

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

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

Establishment name THAZO CROCK BROWLY	Telephone Number	Date of Inspection	ID#
Establishment address Establishment address	() Establishment	2/24/2	3 1937
The state of the s	() Owner	, ,	
Owner DeFFASon St. Fr mo KLINg	-	Follow-up Releas	111
MIKO BAKER	Routine		100
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational	1 1	7
Person in charge	5. Temporary	CNC_S	5R
JARRETT GRINCE	6. HACCP	11 AV 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
in the second second			20
Certified food handler MHKO BAKER		12(3<	55
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW	AS "R"
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187 C & INTERNER TEM	perstore of	- CITTCKEN	O ISCHROOD
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410F OR 655		1 11 41 a 260/4 21 a 3 a 4 1 1	1 1 1 1 2 1
291 NC & CHEMICAL TEST S		QUAT	3/4
SANITTZER AT BE			1
324 NC & BAR- HOT WATE	OR NOT AVA	7LAB6	3/10
AT SHUK		1 0 / 1 / 5	- 100
256 NC & UPRIGHT FREEZER	NEAR WACK	2- IN COOLER	
228 NC & TITER MOMETER 1	not seen,	UNTI NOT -	> 3/20
EASILY MOVERBO	ABPED IN AZU	m = 1/1 m Dat/	CO CO CO CO CO
	TO COOR	10 THER PROCE	corrected
			0.00 0.70.7
2 NOT QUICK CHILL	2	2010101111111111	
218 NC & TO BUILT UP JA	witck in	FREEZER	214
431 NC & FLOOR NEXT TO		ITCHEN, BAR,	312
	FLOOR OCPETA	/	/
256 NC = SMALL REFUSERATOR		AZK-su coo.	20P 2/28
	NOT Seen		
Received by (name and title printed):	Insp	pected by (name and title printed	\neg · \neg ·
JARREING-GINGR	A 19	Gob Jm 1	# BAS
Received by (signature)	Inst	pected by (signature):	7
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			Page 1 of



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

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

Establishment name	Bearing of toin Homesa Ap	Telephone Number	Date of Inspection	ID#
Sisters Korean K	estaurant) Establishment	7-2 22	211-
) Owner	2-3-23	2143
1916 E. Main St. Ste 210	reenwood, (N 46143 P	urpos	Follow-up Releas	a Data
Owner Owner	10 40175	Routing		-13-23
Owilei				
		2. Follow-up	Summary of Viola	ions:
Owner address	3	3. Complaint		
		4. Pre-Operational		
Person in charge		5. Temporary	CNC_	O R
and the state of the control of the state of	1	6. HACCP		had also also also also also also also also
Responsible person's email		7. Other (list)	Menu Type (See)	back of page
responsible person's email		1. Other (usi)	Wienu Type (See 8	nick of pages
Certified food handler		44.00	123_\	1.
Don Lockhart			123_\	<u>/_45</u>
CRITICAL ITEMS ARE IDENTIFIED IN THE CH	ECKLIST AND NARRATIVE CO	OLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECT			O IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R		arrative		To Be Corrected by
218 NC Walk-	In- Inepaper	10-6	en O,	i i
ATO DE CALLED	1) 000	c coso o	1917 B.J. H. 1919 B.D. 1918	in the William
199 NC RAW Ch	open and b	200 111410	thaurina	S POLITICARE
Of DOOR	n. (Kitchen	I am per	ation	8 (KD 12511)
187 C Bean a	10 700	1 1000 uto	measure	1
460 F 1n	d 490F 1114	ile insid	u the	
(M) top of	The TILD ON	200 CDDO04		
256 NC The 1	HO dom	CONTON	touna	
Jean Or	a allala	Amouts &	n	
411 NC Interio	DANGE OF	ut in the	rigidaire	
	on lieuren		- Seguence Se	
430 NC Colling	files mess	ing in s	nens	and the second
nextroim	and sice	Shonage 1	oom.	lean whe
431 NC (Public)	restroom me	chaniche i	rentilatio	n
CALKUD AN		nd		
(2) Kitcher	ceiling and	1 HVAC ver	to are	
Soiled	9			
* Note: M	ochanical dish	machine n	ot Sanitis	ina
1 Jum not	Using unit	at time &	Linppert	inm
Received by (name and title printed):	0		ected by (name and title printed	D: 11C-
Left, report wi	th Owner	Ar	navew Mille	r, tHX
Received by (signature):			cted by (signature)	anguard /
		1(\lambda	wew mule	h
сс: сс:		cc:		
				Page 1 of 1



