

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

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

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Establishment name	Telephone Number	Date of Inspection	ID#	
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Establishment address	() Owner	6/23/23	51418	
'FRINKLIA IN	Purpose:	Follow-up Release	Date ,	
Owner	1. Routine	1	13/23	
	2. Follow-up	Summary of Violati		
Owner address	-			
Owner audices	3. Complaint	717	_	
	4. Pre-Operational	NS		
Person in charge	5. Temporary	CNC	R	
FINDTRY HABIM AN	6. HACCP			
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)	
	MOBILE		_	
Certified food handler HAMMYN SERUSATE	2 2 2 2	1 2 37	5	
Attrop HAMINIO SERVICE	30/107		<u> </u>	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A		
Section # C/NC R	Narrative		To Be Corrected by	
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Establishment name CHOMP'Z	Telephone Numbe	
CROING Z	() Establishme	6/23/23 M2580
Establishment address	() Owner	
Franki		Follow-up Release Date
Owner	1. Routine	- 1/3/23
WILLE REJOIC	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operation	
Person in charge WIZCLY RED	5. Temporary 6. HACCP	CNCR
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler	1071200	1 2 3 4 5
Certified food handler WIUTR/KERF	Y RAJJUS (SETURFO)	1
CRITICAL ITEMS ARE IDENTIFIED IN THE CHAPTER	CKLIST AND NARRATIVE COLUMNS MARKED "C"	
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Section # C/NG-B	Narrative	To Be Corrected by
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Owner					1. Routine	`	=	7	12/23
-	305/4	- BLF	TCK		2. Follow-up	S	ummary o	f Violation	ns:
Owner address					3. Complaint			1	
				Ĭ	4. Pre-Operational		n	115	
Person in charge	go(boo) fi	Conter Veri	Jugara L	Llaura ye	5. Temporary		C	NC	R
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Responsible person	's email	angle med se	or britainte (f. f.) (8) (1) (22)	ef or Armuda.	7. Other (list)	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Menu Typ	e (See bac	ck of page)
Certified food hand	ller					— ₁	2-	3	4-5
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Establishment address	S KOTTO COF	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 10# 51780 Follow-up Release Date 7/3 Summary of Violations:		
Responsible person's e	4	6. HACCP 7. Other (list)	Menu Type (See ba	ack of page) _45	
• VIOLATION(S) REPEAT Section # C/NC	R	Narrative		To Be Corrected by	
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Establishment name Towls Kettle Establishment address FAWKITA Owner Owner Owner address Person in charge Responsible person's email Certified food handler	L KORN MPHETHORPO ES	Telephone Number () Establishmen () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operationa 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Summary of Violate	ions:
CRITICAL ITEMS ARE IDENTIFIED IN	THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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Establishment Sanitation Requirements. The time limit for correcti	ion of each violation is specified	in the narrative portion of this report.
Establishment name Legardor KITCHER	Telephone Number () Establishment	Date of Inspection ID#
Establishment address FRANKLIN, IN	() Owner Purpose:	Follow-up Release Date
Owner	1. Routine 2. Follow-up	Summary of Violations:
Owner address ASHELY DAVIDSON Person in charge Responsible person's email	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 6. OBT (0)	Menu Type (See back of page)
Certified food handler DAVIDSON 1/26/26		1245
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE 		N THE NARRATIVE BELOW AS "R"
	Narrative	To Be Corrected by
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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.

Establishment name MO BOWL Establishment address FRONKLOW Owner Owner Owner 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)	Date of Inspection 6/27/25 Follow-up Release 7 Summary of Violati CNC	Pate / 3/23 ons:
Certified food handler BURKE JOHNSON		1 2 3	45
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE 		THE NARRATIVE BELOW A	S "R"
	Varrative		To Be Corrected by
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Establishment name MY SUPER TAGUERIA	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address LIV, DV	() Owner	0/25/2	34112596
Owner .	Purpose: 1. Routine	Follow-up Releas	Pate /27
ROBERTO VILLARRYAC	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational	NIS	
Person in charge	5. Temporary	CNC	R
RoberTO VILLARRYAL	6. HACCP	The second of the	Lesian xo
Responsible person's email	7. Other (list) MOBTO	Menu Type (See b	pack of page)
Certified food handler		1 2/3	4 5
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Establishment name ORDENTAL COOKERY Establishment address Owner Owner CRWLEY Owner address Person in charge Town CRWLEY Responsible person's email Certified food handler CRWLEY Servsage	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Femporary 6. HACCP 7. Other (list)	Follow-up Release Date 7/4/2? Summary of Violations: C_NC_R_ Menu Type (See back of page) 1_2_4_5_		
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Establishmer				~		Telephone Number		Date of Insp	ection	ID#
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Establishment address			() Owner		- /					
FRANKLIN, \$L			Purpose:	I	Follow-up		/			
Owner			1. Routine	L	— 7/3/33					
						2. Follow-up	S	Summary o	f Violatio	ons:
Owner addre	ess					3. Complaint	1			
				4. Pre-Operation	al	~ LS				
Person in ch				,		5. Remporary		c	NC	R
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Responsible	person's	emai	ĺ			7. Other (list)		Menu Type (See back of page)		
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