

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

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

Page 1 of _ /

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment fame	Establishm	ent Sani	tatio	Requirements. The tir	me limit for correction	on of each violation is specifi	ied in the narrative portion	n of this report.
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Page 1 of

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

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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 corrects Establishment name New York Carlot Car	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 8-29-23 Follow-up Release I 9-9 Summary of Violation	1D# 15 9 Date - 23
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See bac	ck of page)
Certified food handler PSSICO CHONG (EXP. 4/10/28) • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIN	VE COLUMNS MARKED "C"	123	4
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS "	'R"
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	langual disimenon non il. evil	Telephone Number	Date of Inspection	ID#		
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Establishment address	46142	() Owner	189912	6363		
3112 W. Smith	VALLEN PO	Purpose:	Follow-up Release	Date		
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Establishment name	a such of men second ally been	Telephone Number	Date of Inspection	ID#
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Establishment name PARKHURST	DINING	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address	10.	() Owner	8/24/23	20 13
101 BrANTGAN.	PRINKLIA IN	Purpose:	Follow-up Release	Date /
Owner		1. Routine	- 91	4123
PARKHURST	DINING	2. Follow-up	Summary of Violation	ns:
Owner address		3. Complaint		
		4. Pre-Operational		
Person in charge	rational temperature leaders are	5. Temporary	$c = O_{NC} = 3$	R
DEVA DUN	CHN with shiften and a season	6. HACCP	Lea or sention department	Lan iza
Responsible person's email	din collège, edu	7. Other (list)	Menu Type (See bac	ck of page)
Certified food handler	an contage can		1 2 2 /	1/03
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	D IN THE CHECKLIST AND NARRATIV		and a second	
	VIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND I		o Be Corrected by
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431 NC & K	ITHEY FLOOR	OFATOU NOT	CLOAN	910-
399 NC & FU	ADD WIDRAL . DR	I AROR OF	BAZK	11/1
RO	OOR WORN IN	Man of	BITO	7111
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Received by fignature);	Conera Mar	Inspect	ed by (signature):	Puclase
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				Daniel of
				Page 1 of



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

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

Establishment name Establishment name Establishment address 997 £ - Ourly Im 2 rd; Owner Owner Owner address Person in charge	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# 8 2 2 2 3 2 3 8 Follow-up Release Date Summary of Violations: C NC R Menu Type (See back of page) 1 2 3 4 5	
Certified food handler Chan freet Jaran 8/2/25	The su granted as we		
No violation dur	Narrative To Be Con Uning mepletion: Cing Over 8/81/23 No when them are incle hand theres are store of the ground one older		
Received by (name and title printed): CHANPREET SARAN Received by (signature): Lan Lun of CC: cc: cc:		ed by (name and title printed What Be ITOU ed by (signature): Our Be IVOU	Lits



