

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

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

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Establishmer Establishmer	C	SI	USh I	Telephone Number  ( ) Establishment	Date of Inspection 6-28-2023	1D# 7000	
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Person in ch	arge		a constation of the nation. Report	5. Temporary	1 C JE NC 9	<u>к</u> у	
Responsible	person's	email	vice the stage of	6. HACCP 7. Other (list)	Menu Type (See back of page)		
Certified foo	d handle	108	Herp exp. 1-18-2026		123	45	
• CRITICAL	ITEMS AF	E ME	ENTIFIED IN THE CHECKLIST AND NARRAT				
• VIOLATION	(S) REPEAT	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by	
Section #	C/NC	К	Nothing to note		10 11	To be conceiled by	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme C A Y		9	TZLend AZE	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishme				( ) Owner	6/22/23	644
4615 8	ANDON	date	TrofAZGAR, IN	Purpose:	Follow-up Releas	a Data
Owner	VILLE V	Moc	1) 1 1 100 / 100 / 20	1 Routine	Follow-up Releas	7/2/
		-		2. Follow-up	Summary of Violat	ions:
Owner addr	ecc			-	Summary of violat	ions.
o wher addr	C33			3. Complaint		
D il-				4. Pre-Operational	CNC	7
Person in ch	v OA	3	ITO	5. Temporary 6. HACCP	C\_NC	
Responsible				7. Other (list)	Menu Type (See l	pack of page)
Certified for	od handle	-N	DA RICE (ServsAFE)		128	55
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
336	C	8	MOPSTRIK, HOSE COIL	rruected to F	AVCET ENSTACLED	67/2/23
HOLLION	a realistra	JOH HA	702 DOLL STOPPING MEMORING IN 191	11-11 2 11 1	21 2 3	12 //2-
174	NC	2	STURED NOT LABEL		-100 K /309 M	72 6/ds
295	NE	2	BOTTOM OF MI ROOM - NOT CU	ILK cooler In	dining	6/25
324	NC	~	HOT WATER TEMP	erature at 1	HANDSIUK F	5 6/25
(n)	770	)	MOCHAUNICITE DIS SANITIZATION RE 160°F OR MORO ON (WAS 164°F)	emperative	AdequATO	
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Lind	ta T	2i c	e manager	(5	Bob Smi	7 7
Received by	(signature	;): ;>\	i.	Inspect	ed by (signature);	
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						Page 1 of



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

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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. FRANKLIN ) AMERICAN logion 305 Telephone Number Date of Inspection ) Establishment 6B0/23 ) Owner PARK AVE. FRANKLIN, ON Purpose: Follow-up Release Pate 1. Routine AMERICAN LOGION POST 205 Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational  $c = O_{NC} 3_{R}$ Person in charge

500TE BLASLEY 5. Temporary 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 THERMOMETER NOT SOON IN 2 LOOR PEFFICIENTOR 256 NC COFLING EXHOUST VENTS NOT CLEAR 431 NC STRIPE SERVICE CUPS ON COUNTER 239 CORTYFIEST FOOD HANDLOR NOT BROKEST IN AUGUST Received by (name and title printed): Received by (signature): cc:



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

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

Establishment address  Owner  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational Ferson in charge  Owner  Owner  Owner address  Owner  Ow	Establishment name	Telephone Number	Date of Inspection	ID#
Purpose:    Follow-up   Release Date   T-1-13	Greening America Lain	±252 Establishment	1 2,10	11 7
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  1 2 X3 4 5  Certificabitiems 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  Narrative  To Be Corrected by  1 2 X3 4 5  Creation of the summary of Violations:  Note of the summary of Violations:  Menu Type (See back of page)  1 2 X3 4 5  Certificabitiems 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  Narrative  To Be Corrected by  1 2 X3 4 5  Certificabitiems and In The Narrative Below as "R"  Section # C/NC R  Narrative  To Be Corrected by  1 2 X3 4 5  Certificabitiems and In The Narrative Below as "R"  Section # C/NC R  Narrative  To Be Corrected by  1 2 X3 4 5  Certificabitiems and In The Narrative Below as "R"  Section # C/NC R  Narrative  To Be Corrected by  1 X X X X X X X X X X X X X X X X X X	Establishment address (SVREVINCE)	( ) Owner	10-11-23	1(0/
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 1 2 X 3 4 5  Certificabilities 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  Narrative To Be Corrected by  ACC Sorted MARCE  ACC	1334 SUS 31 461412	Purpose:	Follow-up Releas	e Date
Owner address  2. Follow-up 3. Complaint 4. Pre-Operational Ferson in charge 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  Certificablems 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  Narrative  To Be Corrected by  12	Owner		- T-	1-73
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  Certified food bandler  Certificable man 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  Narrative  To Be Corrected by  1 3 NC 5 Nc 1 Nc			Summary of Violat	ions:
4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  Certified food	Owner address	with the same of t		
Person in charge  5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  Certified food			CX	
Responsible person's email  6. HACCP  7. Other (list)  Menu Type (See back of page)  1 2 X 3 4 5  CRITICALLEMS 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  Narrative  To Be Corrected by  1 3 NC HOSE WALLS CEILING ARE SOURD IN HACKMAN 7-12-23  1 1 2 X 3 4 5  TO BE CORRECTED BY  1 2 X 3 4 5  TO BE CORRECTED BY  1 2 X 3 4 5  1 2 X 3 4	Person in charge		CV) NC	R
Responsible person's email  7. Other (list)  Menu Type (See back of page)  Certified food handler  Certified food handler  CERTICAL DEMS 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  Narrative  To Be Corrected by  HIS NC HOSE, Walls, Ceilmy are Soiled in Hit (Min 7-12-23)  Floor in the Narrative To Be Corrected by  US NC Books of Equipment Is Soiled.  Side of Page Walls In True" 2 door Colles  OF Lip top Coley door Asserting In Single 6-73-13  Aux Stand Up freezer by wan Sinic Colles  The Poplant Coley and Colles of Coles appears 7-12-23	The state of the s		- NC_	T. I.
Certified food handler  CRITICAL FEMS 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  Narrative  To Be Corrected by  HOS IN CONTROL WALLS CEILING AND SOLID AND IN THE NARRATIVE BELOW AS "R"  TO BE CORRECTED BY  TO BE CORRECT	Responsible person's email	<b></b>	Menu Type (See k	ack of page)
CRITICAL DEMS 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 Narrative To Be Corrected by  USI NC HOSE Walls Ceiling are Souled in Art (Min . 7-12-23)  TOSI OF COLUMN WALL 3 Way IS SOULD.  OSIGLA OF COLUMN TALE "True" 2 door CONERS  ONE SONG WALLS IN "True" 2 door CONERS  ONE SONG WALLS IN "True" 3 way IS SOULD.  OSIGLA OF COLUMN TALE "True" 2 door CONERS  ONE SONG WALLS IN "True" 3 way IS SOULD.  ONE SONG WALLS IN "True" 2 door CONERS  ONE SONG WALLS IN "True" 3 way IS SOULD.  ONE SONG WALLS IN "True" 2 door CONERS  ONE SONG WALLS IN "True" 3 way IS SOULD.  ONE SONG WALLS IN "True" 2 door CONERS WALLS IN SINGLA GOOD	all miles also have	7. Other (usi)	Wienu Type (See o	mack of puge)
CRITICAL JEMS 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 Narrative To Be Corrected by  431 NC Hose walls Ceiling are Sould in https://www.sould	Certified food handler		1 2 × 2	1 5
