

460 N. MORTON ST. STE 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

NEW KUMO TAPAWES

() Establishment

3/6/34 (83/

ASSESSMENT OF THE OWNER, WHEN PERSON NAMED IN	The second second	-	JAPANESE	() Establishment	2/6/24	1821		
Establishme			JEFFERSON ST. FRANKLIN, IN	() Owner	- 12 = E			
Owner	11		JET (13010 31. 17 11 10 10 10 11 12 1	Purpose: . Routine	Follow-up Release	116 124		
Owner addr		_		2. Follow-up 3. Complaint	tions.			
				4. Pre-Operational		\wedge		
Person in ch	narge	2	and the space of the second	5. Temporary 6. HACCP	C O NC R			
Responsible person's email				7. Other (list)	Menu Type (See	back of page)		
Certified for	od handle	Lì			123	4 5 5		
			ENTIFIED IN THE CHECKLIST AND NARRATIV FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
411	NC	8	Some CETLING 1	IGHTS OUT DO	N KIRHEN	2/20/24		
411	NC	>	LIGHT OUT ON		tood	2/20		
295	NC	a	FLOOR IN WAR	ex-In work	e not clear	N 2.115		
431	NC	1	FLOOR IN Anexs	OF KITCHEN (UNDER	2/15		
			FLOOR IN ARREST	- TO WAZZ a	OT CLEAN			
295	NC	大	STORS OF DEEP	FRYAR, GRTLL	NOT CLOAN	12/15		
228	' NC	À	2ARGO CHEST FRE		int not	2/26		
			EASTLY MOVER	300		-		
		1 1			e proposition de la company de	4		
	941 20 1		and an annual of the Lating of		Land of the second of the	i one visa		
Received by	(name an	d title	printed):	Inspec	ted by (name and title printe	d):		
D			and the Line and the line	- a' aguna	Bub Jm 1774	245		
Received by	(signature	?):	YiLi	Inspec	ted by (signature):)		
cc:			cc:	cc:				



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

Page 1 of

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 Establishment address GNEGULION Owner Purpose: Follow-up Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) EXP. Certified food handler 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 199 pspected by (name and title printed): Received by (name and title printed): Received by (signature): cc:

NARRATIVE REPORT

Establishr	nent N	am	ne Address	Inspection Date
Nels			ng Cai 12095 Sk 135	11/3/4
Section#	C/NC	R		TO BE CORRECTED BY
431			Sides of equipment are Soiled.	
		H		
			Notes:	
		H	(1) WERNED DOMESON (1)	
			t Chillen (957° F 100 cotes 11)	
			Fliptopcooler (bottom shalf)	
			monager Stated these products	
			10 wine grains of Wigh ward f	
			Was just Diagd Wack the Cooke	
			16 Chaired of Strong Odor	
			Lecommend Cleaning all Hour	
			Stories Stories	
		Н		
		Н		
		\vdash		
		_		
Received By	/ (Name	& Y	ritle) Inspected By (Name & Title)	Page <u>L</u> of <u>L</u>



