

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

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

Establishmer	nt name		shows makanyari yilarini mamanyin ili	Telephone Number	Date of Inspection	ID#
KFC				() Establishment	10-27-23	2245
Establishment address				() Owner	3:150	
129	3	\sim	SR135 46143	Purpose:	Follow-up Release	e Date
Owner				1. Routine		
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	rece.			5. Temporary	C NC	P
r crson in ch	inge				CNO	Landaude S
Responsible	140	DOM:	RCC 25 and the first that the first	6. HACCP	Mana Tana (Saa h	anh of page)
Responsible	person s	ешап	en a manual de la companya de la com	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d bandle					. X) -
Cerunea 100	d nandie	:1			123	4/ 5
• CRITICAL I	TEMSA	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	_		Narrative		To Be Corrected by
197	n ot	0/	Mac N Cheese in sing	le use Container	is net of	10-27-23
101	1		temperature @	120°F -Not fol	11	Milydaix if 1
111 1190	E COTO	20E	Discor Recommend			BODUSEL
402	NC	T	Floor grout & tile	X	TO THE PROPERTY OF THE PROPERTY OF	12-31-23
430	10		Contributing to	fly proble		
			0 1	ose & missino	in aroas	
water trans			Floor is soile	d. Repair	by 12-31-	23
			Will hold 20:	24 permit	. SBack do	or thresho
336	0		Solitter hose on m	op sink fauce	et. Faucet	10-27-23
/	not	V	Mas an Atmosph	eric Vacuum i	Breaker No	<u>t</u>
	1	_	0-	ise under pre	essure wh	au
	4.50			hanism has 2		ves.
			Remove Splitt	Cooler issues:	(a) all a 1 (b) 1 (b) 70	many miles
			Walk-in Chicken	Cooler issues	=	I I I I I I I I I I I I I I I I I I I
410	NC		End cap missing	\		00
218	NC	,		oor is buckling	& appears	to allow
1	-	-	moisture à und	er floor perfe	Jet tor t	huner 10/28/2
415	C	-	Small Flies observe		out establis	10-27-27
H25 Received by	(name an	THE OWNER WHEN	Mops Stored in soiled	Water - Not hu	ted by (name and title printed	
F	1 ev		Cocaror	6	Prophetti Sch	111 DHOV
Received by		_	Chegi Ci	Inspec	ted by (signature):	July J
6	Cle			1,00	May 1 Col	
cc:	Ve		Cc:	cc.	and a stand	
			- Consider		317-346-4	1373
					317-346-L lizabeth Scl	Page 1 of
				F	lizabeth Sch	nultz



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

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

Establishment name Ki Mu Restaultant Establishment address 1280 N- 45 31 Gree Owner Owner address Person in charge	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID# 10/12/23 1544 Follow-up Release Date 16/22/23 Summary of Violations: C		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	6. HACCP	a we the Let of the area.		
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
Certified food handler X Pau Piang	CT AND NARDATIVE COLUMNS MARKED IICH	12345		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLI VIOLATION(8) REPEATED FROM PREVIOUS INSPECTIONS A	ST AND NARRATIVE COLUMNS MARKED "C" ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "R"		
Section # C/NC R	Narrative	To Be Corrected by		
	hazardous foods k h-in resrigerator of aintained at 410.	reld in 10/12/23		
Raw Pork	beef , and chicken.	- let working iol30/23		
on the		frigerator, es in 16/17/23		
245 NC V Wet wiping Sanitizer 5	alution	COLLET		
324 NC No hot 1	Maker shield is	501/ed- 10/14/23 handle		
392 NC IS furner	off	nd and the specific from		
127 NU Bugs of are stores walk-11	carots, cappage, a	of closed- nd potetoes in the		
Received by (name and title printed): Received by (signature):	to describe a la l	eted by (name and title printed): 12114 Day/ess eted by (signature):		
cc: cc:	се:	Song Saylos		
		Page 1 of		



