

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

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

Establishm 4849 Owner	nent addre	ss 500 a	Boudaia Matsko	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date 8/15/22 Summary of Violations:		
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Section #	_		NOM PREVIOUS INSPECTIONS ARE DENOTED IN T	Narrative	AND IN THE NARRATIVE BELOW	To Be Corrected by	
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201	IVC	1	3200F) Motorde	Carana, ac	20 (07 70	1	
324	NC	V	Hot water in	suble res	trooms	8/6/22	
/			were 125°F a	nd 1240F/R	ange shall be		
			100°F to 120°F).	(/	4	
112	NC	V	Magic Chef free	ser/refriger	rator not	12/1/22	
201	111	,	NSFUANSIO EGOI	mmer cral gi	rade)	CI 1/22	
291	NE	V	The Cryat Sanitis	en test fac	, kit	8/6/22	
187	C		provided Chand Chan	10. 84. 60	IN GE	Corrected	
101	_		table warmer	unit meas		Adjusted	
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		120°F and 130°F	4 . 1	e 1350F	temo	
	,3		minimum)	(and the same and the same	Knob	
			22 1	, ,		dne 21	
			Motes; When i	eady to u	se,		
			table holding for	at top que	el (gas)		
			needs to be	easily m	ovable		
	-	-		-			
Received 5) -	d title	MJI	In	spected by (name and title printed	EHS	
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cc:	7) cc:		ee;		



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

Establishmen Establishmen Owner Owner	t address	Tas	morton & whiteland	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection 8/4/22 Follow-up Release Summary of Violati		
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Establishme				() Owner	8312	2 1 281		
270	> 1	<u></u>	arlin Dr	Purpose:	Follow-up Release			
Owner			Freedown	1. Routine	PON	1122		
				2. Follow-up	Summary of Viola	tions:		
Owner addr	ess			3. Complaint	J			
				4. Pre-Operational				
Person in ch	narge			5. Temporary	CNC	\bigcirc R \bigcirc		
	0			6. HACCP				
Responsible	person's	ema	il	7. Other (list)	Menu Type (See	Menu Type (See back of page)		
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						Section 1994		
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Listablishine	in addres	f (9 7	1 Green	A	() Owner		9 9 00	115		
	18,	U	7	Well	WOO	Purpose:	I	Follow-up Release	Date		
Owner						1. Routine		NO 8	125		
						2. Follow-up	S	Summary of Violatio	ons:		
Owner addre	ess					3. Complaint	1				
						4. Pre-Operation	ial				
Person in ch	arge					128.7		$C \longrightarrow NC \longrightarrow R \longrightarrow$			
r croon in ch	mge				k -	5. Temporary					
D 111						6. HACCP	_				
Responsible	person's	email				7. Other (list)	1.7	Menu Type (See ba	ck of page)		
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Ceruned 100	od nandie:	Ι					1	23	_45		
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST A	ND NARRATIVE	COLUMNS MARKED "C"					
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Establishmer	nt name		10.1-0	Telephone Number	Date of Inspection	ID#			
10mc	o ago	an	ise Restaurant	() Establishment	8/12/10	2107			
Establishmen	nt addres	S	11	() Owner	10100	7 210.			
187	41	OV	thwood Plaza	Purpose:	Follow-up Release	se Date			
Owner				1. Routine	100 8	128/22			
				2. Follow-up	Summary of Viola	tions:			
Owner addre	ess			3. Complaint					
			*	4. Pre-Operational	2	0			
Person in ch	arge			5. Temporary	C NC	$c = \frac{1}{NC} = \frac{1}{R}$			
				6. HACCP	1. 1. 1. 1. 1. 1.				
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• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"					
-			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		ND IN THE NARRATIVE BELOW				
Section #	C/NC	R		Narrative	-	To Be Corrected by			
234	NC		Inproper way of Storm	g in use utens.	1/ 5	8/18/22			
ALT	Ti. II		- Store in running	water	7 17 16 7 7				
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			in product of c	orrect temp					
431	NE		Floor, walls in backa	MA soiled		8/18/22			
-151	700		1 10013/11/10/10/10/10/10/10/10/10/10/10/10/10/	out sorr ca		- Jugec			
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-526

Listablishin	che bain	latio	in Requirements. The time mint for correction	on or each violation is specified i	if the narrative portion	or tims report.	
Establishme	nt name	(-	2224	Telephone Number	Date of Inspection	ID#	
Vall	Ce!	Ja	5th Golf & Contert	Establishment		7.	
Establishme	nt addres	S	stu Golf & Conference	() Owner	81822	The second secon	
755	5	_ {	nais of Green	Purpose:	Follow-up Releas		
Owner				1 Routine	NO 8	1877	
				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational		100	
Person in ch	arge			5. Temporary	C NC_	\circ _R	
				6. HACCP	Menu Type (See back of page)		
Responsible	person's	email		7. Other (list)			
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Section #	C/NC	R		Narrative		To Be Corrected by	
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21/2	1 1			- NEW ACCOUNTS		house i	
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4//)	Kellin		1 346	4376	
cc:	CORC		ce:	cc:			



