

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

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

Establishment name 3 A WES WELLOW GWINDW Establishment Establishment aldress Owner Purpose: 1. Routine Telephone Number Date of Inspection ID# 7-13-23 1010 Purpose: 1. Routine)
Establishment aldress Weenwood Owner Purpose: Follow-up Release Date 1. Routine)
Owner Purpose: Follow-up Release Date 13. Routine)
Owner Owner Owner Owner Owner Purpose: Release Date 7-23-13	
Owner (1. Routine) — 1-1-3-12	
2. Follow-up Summary of Violations:	
Owner address 3. Complaint	
4. Pre-Operational	
Person in charge 5. Temporary C NC R	€ 5
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Responsible person's email 7. Other (list) Menu Type (See back of page)	
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Certified food handler FRANCISCO GARCIA LOPEZ 4/8/36 1_2_3_4\sqrt{5}_5_	_
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 Narrative To Be Correct	ed by
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Received by (signature): Inspected by (signature):	



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Establishment name		ert stop	() Establishment	Date of Inspection	ID#
Establishment addre			-	7/13/23	2658
11 0001	J. ((Lin Or Greenward	() Owner		2.4
11 1201	JAL	MOIL VI, 46193	Purpose:	Follow-up Releas	se Date
Owner			1. Routine	(4e5)	
			2. Follow-up	Summary of Viola	tions:
Owner address			3. Complaint		
			4. Pre-Operational		
Person in charge			5. Temporary	$c \ge Nc$	2 R
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Responsible person	s emai	tous from class or margin as a pocaso	7. Other (list)	Menu Type (See	pack of page)
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Certified food hand	ler	_		123	485
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		ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	THE RESERVE OF THE PARTY OF THE
Section # C/N	C R		Narrative		To Be Corrected by
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		HAVE A SELL BY d	ATR ON CARTO.		
187 C	R	IN TERNAL TEMPER		TIAZZY	Foods dison
		ITAZARDOUS FOODS (ETUS FISH,	AT THE OF
		CHEOSE TAZAPENO MORT,	CHIEKEN) NOT A		INS PECTION
		Less, were 43°F-	47°F AN FRONT	REFRIGERATO	7/13
		CASO			
345 NC	B	3 KINTUES STORED IN			cocrectory/
141 6	8			34 Employed	
1.00		THAT SAVOS MADE +	IT HOMO, NOT IT	- Little MSQJ F	TOO 7/13
		FACILITY		er bit e musi A silveor	a polyneari A
45		visca, u		k in salamanalarak	a construction
295 NC	A	MEAT SLILE NOT	cleAN, NOT C	LeAned	7/15
		EVERY 4 HOURS			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name	shoot managers line	- To some confidence	Telephone Number	Date of Inspection	ID#
Dioha	CAMPENI	() Establishment		10#
Establishment address		CHECUMOS () Owner	7-21-13	1475
2051 M	Ridian MRay	10/12 Kg I	Purpose:	Follow-up Releas	Pate
Owner			1. Routine	165 1-	51-65
			2. Follow-up	Summary of Violati	ions:
Owner address			3. Complaint		
			4. Pre-Operational	11 1	
Person in charge	Strang order Ren ' C 3	00	5. Temporary	CNC_	R
fine being again	www.armerouse	Sate,	6. HACCP	of the back of a life	Sent officers
Responsible person's e	mail was been also to E	(P 5/11/26)	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler	a Tima Mein T	741		123	4
· CRITICAL ITEMS AR	E IDENTIFIED IN THE CHECKLIS	T AND NARRATIVE CO	OI HMNS MARKED "C"		
	ED FROM PREVIOUS INSPECTIONS A			N THE NARRATIVE BELOW A	S "R"
Section # C/NC			arrative		To Be Corrected by
142 C	Observed.	F Unan	and wordy	ts employ	R ASAP
VUMBILI	Stoted In	Smade	not to a	11CANSEZ	ANSON A LEGISLA
10001767787	Kitchen (b)	cef Stick	Write etc)	nside display	coolers.
	12 not	an appr	roved Source	it is the training that is a sure of the	VIII) IX.M
169 C	Observed 1	2 ran	Schage back	most que	
945 F.	5 bay SIV	IK +looc	drain.	ic to loant	
345 C	Disserved O	2 100	1 24010 11	pige LOID	
129 (Man Cata	3 100, 3	products a	ton evagor	
131	Faria OO C	100316 d	201mg	About 3 Male	
5.0	benera	e doesn	+ Know Sour	6 of food	mismat eil
