

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

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

Establishmen			-1		Telephone Numb	er	Date of Inspection	ID#
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Establishment name Walmal T	Telephone Number	Date of Inspection	ID#
Establishment address	( ) Establishment	9/19/22	1/23
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Owner Over Greenwood	Purpose:	Follow-up Release	Date
Owner Greenwood	1. Routine	9/29	
IN	2. Follow-up	Summary of Violation	ns:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C O NC O	R
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Office 317-346-4365 Fax 317-736-5264

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

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Page 1 of

Establishmer		11		Telephone Number	Date of Inspection	ID#
	YD	15		( ) Establishment	0/30/75	1225
Establishmer			Car.	( ) Owner	9/19/22	
1280	)	N	US31 Greenwood	Purpose:	Follow-up Release	se Date
Owner				1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
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Person in cha	ırge		29 (1	5. Temporary	C O NC	ZR
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Responsible	person's	email		7. Other (list)	Menu Type (See	back of page)
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name  CROCKSIDE ECONOMITARY  Establishment address  700 E ST RJ 44 FRANKITY DN		Date of Inspection  9/9/22  Follow-up Release	
Owner  FCSS  Owner address	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Summary of Violation	ns:
Person in charge  DIAN A PORTER FIELD  Responsible person's email  Certified food handler  DIANA PORTER FIELD	5. Temporary 6. HACCP 7. Other (list)	C NC NC O	
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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460 N. MORTON ST. STE A FRANKLIN, IN 46131 Office 317-346-4365 Fax 317-736-5264

Establishment name F(AWKG) Comm Atg N Sc/tack  Establishment address 2600 COMBOILAND OR FRANKTIN, DV  Owner FCSC.  Owner address  Person in charge RACHEL WHEOLOR	Telephone Number  ( ) Establishment  ( ) Owner  Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection  9/13/22  Follow-up Release 9/3  Summary of Violation  C	23/22 ons:
Responsible person's email  Certified food handler  RACHEL WHECLER	7. Other (list)	Menu Type (See ba	ck of page) _45
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE</li> </ul>		IN THE NARRATIVE RELOW AS	"R"
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment address  Gas Grizzly Cub M. Franklin In  Owner  F. C. S. C.  Owner address  Owner address  Owner address  Owner address  Owner address  Owner address  Certified food handler food handler for Critical items are identified in the checklist and narrative collumns marked "C"  • CRITICAL ITEMS are identified in the checklist and narrative collumns marked "C"  • VIOLATION(s) REPEATED FROM PREVIOUS INSPECTIONS are Denoted in the "Summary of Violations" and in the narrative below as "R"	ID 11:1		-/	-		T m			-
Owner address  Owner	Establishmen	nt name	217	n. /	m MELDIO CHEL			Date of Inspection	ID#
Owner address  Complaint  Person in charge  Melitade Scott  Responsible person's email  Certified food handler  Certi	Fatablish	RNI	~Cel	in (all	THE JOHNOC	-1	nent	9/7/22	1385
Owner address  Complaint  Person in charge  Melitade Scott  Responsible person's email  Certified food handler  Certi	L'Stablishmer	it addre	88	7) U 1	UR OR EN WITH D.				
Owner address  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler 6. CERTICAL 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  No VIOLATIONS OBSERVED  SATULTIZATION FOR PREVIOUS TO BE COME  SATULTIZATION FOR PREVIOUS TO BE COME  WHEN ITEMS AND THE NARRATIVE BELOW AS "R"  SATULTIZATION FOR PREVIOUS TO BE COME  WHEN ITEMS AND THE NARRATIVE BELOW AS "R"  NO VIOLATIONS OBSERVED  ARE LAMBUSTER OF PRATTIPE AT WATTER  SATULTIZATION FOR PREVIOUS TO PRATTIPE AT WATTER  WHEN ITEMS AND THE NARRATIVE BELOW AS "R"  TO BE COFFEE  WHEN ITEMS AND THE NARRATIVE BELOW AS "R"  INSPECTED by (name and little printed):  BED STANTIFF. EAS.	025		KI	CUT C	OD MY ALLENGTH			Follow-up Release	Date /
Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Certified food handler 6. VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE SUMMARY OF VIOLATIONS' AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC # Narrative  Section # C/NC # Narrative  Serving And Analysis of Separate from Previous Inspections are Denoted in the Summary of VIOLATIONS' AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  To Be Correct  Section # C/NC # Narrative  Section # C/NC # Narrative  Section # Narrative  To Be Correct  Section # C/NC # Narrative  Section # Narrative  To Be Correct  Section # C/NC # Narrative  Section # Narrative  Section # C/NC # Narrative  Section # Narrative  Secti	6 2W 155	0							
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### 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#
NEODHAM EZOMENTARY SABOL	( ) Establishment	211-1-
Establishment name  NEODHAM ETOMENTAR'T SAÞA  Establishment address  1399 OPPER SHELBYVILLE FRANKLIN, P	( ) Owner	9/15/22 401
1399 OPPER SHELBYVILLU PRIVING IT	Purpose:	Follow-up Release Date
Owner	1. Routine	- 9/25/22
F.C.S.C.	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	C_NC_FR
* KRISTING GOTT	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
		0
Certified food handler    Cort		1(23)45
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 AS "R"
	Narrative	To Be Corrected by
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7001 101000000	1-7	OPJER
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name    NORTH WOOD EUMENTARY    Establishment address     965   GRIZZLY CUB OR FANKLIM,   Owner     F.C.S.C.     Owner address     Person in charge     MELINDA PATTON     Responsible person's email     Certified food handler     Certified food handle	Telephone Number  ( ) Establishment  ( ) Owner  Purpose: ( ) Routine  2. Follow-up  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Summary of Violation  C NC  Menu Type (See both	Date  A  Date  R  R
Certified food handler  NULLNDA PATTON		1 2 1123	]_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAF			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED  Section # C/NC R	D IN THE "SUMMARY OF VIOLATIONS" AND I		To Be Corrected by
Section # C/NC R	TVallative		To be confected by
TOUR SANITIZATION (  NOTE OR MONE  (WAS 170°F)  INVERNATE FOO  GARCIE FOODS INSIDE  43°F NOT AT	distimitation the remperature add e on PLATE/UTENS ad product sof potentibizzy that reach-in nefr 410 F or less NOT FUNCTIONS	BBG SAVQ ZARJOUS	0K 1 * 10/20
Received by (name and title printed):  Received by (signature):  cc:  cc:		ed by (name and title printed)  Bob Im 174  ed by (signature)	Page 1 of