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

V

Establishment Sanitation Requirements. The time limit for corre	ection of each violation is specified	in the narrative portion of this report.
Establishment name	Telephone Number	Date of Inspection ID#
La Herradura 2	() Establishment	10 10 72 1169
Establishment address _ Boxgersuill	Q () Owner	10-19-60/66
226 S SR 135	Purpose:	Follow-up Release Date
Owner	1. Routine	VPS 10-79-73
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge		$c \mid NC > R$
i cison in charge	5. Temporary	CNCR
Responsible person's email	6. HACCP	Mary Transferred to the contract of the contra
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		
Thom (142700 19127126)	1234__5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
187 C. M ODSECUED Drevin	IISly Controd T	efright discoved
Deant Stored w	Sida Metal a	MS With 2M
a lid greater th	non 4" (2 pan	s) occited -
inside the walk	in cooler 64	68F-480x Corrected
date marked	2/18/23	
(3) OBSEIVED 94850	Not holding	9 173°F-133°F
295 NC DWARRION OF 10	Workling P DC	10-26-23
The tollowing equ	ibility is solling	11-20-23
Die walking.	Ecol Norgh	
631/21/00 101	L to Circulation	NK)
431 W. OLDON	the Coolar Silvin	Macks 10-26-23
	100x 15 20100	10-ca-co
Shelving racks	reals trup is s	Corled.
297 NC BOX SOCG 103	The State of the	10-19-73
	for Scaspoin	
TH NC FOOD Drodints 14	for scaspning	Dalkin freeze 10-70-73
F160C-	(States a section	
	freezer ambent	5.05-11-20-10 Block 11-20-1
Received by (name and title printed):	Inspect	ed by (name and title printed):
Nestor Worada, Manager		MSi HOM I was a series
Received by (signature):	Inspect	red by (signature): 1995 of particulation
1 Cleopana	100	35 2MM
сс:	cc:	, it
		2 4 6 1
Notes Obor 3 Day SINK apper OLabel all Spray box	ars to lack on	(NY 90P. Page 1 of)
(DIABOLAN) SORALI MA	4105	J
The state of the		



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Establishment name	Telephone Number	Date of Inspection	ID#
1 Licicion S Wexicon he stawa) Establishment	10 2220	1210
Establishment address GWUNGOO	() Owner	110-61-63	1220
1133 N SR 135 46142	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	-	7-13
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational	1 1 6	1
Person in charge	5. Temporary	CNC_	R
the transfer of solution to the solution of	6. HACCP	C apr numer birth	2 m (15 X 5
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
Certified food handler			, X -
Francisco Provedes (Snory)	[15050]	123	4_/_5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
1878 Observed gueso V	of holding 6	130°F	CONNICTED
MOTE: On COOKING = not	1350 P Orabobe	The second	10 75 70
1245 NC Upserved Wet L	Nipma Cloth	s stored	10-17-13
De Courte Moth	1 SayA FILOR	2011441011.	11 11 12
35A NC 3 DOM 2NX COP	FLOORTER LIGHT	H 2106	11-10-62
384 NC DANOSTER TIE NO	+ Clased 2 Mc	dant Loine	111-77-23
430 NC 19/17 Shill a K day	N387 AM10	Oce O-table	10-12-73
336 C MSENIED OF SOUN	NED 212 OFF	20 07 1997	111-77-73
ander hose Phyl	an of hok	SINK MATANH	
Pack Siphonass	Donolld +	00	1
CONTINUOUS PRESS	ME 11.	<u> </u>	
	0-1111	- M 100	
Note 30 Somitizer	2010410N1 2NA	MULIX	Hader Cont.
OFOLS SIGNAL FLUS	DOSAMIA CO	tor diel	
The small till	JULIO .	M asu	
Bow dich make	of Sinitro	r Sollytia	
09 20 28118200	M.	1 2000	
Received by (name and title printed):	Inspec	cted by (name and title printed):
Letinia Terropetta		155 Hall	Rhs Siet a dei
Received by (signature):	Inepe	cted by (signature):	at the state of
сс:	cc: (lisabeth,	3 chults



