

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

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

Establishin	em sam	tatioi	n Requirements. The time limit for correction	on of each violation is speci	ned in the narrative portion	i of this report.
Establishment name shoot anothersan distributed acre to not				Telephone Number	Date of Inspection	ID#
Establishment address Covernor			USM COVERNIA	() Establishment Owner	9-6-23	1006
Eal	1 10	()	SR 135	Purpose:	Follow-up Releas	e Date
Owner	01_1		2((1))	1. Routine		-16-Z3
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	1	
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				6. HACCP	10 10 10 10	5
Responsible	person's	email	and hamely man deporte a stall a late	7. Other (list)	Menu Type (See i	back of page)
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Certified foo	od handle	r 20	Aug exp 1-18-2026		123	_4_X_5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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Section #	C/NC	R		Narrative		To Be Corrected by
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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 correction of each violation is specified in the narrative portion of this report.

Telephone Number Date of Inspection) Establishment I ancake 11000-address Greenwood Independence Dr. IN 46143 2303) Owner Purpose: Follow-up Release Date Owner Routing 2. Follow-up Summary of Violations 3. Complaint 4. Pre-Operational c 2 NC // 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" Narrative To Be Corrected by Section # C/NC R 174 bulk items mot NC 430 NC 411 NC 433 NC 218 NC 431 NC 295 NC 324 NC 430 NC NC Inspected by (name and title printed): Received by (name and title printed): ven cer

NARRATIVE REPORT

Greenwood

Establish	ment N	lam	Address 46/43	Inspection Date
ani	5 PC	<u>î</u> n	cake House 2150 Independence Dr.	9/12/23
Section#	C/NC		CAKE HOUSE 2150 Independence Dr. LLC REMARKS SHE E.	TO BE CORRECTED BY
			vacuum bresken (AVB) contains	
			values / shutoffs and a hose	
		4	with a spray norgle under	
		m	Continuous pressure	<u> </u>
430	NC		Two ceiling tiles missing in	10/1/23
1.0			employee restroom	, <u>L</u>
118	C	_	no Certified Food Handler	10/12/23
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Received B	y (Name	& Ti	Inspected By (Name & Title) Andrew Meller, EHS	Page <u>A</u> of <u>R</u>
100	2014	4	Undrew Miller, EHS	



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

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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 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 estaurant) Establishment) Owner Purpose: Release Date 1 (Routine) Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational $_{\rm C}$ 3 $_{\rm NC}$ /2 $_{\rm R}$ 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handle ARRATIVE COLUMNS MARKED "C" CHECKLIST AND VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" C/NC Narrative To Be Corrected by Section # 399 NC NC 295 NC NC ablo 9/12/23 NC Corrected Discarded 44 411 NC tingin beitchen near Inspected by (name and title printed): (name and title Received cc:

	NARRATIVE REPORT Theenwood							
Establish	ment N	lam	estaurant 1691 Curry Rd 1N 46/43	Inspection Date 9/13/23				
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY				
218	NC		Mechanical dish unit appears	9/20/23				
324	NC		apparent water leak from water	9/20/23				
			line (on left side) of three bay	10010				
234	NC		Sink (Mean wall) Two ice scoop handles were	9/12/23				
	100		touching ice at Server soda	1,712,95				
385	NC		Dumpster side access panel was	9/12/23				
20.5	NC		not closed	9/12/23				
174	NC		Salt container not labeled	9/12/23				
234	NC.		Clean glass cups were stored.	9/20/23				
336	C		mop sink with atmospheric	9/12/123				
		Н	a hose with spray norgle	Remove Hose went				
			under continuous pressure.	not in use				
		Н						
		H	<u></u>					
		Н						
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State Form 48621 (R2 / 8-05)



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

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

Establishment Samtation Requirements. The time limit for correct		
Establishment name	Telephone Number	Date of Inspection ID#
Establishment address Overwo	Establishment Owner	9-13-23 722
1251 NUS 31 410147	Purpose:	Follow-up Release Date
Owner	1. Routine	1 - 19-23-23
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	7 <
Person in charge	5. Temporary	C = 0 NC $R = 1$
an year estate choice are a respective of the second	6. HACCP	march le contra march and
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler Le Miter Hadley (4)1312	\$	12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		
	Narrative	To Be Corrected by
347 NC Observed no Paper	rtongs a hou	d Sink Corrected
27: NC DOSENED DO SUN	ANDON TEST OF	Ol Constant Tools
The Machine Contract	01 A WOOLS 16	Michina
425 NC MOD NOT MINE	Out Ourses	1,100
218 No 2 door true con	Ter left door	gaslet
15 SOLIT (GOVY)		J
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Katia Noshill	1 (de	H akti
сс:	cc:	



