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

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

Establishment name CASEY'S GENERAL STURE	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishment address 3048 N MORTON ST. FRANKLIMP	( ) Owner Purnose:	2/6/24	
Owner	1. Routine	Follow-up Release	116/24
CASEY'S MARKHETTING	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
	4. Pre-Operational	1 1	D
Person in charge	5. Temporary	c_l_nc_9	5 R
JONATHON RILLY	6. HACCP	o di gil beschare il	
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
Certified food handler  JENNIFER BUNERS EXP 10/3/2	30	123 🔯	<u></u>
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		,
	E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	
	Narrative	1 1/2 2 2 2	To Be Corrected by
431 NC FLOOR NUT CLEAR			
295 NC BACK OF PIZZA		Inter clean	210
256 NC ONE REFRIGERATOR		KIVELLE -	0110
200 100 200 100 100 100 100 100 100 100		NT CLOAN	2/12
	- IN COOLER-		
NOT SEEN		There is	
295 NC - CISPLAY SANDWICH /	SAZAJ REFLISE	LATOR -	210
under me path The	SHELF NOT	CLOAN	,
218 NC - PIZZA PRADAMATION	V UNIT - ITE	BUILTUP DUST	de 2/10
	outside duag		218
	een Belton	& BAGGED I	20 219
FREIZER UNITY OUTS.	TO CO TO	PERUOT BY	Jali Inc
336 C - @ MOP SINKS HOSE EXTENDS BLLOW F	EZ and : DEM DE	1110	111000
** FIZHEN AreA - PZUI	The Blog op mor	STOVE	
FAVORT NOT COMPER	24 Bumber		
WORD CECTIFIED FOOD I	HANDLER C	ument	27/1/24
needs vertfil	20		
Received by (name and title printed): Lonathan Riley		ected by (name and title printed BOD SWAA	£125°
Received by (signature):	Insp	ected by (signature)	gravelary
	<u>\</u>	Sel Smo	
сс:	cc:		
			Page 1 of



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

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

Establishmen	at name	5	Pinja Bargersville	Telephone Numb		
Establishmer	it addres	S	00 046106	( ) Own & 114		1:150
2 N	An	de	ana St. #135	Purpose:	Follow-up Re	elease Date
Owner				1. Routine		2-26-24
				2. Follow-up	Summary of V	iolations:
Owner addre	:SS			3. Complaint		
				4. Pre-Operation	a1	
Person in cha	arge			5. Temporary	C O N	$C \rightarrow B$
()- 1	rie			6. HACCP	C	CN_
Responsible	Name and Address of the Owner, where the	email	The state of the s	7. Other (list)	Manu Type	See back of page)
			1, wikin, but _us 1 1 1	7. Other ( <i>tist)</i>		see ouck of page)
Certified foo	d handler	r			12	3_×_45
• CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION(	S) REPEAT	ED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	IS" AND IN THE NARRATIVE BE	LOW AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC		Rodent droppings of	bserved in		2-16-24
111	A LIFE	000	w/ customer de	unk Sto	ation, Plea	ve Today!
			Iremore everyt	hing & -	throughly o	dean 0
		_	All rodent Sticky	traps		ere
			Gean So pte	ase Clear	u to moni	top
				odents.	out locality	u. 2-17-24
			Floor is soiled	thruougho	do facility	4 2 11-24
			The silitates 00	por clean	ao lubi	
			Following areas of	DO CO.O.D	- Dinna	2-17-24
			A	racks, Tr	ue how the	0 110
· Inch		7		achin coo		acts
710	154	1	With evidence	of rodent	o, the facil	lita
			1- needs to de	are Everi	where 0	
430	NC		Vingl basecore no	longer af	Fixed to wall	2-28-24
			O delow 2-bar		- 1	+43F
297	NC		Interior flap of ic		s Soiled	2-17-24
Kem	ind	er	: Scoop handled Sh			
Received by	(name and	l title	Dish machine appear	us to be (	Inspected by (name and title p.	netining
Received by	(name and		Parkey:	OH. 18	Edizabeth	Servisse
Received by	-	THE OWNER OF THE OWNER OWNER OF THE OWNER OW	1 -1 1/2 1		Inspected by (signature):	1 Derusse
0	ch:		Prokan		Elinabeth	Serisse
cc:			cc:		317-346-	4373
						Page 1 of

