

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#  |
|--|--|-------------------------------|--|
| LA COCINA  | ( ) Establishment  | 217124                        | 1673   |
| Establishment address  | ( ) Owner  | 217127                        | 10 /5  |
| 912 N MORDIN ST. FMAKETA, TO                                       | Purpose:   | Follow-up Releas              | e Date   |
| Owner  | 1. Routine   | 2/1                           | 7124   |
| AZBORTO SIXTO MERI   | 2. Follow-up   | Summary of Violat             | CALL DESIGNATION OF THE PARTY O |
| Owner address  | *  |                               |  |
| Owner address  | 3. Complaint   |                               |  |
|  | 4. Pre-Operational   |                               | 8  |
| Person in charge   | 5. Temporary   | C_O_NC_                       | () R   |
| LOTS ALBERTO   | 6. HACCP   | myst moditais Boyto           | Definition (   |
| Responsible person's email   | 7. Other (list)  | Menu Type (See b              | ack of page)   |
| House will be a great with a pro-                                  |  | and a minared as              | 259 250 50 50  |
| Certified food handler ALBLYO SILYO NEGT SERVSAFE                  | 7/29/25 (2)  | 123                           | 5  |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE       | COLUMNS MARKED "C"   |                               |  |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE |  | THE NARRATIVE BELOW           | particular and the second seco |
| eccusion ii e i i i e i i i i i i i i i i i i i                    | Narrative  |                               | To Be Corrected by   |
| 324 NC 8 ONE HANDSINK IN   |  | OLD WATER                     | 315/4  |
| NOT AVAILABLE AT   |  | SA SSI - SSN 5                | carrected at   |
|  | UI dell' T   | REFRIGERA                     | 08 3/10  |
|  | CITL COM   | 00/ 00/01/00                  | 1m 2110  |
| 177 NC & ONTONS AND PEPP   |  | WARK - IN                     | on all   |
| OF 6 MCHES OF  | F Floor an   | WIGHT IN                      |  |
| 197 NC V WAZK - IN FRACTOR   | 2 180F NUT 1   | AT OOF OR                     | 2055 2/1   |
|  |  |                               | 2110   |
| 324 NC < WATER PONDED/NOT  |  | 2000 3400                     |  |
| 324 NC = WACK-IN COOLER  | condensate/wA  | TER DEATH                     | 1xc 3/1  |
| INTO METAL PAN   |  | OOR OFBER                     |  |
|  | The state of the s | PULLES AWRY                   | 220  |
| From WAZL ON P   | Ret in KITCHE  | N                             | 100  |
| 291 NC & A NEMTERE TEST  | PAPPIS FOR BU  | met of                        | 3410   |
| NOTE-AVILLABO  |  | B                             |  |
| 431 NC & MONS ROSTROOM -   | COKING EXHI  | FUST COUPER                   | 210  |
| NOT CLEAN/ JUSTY   |  |                               |  |
|  |  |                               |  |
| Received by (name and title printed):  Luis Alberto                | and the get  | ed by (name and title printed | Etts   |
| Received by (signature):   | Inspecte   | ed by (signature)             | District   |
|  |  | OU TITO                       |  |
| cc: cc:  | cc:  |                               |  |
|  |  |                               | 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.

|               |              | mon Kequi  | rements. The time limit for correc                                       | don of each violation is speci | med in the narrative portio  | n or tins report.           |
|---------------|--------------|--|--|--------------------------------|--|-----------------------------|
| Establishme   | nt name      | shedi  | Le re nou-potentially hazardous  | Telephone Number               | 1  | ID#                         |
| LCI           | HEY          | MON  | Ma L   | ( ) Establishment              | 11 12.71   | 11159                       |
| Establishme   | nt address   |  | 125 Baylous  | Owner )                        | 16-676   | 1 100                       |
| 1226          | S            | SA   | 135  | Purpose:                       | Follow-up Relea  | se Date                     |
| Owner         |              |  |  | 1. Routine                     | 1/185 13   | -4-24                       |
|               |              |  |  | 2. Follow-up                   | Summary of Viola   | tions:                      |
| Owner addre   | ess          |  |  | 3. Complaint                   |  |                             |
|               |              |  |  | 4. Pre-Operational             |  | 1                           |
| Person in ch  | aroe         |  |  | <b>-1</b> `                    | $c_{NC}$   | $\angle$ R                  |
| i cison in ch |              |  |  | ( TT1 COD                      | 0  |                             |
| Responsible   | -            | Maria Ma | on, beng izekt i dan di pesagin di<br>na Prode ci retejon di pesagin ene | 7. Other (list)                | Menu Type (See   | hack of page                |
| Responsible   | person's er  | man  |  | 7. Other (usi)                 | Wiena Type (See  | ouck of pages               |
| Certified foo | od handler   |  |  |                                | 1 2 3  | 1 V =                       |
| Geranea roc   | , ci iminere |  |  |                                | 13   | 45                          |
| • CRITICAL    | ITEMS ARI    | E IDENTIFIE  | ED IN THE CHECKLIST AND NARRATI  | VE COLUMNS MARKED "C"          |  |                             |
|               |              |  | EVIOUS INSPECTIONS ARE DENOTED IN T                                      |                                | AND IN THE NARRATIVE BELOW   | AS "R"                      |
| Section #     | C/NC         | R  |  | Narrative                      |  | To Be Corrected by          |
| 794           | ()           | 7)(  | SN MACNIM  | Sanifizer 1                    | not ockanal  | 8                           |
| 377           |              | 9 110  | 55/10 TO 5   | 000m - 1000                    | 200  | VINCENTE -                  |
| 334           |              | 130  | N 3 Day SW   | K COPPLAYS 12                  | to 10CK  | 18.00                       |
|               |              | OVO  | DIC COO VIO  | XX VV                          |  |                             |
| 411           | NC           | 1,01   | of William in  | DON CAGO U                     | ot adequate  |                             |
|               |              | . )  | 5 Shall 12   | 10 topt cons                   | 1,63   |                             |
| 234           | NC           | DOS  | Served or White  | 240164 WA                      | re Joint of  |                             |
|               | -            | the  | This top cooking   | 026/20                         | 1112011  |                             |
|               |              | 000  | SHAND HINE M   | tensils Store                  | d Without  |                             |
| 112 /         |              | 10   | THE CHOOLE TOLD  | DI OCHLIT                      | 10-11/0  |                             |
| 426           | NC           | - DO   | XIVIO CIGARIA  | 5 JUN 1 101 1                  | W. C. W. St.   |                             |
|               | 1 5 1        | 1  | CARCA WILLIAM  | 101                            | The second secon |                             |
|               |              | NIC  | )tes?  |                                |  | and the same of the same of |
|               |              | 100  | (Dre 1000) C   | IN TOXIC SI                    | oran Dattles   |                             |
|               |              |  | 2 Dognod a   | 1 1250 W/ 1/10                 | HOW Signiff  |                             |
|               |              | 611  | 30F - Manager  | Stated the                     | MIRSO 18   |                             |
|               |              | 1.97   | patino (timos  | tored 0 1:40 c                 | 2.m.)  |                             |
|               |              |  | 40   | V                              |  |                             |
| Received by   | (name and    | title printed):  | garana nesa, di les di cons  | In                             | spected by (name and title printed)  | ed):                        |
| Received by   | (signature)  | ->   | $\sim 10$  | Ins                            | spected by (signature):  | ger & Pockaring h           |
|               |              |  | George .   |                                | SHIP   |                             |
| cc:           |              |  | See  | C                              | c:   |                             |
|               |              |  |  |                                |  |                             |
|               |              |  |  |                                |  | Page 1 of                   |