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

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

		tatioi	r requirements. The time mint for correct	on or each violation is specified	in the name portion	or tins report.
Establishmen Ac	nt name	e 1	Anne's Kiask	Telephone Number () Establishment	Date of Inspection	
Establishme	nt addres	S	IGUT !	() Owner	9-13-23	2012
Auntie Anne's Kiosk Establishment address 1251 US 31 N Kiosk #2 B-4 Owner			3) N KiOSKE TO 9	Purpose: 1 Routine	Follow-up Release	e Date -23-23
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess		2	3. Complaint 4. Pre-Operational		
Person in ch	1931	hale	Color of the property of the Artist Color of t	5. Temporary 6. HACCP	C NC_	ili yhudes
Responsible	person s	emaii	e na finada il restrictori il inglio mest secritori. Il li oci 2 documento il concentra di concentra	7. Other (list)	Menu Type (See l	oack of page)
Certified foo	d handle	r			123	45
			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC		Cleen under soda Note; few small	machine		9-14-23
1, 17, 17, 11	in jolij	97111	Note; few small	Flys Observed	rt, rysmrzz, zboot	200harshii
			Subdivible bactor of table and	and let and the Ave and	es beginn separat	14 TT TE DESIGN TO
	-Hinton		estatit i jamen e e e e e e e e e e e e e e e e e e			man world
	10.25.01			<u> منسب المتوسدة المتساسم المتوسدة </u>	L Issee to A. Afron 3.	diologopoi l
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Received by	(signature)): N	-12/	Inspect O	eed by (signature): Elenn	Substant
cc:			сс:	cc:		

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

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Establishment name	Telephone Number	Date of Inspection ID#
Barres & Nobles #2829 Establishment address 1281 US 31 Correnwood	() Establishment () Owner	9/26/23 1268
1251 US 31 Corenwood	Purpose:	Follow-up Release Date
Owner	1. Routine	- 10/10/22
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	→	$_{\rm C}$ \bigcirc $_{\rm NC}$ \bigcirc $_{\rm R}$
Person in charge	5. Temporary	C C NC 20 R
to a 1 mag. concerning a stationer; a decorate a gramminate	6. HACCP	a plat in som in tiph at at 200
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		
Emily then brock		12/345
CRITICAL FEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
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NOTE: Make fure	walk-in pracy	ex looler
tempurature	is at 41.7	
@ Items ins	ide walk-in co	oler will be
moved to	Small cooler un	rts.
attestee a se en harrier een fant itstalie en 'n de ee geste oorge	أسيب المستمراة والماليات مقالات	and the confidence of the second
a kasa of half hard made it is more harder	1 1101 11 1101	The sense A short stolered by
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		ul Brg caoa
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Page 1 of 1