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#
POPEYES	() Establishment	8/18/23	1000
Establishment address	Owner	18/10/22	6505
270 N-735 46146	Purpose:	Follow-up Relea	se Date
Owner	1. Routine	Ves 8/2	28/23
CHLICAN COMPANY LLC	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
3805 EDWARDS RD ST. Person in charge CINXWATI OH 45	7. The Operational	c 3 NC	23 p —
LINDA CINCINSATI OH 75		C_S_NC_	N S
Responsible person's email	6. HACCP	Mana Tana (Saa	hash of page
Responsible person's email	\mathcal{E}_{XP} : 7. Other (list)	Menu Type (See	vack of page)
Certified food handler . 2/12/24			4 × 5
Christine Sargent) 2/12/24	/	13	4 ^ 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA	BRATIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE	ED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
394 NL - DRSERVED THE	DUMPSTER LID 07	DEM	8/18/23
297 NC - NOZZEC ON SOA	MACHINE IS Soil	FID	8/18/23
431 NC - CABINETS AND FLO	OR NEAR THE SOOA	MACHINE	8/21/23
ARE SOLLED	note steamars de presidente per paragran	Br a te matrin al salva	Se Ann resu
	A TRASH KELEPTI	WE IN	8/25/23
THE MEN'S REST	noom.		
131 NC - THE EXHAUST FAN	IN THE MEN'S RE	STROOM	8/21/23
310 15 NOT WORK NY	12 112 1		0/-1/23
	IN THE MEN'S RE	STROOM IS	8/21/23
Soices	. 21= 1) = 10	2-00 mm 18	8/21/23
218 NC - THE EXMANST FAN	12 THE WOMEN'S.	nistreen 13	8/21/23
Not working	NGED IN THE STORA	LE Popm	9/18/23
399 NC - THE WALL IS DAM. 218 NC - REALH IN DELFIEL	D REFRIDUENATOR I	5 5011.20	9/19/23
711 - List Bus 15 Bo		THE DELFIE	0/1/
187 REFRIDUERATUR	7	7110 100110	7/
	BSERVED AT 630-1	USE TEMPSOATUR	& Cornectos
291 MEDIO	2		, ,
291 NX - DIO NOT OBSERVE		For SANITTE	
Received by (name and title printed):	Inspec	eted by (name and title pante	
Shappon Berry	KE		ndrew Miller
Received by (signature):	Inspec	ctecyby (signature):) / m'1
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сс:	cc:		

NARRATIVE REPORT

		NARRATIVE REPORT	
Establish	ment Nar	Address Greenwood	Inspection Date
$\rho_{o}\rho^{e}$	yes	#6505 Address Greenwood 270 IN 135 Greenwood	8/18/23
Section#	C/NC F		TO BE CORRECTED BY
431	NC	- EXHAUST VEST ABOVE 3 BKY SINK IS SOLE	8/23/23
324	NC	- JET SPRAYER HOUSE AT PRED SINK	8/23/23
		HAS & PINHOLE LOAK - CONTINUOUS	1
		- CEILING ABOVE THE FRIER IS SONES	, 1,
218	NC	PREFRICE BASKET IS IN DISREPAIR	8/18/23
		- WALK IN KEELIGUSLATOR INTERIOR	1/4
404	NC	BASE IS MISSING.	8/18/23
		- WOLK IN FREEZER WITCHIOR FLOOR IS SOIL	sp 8/21/23
431	NC	- FLOORS AND WALLS BELLIND THE ICE MACHES	
		ARE Sources	/, 1,
295	NC	- REAL IN REPRIDGERATOR BACK WALL IS	8/18/23
1115		AND DUDE GASKET ARE SOINED.	1 / 1
4/5	C	- Live flies seen in dish area	8 /18/23
399	NC	Small double check value	./ //
324	NC	is leaking from the vent	9/9/23
		This unit is above a larger	
		double check value	
413	NC.	Back door was propped open	Corrected
227	NC	Hand sinks needs caulked to	8/30/23
		wall in dish area and breading	
		area	<u> </u>
413	NC	Back door and South diving	8/30/23
		room door contains an opening	
201		to the outside	<u> </u>
324	NC	that water know leaks from dish area	8/30/23
		Dot sometal home correction	
		In about 1	
		Dush area three law sink indirect	
		floor drain Solashee water outside	
		of the drain	
404	NC	Tile cove lase is missing around	8/30/23
00:		the map sink	<u>', L</u>
334	<u> </u>	a y-value with shutoffs is	8/19/23
	 	installed downstream of the atmosp	, ,
Received B	W Name &	Title) Inspected By (Name & Title)	ucet y
		andrew Miller EKS	Page <u>2</u> of <u>3</u>
State Form 4	8621 (R2 / 8	, , ,	
		K.K. JeX	

