

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

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

Establishment name  On the Bossdes  Establishment address  867 N. W3 31 Gre  Owner  Owner	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint	Date of Inspection  5/11/23  Follow-up Release  Summary of Violati		
Person in charge  Responsible person's email  Certified food handler	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	CONC R		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECK.     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTION.		IN THE NARRATIVE BELOW A	S "R"	
Section # C/NC R	Narrative		To Be Corrected by	
Note:	No violations  No violations  Interply is shown	E Hand sink	7	
Received by (name and title printed):  Received by (signature);  ce:  ce:		eted by (name and title printed)  (1447 )  (ted by (signature):	Page 1 of	



Received by (signature):

cc:

#### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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. Date of Inspection Establishment name Telephone Number ORIGINAL CHICAGO PIZZA &CURRY 2495 ) Establishment 5/18/23 Establishment address ) Owner 153 HOLIDAY PLACE FRANKLIM IN Purpose: Follow-up Release Date Owner 1. Routine NICK STAUGH Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational CH NC 8 R Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler SINGH GAL CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by C/NC & Section # COPPLYOD PC FROZEN PACKAGO OF 5 18 /22 ON TABLE COCRECTOD attaken PIZZA STORED ON OR LESS Trompo (ATURO NOT Room COOKED LAMB in POT co nec 700 THEMPERATURE 1200F NOT Held under 135°FOR MORE remper ATURE CON TRUL 2 ABRUM THE MOMETER TO MECK 20 NIGITAL FOOD TEMPOSATUROS NOT ACCURATE 0-228F MOTAZ STEM Pro utoco RESTRAINTS NOT WORN BY 20 NC employees on KATCHEN FLY SCREEN WORN, JUES NOT BACK DOOR NC C205e T14 HTZ Received by (name and title printed): Inspected by (name and title printed):

Page 1 of

### **NARRATIVE REPORT**

Establish	ment N	amo	Address HICHER PIZZA & CURRY 153 HOLLDAY R. FITNKLAC:	Inspection Date
Section#	C/NC		REMARKS	TO BE CORRECTED BY
291	MC.	₩	CHEMICAL TEST PAPERS NOT	5 126/23
			AURICABO	
347	Wr	4	SEPOSABLE TOWELS NOT AVAILABO	Co rected
) <u> </u>	7.0		on restropy	5-128/33
				17/1
431	o√c	P	FLOOR ON ARCHES WEXT TO WALL	5724
			201 2011	,
295	MC.	ű	HOBART MEXPR NOT CLEAN	5/23
	•	V	PEZZA OVER UNDER BEPREN NOT CLOP	ν
191	C		some porentially HAZARDOUS FOODS	(corrected
1 -( (			PREPARED MORE THAN 24 HOUR OF LOR	
			NOT OFFIC MARKED / ON	
			SHELF ON WACK-AD COOLER	
		Н		
				·
		$\vdash$		
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Received B	Jug		Inspected By (Name & The State of State	Page <u>A</u> of <u>A</u>



