

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	and another a more decided to the negative foods.	Telephone Number	Date of Inspection	ID#
1761		pushi	() Establishment	1. 11172	1001
Establishme	nt address		() Owner	1-17-17-62) () ()
591	01 1	15R 135, Green wash	Purpose:	Follow-up Releas	se Date
Owner)	1. Routine	3	-64-65
			2. Follow-up	Summary of Violat	tions:
Owner addr	ess		3. Complaint		1
			4. Pre-Operational	1 ~	$\overline{}$
Person in ch	arge	- 1887-1 ²¹ - 11 + 1 ⁻² -1 + 22 − 1 ² /2 − − −	5. Temporary	$C \bigcirc NC$	
i india			6. HACCP	the state of the s	heshu
Responsible	person's en	nail	7. Other (list)	Menu Type (See l	back of page)
			núr .	121 121	processor
Certified foo	od handler	1/4.2		123	4 5
The	nwos	Hup exc //18/2026			
		IDENTIFIED IN THE CHECKLIST AND NARRATIV		NUMBER NADDAMINE DEL ON	AC UDU
• VIOLATION Section #		D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	N THE NARRATIVE BELOW	To Be Corrected by
Section #			102 Moside a 1	Mastro	
190	MC	CONTRINSE 1217/		Cooling at	Corrected
71112 (0.011)	пифтиво		110	soring an	701077175211
(1)5	NC.	com temperatur	0.	the day	A Stellar Story
	44 154	y andre and an antropy of the second	201	المسالتين فيستسيخ	-
		right the standard of the same and assent as	<u> </u>		
	1	Military and the second second	<u> Aldu</u>		
	+				
					1
Received by	(name and ti	tle printed):	Inspect	ed by (name and title printed	b Fleener
Received by	(signature):		Inspect	ed by (signature):	6 Fleener V Eleoner
ec:		cc:	ec:	- Mary	
The second second second second	A STATE OF THE PERSON NAMED IN			The second secon	7 1 0