VIOLATION(S) 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  431 NC HOSE WALLS, CEILING ARE SOURD IN HITCHIN, 7-12-23  HOSE IN MEAN MEAN MARY 3 DAMY IS SOURD.  295 NC DS, des of EGILIPMENT IS SOURD.  295 NC DS, des of EGILIPMENT IS SOURCE.  295 NC DIO NOT ODSERVE A THE MOMERT IN SINGLE 6-25-23  295 NC DIO NOT ODSERVE A THE MOMERT IN SINGLE 6-25-23  296 NC DIO NOT ODSERVE A THE MOMERT IN SINGLE 6-25-23  207 Stand by Freezer Pu Vind Sin Is  208 Stand by Freezer Pu Vind Sin Is  208 Findlover Only 2 dear "True" Cooler appears 7-12-23	Kaymond 11,1/fr 1214/25		123	_43
Section # C/NC R Narrative To Be Corrected by  431 NC Hose, walls, Ceiling are Sould in Intern. 7-12-23  4000 in law are sould in Antenn. 7-12-23  295 NC OB, des of Equipment is Soiled.  OShelvine racks in "True" 2 door Colles  Ore Sorted rusty.  OShelvine racks in "True" 2 door OShet Is Soiled  256 NC Did not Observe a thermoniter in Single 6-23-23  Law Stand by freezer by hand sink  Shall be eastly seen.  218 NC Employee any" 2 door "true" Cooler appear 7-12-23	CRITICAL TEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
431 NC Floor (walls, Ceiling are Sould in Antchen. 7-12-23  Floor in fam (men moder 3 bry is Sould.  295 NC (DS, des of Equipment is Sould.  25512e of Gr. 11  (DS) relying racks in "True" 2 door (Collers)  Ove Sorbab rusty.  (371 ip top (coler door (asket is Sould.  256 NC (Did not Observe a thermometer in Single 6-23-23  Las Stend up freezer of hand sink  218 NC (Employee only" 2 door "true" Cooler appears 7-12-23	VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	
195 NC OSIDES OF EGLIPPHINT IS SOILED.  295 NC OSIDES OF EGLIPPHINT IS SOILED.  2551ZE OF GT. II  2551		Narrative		To Be Corrected by
295 NC 05, des of equipment is soiled.  Sside of grill  Oshelung racks in "True" 2 door collers  ove sometiments.  Office top (coler door asket is soiled.  256 NC Did not observe a thermometer in Single 6-23-23  door stand up treezer by runs sink  To shall be easily seen.  218 NC "Employee any" 2 door "true" Cooler appears 7-12-23	431 NC Hoog walls, Ceilm	y are Soiled 1	n hitchen.	7-12-23
Osheline racks in "True" 2 door Callys  ore sored rusty.  Osheline racks in "True" 2 door Callys  Ore sored rusty.  Osheline racks in "True" 2 door Cally Soiled  256 NC Did not Observe a thermometer in Single 6-73-23  door stand up freezer as run sin 14  To shall be easth seen.  218 NC "Employee any" 2 door "true" Cooler appears 7-12-23		Ender 3 bong	15 Soiled.	8
OShelvine racks in "True" 2 door Callys  Ore Sorted rusty.  Office top (coler door asket is soiled.  256 NC Did not observe a fhermometer in Single 6-23-23  day stand up freezer by runs sink  Shall be easily seen.  218 NC "Employee any" 2 door "true" Cooler appears 7-12-23	295 NC 05, des of equipment	15 Soilld.	THE PROPERTY OF THE PARTY OF TH	
Ore Sorted rusty.  OFT ip top (Octer door asket is Soiled  256 NC Did not observe a thermometer in Single 6-73-73  day Stand up freezer by rund Sin K  To Shall be eastly Seen.  218 NC "Employee any" 2 dear "true" Cooler appears 7-12-23		1-	An. No	100
256 NC Did not observe a thermometer in Single 6-23-23 day Stand up treezer by runs sink 218 NC "Employee only" 2 door "true" Cooler appears 7-12-23	Oshelving racks in	"True" 2 door	Collers	
256 NC Did not observe a thermometer in Single 6-23-23 day Stand up treezer by rund SINIK 218 NC "Employee only" 2 door "true" Cooler appears 7-12-23	ore sorted rusty.	000111	Carlos	
218 NC "Employee only" 2 dear "true" Cooler appears 7-12-23		Cox australia	O U I WC	1 72 10
218 NC "Employee only" 2 door "true" Cooler appears 7-12-23	DO TOT CONTROL OF	1 Ther Montes	Judge Judge	6-65-63
218 MC "Employee only" 2 door "true" Cooler appears 7-12-23	das this of these	6051X See 10	1111	
anytote and com the cold when it is	118 NC Francisco (2011) 2	1 3110 3111	when annews	7-17-23
MOLO POSCIO COLLIGIO SIMILO OCCIDANO	to the triplotte and c	ciar Tras Co	The patient	160
	NOTE PRESIDENCE SOUT	and showle and	moon	
anseried a tem small thes	DOSENIED A FEIN	Smill Flies	Cochri	[] Jerramana
300 Served butter milk "Use by" date of	30058 WED WATER	Milk "USE DU"	date of	1
10/12/23 mside the top Could	10/12/23 Inside fl	10 too Cooled		
Date my kall road to Pat 1. H.F	@ Date my Kall V	ecody to Pat	P. H.F	
Breading my for chicken fish of tenderloin to fry look	DEREALIN MX FOR	Chicken, fish,		
Shall be discarded every 4 hours or Kept 410Flor 1855. MAR			A FED T	
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Dalaba VANDERPOOL BARTHER (155) HILL	Calaba VANDERPOOL 1511	CTIVER (	02/14/11	rysenga ted
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Page 1 of				Page 1 of



