

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#	
NEW KUMO JAPANESE	() Establishment	1/100	1821	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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

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

Establishment Sanitation Requirements. The time limit for corre			on of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address Phoonic Fond	() Establishment	1/18/23	1111
Establishment address 886 S. S. R. 135 IN 46143	() Owner Purpose:	Faller Incl.	se Date
Owner Owner	1 Routine	Follow-up Relea	1/28/23
Owner O' Charleyp, LLC	2. Follow-up	Summary of Viola	
Owner address	3. Complaint	,	
	4. Pre-Operational		
Person in charge	5. Temporary	c_O_NC_	3 _R
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431 NC Floor is soil	ed under de	200	1/20/23
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment address Owner Purpose: 1. Routine 2. Follow-up Summary of Violations: Owner address Certified food handler Certified fo	Establishme	nt name			Telephone Number	Date of Inspection	ID#
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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

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

Establishment address 704 SR 135 Owner Owner address Person in charge Responsible person's email Certified food handler Brock Brown Exp 8/12	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC Y	Date 23 15 23 15 2 3 15 2 3 15 15 15 15 15 15 15
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND		DUTTIE NA DRATINE DEL OW AS	"D"
295 Ne Double door C 431 NC floors & walks 425 Ne mops not lung NOTE: DI secom (ii) Mure enit dou	Narrative me sorted color by gnil is so need cleaning socia n gre some trash by the ut all pash as you a	ozzles every he back door out at 1 pm).	To Be Corrected by 02/3 corrected 3 days. 1 blocking 2: 15 pm h Oul the
Received by (name and title printed): Received by (signature): CC: CC: CC:	Inspec L Inspec Cc:	eted by (name and title printed): AU BLACO Eted by (signature): AUL BURON-	EHI.



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

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

Establishme			district and the second section	Telephone Number	Date of Inspection	ID#
	Sam	S	club	() Establishment		1101
Establishme	nt addres	S		() Owner	1/30/23	486
1101	Wind	ho	rst way Greenwood IN	Purpose:	Follow-up Release	
Owner				1. Routine	2/	9/23
			The second secon	2. Follow-up	Summary of Violati	ons:
Owner addr	ess			3. Complaint	1	
				4. Pre-Operational		
Person in ch	arge			5. Temporary	CNC	3 R
	(12) (2) (1)			6. HACCP	. 5. 11. 92	
Responsible	person's	email		7. Other (list)	Menu Type (See be	ack of page)
			g 20°		y y por	71 37
Certified foo					1 2 3 4	4 5
1	DAVIT	D 6	ERNEY			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	THE NARRATIVE BELOW AS	To Be Corrected by
Section #	C/NC	R		Narrative		To Be Corrected by
256	NL		- No thermon etar not	ed in the pr	ep cooler.	2/4/23
270	NL		- No Premion ever not	11 710 111	ep cooler.	47/63
342	NC		men's loom hand s	inle was not	up to	2/4/23
	/ / ~		1000P . [cold]		1	
		Ī	Produce towel	to sa	i Same of the co	
		-(ninganger repaired			
7.17	. 174			1.00 1.100	not warm	2/4/23
342	Ne		the rotisserie area.	hand gink was	noi waim	217123
			There is a recor	1. 2		
344	C		The hand sink in 1	the demo room	1 15	2/4/23
214			Pout of order.] Ne	hard sink i		
				ed was hing!		
				~		
ļ	-					
Received by	(name and	title	winted).	Inspecte	ed by (name and title printed)	
	AULO	^	Elly Fan		erry & Bay kp	
Received by		: 12	many fare		d by (signature);	Total Seri
×	21	-/			y D Busless	2
cc:		4	cc:	cc:	/	
l					*	



86 WEST COURT STREET FRANKLIN IN 46131

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

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Telephone Number Date of Inspection # Is 55 Tent 1-31-23) Owner Purpose: 1. Routin 2. Follow-up 3. Complaint 4. Pre-Operational c / NC / OR5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by C/NC R 402 430. NC 30 3 inspected by (name and titlesprinted):

