

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 Telephone Number) Establishment 5/12/23 1966) Owner Purpose: Follow-up Release Date 1 Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational C / NC 4/ R Person in charge 5. Temporary 6. HACCP 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 FAN IN THE BESTROOM IS Souss NC 309 No Aternometer observes in the lee Cocam Freezer 5/14/23 257 THE DRAIN UNDER THE 3BAY SINK IS SOLED 291 431 SENSAFE CERTIFICATE OBSERUCO 410 Received by (name and title printed): ARGE Inspected by (signature)

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Establishment Samtation Requirements. The time limit for correct	on of each violation is specified in the harrative por	tion of this report.
Establishment name THE SMOKE HUTT	Telephone Number Date of Inspection Establishment	on ID#
Establishment address	() Owner S 119	3 2010
Owner TROWAL TROKKETY	Purpose: Follow-up Rei	lease Date
Brenzon HUTTON	2. Follow-up Summary of Vi	
Owner address	3. Complaint	7
*	4. Pre-Operational	
Person in charge	5. Temporary C 2 NO	$\sim \sim \sim 10^{-1}$
BRENDON HUTTON	6. HACCP	restrated a
Responsible person's email	7. Other (list) Menu Type (S	ee back of page)
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section # C/NC P	Narrative	To Be Corrected by
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IN WARMER UN	IZARDOUS FOODS FT NOT 135°F OR	5/00/00
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	N hole NOT PROUTER W	17# 5/30
PLUG	`	
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QC: CC:	cc:	



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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishmen	it Samit	ation Kequiren	ients. The time iiiii	it for correction	if of each violation is specif	ned in the narrative portion	for this report.
Establishment SM (name	ai	MI	sion la pière	Telephone Number () Establishment	Date of Inspection	1D# 2502
Establishment name Smy der and Establishment address 100 mternational ds.			() Owner	ı			
	mter	nation	al dr.		Purpose:	Follow-up Releas	se Date
Owner					1. Routine		
					2. Follow-up	Summary of Viola	tions:
Owner address	3				3. Complaint		
					4. Pre-Operational		\propto
Person in char	ge			Today end	5. Temporary	C_NC_	R C
A 10	gengi i		1 14 5 1 1 15 15		6. HACCP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ab ab-leval
Responsible pe	erson's e	email		II Direct	7. Other (list)	Menu Type (See)	back of page)
Certified food	handler					$\begin{bmatrix} 1 & 2\sqrt{3} \end{bmatrix}$	4 5
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Section # 0	C/NC	R		1	Varrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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Establishment name SPEEDWAY (319)			#(319	Telephone Number () Establishment	Date of Inspection	
Establishment address				—	5 (15/23	158
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Owner			011.9 11100/04. (40	Purpose: 1. Routine	Follow-up Releas	25/23
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Certified foo	d handle	r			1 2 3	A 5
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			ENTIFIED IN THE CHECKLIST AND NARRA			AC HID!
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	IN THE NARRATIVE BELOW A	To Be Corrected by
Section #	C/NC	-	Drail while De		Tran it	5/22/23
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	1 Carabada, 2mil 1970-de es barrellanda seales es selectros de carabadas es partiralmentes combinados de casam		1	
Establishment name PECSONY FOR SWITH Owner Owner address Person in charge ATHY HAUPT Responsible person's email	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID# 320 Follow-up Release Date 5/21/23 Summary of Violations: CNCR_ Menu Type (See back of page)		
Certified food handler		12 🗶 3	_45	
VIOLATION(S) REPEATED FROM PREVIOUS IN Section # C/NC R	ECHECKLIST AND NARRATIVE COLUMNS MARKED "C" PECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AN NARRATIVE ACCHECK CARLY TREPS ARE SO SUNDAN SORA MALLERY		"R" To Be Corrected by "5/12/23 "Conserve	
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Establishment name	Telephone Number	Date of Inspection	T vo //
() - 1.	() Establishment	Date of Inspection	ID#
Establishment address (() Owner	5-9-15	11648
Solal 1, Smith , ralley 22	Purpose:	Follow-up Release	Date
Owner Owner	1. Routine	Tollow-up Release	19-13
V	2. Follow-up	Summary of Violati	ons:
Owner address	-1	Julianian y or violana	
Owner address	3. Complaint		
D : 1	4. Pre-Operational	C P NC	5 .
Person in charge	5. Temporary	C_C_NC_	R
burr was the longer markets and the se	6. HACCP	to table the district	1 (
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler		1 2 × 2	4 5
Scott Burding (777126)		12_/3	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	
Section # C/NC R	Narrative		To Be Corrected by
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Establishme	nt addres	S		() Owner	3/23/22	1109
103	5	٤,	MAIN ST	Purpose:	Follow-up Relea	se Date 1
Owner				Routine	- 4	5/23
				2. Follow-up	Summary of Viola	
Owner addre	ess			3. Complaint		
				4. Pre-Operationa	a1	
Person in ch	arge	-	2	5. Temporary	C NC_	/ R -
		11	recol	6. HACCP	10	
Responsible				7. Other (list)	Menu Type (See	hack of page
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Certified foo	od handle	r	1			4 5
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Section #		R		Narrative		To Be Corrected by
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460 N. MORTON ST. STE A 10/V

