

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

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

		tation	requirements. The time mint for con-				
Establishment name Cater filor AVI Establishment address 151 international A.				Telephone Number	Date of Inspection		
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Owner				1. Routine			
				2. Follow-up	Summary of Viola	tions:	
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				4. Pre-Operational			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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

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

Establishment name AVI Electro Spec Establishment address 1850 Commerce Pkwy Owner Owner Owner address Person in charge Responsible person's email Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		Pu 1. 2. 3. 4. 5. 6.	Telephone Numb) Establishm) Owner rpose: Routine Follow-up Complaint Pre-Operation Temporary HACCP Other (list)	ent		Release NC_	e Date					
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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

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Page 1 of

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Owner	1. Routine	Follow-up Release Date 5/18 23
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Owner address	3. Complaint	
	4. Pre-Operational	/.
Person in charge	5. Temporary	C_O_NC_\ R
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Merika Crawley	cc:	
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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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Establishment name APPLO BOL'S	Telephone Number () Establishment	Date of Inspection	ID# 1	
Establishment address F(RNKLIN, TV	() Owner	5/26/23		
Establishment address 700 N MORTON ST. Owner	Purpose: 1. Routine	Follow-up Release Date 6/4/23		
	2. Follow-up	Summary of Violati		
Owner address	3. Complaint			
	4. Pre-Operational		3	
Person in charge COURTNEY KING	5. Temporary 6. HACCP	C NC	Z R	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment andress Date of Inspection ID#	Listablishiii	ciit Sain	tatio	requirements. The time mint for confect	ion of each violation is specified i	if the harrative portion	or this report.
Establishment address Owner Purpose; Follow-up Release Date	Establishme	nt name	-	school springer of the control of	Telephone Number	Date of Inspection	ID#
Establishment address Owner Purpose; Follow-up Release Date	H50	en	IX	TILO	() Establishment	71	1701
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Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 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 MARKIED "C" • VIOLATIONS REPLATED PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMERY OF VIOLATIONS" AND IN THE NARRATIVE RELOW AS "R" Section # C/NC R NATURATIVE TO BE Corrected by Received by (name and title printed):	3151	15	9	R 135 Green and		Follow-up Release	Date
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name		abili siobasi ili ili a e ilina	Telephone Number	Date of Inspection	ID#
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Establishmer	nt addres	s	1 01	() Owner	19-19-7	5/100
1XX) 1	U (21/1009 L1020	Purpose:	Follow-up Release	se Date
Owner	_	1.7	-1	1. Routine	Ves 5	79-23
Jon	10	e	les	2. Follow-up	Summary of Viola	tions:
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				4. Pre-Operational		10
Person in cha	arge	10	12	5. Temporary	c_{NC}	<u></u>
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			(bottom area)		100 00 21 3287 13	1
			O Two conta	eners of C	Ottage/	1
		_	Cheese 51°F	1/2 0	0	
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10 10		_	spreaded chel	AD 5304	+ 010000	- Para - 10
218	NC	_	The ora salaa	var un	it storen	Remove
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					0 600	Page 1 of