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

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

Establishment name
Fishbilment address Convert Purpose: Pollow-up Release Date Discount Respective Purpose: Routine Convert Release Date Routine Routine Routine Release Date Routine Routine Routine Release Date Routine Routine Routine Release Date Routine Release Date Routine Release Date Routine Release Date Routine Routine Routine Release Date Routine Routine Routine Routine Routine Release Date Routine Release Date Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Routine Rout
Owner Brund Ruth Other 2. Follow-up Releage Date No 3/24/24 2. Follow-up 3/24/24 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 6. Pr 3/3/3/4 Certified food handler 6. Pr 3/3/3/4 Certified food handler 6. Pr 3/3/3/4 Certified food page of the Control of the "Summary of Violations" and In the Narrative Below as "R" Section # C/NC R Natrative To Be Corrected by 2/18 NC 28 teamer 1 baskets are worn and 3/27/23 Section # C/NC R Natrative To Be Corrected by 2/18 NC 28 teamer 1 baskets are worn and 3/27/23 Section # C/NC R Natrative To Be Corrected by 1/4/23 299 NC V States are 1 to 1/4/23 190 NC States are 1 to 1/4/23
Owner Brad Rutt Othern Control of Complaint Responsible Genson's email Control of C
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) 1. 2. 3. 4. 5. CONTICAL TITEMS ARE DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SEMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by 2 18 NC Steaner backets ane worn and 3/27/23 4 20 mbc refrigeration doon drawer 4 1/19/23 399 NC Stehen cook proplere line from Invited WiF mean doo 190 NC Frestougally cooked Fenry pasta Corrected 190 NC Frestougally cooked Fenry pasta 190 NC Optober glass moted inside 1914/23 295 NC Optober glass moted inside 295 NC Optober glass moted inside 296 National Survey Step Line 2 1/14/23 297 NC Optober glass moted inside 298 NC Optober glass moted inside 299 NC Optober glass moted inside 290 NC Optober glass moted inside 290 NC Optober glass moted inside 291 NC Optober glass moted inside 291 NC Optober glass moted inside 291 NC Optober glass moted inside 292 NC Optober glass moted inside 293 NC Optober glass moted inside 294 NC Optober glass moted inside 294 NC Optober glass moted inside 295 NC Optober glass moted inside 296 NC Optober glass moted inside 297 NC Optober glass moted inside 298 NC Optober glass moted inside 299 NC Optober glass moted inside 299 NC Optober glass moted inside and cold water knoth leap
4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Consider food handler Con
4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Cox EXP 3/3/4 Certifical firems are identified in the Checklist and Narrative Collumns Marketo "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SLEMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by 218 NC Steamer baskets are damaged Some refrageration doon darawer 4/14/23 gaskets are damaged Contains open array puts and insule W F mean doe 190 NC Freurousely crotest Penne pasta Corrected Half by 46 F while make the market stream of the s
Possorpin charge (WMWth OX) (6. HACCP 7. Other (list) Menu Type (See back of page) (Consider food handler (Consider food
Responsible (Serson's email Confided food handler Confided food ha
Consider food bandler Control food previous in the checklist and in arrantive columns marked "C" Control food previous inspections are denoted in the "summary of violations" and in the narrantive below as "R" Section # C/NC R Natrative To Be Corrected by 218 NC V Retearner baskets are worn and 3/27/23 deep fuyor baskets are worn and 3/27/23 deep fuyor baskets are worn and 3/27/23 298 NC V Retearner baskets are worn and 3/27/23 399 NC V Retearner baskets are worn and 3/27/23 Contains open of the splits and inside WF mean down and the splits and inside WF mean down are for the splits and inside WF mean down and the splits are worded by the splits and inside WF mean down and the splits are splits and inside WF mean down and the splits are splits and inside WF mean down as poster for the splits are splits and inside WF mean down as poster for the splits are splits and inside WF mean down as poster for the splits are splits and inside WF mean down as poster for the splits are splits are splits are splits are splits are splits are splits and inside WF mean down as splits are spl
CRITICAJITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by 218 NC V Esteamen baskets are worn and 3/27/23 Loomed refrageration doon farawer 4/14/23 Landerts are torn split 399 NC V Litchen cook/prep line floor 12-1-23 Contains open on as puts and inside WF mended 190 NC Previously cooked Fenne pasta Corrected My portioned large measured H3°F F H6°F while inside the Walk-in-crafer 295 NC Obsolver glass noted inside 3/16/23 Bar three bay Contains neck 4/14/23 324 NC Bar three bay Center neck 4/14/23 And Cold water know leak
CRITICAJITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by 218 NC V Esteamen baskets are worn and 3/27/23 Learner baskets are worn and 3/27/23
CRITICAL TEMS 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" Section # C/NC R Natrative To Be Corrected by 218 NC & Beteamer baskets are worn and 3/27/23 Leep fryon baskets are damaged Some refrigeration don drawer 4/14/23 Asskets are torn split 399 NC & Kitchen cook/prop line floor 12-1-23 Contains open array pits and insule WF menudous 190 NC Previously croked Penne Pasta Corrected No portioned bags measured 43°F to 46°F while insule the Walk-in-Moler 295 NC Obroken glass motel inside 3/16/23 Unit glass cooler Bay sodia gun is soiled 3/14/23 324 NC Bay three day water leap Meck 4/19/23 And Cold water know leap 1000000000000000000000000000000000000
VIOLATIONS) 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 NC V Steamer) baskets are record and 3/27/23 Leep fuyor baskets are damaged 4/14/23 Leep fuyor baskets are damaged 4/14/23 John J refugeration doon Jarawer 4/14/23 399 NC V Stitchen cook/prop line floor 12-1-23 Contains open areas/pits and inside WF near does 190 NC Previously croked Penne pasta Corrected in portioned bags measures 193°F to 46°F while while while walk in Jara glass coolers 295 NC Obroken glass moted inside 3/14/23 324 NC Bar three Jay Centre Meck 4/14/33 324 NC Bar three Jay Centre Meck 4/14/33
Section# C/NC R Narrative To Be Corrected by 218 NC V Determent braskets are worn and 3/27/23 deep fugge braskets are damaged London refrigeration doon drawer 4/14/23 gaskets are torn/split 399 NC V Litchen cook/prip line floor 12-1-23 Contains open areas/pits and inside WF near doe 190 NC Previously croked Penne pasta Corrected in portioned brass measures 43°F fo 46°F while inside the Walk-in-troller 295 NC Obsoler glass noted inside 3/16/23 Day Sodia gum is soiled 3/14/23 324 NC Bar three bray Centin neck 4/14/23 and Cold water knot leap
deep fryon baskets are damaged Some refrigeration door drawer 4/14/23 Jaskets ared torn/split 399 NC V Kitchen cook/prop line floor 12-1-23 Contains open areas/pits and inside WF near door Contains open areas/pits and inside WF near door Previously cooked Penne pasta Corrected in portioned bags measured 43°F to 46°F while inside the walk-in-cooler 295 NC Obsoken glass moted inside 3/16/23 bar soda gun is soiled 3/14/23 324 NC Bar three Jay Center neck 4/14/23 and cold water knot leak
deep fryor baskets are damaged Some of refrigeration doon / drawer 4/14/23 gaskets are torn/split 399 NC V Kitchen cook/prop line floor 12-1-23 contains open areas/pits and inside WF mean door 190 NC Previously cooked Penne pasta Corrected in portioned trags measured 43°F to 46°F while inside the valk-in-croter 295 NC Obsolen glass moted inside 3/16/23 bar glass cooler Bar soda gun is soiled 3/14/23 324 NC Bar three Jay Center meck 4/14/23 and cold water knot leak
Jaskets are Storn/split "12-1-23 399 NC V Litchen cook/prop line floor 12-1-23 Contains open areas/pits and inside WIF mean doe 190 NC Previously crooked Penne pasta Corrected in portioned bags measured 1 43°F to 46°F while inside the walk-in-crocker 295 NC Obroken glass moted inside 3/16/23 Take glass coolers Bar soda gun is soiled 3/14/23 324 NC Bar three Jay Center neck 4/14/23 and cold water knot leap
Contains open 'areas/pits and inside WF mean doe 190 NC Previously cooked Penne Paota Corrected in portioned bags measures 13°F to 46°F while unside the walk-in-croller 295 NC Obsoken glass moted inside 3/16/23 bar sodia gun is soiled 3/14/23 324 NC Bar three I bay Center neck 4/14/23 and cold water know leap 1
Contains open 'areas/pits and inside WF mean doe 190 NC Previously cooked Penne Paota Corrected in portioned bags measures 13°F to 46°F while unside the walk-in-croller 295 NC Obsoken glass moted inside 3/16/23 bar sodia gun is soiled 3/14/23 324 NC Bar three I bay Center neck 4/14/23 and cold water know leap 1
190 NC Previously croked Penne paota Corrected in portioned bags measures 43°F fo 46°F while inside the walk-in-croker 295 NC Obsolen glass moted inside 3/16/23 bar glass cooler Bar sodia gun is soiled 3/14/23 324 NC Bar three Jay Center meck 4/14/23 and cold water knot leak
in portioned bags measured H3°F to 46°F while inside the walk-in-voler 295 NC Obroken glass moted inside bar glass cooler Bar sodia gun is soiled 3/14/23 324 NC Bar three I bay Center meck 7/14/23 and cold water knob leap
Dear John glass cooler Dear John glass cooler Dear John Jay Center meck 3/14/23 324 NC Bar three lay Center meck And cold water knob leak Dear John John John John John John John John
Dear John glass cooler Dear John glass cooler Dear John Jay Center meck 3/14/23 324 NC Bar three lay Center meck And cold water knob leak Dear John John John John John John John John
Dear John glass cooler Bar Joda gun is soiled 3/14/23 324 NC Bar three lay Center neck 4/14/23 and cold water knob leak Barinelle (une and title stringed)
324 NC Bay three July Center meck 4/14/23 and cold water knob leak 4/14/23
324 NC Bay three July Center meck 4/14/23 and cold water knob leak 4/14/23
and cold water knob leak
Received by (name and title printed): [Inspected by (name and title printed)]
Received by (name and title printed): [Inspected by (name and title printed)]
Received by (name and title printed): [Inspected by (name and title printed)]
Received by (name and title printed): [Inspected by (name and title printed)]
Received by (name and title printed):
Received by (name and time printed): Elizabeth Cox General Manager And Plw Miller Elis Received by (Spingiure): Inspectable by (Ignature): 100 (100)
Received by Genature): Inspectable by (figurature): Under Miller
cc: cc: cc:



460 N. MORTON ST. STE FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-526

T 1 11 1				Tale 1 NT 1	Date of Land	The second
Establishme	NX	0	slexil-anofinested the recent websters	Telephone Number () Establishment	Date of Inspection	3 10/31
Establishme	nt addres	SS	10 0100	() Owner	1) 100	
4300	W (5	mith Willy Kd	Purpose:	Follow-up Relea	se Date
Owner				1. Routine	1 5	-26-13,
				2. Follow-up	Summary of Viola	
Owner addr	ess			3. Complaint		
				4. Pre-Operational	N	
Person in ch	arge	N. 194			C NC	P
i cison in ch	arge			5. Temporary	C NC_	- K
D 311			The state of the s	6. HACCP	26 17 (6	1 1 (.)
Responsible	person's	emai	Large degraphing of a contract of the contract	7. Other (list)	Menu Type (See	back of page)
Certified for	11 11		THE RESERVE OF THE PARTY OF THE	1 1 1 1	- construction of the contract	\ <u>/</u>
Certified for	od handle	er			13	45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		ND IN THE NARRATIVE BELOW	'AS "R"
Section #	-	-		Narrative		To Be Corrected by
190	NC	X	Observed cooked	noodles weide	Metal	COCCOCTEA
	1		Containers with a	DIASTIC COX		77.77
11/56/11	I clied	2.3116	DOIK-IN COURT	150F-790F	The state of the s	E PODRESON
190			MSEVIED Crocker	cheese mix i	nside metal	Colle (+80)
110				astic cover @		
218	NC		Sho too reach in	Cooler door	ansket	
	0		is sout worn		3	
218			reach in cooker	door anske	+18 501+1	INV
734	NC		DERVININE 11	tensils 111th	elport times	
			Down Exp. sunds	MC+.		
216	NC		Moseved Coudin	wally prince	Soll with	.\$
7110-			Cocerved alumi	My liot main	MIN. DIPES	de un E
			De how cook loss	-) 1 1	o locare de la
			12 llo laval astal	way bottles.		lingapers
			NOtes Continue to	orca bottles.		
						1
Received by	(name an	d title	printed):	Inst	pected by (name and title printe	ed):
X		un		r thurshitts r	1351 HALL	
Received by	(signature	e):	7	Ing	pected by (signature):	
X		Je Comment			AD U SAU	
Cc:			cc:	cc	:	
District Control of the Control of t		-				Page 1 of