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BELVIC FOOD ESTABLISHMENT OHNSON COUNTY HEALTH DEPARTMENT



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

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To Be Corrected by		Varrative	I	Я	C/NC	# noitoo2
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		4. Pre-Operational				
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suoi:	Summary of Violat	2. Follow-up	(NO)	Sarra	741	K
56/01/	7 QIV	Routine	0		1	Owner
e Date	Follow-up Releas	Purpose:	Ztil9tinNi	K132	5.5	31181
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ID#		Telephone Number	nts. The time limit for correction	aviannpan none		Establishme



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Establishin	em sam	tation	Requirements. The time mint for con-	ection of each violation is specified			
Establishment name Subway #21977 Establishment address 84 S. State rd 135			# 21977	Telephone Number () Establishment	Date of Inspection ID#		
			aterd 185	() Owner	5/16/23 1744		
Owner	7.	011		Purpose: 1. Routine	Follow-up Release Date		
				2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint 4. Pre-Operational			
Person in ch	arge	lani adv	tage to the second seco	5. Temporary 6. HACCP	C NC R R		
Responsible	person's	email	tera la melgra controlo 1794 di disensi. La filimbia di Lea di 1712	7. Other (list)	Menu Type (See back of page)		
Certified foo	d handle	r			12345		
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Section #	C/NC	R		Narrative	To Be Corrected by		
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			in Requirements. The time mint for correction			
Establishmer			. 4 - L. Helster 1 4 kiss morning in dis	Telephone Number		ID#
Establishmer	BW	401		() Establishme	5/8/23	1872
				() Owner	70.81	
882 S. SR 135			2135	Purpose:	Follow-up Releas	
Owner				1. Routine		18/23
Your & HURKOUSKI			versu SKI	2. Follow-up	Summary of Violat	ions:
Owner addre				3. Complaint		
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Person in cha	ırge			5. Temporary	C O NC_	1 R -
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• CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEAT	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		S" AND IN THE NARRATIVE BELOW	The state of the s
Section #	C/NC			Narrative		To Be Corrected by
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Establishment name Spoke L Establishment address Owner HARMAN	SEOOP TRACY	MARKET	Telephone Number (103-Establishment	Date of Inspe	Release Date 5 /26 /23	
Person in charge KARON FRANKON BURGUR Responsible person's email Certified food handler			3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	CNCR Menu Type (See back of page) 12 45		
		THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C" HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE	RELOW AS "R"	
Section # C/NC R		INSTECTIONS ARE DENOTED IN TH	Narrative ,	THE WARRANT VE	To Be Corrected by	
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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#
Establishment name TACO BLL \$2679	() Establishment	5/12/23 159
Establishment address	() Owner	5/12/23 159
1579 N MORTON FIRMKE	Purpose:	Follow-up Release Date
Owner	1. Routine	Follow-up Release Date 5/22/23
TACO BELL OF AMERICA IN	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	C
STEVEN STALLINGS	6. HACCP	exclude actions sugment depart
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Code 16 11 11	ren a fem british ng galen at the	HE READ SITE OF THE SEATER
Certified food handler CORE ASHER (12/34)	25 EXP SERVSARE)	12_3_4)5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST A		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE I	DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
431 NC & FLOOR NEXT	TO WAZZ, UNDER	BOUTPMENT -11/2
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Establishment name TATO BELL 31940 Establishment address 211 N US 31 NEW WITTPLAND IN Owner TATO RELL OF AMERICA Owner address Person in charge ALEXIS CHRISTIP Responsible person's email					Telephone Number () Establishmer () Owner Purpose: () Routine 2. Follow-up 3. Complaint 4. Pre-Operationa 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas Summary of Violat	20 23 e Pate //23 ions:
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Section #	C/NC	R			Narrative		To Be Corrected by
431		FLO	OR NO	T CLEM	V IN APRE	AS MEXT TO PREPARATION	5 /23 /23 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
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Received by	(name and	All I	7		office transpare	Inspected by (name and title printed	875
Received by	(stgjentjyre)	Ho				Inspected by (signature):	pachijung
29:20	ONT	are.	cc:			cc:	



