

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

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

Establishment name	an of anybeaution for the con-	Telephone Number	Date of Inspection	ID#
1823 B	AKOHOUSe	() Establishment	01/100	01116
Establishment address	(STEA)	() Owner	9/6/dd	2140
25 E COL	(STEA) VET ST. FIRNKLIMIN	Purpose:	Follow-up Release	Date .
Owner		1. Routine	9/	16/22
D1. 20 24	5 Moore		Summary of Violati	
	s riwe	2. Follow-up	Summary of Violati	ons.
Owner address		3. Complaint		
		4. Pre-Operational		
Person in charge		5. Temporary	c_O_Nc_1	∠ R
HEATH!	Werning	6. HACCP		Add to 1
Responsible person's email		7. Other (list)	Menu Type (See be	ack of page)
	al. e a		and the latest of	5) P85)
Certified food handler			1 200	4 5
HEATHOR	WENNIAG		12	_45
	NTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	Manuscript and the second seco	
VIOLATION(S) REPEATED FRO	OM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	S "R"
Section # C/NC R	1	Narrative		To Be Corrected by
228 NC (2)	KATCHEN LIPRISH	AT FROOTOR	NOT -	- 9/25/22
0 - 1 - 10	BASILY moverble	, THE RMOMETER		918
	Seen , UNIT ITE	d UP INSIDE		- 919
)			
218 NC	door GASKETS WOR	EN - KITCHEN	2 door -	- 1016
	REFERENCE AND	, , ,		7-75
	UPRIGHT REFLIGER		INT RAKERY	
	00005	, , , , , , , , , , , , , , , , , , ,	, on one	
431 NC (8)	FLOOR NOT CLEAR	N UNDER KI	TEHEN CHES	T 919
10.	FREEZER			, , , ,
254 MC ×	0 - 1/2 - 0	BE TYPP THERM	onerer	9/7
	Registering 0-	220°F NOT AC	CUCHTO	1
295 NC x	INSTAP OF JE M	AKER NOT CLER	9N	9/9
295 NC X	dENING ROOM - 2	door varight	REFIZERA	TOR 9/9
411 WC 3	WATER PONDED &	AT BASE OF UN	ITT INSIDO	, 9/11
2	APPETANCO BULB r			
239 NO A	STOCK ROOM - SIN		XX5 AND	9/9
177 NC		NOT OFF FLOOR	MITMUM OF	6 FORCHES
146 NC X	PACKAGOD FOOD NOT	LABOLD - FrONT	- cooler 500	TNING ROOM
Received by fname and title pro		Inspected	by (name and title printed)	
Heather	Wenning	Bo	6 SMITH-	BHS -
Received by (signature): 7	A L	Inspected	by (signature):	1
< Jb		Œ	El Jon A	/
cc:	Ge:	cc:		12
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				Page 1 of



460 N. MORTON ST. STE A 9-76 FRANKLIN, IN 46131

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Establishme	nt name		A TOTAL CONTRACTOR	Telephone Number	Date of Inspection	ID#	
1	472	کے	us hi 1210926	() Establishment			
Establishme	nt addres	s	us hi Kroger	() Owner	4/14/20	2 1875	
97.0	. 1	To a	logo religion no	Purpose:	Follow-up Release	se Date	
Owner	6	,	THE THE CALL	1. Routine	I one wap iterem		
100				2. Follow-up	Summary of Viola	tions:	
0 11				_	Summary of viola	tions.	
Owner addr	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge	5	2_	5. Temporary	C_O_NC_	NC_ 😂 R	
				6. HACCP			
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)	
1	1			// Giner (may	Mena 2)pe (see	o men ey p 1.89	
Certified foo	od handle	r			1 2 / 2	45	
	Cel	ı	Ling		123	45	
• CRITICAL	- Contract of the Contract of	_	ENTIFIED IN THE CHECKLIST AND NAR	RATIVE COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED		N THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
						2224	
					all was a second		
	104 04		no osolat	2005	15 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 -100 - 101	
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Racciva J L	(cian at in	7	Line	Topografi	ted by (signature):	1101	
Received by	(signature)	1		Inspect	ca by (signature):	100	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name		ishi	Telephone Number	Date of Inspection	ID#
			371	() Establishment	0 7: 7-	7 11
Establishmer	nt addres	S		Owner)	9712	
596	1 1	1	SRIX Grunus	Purpose:	Follow-up Release	Date
Owņer				1. Routine	NO 10	177
				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	100	
Person in cha	arge			5. Temporary	C NC	\sim R
	U			6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See b	ach of page)
псоролого	person	CIIII		7. Other (usi)	Wienu Type (See 5)	ack of page
Certified foo	d handle	r			123	
					13	_45
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			No items no	ted todas	(i) in appear	
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	AL CONSON MANAGEMENT	-	Thready		non terri	hadr
Received by	(signature)):	1. 50 5/1/		d by (signature):	CHIORES TO THE
	, ,				N 346.4.	276
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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