460 N. MORTON ST. STE A

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

Establishment name Establishment address 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 2/27/23 Follow-up Release 3 Summary of Violation C 1 NC O	9/23 ns:
Certified food handler		123_	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative		To Be Corrected by
295 NC Merior of ile r 234 NC ICE Scoop is store mater	ructure is s	oiled	2/27/23 2/27/23
291 NC Quaternary Aming	anilym test	H not	3/8/23 L
448 C 0058XRd "Bg:	2 MUH WSC	t Spray"	Discard
295 C Meat Slice 12 5 Semployees	50/120 7 WOS	Clean	2/27/23
MIN TO FIGHT STAND	OF COPPLICATE	in Kitchen	3/18/23
NOTE * MARCONILL	Sonal Legis	B not	2/27/23
Received by (name and title printed):	isonot NSF	by (name and title printed):	(, , ,)
Received Strong Bray	Cas	by (signature)	drew Miller
Jonnes Bruff	CC:	DESTRICTION	Mew While

NARRATIVE REPORT

Establish	-	5000		Inspection Date
>W			181016 5 00 00 8 152 tollar	TOBE
Section#	C/NC	R	REMARKS	CORRECTED BY
324	NE		Observed a leak from 3	3/8/23
			1000 SINK FOCUTE CONNECTION &	/ /
1121	NC	Н	"COLA" VICTOR CONTRECTION	
731	100		veed to be Clement & prawited.	
259	NC		ESTODISHMENT THEIMOMETER IS	
			DOT OCCINCATE	
200	. 6		5 read 55.6 during calibrates t	CS+
295	M		BOTH STAND I COUNTY LOUIS	
413	NC	Н	Both outer doors (entry lexit)	
	100		not trant-litting to the	
			exterior 0	
146	NC		numerous 816 bags of ice	
			packaged in-house ded not	
			contain a name and place	
378	NC	/	Trease trap not installed	
			at three bay sink	
324	NC		Three bay sink lacks	
27.1	. \ -	./	an au gas on drain line(s)	
374	NC	•	contains a draw line	
			that goes thru the kitchen wall	
			and emplies outside (West	
	. 1.0		exterior)	
218	NC		Hussman dell case contains	
			an excessive build-up of condensate	
295	NC		the interior right spiles.	, 1.
324	NC		The septic system alarm / indicated	L 2/27/23
			by 3 lit lights) indicates the	call!
		\square	System noeds service. This is	septic
			building	today!
		Н	munity.	Toolog'.
			Note: Both employee restrain lests	
			roed Clevad.	7
Received By	y (Name	& Ti	Inspected By (Name & Title)	Page 1 of 3
State Form 4	m2	200	of the said	

NARRATIVE REPORT Address 24/8 W. 9005. Inspection Date Establishment Name TÓ BE REMARKS Section# CORRECTED BY Inspected By (Name & Title) Received By (Name & Title) Page / State Form 48621 (R2 / 8-05)



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

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

			a requirements. The time min to content		T	*
Establishme		72	abode solvas and alternos and lace of	Telephone Number	Date of Inspection	sal rID#
Shell Food mart				() Establishment	2/3/23	1776
Establishme	nt addres	S		() Owner		1
215	IN	. p	porton Franklin, IN	Purpose:	Follow-up Release	se Date
Owner				1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		Aller Standard Branes	5. Temporary	C_O_NC_	4 R
				6. HACCP	manufactura (Terrana)	In dealers I
Responsible	person's	emai	to the interest of the state of	7. Other (list)	Menu Type (See	back of page)
				(110)	- Almo	
Certified foo	od handle	r			1 2 1/3	45
=					123	
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
THE RESERVE OF THE PARTY OF THE	-	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
		10000	a semestry has a subject to the seminary and	Control Control	2017 2787	1000mm204
431	Ne	1	- wall by the hard of	ryes in the	mens	2-5-23
297			100m 15 301/ed.	1 12	e partenan e e	77 369
295	Ne		- The ice maker - she lying by the compressor is les cover for the	anual 15 5011.	ed-	
212	NO		- spelling by 4th	Sollado	00121	
410	NC		- Cover for the	valle in comper	Keht	
7.0	1		bulb 13 1005e-	out of the content	1.440)	V
			7,500 / 100 / 100 / 100 / 100			
					and the second	70-2-2-1
			The state of the s		The American	lui P
del	lid			V 100 - 1	Life and the substitute of	H _m
						Alugazea
	-					-
	-					10.
	-					
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Z,	14	9			Tray D Bou	luc
cc:			cc:	cc:	1	/



