#### 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 name Telephone Number Date of Inspection Greneral Store ) Establishment 1010712023 Establishment address ) Owner Purpose: Follow-up Release Date Owner 1. Routine is Marketing Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational  $_{\rm C}$   $_{\rm NC}$   $_{\rm NC}$   $_{\rm R}$ Person in charge 5. Temporary 6. HACCP 7. Other (list) Responsible person's email 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 2570 NC 130 Received by (name and title printed): Team member



Received by (name and title printed):

# 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. Establishment name Telephone Number Date of Inspection ID# ) Establishment ) Owner Purpose: Release Date Follow-up Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler 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" C/NC R To Be Corrected by Narrative Section # NC NC



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

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

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Owner addr	ess			3. Complaint		
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Person in ch	arge	Direct Contract		5. Temporary	C NC	$\bigcap_{\mathbf{R}}$
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Certified for	od handler	hena	(exp		123_	45
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# **NARRATIVE REPORT**

Establishr	ment N	am V	Address  ASign Habach: 58 93 N SR 135	Inspection Date
Section#	1 -		REMARKS	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

	1	in the narrative portion of this report.
Establishment name CINEMA MAX / CAN ARY CRECK	Telephone Number  ( ) Establishment	Date of Inspection ID# 6/22/23 2382
Establishment address  870 MALLORY PKWY FRONKLING	( ) Owner	0/20/20
Owner Owner	Purpose: 1. Routine	Follow-up Release Date 7/2/23
MANNY SINGK	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	0 H
Person in charge HEATHER DUNAWAY	5. Temporary 6. HACCP	C O NC 4 R
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		1
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishment Sanitation Requirements. The time mint for confect	ion of each violation is specified	i iii tile narrative portion	or this report.
Establishment name	Telephone Number	Date of Inspection	ID#
CIRCLE K "IZI	( ) Establishment	6/13/23	686
Establishment address  2105 E KING ST- FRWKUM, IN	( ) Owner		
	Purpose:	Follow-up Releas	Pate 23
Owner	1. Routine	Summary of Violet	10.0
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational	C O NC	7
Person in charge MICHCLLE SMITH	5. Temporary 6. HACCP	C O NC	Le soudo en
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
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Section # C/NC R	Narrative	The second secon	To Be Corrected by
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324 NC - HOT WHITER TEMPOR	CATURO AT HAND	3.4W/CS 128°F	6/15
NOT AT 100°F-120°9	- 100 cm 407 00	Merophane	1/21
H31 NC R FLOOR NOT CLOPN EOFFEE STATION AREA	UNDER SMAZE RE	DA	0/21
	RIPS NOT AVAIL	ABO	6/20
	ABFRET UNDER	HANDSINK	6/21
	OF CLOPEN		
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256 NC ~ CHEST FREEZER OF	STOCK ROOM	JSHED -	8/20
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309 NC NOT FUNCTIONING	- TOVERS	jour ecenie	
414 NC - FRONT DOOR Proj	por ORON)		(2)
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			6/13
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmen Ulive	nt name	Ro	stannaul	( ) Establishment	Date of Inspection	ID#
Establishmen			<u> </u>	Owner	6/28/23	1921
320	6	SR.	135 Cusenwood.	Purpose:	Follow-up Releas	se Date
Owner	0			1. Routine		112/23
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	bad	Friend resident base, or a de Alin	5. Temporary	C NC_	R
Down a silala			Charles M. Marker	6. HACCP	mqab tarahis area	I - I - C \
Responsible	person s	eman		7. Other (list)	Menu Type (See I	oack of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment ad  Nov  Owner  Owner address  Person in charge	H b b	Morton . 46131	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection    Date of Inspection     Date of Inspection     Date of Inspection     Release     Date of Violation     C	Date U/Z3 ons:  R  ack of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name  CVS #6653  Establishment address  39 5 U.S. 31 Whiklond Y.  Owner  Owner  Owner address  Person in charge  Responsible person's email  Certified food handler	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1 Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Releas  NO 6-19  Summary of Violat  C NC NC Menu Type (See b)	R R R
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Section # C/NC R	Narrative Violations Observed  Thank Your		To Be Corrected by
Received by (name and title printed):  Mulon Respersive Store  Received by (signature):  CC:  CC:	manager	cted by (signature):	Hyn Flegrer MWDK