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

Establishm	ent Sani	tatio	n Requirements.	The time lin	nit for correction	on of each violation is sp			of this report.
Establishme	nt name		ardous foods.	esi uli qite yung	ment lo mega	Telephone Numbe	er	Date of Inspection	ID#
Thay	- 1	(Pilm			() Establishme	ent	1 1117	7/1001
Establishme	nt addres	S		^		() Owner		n-14-13	511476
175	111	S	31 N	(noll)	Nagod.	Purpose:		Follow-up Releas	se Date
Owner					N. V.	1. Routine		YES. 4-	-3-13
						2. Follow-up		Summary of Violat	tions:
Owner addre	229	and the last				3. Complaint		11/5	
When addit	200					0		1010	
						4. Pre-Operationa	aı		
Person in ch	arge					5. Temporary	L P	C NC	R
1000000			make some me		Si friight	6. HACCP		n gale Londo	
Responsible	person's	emai	ivrse liam stati			7. Other (list)		Menu Type (See l	back of page)
Certified foo	d handle	4-							N
Certified 100	od Handie	1						123	_45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN TH	E CHECKLIST A	ND NARRATIV	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INS	PECTIONS ARE I	DENOTED IN TH	E "SUMMARY OF VIOLATIONS	S" AND IN T	HE NARRATIVE BELOW	
Section #	C/NC	R				Narrative			To Be Corrected by
			1)15h	2000	Mill	in paci	NINE	ODSW	b
	T PHAS	log.	San iti	7.m 1	n adeal	vate Tange		- Start	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE
TOTALOR	nutrand.	X)HIII	2041110	Times of the second			1	of the first of the first	MONTH MAN
			N Dispini 1 - Gia	DOVIEW DBE 1	THE STREET	A THE LOW OUT THE THE THE THE THE		ASSESSMENT AND ASSESSMENT	Arm is ar land
		pp (% %)							
	T. De		la Sittle Carlos			(et 90) / - 8et		<u> </u>	
ol st		a li	luel Jac I ame	n som ofost	8 1 10 f 8 1	Hall day do dogs		Tools ' stool	a alvante
		nils.	gen ne ar ann		our ritur			2000	
									d fine room f
			NOte	12031	- Cert	ified tood	NO	ndler.	
				1					
Received by	(name and	title	1				Inspected	by (name and title printed	d):
* 11/6	26N		MIN				UD	21 4011	- i-nixii
Received by	(signature,): /					Inspected	by (signature):	
1 V	W		V X				(0)	A UTULA	
cc:			// cc:				cc:	0 0	
	()		U						

460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Page 1 of

Liottionioniii cum	atton xtoquitoritor and the contract of the co		
Establishment name	1 Aserta O Langa	Telephone Number	Date of Inspection ID#
Establishment address	d Assisted bring ella de Circentrod	() Establishment () Owner	3/02/23 1759
3021 St	ella de lireenwood	Purpose:	Follow-up Release Date
Owner	/	1. Routine	NO 3/16/23
	/	2. Follow-up	Summary of Violations:
Owner address		3. Complaint	
		4. Pre-Operational	$C \bigcirc NC \bigcirc R \bigcirc C$
Person in charge		5. Temporary 6. HACCP	C_NC_R
Responsible person's	email	7. Other (list)	Menu Type (See back of page)
Paragraph .	- ng ng yan n	- 181	and a submitted size and
Certified food handler			123 \(\frac{1}{2} \)5
	E IDENTIFIED IN THE CHECKLIST AND NARRATIV		
	TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS "R" To Be Corrected by
Section # C/NC	1	le bay sont	is sorted 3/9/23
43\$ Ne	facti arem by mi	Ce Will Street	
430 Ne	couple of broken t	tiles by three	bay sink
l	State Or Trade of the same and the same and the	U	0
	NOTE Food tempera	tures one ok	9m —
	(i) Mehamical	lish wastur is 6	Ckary,
	(iii) please clean	floors by this	le flag Smt
	to get rid of	Small wodg fl	125-
	'		
	and the Command of the Secondary		To any A boot asknownia
		ella ne	construction page page by
			ed farmous se
Received by (name and	d title printed): Wilber, Divisional Sim	Inspect	ted by (name and title printed):
Received by (signature)		Inspect	ted by (cionature):
1 / was		jai	ul Betipu.
cc:	сс:	¢c:	



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

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

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 Establishment address reentroca) Owner Purpose: Follow-up 1. Routine 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 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 Section # 10 NC Inspected by (name and title printed): Received by (name and title printed): Celeb Fleener cc:



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#
Too Evans	() Establishment	210120	1112
Establishment address 46142	() Owner	3/9/23	(1)
1595 MUYIN IN GYRRALAND	Purpose:	Follow-up Releas	e Date
Owner	I. Routine	13	19125
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational	m 8	2
Person in charge	5. Temporary	CNC	R
lite fragging position its attribute or of findings from	6. HACCP	Г ТТ 2 д	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler OCOLIE VIV DE VIVE GIBBLES		123	_4\5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	
Section # C/NC R	Varrative		To Be Corrected by
431 NC Floor is soiled t	broughout	Kitchen	3-25-23
Carlos and 80	AN ann M	18 71580 R 1 18 9 XI	JOSESHIN,
511/dex 00511	nochines	ti tamula sara	A 7, 1230
LIGE & SINGER LIGHT	in cooler free	IN SHEWING	ales
438 RAM DOSETTER SOROW D	Ottles not lab	Uld. J	Corrected.
245 RC BENRO WET HIS	orni Cloths 3	tored	Corrected
next to the soni?	LISTA DUCKET	notin	
the Sollition.		146 00100	12 VI 02
295 re Walkyn Cooler	Shewing The	KS are	2-14-63
210 NC Salver Combert	return donc a	LIVED	3-73-73
CIB TO WAR-IN COOK	WHOM I COM	Joseph	0000
295 the interior of	noth flunton	reach - iv	3-14-23
COOLERS ONE SAIL	26.		
			60 01-
Notes the moments of	"Bevery A	" Cooler Ne	ds replaced
Received by (name and title printed):	Inspected	by (name, and title printed):
x auturin Eveaus assistan	nt Managur (S	i Hall	1
Received by (signature):	Inspected	by (signature)c.	minakwi I
cc: cc:	cc:	X DAMA	
ce:			
			Page 1 of

