

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

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

Establishmer	nt name		shoot and mand yiller may non him	Telephone Number	Date of Inspection	ID#
RA.	5CA2	25	FUN ZOINE	( ) Establishment	12/19/2	140000000 Page 1000000000000000000000000000000000000
Establishmen	nt addres	ss /	FUN ZOIVE US 3/ WHITELANGEN	( ) Owner	10111/02	3817
629	/(	,	03 3/	Purpose:	Follow-up Releas	e Date
Owner				Routine	J- 12	129/23
BIRD	G	USI	EKER	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	1	Pircuit ratio of care to	5. Temporary	CNC	1R
Land		0	TONY HARRELL	6. HACCP	number to to be	h shulua
Responsible	person's	email	erest adjunt fortheres branched	7. Other (list)	Menu Type (See l	pack of page)
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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Establishme	ent addres	s	Cirolnwood	( ) Owner	12/20/2	3 2366
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Owner	9.		119 4619	1. Routine	Follow-up Rele	ase Date
Owner				1. Routille	Summary of Viol	ational
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Owner addr	ress			3. Complaint		
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Responsible	person's	email	ताबुक कि स्तुनिवादुक समानुष्ट्रक च इ.व. हा समान	7. Other (list)	Menu Type (See	e back of page)
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of\_

Latabilainnent bani	tation requirements. The time mint for conce	don of each violation is specified	a in the manative position of this report
Establishment name	25 FROZEN CUSTARD	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment addres	S	( ) Owner	12/29/23 23 70
351	N MURTON FRANKLININ	Purpose:	Follow-up Release Date /
Owner	700-	1. Routine	1/8/23
OS IN	TERS FRUZIN CUSTAR).	2. Follow-up	Summary of Violations:
Owner address		3. Complaint	
		4. Pre-Operational	
Person in charge	all a support bearing and a land as	5. Temporary	$c \rightarrow Nc \rightarrow R$
HANNA		6. HACCP	ractural programme in Hybrid 180 A
Responsible person's	email	7. Other (list)	Menu Type (See back of page)
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Section # C/NC		Narrative	To Be Corrected b
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324 NC	RIM IN MOR BIS		N FLOOD 1/3/24
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295 NC	* 3 HELLING OF WI	TZK-IN COCOR	NOT CLERN 1/3/24
336 C x	G ARBEN HOSE WATH	SPINY NOZZLE	connected 1/5/24
220 66	TO SPIGOT WITHOU		
(NDPO)<	Nevio 9ARDOI	v Hose USA to	SPCAY/COAN 1/5/a
	FROZER CUSTARD	MAZHZAP (NOT	POTABLE WITTER TYPE)
394 NC		1 1	CUSTARD - ROPHER 1/3
H31 NC	7	not cloth	CLEAN 1/
1112		WALL ON AROAS	NOT CLEAN
415 C	CUSTARD MACHINA	ON MECUNA FOR	2070 > COMROL 1/3/24
	COSTINE IMIGIZIA		(13)29
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# 460 N. MORTON ST. STE A 1/2/2 FRANKLIN, IN 46131

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

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Somie				( ) Establishment	1		
Establishme			A	( ) Owner	12/26/23	2015	
1262	. Ne	. £	-merson Ave	Purpose:	Follow-up Release		
Owner				1, Routine			
				2. Follow-up	Summary of Violations:		
Owner addre	PSS			3. Complaint			
				1			
Dougon in allows				4. Pre-Operational	C & NC_	0.	
Person in ch	Person in charge			5. Temporary	C_C_NC_	<u>@R</u>	
			The state of the s	6. HACCP	r repair to	nbral in ikali	
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)	
Certified for	od handle	î.			1 2 3~	4 5	
Certified for	Ratt	er.	ton		123^~\	<u>/45</u>	
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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#			
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Establishmen	t addres	s (	#1212 am Rel Circenwood JUL 46143	( ) Owner	12/20/2	3 2493			
55.	Con	ih	am Rel IN 46143	Purpose:	Follow-up Releas	Date			
Owner				1. Routine					
				2. Follow-up	Summary of Violat	ons:			
Owner addre	SS			3. Complaint					
				4. Pre-Operational					
Person in cha	ırge		a the state of the	5. Temporary					
				6. HACCP	and the state of t	a silonilaressa			
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# 460 N. MORTON ST. STE A TITLE FRANKLIN, IN 46131 ce 317-346-4365

