

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

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

			in requirements. The time mint for contecto			for tins report.
Establishme			the trade of the second	Telephone Number	Date of Inspection	ID#
Da.	SME	7	raut	( ) Establishment		7-00
Establishmer	nt addres	S		( ) Owner	8 22 22	1598
175	9	N	5/2135 Green		Follow-up Releas	
Owner				1. Routine	Nay	てて
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
			,	4. Pre-Operational		_
Person in ch	arge		2 - d 2 - d 2 - 2	5. Temporary	CNC	$\supset$ R
				6. HACCP		L. Provinces
Responsible	person's	emai		7. Other (list)	Menu Type (See b	pack of page)
			1 80 1	10000		
Certified foo	d handle	r			1 2 3	4 5
			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
	-	San State of	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		I THE NARRATIVE BELOW A	
Section #	C/NC	R	1	Narrative		To Be Corrected by
	rus Par	igwdapprox	Ala Flancia	- 1 5 - 1	7 In September	
		250	No Trems not	ed toda	_	DOMESTIC .
		$\vdash$	EMBERT OF THE STATE OF THE STATE OF		)	
		$\vdash$	Thank you!			
			a management of the second			
						j
E 100 KG	<u> </u>					
	<u> </u>	$\sqcup$				
	<b></b>					
	$\vdash$	$\vdash$				
		$\vdash$	<u> </u>			
		$\vdash$	<u> </u>			
Received by	(name and	l title	printed):	Inspecte	ed by (name and title printed)	): ,
1422		-	MACU DELECT	ES 12	new text	Javav
Received by	(signature)	): <del>&gt;</del>		Inspecte	ed by (signature):	2 PAUSE
		-	Tuy!	Jo for	U 546	2 4370
cc:			ce:	cc:		
l			(			



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

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

Establishme	nt name	^	days of	- I		Telephone Numb	er	Date of Inspection	ID#		
Day	P. 2	(h)	ister"	S		( ) Establishm	ent	0/1/11	17,90		
Establishme	nt addres	ss		2112	46142	( ) Owner		01416	1500		
1751	NI	15	Michian	1 3/1	h '	Purpose:		Follow-up Release	se Date		
Owner		11:-	Juna			1. Routine		VRS 191	5122		
						2. Follow-up		Summary of Viola	tions:		
Owner addr	ess				Mary Control of the C	3. Complaint					
							vo1				
Person in ch	arne	-				-0	4. Pre-Operational 5. Temporary  C NC R_				
r crson in ch	arge					5. Temporary		ICNC_	Н_К		
Responsible	person's	email				6. HACCP		M T (C.)	L + - L C + )		
Responsible	persons	CIIIAII				7. Other (list)		Menu Type (See i	pack of page)		
Certified foo	od handle	*C	NISON	(9170	172)			123	45		
						E COLUMNS MARKED "C"					
		_	ROM PREVIOUS IN	NSPECTIONS ARE I		E "SUMMARY OF VIOLATION	IS" AND IN T	HE NARRATIVE BELOW			
Section #	C/NC					Narrative			To Be Corrected by		
		,	Temp▶Rite. 5	- 14 1 1		1 200:012	- D	0 ./. 0			
		#	Date: Fecha Emp: Empleado	7 Kitch	JEN GIG	SU MIMINI	NO FI	DON LINYS	a Brats.		
			PASS WHEN BLUE BAR TURNS ORANGE ES ACETABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANIA	B O K	1.55				7442 3 X 344		
		H ,	160°F/71°C								
200	C.		Temp▶Rite. §	SPRIC	0150	machine:	ent	Sanitizine	properly		
		7	Date: Fecha	511	Ge 31	my Sink to	1 10	Sh rives	Popula		
		1	Empleado PASS WHEN BLUE	000	1 Sani	trad		911) ( 11 ( 32 )	8/26/27		
			PASS WHEN BLUE BAR TURNS ORANGE ES ACEPTABLE CUANDO LA BARRA AZIA. CAMBIA A COLOR NAS MAIA						' '		
11	_		160°F/71°C	)							
415	C		Obser	JEQ SY	Mall F	tils in bo	W O	<i>v</i> 79	9-10-23		
7211	20		11100	DINK (V)	Cha-	0-1 0 - 00-61		10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
569	IVC	5	MOBIE	Alling IV	St Seal	Ka broken	1	immilate.	0000		
7110	NIC		( Yosen	and all	Midn	10 2 tood	10 (	Ha Stave	4-2-20		
410	100		FOO N	0+ +D	Flen	ind Sink ()	rost	Fram	1 1 2		
ere e			the sv	nall all		0.11114	01095	11011	8/26/23		
			MOSEV	ed Com	3 boars	d lines a	Shel	WILL TOXIC	1 1		
			inside	+201 you	MYS '	Mark-in +	VRIZE	73	1		
Received by	(name and		rinted): Hatchi	30			Inspected	by (name and title printed	):		
Received by	(signature)	:	m				Inspected	by (signature):	1 5 3 4 5 5 5		
7	OV	n	Kto.	Z			(ON	A MAN			
cc:			Co	:			cc:	aluth S	chulte		
									Page 1 of		