. •			NARRATIVE REPORT (SASONIA	wood
Establish				Inspection Date 3/9/23
Section#	C/NC	\Box	, REMARKS	TO BE CORRECTED BY
399	NC		Grout reprir needed in	4/9/23
402	NC		Jily cove base loose from	4/9/23
256	NC		no thermometers seen	3/10/23
295	NC		Exterior sides of Cooking	3/11/23
218	NC		1) PSI gauge for mechanical Jush michanel nead 11 PSI (range 15-25°F)	3/15/23
			notes jet spray drain line nelds repaired and placed to	
	2		maln arain for mechanical dish machine needs from bracket for pipe damp	
	(3)	D	ment max thermometer	
			(of mun 160°F) for mechanical	turo
Received B	y (Name	Y	Ipspected By (Name & Title) (MATOUR) (MATOUR)	Page <u>2</u> of <u>2</u>

460 N. MORTON ST. STE A 5/ FRANKLIN, IN 46131

Page 1 of

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 Establishment name) Establishment Buca 3/2/23 897) Owner N. 4331 Greenwood, In Follow-up Release Date Purpose: 3/12/23 Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C Z NC 4 R 5. Temporary Person in charge 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) 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 paper towels at the pizza NC thres hold 15 sagged apostioned 187 drawar. The upright refrigerator on the kitchen line is not maintaining the rook to 157 at 410f of below. refrigerator does NC 215 Inspected by (name and title printed); Received by (name and title printed): ewis cc:



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

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

			1						A CONTRACTOR OF THE PARTY OF TH	-	
Establishmen	nt name	20	d	Colo	enterpris or here	nggagari	Telephone Number		Date of Inspection	_ 1	ID#
Butter Sugar flour Coffee Establishment address 105 N State Rd 135) Establishme) Owner	CIIT	3/7/29	3	2641	
105	N	Sto	ate R	d 135		Pur	pose:		Follow-up Release		
Owner		01.				-	Routine		- Incident		
						2.	Follow-up		Summary of Viola	ions:	
Owner addre	ess					3.	Complaint				
						I 4.	Pre-Operation:	al	0	X	
Person in cha	arge	· Lo	j Paraži - s	bin to and	ng há	5.	Temporary		C NC	0	R_R
				opportunit		-	HACCP		and landers to the	benb.	
Responsible	person's	email				7.	Other (list)	i i i ^d i i I jjalest	Menu Type (See)	back	of page)
Certified foo	d handle	r a	Voris		12/27				123_ <u>V</u>	_4_	5
				тне снескі	LIST AND NARRA	ATIVE COL	UMNS MARKED "C"				
-	0	741	ROM PREVIOU	IS INSPECTIONS	ARE DENOTED IN			S" AND IN T	THE NARRATIVE BELOW	Name and Address of the Owner, where the Owner, which is the Ow	D C 11
Section #	C/NC	R				Nari	ative			101	Be Corrected by
	(Harros	h TT	No	wolat	ion dur	rma	mspector	on	du sea to dumperi	17321	72-1
100 000	mer and	25-11	12 (0)	ALKADAR SI	ally regions to a gar			Set Mile	en rueto "glatogi		read
			HIPETHS	qualiment	to the trials admitted	1	Spirite Miles	11 11 11 11 17 1	e vin berlandt 21 90 IV 18	SARA	IZDIL
										-	
				A					garan e e agadharai		
Jagran	20,200		al Louis			Lugar book	<u>Le l'en de la companya de la compan</u>		na area a leva l	do de	
	<u> </u>	co lo	er i sening		N	17/ 1 1	<u> </u>		DESCRIPTION OF THE RESERVE	110	
										+	
Received by	(name and	l title j	brinted):	owne	V	. 111		Inspected	by Game and title printed	d):	LUS.
Received by):	'our	0 4 3 30					by (signature): Bet vov	nulgi	starq
cc: cc:							cc:				



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

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

		_				
Establishment	name		aceho flaston.	Telephone Number		ID#
Jul 1			ecake Factory	() Establishmen	3/3/22	1291
Establishment	address	3	Greenwood, IN	() Owner	0,0,00	127)
12511)S 3	31	N. 46142	Purpose:	Follow-up Release	Date /
Owner				1. Routine	10 31	13/22
() ø	MA	5	ato	2. Follow-up	Summary of Violati	ons:
Owner address	J W	V	llll		Cummary or violati	0110.
Owner address	s ı			3. Complaint		
				4. Pre-Operational		9 -
Person in char	ge	40		5. Temporary	C_ONC_	O_{R}
Kill	1	(γ)	nothnok)	6. HACCP	76 hi	
Responsible pe	erson's	emat	1,000 9 1000	7. Other (list)	Menu Type (See b	ach of page)
l corp constant p				7. Other (usi)	Went Type (See 0)	ack of page)
Certified food	handlet				_	,/
Bill	$ \eta$		nthner		123	_45
• CRITICAL IT	EMS AR	EID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
 VIOLATION(S) 	REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R	I	Varrative		To Be Corrected by
431	NC	1	Floor is soiled	under o	deep Lryer	3/4/23
			meas of the co	ok line	100	11
399 1	VC	V	Shout and tile	reprin .	needed	4/3/23
			at cook lines a	nd wals	b- in-breeze	1
			door threshold		10	
218	NC	V	DBread "duck bill	"holder	clamaged)	Corrected
		(3 July scoop crack	ed .		Corrected
			3) Walk-in-freezer	shelvena	rusty	4/3/23
		(Deep Ruch Ol	askets the	maged	Corrected
			for bul Farea		0	, 1
295 1	VC	V	101) I Interior ly	ottom she	luing for	3/10/23
			deed fryers are	"heavely" so	relate V at	
			cook I line and	wholes!	castors are	Cont. the harm
			Soiled			J ,
			(2) (Pean) kruit 1	dishes we	re spiled	Corvected
324	vc		OBAN area conta	ined the	4001	3/10/23
Ua /	V		1 enerates water	looks to	drain	7) /
			plains			/
			@ Wain stopper	lever le	aks at	3/10/23
Received by (n	ame and	title j			spected by (name and title printed)	
BILL	1	1	ETHNOR	7	Anorew Mil	ler, EHS
Received by (st	ignature)			Ĵά	ispected by (signature):	nox
- Bill	fol	cu	Khur		maren 7/10	
cc:			cc:		cc:	