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

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

Establishment Sanitation Requirements. The time limit for correcti	on of each violation is specified	in the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address Fran Klin	( ) Establishment ( ) Owner	6/20/23	3 2569
Establishment address V Franklin, 1375 Nicole Dr. IN 46131	Purpose:	Follow-up Release	e Date /
Owner	1. Routine	No 6	10010-
	2. Follow-up	Summary of Violati	
Owner address	3. Complaint	,	
	4. Pre-Operational		
Persoyl in charge	5. Temporary	c_O_NC_3	$\mathcal{L}_{\mathbf{R}}$
Person in charge  NSTEN MCCammon  Responsible person's email  Responsible person's email	6. HACCP	0_0_1	X
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
(SEV):1/28/2		and so missuppy	2082206334
Certified food handler		1 2 3 V	4 5
limthia IIIIIiams			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	
Section # C/NC R	Narrative		To Be Corrected by
413 NC West hallway	accorde to	aht-	7/20/23
aurysur area	an I HOLLICO	gra	E-11-12 / SEP 1 = 1
Contra 2 11 the	ni coned.	OFF MINITED AND TEN	geti - git i
324 NC (1) Durain line la	or Cora-Col	a soda w	ut 7/15/23
extends into to	he kitchen		///
hand surk			
(2) Mor Sink Va	cum brea	ken	
Tin (Utility room		4)	
connects to a	wall grem	till.	
I Mar Sinle Palic	ot Mooda a		
1990 1077 000	lue attach	ed	esono di
to failcet.			ine and
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Kirsten McCammon		Indrew N	Iller EHZ
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#### 460 N. MORTON ST. STE FRANKLIN, IN 46131

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

1	1	1	-
Establishment name	Telephone Number	Date of Inspection	ID#
toy torse in	( ) Establishment	11 117	3 Jaaci
Establishment address Gwer	wat ) Owner	0-16-6	11119
1468 W Stores (XOSS)	Purpose:	Follow-up Release	se Date
Owner	1. Routine	1105 /	-1-13
	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
	4. Pre-Operational	,	
Person in charge	-1	C NC	3 B
reison in charge	5. Temporary	C_NC_	R
but termined by a sure of the proof of the p	6. HACCP	25 77 (0	1 = 1 C + 1
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
Certified food handler		X	
Certified food nandler		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	AS "R"
	Narrative	CONTRACTOR OF THE PERSON OF TH	To Be Corrected by
Temp>Rite & Frank have Mish	MyChina M	nsi	
Date: Fecha Empi:	, 1, 00, 110	to gailboat	- varioted
Empileado PASS WHEN BLUE BAS TURNS ORANGE ES ASPIRE CUMOU ALMAA ADI CAMBA CORO MANIA	TOTAL DESCRIPTION OF THE	The mark of disks	e Kelotak arti
	a transfer to the second		25 (81) (2.3)
160°F/71°C			emolaree
218 NC Observed 110 DIVI	ld up insidi	Single	distarted
door stand ip by	of Cooler		PAF
5 Cage-free ligh	vid Egg White	1948°F	
5 Smale truth of	gange MAH	- MA.F	
Milk't Creamer	-65101		1 22 00
347 No Observed no paper	ctouls 9 ba	- nondsink	6-22-63
216 MC Wood board Cody	rected to box	, sod gor	1-6-63
appears porous	· ( needs Seal	(b)	emmedia
NOP 3 DISTORDED		10.112	el luggoonsel
Spro	y potties of	MA	
tood Contamers		Dal Carcla	-
(2) 5 Day 511/K +	aucet does	not reach	
and thee things	NEGO TELOM	(d, M)	
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Kim Carlin - Bookkeeper		1557 HILL	Dyragus.
Received by (signature):	Inspec	ted by (signature):	enral and
Xuu Carlin		Martinge	
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Page 1 of