Establish	ment N	am	Address	Inspection Date
Day	0 6	91	Susters 1251 N & Story 31	8-26-22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
244	NC		Plastic wap (Roll) stored below designa	ted
			hand sink located between	Correct
			soda machines up front -	(
			Splash contamination Grom Sunt	¥
			nothing shall be stored.	
			below Sewer line	
181			note: Whipped Butter @ room	Correct
			temp, Container clearly	0"
			States to keep refrigerate	
431	1/10		Floor under ice maken is	0/26/22
1			Shift soiled	8/20/00
			7 3	
=				
¥				
		$\dashv$		
			T MI MI	
		-	Mak III.	
		$\forall$	11 001 11 2	
Received By	(Name	& Tit	Inspected By (Name & Title)	Page 2 of 2
0	10	0	(1/1/2007)	, ago 0i

State Form 48621 (R2 / 8-05)

Eliabeth Schult



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

Establishm	ent name					Telephone Numb	er ID:	ite of Inspection	ID#
h )	ma	10	o (no	ssino	1	( ) Establishm		01-1-	21:10
Establishm	ent addres	is		01	,	( ) Owner		8/23/22	2142
1755	5 Da	m	1400. L	) Gre	enwood			/ /	Div
Owner	IK	114	VUL N	$\alpha / N$	46/49	Purpose:	F	ollow-up Release	1-1
A/V	na	Co	reenwe	nd 1	Deration	Routine	C	100 11	-/00
/V/		01	etrivvi	nu i	perunon	2. Follow-up	Su	mmary of Violatio	ons:
Owner add	ress				•	3. Complaint	1		
						4. Pre-Operation	al	Á	2
Person in c	harge	١.	1 1	mini l	4. a j,:	5. Temporary			2_R
VOY	nda	1	Jade			6. HACCP	1		
Responsibl	e person's	emai			two days of a	7. Other (list)	N	Menu Type (See ba	ick of page)
			21		11DE	anu ing i		e agaesa	1
Certification	pd handle	Ŷ	. 00.				1	2 3 2	4 5
///	XXX	SI	1 your						
			-			E COLUMNS MARKED "C"			
		_	ROM PREVIOUS	INSPECTIONS		E "SUMMARY OF VIOLATION	S" AND IN THE		
Section #		R	7 11		://	Narrative	, , , ,		To Be Corrected by
701	NC	~	Celle	ng to	les soy	ed in	petch	en area	1/1/22
295	NC		one	une	top 07	ree m	laker		8/24/20
218	1.16		soull	1 (1)	make	11.1 1. hit	000	bino	0/22/20
210	NC	-	Wild to	Linn	1 Pract	or will	meal	ery	9/2700
<u></u>	+		a din	10 10	10) wack	sual 1	rear	, ,	
	1		pupin	y (p)	()	Automotive State of the Automotive Co.			
	9			***************************************					
				79				14.	
						lane .		er in periodical for	
								4	
Received by	y (name and	title	brinted):				Inspected by	(name and title printed):	THS
VOV	nalu		ac				Mar	W IVIIILER	Den EHS
Received by	y signature,	):(	10				Inspected by	(signature):	may 1
UVIC	Mah	2	ade				Wines	ew rrue	wer
cc:				cc:			cc:		
							I		