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

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

Page 1 of

Establishment name  CVS # 6644  Establishment address  640 S State Rol 35  Owner  Owner  Owner address  Person in charge  Responsible person's email					the state of the s	Telephone Numb  ( ) Establishm ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	ent	Summary of Viola  C NC  Menu Type (See	326 ase Date 0/24/23 ations:  R  back of page)	
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Telephone Number Date of Inspection ) Establishment 6/14/23 1393 ) Owner Purpose: Follow-up Release Date 0/24/23 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C NC RPerson in charge 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" Section # C/NC R Observed Exp. Baby Formula
Date, marked at 5-27-2023 139 C Received by (name and title printed):
Zochary Fredhs Shiff Super

Received by (signature):
Zavar Mushler



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

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

Page 1 of

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

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Establishment	_	2	hrant i	Lean in mil.	517	Telephone Num		Date of Inspection	ID#
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Establishment					_	( ) Owner			
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295	NC	- The	, ,	Hen z	adine	1 -	101	is soiled	6/21/23
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460 N. MORTON ST. STEA FRANKLIN, IN 46131

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

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Owner	2200	,		Release Date
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Owner addr	ess		3. Complaint	
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

F3 11:1			. requirements. The time interest control	T 75 1 1 37 1	ID . CI .:	
Establishmer	page 1		a demogra, while his matter a media	Telephone Number	Date of Inspection	ID#
Establishmer	nt addres:	S	nuts	( ) Establishmen ( ) Owner	6/9/23	2407
Owner Owner	W SN	rith	rvalley Rel	Purpose: 1. Routine 2. Follow-up	Follow-up Release  Summary of Viola	119123
Owner addre	ess			3. Complaint 4. Pre-Operational		
Person in cha	arge		r fight of the pay of the payment of	5. Temporary 6. HACCP	C NC	R C
Responsible			e foodsiese interacte stable i cil remi i w 7 paulie - i vici i cil c	7. Other (list)	Menu Type (See	back of page)
Certified food handler HIWVA CHAWAN EXP. 2027					123_	5
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	THE REAL PROPERTY.	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	AND IN THE IMMUNITY DELICATION	To Be Corrected by
74	11/6		Labels needed in basis		111 SHOWING	(019.123
141	100	109	containers and icing	Joseph Tot sive	CCI Signi Ca	41423
310	NC		Ventabove baking areas	Soiled	a a somethies when	6/20/23
402	NZ		Floors in some areas soil	ed		6/15/23
			- under equipment: - under equipment: - mens bathnoom (no	ndnve Thru uds swieped)		
138	NC	- 73	Har needs to be pured bo	rekand not tou	iched	6/9/23
lon	-152 W	-1	Sewelry should not be	Warn	The state of the s	- Sweep C
			NOTE!			m lineranne (= 1
			Keep walk in door chut	to keep temp	1	-
			Little build up on ice ma	are easing see		
			- Richard of Company			
				Ir.	11 / 1011	7)
Received by	) ho	CAR	orinted): 18 Edens	1 *	spected by (name and title printer	a): - 1902:00:20
Received by	(signature)	:			spected by (signature):	r EHS
cc:			cc:		3/734643	69
	A CONTRACTOR OF THE PARTY OF TH					Page 1 of