			NARRATIVE REPORT	
Establish		am	e Address	Inspection Date
HALBI	1,3	_	250 Northwad Vaza	5/19/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		Observed many Shelving units tracks	6/1/23
			Soiled Trusty	<u>J</u>
218	NE	Ш	DOSENIER "Theba air" Single dos	5-26-23
			Cooley Ombilest temperative @ 43°F	
		-		
218		Н	Doserved to build up	
410			Q430F (ambient temperature)	
		_	more all p.H.F to new Mit or pint	
_			00110-	
190	NC		Observed cooked rice cooking to	5/19/23
			con temperature men ge 3 pour	
		Н	Smk 0 108°F	
			Observed Cooks Modles Cooky	
			Sing a standing holds 3 pas	
295			Mercal 2 coor cooler doc anstate	(0/1/73
			are 50,122.	(1)
1			5-top cooler light is lit.	
-131	NC		floors walls and ceiling through OUA	
			establishment is solled?	ALA/Water CA
131	NC	\vdash	mens and women's tollet.	MAXXESII
295	NC	0	Seat and tanks were soiled Dextorion sides of cooking	
295	NC	0	esupment are, solid + monual c	an openor
		(3	Denside two door cooler	a rapa s
			et cookline soiled + microwaw	20
218	NC		Interior of Hamilton Beach	
			microwale is nisty and	
110.	. 10	\square		rin on 2 door
430	NC	\vdash	frames and lacks a self-	1/2/0/23 coole
		H	Delosina device	2 42
295	NC		Indiae Ritchen Ice maker	5/22/23
			Spiled (with apparent mold)	
402	NC		Cove vase loose from kitchen an	
			Nute: Beer Cooler preds Cleaned res	troom
			Note: Catel all Spray bottles	* * * * * * * * * * * * * * * * * * * *
Received By	(Name	& Ti	Inspected By-(Name & Title)	Page 2 of 3
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State Form 48621 (R2 / 8-05)

Establishi				Inspection Date
	he	1 1		<i>3//9/23</i> TO BE
Section#	C/NC	R	REMARKS	CORRECTED BY
295	<u>C</u>		Jable top slicer was	5/19/23
			Marry Soifea	1
	1	\vdash	Tilymi have stoned)	
(7	7		mantaining a temperature	
			log for all refugiration	
			units, Furn Shall	
1	5		continue to monitor	
7)	И	Owner states old salas	
		Н	Please des sembles les linit	
		\Box	so it can be as moved	
			on or before July 19,2023	
			ambient air of this	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmen	nt name		and and prevention with third backs.	Telephone Number	er I	Date of Inspection	ID#	
For	M	Y		() Establishme	ent	- 171 72	1001	
Establishmer	nt addres	s		() Owner		7-14-6	1951	
HRAC	11	7 9	Smith Valley Bd.	Purpose:		Follow-up Release	Date	
Owner			STITUTE VOILY INC.	1. Routine	ľ	(0/5/25		
				2. Follow-up		Summary of Violati	ons:	
Owner addre	222	-		3. Complaint		,	72/	
o wher addre	.00				,			
D : 1				4. Pre-Operation 5. Temporary	iai	$C \cap NC \cap R$		
Person in ch	Person in charge					C NC_	<i>)</i> R	
111111111111111111111111111111111111111	(1 2/9)		- времения (вой по по подать в	6. HACCP	-	1 10 1 4 4 3 1 3 10 100	7 10 122	
Responsible	person's	emai	I agus issum alquis on bermites as a la de arche	7. Other (list)	- 1	Menu Type (See b	ack of page)	
Certified foo	d handle	r .	122			(1182 - 2004 1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1		
(-1 V)	M		(1114125)			123	_45	
• CRITICAL	TEMS AF	RE II	DENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			HE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Narrative			To Be Corrected by	
234	NC		weeked wany	11 821-M	Le Co	5115	5-24-23	
	William Janes	lou	without the had	Succes in	7000	product	i succession	
216	NC	77.10	Observed Condoca	of finity h	rom	JUNIA SIE	5-25-23	
			mits rocks that	ashattes	1007	Smurt		
			malk-in tre	e Zer				
			1) Storage Ore	0		11-0		
			Opserred almin	MM 4011	MIN	y tru		
-			com cambina	1	- 0	1601 21 1		
		_	2000 0000 p	- Hawith	My TI	Jil (5 NO)		
110	N (/	_	Essila I Kontibil	To meigh	10201	V III	C-31-73	
40	NC	loq	Charles In Mill	the House	1000	(Kall)	5 31 2	
	5 88 1010	-	ME 211 / 111	12/10/103	1631) Agaic		
	III. LUIL		000000000000000000000000000000000000000	10 1/110	NO.	C COOY		
195	NS		Moserred wing Sh	MAN KANIA	K<	Nits	5-31-23	
()	1		SONIED MARI	214107 1016		3		
	-		F33 doc FIR	391000 90				
			1907 111000	188			A 1	
				a.				
Received by	(name and	l title	printed): Liyun Li		Inspected l	by (name and title printed)	e nazi (
Received by	(signature,):			Inspected l	oy (signature):	Packagin	
					as	MADE		
cc:			сс:		cc:			
							Page 1 of 7	