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

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

Establishment name Establishment address GHOUS HWY 31S. IN 46142 Owner Owner address Person in charge Responsible person's email SewSafe	Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 5/15/23 Follow-up Releas Ves 5/ Summary of Violat C NC Menu Type (See b	25/23 ions: 9_R		
Certified food handler	COLUMNS MARKED "C"	123	45		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW	AS "R"		
	Varrative		To Be Corrected by		
142 C (1) Shing 1 1 in C 12	1 (a b a B	Pameria			
donor+ In C	Clark I Ci	mese	2000		
also ald live	madel	in a	DOFAIO		
The state of the s	201t and	1	100		
Chair Charles State	Lot 10 11	<u> </u>	5/15/23		
available for	abolish sa	3/10/20			
The tree lists	ablishme	1 2 4 2 1 1 - 1			
3 sex carron	So race	shelled			
leggs for reta	il sale	Mere			
from an w	rapprove	d			
Usource	1 1		1 1		
228 NC Several Centr	al refre	genation	6/15/23		
upright units	are me		/ /		
essely movab	elei	i tetal turisti na rem	1		
430 NC numerious cer	ling tile		10/11/23		
are, damaged	Cham being				
Mer Mariole 11	19 th.)	0	. 1		
411 NC numerous 1	rulles ou	15	6/1/23		
in Corlina le	ahta				
257 NC MO 0°F to 220°	JF met	a 0.	5/17/23		
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Nia Bochung	\mathcal{L}	novew Mile	VIEHV		
Received by (signature):	Ins	pected by (signature):	Maria ()		
lland		indrew Will	Ver.		
cc: cc:	Co.	7			

NARRATIVE REPORT

MANNATIVE INEPONT								
Establish	ment N	am	e Address 440 US Hwy315	Inspection Date				
Ju	in	0	asian Grodery Greenwood IN	5/15/23				
Section#	C/NC	R	Address 640 US Hwy315 Osian Grodby Greenwood IN Inc. REMARKS 46142	TO BE CORREÇTED BY				
			stem nove food thermomete	\				
291	NC		no Chloune Sanitimes.	5/16/23				
			test kit	1				
431	NC		Desh area 4000 Walls soiled	5/15/23				
324	C		no cold or hot water	1,14				
			available at dish area	5/15/23				
-			hand sink	nepair				
399	NC		Dish area ceiling tiles are	6/15/23				
			not smooth and easily	,				
112/			Cleanable	1/2 1/2				
426	NC.		Storage room area needs	5/20/23				
146	20		Products sold in the	11/23				
170	10C		firm (Thribus) lack	0/1/1				
			no weight (i.e. Chilli) and/or					
		-	name of business (i.e.					
			Crunchit Yellow Peas)					
			Jan					
			·					
		\vdash						
			·					
Received B				Page 2 of 2				
Nia	BOCI	h	in Hodrew Miller Et					
State Form 4	8621 (R2	/ 8-0	₅₎ <i>O</i>					