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

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Page 1 of

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 name) Establishment Establishment address) Owner Purpose: Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler • 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" To Be Corrected by Narrative Section # C/NC R Temp▶Rite. 160°F/71°C Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc: cc:



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

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

Latabhami	ient banitati	m requirem	ents. The time mint for con-	cetion of each violation is	*		ano reporti
Establishme Establishme	arat	hon F	Food Mart	Telephone Numl		pection 23	10# 1839
9 N. Owner	<u>Highu</u>	10y 31	Whitelana, 1/ 46184	Purposer 1. Routine	Follow-up	Release D	ate) 2.3
am	1+ P	ntol		2. Follow-up	Summary	of Violations	
Owner addr	ress	u u u		3. Complaint			
				4. Pre-Operation		-7	
erson in ch	narge 0	+ n	illar od formost ter bar v	5. Temporary	c 1	NC 6	R
Jal	& ra	tel	erant the view of the party	6. HACCP	and a second	Le William	
esponsible	e erson's ema	il	poste or housist or election	7. Other (list)	Menu Ty	pe (See back	e of page)
artified for	od handler		s if, the, in j Year	internal property	- I durage	nupri 63	
Nertified 186	I A				12_\	34	5
CRITICAL	ITEMS ARE II	DENTIFIED IN	N THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C			
- WARRING TO BE A STATE OF THE	A CONTRACTOR OF THE PARTY OF TH	FROM PREVIOU	US INSPECTIONS ARE DENOTED IN		NS" AND IN THE NARRATIV		
Section #				Narrative		THE RESERVE OF THE PERSON NAMED IN	Be Corrected by
130	NC	Sou	theast ext	1 1 1	e walls	1	1/8/23
11 - 110)	1 1 1 2 1 2 2 2	this	iain sepan	ition be	tween		
113	NC	2004	E exterior	doon 12/	not	1 313	1/8/23
		right	tilitung o		ttom		1
130	NC	Shoo	it trim's	behind b	everage	١	2/1/23
2011		dun	psink is i	uon	0	1	1/0/2
324	C	Sce	maker	main for	of lacks		1/8/23
		anea	Coca-Cola	soaa waa	n sacre		
727	NC	Jus		everage	coolers.	1	1 28 23
•	- F24.79 (CL	are	not easily	y mova	ble	0	nderruh
131	NC	Jury		of walk	e-in-co	olar	11/5/23
	-	1170	alled Pand	South A	1 mage	work	
218	NC	Mo	holder	at mon	MINE	y h	18/23
_ / 3	100	Is	danaged			Y	eplace
		note	ino bar	Eflow preve	inter see	1	10
		ene	stablishmen	to mor y	early test	ingre	conds.
Received by	(name and title	printed):			Inspected by (name and	A. Her	FHE
Received by	Signature):		179 H A 1 A 1		Inspected by (signature)	:	all must
1	Doll				andrew,	male	N
cc:			cc:		сс:		
cc:			cc:		cc:		



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

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

ana Retail Food

Establishmer	nt name	4	m remort ill ne Zodem in	Telephone Number	Date of Inspection	ID#
ME	TER	GASS	TATION #132	() Establishme	ent	1
Establishmer	nt addres	S	STATION #132 SAREEN WOOD IN	2/Z () Owner	10.31.73	683
72 N	151	135	SREEN WOOD IN	Purpose:	Follow-up Relea	
Owner				(f.)Routine		1:10.23
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operation:	al	
Person in cha	arge			5. Temporary	C D NC_	2 R
0.000		e Go	Substitution of the substi	(TY1 000	-	2 - 1
Responsible	person's	email	r Jennemann en Chath	7. Other (list)	Menu Type (See	back of page)
				The second of the second	orlates . who	18925
Certified foo					12_×_3	4 5
Nors	EEV 1	RADZEN	SKI			
• CRITICAL I	ITEMS AF	RE IDENTIFIEI	O IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"		140
			IOUS INSPECTIONS ARE DENOTED II		S" AND IN THE NARRATIVE BELOW	
Section #		Name and Address of the Owner, where the Owner, which is the Own		Narrative		To Be Corrected by
297	ac	-402	ZELS ON GOR	MACHINE AIZZ	SILLED	Le y tago tart le
	2714	No	STO STO	IC COPECE MACH	COE ARE SOUTH	2.
		1970.000	We had the seed of the Child	ontodo tota	TY IN THE TRANSPORT	24 7 11 11 2 2 3
430	DC	+ En	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Suak 15 / 5A	-11.11.	
130	70	PAL	- NO BACK-FO LINE FROM	CAN PREVENTON	D.) WATER	
			HOVE FROM	EDD LAB !	HEMILAL DESDES	ser
			and an all an arrangements		and the second second	L. OLIMAN III
	-			Wante and the same	Sunda A Language	z ml
-11	ed in	11-1-1		المستاب والمسالة والمستون	The West of the Control of the Contr	100-
						AURICIDADE E
-						
						-
Received by	(name and	title printed):	Assistant May	2) 201 -	Inspected by (name and title printe	d): ンムム
Received by	(spnature)	40	1		Inspected by (signature)	I x m I i i
cc:	V	4	cc:		cc:	