NARRATIVE REPORT

* *	-		NANKATIVE REPORT	
Establish			Address CYPPNWO	Inspection Date
<u> Yru</u>	JRU	4	Bones 780 S. US 31 18 4 4142	
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			stored in the walk-in-cooler	Retrain
				+use ther
295	4.76		measured 42°F and 43°F,	2-5-23
	NC	\dashv	is soiled and Right bottom	2-71-23
218	NC	\dashv	· · · · · · · · · · · · · · · · · · ·	2-71-23
		\dashv	top of metal dropp plate is	+
218	NC		Bar lour bay sink is	2-21-23
-10	/VC	\dashv	leaking from underreath of the	2 21-25
		\dashv		\
411	NC			2-5-23
777	N C	_	working for Clictory # 13 6 # 14	1-5-25
218	.10	_		2-21-23
<u></u>	NC	ᅥ		2 21-60
		-	are spet on cooler # 13	
		\dashv		
		\dashv		
		\dashv		-
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Received By	v (Name	<u>۶</u> ۳	tia) O Inspected By (Name & Title)	
, 7	(ivaile	۱۱۱ تع ا	Inspected By (Name & Title) Undrew Muller, EHS	Page $\underline{\lambda}$ of $\underline{\lambda}$
<u> </u>	للكلك	8-0:		



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

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

Establishment name Somc Establishment address 12 6 2 M Emuson Aug 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)	Date of Inspection Of 20 /20 Follow-up Release O2 Summary of Violati C NC Menu Type (See b	23 20 15 e Date
New Patterson.		123_	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE CHECKLIST AND NARRAT		N THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
- Unmarted contain	Oven hood rer by the mae	hne	Corrected
Received by (name and title printed):	Inspect	eed by (name and title printed)): }
Received by (signature)	Inspect	ed by (signature):	
сс: сс:	ccl		



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

Page 1 of

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

	one out		quirein				ро	272245 35		
Establishmer South	nt name	(Imag	o Rizza	g an =	Telephone Number	nt .		ID#	
Establishmen	nt addres	S	0	D Pizza Cureen	vood	() Owner		01/31/23 1948		
Owner Owner	5	SR	135			Purpose: 1. Routine	Contract of the Contract of th	2/13	123	
						2. Follow-up	Summary of Vi	iolation	is:	
Owner addre	ess					3. Complaint 4. Pre-Operationa	d ~	0	~	
Person in ch	arge		Rienji -	lawngramm masto 17 ng	o latire.	5. Temporary 6. HACCP	C N	c	R	
Responsible	person's	emai	70 -1 9	entire de la composition della		7. Other (list)	Menu Type (S	See baci	k of page)	
Certified foo	d handle		Cobi	5-			123	34	l5	
						E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS	" AND IN THE NARRATIVE BE	LOW AS "I	R"	
Section #	C/NC	R				Narrative		T	o Be Corrected by	
297	Me		Soda	norrles		Forted			2/08	
			Noie	: Olemper Dimetran (ii) mare Chiet	nical d	are openy hat was is bood temperat	Ottony west are			
Received by	(name and	l title	printed):		nly		Inspected by (name and title p	vinted):	0,45	
Zarie			ward (opp on				Wa	Etts	
Received by	(signature)	6	lel				Inspected by (signature):	-		
cc:				cc:			сс:			



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	nt name		ans Loods	Printe - Palin a samon island	Telephone Numb	per Date of Inspection	ID#
Spec	DULA	4=	8527	7	() Establishm	nent ,)	
Establishmen	nt addres			1	() Owner	1/27/23	738
1350	US	5 3	31 GR	ZENWOOD, IN 46143	Purpose:	Follow-up Rele	ase Date/
Owner				7	1. Routine	YES 2	2/7/23
SPE	50W	24	LLC	- LILEUSE DEPT	2. Follow-up	Summary of Viol	ations:
Owner addre	ess			45501	3. Complaint		
Po	Box	6	580	Spring FIGUD, of	4. Pre-Operation	nal	7
Person in ch	arge	la di	e Recul u	all and of the factor of the latest and the	5. Temporary	C NC	/ L R
Unit lim					6. HACCP	- L vbrightes	
Responsible	person's	email	ima li gir l	aliyaik on learn kasar of Assert on	7. Other (list)	Menu Type (Se	e back of page)
			111111111111111111111111111111111111111	alobos III =		r proba sirin mp	
Certified foo	d handler	r				12_X3_	45
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN	N THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C	<u>'</u> '	
• VIOLATION	(S) REPEAT	TED F	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIVE BELO	W AS "R"
Section #	C/NC	R			Narrative	1	To Be Corrected by
431	Ne		- GENE	RAL CLEANING O	F EWORS N	ICAR HAD SOK	1/30/23
	in mark	mq		e & BEHLD REALH			an dego . I
	endand.	aryon's	Roun	- REACH IS FREE ?	EN IN BACK 10	Zuom FLOUR	a signaturi si
			100	WALLE-12 COOLER	- wall Bertin	A DUENIN STORAG	.6
			Room	•	/		-1,
295	NC		-5004	Norrers pre D	enty & NOZZELS	ON COFFEE Marke	1/30/23
295	NC		- SHE	LUILG UNDER SO,			
			MAL	HIE ARE DIRTY			, ,
410	NL		- FLO	vaccent Lights	10 DRIVIL C	SOUCH NOT	2/7/23
				LED OR NOT ADE			- /
410	NC		- CIEC	ung LIGHTS IN h	DALK IN CODE	ER NOT SHIGLOOM	0 2/2/23
295	NC	щĹ		ON MILK SHAKE			1/30/23
295	NC	tile	- Not	RZEE ON MILK S.	HAKE MACHE.	JE 15 SOILER	1/30/23
399	NC			Er's RESTROOM			2/2/23
218	NC			cut IN FREEZER			12/7/23
				- Z DOOR GASKETS			1 1-7
218	NC			HIN COOCER IN			2/7/23
				- 1 Doon GASLET 1	DISREPAIR		
D : 11	(-111	10:11	(d.)(1)	SHELVING DIRTY	Company of Room	Inspected by (name and title prin	etad):
X MA	(name janja	nne j	No.	Midital Dack	3101114		UCIN
Received by	(signature)	11	1	100		Inspected by (signature):	A congressed i
1 1 1	ic	7.8	lle	Vidion		KILTER	
cc:				cc:		cc:	