460 N. MORTON ST. STE 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 parrative portion of this re-

Establishin	icht Sam	itatio	ii Kequitements. The time infit for coffect			
Establishme	1	1	2016	Telephone Number	Date of Inspection ID#	
Establishme	nt addres	<u> </u>	VAIN.	( ) Establishment	11./12/1/2/1/28 1	
200 Stabilistine		$\sim$	SO 120 Greenwa			
Owner (		_	) JK (J) H(6143-	Purpose:  1. Routine	Follow-up Release Date	
Owner					Summary of Violations:	
Owner addr	000			2. Follow-up	Suffilliary of violations.	
Owner addit	C55			3. Complaint	1	
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C / NC   R	
D :1.1 -		in plea	ou res rentant, to be at area of a new	6. HACCP	a moral femines and the state of the state o	
Responsible	person s	emai		7. Other (list)	Menu Type (See back of page)	
Certified for	od handle	er	and the second second			
	9	-	nail by 6/14/23		1234_X5	
• CRITICAL	ITEMS A	100	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND		
Section #	C/NC	R		Narrative	To Be Corrected b	
191	0		DOSKING DIENIE	usly cooled	bole discusse	
	71-11	15rus	Dolla Dototoes	MSVD9 C	an Olah atmoot	
971	0	(	COLY BIOLS CO	stand direction	MICA 2121 MISMATO	
336	1		THOO SIME CHARMS	70 110+ 1 MV	017115	
218 NC DE 122 / NOW - IN TVER					128°F 1550	
210	14-	-	55/018 P. C	FORPSS		
			OBSEIVED. TO OU	14-110 MSide	+ /VM/K-ID	
			Freezer (heavy bu	ild-up)		
295	MC		Meat Slicer 15	soiled.	(1) (1) (1) (1) (1)	
	211197	0.0	5 shall be fr	ash rinsed	Sanityed	
	a a De vo	-	Oct 1602+ ENEXT A	nows or a	ter each	
006	NIC	-	12011 200 - 200	50,10d.		
177	200	$\vdash$	DES 1/18 of 24/4 DV	which just	Stared 10115123	
1 6 1			10" OFF FLOOR ING	Vi XIVIA I sh	Freezer 1	
795	NC		Mary Shelling I	NIFS FMON	MAR 10127123	
			PStablishment-ord	Soiled vu	sty (i.e. wic)	
174	NC		word Drift food b	rodicets Obser	Ad Not 1012189 (012013	
Received by				Jaspe	cted by (name and title printed)	
	a Di		re-	Inche	cted by (signature):	
Received by	(signature		2016	Inspe	1 Indraw	
cc:	146	gi	cc:	cc:	DON WAY COLINION I	
		-		(ASSE)	,	
					Page 1 of 1	

NARRATIVE REPORT

Green wood

			NARRATIVE REPORT	000
Establish			e (Ourtry 2080 S. S.R. 135 46143	Inspection Date
Section#	C/NC		Club REMARKS	TO BE
218	NC		Semperature control knows	CORRECTED BY
43 <i>l</i>	NC		for kitchen charbroiler Kitchen michanical exhaust	6/18/23
			filters are soiled	1,1
324	NC		at three bay leaks at	6/20/23
328	NC		a connection of	1 1 7/4/2
~ ~ ~ ~ ~ ~			and the war three door	7//
			movable (1.c. on Wheels/Caster	0) 1/1
430	NC		Northwest bar area wall ( behind dish machine) contai	1/4/2 ns
324	NC		a hole Opening	
3,7			(Employee) leaks from faucet	
<u>295                                    </u>	NC		is soiled and liftor under snack	2 (1/3/23 Contars
402	NC		Cove base is loose/missing	9 7/1/23
210	6		three bay sink new Marager's	Desk
218	NC		FOUN ADON GASKETS	7/4/23
<i>a</i> 27	NC		Hand Sinks by deep fryets Needs sealed to the Quoall	UT30/23
-			June June Jos of the factor	
				-
	(		note: I new building	-
			dish wash area, I on law	
		_	our office for approval!	
		2	Snack, War D hamal sink nelds	
Received B	ly (Namo	8 T	coolers are in front)	
XUA		ha	~ ^ /	Page 2 of 2
State Form 4	18621 (R2	/ 8-0	5)	