NARRATIVE REPORT

Establishment Name		me	Address Greenwood	Inspection Date
Popel	je:	<u>Ś</u>	# 6505 Address Greenwood 370 /N 135 /N 46142	8/18/23
Section#	NC I	2	REMARKS	TO BE CORRECTED BY
430 N	10		Back kitchen door gasket	9/30/23
			is deteriorated	
		_(I Floor drain cover is not	
	_	4	accessible due to a leg for	
		<u> </u>	The beverage - in - wax being	
	-+	4	stoned on top in the back	
		1	storage wom	
	\dashv	<u>(1)</u>	Floor drain cover is not	
		-6	eccessible due to a leg for	
		+	a metal table being stored on top at the driver up window	.5
	\dashv	+	on sop at she arive-up what	<i>0</i>
	-	十		
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Received by (N	lame &	Title	Inspected By (Name & Title) Undrew Miller EKS	Page <u>3</u> of <u>3</u>

State Form 48621 (R2 / 8-05)

KRR



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

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

Establishme	at name			Telephone Number	Date of Inspection	I 1D4
Distablishing	AR J	5 1	LIPCHEN BUCKOUSE PIZZA	() Establishment	1 1	ID#
Establishme	THE RESIDENCE OF		ACIT MOTERATOR TO	1	8/10/23	1089
			AIN ST. FANKLIN, FV	() Owner		
-	1 3	111	18210 ST. V (11.0 KG10 (40	Purpose:	Follow-up Releas	20/23
Owner				Routine		
_	oss			2. Follow-up	Summary of Violat	ions:
Owner addr	ress			3. Complaint		
				4. Pre-Operational		^
Person in ch	FC H	AE	L MORRISON	5. Temporary 6. HACCP	C NC	R R
Responsible	person's	s email	has foods is restricted to single meal-care	7. Other (list)	Menu Type (See l	pack of page)
Certified for	od handl	er (2055 SERUSAFO (EXP 9/5-126)		123_	400 3
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	N(S) REPEA	ATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
218	NC	9	WALL UNDER WA	EN-WAZK-IN	COOLER &	9/1/23
399	ne	4			TO THE PER STREET	- 9/1
		-	ENTRANCE WOR		D. ELAND	8/14
777	NC	-	MINIMUM OF B	to CHES to WI		
	-	-	Acceptation of 8	the cher my	ACL BOCCOS	and the same of th
295	nc	~	METAZ SHELVES/SK	AWER IN KITE	EHER	8/15
			NOT CLEAN	7000		0110
352	NC	9		NOT SELF CLOS	129	8/15
415	C	8	BEVERAL SMARL		RATTU	CONTROL
	all series		MICH OF DIRS	or or or	RNITO	0110
257	NC	X	meTAL STEM PROB	OF TYPP THEEMI	never	8/15
0.5 1	100	-	ROALSTRITUS 0-23	DOF OR DIGI	TAC	8113
			TYPE NOT AVIEL	ABO		
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1	00	1	MANNON	1.6	Il In	→
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				7	17.7	7 1 1
						Page 1 of



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

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

Establishment name Sass affas Establishment address Grea	Telephone Number () Establishment Owner	Date of Inspection	ID#
229 N. Madison Ave	Purpose: 1. Routine	Follow-up Releas	se Date
	2. Follow-up	Summary of Viola	tions:
Owner address Person in charge	3. Complaint 4. Pre-Operational	C NC	
reison in charge	6. HACCP	C_O_NC_	<u></u>
Responsible person's email	7. Other (list)	Menu Type (See	hack of page)
er in Too 1 winters	7. Other (tist)	amend Type (See)	ouch of pages
Certified food handler Language Domi		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AN	D NARRATIVE COLUMNS MARKED "C"		1
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DE	ENOTED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
239 NC Ice Scoop 347 NC No Hov	handle is in the rels upstage la	ice vatory	8/9/13 8/4/23
Received by (name and title printed): A e	ngaiservo.	cted by (name and title printed ACT D B & cted by (signature):	De la
cc: cc:	ce:	- In-of to	/



