

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

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

Establishment name The buyer Establishment address Edwbyyy full Owner Owner address Person in charge Responsible person's email	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) 1 2 3 4 5	
Certified food handler	1 1		
	HECKLIST AND NARRATIVE COLUMNS MARKED "C" TIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND) IN THE NARRATIVE BELOW AS "R"	
Section # C/NC R	Narrative	To Be Corrected by	
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Office 317-346-4365 Fax 317-736-5264

Establishment name Orientel Grill Establishment address Fall Festival Owner Owner Owner address Person in charge Responsible person's email		Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas	24-23 ions:		
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
		-	OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	THE RESIDENCE AND PERSONS ASSESSED.
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Establishment name	Telephone Number	Date of Inspection	ID#
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Establishment address	() Owner	4-63	TIME
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	2. Follow-up	Summary of Viola	
Owner address	3. Complaint		
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Person in charge	5. Temporary	CNC_	R
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Responsible person's email	7. Other (list)	Menu Type (See	back of page)
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Certified food handler	nc \	133	45
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Grein's Sausage Grill Establishment address Edinbugh Fall Festives	Telephone Number () Establishment () Owner	Date of Inspection ID# 9-14-794	
Edinbugh Fall Festives	Purpose: 7. Routine	Follow-up Release Date 9-24-2023 Summary of Violations: C NC R Menu Type (See back of page)	
Owner address Person in charge Responsible person's email	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		
Certified food handler Carol Myers CXB 5-52024		12345	
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Office 317-346-4365 Fax 317-736-5264

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Establishme	nt addres	S		() Owner	9-14-23	
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