




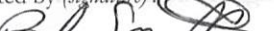
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name DAIRY QUEEN	Telephone Number () Establishment () Owner	Date of Inspection 7/5/23	ID# M8
Establishment address 480 N MORTON ST. FRANKLIN, IL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/15/23
Owner JOSEPH WAPIER		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge NICK HOLZER			
Responsible person's email			
Certified food handler NICOLE NELTON (CFSM exp 1/23/24)			

- 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"

[illegible]

Received by (name and title printed): Nick Holzer Assistant State manager		Inspected by (name and title printed): Bob Smith ETS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Beky
7/18

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 <i>Center Grove Dairy Queen</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/13/23</i>	ID# <i>302</i>
Establishment address <i>330 S State Rd 135</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>7/23/23</i>
Owner		Summary of Violations: C <i>1</i> NC <i>4</i> R	
Owner address		Menu Type (See back of page) 1 2 3 <i>4</i> 5	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Walk in cooler door not self closing	7/13/23
257	NC		no thermometer found in cake freezer	7/14/23
431	NC		Stand up freezer by fryers soiled on bottom	7/14/23
402	NC		Floors soiled in many areas under equipment - fryer, coolers, drive thru	7/21/23
187	C		Food in whipped cream cooler and main cooler @ $> 52^{\circ}\text{F}$ for over 4 hours - All food thrown away - All whipped cream thrown away - ice cream cooler @ 46°F - ice cream is changed frequently but look at at cooler temp * needs repair ASAP * Keep top closed at all times you can	7/14/23

Received by (name and title printed): <i>X Roger Brady</i>	Inspected by (name and title printed): <i>Jaycie Miller</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>Jaycie Miller</i>
cc:	cc: <i>3173464369</i>

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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Establishment name DICKINSON JUVENILE DETENTION CENTER	Telephone Number () Establishment () Owner	Date of Inspection 7/7/23	ID# 540
Establishment address 1121 HOSPITAL RD FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/17/23
Owner JO. CO. GOV'T.		Summary of Violations:	
Owner address		C <u>0</u> NC <u>1</u> R <u> </u>	
Person in charge ANNIE WORTMAN		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> X </u> 4 <u> </u> 5 <u> </u>	
Certified food handler ANNIE WORTMAN SER/SAFE	7/29/27 (exp)		

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC	2	APPLIANCE BULB NOT FUNCTIONING - FRONT SERVING LINE REFRIGERATOR	7/20/23
note			mechanical distorting hot water sterilization temperature (require 160°F or more on plate/utensil surface) was 166°F)	OK

Received by (name and title printed): Annie Wortman / Annie Wortman		Inspected by (name and title printed): Bob Smith ETS
Received by (signature):		Inspected by (signature): Bl J. D.
cc:	cc:	cc:



Butter
7/21

Establishment name Dollar Tree #09029	Telephone Number () Establishment () Owner	Date of Inspection 7-20-13	ID# 1520
Establishment address 870 N US 31	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7-30-23
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge			
Responsible person's email			
Certified food handler			

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Inspected by (name and title printed):

Class: Hall Stanley Ling

Inspected by (signature):

cc:

CC:

CC:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
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Office 317-346-4365 Fax 317-736-5264

Bekm
7/20

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 Don Cienro	Telephone Number () Establishment () Owner	Date of Inspection 7-25-23	ID# 1989
Establishment address 4800 W Smith Valley Rd	Owner	Follow-up	Release Date 8-5-23
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 8 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Jason Lopez (exp. 7/5/28)			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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Section #	C/NC	R	Narrative	To Be Corrected by
190	NC		Observed many metal containers of queso greater than 4" in an ice bath without the ice to the line of the queso @ 940-1040	7-25-23
			↳ ice bath is not properly set up to cool	
246	NC		Observed employee preparing ready to eat lines without gloves	
347	NC		Observed no paper towels @ bar hand sink	
NOTE 3			Observed a "stir spoon" inside bar hand sink	
324	NC		Observed a leak a bar hand sink faucet connection	8-15-23
174	NC		many milk containers/bottles not labeled	7-26-23
218	NC		① 2 door flip top cooler doors are in disrepair (interior of doors)	8-8-23
			② 2 door flip top cooler left door gasket is split/worn	
			③ Water heater flue appears not center over the exhaust pipe of water heater	8-1-23

Received by (name and title printed):

Luis Cruz Gonzalez

Received by (signature):

[Signature]

cc:

Inspected by (name and title printed):

Cassi Hall

Inspected by (signature):

[Signature]

cc:

Chippell Scheltz



**JOHNSON COUNTY HEALTH DEPARTMENT
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Belva 8-1

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 El Beso	Telephone Number () Establishment () Owner	Date of Inspection 7-26-23	ID# 1380
Establishment address 2993 S Garar Blvd	Bourgesville 416106	Follow-up Yes	Release Date 8-6-23
Owner Miguel Rodriguez	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 4 NC 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Miguel Rodriguez (exp 7/20/25)			