Esenisse @ Co. johnson oin. Us



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

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

72 11'1	T T I I N I	D. CI.
Establishment name	Telephone Number	Date of Inspection ID#
Chick Jul A of Theenwoo	) Establishment	2-6-24 974
Establishment address	( ) Owner	2:30p
155 marlin Dr. 46142	Purpose:	Follow-up Release Date
Owner	1. Routine	No 2-16-24
ASPYRE LLC	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
yill	4. Pre-Operational	
Person in charge	5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$
Emily Sieles	6. HACCP	110
Responsible person's email	-1	Menu Type (See back of page)
responsible person's cinali	7. Other (list)	Menu Type (see back of page)
Certified food handler		1 2 3 4 \( \tau 5
Richard Johnson		1
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	IE "SUMMARY OF VIOLATIONS" AND IN	
Section # C/NC R	Narrative	To Be Corrected by
431 NC Floor under equit	ment slightly	soiled 2-6-24
W/ Single - Lise		ps, lids, Straws
393 note Western - most	dumpster (out.	oide) drain
plug appears	to be me	sing.
Drain plugs	shall be in	tact to
discourage	rodents fro	on entering
dumpster.	0	
336 C note = backflow	prevention	device July 2025
not observed	or mop	sink.
Recommend arr	anging a	meeting
with your c	hemical Co	mpany.
& our depart	ment.	
/	an fair	1720
Automatic dish	machine a	ppears Temp▶Rite. €
to be sanii	tining adegi	nately Date:
a the time	of inspec	tious PASS WHEN BLUE
		PASS WHEN BLUE BAR TURNS ORANGE ES ACTIVAL CUMON LAMA AND CAMBA COOP MANABA
		160°F/71°C
Received by (name and title printed):	( ) ; .	d by (name and title printed):
- Emily Culus	Crit	tabeth Serisse
Received by (signature):	Inspected	d by (signature):
Plnuy Gells	Oli	nabell Denisse
cc:	CC:	4 211 1/200
	31	7 346 4373



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

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

Establishme	nt name	. 1 .	ations and power distributions are smeat a	Telephone Number	Date of Inspection	ID#
0	402	1 2		( ) Establishment	2/8/24	1 2292
Establishme				( ) Owner	10/0/07	,   0
29	99	N.	MAIN ST. FRANKITAY IR	Pur <del>pose:</del>	Follow-up Releas	ge Date)
Owner				1. Routine	- a	Pate 24
				2. Follow-up	Summary of Violat	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge		and supplied the second	5. Temporary	C_O_NC_	5 R
Ton	14	S	unphermen	6. HACCP		
Responsible	-			7. Other (list)	Menu Type (See l	back of page)
				Titl	arsaumes	Produstra
Certified foo			500.15	SA50 2 -1 1-1	1 2 (3-4	5
TO	YNC		UNDITETARE ( SERUS	SATE EXP. 3/0/28)		
			ENTIFIED IN THE CHECKLIST AND NARR			
		7	ROM PREVIOUS INSPECTIONS ARE DENOTED I	IN THE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	
Section #	C/NC	(6)	5 0		Wirds SELS	To Be Corrected by
377	NC	a	DVKADE- IRASA	soon around c	1017911802	2/10/24
431	WC	1	Flore OUTSING	STICKNO ROOM.	KIRHON	2/20
,51	1.0		FLOOR OUTSIDE ON APPRIS/BAR AN	LEA NOT CLEAN	1 - 11 12 11 11 11 12 12 12	
						, 12-5
324	NC	×	LIAK NOTED O	N HANDSTNZ	FAUCET	2/20
100				10000		
425	NC	4	MOPS NOT AT	ing UP OFF FLC		2/12
399	h/C		Elmal walls	CallThia . DPn	77. /	21/1
219	NC	~	FLOOR WORN,	THAN	4.0	4//
	-		Meil Di 104	12/1 2/4		
		125	707		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z II LIENKER
						ED8
						1
	<u> </u>	-				
Received by	(name an	d title	printed):	Inspect	ed by (name and title printed	7):
To	_	-	dheine		yb Smillt	
Received by			QNOTIO -		ed by (signature):	packagin
3 90	1	1	26	(8)	2 L Jon	20
cc:			сс:	cc:		
						Page 1 of



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

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

Establishment name  Circle IC  Establishment address  1014 US 31 N whiteland  Owner  Owner  Whiteland  Owner address  Person in charge			Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operations  5. Temporary  6. HACCP  7. Other (list)	ent	Date of Inspection  Z/13/24  Follow-up Releas  Summary of Violat  C _ O _ NC_2  Menu Type (See b)	ions:			
Certified foo	d handle	r	= =					123	45
• VIOLATION(	S) REPEA	ΓED FR			TED IN THE	COLUMNS MARKED "C"	S" AND IN T	HE NARRATIVE BELOW A	NAME OF TAXABLE PARTY OF TAXABLE PARTY.
Section #	C/NC	R			I	Varrative			To Be Corrected by
295	20		The The	rop sin	behine	basin is I the map	501/4	2-d - : is	
Received by Received by  + (	Ang	121	inted):  NISON  CC:	<i>y</i>		- H	Te	oy (name and title printed of A D Ba-1 oy (signature): My Bint/u	less



