

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

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

Establishment name £L 10n to 2 Establishment address 120 W Smith valley d Owner Owner Owner address	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# 8 30 33 27 15 Follow-up Release Date Summary of Violations:		
Responsible person's email Certified food handler Juan Cam'llo 9/12/27	7. Other (list)	Menu Type (See b	ack of page) _45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NAPPATIVE BELOW A	c "p"	
	IE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corr			
No volations de	uning mapletion	STOOGLE A VIII ON THE SERVICE OF THE	TODYILSEP TALL LADII TOTAL LA	
Received by (name and title printed): TUAN CARYILO Received by (signature): TUAN CARNIO cc: cc:	le	ted by (name and title printed) AUL BLA CU L ted by (signature): [BUTOU		



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

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

Establishment name FAIRFIELD INN & SUITES Establishment address 350 PARIS OR FIRMKLIM IN Owner GENECAL HORELS INC	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up	Date of Inspection 8/14/23 Follow-up Release Summary of Violation	Date 24 23
Person in charge COURTIVEY Responsible person's email	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C_O_NC	
Certified food handler AMY MOSES (SEVSIFIE EXPLOSE) CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN		
239 NC XXX SMAZL PLASTIC C NOT IN DISPENSER	Narrative EVPS FOR JUIC REPOST BAR	U/WATER	To Be Corrected by 8 /20 /33
347 NC & Strposable Towers HANDSINKS		-	(0((ecied 8)14
254 NC METAZ SVEM PROBE REGISTISKING U-B	e TYPE THOLM 220°F NOT ACC	io meter urate	8/16
(NOTE) POSSEDA MECHANICA USE	Z ØISHMAZHZLO	NOT IN	work order)
Received by (name and title printed): LOUVINE TOULOV BYKEST HH Received by (signature):		ed by (name and title printed): Ob Sm [TH = :	75
cc: cc:	cc:		

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

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

	1		1
Establishment name	an of non-porteditive near-long tools	Telephone Number	Date of Inspection ID#
FOLK IAL	LE BUSIT CENTER	() Establishment	8/21/23 2588
Establishment address	S	() Owner	2300
245 5	MADISON 46147	Purpose:	Follow-up Release Date
Owner ,	1	Routine	-19/1/23
Vine	HENRICH'S	2. Follow-up	Summary of Violations:
Owner address	HOD RICH 3	3. Complaint	,
o wher address			
		4. Pre-Operational	
Person in charge		5. Temporary	C_D_NC_S_R_
lini gangga (ili	ista (91) 92 de galeraj en film a lagrada	6. HACCP	to program bendras acido hobolovo
Responsible person's	email	7. Other (list)	Menu Type (See back of page)
	Should be a first the first tells.	Property of the state of the state of	and a salar and and
Certified food handle	r		12_ << 345
• CRITICAL ITEMS AD	RE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"	
	TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW AS "R"
Section # C/NC	R	Narrative	To Be Corrected by
256 NC	-No THERMOMETER O	ESERINEN IN CHE	
291 DC			
431 NC	- FLOOR SOLLED UND	EN FROM PORTE	~ Kinde
23.70	Aro BAR AREA		or sa day service is that a fit
174 WC	- BULK FOOD LONTAL	on NoT LABIE	SP
317 1	- Dis Not OBSERVE	PADEN TOWELS	FOR ME
	HATO SIDE IN THE		
	1	to the second se	/ in mall and a gionne
MOTE	HAND SINKS ARE	FOR WASHING HI	gios, NOT
	STORAGE OBSERVER	SMALL FLYING 12	SECTS,
	- 1 CHEMICAL SPRAY	BOTTLE NOT CA	BELISO.
	- REACH In COOLER 16	BAR ARE - NOTA	termon ren
	OBSERVED, CLEAN.	AND DEFROST.	
	·		
D : 11		T _Y	11 Control D
Received by (name and			ed by (name and title printed):
X Katie		Lancas	EVID R. FAULEN
Received by (signature)	leer a Henrichs	Inspec	act by signamen.
100000			
cc:	ce:	96:	1) : 2011
			SO V UN Page 1 of 1