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

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

Establishme	ent name	. (	1000	1-200/-06	Telephone Numb		Date of Inspection	ID#		
NO(	10	$\mathcal{N}$	ENVO	KEZTONMONT	( ) Establishm	ent	0-1177	1 Ora a		
Establishme		S			( ) Owner	(	0-11-66	1012 0		
4800	) (	1	Smith	caller Rd.	Purpose:	F	ollow-up Release	Date		
Owner		-	1	1 Mily 18 18	1. Routine		105 8-1	1-22		
					2. Follow-up	S	ummary of Violation			
Owner addr	ecc		v-0			8	8-18-22			
Owner addi	.055				3. Complaint	1				
					4. Pre-Operation	nal	1 6			
Person in ch	narge				5. Temporary	1	CNC(	R		
275					6. HACCP		and the latest			
Responsible	person's	emai	1	TO STATE OF THE ST	7. Other (list)		Menu Type (See ba	ick of page)		
					1 1 1					
Certified for	od handle	r				1	23	45		
				N THE CHECKLIST AND NARRATIV						
-	-		ROM PREVIOU	US INSPECTIONS ARE DENOTED IN TH		NS" AND IN TH				
Section #	C/NC	R	101-00	1 10 1011000	Narrative	<b>a a a</b>	1 - 5 - 1 -	To Be Corrected by		
183		11.541	DOSE	and diken	11000 0-1	0-11	inside	DISCONDE		
7011	0 ( )		(lac)	U-IU COOKE D	of swher a	2001		Of tiple of		
514	N.C	X	Wob	SINK IS NOT H	the found by	peria	11.02 - 11.02	MSPECTION.		
7011			7	12 17000 + 40	40000	. 0	V 120000	07 10 00		
569			Mosk	ived a truk?	trom 5 DU	11 211	IR almas	8-18-22		
2211			200	0 00 1 00 100 11	C. 6220 7 1	)	2001			
564			(102x	and a tem	TYOM 3	Day	SILIK			
71/	110	_	TOM	et.	1 12 0 - 11		11.			
216	NC		COSK	TOO CHITTOIL	MAN TOIT	Tima	TIL	8-13-22		
	-		Shell	NES ILI SEATIL	1 also a	NO D	(),			
011			all be	A Dal Carallan	und to	Class	- 110			
410.			Sign	with thorne	CA CO INVINE	+100	10/11			
211		-	TO	HOT KINEY	MININA	100	DOLLINGO OL			
C16.			MA	They Made	DIOCKS	10.4	Edmonos	10		
710	511		11/2	1121 Charles	der legs)	CAPPED	17 DOW 3	8-10-11		
310	NC		1000	ACHOOL SHO	00/1/10	717	\	0-18-66		
93	NC	-	MITC	TOV ET ICE	TOWNER X	1100-	11/1001	0 12 22		
451	MC		Mon	2 11 COM	TION VI	CIV	Stirrain?	8-13-62		
Received by	(name and	title	brinted):	S Somea.		Inspected by	(name and title printed):			
~ /	(name and	1		Mart		( MSS	11001			
Received by	(signature)		N 6	100		Inspected by		mark of		
>	138	e."				( ne	MALDI			
cc:				cc:		cc:	- rang			

Establish	ment N	lam	e Address	Inspection Date
noli	CU.	19	us Restaurant 4800 W Smith valley Rd.	8-11-62
Section#	C/NC		REMARKS	TO BE CORRECTED BY
310			emplage restroom vent soiled.	8-18-22
352	NL		emplayer restroom door not self-	
			Closin.	
295	,		Bottom of single door Stand UP	8-17-22
			Sceeser Goiled.	Transfer L
_				
			1/2/0 2 (1/2000) 0 (0) 1 (2000)	
			Note: Observed a ten Small fires	
•			Moter floor on Ktonen Stoney to all	
			Note: floor in Kachen Stany to get	
			WONT (IN FLORT OF )(II).	
			\	
			Thank 100	
			1/10,,,	
			7	
Received By	(Name	& Ti	tle) Jospected By (Name & Title)	0 1
	1	11	CODE COLOR	Page L of L



# 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

Establishm	ent Sani	tatio	n Requirem	ents. The time limit for correction	on of each violation is specified in the narrative portion of this report.			
Establishme	nt name	1	jer	10	Telephone Number	Date of Inspection	ID#	
Sac	os .	3	Treu	05	( ) Establishment	8/30/20	7297	
Establishmen	nt addres	s		on pr Greenway	) Owner	8/30/22	- 2001	
31134	J.S	m	ith V	1000 Kd IN	Purpose:	Follow-up Releas	g Daje	
Owner	0		)	1 46142	1. Routine)	1/0 91	9/22	
Val	00	7	COOL	/	2. Follow-up	Summary of Violat	and the same of th	
Owner addre	ess	J	agron		3. Complaint			
					4. Pre-Operational	1		
Person in ch	arge		-		5. Temporary	cO_Nc_	7 p	
		1	-020			CNC	K	
Responsible	uca	(T	ON NUL	16001	6. HACCP	M 75 (Co. 1	1. 1. 1 C p. 1	
responsible	persons	Ciriai	(	/ Jensate	7. Other (list)	Menu Type (See l	ack of page)	
Certified foo	d handle	rs V		Exp: ab-1		1 0 01/	/	
283		d	open	1 9/27/26		123_	45	
oversement of helps be disconnections	THE RESERVE OF THE PERSON NAMED IN	E ID	ENTIFIED IN	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	The second secon		
V				US INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R			Narrative		To Be Corrected by	
256	NC		no	thermometer	seen in	Bera	Corrected	
			two	door mes to	We wa	50	, +	
218	NC	3114	O Wa	elk-in- free	ner door	nose	9/5/22	
			to	the door of	Rame, U		1	
		(	3) W	alk-in-cooke	N shelveng	T is rust	11/25/23	
324	NC	- (	Diw	o vay prep	sink and	var	10/1/22	
			the	el lay si	nes lack a	n du gap	1 1	
		(	2) \$16	i water in	public re	strooms	8/30/21	
100	.10		yer	e 129 F (W)	omen's an a	1330x (mo		
199	NC		Kare	veel thaw	ng in sia	gnant	Corre cita	
234	111		wale	tal sup e	han the tou	10/2011	a Command	
237	NC		110	lar scoop	rn	iching se	a Correcto	
295	NC		(00	lax le l	a conton a	ndenser	9/3/22	
713	///		11	soiled	e cooler a	ruceroso	1,0,00	
430	NC		Ita	inless steel	(wall) and	hand sin	e 9/5/22	
100	700		Dul	A STATE OF THE STA	- 1 11	TRAN	7/	
			mo	o Sirk		CONTRACTOR OF THE PARTY OF THE	1	
			7					
Received by	(name ana	title j	printed):		Inspe	cted by (name and title printed	i The	
JESSI(			CHELLE	3 COPEZ	H	Mrau 1/11	Jer, EHZ	
Received by	(signature)	:			Inspe	eted by (signature):	100.00	
//	1 4	//			7	11/10/01	rullen	
co.			-	cc:	cc:			
				I				