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

Establishment Sanitation Requirements. The time limit for correction	on of each violation is specified in	i the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
(Intolitos Posita	() Establishment	9/9/22	M2504
Establishment address	() Owner	1 1/1/22	- 112304
63405.R. 252 Edinburgh, IN	Purpose:	Follow-up Releas	e Date
Owner 4F2124	1. Routine	Ves 9,	119/22
Manuel Moone	2 Follow-up	Summary of Violat	
Owner address	3. Complaint	'	
	4. Pre-Operational		
Personin charge	5. Temporary	c_1Nc	O R
Manuel Migrano	6. HACCP	0	
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
SCIEXPIC	Mobile Unit	130	3) P89
Certified food handler	V	1 2 3	4 5
Turisma furna valu			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIÓLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	
	Narrative	A. A. S.	To Be Corrected by
113 C Mobile retail	good trail	lle	9/9/22
was observed.	vanipping	+ha)	1
1000 to 1000 to 1	antion tan	b 001	
DOOD HAD TO	nnected to	tha	1 6
tyailer ooina	INTO TION	700	
Manitary Server	0	-	
			1
Owner was a	dursed to c	onnert	
Pera hose) to	the Sanit	tary	
Sewer at last	e noutine.	unspecti	on
A desire			
Received by (name and title printed):	Inspected	by (name and title printed)):
Menor A Nora Do Received by (signature):	An	arew Mill	er, EHS
Received by (signature):	Inspected	by (signature):	^ \
Monuei A Moreno		Wrew Mil	WY
de: V	cc:		
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Establishment name	Telephone Number	Date of Inspection	ID#
The Apole Works	() Establishment	011-	101
Establishment address Trafagar, IN 44181	() Owner	19/1/22	606
9157 S. 250 W 410181	Purpose:	Follow-up Release	Date
Owner	1. Routine	1277 91	11 120
Sarah + Richard Brown	2. Follow-up	Summary of Violatio	
Owner address	3. Complaint	,	
Which induces	•		
	4. Pre-Operational	C = NC	7 -
Person in charge	5. Temporary	C_O_NC_Z	R
Rich Brown	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
Certified food handler Service	Table 1		
SILVILL BOWN 1127125		12_3	.45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section # C/NC R	Narrative		To Be Corrected by
174 NZ BUIK Flour not labeled	d in Ritchen		9/1/22
734 nc Ting in flour and su	gar used to sco	opproduct	9/1122
Shari have handle	C.	9 0	77
Proper way to Store	*		1 1
	t wihandle ou	I to	
prevent conta	amination	and the second second second second	
NOTE Mop SINK VECCUM	oreaser cap is	MISSING	
		J	
			sea usa di
			4
Received by (name and title printed):	Inspec	eted by (name and title printed):	
T RICHARIS L BROWN	(la)	mie Blandows	
Received by (signature):	Inspec	Aed by (signature):	/
Right of Solvour	1/1	James & and	ul
сс: сс:	/cct		
		/	