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

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

Establishment name CRICNOS OTNER Establishment address Q89 N US31 Owner Pere Z Owner address Person in charge RUBLW PEREZ Responsible person's email	Telephone Number () Establishment () Owner Purpose: () Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 8/3/33 Follow-up Release Day Summary of Violations CNCS Menu Type (See back	: R
Certified food handler PCROZ • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	12342	D 5
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	e "summary of violations" and in Narrative		Be Corrected by
HAMBURGER 15HO REFRIGERATOR BY O AT MIF OR LOSS AT MIF OR LOSS NOTO X IN TERNIAL TEMPE PORK 43°F IN RE OVEN 324 NC & HOT WHITER TO MAN HANDSTNKS 136° 344 C & HANDSTNK IN KI 346 NC JACLESSIBLE, ITEMS	BACK SOOR 48 ESTATORE OF RATE PRIZATION FOR PATEUR PATURE AT RE TOHER NOT FOR EM TOHER NOT EM	EROSS FROM OSTROOM OSF-120°F TSILY	8 4 8 4 8 4
431 NC = FLOOR JRAIN VI	MISSING FILT NOER 3 LONG Few SMACL	FUES SOON)	8/3
Received by (mume and title printed): (ben Derceived by (signature): When Dewr	Inspected Inspec	d by (name and title printed): b SMITH E	9/3 1tp
cc: / cc:	ce:	P	age 1 of

NARRATIVE REPORT

			
Establishment Name	OTME 98	ress 19 N US31 WHITPLAND, IN	Inspection Date 8/3/23
Section# C/NC R	_	REMARKS	TO BE CORRECTED BY
w Tela	REFREGERATOR FUNCTIONING	under grace not	WORK OP/CR
	F01021101031097	(NOT IN USE)	
392 NG	OUTSTOY DUM	PSYCK - STOP ACLOSS NOT CLOSED	814
	as parvers	NOT CLOSED	
295 NC	INSTUP TOP OF	- De MAXOR NOT	8/5
, ,	CLOPERS		8 (-
			-
			
Received By (Name & Title	s)	Inspected By (Name & Title)	2.5
- When I	Derez	Inspected By (Name & Title) But Smill 2 HS	Page <u>A</u> of <u>A</u>

State Form 48621 (R2 / 8-05)



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

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

Establishmer F70 7 Establishmer W V Owner	ln nt addres V. J	Per eff	ra di si erson	e 84.		Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint	8 23 23 Follow-up Relea	Date of Inspection ID# 8 23 23 2566 Follow-up Release Date Summary of Violations:		
Person in charge Responsible person's email Certified food handler						4. Pre-Operational5. Temporary6. HACCP7. Other (list)	Menu Type (See	CNCR Menu Type (See back of page)		
• CRITICAL I	ITEMS AF	RE IDEN				TE COLUMNS MARKED "C" IE "SUMMARY OF VIOLATIONS" ANI		45		
Section #		COLUMN TO SERVICE OF				Narrative		To Be Corrected by		
Received by			nted):	Viblat	rion the	Inspe	cted by (name and title printed Aul Batiku	d): Etts		
Received by CC:			luvo cc	:		Inspe ce:	cted by (signature): Dul Bethlen	***************************************		



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

Establishm	ent Sani	tatio	n Requirements. The time limit for correction	on of each violation is s	pecified in	he narrative portion	of this report.
Establishme	nt name	$\overline{}$	about polinical was used not be a se	Telephone Numb	er I	Date of Inspection	ID#
ISION SOLD SOLD				() Establishm	ent	2-12-12	1676
Establishme	Establishment address Edinbugh					0 20 1-	100
592	592 W CRAAR St.]	Follow-up Releas	e Date
Owner						- 19-	6-15
					15	Summary of Violat	ions:
Owner addre	ess			3. Complaint			
				4. Pre-Operation	nal	G	
Person in ch	arge		After Ellin I was begin a one	5. Temporary		CNC	1 R
				6. HACCP	50 10 10	ng fa hodisaa so il	
Responsible	person's	emai	l was fungularis of his fitzer i sho a cool	7. Other (list)	15 I I I I	Menu Type (See l	back of page)
			she in sub- reducing it had	over the same profession of	81 1	standing cools.	r na Berg
Certified foo	d handle	r				2X_3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVI FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI			IE NADDATIVE DELOW	AS "R"
Section #	C/NC	Control No. of		Narrative	NS. AIND IN TE	IE NARRATIVE BELOW	To Be Corrected by
2/11	Ni	IX	paper towels are		10 6 00	Olor Lee	To be deficed by
201	100	H M	restroom.	THICKER	III CIV	Stodes	NAME OF THE PERSON OF THE PERS
1017100	ga bug	5515	163110011	The the species	- 50	Route, A value Co.	(Johnson)
			mater that of desires part and demonstrate	ROBERT OF THE ROBERT OF THE PARTY.		to panien si anive	e wantani -
							1000
		_					
		_					
		_					
	100	327/1	he annoules has not at a successful and a			de complete	Andreas Services
	29,35,00	201	note: email in	osia for	Miles	2 VOON 5	hangedo l
	317	1127	note: email inv	010 101	111/10	110000	Isnacomble
			0 101171				
D : 11		1 .:.1	1 D		Inspected b	y (name and title printed	1).
Received by	(name and	a title		o ali 10 ga perioni Lor	CASS!		10 L Flan.
Received by	(cian Auro).	A 100 100 100 100 100 100 100 100 100 10	The second secon	00001	y (signature):	WEllow
Treceived by	Signific	, . <	the state of the s		(Rs)	THAM / Cal	W Illena
cc:	PLI	-	cc:		cc:	J WAY . CD	
							Page 1 of 1