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

Establishment Samtation Requirements. The time mint for correct		
Establishment name STARBVCKS	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment address  153 GRAWVILLE	( ) Owner	12/19/23 2327
Owner Owner	Purpose:  1. Routine	Follow-up Release Date 12,24,83
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	$C \bigcirc NC \bigcirc R$
Joda NAZLY	6. HACCP	seratur i sa fadaga
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler . Jodt NAZLY		15
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		tation ite	quitements. The time mint for	correction of each violation is specific		or timo reporti	
Establishment name \$29448				Telephone Number  ( ) Establishment	Date of Inspection	ID#	
Establishme	nt addres	S	1 1 1 2	( ) Owner	12/19/23 124		
1251	lle	31		Purpose:	Follow-up Releas	se Date	
Owner				1. Routine			
				2. Follow-up	Summary of Violations:		
Owner addr	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	Person in charge			5. Temporary	C_ONC_OR		
Person in charge				6. HACCP			
Responsible	person's	email	the mark of the term	7. Other (list)	Menu Type (See	hack of page)	
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• VIOLATION	(S) REPEA	TED FROM	PREVIOUS INSPECTIONS ARE DENOT	TED IN THE "SUMMARY OF VIOLATIONS" AND	D IN THE NARRATIVE BELOW	AS "R"	
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#### 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 Telephone Number Establishment name ) Establishment Circenwoo ) Owner US 31 Purpose: 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 Bood manage carti. 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 mercelion Inspected by (name and title printed):

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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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Establishme Establishme	nt name	#	2191	objekt i se komen. DD		Telephone Number  ( ) Establishmer	**			
Establishme	nt addres	5	011	( (		( ) Owner	12/15/23	3 1744		
Oil	C . S	)-R	Pol	12 E						
Owner	9.0		7	37		Purpose:  1. Routine	Follow-up Relea	ise Date		
Owner						The same of the sa	Common of Wight	dana.		
						2. Follow-up	Summary of Viola	ations:		
Owner addr	ess					3. Complaint				
						4. Pre-Operationa	1	X		
Person in ch	Person in charge			5. Temporary	CNC					
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Responsible	person's	email	il i !	-lgni a la e	a ligar in sign	7. Other (list)	Menu Type (See	Menu Type (See back of page)		
Certified for	od handle	-				-	_ 1 2 3	7.		
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• CRITICAL	ITEMS AF	E IDEN	TIFIED IN	N THE CHECKLIST AN	ND NARRATIV	VE COLUMNS MARKED "C"				
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED FRO	M PREVIOU	US INSPECTIONS ARE D	ENOTED IN TH		' AND IN THE NARRATIVE BELOW			
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	, 5	7	15	700			Paul Betiku			
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460 N. MORTON ST. STE A 1/2/211 FRANKLIN, IN 46131 ce 317-346-4365