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

•			
Establishment name	Telephone Number	Date of Inspection	ID#
PARKHURST OFFING OFFINKLING	) Establishment	5/8/23	2273
Establishment address	( ) Owner	3 10 10.3	
101 BRANGEN BLUD FRANKLEN, IN	Purpose:	Follow-up Release	
Owner	(1. Routine	5	-118/23
PARK HURST DIN ING	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
a .	4. Pre-Operational	6 .	
Person in charge	5. Temporary	c_O_Nc_	
DEVA OVNAM	6. HACCP	11 1 1 1 11 11 11 1 1 1 1 1	Lintza E
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
The state of the s		requireing continu	
CHISTOPHER BATOR EXP,	AFO 2027	123(	4 2 5
	ATIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT	IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
4-31 NO & FLOOR NOT CLEAR			5/21/23
In threats of		DCK Room	1. 1==
399 MC & FLOOR TILE	WORN IN AREA	SOF	7/1/23
KITCHEN NEAR		110 0000010	-DTX H DCm
NOTE OF DEAD COOKROACHE	s soen on ga	JE BUNKOS	DES CONTRO
	USIL BOTHWER NOT		5 /8
HII NCTO LIGHTS OUT ON			611
	or Hood, WARK-D		
BERTO PIZZA UPCIGHT (	COLER APPLIANCE BUC	(B_)	
295 MC = COFFEE SHOP ANOT		ABJURT UNE	pe 5/15
SOFT SCINK UN			Andrews and I
347 N J DISPUSABLO TOME			
D'AC VI	ed mo-cor Agu	A-Temp	correcteds
Date: Not Clean		*	
Emp: Emplado Emplado Emplado Torre MARIO A PLOS TORRES	& distinguish	Hot WATER	
ESACPHARE COMPONIANA SOR 11 4 AT 1 A TO CO			(04)
160°F7 ON PERTOLUTION	TI SURFACE	116 700 1	0.
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P A MINTHIMORD		Bul Smith	
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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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Establishmer	nt name		-11>	m vigil il Tim	The Marie Town	Telephone Numb		Date of Inspection	n	ID#
rep	per	S .	#			( ) Establishm	ent	5/2/2-	>	600
Establishmen	t addres:	S		Green	wood	( ) Owner		3/4/2	)	120
299	5.5	5/	P.135	Green 6	142	Purpose:		Follow-up Rel	ease/I	Date /
Owner	-			7 7 7 6	, , -	1. Routine		. 1	-1	2/23
9	100	0	10)			2. Follow-up		Summary of Vic		
Owner addre	iev	ľ		WILL COMPANY OF THE STATE OF TH		- ^				
Owner addre	288	0		EL.		3. Complaint				
						4. Pre-Operation	nal	$\wedge$	10	,
Person in cha	arge	bo	0 1	11		5. Temporary		$c_0 = 0$	12	R
1//	ichs	ell	60 K	luesn	CV	6. HACCP				
Responsible	person's	emai	7105	lyge o bota		7. Other (list)		Menu Type (S	ee bac	ck of page)
				No	Certificate			enthun in		cond !
Certified foo	d handle	51		n:1	Provi	led		1 2 3	V	4 5
Kobi	in 1	SI	rawn	Ushma	an					'
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKL	ST AND NARRATIV	E COLUMNS MARKED "C"	"			
• VIOLATION	(S) REPEAT	ΓED F	ROM PREVIOU	IS INSPECTIONS	ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	NS" AND IN T	HE NARRATIVE BEL	OW AS "	R"
Section #	C/NC	R				Narrative	200	_	T	o Be Corrected by
411	NC		no	inton	in his	De morre	ded	Ren.		5/12/23
218	NC	i i i i i i	Jani		oser o	end bot	hd	800	ert a ya	6/2/23
510	100	S OF E	Banks	to ano	toun!	split		to /for Paget 200	01.8.10	1
257	NC		mo	OOF			lood	C C DOTHER O 3.11	415- A	5/3/23
			there	nomo	les ora	veded 0	)			1.
430	NC		Conse	las	e aro	ind/ne	an 1	Lictore	1	5/15/23
			one	dean	Cooles	is loc	se		J	1
413	NC	(	nort	heast	alley	door (in	DO	al roor	n	5/18/23
			area	) cont	ains o	en outer	( Op	ening		11
		(2	Sou	thuest	1	(main)	COY	tain		
			Outer	onen.	ings be		do	(a)	and alon	1.,
431	NC			noon		nical lie	nto	are so	00	d 5/3/23
218	NC		Bar	1	d sink	lacks a	Dans	en towe	2	5/8/23
			hole				1 1		11/1	1
430	NC		non	1000	nens re	estroom o	Loon	is		5/8/23
			dan	raged }	not se	lf-close	rg.			1
431	NC	(	East	- Oli	auor L	storage	100	m was	10	5/6/23
			is s	soiled	and &	loon unde	nl	veverao	e	, //
			en-1	you u	nit 0			6		1
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NARRATIVE REPORT Greenwood