Establishment Name		am	e Address	Inspection Date
BON	$\eta \alpha$	X	48(x) W Smith Valley Rd	5-24-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
174	NC		many containers & bottles of	5-24-23
			food products not latitled	,
218			\$ 2 door prep tooler door gostat	6-7-23
			Splithworn	
				21, 84
			Note: Observed Jellytish Inside	
			a courte diastic Coutoner al a	
			Devalage & all & Hatel	·
			THE THINK IS FOUND SAND	2
			1 September 100 Horas	
			news to be Mot or less & label	
			" for personal" USE ONLY	
			Avian a Comment of the council	
		_	NOTE: WALK-IN FRESEN FLOOR NEWS	
			DOFE & Dimoster 19 NEED Closed	2
			10046 : 1000 2465 CACON OLIV 12	
			Not del mile site contrat breeze	
			1	
Received B	y (Name	& T	Inspected By (Name & Title)	Page of



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

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

The time mint for concerns				
BIG woods Franklik	Telephone Number	Date of Inspection ID#		
ELLO COCOS (CANCLERO	() Establishment	5/17/23 2047		
BIG WOODS FRANKLEN Establishment address 1800 E KAN9 ST, FRANKLIN	() Owner			
1800 E KANG ST, GRANKLIN	Purpose:	Follow-up Release Date		
Owner	1. Routine	- S-(27/d3		
GIG woods	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	c_O_Nc_3R		
KRYDEN RODMAN		C_O_NC_O_R_		
Responsible person's email	6. HACCP	To (Control of tree)		
responsible person's email	7. Other (list)	Menu Type (See back of page)		
Certified food handler				
Certified food handler KANDEN REDMAN GERUSARE	EXP 11/15/27)	1234_5		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "R"		
Section # C/NC R	Narrative	To Be Corrected by		
399 NC & Some ARRAS OF	WAZL COUTING,	WAZL 7/1/23		
	en	egister in the artificiant of the desired		
431 M = FLOOR UNDER S	Ce MAKER, SOF	TORINK 5/25		
STATION, OU	n Freez Par			
NOT CLOPEN	,	1		
		NTATIVER BOYDS		
	. 1	30100 (CORRECTED)		
CLABEL IN ADDIT	10N TO LID)	5/17/		
1/2- 1/2- 1/2 2/22	OCIA AHOR	seller C		
HANDSTOK OUPAR	OFFIR /OTSHIN	UNSMINS		
RONG ALL HOT/COL	-0 MUCEIS 10	evers)		
		distribution of the state of th		
1 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0		- managana baharaha Lasa		
		13.		
Received by (name and title printed): **Mayben Redman, K Received by (signature): **Maybun Romm	itchen manage B	by (name and title printed):		
Received by (signature):	Inspected	by (signature):		
Knyden Komm	6	Isel Int		
сс:	cc:			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name	-	zbeof.	f stog	mon l	Telephone Numbe	r D	ate of Inspection	ID#	