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#                |
|---|--|---|--------------------|
| Lo Capissant French Bahanu  | (765) 51664714nt   |   |                    |
| Le Choissant French Bakery Establishment address  | (317) 929 9458   | 2-16-24                                       | 2506               |
| 916 E. MainSt. Greenwood, IN 46143  | Purpose:   | Follow-up Releas                              | se Date            |
| Owner   | 1. Routine   |   | 26-24              |
| Pedro Ulloa B   | 2. Follow-up   | Summary of Violat                             |                    |
| Owner address   | 3. Complaint   |   |                    |
| wher littless   |  |   |                    |
|   | 4. Pre-Operational                                       | c 2 NC 3                                      | 2                  |
| Person in charge  | 5. Temporary   | C_C_NC_                                       | R                  |
| Pedro   | 6. HACCP   | Contract of the second                        |                    |
| Responsible person's email  | 7. Other (list)  | Menu Type (See l                              | back of page)      |
| Pedrouloa 1000@gmail.com Certified food handler Look up   |  | 2.1   |                    |
|   |  | 12/23   | 45                 |
|   | E COLUMNIS MARVED "C"                                    |   |                    |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE | E COLUMNS MARKED "C"<br>E "SUMMARY OF VIOLATIONS" AND II | N THE NARRATIVE RELOW                         | AS "R"             |
|   | Narrative  | , THE THE MELOW                               | To Be Corrected by |
|   |  | Escilita.                                     | To be defrected by |
| 177 NC food not 6" off ground (box of butter, bags  | of Places  | taciury                                       | manuali ,          |
| tox of porter, pags   | of floor)  | mount, we have the                            | E Dayardors        |
| 344 C - hand sink not acc   | rossible   | 11 12 (25 HIRD) 85 100 A FE                   | z vilia sz. o j    |
| 345 C + dishes in hand sink   | CC38101C   |   |                    |
| 246 NC - employees not using  | a aloves whon  | handling                                      |                    |
| 246 NC - employees not using ready to eat foo   | 3 giores variari   | VICE ICILITY                                  |                    |
| 191 NC - date markings not  | observed for do  | u old pastr                                   | ies                |
| Size Trial Rifts  | 0 - 0 - 10 - 00  | 9 00 PODI                                     |                    |
|   |  |   | 1                  |
|   | no es one de la constante                                | a see a controllerand                         | winders I          |
| and a second a  | 1, 11, 10  | the third seed                                | and arrived 1      |
| 1.21.51 an indicate the second installant   |  | ca sobaois tauna                              | decorated to the   |
|   |  |   | dina sand          |
|   |  |   |                    |
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|   |  |   |                    |
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|   |  |   |                    |
| Received by (name and title printed):   | Inspect  | ed by (name and title printed<br>Ramaeorge 10 | atten frener       |
| Received by (signature):  | Inspect  | ed by (signature)                             | HHAM               |
| cc: cc:   | cc:  | July of 100                                   | Way In             |
|   |  |   | Page 1 of          |



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| Establishment Sanitation Requirements. The time limit for correct |   |                                 | of this report.    |
|---|---|---------------------------------|--------------------|
| Establishment name  | Telephone Number  | Date of Inspection              | ID#                |
| Establishment address Step 1                                      | ( ) Establishment<br>( ) Owner  | 2/15/24                         | 11483              |
| 1997F Caling Kd Green-  | Purpose:  | Follow-up Release               | Date /             |
| Owner Wood IN 46  | 743. Routine  |                                 | 25/24              |
| 14000 114 141   | 2. Follow-up  | Summary of Violati              |                    |
| Owner address   | 3. Complaint  |                                 |                    |
|   | 4. Pre-Operational  |                                 |                    |
| Person in charge  | 5. Temporary  | CO_NC                           | R                  |
| Person in charge  | 6. HACCP  | C                               |                    |
| Responsible person's email  | Other (list)  | Menu Type (See b                | ack of page)       |
| Sensate   | T) Other (iisi)   | supported and support           | / puge,            |
| Certified food handler  | 7   | 1 2 3 1                         | 4 5                |
| Juan Bravo \ 0111121  | <i>Y</i>  |                                 |                    |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT         |   |                                 |                    |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN    |   | IN THE NARRATIVE BELOW A        |                    |
| Section # C/NC R  | Narrative .   | 1                               | To Be Corrected by |
| 43) NC Walk-in-Coole  | r cully i   | 1                               | 2/20/24            |
| ausiy/soula   | tool pilet in the subject so  | r - romy/c star ts              |                    |
| memore unit sential department                                    |   | 0.17 1.18 7. 001739             | (44) 12 11         |
|   |   |                                 |                    |
|   |   |                                 |                    |
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| S diene of montest and obtain                                     | de la companya della companya della companya de la companya della | M. Luce "man                    |                    |
| distantes a glassi han man of an actional                         |   | u Odi                           | tulosval           |
|   | 140   | 1011-01000-0                    |                    |
|   |   |                                 |                    |
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|   |   |                                 |                    |
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| Received by (name and title printed);                             | Inspec  | ted by (name and title printed) | ill antil          |
| Christian brews   |   | ted byl(signature):             | nur, Ell           |
| Received by (signature):  | Inspec  | ted by (signature):             | 1,0000             |
| cc:   cc:   | cc:   | I WOULD IT                      | nece j             |
|   |   |                                 |                    |
|   |   |                                 | Page 1 of          |