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146 NC	Many Dra	Wets Wi	thout a lab	el includor	hannan D
	common r	Jame 2+	C)	lingsome
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		shool sunfinished when and a constraint foods	Telephone Number	Date of Inspection	ID#
HODIE	ble	5		() Establishment	7/10/12	1012
Establishme	nt addres	S		() Owner	7/19/23	1063
1874	SST	ut	r Rd Rd	Purpose:	Follow-up Release	Date ,
Owner			7 (2)	1. Routine	NO 7/	29123
				2. Follow-up	Summary of Violati	ons:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	They	Things are noticed on the histories	5. Temporary	CNC	R
Long Jr.				6. HACCP	ldt er stafoot dopur	
Responsible	person's	email	low fact and alpha or leading that their services	7. Other (list)	Menu Type (See b	ack of page)
			about summer Hally grant as		and vo anishbors	DE DOUTE
Certified for	od handle	r			123	_45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		1
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
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295	100		Mold growing morder	comachines	strands, covariett of the	1/01/63
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment Saintation Requirements. The time limit for conce	don of each violation is specified i	if the narrative portion of this report.
Establishment name Anna Canadanas and Canada	Telephone Number () Establishment	Date of Inspection ID#
	Owner	07/12/23 642
Establishment address 1400 M. Morton St. Tal 46131	Purpose:	Follow-up Release Date
Owner	1. Routine	Tonow-up Release Date
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	-1	C NC R R
Lie tanagrapio del nes en abred del 7 del gesta lagrana		except the control of the second at the seco
Responsible person's email	7. Other (list)	Menu Type (See back of page)
elanoi suche pul la serper h	in the semigroup and a	process s requireing cooling.
Certified food handler Mickin Til Collins (Exp 1/17/20	5)	123_*45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		
Section # C/NC R	Narrative	To Be Corrected by
one filter tile at	the entrance of	f walf+m cutting
coster se starting s	to Clip off	TO ADD - A REDUCT S DOUGH TO
Loak at hand smt	by 3-bay sn	it is greated corrected
	0	
NOTE: Cood work		`
(ii) Somitizer l	it 2- bay sink	is okany
thank you	for Arma viola	ations right away
Jones Jones		
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the fell of the first end and end and additional additio		e van na e una ner an haansalus (C.)
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Received by (name and title printed):		d by (name and title printed): Ul BUTCU EHF.
Received by (signature):		d by (signature): Beti Dw
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishment Saintation Requirements. The time mint	for correction of each violation is specified	in the narrative portion of this report.
Establishment name Ar by 3	Telephone Number () Establishment	Date of Inspection ID#
Establishment address 111 N. S. R 135 Crelenvoro	LIM () Owner	07/12/23 769
Owner 4614	Purpose: 1. Routine	Follow-up Release Date
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
D	4. Pre-Operational	CONC 3 R
Person in charge	5. Temporary 6. HACCP	C NC S R C
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST ANI		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DET		
Section # C/NC R	Narrative	To Be Corrected by
431 Me liles missing (wa	ul) in dy stroage	08/18/23
297 Ne Soda norries	are soiled	Asap.
	walt-in freezer is	V
Ci) Broten	t mer sant is precel tile at hand sin F	is proced.
		Language Companies Compani
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Listabilisiiii	ciit baiiit	ation requires	citts. The time	mint for correcti	on or each violation is speci	ned in the narrative portro	n or this report.
Establishme	nt name	shoot an	olassed allering	red mon't notes	Telephone Number () Establishment	Date of Inspection	
Establishme	nt address		0	Λ	() Owner	02/12/23	950
214	0 1	ls 31	Menis	Dod	Purpose:	Follow-up Relea	se Date
Owner			THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		1. Routine	- 1	