B2	ve	(ACTUS	5 TAGO +760	CULA BAR	() Establishme	nt	11-		
Establishmer	nt addres					() Owner		5/25/23	2349	
188	111	20	OFFERSON	ST. Frank	CIMIFN	Purpose:	F	ollow-up Releas	e Date	
Owner				<i>O</i> , //		(. Routine		Follow-up Release Date (405) 6/4/23		
Jose MURILLO			2. Follow-up	-	Summary of Violations:					
Owner addre	ess					3. Complaint		·		
						4. Pre-Operationa	1			
Person in cha	arge	-				5. Temporary		C 1 NC 8 R		
100	AN	A	BA	NPLES		6. HACCP				
Responsible	person's	email	inga (min	named hyricans	n at it with	7. Other (list)	11 11 27	Menu Type (See back of page)		
			drowl	ristra in a little	my & all to	et in a martin lara			processes	
Certified foo		r M	URT	+1-0			1_	3(4 2 5_	
-	De	-			ND NADDATEME	COLUNDIS MARKED IICII				
VIOLATION						E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS	S" AND IN TH	E NARRATIVE BELOW	AS "R"	
Section #	C/NC	_	NOM TREFTOC	o in tot do no no nida i		Narrative			To Be Corrected by	
187	C	\$	INV	PRNAZ		erature of	= QV	e\$0	corrected	
10.	Yllacust	P I	O Mec		WAR	mer 12104	= NO		5/25/23	
	maping	aarre	Allo	AT 13		or more		- mer A. steam	a notacosti	
218	NO	a	000			PRN/SPLIT			6/25	
			door		SOR ATOR		2 ABOUTER			
001		RPFRIZERATOR D						men		
291	NC	*	CHAC			APPERS DOT	3	ABO TO	111	
		-	GVA	T' TEST	PAPER	es not A	VATC	n v v Jio	6//	
324	1 NC 7 COLD WATER NOT AUR					AUAICAB	36 A	FRUCE	16/5	
133.7	7		or KATCHEN							
174							5/28			
21213	NOT LABRESS						Translat I			
256 NC - 2 drawer REFRAGORATION BY grith - 5/30						5130				
			246	R Mome	TER "	NOT Seen	100			
190	NC	2			0000 J	N CONTRIO			n 5/26	
		_	CUL		NTERN	AZ TEMPE			1	
		-	NOT	= -122 - QUICI-				enros, wer		
Received by	(name and	d title		CX CLE	CHE		Inchested by	(name and title printed): 7/8	
Ana Banales				a right search	Bot	SM ITH	20			
Received by (signature):					Inspected by	(signature):	State soud I			
* Otal							Der	e sne		
cc:	9	r		cc:			cc:			
									Page 1 of 1	
									Tage I OI V	

Establish	ment N	lam 7) S	Address Frankling TAZOT TEQUIZA BAR 188 W JOFFETSON ST	Inspection Date
Section#			REMARKS	TO BE CORRECTED BY
279	WC.	\	STRALO SORVITO ITTEMS ON COUNTER	5/30/03
		П	STRAJE SERVITE ITEMS ON COUNTER IN BAR NOT AJEG VATELY PROPERTED	5/24/2
	-		FROM CODETION CUSTOMER CONTAMINATION	71.
			CUPS, LIDS)	
295	Ne	1	CABTAGET UNDER SOFT DIENK	5/29
			CABTRET UNDER SOFT DIENK	•
			SYRTION	
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State Form 4	882 (Þ	/ 8-0	5)	



JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

460 N. MORTON ST. STE 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

		ation Ke	quirements. The time limit for corre		d in the narrative portion of this report.		
Establishmer	it name	1.000	N Carl P	Telephone Number	Date of Inspection ID#		
BIUH	FI	XV	ER (30H	() Establishment	C122111 020		
Establishmer	nt address	101	0 17 (- 11	() Owner	7/6/1480		
210 Old SK 3/ South			K 5/ South	Purpose:	Follow-up Release Date		
Owner				1. Routine	10/2/23		
				2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in cha	ırge			5. Temporary	NC R		
	O	1 11/2/11/2		6. HACCP			
Responsible	person's	email	- Impat Jerman I feet was a so the wat are	7. Other (list)	Menu Type (See back of page)		
			Abre endrementing again to	al primile and	and a surface of pages		
Certified foo	d handler	Ve'	118/ 2/2/28		12345		
• CRITICAL I	TEMS AR	E IDENT	IFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"			
• VIOLATION	S) REPEAT	ED 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	()	nest Everzev c	tronstairs:	is rusty		
	Alli (Era	3	coracs/etis sol	MOUNT	C. S. of Section 1 (Note: Alse 2015)		
2.31 (4)	reduid	ASIEN - TO	Director you	colaled.	To the stage of the stage		
342	NC	- V	John hands	MK, Was Obse	MIGGTYOF		
		1	MONON S LISTADI	an harasmk	- Chh		
		_0	Service Co Sor	MAGE 170 00			
~			17 Shall be	(MOP-1100)	318 Voca 1000 (Women's		
351	NC		JOU & OBSUNG	a Child M	The receipt of the strong		
11/2	NC	2	tore whitcher	· observe Mas	NS1 00-111		
200	N (/		MOLONEY.	La Card Ha	2222222		
631	là (20m01ch100 (0	a contraction	TYVWATEV		
72							
23	100	1	nermometer 15	101 Marian	allinassen		
		0. 1	ate : 110 Syman Sh	all be stored (ma Clean		
	Note: 16 Scop Shall be Stored On a Clean						
					,		
Received by			ed):	Inspe	cted by (name and title printed):		
Jua			oranico fianza i italia .		cted by (signature): Caleb Fleener Caleb Fleener Caleb Fleener		
Received by (signature):				Inspe	cted by (signature):		
CV	uat			0	DS Hall Glev Eleoner		
сс:				cc:	1		
				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 correction of each violation is specified in the narrative portion of this report.

Establishment Samtadon Requirements. The time mint for correct	on of each violation is speem	ed in the narrative portion of this report.		
Establishment name Bub EVANS ROSTAURANT	Telephone Number () Establishment	Date of Inspection ID#		
Establishment address	Owner	5/16/23 2134	+	
900 N MORTONSY. FOR ANKLITY, IN	Purpose:	Follow-up Release Date	755	
Owner	1. Routine	(Yes) 5-126 (23		
	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	c__Nc_8_R	_	
LOSSIE MULL	6. HACCP	and a second of the second of		
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
Certified food handler KATE Hocul R	1	123412_5	_	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AN	O IN THE NARRATIVE BELOW AS "R"		
Section # C/NC R	Narrative	To Be Corrected	d by	
Date:	2 distinant			
[IFO STATE STATE STATE OF THE S				
PASS WHEN BLUE BAR TURNS ORANGE BAR TURNS ORANGE AND CARRE ACCORNAGAM	ENSTL'SURFITE	(160°FORMORE)		
43\ NC 160°F/71°C FLOCK IN AT	1915 OF KITCH	HER NOT CLEATEN 5/26/6	73	
295 NC + FLOOR IN ATORS OF	- WAZK-IN CO	oler not clean 5/26		
	POFF FLOOR	5/20		
		HEST FREDRICK-CORRECT	13	
CON AZL FZY OBSERU		, ,	, , ,	
of the light terms of the second of the seco				
	218 WE @ PREPARATION 2 COMPATITION TREFRISH ATOR BY 7/1			
GITTL - SHELF COPYE		J.M.OK SI 771		
295 NC " STOR OF PREPARATION EQUIPMENT/SOMO NOT CLOPEN 5/26				
A STUTERNAZ TEMPETATO			2	
187 C > CHEOSE, CUT TOMATOR			7)	
a purerinaz rempera				
Regeived by (name and title printed):	Stop f myst	NOT AT 419FOR 2055 extend by (name, and title printed):		
Regelved by (name and the printed):		Bab SmiTH ENS		
Received by (signature): Muell	Inspe	ected by (signature)		
сс: сс:	сс:			
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