

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

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

Page 1 of

Establishment name FFTRFTOLD DNN & SUTTES  Establishment address 350 PARIS DR. FRANKLIN, EN  Owner  General Hotels Inc  Owner address  Person in charge	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary	Follow-up Release Summary of Violation	Date 22/24
Responsible person's email as the sum algebra for the sum of the s	6. HACCP 7. Other (list)	Menu Type (See bo	- shuhiza
Certified food handler  C (HATELY BREWER (DEPUSARE)  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	13	_45
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	S "R"
Section # C/NC R	Narrative		To Be Corrected by
336 C Hose Connected downstream SHUT	TO MOP STAK	- WITH	7/1/25
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460 N. MORTON ST. STE A 7 FRANKLIN, IN 46131

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

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Establishmen	-		ince-promally hazadous fronts	Telephone Number	Date of Inspection	ID#
Establishment address				( ) Establishment	2/2/21	1625
Establishmen	it address	3		( ) Owner	2/2/24	
453	5 GR	EGN	WOOD YORK DRIVE S. STE A	Purpose:	Follow-up Release	se Date
Owner				Routine		
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Owner addre	SS	1	CONFELTIONS	3. Complaint		
				4. Pre-Operational		
Person in cha	rge	-		5. Temporary	c_2_Nc_9	≥ R
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334	C	-	HOSE ATTACHED TO FINT	URE ON MOD S	INK 15	
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			THAT IS TESTABLE O	N MAIN WATER	Sources	
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			- DEADLE TO	CORNECT IS 7/25 NEW MILLER W/	1 = 1./4	
			- CONTACT AND	REW MILLER W/	SCHD	
			FOR ASSISTANCE	5.		
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Received by	(signature	):	(Un A) 10- 1	Insp	pected by (signature)	
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						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 ID# ) Establishment ) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C O NC O R -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" Narrative To Be Corrected by Section # C/NC R violations observed Inspected by (name and title printed): Received by (name and title printed): 1207 Putt 2 Received by (signature): cc:



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

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

Establishmer FR I	and the state of t	15	OINPR	Telephone Numb		3303 ID#
Establishmer 989			WHITELAND, IN	( ) Owner Purpose:	Follow-up Relea	se Date
Owner				1. Routine	(PE) 2	16 24
RU	Ben	J	PEREZ	2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operation	al ,	$\wedge$
Person in ch		J	Perez	5. Temporary 6. HACCP	CNC_	O R
Responsible	person's	email	ns frieds is to the fall engingig on, if every vive 2 petrons — embass feace	7. Other (list)	Menu Type (See	back of page)
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Section #	C/NC			Narrative		To Be Corrected by
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	>		IN WHICH POTATOR			
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295	·NC	1 1			nAKER NOT CLER	200 als
336	C	2	MOPSTNK - HOSE		TO FAVORT	7/16
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			SOFT OCTAL STA	From ExTon		
	Letter			TRGRA NOT		+ 3/1
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431	MC				WALL /UNDER	2/15
324	24 WC & HOT WATER AT RESTROOM HANDSTUK- 2/7					
324	MC	16		7°F NOT AT		0//
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STE From I'VE BIN/ CUS SECRETORS WITH CUP) 3/6					2/6	
Received by	1	title p		di n	Inspected by (name and title printe	
Received by	(signatur				Inspected by (signature)	9
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment address  Establishment address  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)	Date of Inspection  1	R
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Section #	C/NC	R	V	Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme				Telephone Number	Date of Inspection	ID#
	belgi	0		( ) Establishment	2/11/2	Z320
Establishme	nt addres	S	9	( ) Owner	2/14/24	2,20
7	132	1	1531 GreenWood IN	Purpose:	Follow-up Releas	e Date
Owner	, 10		7.71	1. Routine	1	
				2. Follow-up	Summary of Violat	ions:
Owner addre	900			-l ·		
Owner addit	C55			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_O_NC_	/ R
5118 1 Ex	Eggrap V	10	a larginer can be for our	6. HACCP	r pal-burdus	0.01
Responsible	person's	email	telingerikanien in termina basis in	7. Other (list)	Menu Type (See l	back of page)
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Certified foo	od handle	r	2 /		1 2 4 3	4 5
me	11 53	CL	Pyles			
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
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Section #	C/NC	R		Narrative		To Be Corrected by
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177	NC		coffee creamers for	Lustomer W	use	
180			coffee creamers for aren't protected from	or contamination	<u>'</u>	2/20/24
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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 hame 1000 Sty Telephone Number Date of Inspection ) Establishment Establishment address ) Owner Purpose: Release Date Follow-up 1. Routine 2. Follow-up Summary of Violations: 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" Section # C/NC R Narrative To Be Corrected by JC Received by (name and title printed) Inspected by (name and title printed): Asst. Manager