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|                       |           |                         | a requirements. The time mint for confective   |                                     |  |                    |
|-----------------------|-----------|-------------------------|--|-------------------------------------|--|--------------------|
| Establishmen<br>Littl |           | ae                      | Sars Pizza   | Telephone Number  ( ) Establishment | Date of Inspection   |                    |
| Establishmen          |           |                         |  | ( ) Owner                           | 02/02/24   | F 2779             |
| 620                   | С.        | /                       | ls 39 Cirenwood, IN  |                                     |  |                    |
| Owner                 | ۵.        | U                       | Tr 1150  | Purpose:                            | Follow-up Relea  |                    |
| Owner                 |           |                         | 46142  | 1. Routine                          | Contract of the Contract of th | 2/16/24            |
|                       |           |                         |  | 2. Follow-up                        | Summary of Viola   | tions:             |
| Owner addre           | ess       |                         |  | 3. Complaint                        |  |                    |
|                       |           |                         |  | 4. Pre-Operational                  |  |                    |
| Person in ch          | arge      |                         | and the second of the second o | 5. Temporary                        | CNC  | 3 R                |
| Lager of              |           |                         |  | 6. HACCP                            | J Hga a ii   |                    |
| Responsible           | person's  | emai                    | los en algresos francis a a charatem d   | 7. Other (list)                     | Menu Type (See   | back of page)      |
|                       | •         |                         |  |                                     | and the state of   | 71 37              |
| Certified foo         | od handle | de:                     | tney 2009 7/16/27  |                                     | 123_ <i>b</i>  | 45                 |
| -                     |           |                         | ENTIFIED IN THE CHECKLIST AND NARRATIVI  | E COLUMNS MARKED "C"                |  |                    |
|                       |           |                         | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI   |                                     | IN THE NARRATIVE BELOW   | AS "R"             |
| Section #             | C/NC      | The same of the same of |  | Narrative                           |  | To Be Corrected by |
| 411                   | No        |                         | lights are out merde   | the walk-in                         | cooler, by   | 02/10              |
|                       | Me        | krq                     | Oven, & overnead lon   | one of the 1                        | rep table.   | LEVIANOUT / E      |
|                       | 114,121   | anth.                   | 0.276 / 2 0.27.00  |                                     | The state of the s | CARACTER           |
| 345                   | Ne        |                         | theres rust & mold   | lite Substan                        | les on   | 24 7453 7K913      |
| 100                   | 1         |                         | hand smx handle as   |                                     | t mag sunt   | 1                  |
|                       |           |                         |  | /                                   |  |                    |
| 431                   | NC        | -                       | Drain by three - 6   | say cont is s                       | ortedo   |                    |
| 100                   |           |                         | floor in Stolk wa  | 1R-in cooler                        | Is sorted  |                    |
|                       |           |                         | ()   |                                     |  |                    |
|                       |           |                         |  |                                     |  |                    |
|                       | entre     | tr os                   |  |                                     | andhase  | loreisma. L        |
|                       | Lauric    |                         | MOIE; Please mat.  | e sure prooms                       | e & maps   | a polyment i       |
|                       |           | 111                     | dre hung er  | en might                            | - Control of the Cont | 1 - 4              |
|                       |           |                         | U  | 0 0                                 |  | di lata meni       |
|                       |           |                         |  |                                     |  |                    |
|                       |           |                         |  |                                     |  |                    |
|                       |           |                         |  |                                     |  |                    |
|                       |           | _                       |  |                                     |  |                    |
|                       | <u> </u>  |                         |  | l r                                 | ted by frame and title tains   | nd):               |
| Received by           | (name and | d title                 | printed):  | in a                                | ted by <i>(name and title printe</i><br>WI BIFT  | u SH5              |
| Received by           |           |                         |  | Inspec                              | ted by (signature):  Aul Betile  | gnigralad          |
| 0/0                   | Mex       | 10                      | Sevell   | 2                                   | aul Bell   | u                  |
| cc:                   |           |                         | cc:  | c¢:                                 |  |                    |
|                       |           |                         |  |                                     |  |                    |
|                       |           |                         |  |                                     |  | Page 1 of          |



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| *  | 1                                 |  |  |
|--|-----------------------------------|--|--|
| Establishment name THC LOCAL GRIND   | Telephone Number                  | Date of Inspection   |  |
| V  | ( ) Establishment                 | 2/5-/24  | 2351   |
| Establishment address 25 N MAIN 57- FRANKLIN, AN   | ( ) Owner                         |  |  |
|  | Purpose:                          | Follow-up Release  | Date   |
| Owner  | 1. Routine                        | The same of the sa | 5/24   |
| EMIZY WORLEY   | 2. Follow-up                      | Summary of Violati   | ons:   |
| Owner address  | 3. Complaint                      |  |  |
|  | 4. Pre-Operational                |  |  |
| Person in charge   | 5. Temporary                      | CONCO  |  |
| ETHAN LOL  | 6. HACCP                          | megot Localia en 14  | dud  |
| Responsible person's email   | 7. Other (list)                   | Menu Type (See b   | ack of page)   |
| sk i Permatanik dhê 2 e Nast   | l i riginda erra i de             | at the gett primer.  | Same and   |
| Certified food handler  EMILY WORLEY (CFPM)  | 2/1128 EXP)                       | 12(3_X   | <u>)</u> 45  |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE   |                                   |  |  |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE   |                                   | N THE NARRATIVE BELOW A  | The last state of the last sta |
| Section # C/NC R   | Narrative                         |  | To Be Corrected by   |
| 399 NC & CRITING PECTING   | IN RESTROO                        | M  | 3/1/24   |
| 256 M = SMALL REFRIGERI  | GTOR IN KITE                      | Hen -  | 2/8  |
| 256 MC = SMALL REFRIGERI<br>THERMOMETER  | NOT Proutded                      | P. Corporation St answers  | Anta Jack  |
| The second second  | - 22111/2)                        | P.O  | . 01/24  |
| PURCHASSI 215  | NOT PROVIDED                      | 1000   | 016/24   |
| PUKCHTISH 215  |                                   |  |  |
|  |                                   |  |  |
|  |                                   |  | 1 4  |
|  |                                   | A a series and section   | Singary I.   |
|  |                                   |  | -Y   |
| a and the state of | and told the second of the second | า พระ (x พิ พัตรุเรามาการเรียก)  | sensitive setting a large set  |
|  |                                   |  | 12202  |
|  |                                   |  |  |
|  |                                   |  |  |
|  |                                   |  |  |
|  |                                   |  | 1  |
| Received by (name and title printed):  | Inspect                           | ed by (name and title printed)   | :  |
| Ethan Lee  |                                   |  | 45   |
| Received by (signature):   | Inspect                           | ed by (signature):   | ses de ci  |
| W. J.  | 92                                | set smot   |  |
| ce: cc:  | cc:                               |  |  |
|  | . 10                              |  | Page 1 of  |