					2. Follow-up	Summary of Viola	tions:
Owner addre	ess				3. Complaint		
					4. Pre-Operational		
Person in ch	arge	RenTfued	films at Lawrence	m ir shadonis er	5. Temporary 6. HACCP	CNC_	$\frac{2}{R}$
Responsible	person's	amail		The second	-1	Mana Tana (Coo	leach of page
	•		olimie en graedig ombalen — Jah	Protect of the Protect States	7. Other (list)	Menu Type (See	vack of page)
Certified for	11	Jackson	J			123_	45
• CRITICAL	ITEMS AR	E IDENTIFIED II	N THE CHECKLI	ST AND NARRATIV	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEAT	ED FROM PREVIO	US INSPECTIONS A	RE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
297	Me	Soda	nozrle	s crol	soiled;		2/18
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431	Me	Floor.	s & wa	lls in to	he facility is		S JOHNE REC
246	Ne	mape	Sure 91	oves one	not used win	le perminamollo	19 Asap
		pocl.			.,		
		NO		ut Chees		le Roms	
	-	V			cooler door is		
			(in) Nel	more (cabs insiele u	salt in colleter of	7 walk-in
			Pr	elzer.		·	
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		e bod bod	and transfel its	- Iron To working	Liberts conseque	Track Avenue of short	Sinhapped # 1
yld	rid zi er	belangu niku	e menik davilis	1 Jeunia shiri in	J. bline was declared	s mili preprant ni mana at	anagerals;
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						TO VET US	
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P	-					paul Betitu	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment	name		anonythan yorkindly hav indows yoods.	Telephone Number	Date of Inspection	ID#
1/172	14/5		-> Love's TRAVEL STOP	() Establishment	1 1	
Establishment	addres	S		() Owner	7/19/23	1519
5	115	- 5	V 300 E 46/84	Purpose:	Follow-up Relea	se Date
Owner	1	-	2 000 2 10101	1. Routine	7	/28/23
			The second secon	2. Follow-up	Summary of Viola	-
Owner addres	NAME AND ADDRESS OF THE OWNER.	-		-l	Journally of Viola	dons.
Owner address	S			3. Complaint		
				4. Pre-Operational		
Person in char	rge	/		5. Temporary	C_D_NC_	7_R_
SAM	1	10	LIAZD CONTRACTOR MANAGEMENT	6. HACCP	t am regal has near me to	ab abulaza
Responsible p	erson's	email	ieus loods is festiden d'io single ineal servi	7. Other (list)	Menu Type (See	back of page)
			short a ment bertog Lot -	or suffer full opinion for	примения сообщине	Haksomi, I
Certified food			-6/-1		1 2 3	45
SAM	HIL	11	MO 12/7/26			
• CRITICAL IT	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
431	MC		- WACK IN FREEZER			7/20/23
295	MC	Por	- UNUSED WALKIN FREEZE	a FLOORS & WAL	US ARE SOLED	7/20/23
295	NC		Walls NEAR DISHMALLINE	ARE SOLED	701.00101111111111111111111111111111111	7/20/43
295	NC	-	- FLOOR IN THE CONNER			
324	NC	-	DRAIN UNDER 3-BAY	SINK APPEARS TO		
295	NC	-	THE WALL NEAR THE I	SHMACITINE 15	MISSING A TICE	8/18/23
239	NC	-	- SINGLE SERVICE SNACK	Cups ALL STO	DED 6" OR MOR	E 7/20/23
2	20	_	ABOVE THE FLOOR	-1-	7 1 1 =	- /20/2
257	PC		- THERMOMETER NOT OBSE	RUED IN THE	heach - IN FREE	1/29/25
200	1		- SODA HOZZELS IN THE	D - Dl 1 10	- 5 . 4 = 2	7/21/2
295	NC	11 1	- SODA MOZZELS IN THE	DRIVE THEN ARE	201400	1/21/03
	1889.10	101	en a strant mobile a laborate de proble		-a partez A "zbool	3 10/ 30/01/
21,000	11 -1 -11		(a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	246 0346 7 06 14 3015	to symmot montened at	1 Francisco
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Received by	signature):[200	Ins	spected by (signature)	150
Mul	XI.	Te	cc:	c	c: 7 / W	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishini	em sam	auo	Requireme	ents. The	time im	int for cor.	rectio	n of each violatio	n is specified	in the narrative	e portion (of this report.
Establishmen			alson suol	brossai vi	Novembal	more to r	noine	Telephone N () Establ	Number ishment	Date of Insp		ID#
Establishmer		s m	am st	. Go	eenn	rod,	IN	() Owner		7/24		2507
Owner	£	70 (arri dy					Purpose: 1. Routine		Follow-up	Release	Date
								2. Follow-up)	Summary o	f Violatio	ons:
Owner addre	ess		Andready Committee Committee					3. Complain	ıt			
							I	4. Pre-Opera	ational			