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.

Establishment name  Drandbrook Memory Care  Establishment address  2444 S SR 135 46143  Owner  Owner address  Person in charge  Maissa  Responsible person's email				Telephone Number  ( ) Establishmer  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operationa  5. Temporary  6. HACCP  7. Other (list)	Follow-up Releas	2307 e Date 25-24 ions:  R O pack of page)
					12_3	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN THE NARRATIVE BELOW !	AS "R"
Section #	C/NC	-		Narrative	CONTRACTOR DE MAIS DE	To Be Corrected by
olo depo	114034	JII.	Interior Surfaces Alightly Soiled		Linux Company of the state of t	MED 1. M
Received by Received by cc:	Ur	55	D'sh machine, not inspection. Log	books not	estime of up to date.  Inspected by (name and title printed)  Clizabeth  Inspected by (signature):  Clivaleth  cc:  317-346-437	Senisse Senisse



460 N. MORTON ST. STE A 7 FRANKLIN, IN 46131

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

Establishment name  GREEK 5 RIZZEKTA / TRPP Room	Telephone Number	Date of Inspection	ID#		
	( ) Establishment	2/14/24	1909		
Establishment address	( ) Owner	11 2 10	1 10 1		
18 E JEFFERSON ST. FRANKLIA, IN	Purpose:	Follow-up Release	Date   7/1		
Owner	1. Routine	(405) 21	24/29		
TAPP	2. Follow-up	Summary of Violati	ons:		
Owner address	3. Complaint				
	4. Pre-Operational	7			
Person in charge	5. Temporary	$c_{3}Nc_{NC}$	10 R		
EZYJIA SMITH	6. HACCP	,/ ra. v.			
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)		
Certified food handler		1 2 3	A)		
Certified food handler  NULL URFFER  VER		123	48 3		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		1		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"		
	Narrative		To Be Corrected by		
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Room		normalism and sugara	164105 7. 17		
309 NC > MECHANICAL EXP	fausts not F	INCTIONING	2/20		
IN RESTROOMS		of the official strop device	1		
411 rc 2 2 LIGHTS OUT ON	EXHAUST HOOD	2 LtgHT	3/1		
ANTONSTIY NOT HOE	QUATE WAZE-	En CooleR			
(dough)		- /m-2	-3/14		
218 NC + door gaskets we	DRN SPOTT ON	3000 -	3/17		
REFITSORATOR, Z.	JOOK RETRISER		- I		
	pr ktraken		R 2/20		
	FREEZOR In	CHEST COOLE	ic ajao		
	on one micro		3/1		
In whence 10 100	NIT AT AND IS	3 COF AC MAR	0		
187 C & INTERMAL TEMPORATURO OF NAZHO CHELSE 2/15  FOR WARRINGE 116 F NOT AT \$135 9 OF MORD  187 C X ANTERNAL TEMPORATURE OF CHICKEN, PEPPORTAY  IN PIZZA PREPIRATION REFIRMATION 43°F-449 3/15					
IN PIZZA PREPREATIO	N REFLICATION	2130F-44	9 3/15		
IN PIZZA PREPARATION REFIISO ATTOR 430F-449F 3/15					
V-01 V- V / V / O / O -					
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Elysia Smith, manager	6	36 Jan 1714	E745		
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сс: сс:	cc:				
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			Page 1 of		