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

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

Establishment name WAZ-MART H995 Establishment address FRANKUM P A 1 25 N MORTON Owner WAL-MART Owner address Person in charge JASON Responsible person's email	Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date C NC R R Menu Type (See back of page)				
Certified food handler JASON THACKER)		123	4 X 5			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			"R" To Be Corrected by			
218 NOT DASPLAY REACH NOTE SHELLED EGGS ON RETAIL DISPLI	- DV COOLER VORN/SPL+T	MTC	6/20/23			
Received by (name and title printed): Received by (signature) cc: cc:	Bo	d by (name and title printed): b m WH d by (signature):	BHS			



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

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

Listablishini	em sam	tation requirem	ents. The time mint for confec	tion of each violation is specifie	d in the namative portion	ii oi diis report.
Establishmer Establishmer	on) (Cheese	Met Cake	Telephone Number () Establishment () Owner	Date of Inspection 5/26/23	3 267/
200 c	S. E	merson	Ave IN 46143	Purpose: 1. Routine	Follow-up Releas	
		5/0 /		2. Follow-up	Summary of Viola	
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge .	short of s	0	5. Temporary	C_O_NC_	O _R O
Nai	rel	le 1	Bryan	6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
Certified foo	od handle				1 2 /3	4 5
	rill	le Br	yan		123	45
• CRITICAL	ITEMS AF	RE IDENTIFIED I	THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"		
			US INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
Section #	C/NC	R		Narrative		To Be Corrected by
	vilia no	V	n suplation	al motada a	w this	Z ZISHE (ZII)
To YE Co.	10 (13.7)	177.	in soction)	is noted pe	~ mas	A ROBAL VIII.
		100011111	inguitoro.		n in Landau and Abril	or ORD Jacobs
	-					
			-1		a a offeren	
Links			entrary 1 000s of to 2 mbd		in the control of	
	0/1 /0	outing Library	aend ten uta L Lilia	LOUI LE U	in temperature	
						a lac so
						-
Received by	(name and	title printed)	rvan	Inspec	the drew M	iller, EHS
Received by	(signature)	X		Inspe	ged by (signature): Mi	ice.
1	ON	M ON			ndrew 114	
cc:			cc:	cc:		
			377			



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

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

Listablishili	ciit Sain	tation requiren	ients. The time mint for correc	ction of each violation is	specified in the narrative port	ion of this report.
Establishme	laft	our B	akehouse	() Establishm		1932
Establishme	F C	D Rd77	58 Nineveh,	() Owner Purpose:	0/0.0/0	gase [Date]
Owner	<u></u>	Cala	46164	1. Routine	Ves l	6/4/23
In	20 .	Schall	L	2. Follow-up	Summary of Vio	lations:
Owner addre	ess			3. Complaint		(DAM
				4. Pre-Operation	1 /)	@
Person in ch	arge	lah a O	0	5. Temporary	C_U_NC	<u> </u>
Responsible	W	SOME	6 6	6. HACCP	M T (6	a large of trans
Responsible	person s	eman	/servsate	7. Other (list)	Menu Type (Se	e back of page)
Certified for	od handle	chall	Exp: 3/23/26	/	123_	
• CRITICAL	ITEMS AI	RE IDENTIFIED I	N THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C	2"	
			US INSPECTIONS ARE DENOTED IN		NS" AND IN THE NARRATIVE BELO	
Section #	-	R		Narrative	/ :	To Be Corrected by
245	NC	Can	ting were	not stor	red in	5/25/23
295	NC	000	weder botto	in of Fire	nedaire	5/26/23
		Tre	ezeria sou	led b	3	
		(3)	roide botte	om of the	tamin	5/26/23
		wa	ter cooler	n co le	ana is	replace
324	NC	n m	or sink 7	acuum I	bresker	6 15/23
0	100	lea	es			
		(2) HO	t water at	ketchen	hand sink	0 5/26/23
200	116	was		0 100 1	20°F)	6/25/23
382	NC	Stor	ed on con	crete las	cle not	6/25/23
218	NC	OPILO	Plic restroc	^	ced.	5/27/23
	100	ap	saper towel		v.to hold	2 / /1
201200000000000000000000000000000000000		the	current	round p	aper touse	1116/03
	-	(3)	trined one	Tues 1	Kase over	6/15/23
		Buo	rd magne		rage our	1
Received by	(name and	1001	ell .		Inspected by (name and fitterprin	er EHS
THE RESERVE OF THE PARTY OF THE	(signature	Scho	Ü		Inspected by (signature):	low
cc:			cc:		cc:	