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

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

Establishme	nt name	adjour sa	di et a tem Charanch	Telephone Number	Date of Inspection	ID#
GALLAGITER'S KIZZA				() Establishment	2/1/23	7033
Establishme		7		() Owner	01.10	(07)
12	73 L	BLUFF	Ro 46142	Purpose:	Follow-up Relea	șe Date
Owner		7		1. Routine		11/23
1	Vick	HIME	2	2. Follow-up	Summary of Viola	tions:
Owner addre		MIME		3. Complaint		
				4. Pre-Operational		
Person in ch	aroe			5. Temporary	c_3 NC/	16 R -
	8			6. HACCP	C	
Responsible	person's e	mail	aligni on lay private taken		Menu Type (See	hack of page)
responsible.	persons			7. Other (tist)	Wellu Type (See	ouck of pages
Certified foo	od handler				1 2 3	< 45
	/	BERUGI			123*	45
• CRITICAL	ITEMS AR			RRATIVE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ED FROM PREVIO	US INSPECTIONS ARE DENOTE	D IN THE "SUMMARY OF VIOLATIONS" ANI	O IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
4111	NC	- CIGHT	INTERSITY IN 1	THE KINDEN IS BE	BELOW MIN.	8/15/23
174	NC			OSTAIDING FORD PROPURT		8/2/23
a minodi	reducti	LAB	ELED		TO INTEGRAL PLANT	12 100 12 100 1
218	NC	- Supe	RICK STAND UP	O REFRIBUERATOR 7	Emp 15	Correcto
				5 48° -> MOVED TO ALTE		
218	PC	TRUC	STANDUP KE	Fripherator READI-	7-610	8/15/23
254	157			My BREAD-PIZZA		0/1/2
218	NC			BSERVED IN ANY C		0/6/23
399	NC	- 100n	- GASKUTS OF	ALL COOLERS ARE	IN PISKEPAIN	8/15/23
3(1	~~		MARKE	ENDUCRATIONS ARE	401 Olsey	0/13/01
187	0	Dice	En Han RREAM	CO AT 61° AND 49"	- DISCAROBO	-CORRECTED
187	C			CO AT 490 - DISCARI		- CORPECTED
255				LOMOTER OBSERVE		8/15/23
187	0			ARMER IS INOPERA		
				POBSCANCO AT 750-		- COMMETER
392	NC	- No Co	VERES RECEPTIO	CE OBSTANTO IN B	ATHROOM	8/7/23
215	NC	+ CARAL	BOARD BENY REN	SED FOR STORAGE IN	Kinter	8/2/23
324	NL		OLD WATER FAUL	CET HONOLE IN KESTIG	con Hand Sole	
Received by	N/		× 1		ected by (name and title printe	
		Hensle	9		ENDR PACES EN	S / Des Driett-C
Received by		- Ubmor		Inspe	ected by (signature):	BIGH
CONTRACTOR OF STREET	Just	-401100	T ce:	cc:	=16/4/	IN JIMU
cc:				l cc.		
			I			