460 N. MORTON ST. STE A 10/4/17

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

Establishment name New Hope Murch Establishment address 5301 W. Faw Villa hd Owner Owner address Person in charge Responsible person's email	1	Follow-up Releas Summary of Violat C NC Menu Type (See b	- 14-19 ions:
Certified food handler		123_/	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT.		N THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
Note: 16 Scoop Machine Machine	maching is 30 Stored on top Clar swefull.	Of ICI	Terrorie E
Received by (name and title printed): Landa Erecthouse Received by (signature): Danda Inathouse cc: cc:		sed by (name and title printed	Page 1 of



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

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

Zottaszoninent ot		· xtequireine	10. 210 11110 111110 101 0011001			
Establishment nam			mend all a object on to both	Telephone Number	Date of Inspection	2
		PARE	0 10	() Establishment	10/4/23	1242
Establishment add			0 0 1	Owner	1,0,7,7	
11430	m	ORTON	Franklik to	Purpose:	Follow-up Release	se Date
Owner				1. Routine	- 10	114/23
				2. Follow-up	Summary of Viola	tions:
Owner address				3. Complaint		
				4. Pre-Operational		
Person in charge	ar a la na	the Roal	a contract of the specifical	5. Temporary	C_ONC_C	D_R
ALLY	6	orthe	ar and difference games	6. HACCP	m militar a section	
Responsible persor		The state of	r sent bots ha a ii shadh haa	7. Other (list)	Menu Type (See	back of page)
			relier 2 period	ring in a partition of the second	are est in medicinos	C700-24 11-7
Certified food hand	ller ✓	NACHA	LA (SERVISAPE	1110/27)	12	55
1.17			THE CHECKLIST AND NARRATIV			
				HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section # C/N	CR	/		Narrative		To Be Corrected by
	12	(NO	ITEMS .	Noted)		1
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seat montainide.		71773 - 194 - 1 - 1 - 1 - 1	ndresse for the state of			Name of the second
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	+					
			18.4.5			
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Received by (name)		ted by <i>(name and title printed</i> Bob Sm 1 To	
Received by (signation	rine	blen	ieral manager		ted by (signatury):	variencima I
allu		ire			Bel Smit	
cc:	100		cc:	cc:		
And the second s		-				Page 1 of



