

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme	1.	case on a summing discretions for discreti	Telephone Number	Date of Inspection	ID#		
Cale	y Eu	cled	( ) Establishment	11/20/23	2605		
Establishme	nt address	/ <b>,</b>	( ) Owner	11/20/25	2000		
357 E	uclia	Ave	Purpose:	Follow-up Release			
Owner	2	``	1. Routine	Ves 11/	30/23		
Van	l \	Ja Quen	2. Follow-up	Summary of Violatio	ns:		
Owner addr	ress	100	3. Complaint	1'	4		
		<i>O</i>	4. Pre-Operational		,		
Person in ch	narge		5. Temporary	CNC/	/ R		
Chn.	intin	e McFarland	6. HACCP	. Late televiore in the decision	2 CXCJ_07		
Responsible	person's em	Servs te	7. Other (list)	Menu Type (See ba	ck of page)		
	* *	Qx3	1 1 2 1 1	The remarkable	- cal		
Certified for	od handler Wada	in Wilhoit (7/9/27)	/	123	45		
		IDENTIFIED IN THE CHECKLIST AND NARRATIVE					
	and the same of th	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			The second secon		
Section #	C/NC I	R	Narrative		To Be Corrected by		
256	NC	no ambient ay	w thermon		11/22/23		
		seen in one d	oor (grass)	reach-in	obeszen -		
2211	AM	Cooler	obmudod. D	04)	12/1/23		
324	MC	The are gap	bootala f	nakira	2/1/23		
	+	area and lor	4171 +0 52 10	ltonors			
		in the state	ment includ	ing cup ru	user -		
431	NC	Mechanical ext	raust sister	nis	11/25/23		
411	NC	soiled and one	light b	ull is	1		
		out	1	,	11/1		
177	NC	Various single	service item	s i	11/25/23		
		(1.e. cup dids	- hinged con	tainers) w	ere		
201	10 11 21 21 21	stored on the	tring ment	floor.	11/21/23		
291	NC	The Quat test s	trips provid	1 Clavina	12/19/23		
712	NC	no impadient	alsol. contek	to of	11/21/23		
116	NC	Quantity mand	ed low Hom	1011 Strat	1/2/		
		Schmant and	1 moke	Decorate	ng		
		Rita in Dacked	container	9	1		
Received by	y (name and ti	itle printed):	Inspect	eed by (name and title printed):			
("Wri	Stine	Myar lanc	A	ndrew Mille	r, EHS		
Received by	y (signgture):	Offin	Inspect	ed by (signature): Narew Me	ller		
800	1	сс:	cc:				
	Note: Ono backflow preventer seen Page 1 of I in firm a sink needs splash guard next to need.						
,		in firm	1 4-0h	arrand Mo	xt to mes		
		(2) Cape hand sink /	needs speasi	gana	table		



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishment Saintation Requirements. The time mint for cone			or this report.
Establishment name, Cedar Creek of Franklis	Telephone Number  ( ) Establishment	Date of Inspection	ID#2778
Establishment address	( ) Owner	/ / /	1030
Owner Hold Hold Hold Hold Hold Hold Hold Hold	Purpose: 1. Routine	Follow-up Releas	e Date / 23
Cadales Charles	2. Follow-up	Summary of Violate	1010
Owner address	3. Complaint		
	4. Pre-Operational		
Peyson in charge	5. Temporary	C NC	2_R
Carmen Bowling	6. HACCP	the part of the state of the	auhateu   N
Responsible person's email  Sew Safe Exp	7. Other (list)	Menu Type (See b	pack of page)
Certified food Windler Fisher 11/7/24		123	_45
CRITICALITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA		D. W. D. L. D. L. T. L. D. L. C. W.	AC UDU
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN  Section # C/NC R	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
431 NC VOFILOOR drains	soiled und	er	11/26/23
mechanical dis	in machine	and	
under two la	y sure	echanica	
dish marking	I whalr Im	echanica	1, 1.
336 C Mor sink	faucet wit	W	1/25/23
atmospheric va	ecum bre	aker	1 1
(AVB) Contains	a nose so	dispenser	
324 MC Water softener	D'Contain (A)	\ /	, ,
430 NC Bottom anterie		dining	1/25/23
Geteriorited	aucet and su	nk is	1//
aucustatia		AL Value and A to the August and	Luscepell
Notes: Extery	or (aka roo,	<i>(</i> )	
mechanical exh	aust vell	ick	
noisy, Rease	monuse jan	ua	
Received by (name and title printed):	Inspec	cted by (name and title printe)	er, EHS
Received by (signature):	Inspec	tied by (kignature): White Miles	Aller
cc: cc:	cc:		
			Page 1 of



