

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

Office 317-346-4365 Fax 317-736-526

Page 1 of

1			7
Establishment name  OHIR Y QUELY	Telephone Number	Date of Inspection	ID#
	( ) Establishment ( ) Owner	715/23	118
Establishment address H80 N MORTON ST.	Purpose:	Follow-up Release	Date /
Owner	1. Routine	- 7/	15/23
JOSEPH NAPTER	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge MICK HOLZER	5. Temporary	c_O_Nc_	
Responsible person's email	6. HACCP	25 T (C1-	-1-C
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler NICOLO HELTON (CFS M EXP 1/23/24)		1230	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		THE NARRATIVE BELOW A	
	Narrative (SOLE)		To Be Corrected by
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	cc:	de simo	



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

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

Establishmer	State ess arge person's em	Rd 135	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  7/13/23  Follow-up Release 7/2  Summary of Violation  C NC  Menu Type (See base)  1 2 3	23/23 ons:
• CRITICAL	TEMS ARE	DENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"	/	
		FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW AS	"R"
Section #	C/NC R		Narrative	·	To Be Corrected by
430	NC	Walkincooler doornor	self absing	men with manufic	7/31723
257	NZ	no thermometer found	in carefrezer	TE DOMINI G BL ASS	7/14/23
437	NC	Stand up freezer by Tryes	is soiled on bottom		7/14/23
402	NC	Floors soiled in many - fryer, coolers, di	anac under equip	ment	7/21/23
187	C	- Au who pred created in cooler a - ice cream is a	m thrown away		7/14/23
		* needs repair As	datall times you		
Received by cc:	oner	Brady  CC:	00	ed by (name and title printed):  Will Milley ed by (signature):  111341,43	eH3
			V	21127070	U I



#### 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 Saintation Requirements. The time mint for correct	ion of each violation is specified in	i the narrative portion of this report.
Establishment name DTCKINSUN JUVENIU DOTENTUN CONTO	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment address	( ) Owner	7/7/23 540
1121 HOSPITAZ PJ Franklin, In	1. Routine	Follow-up Release Date 7/17/23
Jo. Co. Gou'T.	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge ANNIE WORTMAN	5. Temporary 6. HACCP	CO _ NC \ _ R
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler WORTMAN SERVSAFO	#11/29/27(EXP)	155
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE		THE STANDARD OF SECURITION OF
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	HE "SUMMARY OF VIOLATIONS" AND IN  Narrative	To Be Corrected by
411 MC A-PPLIANO BULB		
FRONT SERVING	LING PEFRISA	217002
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2 2 2 1 2 1 2 1 2 2 2 2 1 1	- 6/20 10-154 0 A/AT	
CANT CHOIT TATON DONN	1000 AS 1000 AS COOL	water ()
160°F OR MORE	on PLATE/UTER	IST. SURFITO)
WAS 166°F7	010 1 0 1 0 1 0 1	
		and the application of the property of
		La canaca / Libraria Rotanesard
		al thousans
Received by (name and title printed):	A Inspected	by (name and title printed):
EAnnie Wortman anniel	1 Syman PE	66 SMITH EXTS
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сс: сс:	cc:	
		Page 1 of

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

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

Establishment name  DOWN Ref. #D9029  Establishment address  Solving 31  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 Release Date  Summary of Violations:  C NC R  Menu Type (See back of page)			
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			ENTIFIED IN THE CHECKLIST AND NARRA' ROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	AS "R"
Section #		-	NOM I REVIOUS INSCENTIONS AND BELVETED IN	Narrative		To Be Corrected by
	19		Notes Couldn't Eur to Frack of Alle in Freeze	acess VOIK-	The survey of Amount	Property of the state of the st
Received by Received by cc:	vie	1	2010000	man all the green sample of Michigan	eted by (name and title printed	Page 1 of



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 name Establishment weenhard ) Owner Purpose: Follow-up 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 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" To Be Corrected by Narrative Section # C/NC R -15-23 spected by (pame and title printed): Received by (name and title printed):