Establishment Nam	e Address //V	Inspecțion Date
Peppers:	IT 299 S. S. R. 135 46/42	5/2/23
Section# C/NC R	REMARKS	TO BE CORRECTED BY
228 NC	Some large beer coolers are	12/1/23
295 NC 0	not early movable.  North large bar cooler	5/3/23
1295 NC (	Contained old and moldy	3/3/23
	what appeared to be lines	
	Spilled Iroun liquid	-
430 NC	Douth women's Drestroom sin	k 10/1/23
	cabinet is moldy and	
	deteriorated (inside bottom)	
	Entroom vonens restroom	
	deteriorated	<u></u>
a mue	Notes: Kitchen alley door	Mon tor/
	and frame is starting to	Check
	show damage deterioration	W/Building
2	containers for run chicken	Owner
	Course to the course	
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MYXIM	itle)  Mispected By (Name & Title)  White the second of th	Page <u>a</u> of <u>a</u>

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

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

Page 1 of

Establishm	ent Sanı	tatio	n Requirements. The time limit for correct	ction of each violation is specified	in the narrative portion	or tins report.
Establishment name Pilot Convel Conter  Establishment address  4982 M 350 & Whiteland		Telephone Number  ( ) Establishment	Date of Inspection	ID#		
Establishme	nt addres	s		( ) Owner	5/22/23	153C
478	2 M	3	SO & Whiteland	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	No	
		2. Follow-up	Summary of Violat	ions:		
Owner address		3. Complaint				
owner addr	C33					
				4. Pre-Operational	C NC &	P - 8
Person in ch	arge			5. Temporary	C_NC_X	C RE
5/11, 12 i	Mary'		regularity and the plantage of the state of	6. HACCP	a just of the field the	li certualità di
Responsible	person's	emai	Lyna Limet many son the miles of the first and a second of the second of the first and a second of the first and a second of the first and a second of the sec	7. Other (list)	Menu Type (See l	pack of page)
Certified for	od handle	r			123_	4 -
					123_V	_45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
294	C		Chemical Santizer	is not cates factor	y at 3-bever Sin	£5/80/23
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	74-21-17-	307	a show of below	200 200	and the second of the second of	(ggreen)
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					The second	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	ent name	about taking ever aller over the born	Telephone Number	Date of Inspection	ID#
Pho	Cai		( ) Establishmen		
Establishme	ent addres	S	( ) Owner	5/18/23	2022
1000	) N	. madison Ave	Purpose:	Follow-up Release	Date
Owner			1. Routine	- 5	130/23
			2. Follow-up	Summary of Violatio	ns:
Owner addr	ress		3. Complaint		
			4. Pre-Operational		
Person in ch	narge		5. Temporary	C D NC 4	D D
l cison in ci	large		6. HACCP	C	N. N.
Responsible	person's	email	7. Other (list)	Menu Type (See ba	ch of page)
Responsible	persons	Cinan	7. Other (usi)	Menu Type (See ou	ck of pages
Certified for	od handle	sen safe			4 5
Kyan				123	_45
NAME AND ADDRESS OF THE OWNER, WHEN			/E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	N(S) REPEA	TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW AS	
Section #	C/NC		Narrative		To Be Corrected by
430	Ne	Mechanical ventitation	on in monz	bletroom	5 30/23
L		dols not work.	1911	THE PART OF THE PARTY OF THE PA	1
110	Ala	Da - d walls	000000000000000000000000000000000000000	( - 0 - A - A	OIL)
431	Ne		Gooding area	is sorted	
	-	George legispments	5 Johla		
295	Ne	serving ice is marde	2 preter be	Erde Unlooped	
215	nuc	Chicken	e fine cor ex	sicce victorial	
		ancien			
310	Ne	Vent's morde men's	& women 3	restroom is solles	P
300				9.1	
111 1201			<b>D</b>	A may 1 plants	rdano d l
	111-0-2	NOTE: Fire defort		contracted con	emma
		the ANSI SI	stem.	d - 012 A	A-C
			Maning peous	8 walls & veni	24.
	-	(iii) wort on	dearing equ	igments.	
	-		Cooking	)	
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cc:		cc:		cc:	