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

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

|               |            |         | 1  |                      |   |       |
|---------------|------------|---------|--|----------------------|---|-------|
| Establishmen  |            | 7       | Cdus                                       | Telephone Number     | Date of Inspection ID#                        |       |
| Establishmen  | 1 30       | m       | Solver                                     | ( ) Establishment    | 02/02/24 216                                  | 27    |
| establishmen  | it addres  | s<br>D  | purdenle do.                               | ( ) Owner            | 1 1 - /                                       |       |
| Juli          | 7          | nou     | fundence 200.                              | Purpose:             | Follow-up Release Date                        | - 11  |
| Owner         |            |         |  | 1. Routine           | Yes 02/16/8                                   | 7     |
|               |            |         |  | 2. Follow-up         | Summary of Violations:                        |       |
| Owner addre   | SS         |         |  | 3. Complaint         |   |       |
|               |            |         |  | 4. Pre-Operational   |   |       |
| Person in cha | arge       |         |  | 5. Temporary         | C / NC 6 R                                    |       |
| Land H        |            |         | Land to the second of the second           | 6. HACCP             | 21 1 0 21 01 2 1 10 1720                      |       |
| Responsible 1 | person's   | email   |  | 7. Other (list)      | Menu Type (See back of pag                    | re)   |
| Certified foo | d handle   | Har     | vis 1/31/27                                |                      | 123 		 45                                     |       |
| • CRITICAL    | TEMS AI    | RE ID   | ENTIFIED IN THE CHECKLIST AND NARRATIV     | E COLUMNS MARKED "C" |   |       |
| -             | -          | _       | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH |                      |   |       |
| Section #     | C/NC       | R       |  | Narrative            | To Be Cor                                     | -     |
| 141           | C          | ienej   | Food item with disci                       |                      | 101/24 Seen 02/0                              | 5 /24 |
| 431           | No         | Sint    | Floor in Bitchen an                        | ea is soited         | 02/1  | 10/24 |
| 101           | 1000       |         | , coo, a coco co                           | 7 - 13 (31)          |   | 1     |
| 431           | Ne         |         | Some tites for grout                       | are missing by       | mop sint                                      |       |
|               |            |         | ~ 1  |                      |   |       |
| 187           | NEC        |         | cooler by pryer ha                         | s holding temp       | uralure of                                    |       |
|               |            |         | 51°F                                       |                      | 0 1   |       |
| 431           | Ne         |         | Floor morde walk-in                        | i cooler to soll     | ed 02/10                                      | 124   |
| 430           | Ne         |         | floor or an orea                           | n cooler is sort     | le-in cooler                                  | 1     |
|               |            |         | is worn out                                |                      | 5 1110,03882                                  |       |
| 0.00          |            |         |  | A                    |   |       |
| 297           | MC         |         | Soda nozzles are                           | sorted.              |   |       |
|               |            |         |  |                      |   |       |
| D : 11        |            | 1       |  | T                    | I have for any distributed by                 |       |
| Received by   | (name au   | title f | HARRY                                      | Re                   | ed by (name and title printed): WWW BUTOU EUS |       |
| Received by   | (signature | 1:/     | Maan                                       | Inspect              | ed by (signature):<br>AUC BChTU               |       |
| cc:           | ~          | +0      | ven. 317-96738                             | ccl                  |   |       |
|               | 7          | 14      | 311-10/3                                   | 310                  | Page 1  | of    |



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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 Telephone Number Date of Inspection ID# Establishment 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" Narrative To Be Corrected by Section # C/NC R NC Inspected by (name and title printed): Received by (name and title printed): Received by (signature): ·cc: cc:



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   |           |         | abodi ambaggar allamanon ma so a con-  | Telephone Number         | Date of Inspection   | ID#                |
|----------------|-----------|---------|--|--------------------------|--|--------------------|
| Mair           | 47        | Mas     | dison Market Cale  | (317) 736 6246           | 12111.01   | 10000              |
| Establishmen   | t address | S       | dison Market Cafe<br>8t. Franklin, IN 46131  | (317) 289-3260           | d-14-9.  | 18208              |
| 100 N          | Ma        | in      | St Franklin IN 410121  | Purpose:                 | Follow-up Release  | e Date             |
| Owner          | 70100     |         | Se. Transition results   | 1. Routine               |  | 24-24              |
|                |           |         | undson   | 2. Follow-up             | Summary of Violat  | ions:              |
| Owner addre    | ss        | N IU    | 46106  |                          |  |                    |
| 7/00-          | 1 12      | 0 10    | to I. lando Des Bossassville   | 4. Pre-Operational       |  | _                  |
| Person in cha  | roe       | iri     | ta Woods Dr. Bargersville  | 5. Temporary             | C NC   | ( ) R —            |
| A0 h           | 101       |         | * I * 1. short oil beamfres = 2 'lest' = 2   | 6. HACCP                 | 0  |                    |
| Responsible p  | 1         | emai    |  | 7. Other (list)          | Menu Type (See b   | ack of page)       |
|                |           |         | sixtusmanagement.com   | 7. Other (usi)           | Then Type (see s   | MP                 |
| Certified food | d handle  | r       | STATUSTRANIGET NOTE. COTT  |                          | 1 2 3 4  | 4 2 5              |
| Ash            | leu       | - 1     | Jensen Aldrich   |                          | 12   |                    |
| CRITICALI      | TEMS AF   | E ID    | ENTIFIED IN THE CHECKLIST AND NARRATIVE  |                          |  |                    |
| VIOLATION(     | S) REPEA  | TED F   | ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE  |                          | IN THE NARRATIVE BELOW   |                    |
| Section #      | C/NC      | R       |  | Narrative                |  | To Be Corrected by |
| 336            | 0         |         | chemical dispenser co  | nnected to ma            | op sin K   | Visional           |
|                | I BITCH E | id an   | faucet   | THE STANGE OF THE STANDS | The street of th | TUDIE Safty        |
| 3-17 3-1-12    |           |         | Mala Antonia   | L. 1100[11. Da           | mint moint   | Tito xott i        |
|                |           | _       | Note: Johnson Coun   |                          | avtment  |                    |
|                |           |         | is diving tacilities   | stood at to the          | hn do  |                    |
|                |           |         | TO MESORVE THE C   | THEAR CATEGOR            | 911  |                    |
|                |           |         |  |                          |  |                    |
|                |           |         |  |                          |  |                    |
|                |           |         |  |                          |  |                    |
|                |           |         | the first of the second second second  |                          | es e e conflicinal   | dimension I        |
|                |           |         | I bronksnoto Estado  | I was                    | a commend white  | - Intersection     |
|                |           |         | and the second s |                          | con al destination   | in an also I       |
|                |           |         |  |                          |  | I Dawasa -         |
|                |           |         |  |                          |  |                    |
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| Received by    | (nama A.  | d title | trinted).  | Inspe                    | ected by (name and title printed   | 0: 1. 0 4 0        |
| Received by    | namejani  | 2       | nley Samte   | 1//                      | MaRapageorge   | , Maril Bety       |
| Received by    | Signature | :):     |  | Inspe                    | ected by (signature):  | and Believe        |
| (/             | Xh        | 10      | $\wedge \vee 0$  | 1                        | Unafter /R   | and Belieu         |
| cc:            | 1         | 0 1     | cc:  | cc:                      | 11   |                    |
|                |           |         |  |                          |  |                    |
|                |           |         |  |                          |  | Page 1 of          |