Establish				Inspection Date
Don	( )	للا	er Vo 4800 W Smith Valle	7-25-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
334	Q)		Note: Light green garden hose	7-25-23
		Ш	1177XEA TO 5 Day SIND	
204	NC	Н	Black plastic on underside of Stairs	7-25-23
			to Store-room above Walk-in	<u> </u>
		H	Cooler in disrepair & mas potential to Contaminate	
			food products stored	
			below	
380	NZ		Floor Soiled below I bay utility	7-26-23
			Sink Located next() to	
		$\square$	Water heater.	
		H		
		Н		
		Н		-
			Stir often	
			000 Product	
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		Н	C T(20)	
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		$\vdash$	You may make written comments	
		$\vdash$	You may Make written comments mail, email, fax	
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Received B	(Name	& Tr	le) Inspected By (Name & Title)	Page <u>2</u> of <u>2</u>
0			MDH: GCO)	rage <u>o or or</u>

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Elimpbetti Schultz



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

		tatio	n Requirements. The time limit for correcti	on of each violation is specif	ied in the narrative portion o	t this report.
Establishme	name			Telephone Number	Date of Inspection	ID#
1	<u> </u>	$\frac{1}{2}$	3	( ) Establishment	11111	2380
Establishmen	nt addres	s	Borgers.M		1-6005	2300
2019	<u>ح</u>	<u> </u>	SWOLD BLE 410/010	Purpose:	Follow-up Release	
Owner	. 1	ì	0 1 1 (	1. Routine		-13
11W	Mill	_	Kodrugues/	2. Follow-up	Summary of Violation	ns:
Owner addre	<del>/</del> \$\$		<i>(</i> ) \(\Lambda\)	3. Complaint		
	V		v U	4. Pre-Operational		
Person in ch	arge			5. Temporary	c = Nc	)R
				6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See bac	ck of page)
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Certified foo		r (	ladei al la (EXP.		123	45
7113	JR 1		2001,017651 21,5015	ســـــــــــــــــــــــــــــــــــــ		
			ENTIFIED IN THE CHECKLIST AND NARRATIV		IN IN THE MADDATINE DELOW AS	·D·II
Section #	C/NC	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative		o Be Corrected by
107	7	- 1	Week nd Has falls	mar mariante	Ferch	Corrected
18	<u> </u>		10 20 10 70 10 10 10 10 10 10 10 10 10 10 10 10 10	Sign Hitter INX	in Cooler	lol. Discarda
			-01 1850 WHO'S	Mark 1122	GUEST 1	alled for
			- Chi Miclan	COUTOF TO		mergency
			-refried being	gated marked	7/21 94607	repair
			-Orevidush coo	1.00	He May 122 (	94501
			- WILK @ 1808			9
				DEXONING IN	1506261069	
			45 04 14604			
(140		ļ	1) is covid Oll K.H.	F DKOGNIGIZ		7/2/102
438	<u>C</u>	<u> </u>	DOZANA ZXVA I	JUHTIPS (tox)	(c) 11(t)	1/26/2
1112		17	Colled Win	Aios Havi	41000111	7/01/2
412	<u></u>		01000000000000000000000000000000000000	1 - 4116-2 -111111	717 2110012 +	11.76/22
			500000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jan Fin String	- NEET ICMO	<u> </u>
336	$\overline{C}$		Moservia a soron	the off with	1/20d to 0	7/26/23
			nose convected to	The mos	THINT SIME OF THE	1/20/
			R XXXXSIONOVOS	morning for	Continuous	
			Ore SSLVET.	0 1/1 10		1
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			NARRATIVE REPORT	
Establish	ment N	lam	e Address	Inspection Date
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<u>رد دی</u>	$\mathcal{X}_{\mathcal{I}}$	<u>)                                    </u>	169955 Minauc 191119	1126123
Section#	C/NC	R	REMARKS Bargers ville, 1/0,	TO BE
Section#	C/NC	~	REWIARRS COMPTION OF THE PLANT OF THE PARTY	CORRECTED BY
218	NC		The tollinging ober answers Lieve	8-16-73
<u>~10</u>	100	H		101613
			COSULD SOLF MOUNTS	1
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		┢		
		╙	- Kenmore woright Franzey	
			- area table 1 port	
727	ML	$\vdash$	Hand Stak in Kachan absenced lours	9-9-73
141	72	<u> </u>	HOND SINK IN KACKEN ODENIED 10010	8-7-65
	l		From Will - needs spalls	
295	77		2 door Stand UP (ola-cola 5 cooler	8-16-23
1113	1			0 19 0
		_	Shelving rucks are soiled rusty	1
		(	DOYCEN Shelvin unityrick is soiled linest	LHOIK-IN COUR
17	VC	$\Box$	KENMUE, MARKET TREZER ODDORC	8-28-23
110	<u> </u>	$\vdash$	THE PROPERTY OF THE PROPERTY O	O. Cars
			not NSE apprived	1
			GOBSENIED FOCK PROJUCTS STOVED	
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0 11			inside in the dessert item)	A 1. 50
324	NC		Moserved the tollinum leaks	8-16-23
-	1		DIXMON'S VIGHT WINDSINK	
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			OF ORD Sink trigget leaks and or right	<b>h</b> † 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 \_

