļ
		\vdash	floor is	Mot sm	both by	
	0		Down I	(1) undow		
	<i>L</i>					
			Motor: 7	he liter a	and Luca	
			Perma 16	uschers N	rext door)	
			contain	ed a sewa	de back-up	
			Greenwoo	d PORD MA	le Thainton	ance
			Maria :	the floor	araik)	
<u> </u>		H	JID CORMA	the His	In) link	
			at admi	ONIMATOLI S	0:25 pm.	
			9920	,		
			Set coole		35°F-38°F	
		\square	and free	yer @'0°F		
			<i>V</i>	0		
		П				
<u> </u>	<u> </u>	H				
				<u></u>		
						-
		\sqcup				
Received B	y (Name Mure	& Tit	le)	Inspected By (Name & Wally)	Miller E48	Page 2 of 2

State Form 48621 (R2 / 8-05)



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

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

Establishmer			Discourse Seat 1	Telephone Number	Date of Inspection	ID#
B	urger	,	King	() Establishment	/	2324
Establishmer	nt address	S		() Owner	1/4/23	1-7-7
89	11 43	5 3	IN Whiteland, IN	Purpose:	Follow-up Release	Date
Owner				1. Routine	1/1	14/23
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess		The state of the s	3. Complaint	*	
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	⇒ R
				6. HACCP		
Responsible	person's	email	and the second s	7. Other (list)	Menu Type (See ba	ack of page)
				San A a		3, 789
Certified foo	d handle	r	1.		1 2 3 ×	_45
4 17	11451	on	Harshman			
ı			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		N THE NARRATIVE BELOW AS	
Section #	C/NC	R		Narrative		To Be Corrected by
	- 1		e and the second second	11	1. 1	11.1
431	NC	2 1	The storage area f		led.	1/6/23
431	NC			n the wall	-11	116/23
			cooler is very soile	d.		
4(31	Ne		The floor surfaces	are suiled		1/6/23
7/ //	4V C		The floor surfaces under the 3-ba		n dank	116172
			machine and the	ich creem	machine	
			Mac Offine wife //	4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	111	
		- 23	ALC:			
					and white the second	
						Actor -
	10-1	Marine Con				And the second of the second
Received by	Iname and	l title t	wistod).	Inspect	ted by (name and title printed)	
/ 14	1115	1	2 Hourshimour		Terry D. Bay	/
Received by	(signature))U V	1 CONSTITUTION		red by (signature):	
20	Mi	In	Also 1	i de la constante de la consta	- Kung D Bu	less
cc:	1009		cc:	cc:	7	7.0



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

Establishme			a requirements. The time finit for content	Telephone Number	Date of Inspection	•			
1 / /	le	1	#4700066.	(812) 526 608	4	ID#			
		-	of Edinburah	() Owner	1-9-23	267			
200 0	1 0	na	in Cross St. IN 46124	Purpose:	Follow-up Releas	a Data			
Owner	0.11	141	17 27 23 2 17 767 27	1. Routine		19-23			
m	116	. /	onv. Stores, LLC		Summary of Violat				
Owner addr	ucs	L	011V. S101ES, EC	2. Follow-up	Summary of violat	ions:			
Owner addr	ess			3. Complaint	'				
				4. Pre-Operational		a			
Person in ch		2	11.	5. Temporary	C_O_NC_	C_O_NC_8_R			
eru	S	211	tler	6. HACCP					
Responsible	person's	emai	(A FSC EXP:	7. Other (list)	Menu Type (See l	Menu Type (See back of page)			
Certified for	d handle	r	11		- 1 2 2./	/, .			
Kun	- 1	. 61	4 Modgood /12/21/27		123_	_45			
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"					
 VIOLATION 	(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW A	AS "R"			
Section #	C/NC	R		Narrative		To Be Corrected by			
295	NC		Inside too of	ice coffee	2 resit	1-9-23			
		T	is soiled b	00		1			
431	NC	a	Floor is soiled i	inder pro	nt	1-14-23			
			area mobile con	olers, D		/			
		0	Both restroom.	mechanica	1 vent				
		- 3	covers are soiled			L			
399	NC		Floor is worn	in dish	area	8-8-23			
			(i.e. 3 bay sink)			1			
411	NE		no interior bu	ell proved	ed for	1-19-23			
			artic air one do	or freezer	J	1 25 23			
324	NC	_(Both restroom	faircets a	rip	1-25-23			
- 1-000		_	when water is	turned of	R				
		(Hot water was 1	45°F at di	sh area				
2.47	NO		hand sink	11 + 2	1 1 2	1-9-23			
346	NO			ble at pe	iblic	1-9-20			
295 NC Metal Shelving in small walk-in-cooler									
210	NC		was soiled and ru		yr-in-cooley	1-25-23			
254	NC			ernometer	were not	calibratio			
Received by	(name and	title	brinted):	In	spected by (name and title printed)	: Corrected			
ERIC	30	- 2	95		Andrew Miller,	EHS			
Received by	(signature)	1:0	X		spected by (signature):				
615	154	V	\sim	\mathcal{C}	Indrew Mile	les			
cc:	/		cc:	С	c:				
					317-346-43	80			