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

Establishment Saintation Requirements. The time mint for con-			r
Establishment name about an instant vileum noc to a	Telephone Number	Date of Inspection	ID#
Sunny Chicken Establishment address	( ) Establishment ( ) Owner	12/27/23	3 2728
1030 US 31 Greenwood, IN	Purpose:	Follow-up Release	
Owner	1. Routine	Contract to the second	06/24
	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational	C NC	1 - 1
Person in charge	5. Temporary	C_1_NC_	R
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See b	ack of page)
sb t f 2000 in	7. Other (1131)	i de la contrata	uen of puge,
Certified food handler Ex 2/25/28		123✓	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	Natrative	N THE NARRATIVE BELOW A	To Be Corrected by
Section # C/NC R  174 VC Some bulk food con			12/27
1179 IVC Some DUR TOOG CON	tainers not labele	And what to grubbasil	12/2/
228 NC R Couple of units of chest	t pregers are not	easily	1/15
256 NC Thermometers not see	n in chest freezers		1/1
255 NC Ambiant air inside has a temperature of	upright cooler in	serving onea	1/15
			1115
187 OC Holding temperature for at 48°F & 50°F in u	pright cooler	- pasta was	1/15
Note: Noleslaw not la	holod with name and	ate	hadrest -
2) abel all chicke	n in back walk-in	cooler	
3) Store Serving ute	ensils in running wa	ter	
Received by (name and title printed):  Ling C. Thaung	Inspecto	ed by (name and title printed) Pazageorge / Pe	aul betitu
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Owner addre	UL Mant address US 20	email		Investigation of the contraction	Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Release  Summary of Violate  C NC  Menu Type (See b	e Date  ions:  R_  pack of page)	
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Name and Address of the Owner, where the Owner, which the Owner, where the Owner, which the	19	Di	orinted):			Inspected by (name and title printed Belvou E Inspected by (signature):	etz	
Received by (signature):  cc:  cc:						cc: Baller		



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

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

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Establishme		1	Show to with and other many property of	Telephone Number	Date of Inspection	ID#
JWEE	+ N	iel	15505 Lupcake	( ) Establishment	12-13-23	7313
Establishme	ent addres	S		( ) Owner	1215 6	2010
1251	45.	31	15505 Cupcake N Greenwood 46142	Purpose:	Follow-up Relea	se Date
Owner				1. Routine	12	-23-23
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
-				4. Pre-Operational		
Person in ch	narge			-0	CNC_	5 pm
i cison in ci	large			5. Temporary	CNC_C	r_g
Responsible	person's	emai		6. HACCP	Many Town (Con	back of page
Responsible	persons	CIIIAI	Come means and an arrangement of the control of the	7. Other (list)	Menu Type (See	back of page)
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI		O IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
425	NC		mon not hung!	UD		12-19-23
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22/1		_	SOLUTION PU	Mat Damer	USES:	12-20-23
54		-	MARCHAN IM	Weeds Clean	· IMP	1220
1121	NC	1201	CI - SWAINT HINK	Than Chan	100	12-13-23
451	100	100	NOTE:	201000		127000
				el eat food in d	esicnated	
			area not on equitment			
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						7 1 2 1
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## 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.