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

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

Establishment name  Establishment address  Establishment address  Establishment address	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:	Date of Inspection ID#  2-8-24   65  Follow-up Release Date
Owner	Routine	Summary of Violations:
Owner address  Person in charge  Responsible person's email  Certified food handler	<ol> <li>Follow-up</li> <li>Complaint</li> <li>Pre-Operational</li> <li>Temporary</li> <li>HACCP</li> <li>Other (list)</li> </ol>	CNCR
Service 1994 Minister		12_X345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO		I THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
347 WC DOSENER NO DOSENER NO DOSENER NO DOSENER NO DOSENER NO DOSENER NO DOSENER DOSENER DE LA DOSEN	OPEN TOLSES	Shord Shord Shord Shord Shord
Received by (name and title printed):  Received by (signature):  cc:  cc:	Ca	d by (name and title printed):  a by (signature):  All Semble



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

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection ID#
Circle K 4700055	( ) Establishment	2 2 211 1202
Establishment address	( ) Owner	12-2-14 1003
9400 State Road 144 Martinsville, 46151	Purpose:	Follow-up Release Date
Owner	1. Routine	2-12-24
Mary Commission Stores 110	2. Follow-up	Summary of Violations:
Mac's Convenience Stores LLC	-	building of violations.
Owner address	3. Complaint	
	4. Pre-Operational	0 3
Person in charge	5. Temporary	C = 0 $NC = 3$ $R = 1$
Dave Shinn	6. HACCP	en paralle en el trabalaxo
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Columbus licenses@circlek.com	" iffe in	for submitted with the
Certified food handler		1 2 7 3 4 5
David Shinn exp 10/21/2024		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		
Section # C/NC R	Narrative	To Be Corrected by
295 NC Halfahalf and French vani	lla creamer dispense	er soiled by nozzle 2/5
295 NC coffee dispenser nozzles	soiled	
2/6 NC cardboard on "Store sur	oplies"shelf-not	smooth/
easily cleanable	* 1 1 1 1 mm 1	1 17 47 5 201 1 1 1 1 1 200
Notes: (1) clear tube exte	ends below flood.	rim@ 3bay sink
(2) no air gap at 3	3 pay sink drain	
(3) no air gap at so	dasmachine dra	rjn
girita <u>ng mahamahan mang bersat</u>		
and have provided and the first transfer and the fall the	C Diliza and Carlos an	Commence of the control of the contr
and the second s		
		i posse
Project Control of the Control of th	Τ	d_by (name and title printed):
Received by (name and title printed):	Inspecte A 1: a	$\mathcal{O}$
Received by (signature):  Dave Shirir	JMIA	HADAGEONG E d by (signature):
Received by (signature):	Inspecte	(A) Va Oan and an
	7/14	un cytiquongs
сс:	cc:	U
	ı	



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

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

Establishme.			REET CARE	Telephone Number  ( ) Establishment	Date of Inspection $2/16/2$	
Establishme 39			IRT ST. FRANKLING IN	( ) Owner Purpose:	Follow up   Polo	ano Dato
Owner			(1)	1 Routine	Follow-up Rele	ase Date 124
546	KRY		Hoing	2. Follow-up	Summary of Viol	
Owner addre	ess			3. Complaint 4. Pre-Operational		
Person in ch	arge 5 H	- ERF	Y Young	5. Temporary 6. HACCP	C_O_NC_	6 R_
Responsible			londs is to hazandous foods.	7. Other (list)	Menu Type (See	e back of page)
Certified foo	d handl		Young (serusAFE)		13	456
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOV	W AS "R"
Section #	C/NO	C R		Narrative		To Be Corrected by
295	NC	A	INSTOR TOP OF ICE Y	MAKOR NOT C	COAN	2/20/24
138	mc	20	1+ATR ROSTRATIVIS	NOT WORN	34	THE BALLS
		, lioni	EMPLOYEOS (HAJA	MET, CAP, VI	SOR) IN	2/18
295	NC	2		ATOR ACROSS	Fram	2/20
0.10	-		GRILL LOOR GASK		2 AN	7.00
256	wc	A	THERMOMETER NOT			2/24
		_	REFRIGERATOR ALRO			
			AND SMALL FREE	TER UNIT		7
238	NC	2	2 LARGE UPRIGHT EASTLY MOVEABLE	REFRISERATURS	not .	3/16
324	NC	13/	PLSTRUOM - HOT	WATER 123°F	NOT AT	-2/20
30.1		134	100 F - 120 F	TOTLET SUFFT		
			OPPN FRONT TYPE	70,, 22		23/1
			MECHANICAZ DISHMA	THOSE HOT IN	TTER	
(no	100)		(AN) TIZATION DEMA	2 (ATURO AJEGU	1ATP 1609F	ar (nk)
			SANTTICATION TEMPO	SIL SURFACE /	WAS 162.20	F
Received by	(name an	d title j		Inspec	tted by (name and title prin.	ted): EH5
Do . 11				Inspec	tted by (signature):	<b>S</b>
cc:	~	(	)   cc: ()	cc:		
						P 4 6 /
						Page 1 of