NARRATIVE REPORT

		Inspection Date
Section# C/NC R	EMARKS	TO BE CORRECTED BY
394 NC - TRASH ON THE GROW	OND IN DUMPSTER AREA	1/27/23
	•	22
NOTE - SOME REFRIGGERATE	ors : Freezens por	
EASILY MOVABLE -	RECOMMEND ADDING WHEELS	
AUD CLEAN	ROER TO MOVE CASILY	
NOTE - AUTS SEEN NOOR	- M/ =	
NOTE - AZTS SEEN NEAR	SODA MACHENE	
NOTE - FRONT DRINK STATIO	- HAS STORY WATER	
		_
Received By (Name & Title) Insp Kelling	ected By (Name & Title) EVIJ R. FAULL EHS	Page of



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

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

Page 1 of

Establishment name Spletelway Establishment address 5 S. Graham add Owner Owner 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	Date of Inspection ID# 1/17/23 2493 Follow-up Release Date 1/21/23 Summary of Violations: C		
Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI		Menu Type (See ball 123/	45	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T Section # C/NC R	Narrative		To Be Corrected by	
431 Me floors in the facut	A-		1 16 23 1 19 23	
Received by (name and title printed): Received by (signature): CC: CC: Received by (name and title printed): CC: CC: CC: CC:	Mary 1 Mar	d by (name and title printed): M BUTEV 4 d by (signature): BUTEV.	-1	



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

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

Establishme	bul nt addres	S	1 Park Mall	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up	Date of Inspection 1/31/23 Follow-up Release YCS 2/1 Summary of Violation	10/23
Owner addre			, filma 8 (m. pl. m. pr. pr. pr. pr. pr. pr. pr. pr. pr. pr	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	cNC_Z	3 _R
Responsible Certified for			Norwellen en e	7. Other (list)	Menu Type (See ba	ext. 19
• VIOLATION	(S) REPEA	TED I	ENTIFIED IN THE CHECKLIST AND NARRATI	HE "SUMMARY OF VIOLATIONS" AND IN		
Section #	C/NC	R	Floors soiled in som by handsink & gra			To Be Corrected by 2/5/23
295	NC		cooler underexpresso spiled on inside	maker closert	o register	2/1123
414	NC		Recommendation: for a clean Solution DE Seal bake Ca ADD lave on bake Ca "Hims are forde	daily + cleano Speall w/ Desto n to sanitize Se so they cant get se that says	ontrol	2/16/23
Received by	101	1	(printed):	Clas	d by (name and title printed): SCRMILL by (signature): UKLU MILL MARCHARD A by (Signature):	eletros, 1
cc:			cc:	cc		