Establish	/ 1/ 1			Address	US3IN.	Greenwood	Inspection Date
The		\sim	secake Factory	1251		IN 46142	3/3/23 TO BE
Section#	C/NC	R	1 access	K	EMARKS		CORRECTED BY
			pre-rinse	state	on for	mechanical	
			dish unit			1- 1	3/12/22
		_	3 three l	ay s	upp les	eks from	3/10/23
218	NC		lekt fauce	t cen	ter conn	ection area hine I leaks	3/4/23
210	NC		Pricegnanic	ac ac	Inttraci	and leaks	5/4/2
295	NC		GO DONIE	mei	chamical	1 dish)	3/4/23
210	700		machine	11	Soiled a	nd needs	7/1
			descaled		secure. Or	7,000	1
			3 Bar sode	a qui	n (East)	side) soiled	3/3/23
			3 Interior	Stop	of la	rgé ice	3/3/23
			machine.	is '8	Solled	0	11
430 1	VC	V	Production	and	produc	e interior	6/8/23
			walls con	tain	rust	and or	1
			peering p	aint	-		
			0				
			<u> </u>				
				-			
			*				
			-				
Received By	(Name	& Ti	tle)	Ingr	pected By (Name & Tit	eb	2 2
> Bu	im	ai	then		narew 1	Julley EHS	Page <u>3</u> of <u>3</u>



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

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

	tution rectanguistions. The time in	ant for correction of each violation is specific	
Establishment name	obremantel alzardones de	Telephone Number	Date of Inspection ID#
('Micagi	D'S Y177Q	() Establishment	1/2/1/1/2/1
Establishment addre	is s	() Owner	1714-60 50
2 N SE	1 125	11 IK	7
2	1130	Purpose:	Follow-up Release Date
Owner		1. Routine	Ves 13-24-23
		2. Follow-up	Summary of Violations:
Owner address		3. Complaint	
		•	
		4. Pre-Operational	2 11 1
Person in charge		5. Temporary	c = 2 Nc R
		6. HACCP	It july beauty in this about the
Responsible person's	email	7. Other (list)	Menu Type (See back of page)
		nition 1 in the man	and another unconfined areas of
Certified food handle	er () 12	40 =	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
0:0/0:0	Varchinsla	17/12	12345
CDITICAL PERMS	BE IDENTIFIED IN THE CHECK ICT	AND NARRATIVE COLUMNS MARKED "C"	
		AND NARRATIVE COLUMNS MARKED "C" DENOTED IN THE "SUMMARY OF VIOLATIONS" ANI	O IN THE NARRATIVE RELOWAS "D"
		Narrative	To Be Corrected by
Section # C/NC	R	Narrative	To Be Corrected by
191 (UDSILKO 1	10 COTE IN ICH PIN	15 00
7 July 17	Mady to Ed	- DOTPOLONI MOZOVO	tous tood
a consumption	products	7 37 119 11 120 23 3	5 25 5 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
440 C.	MOSERVE d"	Krid hornet & wo	SP"SOMU 3-14-22
	SING	COMING FOR COMME	evital (182)
795 NC	TOTOCOLOT	- I'S MOUNTINE IS	E CIPERO
134 NK	Treer led in	-1180 1H985118 101H	that the 2-27-23
	Dan Alle	of free and on	Must be
ZUS NC	Man Charles	OF THE STATE OF THE	15 OCT 3-14-23
C42 10C		de Cara Laza	= 10:00
70-1-1-1-	30000 1151	ON THE SUPPLIE	11-7777
295 NC	EXCOUNT U	201 12 201/6d.	5 COLL WOOD 11 11 123
718 100	Trank-wa	OR OCH YSUT	D 3/14/00/11/4-14-62
297 NC	XIXVSIYYUU	MILL SOCKY LESSIES	CNR SOILER 3-51-63
295 NC	Mayor Sheli	May Mitz ME 2	Olled Mysty. 4-14-23
431 NR	+ costalls	4 Celling HOUSE ON	4 KITCHN 2-28-23
	and dish a	no me soited.	
	SINGER	Egypondit Cribin fon	scients behind equipment A
218 N	acensed no	ny domared Plas	1-11/10/5 3-14-23
	Fox Continu	18/3.	
Received by (name an	d title printed):	Inspe	ected by (name and title printed):
	ixson Hiatt		155 HOW Caleb Fleerer
Received by (signature		Inspe	ected by (signature):
received by (signature	GOVES Most	7	Salal Coled Floor
			Do Jan Jean Deeling
cc:	cc:	ce.	
			Page 1 of