NARRATIVE REPORT / 46/64

Establish			Inspection Date
Wi	lall	Pour Batehouse 1012 E.Co. Rd 775	<i>5-25-23</i>
Section#	cine	R REMARKS	TO BE CORRECTED BY
174	NC	Bulk lin ingettents not	5/26/23
		labeled mean bable scale (m)	-/- 1
431	NC	refraeration units	5/26/23
		Defraeration units Defraeration units	
		Soiled	1
399	NC	DEmployee restroom and	11/25/23
		cire constructed of porous	
			leanable)
		@ Public restroom hand	1
		Sink contains a slat wood	
		and open surfaces on the	
		and easily clearable	
		()	
		Thate: Remove the following	19 ASAP
		gas powered items from	$\xrightarrow{\mathcal{I}}$
		the mon storage room	
		(2) Murray Snowblower	
		(3) Champion Dual Fuel Generate	Dr /
		1014,0004,000 Ctm04,14410110	
		Shis area also stores various single service items (i.e. domes	,
		delis leas, aluminum foil pans, et	
		U P	
_			
Docati Au e) / / / · · · · · · · · · · · · · · · ·	S Title) A A A A A A A A A A A A A A A A A A A	
Received E	y (Mame	S. Title) Inspected By (Name & Title) Willer, EHS	Page <u>2</u> of 2



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#
Establishment name WALLOW CARE (5MH)	() Establishment	1 1	
Establishment address	() Owner	5/8/23	2235
1125 W JEFFERSONST FRANKUN, IN	Purpose:	Follow-up Releas	e Date 1
Owner	(I. Routine	Follow-up Releas	18 23
(5mH)	2. Follow-up	Summary of Violat	The second secon
Owner address	3. Complaint		
	4. Pre-Operational		í
Person in charge	5. Temporary	CO_NC	R
JOSHUA WATTERS	6. HACCP	Larkings of	Tub of
Responsible person's email	7. Other (list)	Menu Type (See b	eack of page)
and death as the second of the	Sufficial gibb	, andow grittly pri	
Certified food handler 505/101A WATTYRS		13	(4 (2 5)
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	AS "R"
000000000000000000000000000000000000000	Narrative		To Be Corrected by
324 NC > APPARENT LOAKS FLOOR PUMP, O'RI	NOTES ON OI	3HMACHINA	5/25/2
(FLOOR PUMP, O'MI	N)		Mension i
1/ On hold los	(math 00 1/1)	2000	72:12 DX-911-4
TO THE CHE OLD TO	TOOMENZING HOT	WITT COR	at
NOTO MECHANICAZ DISTO SANITIZATION TO 160°F(+) ON	p strong	OTI CUPFOT	3
100 7(7) 0100	VEILLE 10180	SEC JURINE	
Temp≻Rite. §			
Date:			
Empleado Empleado PASS WHILE ABANGE			
BAR TUNES OF A SURA A COOR HARMINA			
160°F/71°C		<u> </u>	man and the
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 100	e dal de diagram	
			the sections
Received by (name and title printed):	Inspec	ted by (name and title printed):
Joshua Watters, CDM. CFF	PP 10		TH ETS
Received by (signature):	Inspec	eted by (signature);	2
сс: сс:	cc:	van g	
			Page 1 of/_