460 N. MORTON ST. STE A FRANKLIN, IN 46131
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Page 1 of

Establishmer Establishmer Gwner Owner	27 nt addres) N	m bog	HUT PORTON ST FRANKLIN, IT	Telephone Number () Establishmer () Owner	Follow-up Release Summary of Viola	ID# 2 183 se Date 14 23 24 24 24 24 24 24 2
Responsible	person's	email	The state of the s	7. Other (list)	Menu Type (See	back of page)
			. Dan estatuares estatuares e estatuares e e e	n filos minos	r já tere garálun	5)
Certified foo	od handle		FLURINGO (EXP/30/27	SOPUSATE)	12(3§	55
• CRITICAL		Act Called	ENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
399	MC	2				* CLEAN 10/15/
431	NC			CLEAN IN	AREAS -	PEPATIL 12/1
295	NC	4	SHELVING NOT C	LEAN IN IN COOLER	KIRHEN	10/15
295	NC	~	s prostole OF PI		MATKN PEFRI	SORATOR
138	Ne	×	HATR RESTRATI	NOT CLOAN	ISOR, HATTER	WOX 10/6
291	NC	1	NOT WORN BY E	CH 7057		130 10/6
411	nc	X	LIGHT OUT ON PZ	ZZA OVEN E	XHAVST HOOD	10/12
	1 21 197	2	LIGHT FOR TENSATY	NOT PER	UNTO-WACK IN	FRORCE
324	Mr	K	TELLET SHAT CR DESTROOM	ACKSO/CHIA	one one	10/10
Received by	(name and			26	Inspected by (name and title printed) Bob SM 177	rd): + L75
Received by	(signature): W	Stime		Inspected by (signature):	Distant
cc:			cc:		ce:	,



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

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

Establishme	nt name	-	O Implementation	Telephone Numb	er Date of Inspection	ID#
$ \langle \gamma \rangle$	110	k.	Stop	() Establishm	, , , , ,	171-
Establishme	nt addres	s	Treenwood	() Owner	10/24/23	1/60
1/21	5	7			Trail In 1	-D-1-1
Owner	<u>~</u>		1531 IN 46/42	Purpose:	Follow-up Releas	Date/
Owner				1. Routine		7,00
				2. Follow-up	Summary of Violat	tions:
Owner addr	ess			3. Complaint	/	
				4. Pre-Operation	al 1	11
Person in ch	arge		Titran as in combination of the following	5. Temporary	$C \bigcirc NC$	$/\mathcal{O}_{R}$
11.6	· · · · · · · · · · · · · · · · · · ·			6. HACCP	re tresh (www.u.s.u.s.u.b.	2
Responsible	person's	emai	Provide the least of the least of soil and	7. Other (list)	Menu Type (See)	hack of page)
Treepondiere	Percorre	OZZAKI.	and the information of Smith	7. Other (tist)	Wichu Type (See 8	suck of puges
Certified foo	nd handle	r			— L	
Ceranea roc	od militare				123	45
• CRITICAL	ITEMS AT	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C'		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			AS "R"
Section #	-	Assessment or other Designation of the last of the las		Narrative		To Be Corrected by
393	NC		Extramo duma	ton) Rac	Rod as	10/31/23
5.65	140	1,15	drain plud		A CONTRACTOR OF THE PARTY OF TH	11/00
413	NC.	Dilh	South Paper	0001-000	on Ot	8 JULY 11 11 11 11 11 11 11 11 11 11 11 11 11
1115	140		Walnt- Ditting	and the	801+	
			dod's (Alam)	in sides)	771181	1
			the Thomashard	(Company		, 4
218	NC		Small quest are	1. cools	λ.	11/24/23
	1000		contains a tor		gasket.	17/1
			and the unit is"	honsily"	red	
			OVET			1 1
430	NC		Quest area con	tains a	missing	10/31/23
loui			corping tile and	- one is	damaged	
rist	he in		(proviolister wet)	Well as as visited	J	1 1
256	NC		no thermomel	n seen	in mobil	0 10/24/23
			Cooler with Ho	t Pocketo		1,14
324	NC		Three bay	sink ho	it water	10/31/23
			know and cereter	faucet	leaks	/ Y
295	NC		Three lay 5	ink dra	in line	10/1
			funnel is a Se	oiled		10/28/23
Received by	(name and	d title	printipa): LAKHUPUT KH	ASRIA	Inspected by (name and title printed AN OREW MILL	
Received by	(signature)[:]	1 1	1-111		00
,	. 0	16	from for C		Inspected by (rignature): MANEW M	ellen
cc:			cc:		cc:	
						Page 1 of