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

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

- 11:1		-	The time man for content					
Establishme		-		Telephone Number	Date of Inspection	ID#		
Establishme		X	2	( ) Establishment	8 9 77	1577		
i . O	nt addres	9	3DD E	( ) Owner	87 12			
998	_	N	350 €	Purpose:	Follow-up Releas	se Date		
Owner			Writeland	1. Routine	NO 8 1922			
				2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint	1			
				4. Pre-Operational	0 00			
Person in ch	arge		7 T 11 1 12 1	5. Temporary	cNC_	R		
				6. HACCP	1.0			
Responsible	person's	emai		7. Other (list)				
						10		
Certified foo	d handle	r			123	45		
			Married Control of the Control of th					
			DENTIFIED IN THE CHECKLIST AND NARRATI					
Section #			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TI	Narrative	N THE NARRATIVE BELOW			
Section #	C/NC	K		Narrauve		To Be Corrected by		
	1.204	100	No Heme mis	-01110	The second of			
		135	No items and	ed today	1 11 42 g 1 7 L - 42 D	15 T. L. 1614		
			Care To		)	(60)		
		-	Thronk soon!					
			7					
						12		
						j P		
		-1-				A (LA)		
						1		
						and the second second		
Received by	(name and	title	twinted):	Inspect	ed by (name and title printed	<i>1</i> ).		
received by	Pol	1	Andrew Col	Inspect	ed by (maint and mit primed,			
Received by	(signature)	-	2110110	Inspect	red by (signature):	James		
110001101		1	Landell)		7N 346	4376		
cc:	1	-6	cc:	cc:				



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

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

Establishmer	nt name	,		Telephone Number	Date of Inspection	ID#
D	one	ite	of Fizza	( ) Establishment	/ -/	o l
Establishmer	nt addres	SS		( ) Owner	7/27/22	1526
226	Δ.	5	31 Greenwood, IN	Purpose:	Follow-up Release I	Date
Owner				1. Routine	Follow-up Release I	122
				2. Follow-up	Summary of Violation	ns:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		1
Person in cha	roe			4	2 2 20 2	
reison in cha	uge			5. Temporary	c <u>©</u> Nc 2	K
Responsible :	arcon'e	amai		6. HACCP	7 (C 1	1 C
Responsible	person s	CIII		7. Other (list)	Menu Type (See bac	ck of page)
Certified foo			- 11 - ,		1 2 3 $\neq$	4 5
4	11	15	ina miller		12	43
and construction of present value of			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI			
Section #	C/NC	R		Narrative	Т	o Be Corrected by
			1 to	200		7/-7/- 7
425	NIL		- main tenance ite	mi are not	Stored	7/27/22
140	111		properly-	to be de	Les De	2/20/ 2
190	NO		- Cool sand with	meat and c	hicken	1/2/20
			wings property be	Fore placing +	HUM	
an oxide			ist the grep -	Oble		1
					2 200 142 11 0	13
		Process of				
			i a a			
						1
						te
D : 11	,	11	, n	Tr	11 / 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	7/
Received by		/	ha Miller		d by (name and title printed);	y/e35
Received by	signature	):	1-1 enall	Inspected	d by (signature):	1/1
		V	sisha Mille		1 my D /	d/M
cc:			cc: 1	cc:		7