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

Establishmen	t name		Shoot make a sense of months of the	Telephone Numbe	r Date of Inspection	ID#
	Ren	5	Barrel Browing Co	() Establishme		629
Establishmen				() Owner	30	
50	Air	Or	21 PKWy 46743	Purpose:	Follow-up Release	Date
Owner		1		Routine	Yes 2-	22-24
				2. Follow-up	Summary of Violati	ons:
Owner addre	SS			3. Complaint		1
				4. Pre-Operationa		, ,
Person in cha	rge		i i ti e lawra. I yaqayan aa laafin a ege s	5. Temporary	$c = \sqrt{\frac{2}{Nc}}$	2R
				6. HACCP	n Hitos Hajvion II	1
Responsible p	erson's	email	the part of store with a const	7. Other (list)	Menu Type (See b	ack of page)
			, he saturate a man		tistimost	
Certified food	1 1		Dev		123	_45
NAME AND ADDRESS OF THE OWNER, WHEN	STREET, SQUARE, SQUARE,	and the latest latest	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION(S	S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		S" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
			Walk in - Cooler:		- n. n. 27/1 (0 . 9mil.)	2/1/21/
187	0	7.17	Gravy @ 970	= @ 2:18pm	covered w/	2/12/24
191	NE	_	plastico Containe		nank, Employ	UEU IZOII
170	Na		plastic was		30 Am	
			Chin heet @ 50,5°	F (2) 2:190	m date	
			market SAT	Employe	1 +	
			Product mad	le today (a) 1:30 pm	
			stored tightle	covered	w/plastic in	a metal
			Smashed potatol	o @ 93,4°	F @ 2:21pm	/
	hamaler.		made today	2 /2:30, 9	dated 11101	4: 0:0
		-	stored in a	plastie 9	san of peas	ie XIX
		-	Penderloins 57 F	1 antapr	pan-Nodate	
		\vdash	Employee Sta	tes produc	et made	
		\Box	45 minutes ass	o		
		100	187 is temperature v	iolations -	You have	
		1	2 hours to cool	food from	1 1 0 7-	F 1 111°C
		1	and an addition	al 4 hour	to Cool from 10	
Received by	(name an WA)		printed):		Inspected by (name and title printed)	enisse
Received by	(signature): /	CH		Inspected by (signature):	nisse_
сс:	16	1	сс:		31-2211-1	1373
	V				217 276	Page 1 of \$2
						1 150 1 01 - 4

NARRATIVE REPORT

Establish	Establishment Name Address Inspection Date						
Cake	en	V-	Parrel Brewing 50 Airport Pkwy	2-12-24			
Section#			REMARKS	TO BE CORRECTED BY			
			191 is not date marking product				
			191 is not date marking product 190 is improper cooling methods.				
218			ie covering product while in cooling	process			
324	NC		Door gaskets are in disrepair	2-28-24			
324	NC		3 bay sink drain line leaks	2-28-24			
431	Ne		Walk - in- Cooler Wall appears	2-14-24			
			to have a mold-like substance				
			Beer Walk-in-cooler appears to have	2-14-24			
			a mold-like substance				
430	NC		Certing tiles missing - a few	2-14-24			
177	NC		alrove food-prep	1-12-211			
///	100		2 5 gllon Ile brickets stored below unused ice bin possibly allouring	2-12-24			
			for contamination				
			V				
		\vdash					
		_					
		\vdash					
		\vdash					
		-					
1/20			$C_{n} + C_{n} + C_{n$	24/22/			
738			note Toxic Spray bottles not labeled	2-12-24			
			- Blue liqued & Pale yellow lique	ed			
420				7-12-2//			
439			note Silverware Room: Toxic tems	2-12-24			
			Stored above take Kome container				
			EBay - Insect trap not approved	2-12-24			
			for use in food facility of serve	d			
Pagaina d D	Mana	9 T	Inspected By (Name 9 Title) o				
Received B	(Ivame	α III		Page of of			
	TAN	4	My OWNER Climbeth Denisse				
State Form 4	5621 (R2	18705					



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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 Establishment) Owner Purpose: Release Date . Routine 2. Follow-up 3. Complaint 4. Pre-Operational $c_{\rm NC}$ $5_{\rm R}$ 3Person in charge 5. Temporary hamberlain 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" To Be Corrected by Narrative Section # C/NC NC 399 NC 324 NC 295 NC ed by (name and title printed) Received by (name and title printed): Chamberlain Received by (signature) cc:

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

Establishment name	Telephone Number	Date of Inspection ID#
Original Chicago's Pizza & Co	() Establishment	0 1 0 11 0 1100
	() Owner	2-1-24 2495
153 Holiday Pl. Franklin	Purpose:	Follow-up Release Date
Owner	1. Routine	2-11-24
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	CNCR
Gurjeet	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
and latter in a data	a communication of the factor	and we as twitten were and
Certified food handler		1 2 3 \swarrow 4 5
Gauravjeet Singh exp	2025	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST	'AND NARRATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS AR		
Section # C/NC R	Narrative	To Be Corrected by
392 NC Dumpster lid	UP NOT CLOSO	2/1/24
	nd around dumpster ar	ea -
431 NC Restroom Fan 334 C Chemical dis	austy	2//24
327 C Chemical als	pensing tubes at 3 ba elow food rim in chest freezen not	9510K
256 NC Thermometer	in chest freezen not	conspicuously
Incated	TO OTTOO TO THE	COTISPICOUS
	alternative (Commence of the Commence of the C	
THE TRAIL CO. L. C.	and the state of t	reconstruction of the last
Received by (name and title printed):	Inspecte Bob	d by (name and title printed): SWAFTH MIa Papageorge
Received by (signature):	Inspecte P	d by signame: Min Japasione
сс: сс:	cc:	The same of the same of
		Page 1 of