Establishm	ent Sani	tation	Requirements. The time limit for correction	on of each violation is specified		n of this report.
Establishme			and of the parties and described to the seconds.	Telephone Number	Date of Inspection	ID#
Establishme	nt addres	s	Jot Whitelond.	( ) Establishment ( ) Owner	7-12-12	175/
aga	N	11	S31 Whiteland	Purpose:	1, ,,,,	se Date
Owner	10		5 51 4(0184	1. Routine		22-23
O WHEE				2. Follow-up	Summary of Viola	
Owner addr	PCC			3. Complaint		
owner addr	C33					
Person in ch	2400			4. Pre-Operational	C NC	1 p
reison in ch	arge			5. Temporary	CNC_	1 K
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Responsible	person s	eman		7. Other (list)	Menu Type (See	vack of page)
Certified for	od handle	r			1 2 X 3	
					12_/\_3	45
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
Section #	C/NC	R		Narrative		To Be Corrected by
344	C		Observed restron	J Dand Sink	a dtivi	[2] 2 25 12 2
707 716-1	SHIPS IN	20/12	Sign Stating "Si	IK OFF OF OLGE	( ) ( ) ( )	Shusesani
	1		PAHI LOUGHTON	JUNI DIVINE	NOW DX	With Root
	-		CONFUNT ON	a leak of A	o dimin	-
			The connection	a lan at Th	CHON	
413	NC		Secretarion exi	+ dow M+ s	381 F- Closin	1 8-14-13
352	NC		RESTROWN SELF CO	DSIN dellie	not finction	An 7-21-23
4-130	NC	1,000	Mosqued restro	m che lose	M155m.	38-14-73
295	NC	0	Miterior Of DS	as don (00)	18550	7-14-23
		v.a	Soiled wy Jank S	Last start		J. 100 1
		(2	WHENON CH SING	1 90g/ (90)R	J 12 2010	1-1-
			NOTE: KINI DODON &	or Hairly (1)	1) 15	s escaphis
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Received by	(name and			Inspect	ed by (name and tale printed	d):
Mega	an	N	lanning		55, HIII 18	sidney Kin
Received	(signature)	1		Inspect	ed by (signature):	XXIII
	-	1		10	By JAM,	Ou 1.
cc:			ec:	cc:		
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Liotabhomi	ciii omiii	au.	requirements. The time mint for correct			1
Establishme	nt name	0	of 210 Center-Com	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishme		3/	of 3D CENTER GOVE	( ) Owner	7-11-23	2696
589	5	S	4 135	Purpose:	Follow-up Release	Date
Owner				1. Routine		1-23
				2. Follow-up	Summary of Violatio	ons:
Owner addr	ess			3. Complaint	1 0/ 1	
D				4. Pre-Operational	I X V	) "
Person in ch	arge			5. Temporary 6. HACCP	C NC NC	/R
Responsible	person's	email	u produce significant de la completa del completa de la completa de la completa del completa de la completa del la completa del la completa de la completa de la completa de la completa de la completa del	7. Other (list)	Menu Type (See ba	ack of page)
1	1			7. Other (1886)	and of guaranat	manardq.
Certified for	od handler	r			123	_45
			ENTIFIED IN THE CHECKLIST AND NARRATI ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW AS	"R"
Section #		Name and Address of the Owner, where		Narrative		To Be Corrected by
205	NC		interior of the 16ex		iled.	
234	NC	room	Observed in-use	Hepsils Stored	Without	VERTURAL E
2117	.0		the hands above to	Ctours words	restroom.	12-12-5IL
341	NR		for hondsing	Ctarels Mside	1621100M.	
			TO FIGHT STATE.			
			Note: Observed.	the following e	-XD iration date	0 9
	1771		- Hermin	The state of the s	e Loxation tea	3/13
Lube	t stagensom	4.	- Herbala	e nutrition G	reentea pon	yar anate
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Received by	(signature)	:	1 (300	Inspect	ed by (signature):	packagin
cc:			сс:	cc:	DIN O WALL	