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

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

Listablishili	CIII Saiii	tatio	in Requirements. The time limit for corre			i of this report.
Establishme			etant in populating because in the	Telephone Number	Date of Inspection	ID#
(, & X	Her	- (	From Chuch	( ) Establishment	11 1 10	1000
Establishmer	nt addres:	s	0 000	O Owner	11-1-13	1/189
7340		0	SO 105 CARBUMO	D Owner		Dioi
L 0 1	0 >		OR 150	Purpose:	Follow-up Releas	11
Owner				1. Routine		11-23
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	7	
D i l.		and the same			(")	
Person in ch	arge			5. Temporary	C NC	U_R
			x 162 x 165 x 6.5 (e. 5 houl)	6. HACCP	m multiple	1 75
Responsible	person's	email	Indian in the of the control of the second	7. Other (list)	Menu Type (See	back of page)
			i a fight many in	your the property of the prope	an gairlann-gairm, .	
Certified foo	od handle	r			1 2 × 3	4 5
• CRITICAL	ITEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	(S) REPEAT	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
	GATTLE.		N Herre M	oted of time o	A ser a ser sambine	17Embra
97 1100	endard.	3011	10000000000	July 6 min	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P ROBERT THE
	-		112/56/101	The state of the s	- Partification	7 7 7 9 1
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	111	JA	tion off out to acute of		Language trentien	Les du l
						Affrons of
Received by	(name and	l title	printed):	Inspect	ed by (name and title printe	d):
A	BTA	a 412	DE BROWN	(1)	1001 Hall	
Received by	(cianatur	IN.	1200000	Incert	ed by (signature):	grigorius I se
Treceived by	(signature)	7/	B PO ON MN	111/2	Mast. To	
X.	- V	-			AD MAN	
cc:			cc:	cc:		7



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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

Establishme	ent Sanita	ion Requirem	ents. The time limit for correcti	on of each violation is s	pecified in the narrative porti	on of this report.
Esablishmen	it name		based diament of the management	Telephone Numb	per Date of Inspection	ID#
1 hoo	NOGA	Do, 10	CTOTIL	( ) Establishm	ent 1. los lo	2 100.
Establishmen	it address	00	Greenwood	( ) Owner	11/20/2	3 /291
1251	11.5.	3/1/1	N 46142	Purpose:	Follow-up Relea	ase/Date /
Owner	000	J1/V //	1011	d. Routine	May Rece	1/30/23
				2. Follow-up	Summary of Viol	/ /
Owner addre	0.0				Summary of viol	ations.
Owner address	SS			3. Complaint		
				4. Pre-Operation		5
Person in cha	T A	2	San Cate	5. Temporary	C O NC	5 R
Draw	lly.	D.	/ Devoure	6. HACCP	f congraph house so	Salvador of
Responsible p	person's en	nail	11/20/21	7. Other (list)	Menu Type (See	e back of page)
		2 361	11/28/26	Taket also as I	in a refer to Superali-	A sassoning
Costified food	11-	R	4/10/21 AM		123	4 <u></u> 5
Daw	ley	D,	1/10/27			
• CRITICAL I	TEMSURE	IDENTIFIED IN	THE CHECKLIST AND NARRATIV			W. 40 Upu
-		-	S INSPECTIONS ARE DENOTED IN TH		NS" AND IN THE NARRATIVE BELOV	
	C/NC	(1)	la 4 . 2 . 1 A A	Narrative		To Be Corrected by
218	NC	0116	chanical s	licer qu	and is	11/26/23
- 11 10 10 1	- 	1	on	0	egezajo – 7 many A. Johan	n second
		(3) BD	ry scoop u	damao		Corrected
-				biec" ,	notective	11/20/23
295	110	Some	r is worn	2) 000711	co I daila	Coolors
275	NC	Lex	production	m cools	a party	11/26/23
		th	, , , , , , , , , , , , , , , , , , , ,		ite paint	1/20/2
		(000	2 De martela	24 1112	ue para	
431	NC	Cap	min Coilin	a of win	DR-11- 22002	02 12/1/23
121	NC	cont	annot heavy		L condensor	AT III
218	NC	Bar	00000	chineb le	1 - 1 - 1	1 12 1 12
		hark		le / exteri		
		Coox	Dontainer		,	in line sustantly a
324	NC	me	chanical d	ush mac	hine too	12/5/23
		atmi	soneric va	aum le	reaker (AV	
	-1/	/ leak		. 10	( ) (	
	*	· Thate	: Two Kedu	ced Pressi	ire (KP) ba	dellaw
		mere	nters last	inspection	was 7/2019	1 / per tags
Received by (	(name and ti		/	• -	Inspected by (name and title pring	ted):
SSAC	> Cag	SAS	-JCH	drugge m	Mayew MILL	er EH8
Received by (	(signature):		-		Inspected by (signature):	000
18			8		Will market	w
cc:	0		cc:		cc:	
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Establishme	nt name		of the premially hazarden give	Telephone Number	Date of Inspection	ID#
Chi	Cara	0	's P127a	( ) Establishment	11 0000	21.77
Establishme	nt addrès	9		( ) Owner	111-27-23	1001
12	NI	2	5	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	- 117-	
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint	•	
Domon in al		-		4. Pre-Operational	C_O_NC	7
Person in ch	arge			5. Temporary	C_O_NC	R
D 11	1		a south agree of a barriero	6. HACCP	regability of the total	J. C. S.
Responsible	person's	emai	kvies legm flora, je kolonijer i siboofransi	7. Other (list)	Menu Type (See l	pack of page)
Certified foo	1111.		400 1 1 96 1 1 12 1 2 30 130 I	1979)	~	sass. outd
Certified 100	d nandie	r			123_X	_45
- CRITICAL	TEME AT	DE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		100
1			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	AS "R"
Section #				Narrative		To Be Corrected by
295	NC		A few silver Shell		Calad	
15	170	N.T	Misty.	and man car	30/00/1	V65023X.1
	angs,q	) if the	2 The state of the	W - 20 (181) 11-	BOORS WAYERD B	d British sarri
			"Signification in the respect their agest Mr. an		S de principal acts of	Agn echi
	All the second of the second of		Note: appears 5	de oray porde to	y dish	
			Mote: appears 5			
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			Care Department of the Comment of th		con Lat. Callingd	Laborated and the same of the
		_	of bootsmal and the beginning		Local A Book	and mostly 2
	ed ar no	pele	er Coek en ea min de e en pelace			eurosbe
						Maria and American
Received by	(name and	title	printed):	Inspected	by (name and title printed	):
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Received by	(signature)	):	Control of the second s	Inspected	by (signature):	a le b Fleener
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cc:			cc:	cc:		
						Page 1 of 1



