

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

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

Establishment Saintation Requirements. The time innit for correction		
Establishment name	Telephone Number	Date of Inspection ID#
NEW KUMO JAPANER ROSTAVANT	( ) Establishment	11/6/23 1821
Establishment address	( ) Owner	11/6/23 1821
1051 W JEFFERSON ST. FROM KLETY, DV	Purpose:	Follow-up Release Date /
Owner	1. Routine	- 11/16/23
YI LI	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	~ ~
Person in charge	5. Temporary	C_O_NCR
Linday Linday	6. HACCP	e politaños e de dalore
Responsible person's email	7. Other (list)	Menu Type (See back of page)
the first and three phones.	6 1 271 51 1	gill 7 1411 H 2 297024 I
Certified food handler  YI LI  (7/30/24 EXP	800 USA-00)	12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI      WIGHTON'S DEBEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		NITHE MADDATIVE BELOW AS "D"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI  Section # C/NC R	Narrative	-1-10- T. D. C
		SEPULCO (CONTRA 1985)
		ninimum of bondes 11/2
		Clean +11/7
2.8	WAZK -DV CO	
2 (8 NC - OUTSING BASE OF	WILL DO CO	10/1
COLROCAL		- 1,
324 NCX 3 COMPATMENT.	SENK DORIN	NOT CLEAN 11/15
	HANST HOOD	11/15
	OUT FOR KHTG	Hen 11/15
	UP FIZOR NOT	
(MATTO 2) pH BEN NOT.	ACCUMATE	1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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		1 fize or and \$
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Received by (signature):	Inspecto	ed by (signature):
сс: ( сс:	cc:	<u> </u>
		Page 1 of



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

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Page 1 of

Establishment name	Telephone Num  ( ) Establish	ment .
Establishment address	Corcursion ) Owner	11-17-23 1519
Owner S S S S S S S S S S S S S S S S S S S	Purpose:  1. Routine  2. Follow-up	Follow-up Release Date  1-7-23  Summary of Violations:
Owner address	3. Complaint 4. Pre-Operation	onal A
Person in charge	5. Temporary 6. HACCP	C NC R
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHE     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTION		
Section # C/NC R	Narrative	To Be Corrected by
OFIDEO Carragi Direc OSTUNDO DIUSTIC DIUSTIC	Le replaced  Cooley door grole  Is cleaned for rep  Is damaged (door  boserned open to	ets appear laced.  (2822 Merior Side, Dottomard) od product  -loths not Corrected
324 NC OPPOPURS	Worter heater	IS Peciking Called plus  INS CALLED TIME OF  INSPECTION
Received by (name and title printed):	Screen Cox	Inspected by (name and title printed):
Received by (name and title printed):  Received by (signature):		Inspected by (name and title primea):  Inspected by (signature):
сс:		cc:



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

Establishment name Telephone Number Date of Inspection Establishment ) Owner Purpose: Follow-up Release Date 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" Narrative To Be Corrected by C/NC Section # Received by (name and title printed): Mani Kam cc:



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Establishment name	Telephone Number	Date of Inspection	ID#
Nooples : C.	( ) Establishment	17.	2706
Establishment address	( ) Owner	11.30.23	2106
2182 N Morra ST 46131	Purpose:	Follow-up Rele	ase Date
Owner	1. Routine	12	2/9/23
	2. Follow-up	Summary of Viol	THE R. P. LEWIS CO., LANSING, MICH. 491-1403-1403-1403-1403-1403-1403-1403-140
Owner address	3. Complaint		
	4. Pre-Operational	1 1 1	7 . V
erson in charge	5. Temporary	c	S R
Doug Hocack	6. HACCP	or religion of the	Herability
esponsible person's email	7. Other (list)	Menu Type (See	e back of page)
1-1-2		- Saojoco Sackari	it beataini
ertified food handler /ss. 7/5/23		123_	45
JOHN DOVERS ADORK CXP. SY			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT			W. AC HDH
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		IN THE NARRATIVE BELO	
Section # C/NC R	Narrative		To Be Corrected by
	no open	071 - 73-80-008DvV	11/30/23
2459 C - CHEMILALS STORES	w/ Single SERVI	CE 17025	11/3/3
174 NC - ORSENER BULK FORD (	OUTAINORS NOT LA	BELED	12/2/25
2.34 NL + CTENSILS STORED IMPR	ropency		Lo RAEGED
- HANDLE DOWN	-		Cornorates
			Colum
		2	4
NOTE - TRASH CANS W/ LO	ENCUS OBSBRUCOS	OUTSIDE BACK	
	Service		
FOR		1	<b>Y</b>
		HIND ON TOPP	A
<u> </u>	14/1	A STORES	2 ard despetal
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		e <b>mp⊳</b> Rite. §	
		Date:	
		Emp: Empleado PASS WHEN BLUE PAS TIRNS ORANGE	
		PASS WHEN BLUE BAR TURNS ORANGE ES ACEPTARE CUANDO LA BARRA ADIL CAMBA A COLOR MARARIA	
		160°F/71°C	
Received by (name and title printed):	Inspeg	ted by (name and title prin	nted):
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name  NORMA JOANS PASTRIES  Establishment address  YON MANN SH. FRANKIM, IN  Owner  Owner address  Person in charge  WHINEY  Responsible person's email  Certified food handler	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  11/15/23  Follow-up Release 11/2  Summary of Violation  C_O_NC_S  Menu Type (See be	Date )  Date )  R
CEPTITIED TOOK HANDLEY MYERS (SERVS PRE  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE		1(2	_45
396 W & RESTROOM - WAS	Narrative FN AREAS OF	To Be Corrected by  11/32/33  11/8  11/18  11/20  11/20	
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cc:

cc:

### JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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 Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Date of Inspection Establishment name Telephone Number ID# ) Establishment Establishment address ) Owner Follow-up Release Date 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) EXP. Certified food handler 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" Narrative To Be Corrected by Section # C/NC R NO Received by (name and title printed): Inspected by (name and title printed): Received by (signature):



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

		tatio	ii Kequitements. The time mint for correction			for tins report.
Establishme H27a	stablishment name		Telephone Number  ( ) Establishment	Date of Inspection	ID#	
	nt addres	S	valley IN, 4C 142	( ) Owner	11/14/23	2183
4800 1	N. Sw	ull	ralley IN, 46142	Purpose:	Follow-up Releas	e Date
Owner				1. Routine		
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_l_nc_	/ в
r crson in ch	large		2H talkate the min to reside the		C_t_NC_	N. I.
Danis and Li			o y sa, stanbospare 17 se se s komere. Lo se benesiguizzar ha er est e shaêt kome	6. HACCP	75 77 (0.1	1 ( )
Responsible	person's	emai	Lio sa Reji majigutz kat ben int mit a skjenat agagi	7. Other (list)	Menu Type (See l	pack of page)
Certified for	nd handle	r	A			2.
Achlo	in F	tis	gelman		123_V	_45
		-	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" ANI	O IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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130	VIOLETICE.	(2.41	contribution in a factor of the analytical		o Okluses	WIEDSIX I
336	C	0011	Map sink faulet with	atmospheric m	messes breaker	200 Leas Shift
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			NOTA: (1) Mechanical a	lish washer Sa	notizer & Ocay	r
			( D) Ford tempera	Aure is ology cleses & Saulse	g	
			(w) make smrt cl	cleses & Saules	are Seperateo	d,
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## 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	nt name	-	. a compagnitude has miles fracis.	Telephone Number	Date of Inspection	ID#
	Pi:	22	a 15:29  Greenwood  V 54, Rd 135  JN	( ) Establishment	11/21/23	
Establishme	nt addres	S	Greenwood	( ) Owner	11/21/25	2766
5	20	1	US4, Rd 135 IN	Purpose:	Follow-up Release	
Owner				1. Routine	The same of the sa	1/23
				2. Follow-up	Summary of Violation	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		11 July 20 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Temporary	c O NC 3	R
				6. HACCP	ergong mangarin Isl	of infazo
Responsible	person's	emai	1 - 1 - 1 - 1 meathers - Loot and	7. Other (list)	Menu Type (See ba	ack of page)
Certified foo	d handle	r	lant Benipal 2025		123	45
• CRITICAL			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>		Total State of the last	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW AS	
Section #	C/NC	R		Narrative		To Be Corrected by
7/15	ll que ex	_			- 16 1 - 1	11/25/2
295	NO		- mold was noted o	n The old our	of use	11/25/23
		-	rexiserates all all	1 Storage IU	jules + sod	17
			is being used for	1 3901 4 94 2 7 00	164 7 204	4
239	NC.		- containers used	for, Kitchen u	Hens:	11/2/23
			- containers used	soiled.		
			,			112
256	NC		- No thermometer w fizza topping coole	as noted in	the	11/25/23
			fizza topping coole	1 UAIT		
					Control of the contro	Marine Land
		act h	t t t t t t t t t t t t t t t t t t t		A STATE A CONTRACT	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment Sanitation Requirements. The time limit for C			or tins report.
Establishment name	Telephone Number	Date of Inspection	ID#
TUMBAKING EXPRESS	( ) Establishment	11/28/23	2252
Establishmentulddress whiteland	U ( ) Owner	1.720,00	
30 S US 31 46184	Purpose:	Follow-up Releas	e Pate 122
Owner, /	Routine	No 112	10/20
Kevin Derivice	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$C = 0$ NC $\frac{1}{2}$	$\angle$ R
LOUN PHIMICOLD	6. HACCP	and the A. Lendard	i shubara i e
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
Responsible person's email	3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. It was to stiple to	
Certified food handler		1 2 $\sqrt{3}$	4 5
Koven Jerusco \ 10/9/2	24/		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA	PRATIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE		IN THE NARRATIVE BELOW	the state of the s
Section # C/NC R	Narrative		To Be Corrected by
218 NC ODOOR seals	I on three o	Loon	12/28/23
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@ Huale-in-coc	sler metal s	helving	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(some) is r	usty Do	0 0 0 0 1	12/29/24
112 NC Electrolux	Marine -	elizer	12/28/24
THU NOT AN	SI ajornousa	Products	11
Melzer list	en ast Florile	1 JULIUS	
note: no backfu	own moventer	seen	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		d and a second	eri Turnini	v budelini	Telephone Number	r Date o	f Inspection	ID#
			( ) Establishme						
Establishme	nt addres	s	11100013			( ) Owner	11-2	27-23	1276
1100	11/ =	200	1) Fran	46131	/	Purpose:	Faller	v-up Release	Data
Poe Quality Meats Establishment address 1108 W 200 N Franklin Owner			1 Routine	No		- 4-23			
Kon	Keegan Poe					B-d-	nary of Violatio		
				2. Follow-up	Suith	lary or violation	5115.		
Owner addre	ess					3. Complaint			
						4. Pre-Operationa	al	d	1 1
Person in ch	arge				uplanceda. P	5. Temporary	C	NC_A	7_ R
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Responsible	person's	email	sleni	and become as a	(857-)	7. Other (list)	Men	u Type (See ba	ick of page)
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Certified foo	od handle	r					1	2 X 3	_45
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						COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS	S" AND IN THE NAR	RATIVE BELOW AS	; "R"
Section #	-	-				Varrative			To Be Corrected by
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460 N. MORTON ST. STE Å FRANKLIN, IN 46131