Establishm	ent Sam	tanoi	n Kequireme	ents. The time limit for correct	ion of each violation is specific		ii of this report.
Establishmen	1.	30	Maried and	barrand the construct of twenty	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishmen	nt addres		21	35 GWEENWC	O\$\\ ) Owner	11-5-23	1690
153	N	2	of li	5)	Purpose:	Follow-up Release	se Date
Owner					1. Routine		-15-23
					2. Follow-up	Summary of Viola	tions:
Owner addre	ess				3. Complaint		
					4. Pre-Operational	100	1
Person in ch	arge		a fee F	facility of the second	5. Temporary	CNC_	R
					6. HACCP	r roka disanga dil	-leabules -
Responsible	person's	email	e-real frame	skalik at Laturites & about 2.23	7. Other (list)	Menu Type (See	back of page)
	1				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	some type (see	1 8 1282 1023
Certified foo	d handle	er	^	CAP		1 2 3 🗙	4 5
M	M	CI	N HO	ld 7/11/2		12	
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN	THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	AS "R"
Section #		R			Narrative		To Be Corrected by
324	NC	(1)	Mos	erred the for	Howing taks		
	Marie .	1	0.0	12 brig for	net connect	IUN	Visaut 1
hillion	111111111	3.7173.	7	Just Smit	formet Dy	2 Day SINK	3100-000
		2	How	a Sink by	trail semans	16+4	1 2 2 2
			Non	on markey	of toly (end	actioning.	
424	NC		NOW	6 4 proon	a NOT UMS	up.	
San Property				1			
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	-	-					
	loitn	NACT.	باستويت				1
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		-	11001110	and the state of the state of		X D DIGHTARRUPE	
		$\vdash$					
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10	no	7	15	moth	( )	MALICE	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment Sanitation Requirements. The time limit for correcti	on of each violation is specified	in the narrative portion	if of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address Greenwax	( ) Establishment	M-14-12	2 1699
1179 F Wain St 46143	O ( ) Owner Purpose:	Follow-up Release	se Date
Owner Owner	1. Routine		-14-73
	2. Follow-up	Summary of Viola	
Owner address	3. Complaint		
	4. Pre-Operational	6	2 4
Person in charge	5. Temporary	c 6_ NC_	Z R /
Responsible person's email	6. HACCP	Manus Tumo (Caa	hach of page)
responsible person's email	7. Other (list)	Menu Type (See	back of page)
Certified food handler  Certified food handler  SIR127		123X	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
297 MC MARrior Of Depsi	machine la	Chute	12-15-23
15 50100, 1000x182	in dining orea	* Property of Missing	- Cobrexen
324 NC IBay sink by hot water	forcet connection.	100/65	1-2-24
olliens og ogsåverte også en grike og ogsåverte og		ann a drocation	- Louis al
the second secon	1 A 16 LEO 200 1	<del></del>	
of the sun that had softened to be official sets. Sugar-	<u> </u>	In TV-Min of the Hills of	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

Establishme			shoot such as a final months of	Telephone Number	Date of Inspection ID#
STANDARD OF THE RESERVE	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	-	#90441	( ) Establishment	12/06/23 2638
Establishme				( ) Owner	12/06/23 2638
CO 7	rafa	lgo	or Equare	Purpose:	Follow-up Release Date
Owner	1	0	<i>I</i> -	1. Routine	- 12/19/23
				2. Follow-up	Summary of Violations:
Owner addr	ess			3. Complaint	
				4. Pre-Operational	, ,
Person in ch	arge			5. Temporary	C
			enable made years and	6. HACCP	esclude dell o
Responsible	person's	emai	I de l'un atgris or he dres et de o	7. Other (list)	Menu Type (See back of page)
Certified foo	od handle	r	2 1 1		- 1 - 1 - 1
Bray	yten	N	acklin 6/6/24		123V_45
			ENTIFIED IN THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "C"	
	-	_	FROM PREVIOUS INSPECTIONS ARE DENOTED I		
Section #	C/NC	R		Narrative	To Be Corrected b
297	Me	e e	Couple of soda no	ezles are foile	$cl$ , $l \neq /3$
336	C		Map Sint Roulet	with atmospheric	Vacuum breaker 12/15/
250			with hose daterolm	3 to a wall mo	- vacuum bolater 12/15/ unted chemical
			Lis Renger is Unsal	tractory	
				'	
		10-			
	-		MOTE Make sure	H. O deamard du	penser hose is
	-	-	- Chief on a lette	d from the map	
	1		(ii) mape sure	backflow make	tion is done.
ne fr			Bue date	for mepetion is	4/22/23
	al rm		ting aptions are to an included Audital	1	
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#### 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.