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

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Establishment name  PORTGURC CHICKGOS PIZZA & CURRY  Establishment address  153 HOLIDRY IN FRANKLIN; D  Owner  Owner  Owner address  Person in charge  LUR Flei Sirgh  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)	Date of Inspection  11/9/23  Follow-up Release 11/9  Summary of Violation  CNC6  Menu Type (See ball)	2495 Date   +3 Ins: R
Certified food handler ServsAFE		123	5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO Section # C/NC R  347 NC & STROOM  431 NC & COTLING EXHAUST  POSTROOM	THE "SUMMARY OF VIOLATIONS" AND IN  Natrative  S NOT PROVED CO		To Be Corrected by
256 W. THERMOMETER NOT  SW CHEST FROMZON  ATR GAP NOT BY  HEATER ORATIVEX  MOP SINK  254 W. & DIGITAL THORMOME.  295 M. UNDERWEATH SIDE	TO VIDED ON HOT UNTERPORT NOT FUNCY.	URTER 2000 RIM OK NORZNG CLEPTN	11/12
	Inspecte	and by (name and title printed):  Solve of the printed of the prin	

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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Domonous cumminos requisiones of the control of the		1	
Establishment name	Telephone Number	Date of Inspection	ID#
MIUKATA	( ) Establishment	11/20/23	170
Establishment address	( ) Owner	11/20/20	119
Gruenwood Pancilail	Purpose	Follow-up Release	e Date
Owner	1. Routine	NO 111	30/23
	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
and the control of th	4. Pre-Operational		
Person in charge		C_ONC_	2,0
	5. Temporary	CNC	R
Nathan Johnson Responsible person's email	6. HACCP	(0.1	7 C 1
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler	TOTAL BUTTON	3 1001 11 11 1291	7
Nora Haydon (Exp: 2023)		123	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		_
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
295 NC 100 cream macrines	railed behind disc	Denca C	11/30/23
1 1 1 C CHAIR MACALLES	once ochina any	CAS Company of the spanish of the sp	11/2/01
Ne Cooling unit on front	line needs eleaned	The Terret / Second	11/2/1/23
The state of the s	THE WALL STORY	1 - 1 1230 high value 172 172	71 3 1 711
NOTE:			
- mopsink only us	ed for mop wate	<i>Y</i>	
- Store ice scoops	property		
,	115		
A superior of the standard attachment		- In American I	<u>n Jan 1   1   1   1   1   1   1   1   1   1 </u>
		<u> </u>	PERFECTION OF THE PERFECTION O
			Disposarski
Redeived by (namy and title ty inted):	Inspecto	ed by (name and title printed)	:
1/11/1. // m	- 1	yue Miller	EHS
Received by (signatury):		by (signature):	migral con la
X NATHAN M. FORISTON	1/1	auxi MII	U BH
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		31734443	69
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name CHILLS  Establishment address  2399 N MORTON Franklin, IN  Owner  Owner  Owner address  Person in charge CHRIS Rod mon  Responsible person's email	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Date of Inspection  11/8/23  Follow-up Release (() Summary of Violation  C	(18 23 ons: 2R
CHRIS Rof MON		126_X	<u></u>
399 NC & WALLS WORN IN S NOTE & FEW FLIPS SOON O ROCK 431 MC & FLADR NOT CLORN	E "SUMMARY OF VIOLATIONS" AND IN  Narrative  Samo NOCAS (Map)  ITSH MACHINE OF  AFROUND OFTSHORAL  ATTRONT SIDE K	RIN/L JAPOA)  RIN (  MRZHIAC  HICH	To Be Corrected by  12/1/23  CONTROL)  11/18
Received by (signature):  cc: cc:	Be	by (name and title printed)  Of Sin 1874  by (signature):	