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#
Sassana # 1.027	() Establishment	1 - 1 -	
Speenry #6027 Establishment address 46142	Owner	2/24/23	320
Establishment address 46142 6100 W. Smithuring Ro	Purpose:	Follow-up Release	se Date
Owner	Routine		01/23
	2. Follow-up	Summary of Violat	And the second s
Owner address	_	Cummary of violar	
Owner address	3. Complaint		
A 1	4. Pre-Operational	1	7
Person in charge	5. Temporary	CNC	/R
CARRY HOUPT	6. HACCP	to a best a rolls	No.
Responsible person's email	7. Other (list)	Menu Type (See I	back of page)
galeen Maring and Marentage of the company of the c	at estimate, and the contract to	Deniv Herritger	
Certified food handley CATHY HOUPT MARCH 24		12 ×3	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"	14	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
218 AC - DumpSTER LID IS NOT	CLOSED		2/22/23
430 NL - FAN IN MEN'S REST	ROOM IS NOT FUN	CAON129(15/212	3/14/23
351 NC - NO COVERED WASTE	RECEPTICIE IN	COMEN'S	2/28/23
Rest Room	WAREHOUSE BOOK UNITED THE	the manner of all officers	VIII.
177 NC + IN STORAGE ROOM, 15	FOOD PRODUCTS NOT	STORES	2/24/23
6" OR MORE OFF TH	E GROUND		,
177 NL +/2 STORAGE ROOM, F	5000 PRODUCTS STO	0250	2/24/23
w/ or NEAR CHE	meses		Coragido 2
297 NL - FIREAL SHAKE MAC	CHINE NOZZUE 1	3 SoiLED	2/24/23
430 NC + DOOR GASKET ON RE			
IN DISTERNIR ALSO	O GASKET ON ENT	RANCE POO	
18 Ware-12 Cools			Index and the second
149 C A= Expiney MICK (2/2)			2/22/23
NOTE AS WALK-12 COOLE	OUND MOP SINK 1	ts well	CORRECTED
NOTE AS WALK-12 COOLE	e '		2/22/23
			1
D i II (, T	ted by Juana - I title to inte	7).
Received by (name and title printed):		ted by (name and title printed	The second secon
x Cathy Haupt		VID L. PAULI	CHO
Received by (signature)!	Inspec	ted by (signature):	1
* Cally feet	K	- F HE	
cc: cc:	cc:		



2-8-13

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		Appropriate the second second second	Telephone Number	Date of Inspection	ID#
	edia	70	11 HS031	() Establishmen	0 1 10	11.110
Establishme			9 7 000	() Owner	11-1-62	1649
7.11	50	12	5 46106	Purpose:	Follow-up Releas	e Date
Owner		10	, -10100	1. Routine		-10-23
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess	-		3. Complaint		
o wher addi	C33				0.7	
D : 1				4. Pre-Operational	CNC_	2 2
Person in ch	arge			5. Temporary	C_X_NC_I	
D 211	100		ear survisation quality and a status	6. HACCP	25 20 80 00 6 20 10 20	1 6 1
Responsible	person's	emai	Inter the second second second second second	7. Other (list)	Menu Type (See l	oack of page)
Certified for	ad bandla		1 LX	Dan III asi gira	and the second of the second	1
Certified 100	Maidie	P	Duallenhushigh	51760	123	45
• CRITICAL	ITEMS A	RE II	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
295	NC	X	Interior of coon	nots along	Soda Johnk	1-8-23
	100	11 10 4	machines are soi		ninging we wantibuin	
431	NC	0.2115	Door in the back	Storage roo	m are Soiled	2 Vest 1915
			SUNDER ESTUIPT	rent		77.
		_	5 Mar Shell	ing Mits		
1111		-	20cong will	Brok.	· C1.0.0	1002
416	NO	-	CIC PORT OF WILL	OCK Storay		4-8-13
619	NC	-	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	001	gastet is split?	-
		\vdash	1011 10 100 2001	# 15 DOKE	<u> </u>	
105	NC	\vdash	11 tr. 101 5 10 50 500		NIN racks ar	2-8-73
			Soiled lorsty		0173 10018 4.	wastern and a
	WA	00	Barres & dust a	CUS DOT DON	a W.	Spirit Mark 1
431	NC			bor is soil	0	2-3-23
	M:		Syder Shell	ne racks.		
218	NC			idelets Insid		48-23
			Cooler Q470F/ 430F		in temperatur	
		_	Ch 260 CV 10 W 10 2	0 5		
Received by	(4,444,0,44	d title	5 relds regain	20.	spected by (name and title printed	7):
			Surprenant		asci Hall	57 1-175
Received by				Ir	aspected by (signature);	grien Ameri
_ /	u Sol	11 71	Supplement		(OA) HOW	
cc:	Las	- Vice	cc:		cc:	
						i
CONTRACTOR NUMBER		- THE PERSON NAMED IN				D 1 C