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

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

			*			- In		
Establishme	nt name	. K	2 churant + 1 a	UMMI	Telephone Numb  ( ) Establishm		of Inspection	ID#
Establishme	nt address	<u> </u>	PSIGUIAIN V LC	SUNGE		2	-12/24	11444
2099	SR	13	5 Tratalgar,	100	Owner O	F-11	pw-up Release	Data
Owner	010	12	- 4	5181	Purpose:  1. Routine	l Poll		
134	111	,	Mashins		2. Follow-up	Sun	mary of Violatio	$\frac{12}{24}$
Owner addr	PSS 1	1	11100-09-00		3. Complaint	[547]	ariary or violage	,,,,,
o wher addit	200				• •	-1		
Person in ch	A # 000				4. Pre-Operation	iai	4 NC_	7 7
r erson m en	arge		fliets II rel -s es herren		5. Temporary	C_	I NC_	K
Responsible	person's	email	6	CA	6. HACCP 7. Other (list)	Me	nu Type (See ba	uch of page)
responsible	persons	Cirian	En	Vsate	A Other (iist)	IVIC	nu Type (See oa	eck of page)
Certifieliyo	d handler	D 00	1 GARNI 51	1=/2		1	23V	45
CRITICAL	ILVL	con	ENTIFIED IN THE CHECKLIST AN	DNAPPATIVE	COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DE	,	E "SUMMARY OF VIOLATION		ARRATIVE BELOW AS	"R"
Section #					Narrative			To Be Corrected by
324	NC		Kitchen the	ee Di	ay louce	cent	en	2/14/24
	Zimins	94	neck leaks		0 0		- galban	\ ,T\
218	NC	)CI)	Telash gauge	on	kitchen	low	temp	2/5/24
		-	dish relace	nine	read 11	00-	λ .	2/2/24
336	C		Mos sine	Lauce	3	1 -	pheric	3/2/24
			1. 11-value u	Jaker	hutolly	ntain	2 hose	)
			aguar to a	whi	. 1717	D. Cui	serser	^
324	C		1 Mos sint	-	icet stm		E. vacu	$m \frac{3}{2} \frac{24}{24}$
			breaker les	Jest)				11/
293	C	turas e	Kitchen lo		mperatur	e cher	nical	Corrected
	2 12271178	الم	dishmaching		ained le	so th	an	1
221	_		50 ppm of Chi	orine	1000 12	I stall		lines T
334	C		differ cont	A MOCON	mes (Z	total	rane	3/2/24
			Sanitarik 18	1147	+ kitchen	£hhoo!	Vay sin	2 lackera
218	NC		Religeanti	on) d	soon and	eptal	Samo.)	our gas
			are ton	Ispli	土			3/27/24
295	NC		Bar soda	! au	ns are	Soiled	,	2/2/24
Received by			rinted): WOIH	0		Inspected by (no	ame and title printed):	12 M. V
Received by	(signature)	):	VU''			Inspected by (si	gnature): \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11/1
X Op	me l	rodo	old			lma	ew Mills	h
cc:	-	1	cc:			cc:		

NARRATIVE REPORT Trafalgar

4.50

		MARINE NEI ON Marie 900	
Establish	1	$12 \times 10^{-1} \times$	Inspection/Date
MAN	bur	Rest. + Lounge 209 S.R 135	2/2/24
Section#	C/NC	REMARKS	/ TÓ BE CORRECTED BY
228	NC	Juso Krowne Coolers in	2/24/24
	100	DATE ADRAN ATO MOT DANIE	2/2//2/
		movable (i.e on wheels /carters	) 2/3/24
324	NC	Okitchen server area. Soda.	7-/1/-
		drain funnel is not draining	
		12 Mew O bar area uce bin	
30d		Tanain kunnel is clogged	<del></del>
228	NC	Drue three door cooler in	2/24/24
		new van area is not	<i>'</i>   '
110	110	Children to the contract of th	7/7/-4
710	NC	Quat and Chloring test	2/3/24
<del></del> .	-	Paper vivere noted damaged	
352	NC	many astronom a non in	2/10/24
<u> </u>	700	main lobby and womens in	DOIL (TOPA)
		hestroom door do not kully	Adjust
		Close Ishut	doors
			remir
	1	Drotes: Please Cut whole	1
	1	Cooker laked potatoes in wic -	*
		B New Don area parage style	
	<b>*</b>		*
<del></del>		O OIN, CUNTAINAZID ALTO	<del>*************************************</del>
		wants to open them	
		·	
<del> </del>			
	$\vdash$		
Received B	y (Name 8	Title)  Wispected By (Name & Title)  MANUEL HIP  B-05)	Page <u>2</u> of <u>2</u>
		andrew Miller EH	<u> </u>
State Form 4	18621 (R2 /	§-os) ' '/)	