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED B
324	Ne	-	LEAK & THE FAUCET IN THE I COMPARTMENT SIK	8/15/23
414	NC	-	BALL BOOR SCREEN IS TORN	8/15/23
324	NL	-	NO WATER AVAILABLE & MOP SIJK	8/15/23
399	NL	-	BACK BOOR SCREEN IS TORN NO WATER AVAILABLE & MOP SINK Coping ATTHE BASE 18 NOT ATTACKED TO WALL OLAT STRIPS NOT OBSERVED	8/15/23
291	NC	n.	QUET STRIPS HOT OBSERVED	8/7/23
	1	,		
/	9	1	IF BOLL DOOR STAFFLY POOR IS RENDUISA	
10	5101		THEN BACK DOOR MUST BE SELF CLOSING,	
0				
Α				
in'				
		\dashv		
				===
				200.0



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

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

23011131101111		1			T		1
Establishme	ent name	ts CEM	34 of Go	suga of son post	Telephone Number () Establishment	Date of Inspection	ID#
Establishme	ent addres	s s	50/ 01		-	8/3/23	2625
Description of the Control of the Co		1 05	7/		() Owner	, ,	as Data
Owner	M	03	31		Purpose: 1. Routine	Follow-up Relea	3/23
En	400	Sur	CO.		2. Follow-up	Summary of Viola	tions:
Owner addr	ess	0000		22/4	3. Complaint		
					4. Pre-Operational		
Person in ch	naroe				5. Temporary	C Ø NC_	3 p
	1118				6. HACCP	I C _ NC_	- K
Responsible	person's	email			7. Other (list)	Menu Type (See	hack of page
responsible	persons	cimui			7. Other (ust)	Menu Type (See	ouck of pages
Certified for	od handle	r		, /		12 × 3	4 5
JE	21212	E BR	DOKS EXP.	8/23/2027		123	45
			1	' '	E COLUMNS MARKED "C"		
 VIOLATION 	N(S) REPEA	TED FROM PF	REVIOUS INSPECTIONS			ND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
411	NC	-610	LAHTS FOR HE	DO AROUE P	HE STONE OBSCRUE	O AS NOT	8/17/23
	Million	FU	XTIONING	That the state of	an same majora de la composición de	PARTICIPAL PARTICIPAL	Williams I
	in Passi	21 22 4122	16 77 37 4 5 KG			The latest the best of	- District
234	NC	- 10	E Scoop	OBSERVED	BENG STORED	IN REBIN.	CORRECTOR
	-		- STORE	OUTSIDE 2	of ice		-
161	NC	10		2	Leave of		8/17/23
291	\rac{1}{2}	E)	10 MOT OR	SERVE CO	TEMICAL TEST	exprps	0111123
	-	F	DR SANITA	1100 12 01	DAY ? DISH MY	act of the second	
	 						
	10						of markets
						197 1 196 3	
	hed 4-5						Tana de l
	-						
	-						
Received by	(name an	title printed)	:		Inst	pected by (name and title printe	d):
Licetived by	maine and	J.	~ /	Junay	1 K	EUIS K FAU	
Received by	(signature	i Tr	aci Mi	urray	Insp	pected by (signature):	riackamn _k
cc:			cc:	7	ces		
							Page 1 of



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

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

230111321011111					1	1
Establishme		1	skop , nonesad diana dag non ta non	Telephone Number	Date of Inspection	ID#
Ceraffon Reek				() Establishment	8/10/20	1782
Establishme	nt addres	s 1	et Circenwood.	() Owner	8/18/23	1.189
Establishment address Carpenwood.				Purpose:	Follow-up Releas	se Date
Owner				1. Routine	NO	
				2. Follow-up	Summary of Viola	tions:
Owner addr	200				Cumming of Viola	
Owner addit	288			3. Complaint		
				4. Pre-Operational	000	A
Person in ch	arge	2	the top relimination of the	5. Temporary	C O NC	<u>U_R</u>
Cho	ar le	7	Bryant	6. HACCP	and applied on a world	installs of
Responsible	person's	email	was less dignized for the service of	7. Other (list)	Menu Type (See	back of page)
Certified for	d handle	r				/.
Cerunea roc	or minute				123_V	_45
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
100000000000000000000000000000000000000			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	-		Narrative		To Be Corrected by
			^			
	Williams.	109	NO violation dunn	g inspection	CHI PARCIDIES	MISULINE ,
1.4.100	major.	OUL	for Violation Govern	Milliana v. Silveri	Sponstron -	
		\vdash	- no many of the core time or start			1d 7350 13500
			MOTE Domerel boy	Sint somitizer	is about	
				insonal items on	e Separated	
			instale strell	cloor Cooler br	wall in	
			Cooler	0		
						- Edward W
1			T 1 7	8	u filminin na udwade	aluday and the same
		-	en e v sa e se se se se	- man de man de de	and a most of man	
						dia.
Received by	(name and			Inspect	ed by (name and title printed AUL BUK	d): Du Lels
Received by	The second second second	Name and Address of the Owner, where the	7. 19000	The state of the s	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	migrature
9	HI	1		l ja	ed by (signature): BLIVEU	
cc:		1	cc:	cc.		
	' /					