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

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

Establishment name  Description  Establishment address  2005 SR 135 Greenwood  Owner  Owner address  Person in charge  Responsible person's email							-	-up aint perational prary	Foll Sum C	imary of V Z9-22	elease liolatio	1122 ns:
Certified foo	d handle	1	EVRV	(15	×975	122)			1	2:	3	45
							E COLUMNS MA					
The state of the s	AND THE RESERVE OF TH		ROM PREVIOU	SINSPEC	TIONS ARE D	ENOTED IN TH	HE "SUMMARY OF V	/IOLATIONS" ANI	D IN THE N	ARRATIVE BE	The second second	
Section #	C/NC	R	Temp▶R				Narrative				- 1	To Be Corrected by
			PASS WHEN B BAR TURNS O ES ACFINALE CUANDA ACUE CAMBA ACUE CAMBA COLOR	RANGE LIS BARRA NARANIA 71°C	15	OK.				Conque C		18 34 A
197	C		Dose Dose Dose	TUE TUE	of Ohi	SA M 200 C Witiza Than	achini pm (St Disc	Somition of the Sound Bright B	Zer 250 2 Kit	epm)	2-50K	John)
10 1			KITCH	190	Over		Tex O	150F	toods	1120	1	At the of Mape
255.	NC		1)e17	519	red	Chro	Stand	up Co	plec	then	nam	etes
414	MC	×	Rito	en	DELY	JEN (	Aberior DOTEN	Aral To	oder	45		
413	NC	X	hitch	en	Duck	( exte	erior e	y vool	10+	Self		
Received by Received by	and the	M		Ca	Web	er		Ü	ected by (no	ame and title p	Seb	Sm ITH
6	al KU	1	1/2					(0)	1525	Mall	B	In
cc:				cc:				cc:		-00		

Establishment Name				Inspection Date
Tyle;	51	N	alk 2080 S SR 135 Green and	8/22/22
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
218	NC		Walk in cooler door ansket	
216.			Sout/worn	
2693	MC		INDIK IN COOLER Shelving rocks	
10-			ever lined with alluminium toil	
191	NC		Observed Walk-in treezer @ 120F	
7.10			5 mist be Ur or less	
218			Observed ice-build up inside	
324	NC	-	WMK-IN treezer	
267	100		Women's middle hand sink cold	
310	NC		water (right handle) pot two ctioning	
5/0	100	$\vdash$	EMOIGURE VEST KONN LIENDISOILED	
411.	NC.	X	Observed light out for mod system	
728	NC	1	The tollowing equipment ore not easily	
100	100		words compliant as the castle	
			- true IN sight is a cream freezer	
			- 3 Small "coke" coolers by my me	<b>N</b> .
			- true coolers by low ours	
256.			Single Flip top cooler thermometer	- 19
			not observed!	
310			Ceiling vent in dish area not clean.	C
30223U	INC		ice stoop observed on top of	Corrected.
0001	n 1 /		ice machine between USES!	
351	NC		Observed no lid on employee restima	1
700	NIC		TYNSVI COVI.	
201	NC		MONK-in COOPER SHEWING TOUCKS SOITED.	
2011	100		Strips.	
			) ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Note: () bserved or few small flies.	
			O 10	=1
Pagaine d D	ANama	9 7	Inspected By (Name 9 Title)	2 4
Received B	(ivame	<b>∝</b> 111	Inspected By (Name & Title)	Page 2 of 2
State Form 4	3621 (R2	18-04		



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

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

		itatio	in Requirements. The time mint for conces-			or tins report.		
Establishme		,		Telephone Number	Date of Inspection	ID#		
	ues			( ) Establishment	2/15/11	1 1038		
Establishmen	nt addres	SS	Franklin a	( ) Owner	0/20/20	- 2000		
1904	Nor	Th	Wood Plaza Franklin,	Purpose:	Follow-up Release	Date,		
Öwner				1. Routine	Tes 91	5/22		
				2. Follow-up	Summary of Violations:			
Owner addre	ess	-		3. Complaint				
=				4. Pre-Operational				
Person in ch	arge	**		5. Temporary	$c_{NC} = 2 \times 3 \times 10^{-2}$			
r crson in ch	arge				CNC_2	_ n		
Responsible	norcon's	omoi	1	6. HACCP	M T (C-1	1-1- (Cn 1-1)		
Responsible	persons	Ciliai		7. Other (list)	Menu Type (See bo	ick of page)		
Certified foo	d handle	or.			1- 300-21-42012	10		
Geranea 100	a minare	-1			13	_45		
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		-		
<ul> <li>VIOLATION</li> </ul>	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	S "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
402	No		Floor soiled/sticky	in bar area	The state of the s	8/25/22		
294	C		Sanitar lowin 3 bays	inkat barana	A December	8/25/22		
201			000000000000000000000000000000000000000	THE PLANT OF THE	The State of the Land	90.700		
177	MZ		Flood Stored on Place	rof walkin cool	er	8/25/22		
- ( ,				s reached temp		0 /		
	and the second second							
430	NC		Door handle inside walk	in woley proken		9/15/22		
			1	110 11.00		01-01		
1907	C	<u> </u>	Raw Chicken + beef @	45-46 Fin woll	29 unit	8/25/22		
		-	Valla (1) (1) (1)	a coals a diail	J	0100120		
	0	V	Sour Cham (a 47 Fir	1 cooling unit		0/12/12		
		-	- conceive action		OC Program	2		
				not cooling unit	anrally	5.92		
		1		ims	ry (reach			
		-	Albord food in goolin		allein			
			Therds to be 1855	Phan HIF				
			1/2	11100				
Received by	(name and	Ptitle	My MISUL	Inspecte	d by (name and title printed)	rol		
Received by	(signature	8:1	104	Inspecte	d by (signature):	1 0		
				1/6	ayu Jan	fee		
cc:			cc:	co		U		
				and the second s		Page 1 of		