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			1		ID CY	
Establishme	11	/	ou or non perentially by radous focus.		Date of Inspection	ID#
FAR	7 ///	sef	044'5	() Establishment	2/2/24	2227
Establishme	nt addres	S		() Owner	7721	
				Purpose:	Follow-up Relea	se Date
Owner				Routine	Commence of the commence of th	12/24
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	,	
Person in ch	arge	i fora	a thought we are the energy to the other than	5. Temporary	C NC_	Ø R
				6. HACCP	ren shi bengina ina	V . 1 102
Responsible	person's	emai	wash on about otherwise to a form	7. Other (list)	Menu Type (See	back of page)
				of parmit sitt sing do	amilla rolling	71 0,
Certified foo	od handle	r	- //		12 & 3	4 5
LIDDA	ZEN	147	15 Exp 1/11/25			
			ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
AND DESCRIPTION OF THE PERSON NAMED IN	and the same of th	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
	7/10/0000	100	. / 8 = 6	· - 7.		
10101000	Incom	1000	NOTE: BACK FLOW I	9 IEST 1AG	- Constitution	
	-	-	REMOVE Y VALU	COT HOSE	S WILL IN THE	
			NOTE: BACK FLOW I REMOVE Y VALU ABOVE FLOOD I	A C.W		
				Mo	375K	
	l de la constant				a manufacture	
			ender in de marie la la constitue de la consti	John John John John John John John John	a no memor A editori	s interested
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		-				
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ATI	lo .	\leq		/	L-11 ft/1	
cc:	_		CC:	cc:	7	



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#
PENN STATION	() Establishment	217124	1242
Establishment address	() Owner		100
1143 N MORTON FRANKLIN, IN	Purpose:	Follow-up Release	Date
Owner	1. Routine	Follow-up Release	17129
	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	CONC_O	R
Jode MOUNTS	6. HACCP	er to great each	
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
alone and excultively and excultively	ant is sent that is a	s requiremp cost s	18390000
Certified food handler MACHALA (SERUSAGE	(000	123	5
111-101			
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH 		O IN THE NADDATIVE RELOW AS	""
	Narrative	A CONTROL DE LA CONTROL DE	To Be Corrected by
			2/8/24
138 RESTRATATS (C)	AP. VISOR HT	TER NOT	3 Claxician
Light port the contract should be and the contract of the gradient		and the second	DETENTI
B19THC) & UPRIGHT FROUZE	R AT 21°F	NOT AT	28
OF OF LESS			
	100mm = 00mm		0 1:0/24
WITE B URTER SOFTENER	SCATON OVIZE	+not RATEL	2/10/24
BELOW FLOOD RIM WORD BY SORIED RAG STORED IN BY SORIED RAG STORED IN	or mor sta	onx othly	corregted
(NOTE) SOFIED RAG STONED IN	2)	ord Sie	2 7 24
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			fings cont
Received by (name and title printed):	Inspe	ected by (name and title printed):	
Joide Mounts, Assistant Mana		Bob Smith ET	45
Received by (signature):		ected by (signature):	mguzi nej
your Ma		bel Im	
сс:	cc:		
			Y.