460 N. MORTON ST. STE FRANKLIN, IN 46131

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Establishme	nt name		and a constitution of the sandous foods.	Telephone Number	Date of Inspection	ID#
(	Chir	1 a	Woll	( ) Establishment	11/23/23	2168
Establishme	nt addres	S	A	( ) Owner	1/2/100	7417
200	5,	I m	nesson AuR. Greenwood	Purpose:	Follow-up Release	Date
Owner			IN	1. Routine	1/2	2/1/23
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		,
Person in ch	arge		a f noal page a coma	5. Temporary	c_1_Nc_	4 R
				6. HACCP	150 garage 135	
Responsible	person's	emai	I to each teach and a second and the	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handle	er	Ya, Lin 26		1237	<u>_45</u>
-		-	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	s "R"
Section #	C/NC	R		Narrative		To Be Corrected by
187	_		Sweet and sour which	Ken not Bein	9	11/21/23
	-		maintained at 41°F	of below-	Transit Transit	1.111.0
112	NL		3- home style ches	+ freezers-		replaced"
1112	/ .		meat 12	,		1971
295	H'C		old brinder very	soiled - casin	ng mostly.	11/24/23
295	NC		Bulk containers	not Kent CI	lean-	11/24/23
216	MC		Rucks in the	walle-in eopla	er are	11/28/23
1 15751	Losson P.	og i	soiled and rusted.		te torreso A se e s	6 mos.
	-		a significant and a significan			
	<del>                                     </del>				NI NI	1
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Latabusiiii	che bam	tation	requirem	ents. The time mint for correct	non of each violation is specified i		or man reports
Establishme	nt name		al beginner	in the state potentially the transfer	Telephone Number	Date of Inspection	ID#
	Circ	10	14		( ) Establishment	. , 1	153
Establishme	nt addres	c		,	( ) Owner	11/6/23	17)
10	N .	17.	· Lan	St. Franklin IN			Data
Owner	13.	1,00	1901 2	THE TOTAL IN THE	Purpose:	Follow-up Release	Date
Owner					1. Routine		
					2. Follow-up	Summary of Violati	ons:
Owner addr	ess				3. Complaint		
					4. Pre-Operational		
Person in ch	aroe	-			5. Temporary	C_O_NC	7_ p
Cison in ci	iii ge					C_BINC_	
D 11	TO DE	75		hay reserve Aldry to be lagrigues	6. HACCP	(0.7	1 6
Responsible	person's	email			7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handle	r				1 2 43	4 5
						123	_45
• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN	N THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
					HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	_		Name of the second seco	Narrative		To Be Corrected by
431	NC	ior i	Fartille (is)	Cho wall in	cooles Class	1474 to grillome	HRDSTX'F4
9/1	100	angle.	La Doei	Sat leal	cooler floor	11117 / SBQQ1 8	reputs 1
	-		ESTE C	201 (00).		CONTRACTOR RESIDENCE	er team
161				The 3-6a-1 5	TALC drain boa	14 33	
295	NC			50: led	गारि धुन्यार में देव	10 17	
				) 81 / EB			
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	110	5	od suven	saut dities ca dities		The state of the s	1 ( 1 ( 1 ) c
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	ent Sam	tatio	n Requirements. The time limit for correction		
Establishmer	t name	• 1	1111	Telephone Number	Date of Inspection ID#
1 hr	<u> </u>	. Y	1-#4/00085	( ) Establishment	11-16-23 1009
Establishmer		s	Fronklyr	( ) Owner	111 18 20 1 (009)
340	1	) (	Mortin St.	Purpose:	Follow-up Release Date
Owner				1. Routine	NO 1/1-16-23
				2. Follow-up	Summary of Violations:
Owner addre	ss			3. Complaint	
				4. Pre-Operational	
Person in cha	ırge			5. Temporary	C = NC = R
				6. HACCP	
Responsible	person's	emai	l e	7. Other (list)	Menu Type (See back of page)
				, ,	1
Certified foo		∩	exp.		1 2 3 4 5
	<u> </u>	_	1/2 lowsony 3/25/28	ν	
			ENTIFIED IN THE CHECKLET AND NARRATIVE		
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					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

Establishment address  Owner  Establishment address  Owner  Perpose:  Routine  Release Date  Release Date  Release Date  Responsible person's email  Responsible person's	Establishment Sanitation Requirements. The time limit for corrects	ion of each violation is specified	
Establishment address  Owner  Persone  Release Date  Release Date  Routine  Person in charge  Summary of Violations:  Certifical food handler  Certifical from previous inspections are denoted in the checklist and narrative columns marked "c"  Violationsy replaced from previous inspections are denoted in the "summary of violations" and in the narrative below as "r"  Section # C/NC R  Natrative  To Be Corrected  NOTE:  Received by (name and title printed):  Inspected by (name and title printed):	Establishment name	Telephone Number	Date of Inspection ID#
Owner    Purpose   Follow-up   Release Date	100055 HODOSS	( ) Establishment	111 100 1000
Owner address  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  1 2 3 4 5  Certified food handler  1 2 7 3 4 5  Certified From Previous Inspections are denoted in the "Summary of violations" and in the Narrative Below as "R"  Section # C/NC R  Natrative  To Be Corrected  NOTE:  NOTE:  Inspected by (name and title printed):  Received by (name and title printed):  Received by (name and title printed):  Received by (name and title printed):  Inspected by (name and title printed):	Establishment address	( ) Owner	11-1-63 11100
Owner address  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  1 2 3 4 5  Certified food handler  1 2 7 3 4 5  Certified From Previous Inspections are denoted in the "Summary of violations" and in the Narrative Below as "R"  Section # C/NC R  Natrative  To Be Corrected  NOTE:  NOTE:  Inspected by (name and title printed):  Received by (name and title printed):  Received by (name and title printed):  Received by (name and title printed):  Inspected by (name and title printed):	19400 SR 144	Purpose:	Follow-up Release Date
Owner address  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  • WIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  NATTATIVE  To Be Corrected  NOTE 1	Owner		11-11-73
Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  • VIOLATIONS, REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  NATTATIVE  TO BE Corrected  NOTE:  NOTE:			
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Page 1 of			Page 1 of A