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

Establishm	ent Sani	tatio	n Requirements. The time limit for correct	ion of each violation is specifie	ed in the narrative portion	of this report.		
Establishme	nt name) Addition of	Telephone Number	Date of Inspection	ID#		
Dar	Du		sian Thocenu	() Establishment	8/22/22	2050		
Establishme		is C	Ste E. Greenwood	() Owner	Olachan	2258		
6401	JS 3	15	., Ste E. IN 46142	Purpose:	Follow-up Release	Pate		
Owner			<u> </u>	(I. Routine)	Ves 9	11/22		
all	an	, 1	illa.	2. Follow-up	Summary of Violati	ons:		
Owner addr	ess	-		3. Complaint				
				4. Pre-Operational	1 1	2 2		
Person in ch	arge		0	5. Temporary	c_1_Nc_8	$_{\rm R}$ $^{\prime}$		
The	M		ula (- cc	6. HACCP	A 1 S			
Responsible	person's	emai	Sensate	7. Other (list)				
			EXP		enstate university as	/ "		
Certified for	d handle	tur.	1. MILLYA 8/28/23		123_	_45		
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"				
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW A	S "R"		
Section #	C/NC	R		Narrative		To Be Corrected by		
257	NC	1	nombre loc	d therm	emeter)	0/23/22		
		,	novided 0,000	F to 220°F)	t paparatia and occur	11		
146	NC	V	Muneyous s	repacked of	noducts	08/28/22		
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341	NC		no paper Tourel	sounde?	٠	8/24/22		
431	NC		a dion area	alla salla	ine	9/21/22		
411	NC		Dish room w	dish i ala	0	8/25/22		
111	NC		and implaise	· anating		0/23/2		
112	NC		Haren dithito.	lioner M	at	12/1/22		
	100	TR _{ij}	NSF/ANSI appro	wed and		11/1		
256	NC		no thermone	ten)		8/14/22		
430	NC	6.3513	Cerling tiles &	n quest a	rea	19/8/22		
			previousey we-	,	ged)	1 1		
139	C		Firm is selling		Bduct (ressert)		
			made from a	person's r	iome	Remove		
				The produc	t naa	from sale		
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cc:			cc:	cc:				
		_	note: Firm. 1000	ena enanos	1 Inhes	Page 1 of 1		
	1	200	Note: Firm sell od, Banana Best B utternut Squash	31 M 21 2	2" and			
	(B	Hornut Sauanh	"Best By 3	O Apr 22"			
				, ,				



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

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Establishment name VFW 5864 Establishment address 1542 Veteran 5 Way Owner Owner address Person in charge Responsible person's email Certified food handler						Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Follow-up Relea 8/ Summary of Viola	Date of Inspection 8/4/22 Follow-up Release Date 8/14/2 Summary of Violations: C NC R Menu Type (See back of page) 1 2 3 4 5		
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Section #			COM PREVIOUS	INSPECTIONS		E "SUMMARY OF VIOLATIONS" A Narrative	IND IN THE NARRATIVE BELOW	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

Establishme	nt name	11511	the start of the country	to con in	Telephone Number	er	Date of Inspection	ID#		
VIn	1	VIIIa-		() Establishme	ent	a/11/20			
Establishme	nt addres	s	· Grace	14120	d) Owner		0/16/22	4 4		
200	N. Y	Madier	in Ave. STR	war	Purpose:		Follow-up Release	Date		
Owner	10	AIDULAC	11/1/		1 Routine		None Profession	26/22		
Pa	110	T	46A				0 - CXI 1-1			
100	M	<u> </u>			2. Follow-up		Summary of Violati	ons:		
Owner addre	ess			ļ	3. Complaint					
				1	4. Pre-Operation:	al	A (2		
Person in ch	arge ^	T	the of his property	. 245 - 44 - 5	5. Temporary	a. p	C_O_NC_B_R			
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Responsible	person's	email	Finge of	0.2	7. Other (list)		Menu Type (See b	ach of page)		
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Section #	C/NC				arrative			To Be Corrected by		
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190	NC.	300	LOUALL	000	Man 4	0111) ^ /	Carrended		
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NARRATIVE REPORT Greenwood IN

Establishment Nan	Address Address Av. 46142	_ Inspection Date
Vino Villa	200 N. Madison Ave 40142	8/16/22
Section# C/NC R	REMARKS	TO BE CORRECTED BY
256 NC	Thermometers not seen in	8/20/93
324 NC	Some regulation units	8/28/22
	basement three bay sink	
347 NC	Divilable at cake area hand,	8/16/22
	Sink at cake area hand	
399 NC	Basement center preparation	12/1/22
	Mia from walls wha could be	
431 NC	Floors walls floor drains	8/20/22
	soled at second and	1
	third Story Server areas	
Received By (Name & 1	itle) Inspected By (Name & Title) Miller, EHS	Page 2 of 2
State Form 48621 (F/2 J 8-		



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		tatio	in Kequitements. The time mint for correct			or this report.	
Establishme			(2500) and the first operational	Telephone Number	Date of Inspection	ID#	
Wa	Jon	C	1+	() Establishment			
Establishme				() Owner	Y 31 27	1866	
887	2 <	> 12	2135 Greenwad	Purpose:	Follow-up Releas		
Owner				1. Routine	WD 9	1122	
				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	arge		= 15 to 10 = 1 d	5. Temporary	c NC	\sim R	
				6. HACCP	land the state of the	1 1 Name 1 5	
Responsible	person's	emai		7. Other (list)	Menu Type (See back of page)		
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Certified foo	d handle	r			1 2 3	4 \$ 5	
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• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"			
	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
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	Astronia	13.04	No items no	sed today	Company of		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name							or and report
Owner 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) 1. 2 3 4 5 Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natrative To Be Corrected by Received by (name and title printed):			1		Telephone Number	Date of Inspection	ID#
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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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