Person in ch			er Karal fa					5. Temporar6. HACCP	ry	c <u>~</u>	NC_3	R
Responsible		-	jaons ma do Crientes V	-	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	The same of the same of the same	-	7. Other (list	t)	Menu Tyr	se (See ho	ick of page)
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Certified for	od handler	r OS	ales							12	3 V	_45
			ENTIFIED IN					COLUMNS MARKE		N THE NARRATIV	E BELOW AS	"R"
Section #	C/NC						THE REAL PROPERTY.	Varrative		Λ		To Be Corrected by
297	NC		Soda	202	rle	D G	Poile	ed at s	service n	rndon		7/28/23
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431	NE	ASULT.	floor	by	me	er &	S.	erving on	rea as	Sould	di universi	vaib 1x 3
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment nam	Θ.	1	Telephone Number	Date of Inspection	TD#
ASIK		CHAO	() Establishment	3 4 4 5 5 6 7	ID#
Establishment addı			() Owner	7/13/23	1912
125) US31		GREENWOOD, IN	Purpose:	1	
Owner			1. Routine	Follow-up Releas	123/23
	0	SSS ENASS	2. Follow-up	Summary of Violat	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.
Owner address		· · · · · · · · · · · · · · · · · · ·	3. Complaint		
			4. Pre-Operational		1)
Person in charge		us recoloci or retroenci to enter. Resail fi	5. Temporary	C O NC	R
KeTO			6. HACCP	the scafood depart	2 exclude d
Responsible person	NAME OF TAXABLE PARTY.		7. Other (list)	Menu Type (See b	pack of page)
		is on 2 page with transport made in	i, kerallat ningderlanding	and a remarkable	proces
Certified food hand	ller	LA LOON DERUSARE 312	andre mor	12_(3)	55
		ENTIFIED IN THE CHECKLIST AND NARRATI ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	AS "R"
	C R	THE THE PROPERTY OF THE PROPER	Narrative Narrative	The state of the s	To Be Corrected by
6(3) NC	_	FLOOR IN AREA UT	UDER FRONT C	POUNTER	7/20/23
V.11814	19104	FLOOR IN MEA UT	neur room d'ronnaedorr noug	nanquing of raw mer	VICE STATE OF THE
0 = 11	d mun	pr. bort agas as millenon teginn		C to John Z.A. 20001	MODIFICATION OF THE PROPERTY O
254 NC	4	netter stem Pro	Bl Type 17tory	nomeren	7/18
		registering 0-	220°F NOT AC	COVERTRE	
347 NK	(2)	OTS nOSABIO TOU	wells not pool	11ded	7/15
	-(2)	AT HANDSTAKS		1-0	11.0
				14 TE	1 2
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishin	em sami	lauon	Requirements. The time limit for correct	ion of each violation is specified	I ili tile halfative portion	of this report.
Establishment name Bickford Assisted Uning Establishment address 304 Stella dr. Circunwood				Telephone Number () Establishment		
				() Owner	2/11/23	
Owner	7 01	Recy	ar. aranvod	Purpose: 1. Routine	Follow-up Releas	e Date
Owner				2. Follow-up	Summary of Violat	ions:
Owner address				3. Complaint		101101
o wher addre	200			4. Pre-Operational		
Person in ch	102111011		es colted of propert to order. Retail j	5. Temporary	C NCE	R
The second secon	AND RESIDENCE OF THE PARTY OF T	The Real Property lies and the least of the	reumal assopbly. Viast product we e • or todders detricted or single must serv	6. HACCP 7. Other (list)	Menu Type (See b	pack of page)
Responsible	persons	Cilian		7. Other (tist)	unishna pularinga	with of puge)
Certified foo	d handle	r			123^	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC			Narrative		To Be Corrected by
	A Thurst	oq c	No wolation dur	ing inspection.	manding of new lagran	VIADDIX :
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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 Buttler Jugar Flour Coffee Establishment address LOS M. Sfate rd 135 Owner Owner Person in charge Responsible person's email	and the same of th	gridosa primir par g	ons: R_Q ack of page)
Certified food handler Knistyna vonis 12/27		123_V	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T.		N THE NARRATIVE BELOW AS	"R"
Section # C/NC R	Narrative		To Be Corrected by
			Hospitalny
Received by (name and title printed): **MSTUNA VONS, DWNW Received by (signature): **WULLTW VOW	Inspecto	ed by (name and title printed): Ul B Stiku ed by (signature): Ul B Stike	
cc: cc:	cţ:	M PACIFIC	