### NARRATIVE REPORT

Establish	ment N ∞K	ame	PIZZORHA HAPP Raom 18 F Jeffason Frankling	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
336	C	*	FANCET POSTAZION ON MOD STAK FANCET HOSE COMMENTED TO CLEANE	7/1/25
WÖ	Œ)	<u>a</u>	SAVITION UNIT 3 COMPATTMENT STONK OFSPENSOR HOSOS EXTREND BOLOW FLOOD REM OF 3 COMPATTING STINK	3/28
177	NC	**	BOD OF FLOUR NOT STORED MINIMUM OF 6 INCHES OFF FLOOR BY EMPLOYER ROSTROOM	2/20
324 347 351	WC.	*	POLIPER NOT PROJECT COLD WATER- NOT AVAILABLE AS HANDSINK, SIJOSABLE JONES NOT AVAILABLE, COVERED WASTE ROCOPTAZLE NOT PROJECT	$-311$ $\Rightarrow a/a4$
		1	FRETIFICA FOOD THAMPLER WOODS VETTERED TONE HAS LEFT EMPLOYMONT RECONTRY	
Received B	y (Name	& Tit	Inspected By (Name & Title)  HOUSE Bul Smith Ether	Page a of a



### 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 correct	ction of each violation is specifie		n of this report.
Establishment name  HAMPTON INN	Telephone Number  ( ) Establishment	Date of Inspection	23 56
Establishment address 361 PARIS DR FRWKCIT IN	( ) Owner	,,	sq Date
Owner	1. Routine	2	122/24
	2. Follow-up	Summary of Viola	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	c O NC_	R
K. ETRA Mc COLLUM	6. HACCP	1 1/1 11 11 11	2 101612
Responsible person's email	7. Other (list)	Menu Type (See	back of page)
n die se de Mane n	and the firm of		
Certified food handler		1	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT			AC IIDII
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T Section # C/NC R	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
MECHANICAL DIS		10T Day	To be conceiled by
WOLF USE AT DI		ection	Panus 7
100 m m agaig as a constant of the more again		and the state of t	Z DOUTESANT
239 MC & BOXES OF SINGLE WOT STUND OFF F OFF FLUOR AN S	rock Room	,	45 '
+ 3 comparment	SHUK CLEAN	IND KANITI	TN9 1-
(n/do) dispensions out	ets EXTEND I	BeLOW	2/20
FLOOD REM		<u> </u>	San Sal
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			100000000000000000000000000000000000000
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Received by (signature):	Inspe	cted by (signature):	91
cc: cc:	cc:		1-9-
			Page 1 of



Received by (signature):

cc:

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

# 460 N. MORTON ST. STE A 2/14 FRANKLIN, IN 46121

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 +1155H 0 Telephone Number Date of Inspection ) Establishment ) Owner Purpose: Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler 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 C/NC R Section # temperature nce Inspected by (name and title printed): Received by (pame and title printed): Raul Beliby

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

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

Owner address  Person in charge	e ddress nel	kd	TOF YO  Gene 46142	<ol> <li>Routine</li> <li>Follow-up</li> <li>Complaint</li> <li>Pre-Operational</li> <li>Temporary</li> <li>HACCP</li> </ol>	Date of Inspection  2/20/24  Follow-up Release  Summary of Violation  C NC (See lease)	ons:
			ebangum agamana brasinem i eta organia abang ara Kessel II ayang Lan Lo-	7. Other (list)	Menu Type (See ba	Salmond
Certified food h	andler				123	_45
1			ENTIFIED IN THE CHECKLIST AND NARRATIV OM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND 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