NARRATIVE REPORT

Establish	ment N	lam	Address Enenwood	Inspection Date
Qui	Ck-	5	Address Sneenwood (62/5 US3/ 1/14/2	10/24/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
346	NC		No hand sono available	10/24/23
347	NC		nor paper tolvels available) / /]
		_(It dish area hand sink	1
324	NC		Water leak noted from	10/26/23
			water line for ice maker	
1121		-	felter , b	11/11/11
431	NC		Gloon soiled under ice	10/24/23
324	NC		Maker With Stagnant	10/31/23
327	NC		liquid not working in	10/31/23
			restroom (for three weeks-Note	
411	NC		Restraom lights out	
324	NC		Capouccino and Coca-Cola	11/1/23
			soda unit continuously	/ /
			leak/drip water iled	1
295	NC		Microwaye in guest area soil arun lin	e 10/29/23
	X		notes: Three bay sink and	11/8/23
	1		ice maker drawn line	/ /
			needs an air gap, not	
			air break	u _k
			Jum unaware of a	
			backflow preventer for the	
			Paritie and couldn't produce)
			Janu testina recorda	
\cap			^ <i>1</i>	
Received B	y (Name	& Ti	Inspected By (Name & Title) Andrew Miller Ell	Page <u>2</u> of <u>2</u>
	fra	~	I UMARIW HULLEY EHX	, ago or
State Form 4	8621 (R2	/ 8-0	5)	



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

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

		tanoi	i Kequireini	ents. The time limit for correction			
Establishment name				are to a the aorig	Telephone Number	er Date of Inspection	ID#
Roscoe's lacos				405	() Establishme	10/24/2	7 100
Establishment address				() Owner	10/29/2	3 689	
642 s. madison ave			son ave	Purpose:	Follow-up Releas	se/Date	
Owner				Greenwood C	1. Routine	1 1/	14/23
				Greenwood	2. Follow-up	Summary of Viola	
Owner addre	SS			Tal	3. Complaint		
				771	4. Pre-Operation	al	
Person in cha	roe				5. Temporary	C O NC_	/ p /
	180					C	C R
Responsible	nercon's	email		Transport from the second	6. HACCP	Menu Type (See	hach of page)
Responsible	DC15011 5	Cilian			7. Other (list)	Wienu Type (See a	back of page)
Certified foo	d handle	r		1 > -	-	_	, ,
1	Sam	25	Ton	IR SENO 2025		123_ 🗴	45
				THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEA	TED F	ROM PREVIOU	S INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
	,			/1			
216	NC	V	o gnorony	The racks a	se word	, 111	PRESENTE L
			2517	the 3-	da01 (001	el	COMPAN OF
			- 1154-1	Table Co. 1 1 23 Local St.	* 1 P* E	No. 11 11 11 11 11 11	740,000
							-
							
		\vdash					
	1145200 1			The Control of the Co		i alle de la composición	assumed and
							Teps or press
							4
						T 11 // 1::1	10 /
Received by	(name and	title p	Roy Roy	na Townsend	i i mirk	Inspected by (name and title printed	Val/255
Received by	(signature):				Inspected by (highattere):	6
X	4	le	Ma -	toursel		/my	Thefore
cc:	•		7	cc:		cc: / +	



460 N. MORTON ST. STE A 660 N. MORTON ST. STE A 660 C

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Page 1 of

Establishment name (COSCOR'S CURBSIDE Establishment address 640 S. Modison Ave Owner Owner Owner address				Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID# 10/24/23 2525 Follow-up Release Date Summary of Violations: C_O_NC_ R Menu Type (See back of page) 12345_	
Responsible person's email Certified food handler James Townsend				6. HACCP 7. Other (list)		
CRITICAL 1	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION	(S) REPEA		ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
218	NC		Note: Spray noz	ale hose co Wed on map is Atomspheric		A STATE OF THE STA
Received by Received by	Chr	15	brinted): Hendesson cc:	. 71 1	ted by (name and title printed TEST DIL sted by (signature):	Bay less