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

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

E 10.1								
Establishmen	ors	Bravo	of Greenwood	Telephone Number				
Establishmen			LLC		0/11/2	2603		
172	Me	lody A	ve Suite A-1	Purpose:	Follow-up Rele	ase/Date /		
Owner		, ) 6	reenwood, IN	1. Routine	Ves 8	127/22		
Isr	20/	1	4614	2. Follow-up	Summary of Viol	ations:		
Owner addre	ess			3. Complaint	1/	1		
				4. Pre-Operation	nal /	1 1		
Person in cha	arge ;	D I	100	5. Temporary	c 6 NC	C 6 NC // R		
MIA	uel	lelaac	do	6. HACCP	5.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Responsible	person's e	email	(Sen/Safe Exp:)	7. Other (list)	Menu Type (See	e back of page)		
Certified foo	d handler UEL	Delaado	3/24/27		123_	4_5		
• CRITICAL I	ITEMS AR		N THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C	<u>'</u>			
• VIOLATION(	(S) REPEAT	ED FROM PREVIOU	US INSPECTIONS ARE DENOTED I		NS" AND IN THE NARRATIVE BELO			
Section #	C/NC	R		Narrative		To Be Corrected by		
188	6	Que	so on wa	rmer to	ille	Corrected		
187	C	mea	t down mi	realized As	305 001.	Corrected		
18/		amb	menning.	1,540F 11	he las	Corrected		
		insi	de two d	oor kitche	n men			
		tale	le Unit ?	was note	d turned	,		
		POH	11	0	1 1	1		
438	C	Ty	so spray	vottles s	not lavel	ad Correct		
121	0	wit	n concen	esterale of	without	Corrected		
136	C	ging	ologie o	storage of	m kitchen	Corrected		
		Mes	table 10	polah.	w sugar			
419	C .	On	e bottle	of Peato	Bismol	Corrected		
		wa.	1 stored	on kite	chen			
		nes	table/cor	oler.		1,1		
199	NC	(i)Rai	v chicken	was the	wing in	8/17/22		
		Stry	mant wat	er at tw		× V		
		(2)	yelles of na	1 +	inger insi	de /		
Received by	(name and	title printed):	bucket wa	s surea	Inspected by (name and title prin	ted);		
Mio	**	DelGad	C		Andrew M	iller EHX		
Received by					Inspected by (signature):	Miller		
- Me	10				andrew	1 WW		
cc:			ce:		ce:			
l								

			N.	ARRATIVE REPORT Sonte	
Establish	ment N	lame		Address Inspection I	Date
EITO	ro E	3ra	wo of Greenwood	172 Melody Lane A-1 8-17-	
Section#			LLC	REMARKS Greenwood TO BE	
			MOON flow		
			3 Large M	retal pan of naw	
			shrings in	water was	
7110		$\square$	stored on	prep room floor I	<u></u>
<u>345</u>	<u>C</u>	Н	Petchers (1	mpty) were stored Correct	<u>ecc</u>
2117		$\vdash$	Mae va	I hard suik	
347	NC	$\vdash$	paper tou	els were not Correct	<u>ea</u>
		$\vdash$	prioriala a	t bar hand sink,	
		$\vdash$	grup area	hand sink and	
205	2.26		Coopere 1	soiled on 8/18/2	
<i>295</i>	NC	H	WOOD ALLE	er four drawer unit 1	プラ
· <del> </del>		1	Coston my to		
		4	machina.	as soiled + we machine drop of	lat
256	vc	Н	Theomore to	12) not seen in 8/18/	<u>val</u>
236	<del>//</del>	H	1 man alle	eration units (i.e. )	<u>a</u> an
		H	Content Very	oby)	
257	NC	H	MA MALLE	food thormometer 8/17/2	<b>∍</b> ⊋
201	00	$\vdash$	MANARA	Truck Salvarion of Chile	<u> </u>
385	NC		Dumniten	lid open (10/2) 8/17/2	22
218	NC		1) Door hing	e loose on	
	/	П	True one	1000 cooler 9/1/22	
			2) Two Sull	cans of food are	
			supporting	a bottom shell	
			invide preo	area	$\overline{}$
430	NC		Dish area	ceiling tiles missing 9/1/23	2
			near back	door	
324	NC		mos sirk	hose connection 8/28/3	<u>a_</u>
			"Y" backet &	eaks 'L'	
426	NC		Mas Lutelite	, room is storing 8/20/2	<u> </u>
			numerous "	unnecessary items!	<b>-</b>
324_	NC		The follow	ing hot water 8/17/	<del>2</del>
			temperatures	were measured Correct	عط
			1 Cookline	hand sink 142°F during	
	<u> </u>			stroom 149°F (hand sink) (XIII)	•
	ļ		3 Men's restr		$\underline{\omega}$
	<u> </u>	$\square$	(Range shall	le 100°F to 120°F)	
	<u> </u>		, 0		
Received B	¥-(Name	& Ti	le)	Inspected By (Name & Title) Willer, EHS Page Zon	3
1000	4	_	<del></del>	Wind in work, Lily	