#### 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.

Establishmen  Establishmen  Owner	nt name	inc Ks	Dr. 8	3017ersvill	Telephone	Number de lishment	Date of Inspection    Total Control   Total Co	1D# 1505 se Date 10-23
Person in cha	Owner address  Person in charge  Responsible person's email		3. Complai 4. Pre-Ope 5. Tempora 6. HACCP 7. Other (li	nt rational ary	CNC_1OR  Menu Type (See back of page)			
							123	4 \ 3
The state of the s					VE COLUMNS MARK HE "SUMMARY OF VIO		THE NARRATIVE BELOW	AS "R"
Section #				DELICITED IN TH	Narrative	THE PARTY OF THE P		To Be Corrected
311,79 (8)	II. siorej	02 de 1000 de	SOV FI SOV FI STSMEN	Long Sustri	COOLY COOLY	ny cost and m	stine Soledinisty	2 2 E D 12 (7 L
310	NC	02000 0000 0Exhau 30151	1 988 154 No 154 No	PONDE RESSE CESTVOI CEILINA WOUNN	SINK TOR SINK TOR SINK TOR HEN IS HEN IS	15 Seal Wall Wat VI Solla- 5 OYL	At 15 Soved Soiled.	8-2-23
399	NC	Ju Of Al	rule room	ipair Ice floor	bin a	ed i	n front	8-28-23
413	NC	Bac	e k	itchen	J door	was	propped	1-6-6-
Received by	122	title printed):	e ki int ente	chen	doon	(US	(name and title printed (signature):	drew Mil

Establish	ment N	am	Address	Inspection Date
Flag	$\mathcal{E}$	X	Ks 12991 Felmer Dr 46106	7/26/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			nush law sticks	. 4
		(	2. Kitchen (employee) nest 200m	8/1/23
			tolet is loose I from this	11
			floor,	1 1
352	NC		Ritchen Cemplagee restroom	8 8 23
			don is not self-closing	
			as the door rubs the floor	1 , 1
431	NC		Ritchen (employee) restrooth	7/26/23
			floor is soiled and	1
309	NC		Othe mechanical exhaust	8/10/23
4.00			appears not to be working	
339	C		The mop surk fairet	Replace
			contained a hose with the	umole,
			opened end submerged into	unitana
			a five gallon, bucket	cut hose
			that contained silverware	in hait
			stored in pot and pan detergent	LASAP
		_ (	3) The mop sink fairet	
			atmospheric vaculm breake	
			and live to cap	
411	NC	_	Taliana to the state of the sta	8/1723
711	NC		for artic an one door triber	11100
			for come and the water present	
				*
		=0	Note: remove Cardboard from Walk-in	
			freezer floor & plastic flim from	0 1100
			pottom Shat of prep-tuble by WIK-11	100/11-
Received B			Inspected By (Name & Title)	Page 2 of 2
100	20	_	mare many last the	
State Form 4	8621 (R2	/ 8-0		