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

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

Establishmer	nt name		about making a silent car in all to color	Telephone Number	r Date of Insp	ection	ID#	
Sperding #8031				() Establishme	nt III 20	01	11/10	
Establishment address BorgerSU; W				(,) Owner	110-50	1-15	11099	
221 S SR 135				Purpose:	Follow-up	Release I	Date	
Owner				1. Routine	Nes	NPS 11-9-13		
				2. Follow-up	Summary o	f Violation	ns:	
Owner addre	ess	-		3. Complaint				
				4. Pre-Operation	1			
Person in cha	aroe			5. Temporary	C	NC S	R	
	80			6. HACCP	0	110		
Responsible	person's	emai	turbular our an instruction of the of the	7. Other (list)	Menu Typ	e (See hau	ck of page)	
Tree pointing	percono			7. Other (tist)	Menu Typ	c pec ouc	ex of page)	
Certified foo	d handle	r				2 X	4 5	
					12	3_/ _	43	
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	ΓED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE	BELOW AS "	'R"	
Section #	C/NC	R		Narrative		Т	o Be Corrected by	
187	()		Doserved the on	Molant Our	temper 04	the.	Discord	
		Rend	Of the ORLI SUID	5, WOOS, 8	Sandfuich	2e	all, V. H.F	
			Cooler 64804	6 11	212-2020			
			· Observed the	tollowing	MACHION TO	0d		
			temperatures	06				
	D eggs 0480 F							
	Solf & Dudr 2180 L							
1121	3 Chicken wrop 9 480F					11-12 22		
431	NC	_	SIGO FARAIGNAH ESTADISTMUNTIS			11-13-65		
(10)	7. NC SION XIES CHANGED LOW THOUGH					11-30-73		
406	FIGURE XION XIES CONTAGED TO SMOOTH THOUGHT THOUGHT					11-30-63		
CIEDAN CONTROLLA STRUCTURE EXOLIG					19			
105.	295. NC Merior of cabinations Soiled				1	11-13-73		
	Score by Well 30to machine etc.							
207	NC		Dr. De DORY 5025 NOZZLES Solled 10-30-23				10-30-23	
431.	131 NC BOYN 1254 DOM Walls 50160				11-13-23			
Scround tolet ex.						L		
Received by (name and title printed): Michael (Whitenbush / Store Leader (DS) Hull (Caleb Fleens):						eb Alent		
Received by (signature):					Inspected by (signature):	1/6	er Deans	
cc:		1	cc:		co	7		
							Page 1 of _	



460 N. MORTON ST. STE A 10 A V

Page 1 of

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

Establishment name	Telephone Number	Date of Inspection	ID#		
SUBWAY (WAL-MART)	() Establishment	1	1923		
Establishment address	() Owner	10/4/23	1 1000		
2125 N MORTON FRANKLIN, IN	Purposes	Follow-up Release	Date		
Owner	1. Routine		14/23		
DHRUV PATEL	2. Follow-up	Summary of Violatio	ons:		
Owner address	3. Complaint				
	4. Pre-Operational				
Person in charge	5. Temporary	$ _{C}$ $ _{NC}$ \geq	R		
I KV.P.	6. HACCP	deli ocia dinut di pioni	abilities Carlinde		
Responsible person's email	7. Other (list)	Menu Type (See back of page)			
en Eler 2 potentialle interactor a boods.	cambina desir petrological	maki - Limingara	presseri		
Certified food handler OHRUV PATEL SIRWSARYS	/4/20 EXP)	123	_45		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS	"R"		
Section # C/NC R	Narrative		To Be Corrected by		
431 NC FLOOR DRAIN NOT CLEAN IN BACKROOM			10/10/23		
187 C & INTERNAL PEMPES	bd CHECKEN	PO 80			
IN RUBBLE PURTION CO	seensed (
UNIT FRUNT SERVEN	W 410FOR	10/4/23			
less, prepocited m	IN RUBBLE PORTION CONTAINER DY PEFRIGERITED UNTI FRUNT SERVING LIVE WEFF NOT 410F OR LOSS, PREPORTED MEAT IN RUBBLE PURTION CONTAINS				
IN FRONT PEFRIGERATED UNIT ON SPONING					
LING 470F NOT AT	TIMO				
Tempe! HTURE CHART	NOT THE ODE				
218 NC - door gASKET/WORN/SPICT ON FRONT					
218 NC - door gASKET/ WORN/SPCIT ON FRONT 1114					
		and the state of t	orumentas.		
(NOTO) * GAZLON MILK USO BY 9/30/23 IN ×10/5					
(NO) WAZK -IN COOLER					
Received by (name and title printed):	Inspecte	ed by (name and title printed):			
t. V. Promise a series and a series of the series		Bob Smith	ED		
Deceived by (signature):	Inspecte	ed by (signature):			
KV. P.		all or			
cc: cc:	cc:				