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

Establishm	ent Sann	ation	Requirements. The time limit for correction			n of this report.
Establishmer	it name		0 170 1:4:	Telephone Number	Date of Inspection	ID#
Beau	ty	, L	o Beast Mutrition Cross St. IN 46/24	() Establishment	9-6-23	3 2547
Establishmen	nt address	5	c 1 Edinburgh	() Owner		0,0 //
107 E.	Mai	n	Lross ST. IN 46/24	Purpose:	Follow-up Release	se Date
Owner	1	,	Merrick	1. Routine	No 19-	16-23
1 / lat	ras	ha	Merrick	2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	0	The So bigget Program is both.	5. Temporary	c_ <i>O</i> _nc_	/R
11/11	ha	she	1 Monrick.	6. HACCP	Work season used on W	
Responsible	person's	email	a Merrick	7. Other (list)	Menu Type (See	back of page)
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Certified foo	d handle	r			123	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW	
Section #		R	311111	Narrative		To Be Corrected by
295	NC	16361	Wood shelving	in back	room,	Visinity ()
201.000	107510	7	storing syrussy	s porous	ana) solonavan
			not sinoon an	a easily c	leanable	E TAD JX3H
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			needs to be	IN OUR DO	o rather	7 ,
			than sin break	2. Current	ly the	
		-	drain line is a	lmost conn	rected	
			inside the drain	funnel.		
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		Requirements. The time limit for correcti			in the report.
Establishmen		abodi avgiramati ili namadigva fooda	Telephone Number	Date of Inspection	ID#
B. J	1.3 3	rewhouse	() Establishment	9/18/23	17
Establishmen	nt address		() Owner		1344
12:	51 419	or 31 Greenwood, IN	Purpose:	Follow-up Release	Date
Owner		1	4. Routine	20	18/23
			2. Follow-up	Summary of Violation	ons:
Owner addre	ess		3. Complaint		
			4. Pre-Operational		
Person in cha	arge	There 9 and 10 a	5. Temporary	$c = O NC = \frac{2}{3}$	R
			6. HACCP	deline in the	
Responsible	person's email	era digitar dangaran aya megang digitar	7. Other (list)	Menu Type (See ba	ick of page)
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Certified foo	d handler			1 2 3	4 2 5
+1)	miniq	veBaker			
		NTIFIED IN THE CHECKLIST AND NARRATIV			
		OM PREVIOUS INSPECTIONS ARE DENOTED IN TH			
Section #	C/NC R		Narrative		To Be Corrected by
177	NC	Tied tha worth	uinars are no	+ colerad	9/18/23
	Jan 977	Device the second secon	1 , 1	The state of the s	IODELINEAL TOTAL
431	NC	The floor, asour	nd the elish	WUSHOU	9/13/23
431	NO	The floor atou	and drain b	y, the	4/18/23
7,		the 3-bay	51A/K 15 50	ilend.	
		LIULIA ESTE MOST MAINTENANT		and my to grid and	
				n five a	rako i
	161-27-16 111-15	na sanga pada di di sa da sa da			, and a
			Ţ.	11 (12)	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		shoot analysis of a continue	Telephone Number	Date of Inspection	ID#
BZ	ve	CK	tetus	() Establishment		
Establishme		-		Owner	9/25/2	3 2349
			REON ST. FORNKLIN, IN		E.11. D.1.	D
Owner	0 22	4 0 - 0	RSGI-ST. (NASKER / III	Purpose: Routine	Follow-up Releas	111 100
Owner					1 7 7	///
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	narge	n hac	era eled al eu metoneu to vorde t, ikeral b	5. Temporary	cO NC(5R
RO	SA		QUESAJA	6. HACCP	11 < 1 ib	b Jedoval - N
Responsible	person's	email	no foods is natheful to single most on	7. Other (list)	Menu Type (See)	back of page)
			I or if providedly closes bunden	a might a n	d saudon redució pot	prodesses
Certified for	od handle	er .~	NURTUO (SORUSAFE)		1 2 3	(SS)
Jose	<u>e</u>	0,	WKICCO -			
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		
THE RESERVE OF THE PARTY OF THE	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	
Section #		巷		Narrative		To Be Corrected by
393	NC	2		OT INSTALLED	on _	10/5/23
	1 (1)(2)	V.	outstal dumps	HR	The Court of the Court	Andrew L. T.
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399	NC	2		OUT PUSTALLOS	IN AROA	////
399	-	-	OF KITCHEN	NON A DOCK	H NE MATTE	Aen 1211
377	NC	×	FLOOR TILPS 1	WORN ON AND	3 OF RIVER	1011
405	NC		BROOMS NOT HUNG	VP OFF FLO	OR IN	10/5
425	NC.	7	STAN WAS HENE	AREA		10/3
(no			Few FLIPS Seen		n/	CONTROL
100				REA	,	
26	NC	0		HIPPED /CRA	ck on	discarp_
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431	NC	1		novers not	Clark In	10/5
			nest Rooms			The second
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Received by	(signature	.).		Inspect	ed by (signature):	- Inclusion
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cc:			cc:	cc:		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	nt name		n, or respondible adopt loads.	Telephone Number	Date of Inspection	ID#
13/1	17	- (reek GOH.	() Establishment		COO
Establishme	nt addres	ss		() Owner	19-18-23	800
17710		5	MA SR 3	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	NO 9-	28-23
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	and the latest of	L - 1	5. Temporary	c () NC	R
1 200				6. HACCP		Ludmikasy
Responsible	person's	emai	Lorenz uperi el etimo e e e e e e e e e e e e e e e e e e e	7. Other (list)	Menu Type (See b	ack of page)
	r	500000	a la bandan at the	7. Other (usi)	mena Type (see a	uch of pages
Certified foo	d handle	er 🖯	(279		1 2 × 3	4 5
800	30	/	C/PY (2/12/28)	1	12_5	4
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
218	NC	0	Chest freezer locate	d downstairs	, lid is	
	10000		Sould / Chsty		The set to guident	TOTAL TAXABLE TOTAL
	· Lacis is	D	Kitchen hond Sin	K negds Sells	d/ to	
		-	wall		- 1	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer		1.	anoutannia di seri qui se se	Telephone Number	Date of Inspection	ID#
	uca		Beppo	() Establishment	8/31/23	297
Establishmer			21 2 1/1	() Owner	,,,,	011
The second secon	N	45	31 Greenwood IN	Purpose:	Follow-up Release	Date / 77
Owner			` _	1. Routine		9/10/23
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		- 1	5. Temporary	CONC	4 R /
	0			6. HACCP		
Responsible	person's	email	and termination on the contract contract	7. Other (list)	Menu Type (See ba	ack of page)
псоронологе	personro	CITICIT		7. Other (1131)	Menti Type (see of	ick of page)
Certified foo	d handle	r .			1 2 3	1 1 5
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• CRITICAL	ITEMS A	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED FR	OM PREVIOUS INSPECTIONS ARE DENOTED IN TH			THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU
Section #	C/NC	R		Narrative		To Be Corrected by
					, 10	ahu/
324	NC	44	No hot water at	the pizza	Station	9/14/23
		3 1 2 1 2 2	hand sink -			7. 314.3
					1/50.00	6/-/-2
431	No		The \$1000 are		11-TRSS	1/2/2>
			Station is	501/20		
. 70	10/0		The street	1	16 50	0/1/-3
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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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Establishmer Bw	nt name	K	ing # 1720	Telephone Number () Establishment	Date of Inspection ID#	
Establishment address The County line of				() Owner	9/26/23 1885	
Owner		<u> </u>	my y	Purpose: 1. Routine 2. Follow-up	Follow-up Release Date U 10 7-3 Summary of Violations:	
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