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

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

Page 1 of

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Establishment name Telephone Number Date of Inspection Establishment address
3990 W. DIVISTON BY BARGESSHILLE IN ) Establishment 9/28/22 404 ) Owner Follow-up Release Date 10/7/22 Purpose: 1. Routine F.C.S.C. Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational C\_\_O\_NC\_O\_R\_\_\_ Person in charge 5. Temporary Pegg V RIgg US
Responsible person's email 6. HACCP Menu Type (See back of page) 7. Other (list) Certified food handler RIGGLES 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 mecHANTERE dISHMAZHAMO NOT IN USE NO VIOLATIONS OBSERVED



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

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

Establishment name  WEBB ELEMENTARY SET  Establishment address  FOO WEBB CT. FRAMK  Owner  FCSC  Owner address  Person in charge  BOLLODA WILLIAMS  Responsible person's email  Certified food handler  BOLLODA WILLIAMS	Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection  9 //5 / 2 -  Follow-up Release I  9 //5  Summary of Violation  C NC  Menu Type (See back)	Date 25 /22 ns:
<ul> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLI</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS A</li> </ul>		IN THE NARRATIVE BELOW AS "	'R"
Section # C/NC R	Narrative		o Be Corrected by
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Adequate	NITIZATION FREMPERA		
Received by (name and title printed):  Belinda Williams, Mar	nace	ted by (name and title printed):	EAS
Received by (signature):	Inspec	ted by (signature):	Maria Live
cc: cc:	сс:		