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

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

Establishin	em sam	auo	i Kequiteini	ents. The	time mint	ioi conecuo	on of each violation is sp	occined in	the narrative portion	or this report.
Establishmer	nt name	1	304. ×	Gri	le	priparii i ina	Telephone Number		Date of Inspection	ID# 3 2597
Establishme	nt address	5	n Crac	Ea	In burg	gh, IN	( ) Owner		/ /	
113 E	. ///	ay	1 000	7	46/2	4	Purpose:		Follow-up Release	
Owner	) , 1		d. 8		P. H.	700	I. Routine		VRS 12/	11/23
Mike & Lynn Patton				2. Follow-up		Summary of Violati	ions:			
Owner addre	ess						3. Complaint			
							4. Pre-Operation	al		10
Person in ch	arge	1 1 0	0	1	LI MOSTEL STEEL	olar a vi	5. Temporary		c / NC /-	5 <sub>R</sub>
Mile Patton							6. HACCP		minus bar di Arana	
Responsible	person's	emai	) ww	0,0	or intern	s con en	7. Other (list)		Menu Type (See b	pack of page)
1	1					a Lijo i Aja	The state of the s	1 111,00	orbios ynithyser	2.362 (1)
Certified foo	d handle	r	1	No	Certifi	cate	-		1 2 3 4	4 5
Britt	any	- ,	John	<u> </u>	seen				125	
• CRITICAL	ITEMS AF	E ID	ENTIFIED 4	THE CHE	CKLIST AND	NARRATIVI	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEA	ΓED F	ROM PREVIOU	S INSPECTION	ONS ARE DEN	NOTED IN THI	E "SUMMARY OF VIOLATION	IS" AND IN T	HE NARRATIVE BELOW A	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.
Section #	C/NC	R					Narrative			To Be Corrected by
218	NC		Batt	ery	DO	were	d probe	th	temanne	er 11/22/23
	Thanks	ioq	mot	0	eral	ole	Fire Die Kl (Kull)	11925	dutate la Faultania	, / 1
218	NC	SOULE	Shel	wit	a e	noid	e under	cow	rter	12/15/23
			Cool	er c	t to	the	bar an	d-	inside	
200			wal	Je-n	V- CO	oler	are rus	ty	-	1 / 1
399	NC	√,	Bar	1	loor	) es	worn		1.1.	12/15/23
218	NC	V	Fla		cop (	gull	1 0 1	sour	g tho	12/15/23
007			rung	renat	ure	con	trol en	obs		12/15/22
227	NC	V	Bee	to ca	soler	a a	word s	easu	ly	12/15/23
201	MC MC	-	SUR	rabl		, \		th L	00 100	12/15/23
324	XC	(1	Cinh	) 100	1	n o	ina bar	1100	ee bay	12/13/35
		-	Suce	· lar	710	n a	ur gap or			during sel
	4 10	(2	arai		une	ce s	maken dr	1110	line	105-115-15-15-15-15-15-15-15-15-15-15-15-1
<b></b>	-	(2	cont	emer		dinoc	1	CON	nection	1. 1
291	NC		9014	QUA	+a +	est		nour	dod.	11/22/23
324	NC	The Control of	Hot	y ook	tor.	temi	reture	in		11/22/23
361	100		Nonto	000	wi		135°F	701		1
199	NC.		RAIL		merin		thawing	at	room	11/21/-23
Received by	(name and	l title	printed):			0	0	Inspected	by (name and title printed,	): [
	Tus	^	Adi	ma	Jonney 5	., 51	I' k I ex log like a		rew Miller	r EHS
Received by					1			Inspected	by (signature):	20
	7	_		2				Umo	ben Mil	les
cc:				cc:				cc:		

· •	* *		NARRATIVE REPORT Edinburg	4
Establish	ment N	am		Inspection Date
Kly	lfs		Dar & Lieux 110 E. Main Cruss	11/21/23
Section#	6/NC	R	, REMARKS	TO BE CORRECTED BY
			temperature in the back Storage	<i>D</i>
			area!	
352	2		New restroom door is not	12/1/23
		<u> </u>	self-closing	<u>,</u>
399	NC	$\bigsqcup'$	New restroom walls are	12/1/23
			not smooth and easily cleanaly	(2)
		$\bigsqcup$	and contain wood code base	
		H	that is not sealed at the	
0.10		$\vdash$	top at the wall	1 - / - / -
218	NC	$\vdash\vdash$	Upright ban (both is)	12/15/23
210	A IC	$\vdash\vdash$	mussing two kan covers	12/2/22
218	NC	$\vdash$	Walk-in cooler door gasket is	12/21/23
		1	Rolingeration units in back Storage	1-1-1-1
112		H	Polygenation units in back storage	12/31/23
112	NC	H	andrial	
399	NC	V	and have tiles in lack com	12/31/23
$\mathcal{S}_{II}$	/VC	H	MILLIANA YILANA)	12/31/0-
431	NC	7	Rodent like Pellets (RIPS) Seen	11/25/23
	/ V C	H	on hark Atman, norm) ned	11/20/00
			Sholing	
		$\Box$	The state of the s	
			Notes: No backflow preventer seen inside facility	
			seen inside facility	
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1		_	itle) Inspected By (Name & Title) Muller EHS	Page <u> </u>