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

Establishment name  Revery  Establishment address  299 W Main St 4614  Owner  Owner	Telephone Number  ( ) Establishment	Date of Inspection 11-14-23 3:30p 1824  Follow-up Release Date 11-24-23  Summary of Violations:		
Person in charge  Avnold  Responsible person's email  Certified food handler  Expired but taking test this wee	C NC (Q_ R			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR.		NUTLIE NARBATIVE BELOW AS IRE		
342 NC Hot Water not f 244 NC X Drain line observed Ice Scoop stored 218 NOTE Chest freezer E HII NC 30 foot candles of his Should be 76 229 NC Many Lexan pane 352 NC South restroom re note Trash cans no	on top of ice maker-may not be cleaned exterior top duct tape (1-24-23)  hight provided in dish area (1-24-23)  To foot Candles  moldy Strawlersie in Cooler Discard  a are in disrepair (1-24-23)  not provided w/a Self-closing device 11-24			
Received by (name and title, printed):  Received by (signature):  C: cc: cc:	6	ed by (name and title printed): Chulted by (signature): Litasch Schultz  317-346-4373		



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

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Establishmen	nt name	At.	TH MADIN FORNKLING IN	Telephone Number  Establishment	Date of Inspection	ID#
Establishmen	nt addres	SS _	The state of the s	( ) Owner	11/1/462	3 1089
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Owner	-21 XX-F0		γ (11	1. Routine	Follow-up Relea	se Date   23
1	3055	^		2. Follow-up	Summary of Viola	/- / /
Owner addre	-			3. Complaint		
			İ	4. Pre-Operational		1
Person in ch	arge	n Freeze	Alien Handre or Lander Hensila	5. Temporary	C_O_NC_	6 R
~	09	-	somes	6. HACCP	eregal intrian	La Carrent E
Responsible	person's	email	dises finale is restrated to single unails.	7. Other (list)	Menu Type (See	back of page)
Certified foo	od handle		(ServoAFe /		13	5
• CRITICAL	ITEMS A	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	1	
• VIOLATION		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	
Section #	C/NC	-		Narrative		To Be Corrected by
399	NC	8		ZK-IN COOLLY	? 75	12/15/23
295	NC	26	WORN KITHEN METAL SHE	ewing NOT Cla	AN	11/18
<b>a</b> 18	NC	8	WAZK-DO COOLOR O		WORN	12/18
431	no	2	KATRHEN COILING		NOT CLOT	7~
			RESTROOM COICING		, ver	11/20
			NOT CLOAN			
000	NC	2/2	metaz spem type	PROBE THE	RMOMERE	11118
257	100	*			TAL TYPE	11118
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						Page 1 of



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Establishment name  Roots 2 Rich  Establishment address  Owner  Owner  Owner address				Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational	Date of Inspection ID#7161  11 20/23 2+64  Follow-up Release Date		
Person in charge  Responsible person's email  Certified food handler				5. Temporary 6. HACCP 7. Other (list)	Menu Type (See b	Pack of page)	
• VIOLATION(S	) REPEAT	ED F	ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND		\s "R"	
Section #	C/NC /VC	R	Drain@prepsink ha	Narrative CODV		To Be Corrected by	
Received by (n	ova	1	And Gar 7a, Bo	Inspect	ted by (name and title printed) Aycie Miller ted by (signature): Ayyui Miller	1 EH3	
30.				Sel	13173464	1309 Page 1 of	



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

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Establishment name  Runway 19 Coffee Co.  Establishment address  1152 Emerson Points Dr. 46143  Owner  Owner  Owner address  Person in charge  Responsible person's email  Certified food handler  Nicholer Walds  For Safe 2-3-2025			s and sequences of the	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  Summary of Violation  C NC  Menu Type (See b)	2727 e Date 2-23 ions:
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