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

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

| Listabilisiiiii       | ciit Saiii | latio   | i Requirements. The time mint for confects   | on or each violation to specimen   | m the martine portro.         | or man report            |
|-----------------------|------------|---------|--|------------------------------------|-------------------------------|--------------------------|
| Establishmen<br>Mai Y |            | na      | dison Micro  | Telephone Number (317)73633300ent  | Date of Inspection            |                          |
| Establishmer          | nt address | S       | 46131  | (317) 289 3260                     | 2-15-24                       | 2/08                     |
| 1125                  | W. Je      | 7=      | ferson St. Franklin, IN  | Purpose:                           | Follow-up Releas              |                          |
| Owner                 |            |         |  | 1. Routine                         | 1-12-                         | 25-24                    |
| Amy                   | Rich       | ha      | rdson  | 2. Follow-up                       | Summary of Viola              | tions:                   |
| Amy<br>Owner addre    | ess        | 100     | 14604  | 3. Complaint                       |                               |                          |
|                       |            |         |  | 4. Pre-Operational                 |                               |                          |
| Person in ch          | arge       |         | SECON COLUMN SECONOMICS CONTRACTOR SECONOMIC | 5. Temporary                       | C_1_NC_                       | O R -                    |
|                       |            | 1       | -lawkins-shiftlead   | 6. HACCP                           |                               | -1 -2 -1 -2              |
| Responsible           | person's   | emai    | 14411113 311171144   | 7. Other (list)                    | Menu Type (See                | back of page)            |
| V                     | 1          |         | @ mainand madison cafe   |                                    | - acres or orientines         | a see 100/161            |
| Certified foo         | d handle   | r       | of the control thought in the control of the contro |                                    | 123                           | 4 5                      |
| Not I                 | prov       | id      | ed at time of inspection   | \                                  | 1                             |                          |
|                       |            |         | ENTIFIED IN THE CHECKLIST AND NARRATIV   |                                    |                               | 100                      |
| -                     |            |         | ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH   |                                    | N THE NARRATIVE BELOW         |                          |
|                       | C/NC       | R       |  | Narrative                          |                               | To Be Corrected by       |
| 336                   | C          |         | Mop sink faucet with   | atmospheric .                      | vacuum                        | W. May                   |
|                       |            |         | breaker with y-va  | lue and a che                      | mical                         | al golanica and a second |
|                       |            |         | dispenser attaiche   | <u>rd</u>                          | 7 3421 7 23176                | s and the second         |
|                       |            |         | Notes (D) Astronomo  | Jal . Maalli Da                    | an almostat                   | -                        |
|                       |            |         | Notes: (D) Johnson Co  | unty Health De<br>Pacitities until | Duling                        | 5                        |
|                       |            |         | 13 911119  | el critical plun                   | nhina viole                   | hans                     |
|                       |            |         | 10 COPTECT A   | ex ouries prom                     | morning vicia                 | 10173                    |
|                       |            |         | (2) 2 hay sink   | c sanitizer wa                     | s at ~ 150                    | DDM.                     |
|                       |            |         | 18 commence  | lit to be at 2                     | 00-400ppm                     | 1                        |
|                       | ufferr     | 70      |  |                                    | 11                            | - m                      |
|                       |            | 7       | Fig. 1   |                                    |                               | the second second        |
|                       | lel es no  | i infe  | and the second s |                                    | 4. 3 30 6.50 1997             | Lanueles L               |
|                       |            |         |  |                                    |                               | d frequence i            |
|                       |            |         |  |                                    |                               |                          |
|                       |            |         |  |                                    |                               |                          |
|                       |            |         |  |                                    |                               |                          |
|                       | -          |         |  |                                    |                               |                          |
| Received by           | (name and  | l title | brinted):  | Inspecto                           | ed by (name and title printed | d):                      |
| 10                    |            |         | Hawlins  | Insurance Africa                   | a Papageon                    |                          |
| Received by           |            | _       | 1/   | Inspecto                           | ed by (signature):            | Junion 1                 |
| 1/2                   | 2          | 4       | 4  | $\mathcal{A}$                      | WarPapageon                   | 9 2                      |
| 86.                   | 1          | /       | cc:  | сс:                                |                               | 1                        |
|                       |            |         |  |                                    |                               |                          |



### 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  Z  Owner  Owner addre  Person in cha | Establishment name  Malathon Mill Mass  Establishment address  2120 E. King St. Franklon Tis  Dwner  Owner address  Derson in charge  Desponsible 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  2/12/24  Follow-up Release  Summary of Violati  C NC  Menu Type (See b   | Pack of page)  |                    |
|--|--|----------|---|--|--|--------------------|
|  |  |          | NTIFIED IN THE CHECKLIST AND NARRATIVI  |  |  |                    |
|  |  |          | OM PREVIOUS INSPECTIONS ARE DENOTED IN THI  | Narrative  | N THE NARRATIVE BELOW A  | To Be Corrected by |
| Section #  | C/NC   | R        |   | The second secon |  |                    |
| 345  | F - 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | 1000     | grand sink is soi   | 120  | The way of the statement   | 2/12/24            |
| 295  | NC   |          | 3- bay since is do  | 14/  | gar home a shoots  | 2/12/24            |
| 295  | NC   | -        | Base cove is co   | n vs soiled  | O SAN DOUBLE OF SOLVER   | 2/14/24<br>30 days |
|  |  |          | Steck room  | Corre  | er -   |                    |
|  |  | $\vdash$ |   |  |  |                    |
| Received by  Received by                           | 5211   | mil      |   | 1  | ed by (name and title printed)  LIGY D 15 C.  ed by (signature): Falsy  MMY D Language | 1 /10              |
| cc:  |  |          | cc:   | cc:  |  |                    |