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

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

Establishment name	Telephone Number	Date of Inspection	104
PIZZA HUT	() Establishment		ID#
Establishment address	1	2/12/24	2183
440 N MORTON FRANKLIN, IN	() Owner	77 17 17 17 1	
	Purpose:	Follow-up Releas	22 24
Owner	1 (Routine		
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		00
Person in charge	5. Temporary	CNC	8
JAZOB ELDRINGO	6. HACCP	and the mount of	Alle of
Responsible person's email	7. Other (list)	Menu Type (See b	eack of page)
Certified food handler	1777	-	
THOOB ELDRING (SORUSAFE)		12_(3_1)	5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW A	
	Narrative		To Be Corrected by
295 NC & UPRIGHT COOLER			2/17/24
REFRESIER TOR			3 1 2 2
		=X HAUSY HOOD	
399 NC WALL, FLOOR WO	RN, NOT CLOS	n on HOLAS.	
	LOOR DIREN		cream 2/24
WORD SUFFER EXTENDED		STSPENSER	3"2/20
001-013	2COW FROOD F	16 1500 671 19989 M	7 2100
336 C > MOP STUL HOSE		TO FRUCET	
3300		se From	7/1/25
(m, 50 -) CLEANER /SANTIFIE		rends Below	-1-11
100/11/0	OP STOCK BR		2/24
229 NC RUBBET STATULA IS	WORN	A comment was used	d15CAO 2/14
431 WC & SHELUZNG IN KIT	zHen not	CLEAN -	- 2/17
411 NCB LIGHT INTENSITY	NOT AJEQUA	TO (2055 TH	AN
20 FOOY CHUPIOS) Pu	WAZK-DV	Freezer -	- 2/22
895 NC SHELLTONG IN WALK	- DN COOLE	2 NOT CLOR	a la
	-		D2/20
Received by (name and title printed):	Ins	pected by (name and title printed)	:
Jacob Eldridge	12	BOD SMITH	- EMS
Received by (signature):	Ins	pected by (signature):	Surfacional -
cc: // ec:	co		
)
			Page 1 of

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

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

Establishment Saintation Requirements. The time mint for con-		
Establishment name	Telephone Number	Date of Inspection ID#
Y122Ca HUT	() Establishment	2-6-24 1/180
Establishment address GNULNUM	Wd () Owner	2021 2109
11022 S US 31	Purpose:	Follow-up Release Date
Owner	(. Routine	2-16-24
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	\wedge
Person in charge	5. Temporary	C NC R
and the second to the second t	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
alone canduly on	100	well a the car do spession of
Gertified food handler		1 2 3 \times 4 5
MUSSEL KAVIGUED (8/30	/28/	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT		
Section # C/NC R	Narrative	To Be Corrected by
430 NR Floor tres by b	ack exterior o	000 OVE
broken/dangle	4.	CC VIII COST OCT GLIEBURINI PREB 1923
431 NC Floor under for	155016d.	0.22
Ang 2 door Standy	cooler with	P1220
1000 g daugh is not ec	isily movemble.	
47000 IS	Sold .	
CECOTOMEN TO	0 10	3
C M 40 140		
NIO+E-2		1 5
OCOLN HING	to detail C	lean green
	neks & floor	
324 NE (29 Hand Sin 16	by dish mac	hine appears
to be draining	Starry	
	Served Stagnant	hate in
Day	J	
Received by (name and title printed): GREGMICKE (SON SHIF	T MGA Inspec	ted by (name and title printed):
Received by (signature):	Inspec	ted by (signature):
cc: cc:	cci	DO VOM
		Page 1 of



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

Establishmer	nt name A - nt addres N 5 N ess arge person's	Hose Market	Petail Mgt. Broup	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 2-21-24 2462 9:15a Follow-up Release Date 3-10-24 Summary of Violations: C
Certained 100	- manufic				123_45
			ENTIFIED IN THE CHECKLIST AND NARRATIV		NI THE NADDATIVE RELOW AS "D"
• VIOLATION((S) REPEA	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	To Be Corrected by
187 431 431 324 430	NC NC		Sandwiches ma Interior thermon Food product Sha Product discarded: 1 Spicy Chicken, 2 Jimmy 1 Bray AZ Sausage 4 Chi	y when you a pabinet Braited lodgy are neter reads 11 be held @ 3 sausage bascuit 1 Dean Sausage Egg ese / Weli Express 3 soil 1 XIL Wh Soiled Sink faucet	eakfast Droduc ound 5am 102°F or Above # 135°F s, 4 Chicken biscuit, Cheese Biscuit, s Sausage Egg & Cheese, ite Chicken Tatty V Cheese 2-21-24 leaks 2-28-24
Received by Received by Cc:	9	d title	drink Station Note: Serv. Safe	Is busted. Partification Inspect	ted by (name and title printed): itabeth Senisse itabeth Senisse inabeth Senisse 317-346-4373