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#	
COURT STROOT CATED!	( ) Establishment	11/14/2	3 2232	
Establishment address South MAIN ST. FRONKETH IN	( ) Owner	1////////	2 333	
South MATH ST. FROKETH IN	Purpose:	Follow-up Releas	se Date	
Owner	(. Routine)	1	1/24/23	
SHARY YOUNG	2. Follow-up	Summary of Violat		
	*	Summary of violat	10115.	
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	3 R		
SHECCY YOUNG	6. HACCP	manufale acrossman	e hack of page)	
Responsible person's email	7. Other (list)	Menu Type (See l		
chool study and thought of the	7. Giller (1130)	miles Type (See C	action page)	
Certified food handler				
Certified food handler SHEPRY YOUNG		123	4 * 5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		N THE NARRATIVE BELOW	AS "R"	
	Narrative		To Be Corrected by	
	ELLY POFRICADA	TYPES NOT	12/15/23	
FACTLY MODURESO	GHT PEFRISOR	a light Was to application	101/15/02	
411 NC & (1) UPRIGHT REFRIG			5 12/1	
ARE OUT	1111/2011	+ 2111 0000	70.77	
	ON ERTONE WATTO	TRUST	12/15	
door gASKET U	POFRIGALIONE	) NO	10.113	
O COIL GUIS NET CO	0.075 8241			
Small 2 done of	EFRISERATOR	LOOP.	12/1	
NOTES SMALL 2 DOOR P	crugeroron	200	14/1	
grove 1 200 se				
mMM () FLUORESIENT CO.	ELIPA LIGHT SI	trold	12/1	
NO WC	FLING LIGHT ST	OF BULB	19/1	
does not terror	ou cerogin c	1- 1000	-	
			Mitterbane	
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			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

Establishment Sa	nitation ]	Requireme	nts. The tim	e limit for correcti	on of each violation is s	specified in	the narrative portion	of this report.	
Establishment nam	e 7	of and	mased eleter	a date of	Telephone Numb	ber	Date of Inspection	ID#	
Daire	, (	Du	zen		( ) Establishm	nent	11-28-23	118	
Establishment addi	ess				( ) Owner		2:30	110	
480 NM	1 ort	on		46131	Purpose:		Follow-up Release		
Owner					1. Routine		12	-10-23	
					2. Follow-up		Summary of Violation	ons:	
Owner address					3. Complaint				
					4. Pre-Operation	na1			
Person in charge					5. Temporary	iiai	c_0_Nc_	p []	
Person in charge  V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					6. HACCP		C_O_NC_	+- K	
Responsible persor		ent han a	maja les	a -y st Soyer	7. Other (list)		Many Type (See he	In a land to a cont	
I	is cimeir				7. Other (usi)		Menu Type (See back of page)		
Certified food hand	ller						1 2 2 V	, ,	
Nick				2026			123_X	_45	
• CRITICAL ITEMS	ARE IDEN	NTIFIED IN	THE CHECKL		E COLUMNS MARKED "C	:"			
VIOLATION(S) REP	EATED FRO	M PREVIOUS	SINSPECTIONS	ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	NS" AND IN T	HE NARRATIVE BELOW AS	"R"	
Section # C/N	CR				Narrative			To Be Corrected by	
324 No	- 3	3-ba	y sin	k drai	no line o	drips	onto	12-7-23	
(juliyi)		Stiff 200	F100	DY	or produced	1	And A to real motorses	18000	
	1:	-	de porte e	1		- ( )		Vula la Strate Constant	
	ole (	Jet	Spran	1 hangs	below	+10	od rim	12-7-23	
- 1	+	(a)	3	Day					
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100	a track to	war and	a after	an issue factorite			Parameter management		
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							Mhymayung		
						V	atal land	Page 1 of	

Eschultz@co. johnson.in. us



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

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

Establishmen			steed comment 4 of more condonant	Telephone Number	Date of Inspection	ID#	
DAZ	23	F	AMILY RESTAURANT	( ) Establishmen	11/6/23	2524	
Establishmen				( ) Owner	11/6/03		
1071W	Seff	esso	MST. Fronklir, IN	Purpose:	Follow-up Release	Date /	
Owner				1 Routine	(Yes) 111	16 /23	
BE	21K1	nAT	Valent	2. Follow-up	Summary of Violati		
Owner addre	SS			3. Complaint			
				4. Pre-Operational			
Person in cha			The second second second	5. Temporary   C   NC   13   R			
SA	CASH	To obtain	LADO	6. HACCP	P. C. S. S. PRINCIPS of The Land		
Responsible p				7. Other (list)	Menu Type (See b	ack of page)	
				1 11 11 11 11	gurla é arandapan s	warpurasi	
Certified food			1.7		1 2 3	4 2 5	
SAM	74	LA	<i>30</i>				
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		P 100 100 100	
	_	TOTAL PROPERTY.	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		AND IN THE NARRATIVE BELOW A		
Section #	C/NC	-		Narrative		To Be Corrected by	
415	C	4	NUMEROUS FLITOS SOON			e Glor, OTA	
ISOT TOES		CHIE	under Front SUFT	- OTTOK STATE	MON CONT	ROL 1/110	
431	MC	The same of the sa	FLOOR IN ATERS UN	NOR FRITPI	mout nort	11/13	
131	1-0	1,4	PUWALL NOT CLEAR	N DN WAZK	- to molo R.	11112	
Oak			WAZK IN FREIZER	KTRHEN	FIONT FLOOR STAT	n	
	NC.	2	SHELVING IN WACK -		OT CLEAN	1(13	
218	NC	4		door does NOT CLOSE 12/1			
			VI 9H7ZY			, , ,	
	rc	×	Employee RESTROOM	- door No	T SELF-CLOSTM	11/21	
	WC 2	-	WASTO RECEPTABLE NO	OT PROVIDE	+ WITH 2Id		
- / - /	NC	-	OUTSTOP dumpsier 1	LAD NOT dos	200	11/7	
413	NC	X	BAZK door NOT SEL		e a	11/20	
295	WC	0	INSTOR TOP OF IT		OT CLOAN	11/8	
411	NC	-	CETTERY LAGHTS-S		N SISTENASHI	3 1211	
-> -> 21				ATTON AROA		1 / - 1	
324	NC	4	WATER NOT AVAIL	DE AT 5 CO	andreadent	11/21	
295	NC	300	SITUR FRUCET SIDES OF EQUIPMENT, O	Te HMA-HTAO	DP NOT CLOSED	1 care DOISOR	
Received by	name and	d title	brinted):	In	spected by (name and title printed)	CONSTRUCTION	
Convert by (	Sard	h	Ladel Manager	al eghna a a	Bob Sm 1774 &		
Received by (	signature	): .	ah Hadd	In	spected by (signature):	Signal self	
cc:			сс:	C	ec:		
				- Marie - Committee - Committe		Page 1 of	