#### 460 N. MORTON ST. STÉ A FRANKLIN, IN 46131

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

Establishment Samtation Requirements. The time mint for correct	ction of each violation is specified	in the narrative portic	n of this report.
Establishment name POPZ PIZZA OF FORMKCIN	Telephone Number  ( ) Establishment	Date of Inspection	3 1601
Establishment address	( ) Owner	3/00 1/1	, , , ,
21 S MORTON ST FRANKLIN, IN	Purpose:	Follow-up Relea	se Date
maddox	2. Follow-up	Summary of Viola	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_ONC	→ <sub>R</sub>
DPEW BRONTSZEWSKI	6. HACCP		Χ
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
Some melassing for a	7.00	S III A CO SOMINO	71.87
Certified food handler  MH-JJOX		1_2_3	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW	
Section # C/NC R	Narrative	,	To Be Corrected by
256 MC = THERMOMETER	not seen on	SMALL	5/28/23
CHEST FREZER	Real Discussion and Discussion Con-	0121300 DOM	
309 NC & mecHANTER EXH	TRUST NOT FUND	TONERC	6/4
TO RESTROOM	70027 701 7010		
and the state of the soliton of the			4
			a distance i
			17202
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- Draw Bronszawski	Bo	P 121 W G	EHS
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сс:	cc:		



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

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

Establishme	nt name			Telephone Number	Date of Inspection	I ID#
RICH	ARD	5	KITCHEN/BCTEK OVEN PIZTA	( ) Establishment		ID#
Establishme				( ) Owner	5/93/93	1087
229	3	M	ATTO SY. FRANKLIA, IN	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	6	12/23
Gos	55			2. Follow-up	Summary of Violat	
Owner addre	ess			3. Complaint		^
				4. Pre-Operational		5
Person in ch	arge	o Be	a Cariff resiment to the control of	5. Temporary	C_O_NC_	@ R
mic	three	1	merrison	6. HACCP	1111111111	
Responsible				7. Other (list)	Menu Type (See )	back of page)
			a dwindowski dwth nei ar ji fill i i	matti tigan san	2 11 6 41 172 3417 32	
Certified foo			Goss		123(	5
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED F			ND IN THE NARRATIVE BELOW	
Section #				Varrative		To Be Corrected by
218	NC	@	SPLET TO COOLER	2- door gr	tstet worm	6/23/23
218	wc	*		WASK-DI	FROOT PR	6/23
256	NC	1	THORMOMETER L	SOON I	2	5/28
300	000	0	PIZZA WARMER	UNITS		3 /0.0
						,
431	NC	0	RESTRUCT CETTA	9 EXHAUST	coupes	5/29
		_	NOT CLEAN	ICA TILOMA	The other con-	5/20
257	NC	0	RETAR STEM PROBET PEGISVERING 0-25 PUPP THE (MOMER)	gre mermon	LETOR	5/28
	-	-	THE POTTE COM ON ON	P NAT ANA	1) 8810	
		log-	bette Machine Lieber	2 1001 11011	ILADOC	
399	NC	0	PROCESSION P.	IZZA AMEA	COUNTER	6/23
			TOP WORK IN Are	A		Lunas (e. L
						20
1 h	bTE	2	HATR RESTRIENT	BYWENTU	ikee on KITCH	Col
		_	NOT WORK		1413	
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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	Sam II Brashmannin vo mon	Telephone Number	Date of Inspection	ID#
Establishment address  Establishment address	Lary	( ) Establishmen	t //-	2121
Establishment address		( ) Owner	5/8/23	2126
1277 N SR. 135	- 46142	Purpose:	Follow-up Releas	se Date
Owner		1. Routine		118/23
DOLG JAMES		2. Follow-up	Summary of Viola	THE RESERVE TO A STREET OF THE PARTY OF THE
Owner address		3. Complaint		
		4. Pre-Operational		
Person in øharge		5. Temporary	C / NC_	2 R -
HEATHER TOLAND	7	6. HACCP	III.CE I	
Responsible person's email	in Characteria i Lord I	7. Other (list)	Menu Type (See	back of page)
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Certified food handler	10/0		1 2 × 3	4 5
MICHAEL SWANK	Exp. 2/28/21			
CRITICAL ITEMS ARE IDENTIFIED IN THE	HE CHECKLIST AND NARRATIV			
	ISPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	The same of the sa
Section # C/NC R		Narrative		To Be Corrected by
295 NC - COFFEE	DISPENSER NO	22 ES 301	25D	5/11/23
309 NC - THE VE	WIS IN THE ME	EN'S & WHITE	I'S RECTRON	5/11/23
ARE S		200 / 000/1104	- / CSI / CCCC	0/11/22
1120				
77 C - CHEMIC	AL SPRAY BOY	PTLE 15 NOT	LABELES	"CORRECTED"
Total by Landson			and the goldensel	research for
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	en e		THE PROPERTY OF	Figure 100
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cc: cc	C:		cc:	
				Page 1 of