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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 229 Owner M JON Owner addres Person in char M CF Responsible po	s address	m, k	TEHEN- TICK OVEN PIZZA FON ST. FINNKIN, IN 2- GUSS MORRISON G-055-(SERNSAFE9/5/30	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Summary of Violati C NC! Menu Type (See b) 1 2 3	1/24 ions:
CRITICAL IT	EMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE			1
	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"summary of violations" and i	N THE NARRATIVE BELOW A	
	C/NC	QX A	A	door does not	03.050	To Be Corrected by
010	100	~	TEGHTZY	DUR DOES POL	CLOSE	7/1/24
218	NC	30-	WAZK-IN COOLER de	OR SOAT KASKO	T WORN FRIT	T 3/20
		2		TABLES RUSTED	7	315
-	NC	×		OT Provided BA		
	vc.	/	3 COMPANTIMENT SINK			3
			HOSES EXTEND BELOW		SINK	CORPOCIONO
295	NC.	8	TOP OF DESTAMAZH	she NOT CLOPE	V	2/25
346	mc	۰	KITCHEN HANDSINK	HANDSOAP NOT	AVAILABLE	2/33
	NCC		MECHANICAZ EXHAUST	s not function	NETES IN	3/1
P131 h	1.2	_	pestroom _ cover	000.1		
295	NC	X	pristde TOP OF JO	. \'	TCLEAN	284
336	C:	9	ATR GAP NOT PROVE	ded for \$70 r	naxee drain	3/1
			A	1 1	1	100
	c	×	OVINDSTER LIDS NOT			2/36
295	MC	×	(1) TABLE SHELF ON	KIRHEN NOT	- CleAn	2/25
Received by (n	ame ana	title j	printed):	Inspecto	ed by (name and title printed)	
hic	608	1	morpor	E	306 Jm174	EXTS
Received by (s	ignature)		ZZMZ	Inspect	ed by (signature):	minalori e
cc:			сс:	cc:		1



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

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

Establishment name SHALE CROCK BROWERY Establishment address 178 W JLFFELSON ST. FORKLAN A Owner BRKLR Owner address Person in charge "JARRYTT GLINER	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 2/16/24 Follow-up Releas Summary of Violat C_/ NC_	e Date 26 24 ions:
TARRUTT GLIVER Responsible person's email Certified food handler MIKE BYKER (Servsage)	6. HACCP 7. Other (list)	Menu Type (See b	pack of page) 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT		THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
PORPNTIAZED HO UPRIGHT 3 das 46°F-47°F NUT (DAIRY /15995) CO PREPRISORATION COPENTAL WEXT TO WALL	reported on Park	S STATILOG FO AFTOR	2/20 3/16
Received by (name and title printed): Received by (signature) cc: cc: cc:	Be	d by (name and title printed SM IVH d by (signature):): BH5