NARRATIVE REPORT

Establish	ment N	am	е	Address	Inspection Date
Spel	du	N	4	#8031 211 SR 135, 46,100	2-1-23
Section#	C/NC			REMARKS	TO BE CORRECTED BY
324	NC		1	bucknown hardsmik hat what was	2-5-23
	•		(Josephed Cet 1460t	
				Diego Arrag gone (100=1500)	
218	NC		5	single door "true" freezer Shelf is	2-8-73
1.0	-		1	Drover damarel	Ţ
430	NC		5	namy froot tiles worn through	
1	10		1	1H establishment	0 1 00
	no		4	Sode DOXES not Stored 600 Off Hour	2-1-23
297	NL		7	the premium specialties, 10 cottee,	
			C	and Creamer Michael Distres are	
A 0 4 -	-			50;182	
295	NC			nicroviase under Soda machine is	===
			-	50/1/28	
			4	(1/2) 2 (2) 2 (2) 2 (2) 2 (2) 1 2 (2)	
			V	De Cleaned and Organized.	
			1		
		-		Note: bonen's to jet needs Cleared.	
			F	WHE: 125 TH Mainer type Thede	
				5 Shows 15:28 and its 15:43	
				7 300-1 1 3 23 012 113 13 11	
		-			
Received D	/ (Name	Q T	tle,	Inspected Dy (Name 9 Title)	1 1
X Sucs	ille	ά II		Inspected By (Name & Title)	Page 2 of 2



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

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

4

Establishment name 5 Bwy 1959 Establishment address 373 52 135 GREENWOOD, 1M Owner	Telephone Number () Establishment () Owner Purpose: 1 Routine	Date of Inspection ID# $2/15/23$ G6 9 Follow-up Release Date $2/25/23$		
Owner address Person in charge CREG Sul7H Responsible person's email Certified food handler	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Summary of Violations: C NC R Menu Type (See back of page) 1 2 3 4 5			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW A	s "R"	
Section # C/NC R	Narrative		To Be Corrected by	
* Note + SANITIZING SOLI - CORRECTED * NOTE + PENSOUR 17EMS FOOD 1 TEMS	IMMEDIATELY STORES W/SI-	gie vsc		
Received by (name and title printed): Company Received by (name and title printed):	24	ted by (name and title printed) ted by (signature):	Aven	