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Establishme	nt name	21	and have breezed there are a more than a	Telephone Number  ( ) Establishment	Date of Inspection	
Establishme	nt addre	SS			6/14/23	
Owner			LIDAY IN FRANKLIKA	Purpose:  . Routine	Follow-up Release	Date 22/123
	5	16-1	VA PATEC/CHITTU	2. Follow-up	Summary of Violati	
Owner addr			(0.1	3. Complaint		
				4. Pre-Operational		>
Person in ch		o be	e and to prepare and a ketaliti	5. Temporary	c O NC	DR
			TAL	6. HACCP	s (52) 10 a 10 63	habutar 94
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handle	er			1	_45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW A	
Section #	C/NC	B		Narrative State	of Maga	To Be Corrected by
218	NC	9	CHEST FROM			6/20/23
256	NC			BUILT UP) TI	termomere	5/120
			NOT SOON AND		NOT	0700
328	NC		GASILY MOVERB	»Q		7/110
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218	MC	-k	FRONT COUNTER	(MICK COOL)	R) -	-6/28
			De BOILL OF IT	V 3120C		
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394	NC	A	TRASH SEEN O'M	7.0	encles un	6/1/
	J. St. L.	Official	Congoster 140	compositive e		(itersystes)
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-		+				
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name BLUE CACTOS TATO & TREATH BAR  Establishment address  I 88 W JEFFERON ST, FIRNKON, RV  Owner  JOSE MURTUO  Owner address  Person in charge Responsible person's email	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Release  Follow-up Release  CNC  Menu Type (See bar	9 9   33 ons:	
Certified food handler  JOSE MURTLLO		123'(	5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS	"R"	
	Narrative		To Be Corrected by	
Z JOOR GASKETS /SOALS  3 JOOR REFRIGERATOR  REFRIGERATOR  * COLD WATER FAV  K TICHEN HANDS.		TO THE PROPERTY OF THE PARTY OF	7/60	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name also of an of forecast all an income as a second and a second and a second as a sec	Telephone Number	Date of Inspection	ID#
Tran Euron's	( ) Establishment	1 11 17	1111
Establishment address Sweenward	( ) Owner	10-10-63	12155
1159 S. Maylon 1/2 410147	Purpose:	Follow-up Relea	se Date
Owner	1. Routine	(0-)	76-25
	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
	4. Pre-Operational		→ .
Person in charge	5. Temporary	C NC	$\frac{1}{2}$
the second secon	6. HACCP	to the best of the second	
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
and the secondary of the	a pring a con-	grades garganica	ревеськая р
Certified food handler  COLUN RIVY (918/15)		123	45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	N THE NARRATIVE BELOW	AS "R"
Section # C/NC R SOS SOS SIES SOS SIES	Narrative	,	To Be Corrected by
131 NCX Floor is Soiled to	Longhan E	Stablishm	DA 10-30-23
Sinder egwom	ent	man, whi to Surport	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 Whole pespi	machines.	THE TAXABLE PARTY	S Volument
- Show John -	in Cooler a to	cezer Stell	M
Tocks/units.		- 10.01	
414 NC Kitchen Back Ex	Herior Goor	15 Y10+	1-19-23
protected troin p	CHANTION LOOKI	UTS.	
118 NC MEENTED HE SOLVE	72 00261060-	VNK-in freeze	
518 LC DOSENIA HE DIM	0 , 00h W2191	JUNE-IN THEO	Y I
Z39 NC ODSERVED 10 SCOOP	34009 00 40	0 of 110	1-11/12
menne Oot a	Clean Shoting	Porto	10100
MOTES ON SEVERA NO TRA	Ollies.		
Employee Karlet +	spron not Sta	red in	16-16-13
designated avea			7
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NATUS I door cooler	wher server	COUNTER	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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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.