Knistynavonis@gmail.com

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Establishmer Chrug Establishmer 2 2 4 Owner Owner Owner addre	nt name Ago nt address Ago ess arge person's	S S S S S S S S S S S S S S S S S S S	Entire of non-perchash hazardous foods. NETA Local Carlena of Carlena order Remil file minimal exceptible Most products are contained to the contained of th	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 ID# 1/24/23 2355 Follow-up Release Date Summary of Violations: C
- CDITTOAT	TENO AT)E IP	ENTERIOR IN THE CHECK IST AND MADE AND	COLUMNS MARKED "C"	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
277	NC		(ii) mechanistal a	sure date me	ontings ore by they one
Received by Received by cc:	alex	1	Sheets was made	ali nagara a unqabosi 🧸 gla	d by (name and title printed): What Beti Eu Etts d by (signature): Beti Eu



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

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Page 1 of

			T		/-	
Establishme	ent name	's Proposite a Timi	Telephone Number	Date of Inspection	ID#	
Establishme	A	7 00 00 11 0 000 000	() Establishment	1/18/23	2391	
997	F	ounty Line Rd 1N 46 143	() Owner	7 /		
Owner	2.66	101119 KINE NEW 1N 46 173	Purpose:	Follow-up Release	28/23	
Owner		land Diag	(. Routine			
ria	yap	Singh Dullon	2. Follow-up	Summary of Violati	ons:	
Owner addr	95		3. Complaint	1		
(0	4. Pre-Operational	2	9	
Person in ch	narge	ar le 19 relation des names Re 20 a de	5. Temporary	c_3_NC	R	
H.S). D.		6. HACCP	mgab bootsas villelini	a shulaza (
Responsible	person's e	mail Servare	7. Other (list)	Menu Type (See back of page)		
		Exp:	i i mil i minimpila ku peda	requireins cooking, to	100000010	
Centified for		Singh Phillow 10/12/25		1 2 3 6	45	
Man	Jap		1			
0		E IDENTIFIED IN THE CHECKLIST AND NARRATE	VE COLUMNS MARKED "C"		a unu	
• VIOLATION	-	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		N THE NARRATIVE BELOW A	To Be Corrected by	
Section #	C/NC	R	Narrative	0.000000	To be corrected by	
171	C.	operata a k	- th- lat	Bloger	1/10/93	
ion nois	TROUGHT.	ranale relacy	hands	FUNGO	RIDAN III	
345	C	Dand Sink	1 DO COO A A + I r	m Sinks	Correctea	
242	1	Mara Stains	motal	MAJ	Correction	
433	NC	lifet mor m	ot hund	1102	Corregtes	
374	NC	OSewer gas	like smel	e note	1, 7/21/3	
	100	in men's les	troom an	1	1	
		near kitchen	I onease to	raplid	, +	
		(2) Preparation	sink for	wetlest	es 7/27/2	
	alleime	3 Three bay s	sink center	drain	Manus et l	
. Luden	r Henevenio	siping leaks	Sel bless her and sphinister warrage	m to uninez / phoni s	asterses t +-	
736	Hoisian	(4) Men's restr	com tolies	I seat	advance.	
		not open fr	ont	. No. 10 10 10 10 10 10 10 10 10 10 10 10 10	76763	
404	NC	(Cove last	of wall	rehind	7/27/23	
107	0	three bay &	and fr	yer rinit	7/18/23	
101	C	43°F/44°F whi	10 m the	too	Repair	
	+	11 200 M the	Diana ma	andtim	person	
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1	RJAF		a military and a second of Ar	drew Mille	V, EHS	
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Ha	1		$\mathcal{C}_{\mathcal{N}}$	rdrew Mill	les	
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			-			