460 N. MORTON ST. STE A 2/27 FRANKLIN, IN 46131

Page 1 of

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

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Establishmen			about a shared diff mana-modity s	Telephone Number		ID#
	ana		•	() Establishmen	00/11/1-	1000
Establishmen	nt addres		110 21 abelnivos	() Owner	02/16/2	3 1270
494	1 N		US 31 Ciscenwood	Purpose:	Follow-up Release	e Date
Owner				1. Routine	- 02	127/23
				2. Follow-up	Summary of Violati	
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	aroe			5. Temporary	C NC	Y R M
	80			6. HACCP	10	K O
Responsible	person's	-	и тем ви поведня і подеро по со з Імпя бей муне по союз по стя по	7. Other (list)	Menu Type (See b	ach of page
тезроплоге	persons	CIIIII	horit and the same	7. Other (tist)	Menu Type (See 0	uck of pages
Certified foo	od handle	r			1 2 3 V	4 5
Auto	ema	Ca	embell 4/10/23		123V	_45
The second second second second			DENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
					_	ne collega,
	Amares		No violation to	ing mopelet	ron	STORES OF STREET
		7 15 1	NEED THE REST OF THE PARTY OF T		Service is the service of the service of	VIID 1ZON
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			NO 12: OFord temper	Attends and all	ma-	
			10 facility is	atures are ge		
			Juli 1. 1. 3	acerto	V	
			thank youl	<i>f</i>	The second secon	
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	1 100		HOLESON III - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		20 % II I 22 12 61.	1
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cc:	Marie Control	V	ce:		cci	



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

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

			ritequirements			1	ID AY	
Establishment name					Telephone Number	Date of Inspection	ID#	
Subway					() Establishment	2/20/12	1429	
Establishment address			() Owner	2/28/23				
2120 E. King St. Franklin, IN			Purpose:	Follow-up Relea	se Date			
Owner			p			1. Routine	3	110/23
						2. Follow-up	Summary of Viola	tions:
Owner addre	ess					3. Complaint		
						4. Pre-Operational		
D : 1						4	0 6 NO	1 2
Person in ch	arge					5. Temporary	C O NC	R
			- 81	12/11/1		6. HACCP	- no1858 10 L	
Responsible	person's	email				7. Other (list)	Menu Type (See	back of page)
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Certified foo	M w	16	+ Singl	2			12_×3	45
					D NARRATIV	E COLUMNS MARKED "C"		
i .						E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	'AS "R"
Section #	C/NC				ALTERNATION OF THE PARTY OF THE	Narrative		To Be Corrected by
234	NC		Lid ho	Idat s	art th	no drink disne	15.01 Case.	
277	NC	ııg	214 NO	1 (1)	in and	santine dispe	10 01	TO SERVE A
118	0	- 11	NO 61	utified	an gra	Jan. The Tr	12 11	corrected
170	<u> </u>		200	U TTOM	1	INC. THE RESERVE OF THE PARTY O	c the dulin in se	White Indian
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		_						
		-						
	17,15	17.31	enderly and	e e e e e e e e e e e e e e e e e e e				- University is
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		udin	THE METERS OF				P. D. G. Ciffer D.	
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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. Date of Inspection Establishment name Telephone Number SUBWAY (WAZ-MART) 4893) Establishment 2/6/23 Establishment address 2125 N MURRON ST. FRANKLIN DO PULPOSE: Follow-up Release Date 1. Routine OHRUV PATEL 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational C O NC R Person in charge
ROWHER PHOCE 5. 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 Section # C/NC R WACK-IN COOLER METAL TRAY 29123 295 NCX Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc: cc:



460 N. MORTON ST. STE A \mathcal{H} FRANKLIN, IN 46131

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

337 Owner Rahi Owner addre	BWA nt address WE	STO	#21337 46142 ERN BLUD. GREENWOOD THEL RUKSON LA INDIANAPOLIS	Telephone Number () Establishmer () Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operation	Follow-up Releas Summary of Violat	2/27/23 235 2 Follow-up Release Date 3/6/23 Summary of Violations:		
Person in charge Tim PAPEC Responsible person's email Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE				E "SUMMARY OF VIOLATION	Menu Type (See back of page) 1 2 3 4 5 AND IN THE NARRATIVE BELOW AS "R"			
Section #	C/NC	R		Narrative		To Be Corrected by		
324 417 187	NC NC		LARGE HAND SINK IN BALL DRAIN PIPE BELOW TO EMPLOYEE BELONGINGS ITEMS WALK IN COULEN TEM - REMOVE ITEMS AND LODGER CHEESE ! VEGETABLES 480 - DISGAIZO I VEGETABLES (SUICED AT 500 -> MOVE TO F	TEMS	SINGLE USE S 540 ALTERNATEUE IMMEDIATELY X 6/23 AT	3/27/23		
tro.	TE -		- EMAILING CERTIFIED	TOOD HAND	ion INFO.			
Received by			brinted)>	in Gerzha	Inspected by (name and title printed, KEVIN R PAULIA			
Received by			tel.		Inspected by (signature):	V 19.25 11		
cc:		1	cc:		cc:			