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

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

Establishment name	Telephone Nur	nber Date of Inspection ID#
Steak Il Shake	() Establish	ment
Establishment address	() Owner	01/20/23 2444
Steat N Shake Establishment address 247 N. Smith v	rlley sel Purpose:	Follow-up Release Date
Owner	1. Routine	No 02/03/23
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operati	onal X
Person in charge	5. Temporary	C NC 1 R
	6. HACCP	in an ob bile
Responsible person's email	7. Other (list)	Menu Type (See back of page)
-sequind	7. Other (1888)	Mena Type (see outsit s) pugey
Certified food handler		1 2 3 1 4 5
Jamie Kite		
	HE CHECKLIST AND NARRATIVE COLUMNS MARKED	
	NSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLAT	
Section # C/NC R	Narrative	To Be Corrected by
200 110 0	1020/00	0.100
297 Me Soda	nozzles are sorted by s	ering rimolon. 04/21
75 3000 000 000 000 000		
	al-sec	a series A about pulse of
in a second data consequence	ela mia	
		Marie I
Received by (name and title printed):	Ume LKHE Franchise Part	Inspected by (name and title printed): Nev Raul Betvor Lets
Received by (signature):	11/2 / 6	Inspected by (signature):
Mir	10x Kett	Inspected by (signature):
cc:	cc:	cc:



Johnson County Health Department 460 N. Morton St., Ste. A, Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



establishment		Date of Inspection		
Stone Creek Dir	ning	317-8	389-1200	1/12/2023
Establishment address			Summary of Violations	
911 St Rd 135 Nor	th, Greenwood, IN	16142	0 C	0 NC 0 R
Owner			Follow-up	Release Date
CGR HOLDINGS, LLC Sto	neCreekGreenwood	l@crgdining.com	No	1/24/2023
Person - in - Charge	Certified Food Handler	r	Purpose:	Мени Туре
Laura Robinson	Routine	4-Extensive handling		
Establishment Identification #	County	District		
1057	Johnson	D5		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R2	Violation Observed:	To be Corrected by
			No violations observed at the time of inspection. Food temperatures taken	
			were all within acceptable range, all 3 dish machines were sanitizing	
			properly, Walk-in was brightly lit	
			Temp>Rit	e. ž
			Date:	
			Emp: Empleado PACC MALPA	_
			BAR TURNS ORAL IS ACEPTARIC CANADA CONTROL OF THE STATE CANADA CA	IGE
-			160°F/71°	NIA .
			E-	
	^		\ (\\(\)\	1
	- 1	11		
	<i>\ \</i>	11) V I
	11		II n la II IIII I Lung X d XI.	
7	4	M.		UUNI
ab sh	man Can	Vial	Ir spected by: Elizabeth Schultz, REHS	



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

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

Establishme	ent name		and the second of the second o	Telephone Number	Date of Inspection	ID#
4	Subr	Nav		() Establishment	11	
Establishme	nt addres	ss /		() Owner	1/13/23	1299
	12	15	ufolgar Square	Purpose:	Follow-up Release	Date
Owner				1. Routine		25/23
				2. Follow-up	Summary of Violatio	ns:
Owner addr	ess			3. Complaint	,	
o where hades	-			_		
D : 1				4. Pre-Operational		
Person in ch	narge			5. Temporary	C_/_NC_/	R
D 11				6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See ba	ck of page)
Certified foo	مل المعملا الم				on and district	
t t	od nandie	1			123	45
• CRITICAL	ITEMS A	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW AS	"R"
Section #				Narrative		To Be Corrected by
411	NE	i-16	highting in +	he walk-in	100/11	77 PREE
10			is not adeau		11 12 12 12 13 13 14	PODY IN
118	2		No certified	food handle	P	A40 1,4
			must	have se		1
			by nex		1	
	100000		- W	· · · · · · · · · · · · · · · · · · ·		
			1.72	1 4		
		\vdash	Note: ceal	Hemators Hem	71	
			FAL	Lucle in asse:	sterny	
	-			MENO		the same of the sa
						17
				Will the Unit will be to the second		
Received by	(name and	l title pr	inted):	Inspec	cted by (name and title printed):	677
./					Terry Baylow	ing.
Received by	(signature,			Inspec	cted by (signature)	agraphic control
X	-	Pat	tel Rudosh K.	/	Tem soull	(
cc:			ce:	cc:		
					/	



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

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

Establishmer					Telephone Number	er Date of Inspection	T mu
					() Establishme		ID#
Establishmer	Subi	مام	7		-	1/10/23	1911
					() Owner		
321	M.	4.	531	New who te land	Purpose:	Follow-up Releas	e Date
Owner				IN	1. Routine		
					2. Follow-up	Summary of Violat	ions:
Owner addre	ess				3. Complaint		
					4. Pre-Operation		
Person in cha	arge				5. Temporary	CNC_D	R
					6. HACCP	16 31 2	
Responsible	person's	email		1-2	7. Other (list)	Menu Type (See b	pack of page)
Certified foo	d handle	r 20. m.	61 1740	nter be och		123_X	45
• CDITICAL I				THE CHECKLIST AND NARRATIVE	E COLLIMNS MARKED "C"		
				US INSPECTIONS ARE DENOTED IN THE			IS "R"
Section #	C/NC				Narrative		To Be Corrected by
181	C		F160	+ line reach	in refriger	ator is	1/10/23
				t have reach- not maintaining	4 41°E er	- below	
			340 44	4708	- Mile		
					514		
V-						A STATE OF THE STA	
		-					Some of
							1900 - 124
		L					
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Received by	(signature)			-111167		Inspected by (signature):	7
(1	1.	2_	Made	A	July & For	y less
сс:				cc:		cc:	