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

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

Establishmer 6 9 7 Owner Mac Owner addre	at address	S T. 1	# 4700004 RD 135 46142 VINIENCE STORES	Telephone Number () Establishment () Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection //30/23 Follow-up Releas Summary of Violat C NC	//3/23 ions:		
Responsible Certified foo	person's d handle	email r		7. Other (list)	Menu Type (See back of page) 12 345			
			ENTIFIED IN THE CHECKLIST AND NARRATIV. ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		D IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	-		Narrative		To Be Corrected by		
295 431	NC NC NC		- No Soap IN Disperse 3 BAY - WALK IN COULD - CLEANING - WALK IN COULD - FLOOR IN BACK - REALH-TON COOLER - ADVISE TO AD EASILY MOVEAU	EN CEILIG 2 FLOOR STORAGE ROC	MAKE MAKE			
Received by	(name and	ditles	printed):	a thought of the	ected by (name and title printed			
Received by CC:	(signature	b	Boul cc:		ected by (signature):	Burtespard		
						Page 1 of _/		



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

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

Page 1 of

Establishment name LIRCLE K 470 Z Z 87 Establishment address LIB3 E. MAIN ST. 46143 Owner MAC'S CONVIENCE STORES Owner address Person in charge Responsible person's email Certified food handler	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 / 3 / 2 3 Follow-up Release 2 Summary of Violate C NC Menu Type (See 1) 1	//3/23 ions:	
		1		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAF VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED		N THE NARRATIVE BELOW	AS "R"	
Section # C/NC R	Narrative		To Be Corrected by	
295 NC - ICE COFFEE MACHINO	E NOZZIE 15 SOLUS	50	2/1/23	
	FRONT COUNTER IS		2/6/23	
431 NC - FLOOR IS SOLED IN	SOFT DRINK STORAL	15 Room	2/1/23	
BLOG NE - FAN IS SOILED 11	& Bopt MEN'S ! Wome	At Man's " Women's RESTROOM		
309 NC - WOMEN'S RESTROOM &	PAN IS NOT FUNCTIONING		2/14/23	
* NOTE ! - 1 Soup	DISPENSER IS EMP	ry	1.1 =	
392 NC - CUTDOOR DUMPSTER	LIO IS OPEN		2/1/25	
1077 6 0	0	- 0.00	4	
187 C - P. 22A IN PARP	PIZZA WARMER A	T 78 Wol	CORRECTED	
431 NL FLOOR DRAIN BY BE	POUR IS SOILED		-Irems Piscanse	
431 NE FEODIE DILIAN BY DE	the pook is some		>2/1/23	
lef left			17.1	
10 PC 211 10 PC 217 10 PC			Arradayan A	
	1.	11 (131.1.	7)	
Received by (name and title printed):		ted by (name and title printed		
	KE	EVIN R. Pave techny (signature):	12	
Received by (signature):	Inspec	(signature).		
cc: cc:	cc:	~~~		
cc: cc:				