# **NARRATIVE REPORT**

Establish	ment N	am	Address Figure Control of Figure 1	Inspection Date
VACES	1 7	91	MAY RESTAURNT 1071 W JEFFASON ST. FARWKLAN, A	11/6/23
Section#			REMARKS	TO BE CORRECTED BY
295	me	7	BACK SHELVES OF KITTHEN NOT CLEAN	11/20/23
NO	10)		Employee Using cup TO dispense	Portected 11/6
			TO FROM FRONT ICE BEEN	1
324	NC-	-	RESTROOM HOT WATER 124°F NOT	11 18
			AT 100°F-120°F	
				*
Descir 15	. /N-	0 -		
Received By	Rod	& II	Hadd manager Bul Smith EHS	Page 🔼 of 🥄



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

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

			1			· In ar				
Establishme	nt name				Telephone Nun		ID#			
	HMAN				( ) Establish	ment 1/973	2598			
Establishme				- /// //2	( ) Owner					
1259	<i>'\\</i>	51	7 /35	- 46143	Purpose:		Follow-up Release Date			
Owner					(1) Routine	Annual Control of the	- 11.18.23			
					2. Follow-up	Summary of Viol	ations:			
Owner addr	ess				3. Complaint					
					4. Pre-Operation					
Person in ch		- Gra	n Louis Ind	law out in appaged a charles	5. Temporary	C B NC	C B NC I R			
JA	SON	N	\ARVE	E	6. HACCP	The state of the s				
Responsible	JASON MARYCE Responsible person's email				7. Other (list)	Menu Type (See	back of page)			
			* (- *)	an late out diality of L	t grant a	en endance en en	n some ros n			
Certified for	od handle	r				1 <u>2 ×3</u>	45			
					ARRATIVE COLUMNS MARKED '					
		_	ROM PREVIOU	IS INSPECTIONS ARE DENOTE	Narrative	IONS" AND IN THE NARRATIVE BELOV	To Be Corrected by			
	Section # C/NC R					T. T. ma				
177	NC		SINGLE	SERVICE ITE	MS (CUPS) STOR	COOK IN Emproyor	11.11.23			
		577	2	LE REDON.	c more revolu	cook is employed	i s robiesen			
			- Lajcova	recept.	<del>giên nagranas de jiya</del>	The state of the s	ESS ÁRIO IX-HL			
	1	,								
334	- NOT	EX	- CHO	MILAL DISSEL	SOR COMNECTED	TO FAULET OF THE BACKFLOW 4 12 MAIL				
			Mof	SINK VIA	Y" CONNECTION	- NO BACKFERN				
			pr	EVENTION DEVI	CE - INFO COM.	y 12 MAIL				
	reli Li	- 1								
		yer fil	a Cil	Jan A. I. a.		n la more e a ce	ESTATE OF THE STATE OF THE STAT			
	100		DOM: UNIVERSITY	<u> </u>						
-						8"	10.0.000			
Received by		-	0.53	NAME - SI	HE MANAGER	Inspected by (name and title prime				
Received by			711		7	Inspected by (signature)	d attige bed			
cc:				cc:		cc:				
			1							



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

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Page 1 of

Owner addre	nt address	zen	eral	#52 White 1 46	elcner 184	Telephone Num  ( ) Establish ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation	Follow-up Re // O Summary of Vi	1078  lease Date 1-13-23  olations:		
r erson in en	Person in charge					<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	C_P_N	<u> </u>		
Responsible	Responsible person's email was been a second and						Menu Type (S	Menu Type (See back of page)		
Certified food handler							1_X_23	45		
						TIVE COLUMNS MARKED "(  THE "SUMMARY OF VIOLATION	'C" ons" and in the narrative bel	LOW AS "R"		
Section #	C/NC	R				Narrative		To Be Corrected by		
430			agante la company de la compan			throughout Sta	and the second of the second o	The suppression of the suppressi		
Received by	(name and		rinted):	adt	liks 1	MONG OF	Inspected by (name and title pr Caleb Alexaer	rinted):		
Received by	(signature)	):	thren		Denz		Inspected by (signature):	ner granding		
cc:				cc:			cc:			