INSPECTION REPORT

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

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

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

Eschultz @ Co. Johnson, in. US
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	it name		successof man to a catally fraggediens for ad-	Telephone Number	Date of Inspection	ID#
Gran	d P	300	ook Memory	(317) 499 History	8-7-23	300000 P
Establishmen	it addres	S	, istillare	() Owner	1:45	2001
2444	Sto	de.	Rd 135 46143	Purpose:	Follow-up Releas	The same of the sa
Owner				1. Routine	No 8-	17-23
Constr	ant	0	we Memory Co.	2. Follow-up	Summary of Viola	tions:
Owner addre	SS		eve memory es	3. Complaint		
				4. Pre-Operational		7
Person in cha	ırge		and Great are to sure more to show a	5. Temporary	C_O_NC_	> _R
Barb	nva			6. HACCP	hus seafned deper	e Juliana in
Responsible 1	person's	emai	l vi i e Llum algani i i i francissiam el elpeger e i i	7. Other (list)	Menu Type (See	back of page)
			na misi ya tama da made,	estrand consper und	indumber gasmapsi	- 1829 YORT
Certified food	d handle	r			123	45
• CRITICAL I	TEMS AI	RE ID	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	THE RESERVE THE PARTY OF THE PA
Section #	C/NC	R		Narrative		To Be Corrected by
324	NC		Drain Line leaks un	der designated	hand	8-8-23
00.	Tiste and		SINK IN North	Kitchen 1	Lake Side	
291	NC		Chlorine Sanitizer +		+ provided	8-8-23
			dish machi		chomatic	
218	NC		Door hinges brok		pelow	8-18-23
2.0	740		Counter Cabin		11 1/.11	
				(Lak	eside)	
294			Note: Sanitizer	Α.	tomatic	8-7-23
			dish machin		in the	
			north Kit	chen. Zak	eside)	prismo El
uhulesu	20000		off matrix and matrix equations		A Lamer Caland	a to Free 13
100	Dat St Di		gang 1916 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			A lake
						1
			You may my	ske Wretten) Comme	nts-
			tax mail	email		
Pageira J L	(manua	d title	hviutad):	Inches	ted by (name and title printed	d):
Received by	iname and	1 mile	& Holland	Inspect	and by finance and time primer	80h.04
Received by	(signature): 1	a Hopana	Inspec	ted by (Synature):	annual S
1	an	le	cup Holomal	(C, C)	Marked	
cc:	100		сс:	cci	The state of the s	1100
				3	317-346.	-4373
						Page 1 of



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

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

_	***************************************	tatio	it Kequitements. The time mint for correction		
Establishme	nt name	Pi	zzena	Telephone Number () Establishment	Date of Inspection ID#
Establishme	nt addres	100	zzenia Onzenniał 12 branch IN 46143	() Owner	8/4/23 2146
Owner	_ 6	200	1) To omen or (6173	Purpose: 1. Routine	Follow-up Release Date
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge		er salt prim i mij strukeare ure	5. Temporary6. HACCP	C_ONC_/ R_O
Responsible	person's	email	in a lands of a truth of a sarele mail serve	7. Other (list)	Menu Type (See back of page)
1	1		sa astronomic interest as	7. Other (use)	an error gurannoga as a sacrat
Certified foo	od handle		RP.		123 45
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Varrative	To Be Corrected by
295	Me		lee - machine left c	orner is soile	L.
	The three	roq.	opunsast integricos gras os kar bir	marcol governor sun	Pareoran grandlang Arrenage 1
	orinity.		MOTE: Mechanical (tag (i) Oak Up-night Aleds to be Internal te 47°C, been Butter Es d	Coster unit	C, butler at
Received by	the	title f	printed):	R	ted by (name and title printed): Aul Bittou Ells
Received by	(signature)	2	Hel.		ted by (signature): Oul Betilou
cc:			сс:	cc: <i>U</i>	