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

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

Establishme		/_	shoot embassad elletteration of to or to	Telephone Number	Date of Inspection	ID#		
USTE Establishme	YS K	<u>(10)</u>	rean Restaurant	(317) 3500 likmy	1 -/- 1) - 24	2143		
			46143	(317) 362-755	3			
Owner	· Mau	0)	St. Ste 210 Greenwood	Purpose:	Follow-up Release	25-24		
		ı	1.1 1/11	1. Routine		The same of the sa		
Jung	nyon	LO(Khart/Hae Lee	2. Follow-up	Summary of Violati	ons:		
Owner add	ress			3. Complaint				
				4. Pre-Operational				
Person in cl	harge			5. Temporary	CNC	R		
		6.1	, - i 'n agreed' delene Lemannt	6. HACCP		-1.110.00		
Responsible				7. Other (list)	Menu Type (See b	ack of page)		
Siste	rskr	2	018 @ gmail.com	The state of the s	THE ALMO MAINTUPOR	eogeneing		
Certified fo	od handler		Ü		123 😕	123_\(\nu_\)_45		
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		AND IN THE NARRATIVE BELOW A	s "R"		
Section #	-	-		Narrative		To Be Corrected by		
430	NC		Plastic baseboard near	walk-in cool	er not sealed	3-15		
177	NC	wq.	· throughout the Jacilit		ngle service	2-22		
	- He ford	Jary.	items were stored o	in the Floor	5 1331712 11881	The second secon		
191	C	-	- No date markings	on food store	din walk-in	2-16		
			cooler	1 1		2 00		
411	NC		- right most light abov	e broth stov	e out, not	2-29 not used often		
067	NIC		functioning	occured in un	riant Eriaidain			
001	1110		- thermometer not of	oserved in Ob	right rigidal	2 2 2 2		
			T166 COC					
			Note () LED lights	in employer	e nestroom			
			not covered			I I seed of		
	farmer ac	ristr	i la c	alpl. petr	The second second second	lean she		
						Engeogne		
						-		
	-							
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~		1	2001AH 6		Unoffang J	My Bell ac		
cc:			cc:		cc: 91 / /			
						Page 1 of		



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

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

Establishment name Lock Cook Smokehouse B Establishment address SK 135 Greenwood Owner Owner address Person in charge Responsible person's email Certified food handler	Purpose: 317 1. Routine 851 2. Follow-up 8995 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 2-14-24 3p Follow-up Release 2- Summary of Violati C NC Menu Type (See b) 1 23	Date DH-DH ons:
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		/
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
187 (1) Sous du Jour	@ 118°F @	2:45pm	Correcte
Hot holding	of product =	shall be	AISUPIENT -
135°F or	notter.	Control of the state of	985 (250E)
	ar States " Re	frigerate	
after operating,	11	V 0	0
294 Note Dish machine not	Sanitingne	adequat	Us
But establish	ment not a	Dashing	0
any dishes.	Establishmen	to the	
Samuel W P	roper concer	watton	
430 NC Vinul Grapes Cox		repair	2-28-24
	vents	repare	2-14-24
30 / 100 10 940 000	,	manufacture and	comprised to
		5 al	ina las
Reminder: On	-use uten	sils	- E
shall not t	se held @	room	41 18
	e for mor	e than	
4 hours.	V		
Received by frame and title printed):	Eli	by (name and title printed) 7 abeth	Denisse
Received by (signature):	Impected	by (signature):	enisse
cc: cd:	cc: 31	7-346-43	373
			Page 1 of



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

Solldway # 8051	Telephone Number	Date of Inspection ID# 2-21-24 16.48		
Establishment address //	1 () Ow Or 428	4:000		
5061 W Smith Valley &	Purpose:	Follow-up Release Date 3-10-24		
Speedway LLC 46	142 1. Routine 2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
V	4. Pre-Operational	1 2 0		
Person in charge	5. Temporary	$c = l_{NC} = 2 R = 0$		
Brooke Responsible person's email	6. HACCP	Mary Tara (San back of page)		
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
Certified food handler 7.	- 26	12_345		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AN	D NARRATIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DE		IN THE NARRATIVE BELOW AS "R"		
Section # C/NC R	Narrative \	To Be Corrected by		
187 C Boiled Eggs	will in thermo	44.8 F @ 4.10 P		
Bottom C	pils are dustin	2/21/24		
metal-St	em, Probe-type I	hermometer !!		
Kept in	a vial of wa	ter inside		
product	- compartment re	ads 44 F		
Below)	41°F	ea a ac		
297 NC Soda nombles	slightly soiled - D	r. Peppers, 2 24 24		
430 NC Hole in wall	by mop sine-	11)all is 2-1-24		
430 NC Hole in wall	ain Thomas and a second	Water 13 3-1-14		
W Sur Sep		Harrist Contract		
Now. Y Value	on mor sink fac	cet W/Atmospheric		
Vacuum I	reaker (AVB)	Y value coortes		
"Continuous	2	ABVS are		
not approv	red for use una	ter Continuous Pressu		
Received by (name and title printed):	U Inspec	izabeth Serisse		
Received by (signature);	Lixpec	ted by (signature):		
6 Cindy Cline		maleth Senisse		
сс:	cc:	317 346 4373		
		Page 1 of		