Establishme	nt name	9	now in an dispecial allowers in the At-	Telephone Numb	per Date of Inspection	TD#
			= Commission	( ) Establishm	The second secon	ID#
			TS OF GREENWOOD LIC	( ) Owner	2/14/24	2027
3115	MERI	DIAN	PARK DR SITTER	Purpose:	Follow-up Releas	se Date.
Owner				Routine		24/24
RA	-PH	111	=.)	2. Follow-up	Summary of Violat	
Owner addr	ess	700		3. Complaint		
				4. Pre-Operation	201	
Person in ch	naroe	-		^	C_S_NC_	6 0
	80			5. Temporary 6. HACCP	C_2NC	<u> </u>
Responsible	person's	email	form othernical assembly and see	7. Other (list)	Menu Type (See l	pack of page)
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Cerunea 100	od Haridic.	ı			12×_3	45
• CRITICAL	ITEMS AF	RE IDEN	TIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C	"	
• VIOLATION	(S) REPEAT	TED FROM	M PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATION	NS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC				To Be Corrected by	
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	may say.		SHEETHATTERS OF SHEETHER STREET	TOTAL PROPERTY OF THE PARTY.	Vanishi a Serra	
4/31	NC		FLOORS NEAR THE W		DONUT MIK	2/24/24
220	1		STORAGE AREA ARE		-	2/./
339	C		3 BAY SINK: CHEMIC	TO THE FIX	HAS A DIRECT	7/1/2025
334	2	-			LOSES ARE BELOW	2/24/24
			THE WAR		10300 14100 1000	2/2//
295	Ne	-	NORLAKE FREEZER:	FLOORS ARC	Souces.	2/24/24
336	C	+ (	STILLTY SINK ! - Y VAL	VE IS ATTACHE	ED TO THE FIXTURE	1/1/2025
339	C				DIRECTLY CONNECTED	
×51		100	TO THE	FIXTURE	The state of the s	a state of
334	C		- CHEMICAL DISPENSER HOSES ARE BELOW 2/24/24			
1/00	THE WATERLINE.					
409	NC					1
295			14E UTILITY SINK	15 in DISRE	PAIR-STUD EXPOSE	2/21/24
295	NC		THE DUTSIDE OF THE IC			3/14/24
Received by		title print	ted):	FINITE 10	Inspected by (name and title printed	):
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Received by	(signature)	:		· ·	Inspected by (signature):	garaczowej i i
					KRH	
cc:			cc:		cc:	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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 2601 2-19-24 ) Establishment ) Owner 10:45 am Purpose: Follow-up Release Date 1. Routine 3-1-24 No Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational C O NC / Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler 3 🞾 4 valare 2029 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 Section # C/NC R Sanitinger provided 2-19-24 291 NC

- /		
Received by (name and time	itle printed): CLEWIS	Inspected by (name and title printed):
Received by (signature):		Inspected by (signature): Servisse
сс:	сс:	317-346-4373
1		Page 1 of _

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

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 Establishment name Date of Inspection ) Establishment Establishment address ) Owner Purpose: Follow-up 1. Routine 2. Follow-up Summary of Violations: 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" Section # C/NC R Narrative To Be Corrected by Inspected by (name and title printed): Stork & Michael Area Manager Inspected by

cc:



### 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#		
Kentucky FITED CHICKEI	( ) Establishment	2/9/2	1.4		
Establishment address	( ) Owner	a (7 / a"	7 9		
2401 MMORTON FRANKLIN,	Purpose:	Follow-up Relea	se Date / n		
Owner	1 Routine	- 8			
	2. Follow-up	Summary of Viola	tions:		
Owner address	3. Complaint				
	4. Pre-Operational				
Person in charge	-	CNC_	7 n		
JAPANGA SMITH	5. Temporary	CNC_	/R		
Responsible person's email	6. HACCP	N. T. (C.)	Menu Type (See back of page)		
Responsible person's cinality of the state o	7. Other (list)	Menu Type (See	vack of page)		
Certified food handler	1.212-122	- 1			
Certified food handler PAWGA SMITH	(12/05/08)	2 (3 X 5 5			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR.	RATIVE COLUMNS MARKED "C"		25		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED.	IN THE "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW	AS "R"		
Section # C/NC R	Narrative		To Be Corrected by		
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SOAT NUT	open FRONT	TYPE	× 1/1.71.05.001		
the third parties that the same	ara a caha kecama an ana a	es a namina any s	2		
399 NC X FLOOR GROUT	WORN IN MRE	PAS OF	3/10		
XIZHen	1-)	1 250 ]			
392 NC & OUTSZOO CUMPSI	TER LAD NOT C	20592 472 Her	था।		
411 WC & COILING LIGH	FT OUT DU R	THE NEW	3/1		
STOCK ROOM	nd deep FRYC	a NOT	2/15		
431 NC & FLOOR BONS	it deg Fric	1000	0/19		
218 NC & JOOR GRISKET	LINRN ON C	) SM AZL	3/10		
218 NC & JOOR GASKET REFRESERATURE	R JN: KITT HAN	) Jiii ii de	2/10		
336 C > MOP SINK K	HOSO WITH SPORY	N07220	7/1/25		
	FAUCET - DUST	UP Y VAZVE	111100		
DWIDT SHUT OFF					
HOSE CONNECTED					
PLUMBED DUC					
(NOTE) TO CERTIF		OT SOON ON E	BREKTZOW		
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Smith		Be In			
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**NARRATIVE REPORT** 

Establish	ment N	am	e Address	Inspection Date
Ken	1700	<u>:K</u>	Y FOIDS CAREKON 2401 N MORTON FYANKLIN, EN	219124
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			JOLEANING SYSTEM NOT PLUMBOU	1.10
	APU		I correctly by 3 comparment	7/165
AMA.		7	SINK / HUSES EXTEND BRICK FLOOD	
			RIM OF STALL FLOOD RIM	
				, , ,
431	mc		FLOOR NOT CLEAN WANDE BESTOR	2 20/24
			SEATE DU CLENITUS KREA-/COICING	
			SOFT IN CENTRY RIPER-/COILING VENTS GIRTY IN DEPLING AREA! FRONT GOOR	
		Ш		
//	~ZZZ)	Ш	WAS AJV+SID BY MANNEGOR  9 RAPS WOODS COAND	2/15
(17)		Ш	grease TRARS MODES COUNTRED	
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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.

Establishmer	nt name		e et een pouvenille bezeidens forms	Telephone Number	Date of Inspection	ID#		
KING BUFFET			Uffet	( ) Establishment	215/24	2041		
Establishme				( ) Owner	212/01			
223	391	VI	MORTON ST. FORMKLIN, IN	Purpose:	Follow-up Releas	e Date.		
Owner				1. Routine	(905) 21	15-124		
E	V CA	len		2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint	(10)			
				4. Pre-Operational				
Person in ch	arge		The State of	5. Temporary	C_ON	C N		
ET	VCB	en		6. HACCP	reput front as some of many			
Responsible	person's	email	harrina i di dan Jamese dan kal	7. Other (list)	Menu Type (See back of page)			
			to the such as the such as the such as	efort in the ti	gent a grandinga	202263000		
Certified foo	d handle	r	HAN LO THANKING WARD	DEN OHEN ?)	1234_5			
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE					
• 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	B	S.	Narrative		To Be Corrected by		
218	WC	AT)	WASK-IN COLLI	2 door gASKE	T WORN,	311124		
	THE HALL	X	FLOOR WORN ON	HREA "	PART AND TO ESTIMATE	WEDJIZZ		
295	NC	8	WACK - IN COOLER		T CLEAN	215		
197	NC	0	UPRIGHT FREZER	20°F NOT AT	TOFOR	2/10		
			1055		0.00/5	210		
309	NC	6	RESTRUOM - MECHANICAL FAN, EXHAUSTS					
					worens	3		
	-	-	NOT FUNCTIONING	g IN MENS /	over ers			
1 17-7	111	_	ROSTROWMS	s NOT STORED O	FE FIME	2/7		
1.//	NC	0	MINIMUM OF 6 I		ACK-IN			
	in the character of the	1-1-1	FREIZER	roches the w	1101- 210	Historia de la companya della companya della companya de la companya de la companya della compan		
205	NC		KIRHEN -SZOL C	DE SINK/HIGOD	FIXOR,	28		
013	V-5-		PIPOS NOT CLOR		1	factoring		
295	NC	4	STAK NOT CLEAN		HINE	2 15		
411	NC	-	LAGHT DUTENSITY	NOT AJEQUA	TO IN	311		
			015HMHZHZMO AROA	45 FOOTCANI	DIOS NOT AT			
			70 FOOT CANDIOS OR	more)				
						D		
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En chen					Besmo			
cc:			cc:	cc:				
						Page 1 of		