Establish	ment N	lam	e Address	Inspection Pate
ETO	ro B	Υ Έ	avo of Greenwood 172 Melody Lane Suite A-1	8/17/22
Section#	C/NC	R	REMARKS Greenwood, IN	TO BE CORRECTED BY
			notes: 46/92	
			O Remove electric bug	
			light in megazation room	
			letteren turo tables to	
			better location away from	
	•		food	
			1 2 Bar michanical dish	
			machine not Sanitizing. Unit was not in-ruse at	
			Unit was not in-rule at time of inspection	
			time of inspection	***
			· .	
		$\dashv$		
-				
	-			-
		$\square$		
		$\vdash \vdash$		
		$\vdash$		
		$\vdash$		
-				
		$\exists$		
		H		
		H	/	
Received By	y (Name	& T	tte) Inspected By (Name & Title) Willen EHC	Page <u>3</u> of <u>3</u> .
1/1/4	X X	<u>_</u>	WYVUIW ITUULO ENV	g. <u></u>



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

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

Establishm	ient Sani	tatio	n Requirem	ents. The time limit for co	rrection of each violation is sp	secified in the narrative portion	on of this report.	
Establishme	ent name				Telephone Number	Date of Inspection	ID#	
toex	'QV'	50	ot (	enter Grine	( ) Establishme	ent 0 /1 27	1279	
Establishme	ent addres	s			( ) Owner	18-4-77	12,	
5891	5 .	SR	135	enter Grive Greenwood.	Purpose:	Follow-up Relea	se Date	
Owner			1		1. Routine	NO 8-	14-22	
					2. Follow-up	Summary of Viola	ations:	
Owner addr	ess				3. Complaint			
					4. Pre-Operation:	al ~		
Person in ch	narge				5. Temporary	CNC_	R	
1, 1,					6. HACCP	7	- 4b. F - 9	
Responsible	person's	emai	light have	Jagoria de la companya della companya della companya de la companya de la companya della company	7. Other (list)	Menu Type (See	Menu Type (See back of page)	
	•						7 F 107	
Certified for	od handle:	r				1 2 3	4 5	
					COMMENCE OF THE COMMENT OF TH			
					RATIVE COLUMNS MARKED "C"			
	_	-	ROM PREVIOU	US INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATIONS	S" AND IN THE NARRATIVE BELOW		
Section #		R	0 - 1	-, /\lambda -	Narrative		To Be Corrected by	
310	NC		Kesty	room exhau	ist tan soiled		90 P	
	1 1000 0	0.350					g programagi	
	-			8217	Transaction of the second	100	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
			NIOTE	: All Single	USE items	Should be		
			(0,0	Et & Mr. J	o was train	Strowed to		
	-		0 0	1000				
							,	
			15	F				
		15. 1						
	24.1		45				The state of the s	
							a klatic and	
				- 11 M	111			
	+			Think I	W.		**************************************	
				110000				
							4 -	
Received by	name and	l title	printed):			Inspected by (name and title printe	ed):	
X 1	thair	2	Brev	nan		LASSI HALL	- 10 of	
Received by	(signature)	):	0	1.0		Inspected by (signature):	1 112	
* (	May	<b>\</b>	1	Mu		WHO BALL		
cc:	D			cc:		217-3410-43	71	
				I		51 5 3410-45	1. 1	



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

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

Page 1 of

Establishme	nt name	0		Telephone Number	Date of Inspection	ID#
FLEX	191	5	004	( ) Establishment	OINNIA	1/
Establishme	nt addres	SS		( ) Owner	0/2016	150
989	1	1	18 31 46184	Purpose:	Follow-up Release	Date
Owner				1. Routine	NO 19/0	1/7/
				2. Follow-up	Summary of Violatio	ns:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	~ 1	
Person in ch	arge		And the surface of the same	5. Temporary	C_NC_	) R
				6. HACCP	70	
Responsible	person's	emai	1 - The subsection of the second	7. Other (list)	Menu Type (See ba	ck of page)
			-1-2	1211	7	
Certified foo	od handle	er			123	45
				L COLVINGIA LA DEPORTA HOR	<u> </u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS	"R"
Section #	-	-		Narrative		To Be Corrected by
430	NIC	-	Coctument floor	Dry Amared		
-150	100	77.7	1631100111 11001 1100	ser. Homogre	In a set to good best of	
346	NC		Doseved no hord	SOON OF TR	Troon	SHIM
			rand SINK.			100 10 141
000		_	Diagram I lat 1	200 1 (() 8.6)	000000	
195	NC		Diserted Drid M	& ON MOHEN	MANNE	
		-	CYCLA TO CELL	in was him	reeds clear	
			Mote of Day Sink	SWITZEV SO	MATICAN HOUSE	
			Deland Stands	HIN derlover	the day	Y.
			7	11 1100 111 000		
	St. ne.		e a la l	, a , a	1.5	<u>and de la </u>
			and the second s	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		
	-					hiera I
	-					
					3	
						41 1
Received by	(name an	d title		Inspected	d by (name and title printed):	
XIV	lega	n	Marning	( C	D) HILL	
Received by	(signature	?):	~ ~ 0	Inspecte	d by (signature):	
XX				cc:	DA NAM	
cc:			cc:			