Establish	ment N		e Address 2 N SR 135 , 4(1)(1)	Inspection Date 3-14-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		Can opener is Soilld.	3-17-73
431	2	1	3 how Sink from drawn is soiled.	3-27-23
			Note: Label all bulk toads.	
				6 X-
				1
				-00
		_		
Received By	/ (Name	& Ti	Inspected By (Name & Title)	1 1
y fans	n/	M	Inspected By (Name & Title) Color Ellener	Page of



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

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

Establishment name Chin www.lc Establishment address 200 5. Emerson Ave Owner Greenwasch	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up	Date of Inspection 3/7/23 Follow-up Release 3/ Summary of Violation	17/23
Owner address Person in charge Responsible person's email Certified food handler Wan Hai Lin	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC R	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE CHECKLIST AND NARRAT		I THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative		To Be Corrected by
112 NL (3) Home type chest approved exproved exprise no plastic stelving	Freezers are wint / 11 soiled with and olifed ed for what custo	not	3/1/23 3/1/23 — 3/10/23
Received by (name and title printed): A Why Man My Received by (signature): CC: CC:	Inspecte	d by (name and title printed): 255 y D [] Thy & d by (signature): 1	



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 corr	rection of each violation is specified	in the narrative portion	of this report.	
Establishment name	Telephone Number	Date of Inspection	ID#	
Establishment address	OCMM) Establishment () Owner	3.2-63	2031	
2170 S & R 135 Green JUL	Purpose:	Follow-up Release		
Owner	1. Routine	yes 3	1 - /	
	2. Follow-up	Summary of Violati	ons: '	
Owner address	3. Complaint			
	4. Pre-Operational	1 1	1	
Person in charge	5. Temporary	CNC	R	
Responsible person's email	6. HACCP	75 (Can b		
Laira Chera (0/10/27	7. Other (list)	Menu Type (See back of page)		
Certified food handler		1 2 3	4 × 5	
		12		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	N THE "SUMMARY OF VIOLATIONS" AND II Narrative	N THE NARRATIVE BELOW A	To Be Corrected by	
Section # C/NC R	1 00 20160001 1	100 000	3/a/23	
190 100 0056016 C5016	of house for	DO CHILO	3/2/23	
505enied	10 890F	permin	and the second	
218 NO OBSERVED THE	2 door really	Ni C	3/2/23	
Sushi Cooler	042°F		1	
Dreeds -	obe tulled	Ton	1, 1,	
431 NC WMK-IN COOLER	700 D	illed of	3/2/23	
as in Mikin Con	THEIDING LOW	D MR	3/a/a3 Replace	
795 NC Sides of COCKI	~ Pallinment	Alling DA	3/2/23	
295 NC Store INO 3 do	12 FYER 28V 5	Saile	3/2/23	
10/19/1/OC	and Exterior	Of Freezer	a shereoused 1	
20 C Oseved green	1 Sanifizer Soll	1410M	Corrected	
3/12 / Delon 10 53W.	000 000 000	- 1000	Contractor	
59 1 M A CO SCORO DO LOS	Au Johns OH	TUB	Milita	
THE RUNG ROLL SON	of wordings no	2 taboled	3/2/23	
431 NC X81005 30120 AM	OUTH WHY KITCH	Moderation	3/3/23	
DINGER FO	Momorn		V	
Received by (name and title printed):	Cas	ed by (name and title printed)	. mx.I.	
Received by (signature):	Inspect	ed by (signature):	arrend are	
cc: cc:	cc:	July VI VI VI		
			Page 1 of 2	
			rage 101 o	

Establishi	ment N	am	Men 2 Address Greenwood 2170 S.R. 135 Greenwood 11 16 16 14 13	Inspection Date
Section#	G/NC	R	asian Hibackemarks	TO BE CORRECTED BY
218	NC		One door onsket on cocascola.	3/26/23
			COOLE S SOUTH (NOVIN & ONE for over table	
			S CONDENSEY DEEDS CHANGE COM) [
298	R		exhaust houd system & FIRD Me	4/1/23
			Solled.	1
218			Door gasket is solit worn on	3/26/23
			3 door Drep tohil (coller	1
			100 0 156 0 1	
			note: Establishment needs	
			to be detailed organized fored.	
			O.	
			,	
				- V
		\vdash		
Received By	(Name	& Ti	Inspected By (Name & Title) Andrew Miller, EHS	Page 2 of 2
i /	lus	7	Tello Undrew Miller, EAS	. 490 01 0
State Form 4	8621 (R2	8-05	6//	