### **NARRATIVE REPORT**

Establishi K±N			Address  FRET 2239 N MORTON FRANKLIAN A	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
324	WC	1	WATER TEMPERATURE AT HOT WATER HANDSLINKS 148°F NOT AT 100°F-1209	2/6/24
	2.0		(RESTROOMS)	
	500	à	ITE MAKER SCAIN OUTLET NOT ABOME	2/14
	ON C.	7	drain 1 much or more	
		4	Low Tempo CATURE CHECKING disHMACH.	NO 28
Consol	9	0	RINGE WATER TEMPERATURE 113°F NOT	1 0 D
(1)			AT 120°F OR MORE	
393	NC		DISTAN ON US NOT PROUTABLE FOR	2 120
	)		drain plug not Proutded FOR outside dumpster	2 (00
			,	
06 (	Po	)=	CECTIFICATE NOT AT ESTABLISHMENT	2/10
10			7.03113031.007	3,1
				- [P <sup>1</sup> ]
				-
Received By	y (Name	& Ti	le) Inspected By (Name & Title)	
En		cl	ien Bil Im Bils	Page a of



460 N. MORTON ST. STE A 2\ 20 FRANKLIN, IN 46131 ce 317-346-4365 Fax 317 5-

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

		tatio	requirements. The time mint for con-				
Establishme	ent name		Shoot such Coeffee per enc. to re-	Telephone Number	Date of Inspection ID#		
The	Tin	u	ckle Sandwich	( ) Establishment	2-14-24 2655		
Establishme				( ) Owner	10:474		
5116	SR	139	5 Ste A Bargersville 4	6/0 Eurpose:	Follow-up Release Date		
Owner		1. Routine	No 2-24-24				
Brent & Linda			Linda	2. Follow-up	Summary of Violations:		
Owner addr	ess			3. Complaint			
				4. Pre-Operational	CNCRO		
Person in ch	narge	Lha	Ribert a Lasternations de Level	5. Temporary			
fin	· de		· sasimed and	C TYLOOD			
Responsible	person's	email	stands , faction for engle mediscra	7. Other (list)			
1	,			1 Likeur at 1 a .	mampsi es sabor e		
Certified for	od handle	r			12345		
-6	Lin	de			,		
• CRITICAL		RE ID	ENTIFIED IN THE CHECKLIST AND NARRA		NI THE MADDATIVE BELOW AS UB!		
Section #	-	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	To Be Corrected		
	-	И	0 1 1 1 1		The second secon		
203	WC	IOG	Employee drinks	shall be lide			
	TEG SIG	557		tored 50 as			
		_		Contaminat			
	-	_	Good Contae	t Surfaces,	or loquesment		
			U	V	0 /		
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			FYI Atmospheric	Vacuum brea	ker is		
		19 19	not approved	for use 1	inder		
	2		Continuous p	ressure. The	Yvalve		
			on the faulet	creates continuo			
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					317-346-4373 Page 1 of		
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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. Telephone Number Establishment name Date of Inspection ) Establishment 7-26-24 IN CENUXOR Establishment addres ) Owner Purpose: Release Date 1. Routine 3-10-24 2. Follow-up Summary of Violations: 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 Section # C/NC R 2-26-24 324 NIC 342 Vacuum breaker approve spected by (name and title printed): Received by (vame and title printed):