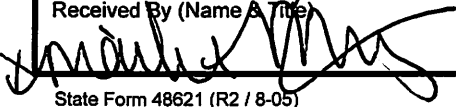
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• 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 Corrected by
187	C		Observed the following internal food temperatures inside walk in cooler - queso dated mark 7/22 @ 45°F - raw chicken @ 45°F - refried beans dated marked 7/21 @ 46°F - previously cooked chicken date marked 7/22 @ 45°F - milk @ 48°F Ambient air temperature was observed 45°F / 46°F	Corrected Vol. Discarded Called for emergency repair
438	C		Discard all P.H.F products. Observed spray bottles (toxic) not labeled.	7/26/23
415	C		Observed many flies throughout establishment → observed "raid" fly strips - needs removed	7/26/23
336	C		Observed a spray nozzle affixed to a hose connected to the mop sink without a back-siphonage approved for continuous pressure.	7/26/23

Received by (name and title printed): Manuel Muñoz	Inspected by (name and title printed): Cass Hall / Andrew Miller, EHS
Received by (signature): <i>Manuel Muñoz</i>	Inspected by (signature): <i>Cass Hall / Andrew Miller</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name El Beso			Address 2993 S Girarde Blvd Bargersville, IN 46106			Inspection Date 7/26/23	
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY		
218	NC		The following door gaskets were observed split/worn: - Upright warmer unit. - Kenmore upright freezer - Prep table unit		8-16-23		
227	NC		Hand Sink in kitchen observed loose from wall - needs sealed		8-9-23		
295	NC		① door Stand Up Coca-Cola cooler shelving racks are soiled/rusty		8-16-23		
112	NC		② green shelving unit/rack is soiled/rusty Kenmore upright freezer appears not NSF approved ↳ observed food products stored inside unit (i.e. dessert item)		8-28-23		
324	NC		Observed the following leaks: ① Women's right hand sink leaks from faucet ② prep sink faucet leaks and ③ right drain connection		8-16-23		
<p>Note: Missing Cove base along cooking</p> <p>Note: Women's restroom for needs cleaned.</p>							
Received By (Name & Title)			Inspected By (Name & Title)				
			Cassidy Hall / Andrew Meador				





460 N. MORTON ST. STE A
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Energy Spot Whiteland.	Telephone Number () Establishment () Owner	Date of Inspection 7-12-23	ID# 1527
Establishment address 989 N US 31 Whiteland 46184	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes	Release Date 7-22-23
Owner		Summary of Violations:	
Owner address		C <u>1</u> NC <u>4</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
344	C		Observed restroom hand sink with a sign stating "Sink out of order" ↳ All hand washing sinks shall be convenient and accessible Appears there is a leak at the drain line connection.	
413	NC		Back exterior exit door not self-closing.	8-14-23
352	NC		Restroom self-closing device not functioning.	7-26-23
430	NC		Observed restroom cube base missing.	8-14-23
295	NC		① Interior of door single door cooler is sealed in back storage room ② Interior of single door cooler is sealed Note: Kiwi kopa container (lid) is sealed.	7-14-23 ↓

Received by (name and title printed): Megan Manning	Inspected by (name and title printed): Cass, Hall / Sidney King
Received by (signature): 	Inspected by (signature): 
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT


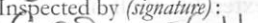
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Energy Spot 360 Center Grove	Telephone Number () Establishment () Owner	Date of Inspection 7-11-23	ID# 2696
Establishment address 5891 S SR 135	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7-21-23
Owner		Summary of Violations: C X NC 3 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Emma O'Connor		Inspected by (name and title printed): Cassidy Hall	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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FRANKLIN, IN 46131
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Belm
8-1

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 Flap Jacks	Telephone Number () Establishment () Owner	Date of Inspection 7-26-23	ID# 1505
Establishment address 2991 Fulmer Dr. Bargersville	Purpose: 1. Routine	Follow-up —	Release Date 8-6-23
Owner 46106	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 10 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		① 3 door "Beverage Air" cooler shelving racks are soiled / rusty	8-16-23
			② 2 door flip top cooler by cook line	
			hand sink shelving racks are soiled / rusty	
			③ Craftsman hand mixer and mixer are soiled.	
			④ Sides of cooking equipment is soiled.	
227	NC		⑤ Server line hand sink needs sealed to wall	8-2-23
			⑥ mop sink needs sealed to wall	
310	NC		⑦ Women's restroom exhaust vent is soiled.	8-16-23
			⑧ Exhaust hood system is soiled.	
			⑨ Dish area ceiling & vents are soiled.	
			⑩ Men's restroom vent is soiled.	
399	NC		Shout repair needed in front of server ice bin and both restroom floor drains (round)	8-28-23
413	NC		Back kitchen door was propped open	7-26-23
430	NC		Back kitchen door emergency	8/1/23

Received by (name and title printed):

Jessica Minton

Received by (signature):

Jessica Minton

cc:

Inspected by (name and title printed):