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

Establishment name JUBWRY /WRZ - MART #42293 Establishment address 2125 N MORTON ST. FRNKLIN IN Owner DHRUV PATEL Owner address Person in charge DHRUV PATEL Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release 2/15 Summary of Violation CNC_3	5/34 ons:
Certified food handler DHRUN PATEL • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	P. SERWARE) E COLUMNS MARKED "C"	1	5
336 C HOSES FROM 3 COMP DANITIZER DISPENS OF 3 COMPRETMENT MOP SINK EXPENDS O MOP SINK BASEN H31 NC FLOOR DIATIN NOT CO 138 NC HATR RESTRITIVE WHITE PREPARING OF WHITE PREPARING OF HAGA NOT CLEAN	Narrative ARTMENT SITUK DE ENS EXTEND BLLE SINKS , HOSE BLLOW FLOOD RT CLEAN NOT WORN BY	evergent/ ow retred to m of Employa	To Be Corrected by
Received by (name and title printed): Thrux latel oyuner Received by (signature): Cc: cc:		d by (name and title printed) Bob Sm 1 M d by (signature): Bel Sm	Page 1 of



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

	tion Requirements. The time limit for correct			
Establishment name	or at you ever analy hazardous foods.	Telephone Number	Date of Inspection	ID#
SUNVEN	e produce.	() Establishment	10 11 -11	40744
Establishment address	Green	Owner)	1-100	11-11-19
2201 W	1 dependence Oc.	Purpose:	Follow-up Release	
Owner		1. Routine	NRS 13-	1-29
		2. Follow-up	Summary of Violati	ions:
Owner address		3. Complaint		
		4. Pre-Operational	1)
Person in charge	a merke bases are transferrifferen formi	5. Temporary	CNC	\sim R
		6. HACCP		exclude:
Responsible person's er	mail	7. Other (list)	Menu Type (See b	ack of page)
1		that are a second	i da e a martiga) mad
Certified food handler	1841		1 2 3	4 × 5
Junit	Ma (7/19/29)			
CRITICAL ITEMS ARE				
 VIOLATION(S) REPEATI 	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW A	
Section # C/NC	R	Narrative		To Be Corrected by
187 C	DOSEVILL CUL	UONGAGEN KE	Side Or	1001
100000000000000000000000000000000000000	plastic contain	Mr. Wighton	119 @ 2101	discordey
200	gays bionthy	110600 10	5.W	1618-122 61
1000	22200	Alor Or 18	ELNOT	2-210-24
1010 100	0000000 +1000	LOUGHUR HA	79 100	2400
	TOUR COUNTY	17/2/1/4/017	53 (0480)	
	3 C 2 C C C	100x 20 (2/26/20)	01:34 6 45	OF
	boto oxodicte o	serving cont	Wr Molde	
	010 - C10 0 (VIII)	110x+ 0xx 049	300) 10	
T remain	DIOSTIC CONTAIN	· CEIL M 2001		
Laborat assessed	-30000 02 L	10F OC 18551	Within	also la
10.61	4 hours of or	squets our	+ 410r	
	Or 1855 Krithin	1 4 hours, Ye	Commend.	litgeset el
	giscord:	-0 \0 \00\	3 -1 (11.0	1- 10 711
324 NC	HOUG SINK CALL	as to leak	3 grain	12-18-09
0 > 10 = 11	Comection	10 1 10.70 1010.	Stic 1.1.	7-710-74
218 NC	Observed 1 broke	ar fartite his	5/1/0 /1/0)	6-40-69
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Received by (signature):	3	Inspec	ted by (signature):	packagan
Tuns		()	BOUTH	D
сс:	cc:	cc:		
				Page 1 of 2

NARRATIVE REPORT

Establish	nent N	am	e Address	Inspection Date
Syrema Produce 2201 Independence or			1-26-24	
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			NOtes	
			1) Sbowsink Show be	
			Sex-up to bush, ringe, Sourities	
			of Our and dishes when washing	
			dishes)	
			Color May I was	
			Controlle Masser Masser	
			Christian Line III Cocching ACHE	
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