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

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

Establishme	nt name		- 1	Telephone Number	Date of Inspection	ID#
	Sub	Wa	~	() Establishment	1.1.1.	
Establishme	nt addres	s /		() Owner	1/23/23	2091
	1133	N.	Emerson por Greenwood	W Purpose:	Follow-up Release	Date
Owner		14.		1. Routine	Follow-up Release	23
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
				•		
D : 1				4. Pre-Operational	. ~	
Person in ch	arge			5. Temporary	C _ O _ NC_ 1	R
				6. HACCP	100 100	
Responsible	person's	email		7. Other (list)	Menu Type (See ba	ick of page)
Certified foo	d handle	r			12 \(\sum_3	4 5
+5h	anta	mu	Pater Potel		123	_45
			ENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"		1
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED I	N THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS	"R"
Section #	C/NC	R		Narrative		To Be Corrected by
426	NU		1 broom is bad	ly damages		1/23/23
	1 1211		with a large and and a second		, in algebra	1000
			get and the second of the seco			
			t Excellent - condition	on		, a
elizare e esta						
	-					
	The last				n e e	
		7.5				-
Received by	(name Du	title to	printed):	Inspec	ted by (name and title printed):	
4	EFF		- X-		Terry D. Hayles	5
Received by	Signature	-			ted by (signature):	
Y D	M	18			May - In	y w
cc:			ce:	cc:		/



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

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

Pa

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 Telephone Number Establishment name THEO BELL #31940 1/31/23 2023) Establishment Establishment address 211 N US 31 NEW WHITCHAND IN Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler STONE (EXP 4/472) ServsARE 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 REACH-IN FREEZER IN BACK, DOOR NCA 295 FLOOR NEXT TO DED WALL, UNDER EQUIPMENT NOT CLEAN, FLOOR DEATH NOT CLEAN IN FRONT GROA 431 WAZE UNDER FRONT FREEZEN UNIT 431 OUC LIGHT INTENSIN NOT ADEQUATE IN WACK-IN FRONZER MII LEAK NOTED ON 3 CAMPATMONT SINK 324 Inspected by (name and title printed): Received by (name and title printed): Bob SMITH EXE rlaina Narhinson PGM



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

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

Establishme	nt nama					Telephone Numb	er Date of Inspect	ion Typ"
		2	- 11			() Establishm		ion ID#
7 Establishme	aco et address	12	211			-	1/23/23	1699
1					1	() Owner		
- 11	29	9	friain 5	t. Greenw	1000, IN	Purpose:	Follow-up Re	elease Date
Owner						1. Routine		
						2. Follow-up	Summary of V	iolations:
Owner addr	ess					3. Complaint		
						4. Pre-Operation	nal	
Person in ch	arge					5. Temporary	C O N	C 5 R -
						6. HACCP		
Responsible	person's	emai				7. Other (list)	Menu Type (See back of page)
	•					, o direc (inco)	Inche zype (200 0 ment of P1180
Certified foo	d handle	r	,					3X_45
L 7a	char	d	piche	ns			1`)
• CRITICAL	ITEMS AI	RE ID	ENTIFIED I	THE CHECKL	IST AND NARRATIV	E COLUMNS MARKED "C'	1	1
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOU	IS INSPECTIONS	ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	IS" AND IN THE NARRATIVE BE	LOW AS "R"
Section #	C/NC	R				Narrative		To Be Corrected by
324	NC		- cold	water	pedal	is broken	on the	2/6/23
			K: to	hen f	and sini	4	1870 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971	214
1.22			DELIGHT II		3 10 10			
411	NU	•	Light		unt out	in the n	valle-in cooler	- 2/6/23
295	NC			he bul		containers	are soiled	- 1/24/23
324	NL		T	he fro	nt hand	I sink drai	117 Slowly	2/6/23
295	Ne		- The		net und	er the olron	k machine	1/26/23
			1º	dirty				
			-					
	<u> </u>							
								Maria de la companya del companya de la companya del companya de la companya de l
				1				
Received by	1	title j	printed):	then 5			Inspected by (name and title p	rinted):
Received by	(signature)	1:	hfr	6			Inspected by (signature):	Rustan
cc:	1	/		cc:			cc:	my
	V							