Establishment name		Telephone Number	Date of Inspection ID#
Te c - 2011		( ) Establishment	Date of Inspection ID#
Establishment address		( ) Establishment	12-5-23 241
		Purpose:	Follow-up Release Date
Owner		1. Routine	- 112-15-23
		2. Follow-up	Summary of Violations:
Owner address		3. Complaint	
		4. Pre-Operational	0 0
Person in charge	elice server so lice will re-	5. Temporary	CNCR
at a least oping at the parameters	rovy Lagrang Transis	6. HACCP	t paradicina de majoristica de la composición del composición de la composición de la composición del composición de la
Responsible person's email	gr hiribran - bina nai	7. Other (list)	Menu Type (See back of page)
se <sup>1</sup> n and 200 an	eare II see it to		Spinion with reasons
Certified food handler  Compared to the compar	10Wat (37)	(126)	12345
CRITICAL ITEMS ARE IDENTIFIED IN THE	E CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INS	PECTIONS ARE DENOTED IN TH		
Section # C/NC R		Narrative	To Be Corrected by
218 NC The to	Maning door	gaslets on	5 SOUTHUROND ON
	TOOK-IN	cooler	O'der
2	Deltield	Logor Coaler	(top door)
352 NC Ments	> LESTLOON	n good lit	77
Se17-	Closing.	-12:01-	2 1
	-> Self -610.	siny device i	S damajed
	Dolen.		
ilimini ili ili ili ili ili ili ili ili ili	District Control of the Control of t		- V - (
	I .	1	a contract and a scalar
			a herasis l
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# 460 N. MORTON ST. STE A 17 FRANKLIN, IN 46131

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

		1			I	1
Establishmen		Paga II	Barrier Consultation	Telephone Numb		ID#
Establishmenyaddress			0 A L. 1	( ) Establishme	12/15/23	1734
860 W. Center Cross In 46124			Lamgurgh	( ) Owner		
	W.C	enter Cr	VB JA 46124	Purpose:	Follow-up Release	e Date
Owner				I. Routine		
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operation	al	
Person in charge			ra i barrengan i .	5. Temporary	CNC	R
				6. HACCP	in a management of the	
Responsible	person's en	nail and Imme	ligia di ferri e di etendi ete	7. Other (list)	Menu Type (See b	ack of page)
		christ	opher Comman		one percent	
Certified for	d handler	Agold a	outh handbern		123	45
	Section of the sectio	V	THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
l			S INSPECTIONS ARE DENOTED IN TH		IS" AND IN THE NARRATIVE BELOW A	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
112	Ne	ulngo	it cooler not ki	tchen not 1	USF approved	1/07
	An unit	store	in Cotchin no	& NOF app	wed;	1
411	No	Trac	7 . 7	emno in de	y storage	A MARKET A F
439	C	clean		stored abs	ove smothe serve	-
(-(-	,	Items			U	
		NOTE	istoral Humo	meler not	seen	
				ient od viola	1 / 2	
			merious me	relation are	currently in	
			progress.		V	
			MALO.	to an m	talend and	
	offm count	o la narado	(we please regi	star for Car	njust perse	unicard L
		<u> </u>	ganetter	preterion.	cooler 18 soll	1.0
	10000		(m) floor more	12 mul-n	cooler 18 soll	101
	-		V			HARIOT NA I
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	+					
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Received by	(signary);	1110	l		Inspected by (signature):	gor _ sag
	47/1		200		cc:	
cc:	V		ce:		CC.10	