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

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Establishme	nt name	00	2	Telephone Number	Date of Inspection	ID#
Establishme				() Establishment	9/1/22	687
			MICHAN FRANKLINTO	() Owner Purpose:	Follow-up Release	Data
Owner	,0 ,0		POLO AMERIAN BROUP	1. Routine		11 22
2000		ap	Olo Amonon Bloup	2. Follow-up	Summary of Violati	
Owner addr		101	Ple Milerian	3. Complaint	Junior 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	one.
				4. Pre-Operational		
Person in ch	arge			5. Temporary	$c O_{NC}$	
Ar	ny		HARLES	6. HACCP	CNC	K
Responsible				7. Other (list)	Menu Type (See b	ack of nage)
1	1			7. 3	manu z jpo jost z	ack of page,
Certified foo	od handle HM Y	r	CITARLOS (SERVSAFIO		123	5
• CRITICAL	ITEMS AF		ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	and the second s	
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ID IN THE NARRATIVE BELOW A	
Section #		R>		Narrative		To Be Corrected by
431	MC	×	FLOOR NOT CLEAR	V DN ACCETS	WUER	9/4/22
		777	SHELUTING, NEXT T	O WHEL IN	KITCHEL,	
			RNE	7 (1997)		
295	NC	1	RRYPATATION LIND	RUFLIZER ATOR	NOT	9/4/22
1. 1			CLEAN DUSTOP			and the state of the state of the
		1	mecHANICAL SISHI	mACKIND HOT	WATER	
16.	0/		SANITIZATION TEMP	verature Ade	QUATE	(OK)
(H)			7.00	on PLATELU	TENSIZ	
	-		SURFACE (WAS	5 166°F)	u de de de	4
	522	-		41 '3	111 100 100 100 100	
	- A		or filtrate and a second of the			
						11.00° 14' 1
		ALI NO.	Market Commence of the Control of th		the second second	
					1	
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Received by	June	C	harles Assistant M		ected by (name and title printed) Bb SmITH	
Received by	(signature)	h	orla	Insp	ected by (signature):	2
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Listabilisiiiii	ciit bailitat	ion requirements. The time	mine to concent	ar or energy restriction to ope		1
Establishme		Pestaurant	$n_0 \leq n_0 \leq n_0$	Telephone Number () Establishmer		ID#
Establishme	nt address	of Greenwa	od, IN	() Owner	9/26/22	170/
	Curry	1 Rd 46/43		Purpose:	Follow-up Releas	
Br	ad/	Kurt Cohen		2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint	-	
				4. Pre-Operational		4
Person in ch	0	eth Cox		5. Temporary 6. HACCP	CNC	4 R
Responsible	Nun	Or Colo	Safe Exp.	7. Other (list)	Menu Type (See b	pack of page)
Ceptified for	od handler		/3/24	/	123	4 5
	TEMS ARE	IDENTIFIED IN THE CHECKLI	ST AND NARRATIVE	E COLUMNS MARKED "C"		
	(S) REPEATEI	O FROM PREVIOUS INSPECTIONS A	RE DENOTED IN THE	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC F	2		Narrative		To Be Corrected by
324	NC	Vacuum		v on me	chanical	10/10/22
1 200		dishmache	ne lea		Lough What / RINGL	1
187	6	Cut han	vand	cut tur	Rey	Called for
		measurea	3607 1	ince in	iau	repair
218	NC	Osteamer	reparat	ets are re	sorn	10/10/22
210		3 Wictory	1	0 /	opens	1
		and stay	o open	when.	Cotton	
		door is	opened			L,
399	NC	Kitchen	cook	/ prep l	ine floor	12/1/22
101		contains	open.	areas /	pits	1
43/	NC	Mechani	cal ex	chaust.	nood	10/31/22
		is soiled	ening 1	for ausn	machine	1
		is soula				I I CHARLES
				1-		
Received by	(name and til	tle printed):		I	Andrew Miller	~10
Received by	(signature):	woll Cd		Ī	Aspected by (signature):	les
cc:		cc:			cc:	