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

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

Establishme		eur Lotalia.	recommend a section of	Telephone Number	Date of Inspection	ID#
CRUMBL COOKIES - GREENES				( ) Establishme	2/14/24	21100
Establishme	ent address			( ) Owner	2/19/29	2498
1673	5 W	. SmiTH	VALLEY RD 46142	Purpose:	Follow-up Release	Date ,
Owner				1. Routine	- 2/2	4/24
T 45	00	BARRE	ST	2. Follow-up	Summary of Violati	ons:
Owner addr	ess		LEWIS CENTER, OH	3. Complaint		
840	7 201	Marke	DR 60148	4. Pre-Operation	al	
Person in ch	narge			5. Temporary	C NC Z	R
-	Turn	Burger	/ Rosacyn Campsen	6. HACCP		2 2
Responsible	person's er	nail 1	1 nosacyn charge	7. Other (list)	Menu Type (See b	ack of page)
	1			7. Other (1111)	all and Type (See 5	rece of puge,
Certified for	od handler		, /		$  _{1}$ $_{2}$ $\times$ $_{3}$	4 5
TIFF	FANY Y	BROWNE	Exp. 12/10/25		1	
	/		THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	N(S) REPEATE	ED FROM PREVIOU	US INSPECTIONS ARE DENOTED IN THE		S" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
		- BULL	FOOD CONTAINORS IN	S FILL STATIO	S ARE NOT LABELED	2/24/24
174	NLT		FOUR HEM CONTAINOR	Across/BEHWO	FILL SMATION	VISITO O
		27442542277775	LABELED		DE UNDINAMENTO	
218	NC		DOOR GASKET ON THE			3/14/24
22.1			SA REFRIGGERATOR I		(\$0)	-111/21
334	C		DRAIN FROM THE			3/19/29
334	10		WATERLINE OF THE			
351			BELOW THE WA		cmicke pis penser	2/24/24
			LITY SINK	i cyc		2/2//-
336	C	0,,,	- 3 WAY VALUE	IS ATTACHED	TO THE FIXTURE	3/24/24
339	C	The second	- DIRECT CONDECTION			3/24/24
		July 100 01 132	TO THE VALUE			recensive ly
322	C		- THE HOSE ATTACK	HES TO THE U	ALUE ON THE	3/24/24
1				NozzuE ATT	ALLED - CONTINUOUS	,
No	181		PRESSURE.			11.
336		· No &	TESTABLE BACK			7/1/2025
	-		ENUCO ON THE M			
Received by	(name and		PLEASE CONTRET AND	srew MILLER P	Inspected by (name and title printed)	:
	155		Rumbe. Com	and the state of	KEVIN R PAULIN	1
Received by		000000	KUMISC, COM		Inspected by (signature):	Magazina =
1	V. ME	ISTALLES	HOPPES Q CRUMBL.	Com	1-R 1/	
cc:	41/10	770000	cc:		cc:	

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

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

Establishm	ent Sanı	tatio	n Requirements. The time limit for correction	on of each violation is spec	ified in the narrative portion	of this report.
Establishment name CVS Pharmacy #2843  Establishment address				Telephone Number	Date of Inspection	ID#
C12.	rnar	(W)	1acy #2843	3178652650	2/12/24	1460
Establishme	nt addres	S	J	(40) 7707623		
402	Mank	let	Place Dr. Greenwood, IN 46142	Purpose:	Follow-up Release	
Owner				1. Routine	The same of the sa	22/24
HOOK ?	Supe	$\sim$	X LLC	2. Follow-up	Summary of Violati	ions:
				3. Complaint		
1 CVS	Dr	Μ	C 1160 Woonsocket, RI 02895	4. Pre-Operational		
Person in ch	arge			5. Temporary	CNC	R
DHA	NN	e e	- Supervisor	6. HACCP	ner ( a la lative)	
Responsible	person's	emai	I w medicine thank - release care	7. Other (list)	Menu Type (See b	ack of page)
nonp	narn	na	cypermits@cvshealth.com		-   100 11	1 1
Certified foo	od nandie	r			1 2 3	45
• CRITICAL	ITEMS AF	RE II	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		AND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC		Floors dusty a littere	d with old pr	roduct under	2/19
	11 (47%)	4	floors dusty a littere shelving in backs	storage are	ea	
			J. 100 Miles St.			7217
	yld.		the state of the s		Localism Landing	
		1	T dance was been a problem			Lia sud
			5.00 (1.00 and 1.00 a		17 101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	in' corto l
		-				
				Ιτ	11 ( 101.1.1	
Received by	(name and	i title	printed):	Ins	spected by (name and title printed)	100 0
Received by	(cide alum	1	Darly	Ins	specied by (signature);	ige .
ACCEIVED BY	Signal Intel	$\sim$	voly '		Malamon s	
cc:			ce:	C	c:	