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Owner addi	ent addres	h ladi Ewlor	there is the management along one of the management along the management	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    C NC NC    Menu Type (See b)	6-73 ions:	
Certified fo	od handle	r N	/A	S. C. Marine Carlotte	1_X_2345		
			NTIFIED IN THE CHECKLIST AND NARRATIVE OM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
POST TIEST	odlinace in separate		Daylight observed bac Potentici entry for	The party party and party	S. DOOLS V. V. P. S. DOOLS V. V. S. DOOLS V. V. P. V.		
Received by	TON	SY	rinted):  CC:	Co	ted by (name and title printed)  Leb Fleener  ted by (signature):  Lew Bleene	150	

# 460 N. MORTON ST. STE X FRANKLIN, IN 46131

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Establishm	ent Sani	tatto	n Requirements. The time limit f	or correction of each violation is specifie		n or tins report.		
Establishme	nt name	,	and married from	Telephone Number	Date of Inspection	ID#		
	100/10	46	Tree	( ) Establishment	111	1261		
Establishme	nt addres	S	110	( ) Owner	11/20/23	1201		
	707	5	Tree Madison Ade Greeawoo	Purpose:	Follow-up Release	se Date		
Owner			(0000000	1. Routine				
			Greenwe	2. Follow-up	Summary of Viola	tions:		
Owner addr	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arae			-	C_O_NC_	7 p		
r erson in en	arge			5. Temporary	C_D_NC_	<u> </u>		
Doorooible	m a ma a m la?	See ai	The state of the s	6. HACCP	M T (C	Last of the seal		
Responsible	persons	emai	PRINCE SHIPTON DOMEST OF	7. Other (list)	Menu Type (See	pack of page)		
Certified for	nd handle	1"		2 30 30 42				
Cerunea 100	ou mandic	1			123	45		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS MARKED "C"		1		
			ROM PREVIOUS INSPECTIONS ARE DEN		IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
						-1,"		
431	NC	or of	The Stockin	som are a. 75	a hettered	, 11/20/23		
, i	a Large Tortical	MALE	The area is	impussable and	unaleganab	le		
			/.	Showing with the built of the contract	The Bridgest III at a second	AGE (ACCESSORY)		
426	AC	/	The Stock et a	eeds normal car	aci44	11/26/23		
/			401 5w	te storage	horage capacity 14			
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الري الرطب	2900	71.1.1		This is no	L			
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Owner addre Owner addre Person in cha Responsible p	Tree	email	H8455 unty line rel Greenvood	Telephone Number  ( ) Establishment ( ) Owner  Purpose:  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release I NO NC	3-Z <sup>3</sup> ns:
Certified food	d handle	4			1 2 3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		NAME NAME AT INC. DELOW AS !	170.0
	C/NC	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative		To Be Corrected by
		1000	Nothing to	Note		Tolket E
Received by (  Received by (  CC:	tyr	1 1	brinted): ECKSTEIN Ccc:	Co	ed by (name and title printed):  Neb Prever  ed by (signature):  Let Fllowe	Fallen packing



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

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

Establishment name	Telephone Number	Date of Inspection	Date of Inspection ID#	
Donatos	( ) Establishment	11/2/11	1976	
Establishment address  2260 S. US 3 [ FOR WOOD,	( ) Owner	1//30/23	2509	
2260 S. US 31 For	Purpose:	Follow-up Release	se Date	
Owner	1. Routine			
	2. Follow-up	Summary of Viola	tions:	
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	C C NC	OR	
Link damega will be for the state of the contract	6. HACCP	a describer	5	
Responsible person's email	7. Other (list)	Menu Type (See	back of page)	
Certified food handler  \[ \lambda May \ May \ May \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		123	<u>%</u> 45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		Name of	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	AS "R"	
Section # C/NC R	Narrative		To Be Corrected by	
"No c	110 lations"		č	
Paris Himpa book wome distribution		and the state of t	N 700 12 0 1	
1600	9000			
727	90001			
			LAST TO	
dura leg ogates le los aloss assessessivados			Land Control	
and the property of the desired standard and the section of the se		<u> </u>		
All his to be set that a companie of the desired a		School on Hessingstand		
		eed by (name and title printed	<i>J</i> ).	
Received by (name and title printed):		Terry D	Bayless	
Received by (signature):	Inspect	red by (signature):	an lest	
сс:	ce:	Je -		
			Page 1 of	

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

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

Establishment name DUMKIN DONUTS  Establishment address  120 W SMith Valley Rd  Owner  Owner address				Telephone Number  ( ) Establishment ( ) Owner  Purpose:  1. Routine 2. Follow-up 3. Complaint	Follow-up Releas	.   8   23
Person in ch	arge		t for A gradenia tall the abidinace of a second sec	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page)	
Certified for Certified for			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	123_Y	
AND DESCRIPTION OF THE PARTY OF	-	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
411	411 NC Some overhead lights out around facility					12/30/25
431 NC drain soired under 3 bay sink					12/10/23	
295	295 NC dispense machine soiled under nozztrs 5 "warmup your day" machine					(1/29/23
NOTE	, i	*	Sanitizer buckets show		inprep areo	11/29/23
	1 100	, - 1-			at telepos first and	z wakana pok
	101		per set 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1 R po 1cz
-						1
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1	Ar	-		1	ayri Mel	M
cc:			cc:	Coch		
L						Page 1 of _/