Cass Hall / Andrew Miller

Inspected by (signature):

Cass Hall / Andrew Miller

cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Flapjacks			2991 Fillmer Dr 46106	7/26/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			push bar sticks	
			(2) Kitchen (employee) restroom toilet is loose from the floor	8/1/23
352	NC		Kitchen (employee) restroom door is not self-closing as the door rubs the floor	8/8/23
431	NC		Kitchen (employee) restroom floor is soiled and	7/26/23
309	NC		the mechanical exhaust appears not to be working	8/10/23
339	C		(1) The mop sink faucet contained a hose with the opened end submerged into a five gallon bucket that contained silverware stored in pot and pan detergent	Replace whole unit and cut hose in half ASAP
			(2) The mop sink faucet atmospheric vacuum breaker is missing the top cap and was noted leaking	
411	NC		Interior bulb not working for Artic Air one door freezer.	8/1/23
			Note: Remove Cardboard from Walk-in freezer floor & plastic film from bottom shelf of prep-table by Walk-in Cooler.	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
Jennifer Minton			Andrew Miller	



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Belum
7/19

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Received by (name and title printed): X <i>Hanna Stinnett</i>	Inspected by (name and title printed): <i>Ken R. Davis / Ego Smith</i>
Received by (signature): X <i>A. Smith</i>	Inspected by (signature): <i>Ken R. Davis / A. Smith</i>
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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 GARMENT FACTORY EVENTS	Telephone Number () Establishment () Owner	Date of Inspection 7/27/23	ID# 2156
Establishment address 101 E WARRING ST. FRANKLIN, IN	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up -	Release Date 8/7/23
Owner BONNIS / CASPY		Summary of Violations:	
Owner address		C <u>0</u> NC <u>3</u> R <u> </u>	
Person in charge WARREN MIKLOS		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler WARREN MIKLOS			

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[illegible]

Received by (name and title printed): * Warren Miklos Exec Chef	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:

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 Greenwood 14	Telephone Number () Establishment () Owner	Date of Inspection 7-20-23	ID# 1520
Establishment address 4161 Greenwood Park South Dr.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 7-30-23
Owner		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed):

Alyssa Sedam

Received by (signature):

x Alessa Sedam

CC:

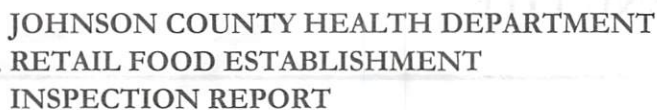
Inspected by (name and title printed):

Cass: Hall Sidney King

Inspected by (signature):

cc:

CC:



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Establishment name Hardees	Telephone Number () Establishment () Owner	Date of Inspection 7/10/23	ID# 1873
Establishment address 1001 N. US 31 Whiteland, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 7/20/23
Owner		Summary of Violations: C <u>1</u> NC <u>5</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler X Lori Fahy			

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[illegible]

Received by (name and title printed): * Pauline Wright		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): * [Signature]		Inspected by (signature): [Signature]	
cc:		cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
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Bethy
7/17

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 Hokkaido Ramen House	Telephone Number () Establishment () Owner	Date of Inspection 7-17-13	ID# 1558
Establishment address 1251 N US 31 Greenwood 46142	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 7-23-13
Owner		Summary of Violations: C 3 NC 9 R	
Owner address		Menu Type (See back of page) 1 2 3 X 4 5	
Person in charge			
Responsible person's email			
Certified food handler Shuiling Chen (exp 3/31/18)			

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• 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
187	C		① Observed previously cooked eggs (no shell) @ 44°F - 45°F inside walk-in cooler employee stated it was made 7/12/13 (3 containers)	Discarded @ time of inspection
			② Observed eggs cold holding @ 55°F on counter across from fryer	
			③ Observed cooked shrimp hot holding @ 75°F on counter	Corrected
			④ Observed chicken hot holding @ 74°F on counter	
193	C		Observed flour mix used for meat products with no time sticker. Employee stated that time is used for public health control	discarded @ time of inspection
295	NC		meat slicer is soiled	
291	NC		Observed no test strips for sanitizer solution	
174	NC		many bulk food products not labeled	
297	NC		Coca-Cola soda nozzles are soiled	

Received by (name and title printed):

Shuiling Chen

Received by (signature):

Shuiling Chen

cc:

cc:

Inspected by (name and title printed):

Cass Hall

Inspected by (signature):

Cass Hall

cc:

NARRATIVE REPORT

[illegible]

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 Honey Creek Church	Telephone Number () Establishment () Owner	Date of Inspection 7-11-23	ID# 2176
Establishment address P.O. Box 843	Purpose: 1. Routine	Follow-up —	Release Date 7-21-23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler	6. HACCP		
	7. Other (list)		

- 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"

[illegible]

Received by (name and title printed): Christi Sprinkle		Inspected by (name and title printed): CASSI HALL	
Received by (signature): Christi Sprinkle		Inspected by (signature): CASSI HALL	
cc:	cc:	cc:	