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

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

Page 1 of

	ation requirements. The time mint for confects		1	
Establishment name She, l	(mast W. morton St Franklin.	Telephone Number () Establishment	Date of Inspection	
Establishment address	Frankla.	() Owner	48/23	1776
2151	N. morton St IN	Purpose:	Follow-up Release	Date
Owner		1. Routine		18/ 23
		2. Follow-up	Summary of Violati	
Owner address		3. Complaint		
		4. Pre-Operational		
Person in charge		5. Temporary	C NC	P P
r croon in charge	Book fies R rating a matery a Lesbos crass	6. HACCP	10	K
Responsible person's e	luu tunde le metrionel e rigide med serv linne	7. Other (list)	Menu Type (See b	ack of page)
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Certified food handler			1 2 3 ×	4 5
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	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	THE NARRATIVE BELOW A	To Be Corrected by
Section # C/NC				
295 NC	- Dairy cooler shelf	13 dirty	tem war to gaille at	8/10/23
177 NC	- Hand sink is sorted -coffee sup hole	lore are sabled	To when the about	noto wan
193 C	Sausaus and one s	and wiches an	OF DOMESTICS OF SECTION	(EIFIXDU FF
177	sausage and egg s	de for times	control-	
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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 Shell Avel mant, Establishment address 2996 Auman Ir.				Fron to no.	Telephone Number Strate () Establishment	Date of Inspection	1D#	
Establishmen	Establishment address					() Owner	8/23/23	20/8
Secretary of the Parket Street, Square of the Parket Street, S	4 fi	Ima	m dr.			Purpose:	Follow-up Relea	ise Date
Owner						1. Routine 2. Follow-up	Summary of Viola	ations:
Owner addre	ess					3. Complaint	Summary of viola	ations.
						4. Pre-Operational		
				hah mpaga		5. Temporary	C NC_	Ø R
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	1			le can dhine	sing Sao Tran		quiterng cooleries on the	1 52552000 F
Certified for	od handle N	r	ram	12/28/2	2-49		123	45
1						E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW	7 AS "R"
Section #	C/NC	R				Narrative		To Be Corrected by
	Vilenas	tog to	general be	ur sellinoo yaray	inno pri i zaprii	Sur Serio Sed Mornies de la Compa	The real war to gottons	I VERBISM I
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		soon or non-percentally laxations foods.	Telephone Number	Date of Inspection	ID#
5	MACL	17	. MAIN ST 46143	() Establishment	. 1 1 -	
Establishme	nt addres	s		() Owner	8/25/23	2499
2 2	2	, 1	M. 5 41/11/2	D Owner		
20	-5	W	· 1/1412 01 16193	Purpose:	Follow-up Release	Date /23
Owner				1. Routine		/
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Dorson in ch	a tao	10° 0		4	C D NC	d p
reison in ch	arge		entre cooks il a orașe en la conden. Refail fo	5. Temporary	C 4 NC	7R
and the last			, a ste doubourg , als' aldum tu la midler i	6. HACCP	kin — pentoani dagori utan	v houtex of
Responsible	person's	emai	does frod that eth single mediscrut	7. Other (list)	Menu Type (See b	ack of page)
			provide the property of the provide the providence of the providen	avenue e acra qui	d = Jacob = 5 yearstopsi	
Certified foo	d handle	T;	1QUA - Exp. 9/13/27		123	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		ND IN THE NARRATIVE BELOW AS	S "R"
Section #		-		Narrative	VD IV THE WARRIETTE BEES WAS	To Be Corrected by
Section #	C/NC	K		Ivaliative		To be conceiled by
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11 -5 (165)	1	-37	230	T DICE DAR TOO HIGHER SERVE	STOODS VANDER	poblicated a
	Mo	10	/ LIGHT IN BEEN	COOLUR OF	BSERUSA	VEL TRULE
	4	_	NOT WORKING.			
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

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

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

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.