		in Requirements. The time mint for correction			
Establishment nar	me AK_	boot archived the period por for a	Telephone Number  ( ) Establishment	Date of Inspection	
Establishment add	-		1	6/13/23	1365
		ARBONSY. FRANKOW, FW	( ) Owner	7 1 12 1	<u> </u>
Owner		ariability (in Adrifa)	Purpose:  1. Routine	Follow-up Releas	/23/23
Au:	SVIn	GORE	2. Follow-up	Summary of Violat	
Owner address			3. Complaint		
			4. Pre-Operational		_
Person in charge			4	$_{\rm c}$ $_{\rm NC}$	3
Terson in charge	othe	ASTON CANHAM	5. Temporary 6. HACCP	CNC	1-91029
Responsible perso			7. Other (list)	Menu Type (See b	pack of page)
0 10 10 11	.,	a, specific , it is a	0.000	gd.hov. ghladigest	
Certified food har	HYN	ON LANHAM FOOD OT	Praymar)	12	5
CRITICAL ITEM	S ARE ID	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	- Andrewson - Andr	The second
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	AS "R"
Section # C/I	NC -R		Narrative		To Be Corrected by
018 M	Ca		VISPIT ON 2	door	7/13/23
1111	- ISBNO		ERATOR	as a war to sumposu	Wishola
336	7		- Hese with		6/22
		NOZZU CONNECTES		ANTI-SIP	
	_	LOUTO NOT ADOUT			SSURO
87 C	, ( ~	INTERCATION AND		THE CHICKE	m En
87 C			TOOSATUR MEX		discar-
	+	00/100 -10	4	OR 1055	6113
431 W	C'X	FLOOR NOT CLEAN		NAZCO	
		UNDER EQUIPMEN		en	(mapped)
392 N	0->	ourstop dumpst	CR 220 NOT	060592.	6/14
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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#	
BPO EZKS 1818	( ) Establishment	6/30/23		
Establishment address  \$6 E JeFERSON SY.	( ) Owner			
Owner	Purpose:	Follow-up Release	se Date	
BPOELKS 4 18 18	1 Routine	Summary of Viola		
Owner address	2. Follow-up	Summary of Viola	dons.	
Owner address	3. Complaint			
Person in charge	4. Pre-Operational	C () NC	1 B	
ERIC KLINKOWSKI	5. Temporary 6. HACCP	C O NC R		
Responsible person's email	7. Other (list)	Menu Type (See	back of page)	
the light for the light	a la	***	52552 Mad	
Certified food handler CHRIST RANGY 6/24/27		1	45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		N THE NARRATIVE BELOW		
Section # C/NC R	Narrative 00 POLICE	mr.	To Be Corrected by	
DUTY: MILK CARTON  IN REFRIGIRATOR	DATE MARKED	DO MITY	MILK DISCAPO	
TO PERIODICALE		-10001	@7250419-0	
STIDITITE OF STREET IN.		· Davini Tabiyas	1 1 1	
	JU MAKER	NOT CLEAN	7/8/23	
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ERIC KLIJKOWSKI, EXALTE	DRUER B	, & Sm 17H		
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Listabilisiiii	ient bann	atioi	racquirements. The time mint for concette	on or each violation is speci	med in the narrative portion	Tor this report.
Establishme		.1-	about subtractif the transford to the	Telephone Number	Date of Inspection	ID#
Establishme	all	11	ld Wings	( ) Establishment	6/16/23	3 2163
233			out alt Equalities of	( ) Owner	' /	
200	UN	M	orton St Frankling IN		Follow-up Releas	
Owner				1. Routine		126/23
				2. Follow-np	Summary of Viola	ions: /
Owner addr	ess			3. Complaint		
				4. Pre-Operational	cnc_	50
Person in ch	narge			5. Temporary	CNC_	R_
		last.	Address of the state of the sta	6. HACCP	tob book	
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
Certified for	nd handler	-			- In a margarage	10
Ceruned 100	od Halldiel	L			13	_45
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	NO		Sewagesmellin disha			