NARRATIVE REPORT

Greenwood

(hic	sgo	Š		7/18/23
Section#	C/NC	R	Jurist REMARKS Ste P	TO BE CORRECTED E
			table	, 4
411	NC		Inadequate lighting in	8/18/2
			neparation area above	/ /
			three bay sink and inside	
			walk-in-cooler	, 1,
431_	NC	Ш	Kitchen celling and HVAC	7/21/23
		Ш	vento are Soiled	1.1
112	NC		magic Chel chest freezer is	8/1/23
			note NSF PANSI aborded am	Remove
430	NC		alley side door, at bottem	Center pi
			rubs the door frame bracket	bar
295	NC	\Box	Bottom prep table shell is	7/20/2
		П	peeling a paper film (brown	
		П	in color).	11
411	NC	П	Interior bull not working	8/1/23
-			inside three down heesen	11
		П	Description of the second of t	
		П	notes; Per owner, the lini	
		П	semodeled the bathronner	
		П	around a month ago and	
			removed a hallway with	
			existing restrooms.	****
		П	S Carrolling	
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Establishme	nt name	n	ere to ce non-potentially harmdons frods	Telephone Number	Date of Inspection	ID#
Establishment address			· ·	-	1/(0123	974
155 Marlin Dr Greenwood, IN				() Owner	1-10	V / /
			Dr Greenwood, 11V	Purpose:	Follow-up Release	
Owner				1. Routine	100 11	12/23
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	7	1
Person in charge			re cooked of prepared to order. Resell fi	5. Temporary	C NC	R
for lev				6. HACCP	ii or reasood depar	ab abutura le C
Responsible	person's	email	lous toods in the tributed to single incelescent	7. Other (list)	Menu Type (See	back of page)
				and a militaria or pole	se genelación por la por	232.50610
Certified for	od handle	r 2NO	Exp: 2026		123_	<u></u>
111			ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
299	PUC		Build up on ice cream	malnine		7/4/23
10	- THRUM:	logs	names the early the second and semina or	search and plant states	namenal of raw infract	Street Land
30) 0000	brebare	o O Fillio	70% the responsible with the Leading	u men ii med almba sasebad	TO TISHAYAL ISBOOT	S TOTAL SHARE THE SAME OF THE
			No other violation	ns tound duni	ng	Character and
			inspection		/	
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	Julier-ran	Dist			I on was to without	4
	120000	Pro La	had backgrown in the transfer tare in			Total of the last
	100 81 100	5,000			THE RESERVE OF THE PERSON OF T	difference 1
Regeived by	(name and	d title		to peace agained	ted by (name and title printed	d):
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cc:	T V	-(СС:	dc://	1317346	4369
						Page 1 of