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

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

| 1.stablishmer  | nt name    |         | Contractional des and man and in        | Telephone Number             | 2 22 2.1                            | ID#  |
|--|------------|---------|---|------------------------------|-------------------------------------|--|
| Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner, which the Owner, where the Owner, which the Owner | 00         | 5       | V127a                                   | ( ) Establishmen             | 2-28+24                             | 11212  |
| Establishmer   |            |         | Chreenway                               | ( ) Owner                    | 3:45                                | PICIO  |
| 586  | 5          | 54      | 135                                     | Purpose:                     | Follow-up Release                   |  |
| wner   |            |         |   | 1. Routine                   |                                     | 10-24  |
|  |            |         |   | 2. Follow-up                 | Summary of Viola                    | tions:   |
| wner addre   | ess        |         |   | 3. Complaint                 |                                     |  |
|  |            |         |   | 4. Pre-Operational           |                                     |  |
| rson in cha  | arge       | Maga    | Malanasi aharan ara                     | 5. Temporary                 | C O NC_                             | 2 R O  |
|  |            |         |   | 6. HACCP                     | There's 's                          |  |
| esponsible   | person's   | email   | ivisels libraries charites              | 7. Other (list)              | Menu Type (See                      | back of page)  |
|  |            |         | Shorts Tell                             | or che la emi                | garcen, dona,                       | 2525-07  |
| Patri  |            |         | ridges 3/22/28                          |                              | 12_X3                               | 45   |
| The second name of the second  |            |         | ENTIFIED IN THE CHECKLIST AND NARRAT    | TIVE COLUMNS MARKED "C"      |                                     |  |
| VIOLATION(   | (S) REPEA  | TED F   | ROM PREVIOUS INSPECTIONS ARE DENOTED IN |                              | AND IN THE NARRATIVE BELOW          | AS "R"   |
| Section #  | C/NC       | R       |   | Narrative                    |                                     | To Be Corrected by   |
| 324  | NC         |         | Hot water handle b.                     | roken on han                 | d sink across                       | 3-1-24   |
|  | 7-12-11-11 | H 114   |   | o hot water                  | PART OF THE PROPERTY OF THE PARTY.  | Total State  |
|  |            |         |   | ink @ Wall                   | . When                              | PS VALLETY HAS   |
|  | -          |         |   | elve below 5                 | sint is on                          |  |
| 402  | NC         |         | All Shelves a equ                       | runs.                        | all be                              | 3-1-24   |
| 102  | NC         |         | elevated a                              | menemun                      | 1 11 1                              | 5-1-24   |
|  |            |         | shoult total                            |                              | e floor -                           |  |
| 141  |            |         | Observed                                |                              | vina "Sheli                         | res"   |
|  |            |         | Mel Less +                              | han 06"                      | of thoor                            | -  |
|  | HEAT (     |         | Chemical Sh                             |                              | ide il Hot                          |  |
| Jan 1  |            | 1       | pass-thru                               | island me                    |                                     |  |
|  | of g       |         | Vevor not                               | holding une                  | . 44-                               |  |
|  |            | -       |   | olue plastic                 |                                     | tainer   |
|  |            | -       | Y value observed                        |                              | nk faucet.                          | Remove   |
|  |            |         | Mop Sink face                           |                              | for use us                          | The same of the sa |
|  |            |         |   | nditions only                |                                     | reates   |
|  |            |         |   | ssure", Vacuum               |                                     | for use unde   |
| eceived by   | (name and  | d title | brinted):                               | In                           | aspected by (name and title printed | d) D   |
| <u> </u>   | VIKK       |         | OGO                                     | in the state of the state of |                                     | enisse   |
| eceived by   | (signature | 1:0     |   | I                            | nspected by (signature):            | packaging  |
| 4  | office     | By.     |   |                              | alingbett S                         | enisse   |
| ee:  |            | 1       | ce:                                     |                              | cc: V                               | 0  |
|  |            |         |   |                              | 317-346-437                         |  |
|  |            |         |   |                              |                                     | Page 1 of  |



## $70^{\circ}F = 21.11^{\circ}C$ $65.3^{\circ}F = 18.5^{\circ}F$ JOHNSON COUNTY HEALTH DEPARTMENT 460 N. MORTON ST. STE A RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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       |        | beer epolitical allaimanagemen laste a   | Telephone Number           | Date of Inspection                 | ID#   |
|---------------|---------------|--------|--|----------------------------|------------------------------------|---|
| ma            | rga           | ut     | a Drill  | ( ) Establishmen           | 2-6-24                             | 1788  |
| Establishmer  |               |        | 46143  | ( ) Owner                  | 3:45                               | B 1100  |
| 1675          | W             | 1      | Smith Valley Rel   | Purpose:                   | Follow-up Releas                   |   |
| Qwner /       | ~             |        | 0 0  | 1. Routine                 |                                    | 6-24  |
| T.            | , , ,         | 1      | Noho Bes   | 2. Follow-up               | Summary of Viola                   | rions:  |
| Owner addre   | ess           |        | January  | 3. Complaint               |                                    |   |
|               |               |        |  | 4. Pre-Operational         |                                    | ,   |
| Person in cha | roe           | _      |  | 5. Temporary               | C 2 NC_                            | le R  |
| Croon in cin  | 180           |        |  | 6. HACCP                   | CNC                                | N.  |
| Responsible   | nerson's      | email  | Level Representation of the second se | 7. Other (list)            | Menu Type (See                     | back of page)   |
| responsible   | persons       | Cirran | Lead aroles and a company  | 7. Other (usi)             | Went Type (See 8                   | suck of pages   |
| Certified foo | d handle      | r      | 7.00   |                            | _                                  | 4 ~ 5   |
| Alos          | an            | de     | o Deren 7-29-2   | 5                          | 123                                | _45   |
| • CRITICAL I  | TEMS AI       | RE ID  | ENTIFIED IN THE CHECKLIST AND NARRATIV   |                            |                                    |   |
| • VIOLATION(  | S) REPEA      | TED F  | FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH  | HE "SUMMARY OF VIOLATIONS" | AND IN THE NARRATIVE BELOW         |   |
| Section #     | C/NC          | R      |  | Narrative                  |                                    | To Be Corrected by  |
| 187           | C             |        | Beef in Walk in Coole  |                            | @ 3:45p-Ma                         |   |
|               |               |        | yesterday. You b   | rave 2 how                 | us to cool                         | Discard   |
|               | 1             |        | the told to To   |                            | idditional                         | <u> </u>  |
| 101           |               |        | 4 hours to cool  | the food to                | 41 For less                        |   |
| 2111          | 0             |        | Item not date  |                            | ed w/                              | 2-6-24  |
| 244           |               |        | Front hand sink  | thas mak                   | 1 1                                | 6 7   |
|               |               |        | A Al A I   | 10+ easily                 | accessible                         |   |
| 347           | NC            |        | Back hand Sink - N   | lo towels jour             |                                    | 2-6-24  |
| 199           | NC            |        | Thawing ground bee   |                            |                                    | 2 1 211   |
| 431           | NC            |        | Floor Soiled - Grea  |                            | h machin &                         |   |
| hutan         | = 9000es0 est |        | Store Room,  | Grease                     |                                    | Seek and the seek |
| 216           | NC            | ind:   |  | elves poro                 | uc & not                           | Leonarde L  |
| 1110          | 1)0           |        | easily cleans  | ible                       | 1 60.0                             | 10 10 211   |
| 410           | NC            |        | Un I Air   | issing above               | back prep                          | 2-10-24   |
| 426           | NC            | _      |  | fix A, or                  | get via dit                        |   |
| note          | 5             | 7      | not recommended.   | to have food               |                                    | 2-6-24  |
| 166           |               | _/     |  |                            | er. Skamtabl                       |   |
| Received by   | (name ang     | title  |  | In                         | spected by (name and title printed | <i>t)</i> :   |
| 0             | 61            | am     | 1-11   | d mgg grace a a            | Elizabeth S                        | enisse  |
| Received by   | (signature,   | ):     | 1910   | In                         | spected by (signature):            | O Land of   |
|               | (11           | um     | aliel X.   |                            | linabetto                          | Senisse   |
| cc:           |               |        | cc:  |                            | 317 346 4                          | f373  |
|               |               |        |  |                            |                                    | Page 1 of   |