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Establishmer			4 /	Committee of the second	Telephone Numb	er Date of Inspection	ID#
Art			# 635		() Establishment	ent 69 lands	0 642
Establishmer	taddres	s		Franklin, IM	() Owner	1/20/0	9 647
1400	N	N	lerton!	st. 16131	Purpose:	Follow-up Relea	se Date
Owner	Establishment address 1400 N Marton St. Franchin, IN Owner					NO co	106/22
					2. Follow-up	Summary of Viola	
Owner addre	ess				3. Complaint		
					4. Pre-Operation	al ~	
Person in charge					5. Temporary	CNC_	O RO
	0				6. HACCP	01	**
Responsible	person's	emai	n i salitani	equality and a second second	7. Other (list)	Menu Type (See	hack of page)
					7. Giller (1131)	Wend Type (See	ouch of pages
Certified foo	d handle	r e	Collins	(£ 21. 1/17/26)		123	45
				N THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	!	
 VIOLATION(S) REPEA	ΓED F	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATION	IS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R			Narrative		To Be Corrected by
				100			
			Mo	voolation during	g inspectio	n	
				V	, , , , , , , , , , , , , , , , , , ,		
			NOTE	Prace sure so	de peroles	1 paratales	A
			action	Male sure so	ou mornes	are constitled	en
			gen	Delease ceep in	o with the A	loose & walls	
				cleaning	1		
							and the second
						36	1 1 1
Received by	(name and	title 1	printed):			Inspected by (name and title printe	d):
-)6	sha			vs (TM	n	Raul Betvon	£ ds
Received by	(signature)	-		and the second s	an to the state of the Administration on the Administration of the	Inspected by (signature):	
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F . 11' 1	. u	-		T 1 1 N 1	D	
Establishmen	nt name		# 6744	Telephone Number () Establishment	Date of Inspection	ID#
Establishmer			2 135 Coseenvoor 4, Inf	() Owner	9/15/22	769
المناسا	Mr	0	46143	Purpose:	Follow-up Release	
Owner				1. Routine	1 - 1 9/	79/22
				2. Follow-up	Summary of Violatio	ns:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	C NC 2	- p (1)
r croon in cin	mge.			100	CNC	_ A_&
Responsible	person's	email		6. HACCP	Mary Tara (Cooler	ah of peach
Responsible	persons	CIIIAII		7. Other (list)	Menu Type (See bad	ck of page)
Certified foo		r	Hestanel (Exp. 12/31/23		1 2 3	4 5
Man	7 ah		JESTamel (Ey. 12/31/35))		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC	R		Narrative //		To Be Corrected by
430	NI		Broken toles at emple	gyll hand sink	by fre p smt	9/27/22
324	NLC		Mep sink pipe is	ealing.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9/20/22
					32.80 1 2 2 2	, /
				A	h ; a A A	
			awie: An gap at	three born sm	I is fixed	
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	1000	-				
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishmer	nt name			Telephone Number	Date of Inspection ID#	
HY	Dusc	7		() Establishment		
Establishmer	nt addres			() Owner	91322 750	
214	101	15	531 Greenwood	Purpose:	Follow-up Release Date	
Owner				Routine	ND 9 23 22	
				2. Follow-up	Summary of Violations:	
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$	
				6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See back of page)	_
				The other (many	incina Type (see such sy puge)	
Certified foo	d handle	r			1 2 3 4 5	
					1	
• CRITICAL I	TEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION((S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC	R		Narrative	To Be Corrected	by
43	NZ		Clean for wall	by the	3 has some	
			10 to	O a		
431	n		Remove Food	soil buildy	an leiteren	
			+ Starerson +1	000		
1.0.	. 0		1)	h		
426	N		Har pall m	uses browne	and dustpars	
			when not in	J 50		_
274	Na		Repair rep Si	11 - 00 -13	- -	
70-1	11-		Repair prep si	W- leg mis	3717	
399	10		Repair walk	in robber a	door closel	
110	1	-	50 17 WITH CLOS			_
. 10			50 17 60			
437	~2		Cean restruct	15		
			That you			
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cc:			cc:	cc:		
I				ı		

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Establishmer	nt name			Telephone Number	Date of Inspection ID#
1+1	Syc	5_		() Establishment	25.5
Establishmer	nt addres		~	() Owner	91222 6507
451	1		Main St	Purpose:	Follow-up Release Date
Owner			Grannes (1 Routine	9-19 9 22 22
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	4
				4. Pre-Operational	
Person in cha	arge			5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$
				6. HACCP	95.90
Responsible	person's	email		7. Other (list)	Menu Type (See back of page)
)= <u>.</u>	
Certified foo	d handle	r		Branch and the Control of Control	1 2 3 4 5
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"	
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Control of the Contro	
Section #	C/NC	R		Narrative	To Be Corrected by
399	.0		Several onlas	have wat	er intrision
400	NC		in the building	Warle	on water
			removal until ?	sepair or	e completed
			Move all produ	et away	from deilas
			leake to avoic	1 contamal	notion
			T : 11 : 5		
	-		I will return to	tollow op	
			thank you.		
		-	Q		
			Transfer of the state of the st		
					1
THE COLUMN					
					7
Received by	(name and	l title f	printed):	Inspec	eted by (name and title printed):
Kita	Hu	+	160	Je	enstertvarner
Received by	(signature)	:	1	Inspec	eted by (signature):
hotos	the	te	lleh		W 546 4376
cc:			cc:	cc:	



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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