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

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

Establishment name NFNGS ETC- Establishment address 239N MCTBN SVITECTO Owner SINGH Owner address Person in charge TRAVIS AHLEFELD Responsible person's email							() E () O Purpose: (Routi 2. Follo 3. Comp 4. Pre-C 5. Temp 6. HAC	Telephone Number () Establishment () Owner Purpose: () Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)			Follow-up Release Date S 10 23 3 Follow-up Release Date 5 20 23 Summary of Violations: C NC R Menu Type (See back of page)		
Certified food handler TAVIS AHLE FLY • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE							TIVE COLUMNS N	AARKED "C"		2	(P)	5	
• VIOLATION	(S) REPEA	TED FI	ROM PREVIOU	S INSPECTI	ONS ARE DI	ENOTED IN	THE "SUMMARY O	F VIOLATIONS	" AND IN TH	IE NARRATIV	E BELOW AS	"R"	
Section #	C/NC	R					Narrative					To Be Corrected by	
431	NC	18	F2C	OR	Tu	me	AS OF	KITO	EHER	1.	-1-1	5/20/23	
1 0	esda d	1344		WAZ		() () () () () () () () () ()	under	EQUI	Pre	NT, N	ext	OBLY III	
295	M	30	DNS	TS	NOT	BAS	SOF	ROFA	RISAR	PATED		5-/20	
		\vdash											
Received by			•	Geil	ben	eral	Manager	ATTECH OF	Bo	y (name and i		EHS	
Received by			1					I	Inspected b	y (signature):	ms	2	
cc:				cc:					cc:			1	



460 N. MORTON ST. STE A 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.

Establishment name Telephone Number Date of Inspection STOP) Establishment Establishment address) Owner Purpose: Follow-up Release, Date Owner 1. Routine N MORTON GOONKLITH, IN 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 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 Section # C/NC R 22/23 324 No 174 IN ADDITION TO Received by (name and title printed): Received by (signatur, cc: cc:



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

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

	.c.ii cum		in requirements. The time mint for concetto			
Establishme	ias		ise of Pancakes	Telephone Number (317) \$88 lish (800)	Date of Inspection 5/2/23	1D# 1756
Establishme	int addres	8 A /	ain CL Greenwood, IN	() Owner	1 / / 3.0	
Owner	7 W.	V (M. 0 - 1 - 1	Purpose: Routine	Follow-up Releas Ves 5	/12/23
St	arw	16	s Laliotos	2. Follow-up	Surhmary of Violat	ions/
Owner addr	ess			3. Complaint	1	
				4. Pre-Operational	1	
Person in ch	narge		e to confi soften our reconsenses for the low	5. Temporary	c_1_nc_	7R
1 10 100			Description of the street of the street of the street of	6. HACCP	or eggs, lines and or no	h plan and
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)
			(ServSate	minute at general	m a nealtiper	8.12
Certified for	od handle	r D	noitanir Exp. 2025		123i	<u></u>
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAZIVE	E COLUMNS MARKED "C"		
• VIOLATION	N(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
218	NC	V	Reforgerated door go	askets are too	n on	6/2/23
	Afficiant	HOST	several units	or seem duponing and a seed	The first of sufficient	definal 4
10.0 (13/6)	ni majard	(3 Egg cooler inter	ion shelving	is	787 770 8
1//2		-	1 rusty	0	,	T-/20/20
4/3	NC	V	Back or alley s	ide don c	ontains	5/28/23
420			an outer opening	s not fully	closina	6/2/23
430	NC		(41/2 0 B - in - la 2000)	s non fully	cosing	6/0/00
426	NC		LARAN III FUNDO	eter heater i	1 stopped.	5/15/23
126	700		in storage room	ac james v		11
402	NC	trum.	(ove lase (tile)	is musting	in men's	5/18/23
abod 5	t espection	ka b	restroom		and the state	11/
256	NC	h, to	no ambient air	thermometer	seen	5/3/23
				soler and	unit	Illin was
295	NC	-	is soiled (interi		- /	5/10/02
399	NC	-	Mechanical dish	area needs		5/18/23
197	NC	-	Operine ston go	out is soile	metal	Corrected
187	C	-	OANI MILITA	aggs un a	rrigial	addedice
Received by	(name an	d title	bringed):	Inspecto	ed by (name and title printed	<i>I</i>):
10	, ,	11	Carriso	An	drew Mille	er EHS
Received by	(signature): `		Ipspecto	ed by (signature):	lles
cc:		1 11	cc:	cc:		
						Page 1 of _