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

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

Page 1 of

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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

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 2-27-24 Establishment address ) Owner Release Date Purpose: 3-10-24 1 Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational  $c_{NC} = 0$ 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 R Section # 2-27-24 NC 90 NC 2-27-24 Received by (name and title printed):



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

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

Establishmen	nt name	0	A 10 h 4	Telephone Number		ID#		
		_	WERAZ	( ) Establishmen	2/12/24	2332		
Establishmen			ADDITION ON LIFTER ST.	( ) Owner	9(11 = 100)	5.0		
STREET, STREET	N	114	ORTON ST. FIANKATA, IV	Purpose:	Follow-up Release	e Date		
Owner				1. Routine		124		
				2. Follow-up	Summary of Violat	tions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in charge			Still M. Salara a leasure of the body of the	5. Temporary	C NC	C $NC$ $R$		
long 5	THY	1	tow se is many lamin	6. HACCP				
Responsible				7. Other (list)	Menu Type (See )	Menu Type (See back of page)		
			in the demandary regiment	and an admin fire.	a sympacy vertainpor	508 , 400.00		
Certified foo	d handle	r			1_2 3_	45		
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
• VIOLATION	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
		止	UPRIGHT PEFRIZER		- INTERPAL			
187	~	ide	Food Temper ATUMES OF	1111000		TO BE		
104.41 00	sedan.	20122	FOODS AMUS FOOD STA		REFRISENTATES	d Is Clore		
-			NOT AT 41 F OR	695 (WAS	6/4/	21/29		
		_	(INCLUDES COTTAGE CIFE	ese, YogART, 1.	THER , HE.			
256	NC	×	THERMIMETES NOT SEC	IN TNOT CONSI	DICHAUSIY	2/20		
0,0	100	*	LOCATED IN ITE CO	enon Freezer,	PIZZA FREEZE	2		
				ACK STOCK F				
431	WC	w	mechanter tixtra			2/20		
	Sella ingel			UILING)	A suggit as a law age ( and the			
Tier		4	T. Is all application distinution to a		w. A. shout	and more d		
392	src(	A	outside dumpsien -	LAD NOT UC	Sed ( DRATE -	-a116		
394	WE		plug NOT in storle	or ourselve	R, ENCLOSUR	Marca and a second		
393	NC		TICKSH SOEN ON	GLOUND		-		
			TOASH SOON ON GRO	imon Apinon	ONTSIDE OF	2/17		
1	Jote	1)	TO ASH SOON ON GOO	HICOURD	OU BOUL OF	19/1/		
			V. A.F. = 0 4.8 ° F					
Received by	(name and	l title j		I	nspected by (name and title printed	0:		
K	im	H	owse Store mar	The same of	Bob Smith	3/8		
Received by	(signature	):\	2	I	nspected by (signature):	untre long to the		
Hir	nU	to	ows-		Bl M			
cc:			cc:		ce:			
						Page 1 of		
						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 Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishmen	nt name	Amor Par	manufacture removement) based	Telephone Number	Date of Inspection	ID#	
1)ON	(hi	UTAKO	Kestamant	( ) Establishment	2-20-2	4 1000	
Establishmen	nt address		11/11	( ) Owner	2	1789	
481	00	W Smi	the Valle He M	Purpose:	Follow-up Release		
Owner		00 01100	or vacces, or iv	7. Routine		5-1-24	
Don	(	uen	o Rest. Inc.	2. Follow-up	Summary of Viola		
Owner addre	ess	AND SEC. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		3. Complaint			
				4. Pre-Operational	,		
Person in ch	arge	Low Bright a	al wife waster leaves	5. Temporary	C / NC	ORO	
and the same of th				6. HACCP	0,12,30	ab to	
Responsible			Spair or Color of the body of	7. Other (list)	Menu Type (See back of page)		
C: C1 C	11 11	_	11 * NBO (Ca) 25		100		
Certified foo	MOM.	Lope	W 7-5-28		13	_465	
			N THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
· VIOLATION	(S) REPEAT	ED FROM PREVIO	us inspections are denoted in the		N THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
187		Cook	ed pork@ 53.	6°F@3:270	n. Cooked		
	701	The Tall State of	onk in pan	by grill	-NOT in	SAISURIXAT E	
10 11968	- 17 117	11 / 1200	temperature	\ \ \	nployer	21051.7111	
			states proc		been Jout	2d (80) 1X.3(1)	
			for I hour	J.			
187	C	Cooke	d corn for	Dalads @ 7	5°F@	descard	
			3:35pm,	Employee N	tates		
			Coorn is son	Dalad an	d can		
			be held in	V Treach-i	1-cooler		
	-		@, 41°F		1		
		Estal	blishment Wor	eld like to	use time		
			as a control	measure	hor	in the second	
			DOTIC Pleas	ie use com	ndut	beams but	
			Sheet to i	ndicate h	ow you	of large of	
			will time	the cooker	1 porte	The statement of	
		Dish	machine appea	rs to be Sanit	Tano prope	enly	
		Wal	le-in-Cooler	holding temp	s adeque	et ol	
	Wet wiping cloths remain in Saniting Desolution						
		Dry		be out of Sol	2ution 2		
Received by	-/	title printed):	0	Inspect	ed by (name and title printed		
0 -	2/0	man	616	[2]	lizabeth !	Servisse	
Received by	(signature):			Inspect	ed by (signature):	20.	
001	alle produced to the second		Loci		cingletto.	Serisse	
cc:			cc:	3	17 346-	4373 .	
						Page 1 of	