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

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Establishment Samtation Requirements. The time mint for correction	on of each violation is specified	in the narrative portion of this report.
Establishment name Logical Barry	Telephone Number  ( ) Establishment	Date of Inspection ID# 5/20/23 \ \274
Establishment address  Edinburgh	( ) Owner	/ / / / / / / / / / / / / / / / / / / /
119 E. Main Cross IN 46/24	Purpose:	Follow-up Release Date
Owner	1. Routine	NO 6/1/23
Kinger, Schuotte	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	, ,
	4. Pre-Operational	
Person in charge	5. Temporary	c 0 NC 5 R
Chuotto		C_U_NC_U_N_
Polyment on the second of the	6. HACCP	M. T. (See head of perce)
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		1
Ceruned roped nandier		12V_345
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 AS "R"
Section # C/NC R	Narrative ,	To Be Corrected by
309 NC Mechanical ex	haunt in m	(p/22/23
LI HONDINA IN DOT	h Aublic, 1	INTIDOMIN I
324 NC D'Mens hand	Sink donin	11 5/28/23
a doubly and ly	oth tollets	lacks 1
Open a known to	Oliet reats	
413 NC Back 2000 11	mot tim	t-fitting 6/15/23
426 NC Back, Stonage	100ms / C	ontain 6/22/23
I FOOMLY MOND	to count	items 1
That are mot	mecessari	1, 10
the lirms of	renation	8, 1,
295 NC Bar D Lour 1	au sink	is solled 5/28/23
Mote: Bar a	rea Contai	N
numerous uni	used work	ina
equipment	/	8
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ROGER SCHUETTE	A	
Received by (signature):	Inspec	ted by (signature):
Rogers	$\mathcal{U}$	neullo I'llles
сс:	cc:	

### NARRATIVE REPORT

Establish RUU	ment N	am A	ROUNTHEMENT 40 N WATH ST.	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
1	re:	1	PREUTIUSLY MAJE FOODS NOT REHEATED	RAPISLY
(p)			WARMER IN KITCHER	7 > 126/00
110	1			1/
110	nc.	8	some REFFERRATIONS (SMAZL TYPE) NOT ANST/COMMERCIAN GRADE IN BAR (BASLIMENT	3//
			BAR / BASEMENT	
		-		
Received/I	By (Name	2 & T	Inspected By (Name & Title)	Page 2 of 2

State Form 48621 (R278-05)

Office 317-346-4365 Fax 317-736-5264 460 N. MORTON ST. STE A

Lage 1 of

## JOHNSON COUNTY HEALTH DEPARTMENT

INSPECTION REPORT RETAIL FOOD ESTABLISHMENT



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

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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 FRANKLIN, IN 46131

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

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