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

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

Establishme 20 2 wner 2 care	A Adress	Au		+ R	s 4	1614Z	() Est () Ow Purpose: 1. Routin 2. Follow	e -up	8/4/ Follow-	up Releas	4/23
Owner address Person in charge Responsible person's email Certified food handler					3. Compl 4. Pre-Op 5. Tempo 6. HACC 7. Other	oerational orary P	C NC R Menu Type (See back of page) 1 2 3 4 5				
							VE COLUMNS MA) IN THE NARRA	ATIVE BELOW A	AS "R"
Section #	C/NC	R					Narrative				To Be Corrected by
			ya dana	Non in	Kho	/ > 170	SAS TO	, Ksp	DORG		
Received by Received by	Ka7 (signature)	Lhy	Sto	h/h ahl	ut	- -		1	cted by (name of	· tarre	EN BAS



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

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

Establishin	em sam	auon	Requirem	ents. The t	mie mint n	or correction	on or each violation	is specified i	ii tiic namati	ve portion (or tins report.
Establishme	nt name		12.	biasint rila	11 -1	11 to 12	Telephone Nu		Date of Ins	1	ID#
			ON.	TEO /	(877/001	ST	() Establish	hment	alis	123	1/27
Establishme	nt address	3		Λ	,		() Owner		1 / /		1
5	25	N.	MADIS	ow Au	10 46	148	Purpose:		Follow-up	Release	Date
Owner						-	1. Routine		Follow-up	8/11	4/23
_							2. Follow-up		Summary	_	
Owner addre	ess						3. Complaint				
								ional			
D : 1							4. Pre-Operati		0	NC_ 4	5
Person in ch	0	Loo)	e. Kenil	Live -			5. Temporary		C_7_	- NC_4	R
To Responsible	UE	-	ENO	FF			6. HACCP		nd advisor	EN THEOL	ULULAN DE
Responsible	person's	email					7. Other (list)		Menu Ty	pe (See bo	ick of page)
				main.			off the disc, affine I		Talan a t		
Certified for	od handler	PZ	SOFE	EXP.	3/27				12_2	3	_45
			THE RESERVE TO SHARE THE PARTY OF THE PARTY	Call Control of the Control	-	NARRATIV	E COLUMNS MARKED	"C"			
							E "SUMMARY OF VIOLAT		THE NARRATI	VE BELOW AS	"R"
Section #	C/NC	R					Narrative				To Be Corrected by
	1										
V	/	iog ç	& PI	NCZ	nlead	MANIES	TENS IN C	14557	Kne	Sum	VERIBRIAN STREET
1	DIE	JOHL V	1 / 4	70	11/COV	ic ipici		W O = 1	1,000	EB001 2	IOERSEL I
		\neg	An	10 2-	-0.10	20 6	SHIRLBOOK	FREE	Zan	ALSOID192	VIII JEST
		_	701		1-100	P					
	-										
		-									
	-	-									
	-	\dashv									
	-	-									
	off Say	1001							and the latest design	godlana s	Historia
Lifter	100000	rg Ju	T. June		diam.				- bashorer	Lade	abron I
dil	in si no	ios di		2		<u> </u>				March Life	a modes!
		_									la parel
Received by	(name, and	- 1		CF_				11/	d by (name and	titly printed	un EAS
Received by	-	-	não	5				-	d by (signature)		mindon I modernin
L () signature)	(1/	1	7			1/		1	
cc:	puri	e &	ny	Lee:				cc:	4		
C. //			`	-60.				1			



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

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

Establishme	nt name		all of trade of dulinger and or name	Telephone Number	Date of Inspection	ID#
Caril	1181	r		() Establishment	8/17/12	1.00
Establishme	nt addres	S	= 4	() Owner	0/11/23	143
138	1	He-	fferson St Franklin, IN	Purpose:	Follow-up Releas	se Date
Owner			11000000	1. Routine	10 8	127123
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	Can	11
Person in ch	arge		A Great History and A control of the	5. Temporary	CO NC	P R
1 1	0			6. HACCP	0	~
Responsible	person's	email	en o base si si ed en al al destino di	7. Other (list)	Menu Type (See	hack of page)
	1			7. Giner (1131)	andma grown a	2322 (2422
Certified foo	od handle	r		-	123/	45
• CRITICAL	ITEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
177	WC	X	Food Stored on Floor is	n walk in wolk	er di we to gauntan	8/18/23
402	SU	V	Floors stilled in Severa	1 avea 8	foods, a contraction	8/31/23
	100		- under bar, ice mas	chine 3 hayer	1/2	0/
				1 3 3 3 11		
257	NZ	P	thermometers hot easin	1 allessible in a	ofers	8/17/23
	1.0	-				61102
433	NC		mop nothung - sit in	duty water		00/23
			J	U		/
			NOTE: Deade wear	chove at all to	moo	- Mariana
			While propring food	1 02- (1000-100)		San and San
			Small winged integs of			Terreposa
			Small which d interes of	while unattende	d	
						-
Received by	(name and	title	printed):	Inspe	cted by (name and title printed	<i>t</i>):
	5	1	4 A		ayor Willer	
Received by	(signature)	:		Inspec	cted by (signature):	u BAA
cc:			cc:	lect	31134643	1,9
						Page 1 of