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

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

Establishme Establishme 895 Owner Owner addre	t 61 nt addres	35	Greenwood, IN	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up Release Summary of Violation	10 / 2 % ons:
Person in ch Responsible	person's			5. Temporary 6. HACCP 7. Other (list)	Menu Type (See be	
	ITEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATI		123in the narrative below as	_45
Section #	C/NC	R		Narrative		To Be Corrected by
			Floors Under equipmed Soiled	Cer CF M Star pa	cles Area	2/36/23
Received by Received by	1	47	printed): Mofinez ETL		ted by (name and title printed): GUY (Signature): GUY (Signature):	Les .
cc:			сс:	Edif	The state of the s	1

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

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Establishme	ent name	zbovit s	notessel /	er lefo mut	Telephone Number	Date of Inspection	n ID#
TIG	1 Fr	idays			() Establishme	nt 111 // =	10011
Establishme	ent address	s			() Owner	1/Le/23	11909
12.51	1153	31 Gran	enwood		Purpose:	Follow-up Rele	ease Date
Owner	01 2 0	21 0100	710000		1. Routine	I NO I	1/16/23
					2. Follow-up	Summary of Vio	
Owner addr	ess				3. Complaint		
					4. Pre-Operationa	1 .	1
Person in ch	narge				5. Temporary	CNC	3 ,
l croon in ci	80				6. HACCP	C1\0.	S
Responsible	person's	email	and a sub-		7. Other (list)	Menu Type (Se	e back of page)
responsible	persons	citiali			7. Other (usi)	Menu Type (Se	e ouck of puges
Certified for	od handle			01.		_ 1 2 3	1605
Mar	reno	String	alor Exp	130/26			
1					E COLUMNS MARKED "C"		
CONTRACTOR OF THE PARTY OF THE	WEST TO SERVICE THE PARTY OF TH	TED FROM PREV	IOUS INSPECTIONS AF			" AND IN THE NARRATIVE BELO	
Section #	C/NC				Narrative		To Be Corrected by
101	C	Han	Murger V	neat in	000 ler @ 45	-47°F	16/23
402	NC	Drain	nsspiled a	nd have	still water o	n cook lino	1/10/23
100		P10	ors soiled	in wark in	cooler /frela	n cook line	- 13- V.B.I. J. 11-1
							112
430	MS	tile	proken in	newark	in cooler		1/23/23
347	NZ	NOPO	aper tower	s at han	dsink on Cot	Kline	1/6/23
		1					' '
	-	NOT		1 1000 0 1	1 1 2 - 1	1 411 1 20 0	
	otto co		umpster.		to be crosed	atall times	
-	-	- 1	yw back		betrayed a	nd need replace	Ca
<u> </u>	+		Remoneto		1 (1) SOME COOK	My MYUNS POI	
			COUNT				
D. 1: 11/	9	1 (1) (1)			•		utad).
Regeived by	Indme and	title printed):	Stra	-010		inspected by (name and title prin	mea).
Regained by	(signature)	1014	- 1X/G	7414		nspeciell by (signature):	of group long to
	1h	med in	2 Ala	Tuno	6	(i Mine Mil	W DAS
cci	1	A	cc:	1	2	66/	
			-			/ /	
							Page 1 of _/



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

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				1		*
Establishmer			attack)	Telephone Number	Date of Inspection	ID#
	N	Jus	Ele House	() Establishment	1/24/23	1676
Establishmer	nt addres	S		() Owner	1/24/23	13.0
	10	69	Emain st Greenwood, IN	Purpose:	Follow-up Releas	e Date
Owner	4100			1. Routine	2/	3/23
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_1_NC_	7 R
				6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See l	pack of page)
						71.87
Certified foo	d handle	r	21		1 2 3 ×	5_45
XX	ober	+	Christopher			
• CRITICAL I	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ID IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
245	NC		- Numerous wet		hs were	1/24/23
2.44		3000	not being stored		solution.	1/- 1/27
344(a)	2		- The hand sink by	and in acces	sher was	1/24/23
			blocked by dishes	and in acces	ssible for	1
297	Ne		hand was hing- - Drink dispenser Isa	NOT 0077-10-5	are soiled.	1/25/23
431	NC	-	- The floor under the	he dish was how	is very	1/27/23
721	INC		Soiled.	TE GITTITIO	. , , , ,	11211-3
218/3/(2)	NC		The door gusket is	loose on the	lower door	218/23
J. 110	,,,		of the 4-door re	frigurator.		1
425 (6)	NC		- maintenance equip		, mops eta 1	1/25/23
assetson	EL DOM M		use not stored in a	clear ordelly	manner.	in all
431	NL	77.01-	- The dry storage ros	and Kitchen	s soiled-	1/27/23
426	NC				were	1/27/23
			in a disorder	ly condition	0 /	
				onto		
						-
Received by	(name and	Vtitle	printed):	Insp	ected by (name and title printed): <i>)</i>
1		n ly	Pohort Christa	char		1255
Received by	(signature)):	1 0011	Insp	ected by (signature):	/
LV	1	-	40		Sum D Bu	y less
cc:			cc:	cc:		