	(film to	1-1-1	- unknown supstar	ree on Hoor by	waterheater	6/26/23
	-		-clean drains in dis	hara		1 3 1 1 1 1 1 1
UM	17		Floors Soiled in manya	man lindonia	inmount	10/1/0/22
10/	100		- main line equi		giveru	10/20/23
-			- under racks in w	alkin freeze		
227	NL		Fruir baskets Arainal			6/16/23
						1 1
	III.		NOTE:	100 00 100 20	Dx 10	
	1 - 120 10	0.1.1	- Santizer a little low,		y sink	
	M SLIII	Durins	open flour container	neas a na	Company of the State of the Sta	Management and
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N Z	)		(II)		James Mel	101
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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  BURGUR KING #7447				Telephone Numb		Date of Inspection		1D# 569			
Establishment address				( ) Owner	61	0/0	2	1301			
1079	N	m	URTON	FR	BOKL	IN, IN	Purpose:	Foll	ow-up	Release	Date 1
Owner							1. Routine			61	18/23
PNE	mI	er	Food	5			2. Follow-up	Sum	ımary o	of Violation	ns:
Owner addre	ess						3. Complaint				
							4. Pre-Operation	nal			
Person in ch	arge	bre	er, Renal E	Laciot "	915 mm	1	5. Temporary	C	CONC R		
A	AV		BAKE	25			6. HACCP	i i i ingu	b.F ii.	on no Health	alantaxe 1
Responsible	person's	email	- L	rn singh	la la literati	i di ni Ma	7. Other (list)	Me	nu Typ	oe (See bac	ck of page)
			100	an de	al e	W <sub>1</sub>	email urger	i i april		151inpat es	princes.
Certified foo	d handle		001100	,				1	2(	(3/1)	945
		_	BAKES		ECVI IST AN	NID NIADDATIN	TE COLUMNS MARKED "C				
l .							'E COLUMNS MARKED "C IE "SUMMARY OF VIOLATIO		ARRATIV:	E BELOW AS '	'R"
Section #	-	7000	101111111111111111111111111111111111111	70 11 101 23 0 1			Narrative			-	To Be Corrected by
431	NC		F20	008	product )	YT -		under	2		. 1
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		Mary Transport of the Mary Mary William	Telephone Number	Date of Inspection	ID#	
	-02	405	King	( ) Establishment			
Establishme				( ) Owner	6/7/23 635		
591	US	31	H Whiteland IN	Purpose:	Follow-up Releas	e Date	
Owner	u /	1	TOTAL POLICIA THE	1. Routine	Follow-up Release Date    WK   G/17/ Z-3		
				2. Follow-up	Summary of Violat		
Owner addr	966			- î		101101	
Owner addit	233			3. Complaint		1	
D : 1				4. Pre-Operational	1 - 12 1	<u> </u>	
Person in ch	arge			5. Temporary	C NC 5 R		
D 11.1		:1	en on a letter explanate la lette en a lette e	6. HACCP			
Responsible	person's	email		7. Other (list)	Menu Type (See b	pack of page)	
Certified foo	d handle	r			1 2 3 X	4 5	
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE				
	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	To Be Corrected by	
Section #	A JOBE .						
218	NC	104			properly -	14+ inspectio.	
721	NC	11.11	The maintenance		1.200	6/8/23	
431	431 NC - the wall and splash zone by						
721	+40 3-66-11 SIK 15 Solled-						
295	NC		- Storage, cabi	nets unde	r the	6/9/23	
	-	-	drivic dispense	are soile	d-		
2015	-le		12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1-Ed =01.00 )	2 - 1201	6/7/23	
295 NC - One Ice (ream Esoft serve ) hopper						6/7/25	
			12 261(66.		was and to mall trade		
13/01	20000000		A Land man design of the contract of the contr	Litabara and a second	L. J. A. sagement	I malagning I A	
	Note: Empty trash container						
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection	ID#	