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

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

Establishment name Chowbar Restaurant & Lounge Establishment address 2095. 18135 Trafalgar, 1N, 181 Owner Owner address Person in charge Responsible person's email				Telephone Number () Establishmer () Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operations 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Jes 3 Summary of Violate	/18/23 tions:
Confidence for		ألأ	lliams (Cirtiticate		1 2 3 V	45
• CRITICAL	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
382	NC	V	Outside dumpster	stored or	a gravel	5/8/23
411	NC	V	Inadequate ligh	ting ensid	e walk-in-con	der (wic)
324	NC	/	Bar hand sink	lacked.	not water	3/9/23
		,	and contained low	water s	ressure	+
291	NC	V	The chlorine or	Quat test	strips provid	ed 3/9/23
190	NC	~	Previously cooked	I pork con	ling	Corrected
			in pans covered	with a.	led measure	Le traine
200			80°F to 100°F wh	ule inside	wic	employees
399	NC	V	Bar area teles a	smaged/l	noken	3/18/23
324	NC	- (mechanical dish	unit top	vacuum	3/12/23
	1.00		breaker leaks			11/2/
as Tierro		(3 flew lar, old ba	r & ketche	wthree	4/8/23
1.0	To write	2814	way sinks lack	an air	gap	11/4
431	NC			ist filters	Soiled	4/1/23
1110		_	and hood System	in setch	ien	1,1
413	NC		New bar Souther	st door co	ontains,	3/18/23
201			outer openings at	the both	tom corners	1/2/10/0
324	NC		new var ice	ven ar	ain slopes	13/18/21
D	<u> </u>	11	drains uphill to	an air g	ap	4
Received by					Inspected by (name and title printed	
Paraire 11	My		W Warks	-0		r, EHS
Received by	(signature)	<i>†</i> :	1 Dation		Inspected by (signature):	1001)
4		7	(Caller)		marew Mul	w
cc:			cc:		cc:	

Establish	ment Na	_	Restaurant & 209 S.R. 135 Trafalgar	Inspection Date 3/8/23
Section#		R	Lounge REMARKS IN 46/8/	TO BE CORRECTED BY
2/8	NC		Two deep fryer baskets are	3/13/23
			damaged 0	1 1 1 1 1
<u> 295</u>	NC		Inside top of ice maker is soiles	1 3/9/23
433	NC		The mops must surge to select the	1 3/10/23
218	NC		in how land will bottom don stall	1. tmn)
228	NC		One spoler in new bar area	3/18/23
			is not easily movable	1
		\exists	note: New var garge style winds	WS X
,		\dashv	need screening on an ountains	ASAP
			es exerces.	710/7
		_		
				/
				/
		_		
Received B	v (Name	& Ti	tle) (). (2) Inspected By (Name & Title)	
10	M		tle) Inspected By (Name & Title) Muller, EHS	Pag [.]
State Form 4	8621/F2/	8-0		' /



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

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

Establishme	ent name		saffine on many remains have a lone foods.	Telephone Number	Date of Inspection	ID#
100	P	ner	Macy	() Establishment	3-15-23	1374
Establishme	ent addres	SS	7	() Owner)	1,0,7,
705	Tra	fa	Jer Pointe Way	Purpose:	Follow-up Relea	se Date
Owner)	1. Routine	3-	25-23
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	narge		Terminal Control of the Control of t	5. Temporary	C D NC	3 R 1
	(16)			6. HACCP	1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	
Responsible	person's	emai	June se of the ample of the stands of the stand	7. Other (list)	Menu Type (See	back of page)
				alfort no re	est in ing contains	71 87
Certified fo	od handle	er	7		12_X3	45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	I(S) REPEA	TED I	FROM 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
419	NC	X	Back Storage Room Emer	gan-y exit doer	day 15ht	3/21/23
	datemin	16.8	Back Storage Room Emer Observed gotenfiel for ro	dents; Emergency &	xit by courds	The state of the s
i i i i i i i i i i i i i i i i i i i	novina	5.1112	Hens Maer in storage.	for rodents	A STREET OF STREET	2/15/2
425	NC	-	Hens MOBS in storese.	rooma		3/15/23
399	NK	-	Emergenty Exit by Cords	3/21/23		
		-	Emergency Exit by cords Note? Door			
		+	Ordered Ordered	HIT by Cor		
<u> </u>	-	-	Undered			
				orl conservation at a section of	the control of the co	I December
	1 122 1 14		will be tables as been steered	Dip. Conservation of the		anker of a Re-
all all	Mar offi		and to an end to end by the second	platelia a series de la companya de	Z 25	n bookvii.
						al littre rese
		-				-
<u> </u>	-	-				
	-	+-				
Received by	name an	d title	trinted)	Inspec	ted by (name and title printe	ed):
I -	Conc		mallentine	A_	leb Fleener	Lexicosity
Received by	_ · · ·	_			ted by (signature):	Laurensett -
1	UI.		10 planting.	Cal	V Eleene	M
cc:			cc:	сс:		
			==			
						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 CVS #6698 Establishment address 655 5. US 31 Green wood Owner Owner				Telephone Number () Establishment () Owner Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection 3/10/2023 Follow-up Release Date 3/10/2023 Summary of Violations: CNCR Menu Type (See back of page)			
Person in charge Responsible person's email Certified food handler				5. Temporary 6. HACCP 7. Other (list)				
	L ITEMS AR		ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		123			
Section #	# C/NC	R		Narrative		To Be Corrected by		
2/6 295	NC NC	100	Observed white and be of dairy cooler, not	Observed white and blue cotton pads on bottom of dairy cooler, Not easily Cleanable Shelving units rusty/so:led in all coolers up stairer shelving racks not water groof, not easy				
216	NC		NOTE: Trash buit up by out NOTE: Observed for ceilli	emergency door	damase	1907 311		
J77	NC	Poli	Observed food stored on 6 inches off Acor	Floor up statues	needs to be	natur all		
Received b	ny (name and	00	brinted):	Inspec	ted by (name and title printed) eb Flee ner ted by (signature): Fleenve	Sea in the 1		