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

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

Establishment Saintation Requirements. The time man for		1		
Establishment name	Telephone Number	Date of Inspection	34-10	
The Suds	() Establishment	10-5-23	51364	
Establishment address	() Owner	50		
350 Market Plana	Purpose:	Follow-up Release		
Owner	1. Routine	Jes 10-	-15-23	
V	2. Follow-up	Summary of Violation	ons:	
Owner address	3. Complaint			
	4. Pre-Operational			
D		CNC	3 RO 1	
Person in charge		Menu Type (See back of page)		
_ wide a daid _ element stante = fold _ he face =	6. HACCP			
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)	
the arrival and the second of		N		
Certified food handler		123	_45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA	APPATIVE COLUMNS MAPKED "C"			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE		IN THE NARRATIVE BELOW AS	S "R"	
Section # C/NC R	Narrative	The state of the s	To Be Corrected by	
			PAGE TILE	
431 NC Floor under hoo		uld be	r retroit	
Disintectaut to	1 -00A	PROVIDENCE OF STREET	OSBXDESAGE	
	@ 50°F, 48.5		discarde	
430 NC Coney Sauce	s - Potential for	& contained		
Social Sain	ce @ 43°F @ 5:			
295 No De maker is sorber - Cleaning now				
Dest strips no	+ Drovida	0		
	7			
Plane and the second section of the section of th		L a grandilland	mon-rest	
		4.51		
rmin 5 il	Contract of the contract of th	and the second		
			111g_326	
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Please Check	Coolers - to ensu	re able to	maintair	
product.	l _v	11 (
Received by (name and title printed):	Inspec	cted by (name and title printed)	04	
Dell set for on	Col	cted by (signature):	all	
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Vell esse		rapetu 0	come t	
cc:	cc:	317-346-4	373	
	-	11 070 /		



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

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Establishment Sanitation Requirements. The time limit for correct				
Establishment name	Telephone Number	Date of Inspection ID#		
The Sycamore. Establishment address	() Establishment () Owner	10-72-73 1983		
7070 W Whiteland Ad	Purpose:	Follow-up Release Date		
Owner	1. Routine	-111-3-23		
	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
	4. Pre-Operational	N - 6		
Person in charge	5. Temporary	C NC R		
	6. HACCP	an logola band escretteth abulaxes (
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
- on the first test	1 10 10 1	agniz neo gracimpurante e san l		
Certified food handler		12345		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW AS "R"		
Section # C/NC R	Narrative	To Be Corrected by		
Temp▶Rite. §				
Date: Fernal dish 1	NOCHIM IN	8 m 12 m common de maria de		
PASS WHEN BLUE BAR TURNS ORANGE IS ACTIVABLE CUMDO TA ARVAN AND CAMBARA CADOT HAMANA	The state of the s	0 - 1130, 22 P. 131 - 111 - 112 - 123 123 1		
IS ACTIVATE AND THAT				
1770				
NOTE & Floor	IMARY DO			
NOTE 3 +1GOV	Jan 100/18/18	NALA		
Clecho				
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and the conditional beautiful and a condition of the cond		and the state of t		
William of person as I are		a carrier and the second of th		
Received by (name and title printed):	Inspec	ted by (name and title printed):		
Amy McQueen	Instead	eted by (signature)		
Received by (signature):		Stall		
cc: cc:	cc:	NOO JUNE		
\cup				