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

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Establishin	em sam	tatio	Requirements. The time lim	int for correctio					
Establishment name					Telephone Number		in ID#		
WALMART #995					() Establishme				
Establishment address					() Owner	1/10/2	3 LP691		
2125	· K	Mo	RTON ST. FRAL	KUIN	Purpose:	Follow-up R			
Owner					1 Routine	No	10 Days - 1/20/23		
					2. Follow-up	Summary of V	Violations:		
Owner addre	ess			A CONTRACTOR OF THE PARTY OF TH	3. Complaint				
					4. Pre-Operation:	al			
Person in ch	arge	-			5. Temporary		C & NC 5 R		
	0			· · · · · · · · · · · · · · · · · · ·	6. HACCP	-			
Responsible	person's	emai	nona Care	or she is a	7. Other (list)	Menu Type	Menu Type (See back of page)		
responsible	Persons	C111111			7. Other (usi)	Wienu Type	The loce one of base		
Certified foo	d handle	r					1234_X_5		
						12			
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST A	ND NARRATIVE	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE D	DENOTED IN THE	E "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE B	ELOW AS "R"		
Section #	C/NC	R]	Narrative		To Be Corrected by		
431 NC OBSERVED TRASITION M.			IN MULTI	PLE DRAINS IN	FRONT OF	action systems of the system of the system of the system of the systems of the system o			
and the second	ned a	ETHI	WALK-125.		THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS	The second	i Cambrashi		
, ,					gloring a	of terminal a	7 10 10 10 12 20 E		
* NOTEX			TCE BUILD -UP OF	S REFER C	DUIT IN WAIK	IN FREEZER			
\$1229	NC		OBSGRUED & B.Z.	OKEN/EXP	asen francis	I FRYIGH BASK	ET		
346 NC BAKERY HAWS SINK MU -DBSERVED EMPTY			WIK MUS	1 HAVE HADD	E -> CORRECTED				
			EMPTY 4	DISPENSER	ON 1/10/23				
431	7.0	_					hand from average and		
405 NC CEAR GENERAL DETAIL CLEANING OF WHAREHOUSE					SE				
FLOOR				Jught Hall		The State of the State of			
		_	Govern Der	AT. 1.	11/11/20	01 W = (1) P = 21	en s		
GENERAL DETATE CLEANING OF WAL									
	AND FREEZERS AND UNDER DISPLAY SHEVES.								
	V		BAKERY-DETA	016 CLE	FAMILY OF FL	000			
309	NC		MECHANICAL EXHAU	ST 13 NOT	FUNCTIONAL 1	N GITHER MES/WO	MENS		
Received by (name and title printed): EMPLOYEE RESTROOM				TROOM.		Inspected by (name and title	printed):		
X CALEBFLECIK AP COACH						KEVIN PAULIN	Bob Im-ARI		
Received by (signature):						Inspected by (signature);	1000		
X Celes flor						12/2/ 10	al Los		
сс: сс:						cc:			



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

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

Establishme			Name of the second second	Telephone Number	Date of Inspection	ID#	
	W	aln	nurt	() Establishment	, , , _	11-0	
Establishment address Greenwood				() Owner	1/26/23	423	
1133 N. Emerson Ave IN				Purpose:	Follow-up Release Date		
Owner	-			1. Routine			
				2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
				4. Pre-Operational	1	.1	
Person in ch	arge			5. Temporary	CO_NC_ZR		
				6. HACCP			
Responsible	person's	email	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7. Other (list)	Menu Type (See back of page)		
			9	4, -		The said	
Certified foo			Forbes		12345		
	- No. of the last	-	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
l			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	s "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
			the			EMP C LI	
218	NC		spigot is loose	on the prod	uce	NI	
			hand since			A 174	
110	Ne		makal rurills - shall	Ild Die Cut Kein	1 -1	N. F.	
216	14 C		mufal ruells - shelv	aller un cooler.	000	N. Z	
Section-				VIII- III COCIC. D			
			7 ()				
					with an angeria		
		\vdash					
	-	-					
				-	-		
Received by	(name and	l title f	rinted):	Inspecto	ed by (name and title printed)	:	
	secret		Pearson Coach	/	Terry D Baylon	5	
Received by (signature):				Inspecto	ed by (signature):		
+ Secret p					1mm D 10 mg	fust	
cc:			cc:	cc:	1		