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

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

Establishment name HMMPTO Establishment address 361 PM Owner Owner Owner address Person in charge SYONY Responsible person's email	N INN RIS DR. FINNKLIN, AN	Telephone Number () Establishment () Owner Purpose; (Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 3 4 2 3 Follow-up Release Summary of Violation C _ NC Menu Type (See ba	Pate 123 14 123 ions:	
Certified food handler			1_2 3	45	
	NTIFIED IN THE CHECKLIST AND NARRATIV			"R" To Be Corrected by	
(NU PO)	SCOOP WATH HAN FOR DISPENSIN	INCE NOT PROVE	DOJ TO MAKER	8/8/23	
239 NC ×	BOXES OF EXMID STUCK ROOM NOT MINIMUM OF 6	SERVICE THEMS STUPPED OFF FL		9/1	
179 NC ×	APPLES ON DISPLAY NOT WRAPPEY OR CHEMICAL FRST ST	BAR IT SANITIZER	8/5		
257 NC =	OU- JOB POT Pro	2 MOMETER OR OUTDOS +MAZITURE NOT	ProBeTYPE IN USE	8/6	
Received by (name and title pri. Received by (signature):		Inspecte Si	nd by (name and title printed): Sm 17H E By Jignatury):	1 8	



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

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

Establishme HISH Establishme J39 Owner	nt name ont addres	Pusi s	Marton of Franklin	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 8/3/23 Follow-up Release Summary of Violate CNC	ID# J 58 se Date tions:	
Responsible Certified for	person's	email	as place of the minutes	6. HACCP 7. Other (list)	Menu Type (See back of page)		
• CRITICAL	ITEMS AI	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE				
Section #				Narrative	7	To Be Corrected by	
Received by	(name and	I title p		ning mightedion	THE PARTY AS A STATE OF THE PARTY OF THE PAR	d):	
Received by	(signature)):			cted by (name and title printed Bltc Kol Cted by (signature): Jul Bet Vou	shape Saq	
cc: \			cc:	cc:	V		



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

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

							<u> </u>			
Establishmer						Telephone Numb	per Date	of Inspe	ction	ID#
Hoas. w	Cue	bas	rel C	anely \$ 5	nacks	() Establishm	ient Q.	8-202	7	1949
Establishmer	nt addr é s	S		` .		() Owner	10	0 200	3	' '
370	F	Te.	fferson	46131		Purpose:	Foll	ow-up	Release	Date
Owner						1. Routine		10 -up	8-18-	
O WILL			Sm	47)			6		_	
			JW.	HH		2. Follow-up	Sun	ımary of	Violatio	ns:
Owner addre	ess					3. Complaint				
						4. Pre-Operation	nal		,	
Person in cha	arge			-		5. Temporary		d'	NC	R
	-	,	Since	ബ		1	-	7	149	N
			Smi	MK		6. HACCP	\vdash		<i>(</i> 2	
Responsible	person's	email				7. Other (list)	Me	enu Type	: (See ba	ck of page)
Certified foo			. 15×A	- 13 -			1	2.Z	_3	45
Lameo	<u>س</u> ک	mi	7h 0/	5-13-202	.6					
• CRITICAL I	TEMS AF	E ID	ENTIFIED IN	THE CHECK	LIST AND NARRAT	IVE COLUMNS MARKED "C	tt .			
 VIOLATION(S) REPEAT	red F	ROM PREVIOU	S INSPECTION	S ARE DENOTED IN	THE "SUMMARY OF VIOLATION	NS" AND IN THE N	ARRATIVE	BELOW AS	'R"
Section #	C/NC	R				Narrative			7	To Be Corrected by
				Na	Viele Hens	•				
					Tranky	le 1 a				
	-				1 vicos D					
		_								
						_				
					<u> </u>					
					···					
					<u> </u>			-		
Received by	(name and	title	brinted):	_		•	Inspected by (n	ame and tit	le pri yt ed):	C 0,
<i>'</i> '	•	-	ron I) 5 no	ith	OWNER	Cale & F	Teenor	Bcb	Smith
Received by			· // (+			- W Com	Inspected by (st		1	100
W.			> 2	170			Celuis	·	~/B	N Sind
cc:				cc:			cc:	-cur	7	
1				J						
				-						