Establishmer	nt name					Telephone Numb	er	Date of Inspection	ID#
Sm	Ve	4	0211			() Fetablishm		8-4-23	
Establishment address 140 N SR 135 46142						() Owner			2503
1140	1/ <	$\stackrel{\cdot}{\sim}$ 0	125		16141	Purpose:		Follow-up Release I	2-1-
Owner	10,	Y	7 1:00		10112	1. Routine		ronow-up Release I	4-23
O which					(Summary of Violation	
0 11						2. Follow-up		Sulphilary of Violation	15:
Owner addre	ess					3. Complaint		6	
						4. Pre-Operation	nal	2	
Person in cha	arge					5. Temporary		c 3 NC 3	R
						6. HACCP			
Responsible	person's	emai				7. Other (list)		Menu Type (See bac	k of page)
Certified foo		r						1234	4 1/2 5
Nol	VE					<u></u>			(
						E COLUMNS MARKED "C'			
			ROM PREVIOU	S INSPECTIONS		E "SUMMARY OF VIOLATION Narrative	NS" AND IN T	HE NARRATIVE BELOW AS "	
Section #	C/NC	K	Α :-		A 44				o Be Corrected by
187		_	Cole :	slain_		2) 1:30p iv		de cooler	8-4-23
		-	<u> </u>	mbien		mp them	n re		ting.
		\vdash	40	1 0	^	idenser far	NO IA	• 1.0	#11/0X
		-		etentic	illy hang		toos	enther	
	<u> </u>	_		moved	Observe	d a hole		Walk-in to	outside
191	0,		Food	HISO, Hems	(Potentia	21 02 1 100 12	<u> </u>) date	8-4-23
111				arkes	9-16	- 27 P	$\frac{abus}{ab}$	made	Redoinen
	<u> </u>		- C	-c	2-22, 1	ate Shou	0 1 6	e 8-9-23	
				ellect	a max h		d 7	Jan C ras	miseration
			. 1	1 41	°F or Les		0		The second second
294	0		Outo	motic	100	achine d	l ses	not	8-5-23
			0.0	pear		Sanitizine	ade	A 0	
			Y	i mi		the spach		40 wath	
			-da	rinse	but	then you	e ler		
			-	o San	itime Su	Savateli 0			
33le	1	Ľ	Noto:	Green	2 Parden	hosea a	2 FRIX	ed to	
	12		<u> </u>	igot/	water line		app.	ear to have	re ,
	100-		<u>a'</u>	Back	siphona	re device	brpri	ded - one app	roved for pressure
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Received by (signature):							Months of the same	- L'all	<u> </u>
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You may make written comments-mail, fax, email.

NARRATIVE REPORT

Establishment Nam	Address Silling Control	Inspection Date
Smore M		8-4.73
Section# C/NC R	REMARKS	TO BE CORRECTED BY
324 NC.	Both restroom hand sinks not water	8-11-23
351 NC	WA HUKTOWN -	8-7-23
431 NC	NUMBER CHOOMS.	1
	2550me labels one worn on plastic	
297 NC	CONTRACTOR LOS CONTRACTORS MACHINE	8-5-23
430 N	Observed a hole in the Lang-in	8:18:23
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216 NC 3	Whomewood Knike Cours anders not	8-10-23
210 130	Smooth and easily Clearable	
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179 Ne	Note: BBQ Sauces on island provided without protection.	8-4-23
	Recommend providing sneene of	ards
note C	Sovi Safe not correct -	19 -9-4-23
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Elipbeth Schult



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

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Page 1 of

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Establishme Surm Establishme 030	nt name	d	ricken 21 Corsenwood	Telephone Number () Establishment () Owner	Date of Inspection 8 18 23	1D# 2728	
Owner	0.0		31 0.77	Purpose: 1. Routine 2. Follow-up	Follow-up Release		
Responsible Certified for	person's	emai r	are cooked or perpand to order. Retail for minimal assembly. Most products are so drust tooch is redirect to single meal services or 1 or 2 potentially beams for the dec.	3. Complaint4. Pre-Operational5. Temporary	Summary of Violations: C NC R Menu Type (See back of page)		
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• VIOLATION Section # 128	-		One enlargated prezer upropht one Cooler not Msf No it: Please make s The side of (ii) make sure of	approved fure date marking the confairer Confairer Confairer	labels writh	To Be Corrected by	
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