#### 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 corr	rection of each violation is specifie	d in the narrative portion	n of this report.			
Establishment name	Telephone Number	Date of Inspection	ID#			
Indian Lilly High Hindy	SHOW Establishment	9/12/11	111/10			
Establishment address	181 ( ) Owner	1115166	900			
803 Dest Indian Creek Dr	Purpose:	Follow-up Release	se Date			
Owner	1. Routine	NO 19/	23/22			
	2. Follow-up	Summary of Viola	tions:			
Owner address	3. Complaint					
-	4. Pre-Operational		1			
Person in charge	5. Temporary	C NC	R			
	6. HACCP	100				
Responsible person's email	7. Other (list)	Menu Type (See	hack of page)			
* * &	7. Other (1111)	incha Type (see	ouch of puge,			
Certified food handler		1 2 3	4 5			
1) NOT 1/1/1/1/10/1/5/16/12	(ר.	12				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	ATIVE COLUMNS MARKED "C"					
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Temp▶Rite. §	C					
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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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Establishmen	(	- 10	1/ 1	41dr Villia	718 D	OTelephone Number		Date of Inspection	ID#
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				1, 0, 1	11 101	Owner )		1111/11	610
	5.1	Dd	ian C	reek Dr. 4	16181	Purpose:		Follow-up Release	Date
Owner				/		1. Routine		NO 1912	5/22
						2. Follow-up		Summary of Violations:	
Owner addre	ess			Marie Control of the		3. Complaint			
				4. Pre-Operation	al	a a	/		
Person in charge				5. Temporary		C NC R			
	0					6. HACCP			
Responsible	nerson's	email	-	4			Many Type (Cacha	ah of pagal	
responsible	persons	ciiian				7. Other (list)		Menu Type (See ba	ek oj pagej
Certified foo	d handler		7	040				. · · · ·	
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• CRITICAL I	TEMS AR	E IDE	ENTIFIED IN	THE CHECKLIST AND	NARRATIVE	E COLUMNS MARKED "C"			
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Section #	C/NC	R			1	Narrative		1	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

Establishment Sanitation Requirements. The time limit for correction			i of this report.	
Establishment name	Telephone Number	Date of Inspection	ID#	
Libiteland Elementary  Establishment address  120 Center St. 46/84	( ) Establishment	9/27/22	415	
Establishment address Whiteland, IN	( ) Owner			
	Purpose:	Follow-up Releas	/ /	
Owner	1. Routine	NO 10		
CPCSC	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	C_O_NC_	0 R 0	
Jennier Stodden	6. HACCP	д , ц	a	
Responsible person's smail	7. Other (list)	Menu Type (See back of page)		
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Certified food handler Fxp: 11/6/23	12_√_3	45		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW		
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Jennifer L. Flodder				
Received by (signature):	Inspecte	by (signature):	100	
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

	-					
Establishmer	nt name	0 -	11 / 11	Telephone Number	Date of Inspection	ID#
un	tte	a	nd Community His	25 ) Establishment	9/27/22	411
Establishmen			C/ School	( ) Owner	1/4/20	110
300	Ma	m	St. Whiteland IN	Purpose:	Follow-up Relea	se Date
Owner			46184	1. Routine	NO 10	2/7
CP	050	_	, , , ,	2. Follow-up	Summary of Viola	itions:
Owner addre	ess			3. Complaint	Summary of Viola	ore
				4. Pre-Operational		
Person in ch	arge			5. Temporary	CNC_	/R /
1	Ann	1	Mamore	6. HACCP	0110	
Responsible	person's	email	THAY TOO CI	7. Other (list)	Menu Type (See	hack of page
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Certified foo	d handle	Ę 60			1 2 1/2	4
	ma	71	James (5/31/24)		125	45
• CRITICAL I	TEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	S) REPEA	ΓED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
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

Establishment name	Telephone Number	Date of Inspection	ID#
ST Rose of LIMA SHOOL	( ) Establishment	aha la	279
Establishment address  ILH LANCOLOT Or, Franklin, In	( ) Owner	9/28/22	0 / 1
I I'M LANCOLOTOR, FRANKLIN, IN	Purpose:	Follow-up Release	Date 1
Owner	1. Routine		17/22
ST. Rose of GMR &HURCH	2. Follow-up	Summary of Violatio	
Owner address	3. Complaint		
owner address	_		
	4. Pre-Operational		
Person in charge	5. Temporary	C O NC O	R
JEFF HEWITT	6. HACCP	110 U. 100	1.77.3
Responsible person's email	7. Other (list)	Menu Type (See bas	ck of page)
A A C I - P A C I SOFT A C I			
Certified food handler Sensate		1 (2 (3)	4 5
KATHLOON PRECHTEL (1/13/25			
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		
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