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

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

D 11:1			a re-demonstration and annual los contents				
Establishme		) -	7 at 10 1 at 1 at 1 at 1 at 1 at 1 at 1 a	Telephone Number	Date of Inspection	ID#	
	20	12	tza	( ) Establishment	8/18/20	1527	
Establishme			46131	( ) Owner	0/10/0	1051	
17	00 N	M	lorton St Franklin, IN)	Purpose:	Follow-up Releas	e Date	
Owner				1. Routing	NO	128/20	
-					Summary of Violat	Tone:	
				2. Follow-up	Summary of Violations: /		
Owner addr	ress			3. Complaint	1	100	
				4. Pre-Operational	/	2 0	
Person in ch	narge			5. Temporary	CNC	$S_R$	
	C			6. HACCP			
Responsible	porcopia d	mail			M T (Cas)	and of hand	
Responsible	person's e	eman		7. Other (list)	Menu Type (See l	vack of page)	
0 10 10				The state of the s			
Certified foo	od handler				123	<u>) 45</u>	
	***************************************			Constitution of the Consti			
			ENTIFIED IN THE CHECKLIST AND NARRATIVI				
<ul> <li>VIOLATION</li> </ul>			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW	CONTRACTOR OF THE RESIDENCE OF THE PARTY OF	
Section #	C/NC	R	,	Narrative		To Be Corrected by	
411	NC		light out under hood in	mid line		8/28/22	
		DE	1.01	001110	No. 186.1	1 1	
197	(		Hot holding tennocal	20-130°F		8/18/72	
10			-lasanay + cheise				
			- Need to be at leas	+ 135°F			
257	NC			accessible in cooling	a unite	8/18/11	
001	100		110/11/01/(3/01/1/1) - 5/1/1/1/	THE STIME IT DOOMS	1 -11/1/5	1010	
195	NE		Drink machine in lobby	Soiled by tanoung	Innales	0/18/172	
DIJ	100		DITTE Machina In 1000 a	Solica paranone	Twiths	0110110	
		-	J				
			MIN TO LAIDING CONTRACTOR	14 10 @ 1/8°E			
	0.19.172		NOTE: Walkin cooler to	M) (a 497)		(	
			Foodinside was 241°	F Check of ch!	<del></del>	-	
	-16				DINGLE CO. M		
						action is all	
						1	
Received by	(name and	title f	brinted):	Inspecte	ed by (name and title printed	): <u> </u>	
XW	Jaria		RYOUN	da	4 che 18 lanto	rd BHS	
Received by			11316	Inspecte	d by (signature):	, 00/00	
XM	Note			11/1	Juni Bank		
cc:	IUU	_	cc:	cg:	angue garage		



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

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

Zotuonomin			a requiremental and unit in the concess			r or this report.	
Establishmer	nt name			Telephone Number	Date of Inspection	ID#	
tive.	Ston	1	bod Services (Endress	) Establishment	e la la	20600	
Establishmer	nt addres	s /	1	( ) Owner	8/18/22	0700	
2341	DE	no	bod services (Endress) bress Hauser place	Purpose:	Follow-up Releas	e Date	
Owner			Ü	1. Routine			
				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess	and description of the second		3. Complaint			
				4. Pre-Operational			
Person in ch	2#20			1			
Person in ch	arge			5. Temporary	C NC	) R_((C)	
D 311				6. HACCP	7. (0.)	(0.1.1.6.1)	
Responsible	person's	emai	10 Sept. 1	7. Other (list)	Menu Type (See back of page)		
Certified foo	d bandla						
Cerunea 100	d nandie	r			123	45	
• CRITICAL I	ITEMS AE	EID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW	AS "R"	
Section #	-	-		Narrative		To Be Corrected by	
		_	0				
	1111		Allo Wolation dunic	a maneetion	1,	79171	
					4	20 04430(73)	
						- 1107 Tr 1107	
					- CANADA MARINE POR CONTRACTOR OF CONTRACTOR		
						V5.00	
<b>-</b>							
Received by	(name and	title i	printed):	Inspe	ected by (name and title printed	0: 2 04-	
	enit	η,	Baldant	/4	uu - 100	FAIS	
Received by	(signature)	: J	e baldall	Inspe	ected by (signature):  We Better		
cc:	411/		cc:	ce:	, (		