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

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

1		1	1
Establishment name	Telephone Number	Date of Inspection	ID#
FRESH YOTS COFFEE	( ) Establishment	17/13/13	2633
Establishment address	( ) Owner	7/19/23	(60)
221 W. MAN ST	Purpose:	Follow-up Relea	
Owner Address  Downer address  Tony STINNETT	1. Routine	7	129/23
HOUNG TOPY STINNETT	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
	4. Pre-Operational	C D NC	1 _
Person in charge	5. Temporary	CNC_	l R
brog language boding in the south organistic light less a than	6. HACCP	- Republication	12 3400 1/1-1
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
the section of the se	a same a same of the	and you have agreed the	on Supported
Certified food handler		1 2 × 3	45
TONY STINNETT EXP. 8/21/2	71		397
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT.	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	A VIII A	IN THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
324 NC - PRUMBING IS LEAKING	BONCART THE 3	-Bay SINK	8/19/23
The second secon		,	1 1
177 DC - PRODUCTS NOT STORE	to 6 OR MORE	ABOVE FLOW	e 7/29/23
white the state of the transfer terms and the		i i i i i zanguest garai	
399 NL - Coiling IN THE REST	room is Not.	SMOOTH	8/19/23
			-
256 THE THERMOMETER	OBSERVED IN TH	E CARUS	
CHEST FUEEZER			
			10/0/22
229 X - LANGE CHEST FREE	EZEN IS NOT E	45ily MOVABL	0-8/19/23
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and the second and desire the second and the second		And Seed about	2 (Ver 1) PE 1
magnetic and message was and the first date.		reputition for appr	Destroin
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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  GARMENT FACTORY EVENTS				Telephone Number	Date of Inspection	ID#	
Establishment address				( ) Establishment	7/27/23	2156	
Establishment address  10/E WAYNOS, FRANKON, IN Owner				( ) Owner	1/4 1/1		
101			7144 3.1.	Purpose:	Follow-up Release	Date / 7 /23	
				1. Routine	- 8/	1/05	
4	ze nau	15	CASPY	2. Follow-up	Summary of Violation	ns:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational	_		
Person in ch	arge			5. Temporary	$c O_{NC} 3_{R}$		
WAF	RREY	<b>/</b>	MTKLOS	6. HACCP			
Responsible				7. Other (list)	Menu Type (See back of page)		
				<b> </b> ' '	''		
Certified foo			2014/		1 2 3	$(2)_5$	
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			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI				
Section #	-,			Narrative		To Be Corrected by	
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	<b>_</b>	-	FRONT BAR HAT	WILDOK			
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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 name  Sylfnusod 14  Establishment address  Gweenusod Owner  Owner  Owner address	Telephone Number  ( ) Establishment  Owner	Date of Inspection 7-20-23 Follow-up Release	iD# 1520 se Date 30-23 tions:	
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See back of page)		
Certified food handler		123	45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW		
Section # C/NC R  218 NC  2U NC  COSCUED GROUNDS  NOTE:  DECUED GROUNDS  DECUE	the front for	Solding and the sold and the so	Discovded Orthon Orthon	
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cc:

#### 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. Date of Inspection Establishment name Telephone Number Establishment 7/10/23 1873 Establishment address ) Owner N. U.S 31 whiteland of Purpose: Follow-up Release Date 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 7. Other (list) Menu Type (See back of page) Certified food handler X 4051 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 cisecis are 431 carbonation 23 NC emove product Inspected by (name and title printed): Received by (name and title printed): Received by (signature):



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

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

Establishment address  Owner  Owner  Owner address  Person in charge  Responsible person's email	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	7-13-13  Follow-up Release Date 7-23-73  Summary of Violations:  C
50 Live Chen (3/31/28)		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
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Establishr	ment N くんい	ame	Roman Musy 1751 N US 31 Greenwood	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
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		7	DISCHE IN FREZER door gasket is	
		7	Solit morn	
431	NC	(	DELOCK LACTOR COLONIATION SOLLO	
451	140	1	I Myou floor during the Sold	
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			5 500 Machini.	
347	NC	7	Doserved no puper towers a hand	
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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Establishmer	nt name		ook Chiral	Telephone Number  ( ) Establishment	Date of Inspection	ID#	
Establishmen	nt address	<u>'</u>	GUE	( ) Owner	17-11-13	12/16	
PO. POX 843				Purpose:	Follow-up Release	Date	
Owner				1. Routine	G	4-65	
Owner addre	acc.			2. Follow-up	Summary of Violation	ons:	
Owner addre	255			Complaint     Pre-Operational	1 1 6	X	
Person in charge				5. Temporary	C NC R		
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Responsible	person's e	mail	ilea: Jacob e i Traded to Jugle ingel suoi	7. Other (list)	Menu Type (See bo	ack of page)	
Certified foo	d handler				123	_45	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NARRATIVE BELOW AS	S "R"	
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