Esenisse @ Co. johnson. in. Us



460 N. MORTON ST. STE A 7 17 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	nt name	0	and a strong program beaution foods.	Telephone Number	Date of Inspection	ID#			
Eddi	es	L	borrein Pissa.	(317) 93BBsm3663	3 2/0/211	2/011			
Establishme	nt addres	is	Nineveh	( ) Owner	12/9/29	2694			
382	E La	k	wiew Dr. 1N 46/64	Purpose:	Follow-up Releas	se Date			
Owner				1. Routine	No 2	19/24			
an	tre	w	Lanner	2. Follow-up	Summary of Viola	tions:			
Owner addr	ess		0 70	3. Complaint					
				4. Pre-Operational	,	i			
Person in ch	arge	1974	October School of Francisco Co.	5. Temporary	C_/_NC_	7 R			
and	how	1	Nelley 1	6. HACCP	yes, then	Juliu .			
Responsible				7. Other (list)	Menu Type (See	back of page)			
Certified for	od handle	er	0		1 2 3 2	4 5			
and	ren	) (	Janner 9 5/8/28/	1					
• CRITICAL	ITEMS A	RE II	ENTIFIED IN THE CHECKLIST AND NARRATIV						
_		AND RESIDENCE AND RESIDENCE		E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW				
Section #		R		Narrative	1	To Be Corrected by			
443	C		Sanitizer in th	ree bay 5		Corrected			
2 1 772 12	10000	-	measured great	ter than	200 ppm	1 121 1 130 je			
210		-	of chevrenes	on reach-i	10 - 00000	Corrected			
218	NC	-	^	Jup and	+ bosen	Please			
		-	inside thermos	moter non	1 + 35°F.	Monitor			
295	NC		O Inside of ice	maker (kite	hen) is	2/10/24			
			soiled 1		,	/ /			
			3 Kitchen mechanic	cal exhaust f	ilters are	,			
			soiled for the	hood syster	n				
	orthogas	100	3 Compressor soi	led on pre	paration				
			table, closest t	o the over	(pizza)	2/20/24			
218	NC	1151	rumerous refre	geration do	0)	2/20/24			
92d	1.10	$\vdash$	Charles of the state of		roler.	3/9/24			
228	NC	+	1) Soda ( levelage) one door cooler 3/9/2						
			for mer easing or involve ( on where control )						
			note: no backflow device seen						
			inside facility &	n main wat	er supply	Reno,			
Received by	(name an		anner, owner	Inspect	ted by (name and title frinte	Her, EHC			
Received by	(signatur			Inspec	ndrew M	iller			
cc:			cc:	cc: 31	17-346-43	380			
						Page 1 of 1			



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

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

Establishment name  Egg Poll  Establishment address  Circlenwood: IN  G40 LL 31 A6192	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine	Date of Inspection ID#  02/02/24 2464  Follow-up Release Date  Summary of Violations:  C		
Owner address  Person in charge  Responsible person's email  Certified food handler	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		123_V_45		
Section # C/NC R  NO wolation  - Manager needle  volations:  - Back flow needle	Marrative  mare time to	To Be Corrected to		
Received by (name and title printed):  Received by (signature):  cc:  cc:	D.C.	rted by (name and title printed):  Aul Bltton Ett  rted by (signature):  Aul Bltton  Page 1 of		