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Establishment name Sports suchtmand allerentes des a site a	Telephone Number	Date of Inspection	ID# 2417
china Wolk chen	() Establishment	7/12/23	2168
Establishment address	() Owner	111927	
200 S. Emerson Ave	Purpose:	Follow-up Releas	
Owner Greenwood, 76	1. Routine		122/23
,,,,,	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_ONC	6 R
The area of the second and the secon	6. HACCP	o made books to its	
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
dood tands on thinks on the	o letteral conditions and	requitione cooking, w	Seasong L
Certified food handler		1 2 3 7	4 5
1 Wen Har 410			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO		N THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
		ndles,	7/14/23
112 NO - (3) home type who	st freezers are	2 not	when
approved units-		. /	replaced-
295 NC - The walk in a	obler gasket is	soiled-	7/14/23
			7/12/23
1 1 1 1 1 1	s stored dire	ecitly	1112105
under Pho walk.	- IN COOKER OF WITH	<i>r</i>	
295 No storage shelves or	n work table	s are	7/19/23
295 NC storage shelves or	1. 1001/2 /47 12	2 HIE	1111111
201169.		The second secon	
431 NC The screen do	on - back do	br -	7/19/23
15 very soile	91	el mu chanditeran er	r Instruction
17 (61) 30110			of intercovers
	Iv.	11 / 1 1 1	2).)
Received by (name and title printed):		ted by (name and title printe	1
wayna Lin	Lean of Disputation of The second	1	1 1235
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cć: cc:	CC.	1	/
			Page 1 of



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Page 1 of

Establishment name COLO STONE CZEMCNY Establishment address 789 US 31 M 46/47 Owner LOU ZHAWL Owner address Person in charge LOU ZHAWL Responsible person's email	7. Other (list)	Date of Inspection 7/11/2 3 Follow-up Release 7/2 Summary of Violati C NC Z Menu Type (See b)	21/23 ions:
Certified food handler)_	12_X_3	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DESCRIPTIONS.		n the narrative below a	s "R"
Section # C/NC R	Narrative		To Be Corrected by
254 NC + THERMOMETER NE	OT OBSERVED IN CHEST	FREEZER	7/18/23
(nemicologi in Sumericana et service	EMS NOT LABORD	tire)	///
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to be a simular to one loss with the	and the state of t	o-construction designation of	taday 1 F 8
	disal al aŭgode Mareko sonom 1 se vi su	L осы ил потивания.	figures and
			1
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Establishment name Community Health Nelwork Rehabilitation Establishment address Con Circle Wood Gings Chr. Owner Owner Owner address Person in charge Responsible person's email Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE				2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 7/27/23 Follow-up Releas Summary of Violate CNC Menu Type (See 8)	tions: R back of page)
ANTONIA CONTRACTOR					IN THE NARBATINE RELOW.	AC IIDII
Section #		-	1 PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative	N THE NARRATIVE BELOW.	To Be Corrected by
			memment de la consentade periment		and one to equilbrate	siamary H
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Establishment baintation requirements. The time must for corre	edon of each violation is specified i	i the marative portion	or tillo report.	
Establishment name Country Mork	Telephone Number () Establishment	Date of Inspection	, , , , , , , , , , , , , , , , , , , ,	
Establishment address 100 S. S. R. 135 Bargers ville 100 S. S. R. 135 Try 46101	() Owner			
Owner J. J. H. 4 Clo	Purpose: 1. Routine	Follow-up Release	Date / 24 / 23	
	2. Follow-up	Summary of Violati	ons:	
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge		c_1_nc_	7 R 5	
Responsible person's email		6. HACCP 7. Other (list) Menu Type (See back of		
of the many states of the stat		multipe oce of	ack of page)	
Certified food handler		123_	_45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		THE NARRATIVE BELOW A	S "R"	
Section # C/NC R	Narrative		To Be Corrected by	
297 NL socia nozzles are so	viled.		Agap.	
177 Me there are materials	on the floor insic	le walt-m	09/18	
Cooler.	Mon blog bill. Wat signification in the pro-	te dama a special	A ASTREAM	
	side walk-in con	ster.	THE LESS	
345 c trandsink in rest:	room & Im the	Ritchen dol	3	
not have not water				
257 Mc Food thermometer no	De providual.			
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and repair med has I. Lend and over the part and	bliggt land of the state of the same of th	To recipe A minor	Tomorad 4	
aid lift a militalism on man sendan a mil set. Jack shall i	tičenski blata sicema, a se se sed	son tot nonetrosse	anneyba .	
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