

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

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

Page 1 of

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Establishmen	nt name OBO						Telephone Number		Date of Inspection	ID#	
Establishme							() Owner		2/14/23	1241	
801	NI	15 3	31				Purpose:		Follow-up Release Date		
Owner							1. Routine		Yes 2/26/23		
							2. Follow-up		Summary of Violation	ons:	
Owner addre	ess						3. Complaint				
							4. Pre-Operation	al			
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Responsible person's email			7. Other (list)		Menu Type (See ba	ick of page)					
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishin	ent Samt	ation requiren	ients. The time mint for confection	on of each violation is s	peemed in the nar	Tative portion of	r tins report.
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153	N	State P	135	Purpose:	Follow	-up Release I	Date
Owner	10	STOOL CK		1. Routine	No	1 0	
				2. Follow-up	Summ	ary of Violation	ns:
Owner addre	ess			3. Complaint			
				4. Pre-Operation	nal	1 11	· A
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Responsible	person's e	mail		7. Other (list)	Menu	1 Type (See bac	ck of page)
Certified foo	d handler				1	23_	45
• CRITICAL I	TEMS AR	E IDENTIFIED II	N THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C	<u> </u>		
			US INSPECTIONS ARE DENOTED IN THI			RATIVE BELOW AS '	'R"
Section #	C/NC	R		Narrative		Т	o Be Corrected by
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430	NC	rack@	dnnx machine is	n dining wom	needsrafile	aced	3/31/23
431	NC	freeze	tray soiled	<i>U</i>	2021-222		2/27/23
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishin	eni Sanita	thon Ke	quirein		e time	mint 10	Correcti	on or caci	i violation is s	specified i	ii tiic iiai	rative p	ortion or	tins report.	
Establishmen	nt name	als	tel en	ESTI	Siello 1	ing Area	Ri	Tele	phone Numl		Date of	Inspec	ction	ID#	
Establishmer				U				()	Establishn Owner	nent	121	27	123	1828	3
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Owner				J			110	1	outine		No		3/7	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	
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Owner addre	ess							9	omplaint	1		60			
Person in ch	arge							-0	e-Operation	nal	CONCY RO				
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Responsible person's email					-0	her (list)		Menu	1 Туре	(See bac	k of page)				
Certified foo	d handler							-		-	1	2	,(1	3	
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Section #	-	R	PREVIOU	5 INSPEC	IONS AI	KE DENO	-	Narrati		NS AND IN	THE WAR	WIII I	of the latest designation of the latest desi	o Be Corrected	by
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295	NE	C	ean	bot	ton	10f		ent	heat	nobi	nga	eno	15	2/27/23	,
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Office 317-346-4365 Fax 317-736-5264