Establishm	ent Sani	tatio	n Requirements. The time limit for correc	tion of each violation is sp	ecified in the narrative portion	of this report.
Establishment name			at Grandin	Telephone Numbe	1 1	ID#
Establishmen	Establishment address 1375 Nicole Dr. Franklin, IN 46131		at Franklin, IN	() Establishme () Owner	9/13/22	2569
/3/5 Owner	NIC	-01	e Dr. 46/31	Purpose: 1. Routine	Follow-up Releas	e Date /23/22
				2. Follow-up an	Summary of Violat	ions:
Owner addre	ess			3. Complaint 4. Pre-Operations	1)	
Per in ch	arge	4	lendl.	5. Temporary	CNC_	
Responsible	percon's	email	MUU	6. HACCP	Mary Trans (See I	sab of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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Establishment name Backin Robbins					1 118	Telephone Numb () Establishm		Date of Inspection	ensk	ID#	
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			51	(71	sen	2000	Purpose:		Follow-up Release Date		
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							4. Pre-Operation	nal	00		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishin	em sam	itatio	on Requirements. The time limit for correcti	ion of each violation is spe	chied in the harrative portion	of this report.	
Establishme	_		and the same of th	Telephone Number	Date of Inspection	ID#	
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Establishme	nt addres	SS	^	() Owner	9/9/22	1200	
212	ak	tol	iday Low Franklin, In	Purpose:	Follow-up Releas	e Date	
Owner				1.(Routine)	- 9	1	
6	PAT	91		2. Follow-up	Summary of Violat	ions:	
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D : 1				4. Pre-Operational		2 _	
Person in ch	arge	1	ALBERTS	5. Temporary	C NC	JR	
				6. HACCP	3.45		
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Certified foo	od handle				123	45	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishii	nem sam	ation Ke	equirements. The time mint for con-	ection of each violation is specified	ini the namative portion	ii of this report.
Establishme Blau Establishme		to L	Beast Nutrition Edinburgh Cross St. in 46124	Telephone Number (8/2) 703 ±507 2 () Owner	Date of Inspection 9/29/22	
107 Owner		740		Purpose: A. Routine	Follow-up Relea	se Date // 10/9/22
Owner addi		ha	Merrick	2. Follow-up 3. Complaint 4. Pre-Operational	Summary of Viola	
Person in ch Responsible	etas,	ha	Merrick	5. Temporary 6. HACCP 7. Other (list)	CNC Menu Type (See	option and the second
Certified fo	od handle	4	8 - 0 , 111 , 212 12 12 1		12_/3	45
			TIFIED IN THE CHECKLIST AND NARRA		NAME AND DESCRIPTION OF THE OWNER.	Z A S UDU
Section #	-		1 PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
			No violation this inspe	ens noted, ction	ser	T MARCH TO SERVICE TO
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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77 1 1 1 1		In	
Establishment name	Telephone Numbe () Establishme	010	ID#
Establishment address	() Owner	911166	1840
1538 N Morton St. 46131	Purpose:	Follow-up Release	Date
Owner	1. Routine	M 911	0/11
	2. Follow-up	Summary of Violation	ns:
Owner address	3. Complaint		
	4. Pre-Operationa	\propto 1	1
Person in charge	5. Temporary	c Nc 1	R
A MANAGER AND A SECOND	6. HACCP	Les 11	4 pt 1
Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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Section # C/NC R	Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

A	T =	To	r
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address	() Establishment	0.5-17	1 2 22
1009 of SV2135 Greenwa	() Owner	913 00	1019
		Follow-up Release I	Date
Owner	1. Routine	140197	54
	2. Follow-up	Summary of Violation	ns:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	c O NC C	R_O
de see	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See bac	ck of page)
Certified food handler			. 4
Serunca 1994 Innatae		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO			the second secon
Section # C/NC R	Narrative	Т	o Be Corrected by
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No items no	sted Topas		061 011
11-94E274 - 0.10 8,37 - 0 - 1 - L2		The state of the s	
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Received by (name and title printed):	Inspecte	d by (name and title printed):	
Received by (name and title printed): SAVAN XI STEWSVI	Inspecte	d by (name and title printed):	larne
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Sarah Kistewski	Je	meen	Jarre 4276



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

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Telephone Number Date of Inspection Establishment name) Establishment Establishment address Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational $c \theta_{NC} 5$ 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 Section # C/NC R To Be Corrected by Received by (name and title printed): Inspected by (name and title printed): Paul Better Mile Received by (signature): cc:



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

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

T7-4-1-11-1				The state	ID . AV .			
Establishmen	nt name		111.11 4.1. # 22110	Telephone Numb	er Date of Inspection	ID#		
Dux	all) (Wild Wings # 3342	(317) 8519 mist 2	9/27/23	3342		
Establishmen	nt addres	S	Ereenwood verson Ave. W 46/43	() Owner	19/a//a	2129		
1077	11.	Em	rerson Ave IN 46143	Purpose:	Follow-up Relea	se Date /		
Owner				1. Routine	100 /	0/7/22		
1,	line	200	100 V 116	2. Follow-up	Summary of Viola	THE PARTY OF THE P		
Owner addre		111	ien, lle	-	Juniminary or viola	dons.		
Owner addre	.55 0			3. Complaint				
				4. Pre-Operation		1		
Person in cha	arge		E IAA III TOO TOO	5. Temporary	c_0nc_	4 R		
dee	/	K	unche	6. HACCP		219		
Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)		
				in other (mes)	internal Type (See	outer of pugo		
Certified foo	d handle	ra	^			11/2		
Tee	/ /	Ru	urshe		123	4_V5		
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C'		1 1		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			AS "R"		
Section #				Narrative		To Be Corrected by		
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210	NC	V	COSTALLO DE LOS	ack-ut-	Dotter	11/1/22		
			Juanes and		asig			
			e should to	Pagaraga	light hand	1		
		_	for walk-in-	Krienjer O	CA OTALL	10/27/22		
181		./	o working			0/20/		
42	NC	V	San floor and	2 Dolla	unan	9/28/22		
			(C)(190), (C)S	1100 200	Waller -			
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411	NC	V	Julien one o	por free	mer inside	11/1/22		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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	r		<u> </u>
Establishment name	Telephone Number	Date of Inspection	ID#
Burger king # 844 Establishment address	(317) 881+2209	9/13/22	1658
Establishment address 714 US 31 S. Greenwood, IN 46142	() Owner Purpose:	Follow-up Releas	• Dater
	1. Routine		23/22
Carols, LLC BK	2. Follow-up	Summary of Violat	
Owner address	3. Complaint		
	4. Pre-Operational		,
Person in charge	5. Temporary	C O NC	$\frac{\mathcal{H}}{R}$
Salvina Michel	6. HACCP		
Responsible person's email Serv Safe	7. Other (list)	Menu Type (See l	pack of page)
Certified food handler Benedict Exp: 9/29/25		123_V	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRADIA	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
295 NC / Suest area sod	a unit nec	k and	Corrected
ice dispenser son	led	100/00/	alit is
431 NC Floors soiled as	t drive-up t	veraou	9/15/22
309 NC Restroom mech	rapical ventil	lation)	10/1/22
units appear no	ot sumbing		1/1
426 NC Dumpster pad	area storing	- Transmission	10/1/22
unused equipm	ent / 1ce bingc	up holder)	1/1
	()		
			6.
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Sapara Michel	cc:	www ruller	



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

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		-				1
Establishmer	nt name	·	# 1720	Telephone Numb		ID#
Dung	er f	m	9 41 150	() Establishm	ent 9/1/2/	
Establishmen	nt addres	S	of #1720 My lime od IN, 46142	() Owner	9/15/22	1885
163	CK	ur	ly me od in, 46142	Purpose:	Follow-up Release	
Owner				1. Routine		29/22
				2. Follow-up	Summary of Violati	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operation	al	Λ/
Person in cha	arge			5. Temporary	C NC NC	R O
	0			6. HACCP	0	
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	ack of page)
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Certified foo	d handle	r	Servsuft)	— , , , <i>\</i>	4 5
Km	ber	ly	Me Anchews (Exp. 4/18/29		123	_45
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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Section #	C/NC	R		Narrative		To Be Corrected by
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			1				
Establishmen	nt name	1000	#2	9535 Orreenwood, IN 46143	Telephone Number	,	
Establishmer	er a	me			() Establishmen	9/15/20	2606
1 P 3	addres	s	ain of	Circenvood In	() Owner		
Owner	5	110	an ac	46143	Purpose:	Follow-up Relea	se Date
Owner					1. Routine		129/22
0 11					2. Follow-up	Summary of Viola	tions:
Owner addre	ess				3. Complaint		
Person in charge					4. Pre-Operational	(A)	0
					5. Temporary	C_NC_	C NC R R
					6. HACCP		
Responsible				1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	7. Other (list)	Menu Type (See	back of page)
Certified foo	d handla			Serv Sn. fe)		The same of the sa	
Certified foo	m	RO	yes	(Enp 9/8/25)		123_	45
			,	N THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOU	US INSPECTIONS ARE DENOTED IN THE		AND IN THE NARRATIVE BELOW	
Section #	C/NC	R]	Narrative		To Be Corrected by
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