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

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

Establishmer			Levi valuer filianist met li h	Telephone Number	Date of Inspection	ID#			
CIR	CLE	1		() Establishment	1/22/22				
Establishmer	nt address			() Owner	1/23/23	1694			
989	11= 3	7 /	5 46184	Purpose:	Follow-up Releas	e Date			
Owner	05 3	3 /	3 76101	Routine	2/2				
111	1		RUCE STORES	2. Follow-up	Summary of Violat				
Owner addre	Coul	UNI	RUCE JORES	-l ^	Junimary of Violat	10113.			
Owner addre	288			3. Complaint					
				4. Pre-Operational		1			
Person in ch	arge			5. Temporary	C PNC_	C Ø NC 6 R			
La Trajurt			Tanakanya i ta	6. HACCP	*0.dl	modes of			
Responsible	person's e	mail		7. Other (list)	her (list) Menu Type (See back of page)				
Certified foo			Exp. 6/22/25		12_X3	45			
	GIA	-							
1			ENTIFIED IN THE CHECKLIST AND NARRATIV		OD IN THE NABBATHE DELOW	AC IIDII			
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	ND IN THE NARRATIVE BELOW	To Be Corrected by			
Section #	_	-			0 2	1/23/23			
Note	The State of the S	od	- OBSERVED A FEW SAUDY	1/27/23					
295	NC		- SOOD NOZZUES ARE SOIL	1/27/23					
218	NC	-	- DEAIN FOR SOA DISPER	1/23/23					
239	NC	\dashv	- SINGLE USE CUPS IN F - THERMOMETER NOT OBSI	7/2/27					
256	NC	\dashv		1/23/23					
439	700		BACK STURME ARIX	1/3/2					
431	NC	\neg	- GENERAL CLEANING:			1/27/23			
101	700		- FLOORS WEAR WA	US UDDER SH	EWIS	1211			
			- MED'S RESTROOM	FLOOR		1			
			" FLOOR UPDER 3		h tradition to see the	N 10 10 10 1			
				11.0	T. A.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
91.1	(1)	relo	west community and anything to be a		n a launtéracean	1			
						Hitting 1			
				Ir	11 / 101	7)			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Listablishilli	ciit Saini	auo	ii itequiieiii	ciits. The t	me mine	ioi concen	on of each violation is s	speemed in	the namative	portion	or tins report.	
Establishmen	nt name	R	estar	want	li arioq n	on li ir	Telephone Numb		Date of Inspe		ID#	
Establishment name CUVLY 3 Restaurant Establishment address S20 S, SR 135 CITELIN WOOD					() Owner							
570 St. 8K 135 Owner					Purpose: 1. Routine		Follow-up		Date / 13 / 23			
					2. Follow-up		Summary of Violations:					
Owner address							3. Complaint 4. Pre-Operation	nal	$C \bigcirc NC \nearrow R \bigcirc$			
Person in charge						a line of the	5. Temporary 6. HACCP					
Responsible	person's	email	rmus les que suit	Tunk on her	TL FR	line Legg	7. Other (list)	1111	Menu Type (See back of pa			
Certified foo	ed handler	n	ful bri	ght.					12	3~	_45	
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN	THE CHEC			'E COLUMNS MARKED "C' IE "SUMMARY OF VIOLATION		HE NARRATIVE	BELOW AS	; "R"	
Section #	C/NC	R					Narrative				To Be Corrected by	
239	MC		Disk	is ou			the floor.				2/04	
				Langer to the state of the stat					S OF DOTHERS	ilhond (,,,,)	AND EXCELLENT TO THE CONTRACT OF THE CONTRACT	
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