Esenisse @ co. johnson . in. us



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

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

| IP 1111  | T-11N1                              | Data of Incompation  |                    |  |
|--|-------------------------------------|--|--------------------|--|
| Establishment name   | Telephone Number  ( ) Establishment | Date of Inspection   | ID#                |  |
| M ASH CRAFT Establishment address  |                                     | 2/2/24   | 1908               |  |
| 1140 NSR 135   | ( ) Owner                           | 1  | 1000               |  |
| 1140 NSR 138   | Purpose:                            | Follow-up Release  | se Date            |  |
| Owner  | 1. Routine                          |  |                    |  |
|  | 2. Follow-up                        | Summary of Viola   | tions:             |  |
| Owner address  | 3. Complaint                        |  |                    |  |
|  | 4. Pre-Operational                  |  | /                  |  |
| Person in charge   | 5. Temporary                        | C L NC   | ØR                 |  |
| and the part of the second of the first of the second of t | 6. HACCP                            | 1100000  |                    |  |
| Responsible person's email   | 7. Other (list)                     | Menu Type (See back of page)   |                    |  |
| Linear trial planets, \$1000   | i iak orașintarea                   | a garden mislieper   |                    |  |
| Certified food handler   |                                     | 1245   |                    |  |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT  | TIVE COLUMNS MARKED "C"             |  |                    |  |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN   |                                     | IN THE NARRATIVE BELOW   | AS "R"             |  |
| Section # C/NC R   | Narrative                           |  | To Be Corrected by |  |
| * TEST TAL ORGE  | EURA AN BALK                        | Fire)  |                    |  |
| PREVENTION DEVI  | CE.                                 | and the state of t | WEST TREET         |  |
| FREDVENTISS FOUT   | LUNGUN                              | Todata / .anoot  | Z BODTRY U.S       |  |
|  |                                     | n - 10 test mil 81 931 13  | is the consequent  |  |
| 334 C - 3 BAY SINK - K   | rota AREA ! }                       | BAR AREA   |                    |  |
| = HOT I INCH A   | BOVE FLOOD LA                       | 25   | 1-                 |  |
| - Form   |                                     |  |                    |  |
| /  |                                     |  |                    |  |
|  |                                     |  |                    |  |
|  |                                     |  |                    |  |
| ulletter in an   |                                     | n in the second  | 1 1                |  |
|  |                                     |  | a security of the  |  |
| 21 (1) 41 (1) 41 (1) 41 (1) 41 (1) 41 (1) 42 (1) 43 |                                     |  | I tomana ia        |  |
|  |                                     |  |                    |  |
|  |                                     |  |                    |  |
|  |                                     |  |                    |  |
|  |                                     |  |                    |  |
| - 2  |                                     |  | 7)                 |  |
| Received by fnamefand title privately:   | Inspec                              | cted by (name and title printed<br>EUIS R PAUL   | 1):                |  |
| Mora Costra  |                                     | EVIN F FAULI   | P CHS              |  |
| Received by (signature)  | Inspec                              | - 05   |                    |  |
| cc: cc:  | cc:                                 | X/L/07   |                    |  |
|  |                                     |  |                    |  |



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

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

|  |                                   |                              | Page 1 of  |  |
|--|-----------------------------------|------------------------------|--|--|
| cc: cc:  | cc:                               |                              | / /  |  |
| Manual State of State | Bol                               | Sn M                         | in Payyays   |  |
| Received by (signature):   | Bos                               | Sm IH / M                    | atapageorge  |  |
| Received by (name and title printed):  | Inspecte                          | d by (name and title printed |  |  |
|  |                                   |                              |  |  |
|  |                                   |                              |  |  |
|  |                                   |                              |  |  |
|  |                                   |                              |  |  |
|  |                                   |                              |  |  |
| ( 2 Ispenser in Stalle   |                                   |                              | ( )  |  |
|  | the go" wall che                  |                              |  |  |
| W/ Eco Lab   | 1/10 0011 11211 01-               | one in a Palia               | 0,00 = 5   |  |
| not appear   | to be adeque                      | ite-employe                  | e to check   |  |
| Notes (1) Sanitization   | n level at dishin                 | asher does                   |  |  |
| 218 NC dish washer leaking   | dish washer leaking               |                              |  |  |
|  | eA)                               |                              | 2-21-24  |  |
| 295 NC one refrigerator not in use is dirty inside   |                                   |                              | 2-3-24   |  |
| 218 NC door gaskets split  | /worn on mea                      | tcooler                      | 3-1-24   |  |
| Section # C/NC R   | Narrative                         |                              | To Be Corrected by   |  |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T   | HE "SUMMARY OF VIOLATIONS" AND IN | THE NARRATIVE BELOW          |  |  |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI   | VE COLUMNS MARKED "C"             |                              |  |  |
| Samantha Angel exp 5/16/27   |                                   | 12_/3                        | 45   |  |
|  |                                   | 1 0                          |  |  |
| Responsible person's email   | 7. Other (list)                   | Menu Type (See l             | Menu Type (See back of page)   |  |
| Samon the Angel  | 5. Temporary 6. HACCP             | c_O_Nc_3R                    |  |  |
| Person in charge   | 4. Pre-Operational                |                              | 3  |  |
| Owner address  | 3. Complaint                      |                              |  |  |
|  | 2. Follow-up                      | Summary of Violat            | ions:  |  |
| Owner J J  | 1. Routine                        | 2                            | -11-24   |  |
| 90 W. Dellerson St. Franklin   | ( ) Owner Purpose:                | Follow-up Releas             | e Date   |  |
| Matt's Meats Millies ice Cleam Establishment address   | ( ) Establishment                 | 12-1-24                      | 2192   |  |
| Mat's Meats/Milles Ice Cream   | Telephone Number                  | Date of Inspection           | ID#  |  |
|  |                                   |                              | The same of the sa |  |