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

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

Establishmen	t name	wheel and presentable has adopted foods.	Telephone Number	Date of Inspection	ID#		
MIN	NO		( ) Establishment	1 11 14	1001		
Establishmen	t address	S 21 Greenwood	( ) Owner	16-6-61	11990		
1251	ND	5 51 46142	Purpose:	Follow-up Release	Date		
Owner			1. Routine	16-1	-74		
			2. Follow-up	Summary of Violatio	ons:		
Owner addres	SS		3. Complaint				
			4. Pre-Operational	10 -	1		
Person in cha	rge	and conduction or make Result for	5. Temporary	c 3_NC_	/ R_O_		
		and are a subsequently of the man	6. HACCP	This take as the same			
Responsible p	erson's em	ail to be motion of the court per topol	7. Other (list)	Menu Type (See ba	Menu Type (See back of page)		
		1-11-1-2	e, y majority se	mer have and simple sea	protoss		
Certified food	l handler			123	_45		
- CRITICAL I	TEME ADE	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
100000000000000000000000000000000000000		FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW AS	"R"		
Section #	C/NC F		Narrative		To Be Corrected by		
303	.()	Bar Nish Mach	inl Sanitize	c Salution	1-11-24		
	1 1111111111111111111111111111111111111	is not adequate	=> 7ess than 1	ppm -	(15)		
111-11	130/19 1-1	5 Shall De	50 ppm - 100 p	pyh,	15.17		
		· Santizer bucket	5 Somitizers	0104100			
419	1/2	SV000 VD SOON	V-100 60W.	-100	Corrected		
419		Colored III Percent	The state of	570,000	a time at		
			THE MOON TO	CONTAINOR	MSDECTION		
199	NC	DESCUED STOCK	DIAMINAI	n Fle	11.7		
3 Val Lithout a Continual hater							
136		FOUT TOFFOR	1855 Troubs Sta	101-010			
100000	red Obove	1.					
111	1.10	Still file gold	1XV 7000 11100	Stored			
245	NC	COCOLOR COCO	Whind Cloth	2(0)	100 10 10 10 10 10 10 10 10 10 10 10 10		
		Shall be	HORD MSIZI	Sanit 1705			
		Solution.	2101-00-11-10-00				
413	nc	Side exterior door	24 Server Stock	tion not	5-21-24		
		protected from poten	the rodents-1	my lypt ODEN	P 2.1		
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				lingbeth &	Denisse		
			4	0	Page 1 of Z		
			31	7-346-436	3		

### NARRATIVE REPORT

Establish		ame		Inspection Date
KU	M	0	1251 N US 31	2-21-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
431	NC		Soiled fan grafes - Walk-in-Cooler &	2-22-24
			a Salad Cooler,	
			floor grout in disrepair in	
			marly aveas especially unde	L
241.	110		Soap out @ Server hand Sink	2-21-24
234	NC		In-use Knives stored between	2-21-24
02/			flip-top cooler & hand sink	
			edge subjecting knives to	
	-			amination
			In-use ice cream scoops stored	
			on shelf next to hand si	slash
			In-use bulk Hood scoops	pease
		-	throughout Stored with	
			their handles touching	
			the Good product.	\
218	NC		2 Bulk lidd in disrepair (broker	1)
			note Chlorine Sanitines Concentrat	
			in automatic dishmachine @ 200 pp May concentration is 100 ppm	m
			That concerd vanon as reopping	
		C	note: Designated hand sink shall	
			be used for washing hands	Only.
				J
Received B	l y (Name	& Ti	itle) Inspected By (Name & Title)	D ') ' ')
Pally			(R)	Page <u>L</u> of <u>2</u>

State Form 48621 (R2 / 8-05)

Elizabetto Senisse