Establishment name  Burger King #1726  Establishment address  765 County line rd	( ) Establishment	0101		
Establishment address	( ) Owner	6/20/23	1885	
765 County line od	Purpose:	Follow-up Release	se Date	
Owner	1. Routine	- 7/W/23		
	2. Follow-up	Summary of Viola	tions:	
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	$C \sim NC \sim R$		
As for the first stage of the control of the contro	6. HACCP	exclude not some in the		
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
Certified food handler Kimberty Mcanchews \$/18	124	123\	45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT.	N THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW		
Section # C/NC R	Narrative		To Be Corrected by	
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CHO SERVICE DESCRIPTION OF SERVICE SERVICES	The staff of the Land Control of the	or immed a pairte	(ED-7-20	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishme	ent name	11 6	shirter to	d villagi e de	mar Francisco	Telephone Numb	er	Date of Inspection	ID#	
MIN	790	Kino	\			( ) Establishm	ent	1 11 11	2 1111	
Establishme	ent address		1	Carpe	Nirroad	( ) Owner		10-11-6	7/1/20	
1597	19 N	15R 12	55	410	nwood 143	Purpose:		Follow-up Relea	se Date	
Owner					(	1. Routine		17-	2-23	
						2. Follow-up		Summary of Viola	ations:	
Owner addr	ess					3. Complaint				
						4. Pre-Operation	al	~/	1	
Person in charge						5. Temporary		$C \times NC \rightarrow R$		
						6. HACCP		70	Luchalass 2	
Responsible	person's e	email	ablant	i ranis	a books als	7. Other (list)	10 10	Menu Type (See	back of page)	
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Certified for	od handler		.0	1. (8	XP.			1 2 X 3	4 5	
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Section #	-	R	1 10	\		Narrative	1 - 50	010	10 Be Corrected by	
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295	NC	177	XIO	cof	Ilem	achine 15 5	Wille	9-		
	<u> </u>					01 1100 11		1/ 15-2		
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		tatioi	n Requirements. The time limit for corre			n of this report.	
Establishme			sobbit ebolias untertrier non incression	Telephone Number	Date of Inspection	ID#	
Brurg	er	Kir	g	( ) Establishment	Otaalaa	2000	
Establishme	nt addres	S	g Greenwood,	( ) Owner	6/28/23	2606	
1830	1 E.	n	ram of Greenwood,	Purpose:	Follow-up Release Date		
Owner		a market a		1. Routine		1/12/23	
				2. Follow-up	Summary of Viola	A STATE OF THE PARTY OF THE PAR	
Owner addre	ess			3. Complaint			
				•	C O NC R		
D : 1		necession.		4. Pre-Operational			
Person in ch	arge			5. Temporary			
	100 851 4		in an anglikaren 12 m. ili apasan baran		6. HACCP		
Responsible	person's	email	error is a mediani i la bear et un el ebacet el	7. Other (list)	Menu Type (See	back of page)	
0 10 10	11 11		Section of traffic a		ing mile redefinitions and	SCHOOL S	
Certified for	d handle	D o	yes.		1231	45	
		- 1		TYPE COLVINOVA MADVED HOW			
			ENTIFIED IN THE CHECKLIST AND NARRAT ROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE MADDATIVE RELOW	AS "D"	
Section #	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by	
Section #	C/NC	K		TVAITATIVE		To be conceiled by	
	Vitanae	lior;	No violation dun	ing mepeetion	n on the to quibre it	- Internation	
701 300	argore	OHE	The Victorian Gara	() majuration	Labert J. Books	z i diikaan	
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