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

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

Establishmer	nt name	at not single	in stagget in the con-	Telephone Numb		f Inspection	ID#	
	()	250		( ) Establishm	ent 2-	16-24	2280	
Establishmer	nt address		46106	( ) Owner		2:30p	1.75	
299	3	S. Grove B	Blvd.	Purpose:	Follow	v-up Release	Date	
Owner				1. Routine	Nr	2-3	16-24	
				2. Follow-up	Summ	ary of Violatio	ns:	
Owner addre	ess			3. Complaint				
				4. Pre-Operation	al			
Person in cha	arge		ALDE OF THE REAL PROPERTY.	5. Temporary		C NC R		
101	0110	l Rodre	mich	6. HACCP		ng tiber ka sa aritiga		
Responsible	White the second	nail leses share or /	July 1	7. Other (list)	Men	Menu Type (See back of page)		
		who it is to		pe กลี Sere เมา	arrio	o i garadinos s	process	
Certified foo	AND A STATE OF THE PERSON OF T	Rodrica	7/20/25		1	12345		
		IDENTIFIED IN THE CHEC	KLIST AND NARRATIV	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEATE	D FROM PREVIOUS INSPECTIO	NS ARE DENOTED IN TH	E "SUMMARY OF VIOLATION	IS" AND IN THE NAR	The second secon		
Section #	C/NC	R		Narrative		7	To Be Corrected by	
173	C	Raw Chix	Den &	Raev Beef	Stored	in	2-16-24	
	Swence.	pans (	on top a	pans		ked		
210		produc		Walk-in-	Choler		0 20 2//	
218	NC	Split door	gasket	on Reac	ch in coo	sler	2-28-24	
		illalle	a of	Ritchen	ofrep:	line	3-15-24	
And the Report of the Co.		Cooked b	Cooler 1	@ (el. 3°	A @ 2:	25 Am	3 15-24	
		Cookea	seppers 11/2	hours a	200	n		
		b. Fol	1011 2 M	elt out	of ten	y nesa v	trese	
		Cont	rol	Tour our	1)	7		
	1-12	- communicación						
	M180001 TSE	The Park of Land	300	in the second		ye for the		
	81.1	and .	58	Mine		<u> Sanatsa aya</u>	(a21.1000/25a/II.)	
						l le	ingspan	
		9.	A .		10	Α -		
		Dish ma	chene w		otly se	nelyer		
		a the	time of	inspecto	· · ·			
7.5%	Garage La		V			96.0		
Received by	(name and	title printed)			Inspected by (nam	e and title printed);		
	MAL	el Kadrau	28		Elizak	seth o	enisse	
Received by	(signature)			977	Inspected by (signa		Cong.	
6	1	Ill			Olinas	retto &	Senisse	
cc:		cc:			cc: /31	7-346	-4373	
-	4				THE RESERVE OF THE PERSON NAMED IN		D 1 C 1	



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

Office 317-346-4365 Fax 317-736-526

Establishment name  EL Confo 2  Establishment address  120 W Smith valley rel  Owner  Owner address  Person in charge	Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID#  2/2/24 27/5  Follow-up Release Date  3/6/24  Summary of Violations:  C_2_NC_2_R_		
Responsible person's email  Certified food handler  Juan Corrello 9/12/27  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA  VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	ATIVE COLUMNS MARKED "C"	Menu Type (See ba	45	
Section # C/NC R	Narrative	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	To Be Corrected by	
295 Ne Inner bottom ep get soiled:  347 Nc Paper towel net see  191 C Date markings not toms mercle walk  139 C Drate - marking of Cheese dip expr	Labelled on co - in cooler.	uple of food	2/26/24	
Received by (name and title printed):  TUCH Carrilo  Received by (signature):  TUCH Carrilo  cc: cc:	ge ge	ed by (name and title printed) W BON CU  ed by (signature):  BUNCU	: EHS	
			Page 1 of	



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 ELLA'S FROZED YOLUNT ) Establishment ) Owner Follow-up Release Date Purpose: Summary of Violations: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational C 3 NC \$ Person in charge 5. Temporary 6. HACCP Menu Type (See back of page) Responsible person's email 7. Other (list) 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 - CHEMUAL SPRAY BOTTLES OBSCRUCTO WITH NO LABEL 438 - Map Sink 334 - OBSERVE A YVALVE ATTACKED TO FLETURE - THE ATTACKED HOSE EXTENDS BELOWE THE FLOOD LINE OF THE MOP SINK - DRAW IN MOD SINK EXTENDS BELOW - BACKTION PREVENTION DEVICE WAS NOT OBSERVED 1/1/25 DN MAIN WATER SAINCE - CONTACT ANDREW MILLER-EHS, ICHD 335 Received by (name and title printed): awnee Rowland



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

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

Page 1 of

Establishment name  Energy Spot  Establishment address  989 N US 31 Whiteland IN  Owner  Owner address				Telephone Number  ( ) Establishment ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection  2/2/2 4  Follow-up Release  Summary of Violation  C _ \( \) NC_2	tions:	
Responsible	person's	email r	vi lentropera i e i colombre. Vi lentropera i istorio e i steril si co	6. HACCP 7. Other (list)	Menu Type (See back of page)  12		
			NTIFIED IN THE CHECKLIST AND NARRATIVE OM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R	= -	Narrative		To Be Corrected by	
329 HL 3-buy SINK drain leaks 352 NL Restiden door; i not self				reales	f- closing 3/2/2		
			Note Phose bibb a naedad on	Juluum break the mops	les 15 11/2		
Received by Me Oya Received by cc:	5	M	rinted):  anning  cc:	to go sound be a second	ted by (name and title printed 1215 of Dec) ted by (signature):    May Decorated by (signature):	1): k 55 Hese	