NARRATIVE REPORT Greenwood

Establishment Nar	House of Pancakes 1694W. Main St. 46142	Inspection Date
Section# C/NC R	,	TO BE CORRECTED BY
 	55°F.	CORRECTED BY
	2 Internal product temperatures	Called
	inside Salad cooler with	Los
	an ambient air temperature of	Gesair
	47°F at 12:21 pm, were as	Pleases
	follows:	mondo
	(a) x yrs meat 75 F	
	B Juna Salaa 43 F	
		
		
	_	
		-
 		
Received By (Name &	Title) Inspected By (Name & Title) Waller, EHS	Page <u></u> of <u></u>
State Form 48621 (R2 / 8	· / · / · · · · · · · · · · · · · · · ·	



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

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

Establishme	nt name		Married anno	hves			Telephone Nur	mber	Date of Insp	ection	ID#		
Yokohama							() Establish		, /		MAR		
Establishme	THE RESERVE THE PARTY OF THE PA	COLUMN TWO IS NOT THE OWNER.					() Owner		5/18/	23	1510		
67	N. n	1	1:500	0.10			Purpose:		Follow-up Release Date				
Owner Greenwood FNC						2111	1. Routine)	ronow-up		3/24		
				616	erwroc	DaitN(2. Follow-up		Summary o				
Owner addre							-		Summary 0	1 violatio			
Owner addre	ess						3. Complaint						
							4. Pre-Operati	ional		.7			
Person in ch	arge						5. Temporary		C_0	NC_	R		
			STORY STORY	1-79-80	Lyblan	1901 J. 111193	6. HACCP		ne of Long				
Responsible	person's	email					7. Other (list)		Menu Typ	e (See bac	ck of page)		
C -: C - 1 C	1.1 11				dylmis		estrolli er pr. e		Late water and	i etti ji ek sor			
Certified for	H H	Be	met						12	_3_X_	45		
				THE CH	ECKLIST A	ND NARRATIV	E COLUMNS MARKED	"C"					
						DENOTED IN TH			THE NARRATIVI	E BELOW AS "	'R"		
Section #	C/NC	R					Narrative			Г	o Be Corrected by		
					,	1 (1		1	/		, ,		
295	NC	pod	Refr	192500	tor t	handle	es are	501/ee	Part year and H	REPUBLICA IV	5/18/23		
121	NC	500	me	at I	Beef	tha	wing und	les, 1	he		5/18/22		
			01	rain	/ine	- in	The K.	taker	2.	4 74 - 140 3			
			A A.	1	cton	he.	100 05	C A Des	out				
			NU	10,	1 on L	() 10 6	res of	heary	1/00				
					cejita	(Mer)	011	1.0 1	100	11 - 0			
	11.17/15		<u>Carlination</u>	al area from	I diam	and the state of t			The second second	1 22	lan a l		
	C 21 72		arget to		110 01		allia filma parene a		azem i dana	mar sule	ione vise		
										-16	aria www.ema		
D		1 12.1			1 10			Ingranta	d by (name and to	itle printed			
Received by	(name and	/	R	Ohl	6			Inspected	LAN STA	D Lea	1/20		
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L	(signainie)	1	7-6	15/1				Impected	Jan D	ton	for		
cc:		1	1 fr	cc:	Y			cc:	1				
	6			5167				A. (C. (C. (C. (C. (C. (C. (C. (C. (C. (C					