Establishme	nt name	-		Telephone Number	Date of Inspection	ID#	
L'stablishine	- B	(Bell #35305	() Establishment			
Establishme	nt addre	ss		() Owner	2/6/23	2316	
115	GR	An	VILLE DR FANKER, IN	Purpose:	Follow-up Releas	e Date	
Owner	O V		The or Times of	1. Routine	Tollow-up Release	116 /23	
				2. Follow-up	Summary of Violat		
Owner addr	ecc			- ^	building of violation		
Owner addr	Caa			3. Complaint			
D				4. Pre-Operational	c_O_Nc_3_R		
Person in ch	arge HD	40	NNO CORIO	5. Temporary	C_C_NC_	R	
	Person in charge CHUNNO COBLE Responsible person's email			6. HACCP	35 m (C 1	1 ()	
Responsible person's email				7. Other (list)	Menu Type (See b	ack of page)	
Certified for	-	er	(HEYENN COBLE		123	<u></u>	
	and the same in the same	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R	PREP SINK	Narrative		To Be Corrected by	
218	NC	Y	BAZK WARRANOW -	LOAK TOP PAR	RTOF	2/21/23	
	Bur		SINK META-C CRACE	Ked (Edge)	agar ver tognilbest.	Bainneth	
431	NC	X	FLOOR NOT CLEM	V UNDER Wa	TANK	2/10	
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010			D WAZL	Parterior And	0.0-1/	2/5	
318	WC	*	ADOR GASKET WOR	DOOR OR ON & KRAN	T (DOS-100	3/6	
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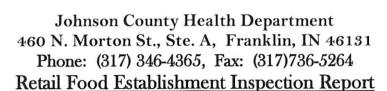
Establishm	ent Sani	tatio	n Requirem	ents. The ti	me limit fo	r correctio	on of each violation	on is specified i	n the narrative	portion o	of this report.
Establishme	nt name	,	1.0001	house dy	0	y-non-	Telephone l	Number	Date of Inspection ID#		ID#
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Establishme	nt addres	s				. /	() Owne	er	d 10	20	160
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Owner					46131	/	1. Routine		No	2-	25-23
					,	~	2. Follow-u	p	Summary o	f Violatio	ons:
Owner addr	ess						3. Complain	nt			
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Person in ch	arge		. 1	1			5. Tempora		c 0	NC_/	R
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Responsible	person's	emai		100	- C. D	Cun	7. Other (lis	st)	Menu Tyr	se (See bo	ack of page)
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Cerrified foo	A MA	1	John		11/29/	26	7		12	<u></u>	_45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN	THE CHEC	KLIST AND I	NARRATIVE	E COLUMNS MARK	ED "C"			
• VIOLATION	(S) REPEA	TED I	ROM PREVIOU	US INSPECTION	NS ARE DENC	TED IN THE	E "SUMMARY OF VIO	LATIONS" AND IN	THE NARRATIV		
Section #	C/NC	R	1		1	Ć.	Narrative	110	,	/	To Be Corrected by
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Establishment name	Telephone Number	Date of Inspection	ID#
Establishment name THORTON'S FOOD 5 GAS 400 Establishment address	() Establishment	2/27/23	0.3
Establishment address	() Owner	7	913
1648 US 31 GREENWOOD, 11/4/6143	Purpose:	Follow-up Releas	e Date
Owner	Routine		7/23
	2. Follow-up	Summary of Violat	
Thereon's LLC		Cumming of violati	.01.01
Owner address 2000 James THORIGH WAY LONISVILLE, MY Person in charge	3. Complaint		2
2600 JAMES THORISH WAY LOWISVILLE, RY	4. Pre-Operational	_	
	5. Temporary	C NC	R
STACEY BREITZILE	6. HACCP	EEG 1. 2017	regulary .
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
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Certified food handler		$1 2 \times 3$	45
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW A	
Section # C/NC R	Narrative		To Be Corrected by
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X Janus B. the	/	211	
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Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the partiative portion of this report.

establishment		telephone		Date of Inspection	
TRIED & TRUE ALEHO	OUSE LLC	317-	2/21/2023		
Establishment address		Summary of Violations	Summary of Violations		
2800 South State Road 135,	Ste 100, Greenwoo	od, IN 46143			
Owner			Follow-up	Release Date	
JOHN G	LADISH II		No	3/3/2023	
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type	
	Cr	istian	Routine	4-Extensive handling	
Establishment Identification #	County	District			
2016	Johnson	D5			
2010	Johnson	100			

- 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	R?	Violation Observed:	To be Corrected by:
187	C		Cooked chicken (diced & 1 breast) at 87 °F at 3:46pm located in a metal pan on the grill top. Chicken is par-cooked and then left in the temperature danger zone. Recommend storing in refrigerator until time to fully cook it.	2/21/23
187			Raw hamburger patty at 47 °F located in the top refrigerated drawer below the flat top grill. Drawers built-in thermometer reads 43 °F	2/21/23
			Pre-Portioned, cooked fusilli pasta at 55°F at 3:39pm located in the walk-in-cooler on the wheeled cart. Unsure of when the pasta was cooked. Most items are date marked properly. Not sure why this was not marked.	
336	C		Atmospheric vacuum breaker on mop sink faucet with spray nozzle on the end of the hose. Spray nozzles create "continuous pressure". You need a different vacuum breaker – one that is approved for use under "continuous pressure" or you can remove the spray nozzle.	2/21/23
234	NC		Ice cream scoop stored in stagnant pan of water at 114°F on top of the Bakers Pride pizza oven. In-use utensils may be stored in running water, dry, in the food product (at proper temperature), in a pan of water that is 41°F or less, or 135°F or more.	2/21/23
402	NC		Floor grout missing in area and some floor tile are broken.	2/21/23
			Inverted milk crates used as dunnage racks make the floor not easily cleanable. Items shall be stored at least 6" off the floor.	2/21/23
410	NC		Broken light shield observed in the walk-in cooler	2/27/23
136	NC		Employee drinks shall be stored not above food, food contact surfaces (such as ketchup/mustard) and shall have a lid and a straw.	2/21/23
347	NC		Bar - hand towel dispenser not dispensing disposable towels.	\(\alpha/2\)\(\frac{1}{2}\)