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

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Page 1 of

Establishmen	nt name	y y sheard where I what worth to the	Telephone Number	Date of Inspection ID#		
1 co	+7e	I's Hetrels	() Establishment	1-17-12 17/16		
Establishmer	nt address	71 01	() Owner	1-16-65 1W9		
1651	NS:	31 N	Purpose:	Follow-up Release Date		
Owner			1. Routine	11-17-23 1-27-63		
			2. Follow-up	Summary of Violations:		
Owner addre	ess		3. Complaint	41		
			4. Pre-Operational	7		
Person in ch	arge	professional and professional	5. Temporary	CNCR		
Sur les		te a respect of a second	6. HACCP	BRIDE ARTEN TO THE ST		
Responsible	person's em	ail	7. Other (list)	Menu Type (See back of page)		
		and the second second	m T a p	70.1		
Certified foo	d handler	100 Your		12345		
• CRITICAL	TEMS ARE	DENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"			
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE				
Section #	C/NC F	I I	Narrative	To Be Corrected by		
	295 NC Interior of the ice mounts is soiled					
324	NC	Observed or reak OH	the 3 thy Sins	- TOULDS		
2-1	N 11	Connection Did not observed a	H10 = ==================================	000:30		
256	NC	the Classification	THE STONETH	11316		
		2008 to 10	Leasily Seen			
344	0	Hand Smk by 3 D	My Sink Line	Shorked		
		Du a Cart-)	3			
431	NC	Floor drain Well	r 100 Mach	21 DN		
		Soiled				
218 NC Observed to build Up inside reach in						
(00/ex = 0.10 0/17 51 51/10 C=3/1						
	Short all Kiti's to start to look					
		Note: Card board	Shouldn't love -	the Cooler		
			J1 303 31 1 113			
Received by	(name and tit	the printed): Peter SOV	Inspected	they (name and title printed):		
Received by	(signature)	unallu	Inspected	by (signature):		
cc:	V	CC:	cc:			
1						



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

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		tation Kequii	ements. The time limit for correc					
Establishme		-uhovit	egal egyptelff, a callagar e	Telephone Number		ID#		
Zaxby?1				() Establishme	nt Olland	10		
Establishment address				() Owner	01 20 23	1922		
127	Y M	Emer	son Are	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine	NO OS	2/03/73		
				2. Follow-up	Summary of Violat			
Owner addr	acc					out violations.		
Owner addit	C55			3. Complaint				
				4. Pre-Operationa		$C \bigcirc NC \bigcirc R \bigcirc$		
Person in ch	arge			5. Temporary	CNC			
B. 7		1 -	sat in the effect of the	6. HACCP	ritols breilese in	1 1985		
Responsible	person's	email	H has a second document	7. Other (list)	Menu Type (See l	pack of page)		
			401.1	C III of Man 1	That is broad in suggest for a			
Certified foo	od handle	r			1 2 3 1	4 5		
• CRITICAL	ITEMS AF	RE IDENTIFIE	O IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"				
			TIOUS INSPECTIONS ARE DENOTED IN T		" AND IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative		To Be Corrected by		
	SHE HOS	109: - Sauc.	II.II DAIN LITTE A	g inspection.	the true was to distinguish	1 . 1		
	chilestol.	Me	violation dum	en negs: « ventral in a	THE COLUMN			
			100 mg		1 1 3 45 177(3)(6)(1) 1 17	7.5		
		Mo	TE: Temperatures					
			1	<u> </u>				
Designation of the second								
	diam		decision of the second	110	a militare	de la constantia del constantia de la constantia de la constantia della constantia della co		
		u late	<u></u>		11-1-3	destroyed		
	Line di	od- og ra	ur mai e mala manda de la composición			service		
						I (geen)//		
						-		
	-					-		
Donois 11	(11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	title boint D			Inspected by (name and title printed	7) .		
Received by	(name and	ntie printea):	n no re-	181	Raul Betito	Etts		
Received by	(signature)	lle	Huds		Inspected by (signature):	4		
cc:			cc:		cc:			