### 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 ) Establishment 636 ) Owner Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C & NC5 Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler I ebella 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 MC Zer Me Ne Ne gre out Ne Inspected by (name and title printed): Received by (name and title printed); Inspected by (signature): Received by (signature): cc:



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

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

|  |              |  |                         | 1                               | 1                  |
|--|--------------|--|-------------------------|---------------------------------|--------------------|
| Establishme  | nt name      | ( All ) ( All ) ( All )  | Telephone Number        | Date of Inspection              | ID#                |
| Matt   | 'S Me        | ats Millies Ice Cream  | ( ) Establishment       | 9-1-211                         | 2711               |
| Establishme  | . 1          | ,  | ( ) Owner               | 2-129                           | 26833              |
| 190 m  | 1. Hel       | Meson St. Franklin   | Purpose:                | Follow-up Release               | e Date             |
| Owner  | 08           | person of the second   | 1. Routine              | 1-12-                           | -11-24             |
|  |              |  | 2. Follow-up            | Summary of Violati              | ions:              |
| Owner addr   | 900          |  |                         |                                 |                    |
| Owner addit  | 233          |  | 3. Complaint            |                                 |                    |
|  |              |  | 4. Pre-Operational      |                                 | 2                  |
| Person in ch   | arge         | - cooked in prepared a righest Reigh took  | 5. Temporary            | C_O_NC_3                        | 2 R_ <del></del>   |
| Dame   | anth         | ia Angel   | 6. HACCP                | r galler tree s                 | halabra            |
| Responsible  |              |  | 7. Other (list)         | Menu Type (See b                | ack of page)       |
|  |              | ebooks to the literating \$2 or 1.   | of Details              | grader palatic at               |                    |
| Certified for  | V 10         | Λ (  |                         | $_{1}$ $_{2}$ $\swarrow$ $_{3}$ | 4 5                |
| Samo   | anth         | 1a Angel exp 5/16/27   |                         |                                 |                    |
| • CRITICAL   | ITEMS ARE    | IDENTIFIED IN THE CHECKLIST AND NARRAT   | TIVE COLUMNS MARKED "C" |                                 |                    |
| -  |              | ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN  |                         | N THE NARRATIVE BELOW A         |                    |
| Section #  | C/NC         | R  | Narrative               |                                 | To Be Corrected by |
| 218  | NC           | door gaskets spli  | it/worn on med          | at cooler                       | 3-1-24             |
| 295  | 1/0          | one refrigerator   | not in the in al        | intu insido                     | 2 3-24             |
| 240  | 1// (        | CON BAZY HAZL A  | not in use is d         | 1719 17151ae                    | 2-397              |
| 218  | NC           | dish washer leaking  |                         |                                 | 2-21-24            |
|  |              |  | J                       |                                 |                    |
|  |              | Notes (1) Sanitization   | on level at dishin      | lasher does                     |                    |
|  |              | not appea  | n to be adequa          | ate-employee                    | tocheck            |
|  |              | W/ Eco Lab   | V                       |                                 |                    |
|  |              |  | the go" wall che        |                                 |                    |
|  | - House      | not curren   | tly in-use advi         | sed by en                       | ployee)            |
|  |              | ( dispenser install  | ed incorrectly          | ( )                             | 0 3                |
|  | 1.1          | in the state of th |                         | ) /                             | mean shall         |
|  |              |  |                         | .5                              | Immateur-          |
|  |              |  |                         |                                 |                    |
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| D : 11   |              |  | lr                      | 1 by (name and title toint)     | 1                  |
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| Received by  | (signature): |  | Inspecto                | ed by (vignature): /            | and of the second  |
| 1  | WW           | mul  | Bal                     | Sm D / M                        | in Paymans         |
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| Annual Control of the |              |  |                         |                                 | Page 1 of          |

# 1

## JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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

Page 1 of

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Establishment name Telephone Number Date of Inspection Establishment Establishment address ) Owner Purpose: Follow-up Release Date 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 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 431 Received by (name and title printed): roduce cc:



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

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

Page 1 of

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Telephone Number Date of Inspection Establishment name ) Establishment Establishment alldress ) Owner Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 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 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 observe c Received by (name and title printed): Inspected by (name and title printed): Received by (signature): cc:



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

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

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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 MI ABURLITO ) Establishment Establishment address ) Owner 2797 N MOCTON FORNKLIN, IN Purpose: Follow-up Release Date 1. Routine BULMINO GASCIA CERNA 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational c\_\\_\_Nc\_2 Person in charge 5. Temporary BULMATO GATCHA CEINA 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler BULMARO 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 RESTRATAT NOT: WORN, BY EMPLOYED 15/24 138 HAND SINK STATION COAKS / SOAP AND DISPOSABLO TOWELS NOT LOCATED BY SENK SHELLOS EGGS ON TABLE AT ROOM TEMPERATING 2/13 192 SOOR UPSTIFIT GLASS SOOR REFLIGARATOR 218 corrected 234 Se mAKER DUAL CHECK VITUR- CETTFICATION Inspected by (name and title printed): Received by (name and title printed): EXTS Inspected by (signature): Received by (signature): maro



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

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

Page 1 of

| Establishmer  | nt name  | my Lone I we  | threxast dinigrams, a second   | Telephone Number     | Date of Inspection                              | ID#  |
|---------------|--|---------------|--|----------------------|---|--|
| 1/100         | JAK C  | thures        | t Grill  | (574 8008 in 1037) 2 | 0 2 2   | 10200  |
| Establishmer  | nt address   |               | 46131  | ( ) Owner            | ター ノー 人   |  |
| 216           | N. Mo  | rtons         | t. Franklin, IN  | Purpose:             | Follow-up Releas                                | se Date_   |
| Owner         | 7 4. 7410  | 701.0         | o. Horn-ling   | 1. Routine           | Follow-up Release                               | -12-24   |
| Ant           | on A   | demi          |  | 2. Follow-up         | Summary of Viola                                |  |
| Owner addre   |  |               |  | 3. Complaint         |   |  |
|               |  |               |  | 4. Pre-Operational   |   |  |
| Person in ch  | arge   | e Realing     | dans to the reality  | 5. Temporary         | C_ONC_  | $\circ$ R_   |
| Ant           | on A   | demi          |  | 6. HACCP             | J. J. C. L. |  |
| Responsible   | person's em  | ail           | signication of any bank day  | 7. Other (list)      | Menu Type (See                                  | back of page)  |
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| Certified foo |  |               |  |                      | 123_\( \sqrt{2} \)                              | 45   |
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| Section #     | C/NC R   | 1/            |  |                      | anadi.  | To Be Corrected by   |
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