Establishment Representative

sp. cted by: F. za eth Schultz, REHS 20) 346-4373 <u>cschultz@co.johnson.in.us</u>

10/2

Note: Someone(s) shall be in charge of <i>both</i> dish machines sanitizer levels	

Establishment Representative

Inspected by: Elizabeth Schultz, REHS (317) 346-4373 eschultz@co.johnson.in.us

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

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

Establishment baintation requirements. The time limit for correct			and the same of th		
Establishment name	Telephone Number	Date of Inspection			
THE TWISTED SIZILITYOU	() Establishment	2/15/23	2293		
Establishment address	() Owner	05/10/010	5.0		
175 N MORTON FRANKLIN, IN	Purpose:	Follow-up Releas	e Date		
Owner	1. Routine	2/0	25/23		
CARMPCK	2. Follow-up	Summary of Violations:			
Owner address	3. Complaint				
	4. Pre-Operational				
Person in charge		C O NC A R			
c Mer campa	5. Temporary	CNC	C_O_NC_O_R_		
	6. HACCP	75 77 (0 1	1 (
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)		
Certified food handler		1 2 37	54) 5		
CHER CARMACK					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATE	IVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELOW			
Section # C/NC R	Narrative		To Be Corrected by		
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FOR EMPLOYED					
431 ME > FLOOR NEXT TO	WALL BELLETE	C74 110	2/20		
431 MC > FLOOR NEXT TO	WILL BUILT	3 70 06	2 100		
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			Page 1 of		



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Establishme	nt name QG 9	fanty	Telephone Number () Establishment	Date of Inspection ID#		
Establishme	nt address	1400000		2/7/23 505		
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Owner			1. Routine	Summary of Violations:		
Owner addr	PCC		2. Follow-up 3. Complaint	Summary of Violations.		
Owner addr	C03		4. Pre-Operational			
Person in ch	arge	dia Pilipe Torono al la serie de Cale Policia.	5. Temporary	C & NC 6 R 6		
			6. HACCP	Menu Type (See back of page) 1 2 √ 3 4 5		
Responsible	person's	email appelled to grant and state of the control of	7. Other (list)			
Certified foo	od handler	7,000				
• CRITICAL	ITEMS AD	E IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"			
		TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW AS "R"		
Section #			Narrative	To Be Corrected by		
177	rle	there are some mater	vals on the floor m	side natt-in 2/17		
111	mquan	Cooler	<u> </u>	or local and a second of the second		
131	NC	floors merde walk-	in Cooler is so	Ted 2/17		
425	NC	mops not lung	Δ Δ			
297	Ne	soda norre me	en inside freez re wall inside de			
256	MC	No flormoneter Sex	en instale fill	ers. y Storage 2/20		
430	Me	there's a hole enoth	we were more you	y Storage 2/20		
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460 N. MORTON ST. STE AF FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection	
WAFFLE HOUSE	() Establishment	2/23/23	1677
Establishment address	() Owner		1011
98 N LOVERS IN FRANKLIN, IN	Purpose:	Follow-up Release	Date
Owner	1. Routine	- 3/5	5-123
WAFFLE HOUSE	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	c_O_Nc_3	R
ALLYSSA STEPHENS	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See be	ick of page)
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Certified food handler ALLYSSA STOPHONS (SERUSARO EXP 108/36)		1232	5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW AS	5 "R"
Section # C/NC P	Narrative	To Be Corrected by	
218 NC 2 4 door Reficht on	35	3/20/23	
2 SHOLF CORTING W	DRN, (11 U	NIT DOOR -	
3 SHELF CORRING WE 2 gASKETS WORDS /SF	PLIT	2 (0.0) 12. F 12. F (0.0) 2	PODTESUE A
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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

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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 correction			or this report.	
Establishment name	Telephone Number	Date of Inspection	ID#	
Zarenz	() Establishment	luc 1	2.00	
Establishment address 2 Scf Montin dr. Chreenwood	() Owner	02/16/22		
Owner	Purpose: 1. Routine	Follow-up Release	e Date / 27 / 22	
Owner		h		
	2. Follow-up	Summary of Violat	ions:	
Owner address	3. Complaint			
	4. Pre-Operational	6	X A	
Person in charge	5. Temporary	Temporary C NC R		
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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 IT	N THE NARRATIVE BELOW A	AS "R"	
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