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

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

Establishment name	shows a plant in the superson in the	Telephone Number	Date of Inspection ID#
Taxinocin	premina	( ) Establishment	10#
Establishment address	Orthon	( ) Owner	111-1-60 1/0240
0 1 1	win St.		Fellow Polose Polose
Owner Owner	NV1 31.	Purpose:  1. Routine	Follow-up Release Date
Owner			112-10-23
		2. Follow-up	Summary of Violations:
Owner address		3. Complaint	
		4. Pre-Operational	
Person in charge	orlanda est contar en el lado co	5. Temporary	CNCR
being energie (Aug.)	. w upper months of the second	6. HACCP	ng it hotesasibbahasog
Responsible person's emai	or mode is at equip , so single ment semil	7. Other (list)	Menu Type (See back of page)
	- Bend forth and the representation	dental de la companya della companya	gatekonia i mbatupat sa li 1961 gi
Certified food handler			12345
	DENTIFIED IN THE CHECKLIST AND NARRAT		IN THE MARRATINE BELOW AS HAD
	FROM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	To Be Corrected
Section # C/NC R	Maciania de la sur	C COLONIA OG	
4300	DISSELLED TOXI	C Syray 100	ttles 12-1-23
324 NC	Description of the second	2 march, 20 15 1	Pakins 12-15-2
54 NC	HYPOYS DAY OISI	11/10/10/10/10	3/100/16
	001 400 410	CITY OF COSY 1 SI	real de
7/10 NC	Mostrice Stores	20 Och FI	coc 15 1-1-24
6/10	030018	ger on the	
	Dinct Pas	ily Cleanable	
	7710101	119 210000	
100	CARL CO. L. C. A.	j. Iorus	
	NOtess		
time continu	D Restro	SUDILY PROC	+ V8V+
	CONPLYS ON	e dusty	1 22 2 22
	(2) Flw 5	mall + 1165 (	0000000
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Ohl Il			Stitted 1/0 low Ill
cc:	ce:	cc:	Con Comment
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

L'stablishment 5	amtation	racquirements. The time mint for correct	on or each violation is specific	in the narrative portion of this report	
Establishment name TOMD Homan oso Restaurant			Telephone Number  ( ) Establishment	Date of Inspection ID#	
Establishment address Establishment address EST4 Morthwood Plaza IN 46131			( ) Owner	12/28/23 2107	
14 M	lorth	wood Plaza JM 46131	Purpose:	Follow-up Release Date	
Owner			1. Routine		
			2. Follow-up	Summary of Violations:	
Owner address 3. Complaint					
			4. Pre-Operational		
Person in charge			5. Temporary	$_{\rm C}$ $_{\rm NC}$ $_{\rm NC}$ $_{\rm R}$	
DI STATE			6. HACCP	Menu Type (See back of page)	
Responsible perso			7. Other (list)		
responsible perso	ni o ciman		7. Other (usi)	Wienti Type (See Ouch of page)	
Certified food han	ndler			1 2 3 1 4 5	
				123_*_45	
CRITICAL ITEMS	S ARE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	17	
• VIOLATION(S) REI	PEATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW AS "R"	
Section # C/N	NC R		Narrative	To Be Corrected by	
336 €		No shirt off down	Harrative  African of alm.  Brioklif  1186	ospluric	
1	incheq.	all valuem	briable	The section of the se	
1.0000000000000000000000000000000000000	Del Contr	- Egrumment not in	use	COLUMN TO SECULT SECULTATION OF SECUL	
			nee.	2 00 (30) (10) 10 (10) (20) (10)	
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		(ii) make sur		hangla	
	_	7	onda or hand		
		(iii) made sur		no one date	
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		(in) one cool	er with 51°f to	emperature is changed	
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ce:		cc:	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. Telephone Number Date of Inspection Establishment name ) Establishment 12/27/23 ) Owner 2 N Main St. Franklin 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 #15565256 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" Section # Narrative To Be Corrected by C/NC Received by (name and title printed): cc:

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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.

Establishment name  Valle 1984a Ceoff Conference  Establishment address  155 ff main of  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 Release  Summary of Violate  C NC  Menu Type (See 1)	tions:  R back of page)		
• CRITICAL	ITEMS AF	E ID	From $\omega/25$ [25] Entified in the checklist and narration previous inspections are denoted in the same previous inspections are denoted in the same previous inspections.	THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"  To Be Corrected by
187	C		NOTE: O i recommen  (a) please make  pooler close  at all times.  (ii) fird temper	Sure to have a	ew mop	Cloure Close
Received by  Received by  CC:			printed):  CC:	Inspect Haw	ed by (name and title printed LBUPCU L ed by (signature): LBUNDU	d): £15