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

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

Establishment name	Telephone Number	Date of Inspection ID#
HOR (00)/18/1	() Establishment	0 10 00 00011
Establishmen address	18/5/11) Owner	18-10-7619516
Do hat JAI III	Purpose:	Follow-up Release Date
Owner	(1. Routine)	- 10-13
	2. Follow-up	Summary of Violations:
Owner address	^	Summary of Violations.
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	C NC R
atticization is the measurement talk there	6. HACCP	Turpib Justines an ilbit opimicas
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler	2 harden	This experience is a second of
Certified food handler		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENGLED.		THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
NO HEMS OCH	ed a time of inspe	CTION
main dag a san arb. bill subaca pare i	co o mo or motor	The Manager Common Comm
and sedate sometry. Seek mediation with	THE ROLL SEE	TESTINGEN OF STREET VERIFICATION
mandais la bresi on Onder M	THE RESERVE TO SERVE	Committee applicabilities of the second
11210018		and the col
Note has	needed for restro	OW MADE
Lavy.		
	<u> </u>	
- 101 4 100 4 70 4 100 600		Linearing
Received by (name and title printed): A lexis "Sadie" Stokes	Inspecte	d by (name and title printed):
Alexis "Sadie" Stokes	Cas	SS Hay all area and activate
Received by (signature):	Inspecte	d by (signature);
our your		DD 1411
cc: cc:	cc:	



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

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

Establishme	nt name	and a forming	Se file control of	s if ir necisia	Telephone Number	r Date of Inspection	ID#
Hous	è of	Tokyo			() Establishmen	nt ol ol	No. of the last of
Establishme	nt address				() Owner	8/23/2	3 515
172	mela	sky Cane			Purpose:	Follow-up Rele	ase Date
Owner					1. Routine	-	
					2. Follow-up	Summary of Viol	ations:
Owner addre	ess				3. Complaint	·	
				1	4. Pre-Operationa	1	
Person in ch	arge				5. Temporary	C O NC	3 p
	118120000			host* T	6. HACCP	I C NC	N. I
Responsible	person's em	ail	GOOD AND BUILDING	phores I	7. Other (list)	Menu Type (See	hack of page)
reoponoioie	person em	visor 1 2m			7. Other (tist)	Wienu Type (See	ouck of puges
Certified foo	od handler	none of the land transport of the land trans				123_	4 1 5
• CRITICAL	ITEMS ARE	DENTIFIED IN TH	HE CHECKLIST AN	D NARRATIVE	COLUMNS MARKED "C"		
			SPECTIONS ARE DE			" AND IN THE NARRATIVE BELOV	V AS "R"
Section #	C/NC R				Varrative	back down	To Be Corrected by
4 AM	NIC	there	ung fl Stante	\$ 60	a hole un	der exit	
412	Ne	small	wing fl	wes no	fice in fac	der exit	A LESTODEN I
305	Ne	Getening	supplie	e are	inside han	id Bmp	i doganxan
			11				
		1050	DINAIR - in	n Oros	gor An ch-	11 Pul Working	-
		14075	- Au poo	d mat	errale are w	oved to a	
			distinct s	ent ur	wt.	60 (0	
	ulluismesses	Okamera alea Be	(ii) mace	Sure to	get morrer	r Equipment to	get rich
L. L. Fare	A presented		Of Sn	nall w	ing flres.	a see the street A subject	\mathcal{O}
	ed accordin	I dag polygos sa	ed village	ek alan ma		i control forma per	d konnected to
							ol linconana
	-	1					
Received by	(name and tit	le printed):			I	Inspected by (name and title print	red):
-		mones				Raul Betil	u Ette
Received by	1	0	-		I	Inspected by (signature):	d gnigasioner
1	Cu 1) LONG	-			jaul Betitou	,
cc:		C	C:			cc.	
							Page 1 of