

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#
	ago's	2	Pizza with a Twist	() Establishment	7/1/22	10#
Establishmer	00010			() Owner	111/22	2391
997 E	Ca.	1.	ne Rd IN 46143	Purpose:	Follow-up Release	Date
Owner		<u></u>	ICERTA III	1 Routine	No 7/	17/22
Hari	ap	C	, D.	2. Follow-up	Summary of Violati	NAME OF TAXABLE PARTY.
Owner addre	-	_		3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	c_2_Nc_	R
Han		5.	P.	6. HACCP		I or thou
Responsible	4		2 1 2 1	7. Other (list)	Menu Type (See b	ack of page)
	(4	M) Harjap Singh-Dhil	von .		/
Certified foo	d handler	W	ESS (Sew Safe Exp:	10/12/25)	123_ i	_45
• CRITICAL I	TEMS ARE	IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION(S) REPEATI	ED FI	ROM 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
431	NC		Public restroom	walls are s	oiled	7/7/22
0.21			and walk-in-coo	oler floor is	soiled	7/7/22
291	NC		To quat test	papers pros	uded	8/1/22
430	NC	-	Retthen (allst) a	mens restroc	un don	0/1/00
			7	mens restroc	yvi acces	
234	NC		(0 0	poons, Jenues &	Ronko	7/7/22
	700		not dispensed	Porrertly 10	mevent	11/1/
			customed contami	nation	/	L .
136	C		One open cups om	with mar		Corrected
			liquid was Si	tored on	preparati	on
1:76			table with cut	ginger	21	
438	C	-	labeled with the	this were n	Lot	Corrected
347	110	-		nen Conten		7/7/27
34 1	NC	-	Paper towels must		1	1/1/00
		-	wellars justice	V 1		1
		\neg				
Received by	(name and t		SINGH DHILLON	Inspecte	d by (name and title printed)	er FUV
Received by		_	1	Inspecte	d by (signature):	110
1700	116	1/1			nariu W	(Iller)
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Establishme	nt name	_	and the same of th	Telephone Number	Date of Inspection	ID#
Chris	1 Fil	A		() Establishment		07.1
Establishme				() Owner	7/28/22	914
155	Ma	Ni	nDr Greenwood, N	Purpose:	Follow-up Releas	e Date
Owner	100		(10).	1. Routine	NO 8	18/22
-				2. Follow-up	Summary of Viola	ions:
Owner addr	ess		ALTERNATION AND AND AND AND AND AND AND AND AND AN	3. Complaint		
				4. Pre-Operational		2
Person in ch	arge			5. Temporary	C NC	L R-O
	O			6. HACCP	0	
Responsible	person's	emai		7. Other (list)	Menu Type (See l	pack of page)
	2					4246
Certified foo	od handle		on Exp: 2026		123	<u></u>
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		4
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
431	NC		Drains under prepsir	1x +3 baysir	US	7/29/22
			soiled and filled		2	18.001
			- Should he cleaned of	all products		
295	NC		Sides of ice cream mach	in Coiled		
210	100		Simo di Technici Titadi	Ara sonco		1 - 1
			NOTE: IF I'VE SCORPS	are Stored IN	ice	100
			make sure handles a	re NOT touch	ing ice	
				1 1	<i>J</i> .	
			Employees must wash	hands after i	1sing gloves	1
			and in between c	nanges		-
				0		
Received by	Kai	this	printed);	Ja	ted by <i>(name and title printed</i> MULBIAN for	A
Received by	(signature)): // (1)	4	Inspec	ted by (signature);	ad Ett
cc:	1		cc:	Off.	31734643	369
						Page 1 of



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

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

Establishme CH Establishme Owner Owner	nt addre	ss N	MORDIN ST. FRANKLI SCHMIÄT	Telephone Numb () Establishme () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary	Follow-up Release Summary of Violate	se Date / 22 tions:
Responsible				6. HACCP 7. Other (list)	Menu Type (See)	back of page)
Certified foo	KA	T	SCHMIDT ENTIFIED IN THE CHECKLIST AND	NARRATIVE COLUMNS MARKED "C"	123_/4	5
			ROM PREVIOUS INSPECTIONS ARE DENG		S" AND IN THE NARRATIVE BELOW	
Section #	_	R	/	Narrative		To Be Corrected by
392	NC	8	Jumps Tess	2 Id NOT CLOS		COCRECTED 7/26/
218	rc rc	3		AR (MEXT T	CLEAN IN DWALL ES NOT CLOSE	815
(NO		7	SMALL FLEDS	Seen IN KIT		(CONTROL)
(not	e)	+	POTWON FIT	~ SMAZL EXH	HAUST Hood	815
295	NC	70	PLFRIZERATOR	5 -NUMOROUS de	OR GASKOTS	811
179	NG	8	DE BIN, HARE		NEXT TO EXT TO ITE BILL DUTOES BAWEER	
431	M	0	MOMENS BOSTROE	on Ottling es	RHAUST FAN COL	#R 8 1
239	M	***		voned aff floor B	4 distimpattane	7/29
Received by Received by	at a	20	orinted): Managas		Inspected by (name and title printed Be Inspected by (signature):	D: 50
çc:	11		сс:		cc:	



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

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

Establishment			- requirem			Telephone Numb	7	Date of Inspection			
P			,			_		Date of Inspection	ID#		
Establishment	11	1				() Establishn	nent	77/10	70.		
Establishment	address	8	125		~ A	() Owner		10500	299		
676	5	14	197	(Ne	borns	Purpose:		Follow-up Release	Date		
Owner						1. Routine	1	NOS	3 66		
						2. Follow-up	ľ	Summary of Violatio	ons:		
Owner address	3				2	3. Complaint	1				
						4. Pre-Operation	nal	2			
Person in charg	ge					5. Temporary		$C \bigcirc NC \bigcirc R \bigcirc$			
						6. HACCP		The Charles			
Responsible pe	erson's	emai				7. Other (list)	Ī	Menu Type (See ba	ck of page)		
						1					
Certified food handler						1 2 3	4 5				
• CRITICAL IT	EMS AR	E ID	ENTIFIED IN	THE CHECK	LIST AND NARRAT	IVE COLUMNS MARKED "C	;"				
 VIOLATION(S) 	REPEAT	ED F	ROM PREVIOU	JS INSPECTION	S ARE DENOTED IN T	THE "SUMMARY OF VIOLATION	NS" AND IN TI	HE NARRATIVE BELOW AS	"R"		
Section # (C/NC	R				Narrative			To Be Corrected by		
	1	lu i	No	Hen	5 no	ted too	2cs	alla - 2 mattare			
	e house.	17.89	Series and III								
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		W.Y.S.									
Received by (n.	ame and	title j		och			Inspected b	by (name and title printed):	larner		
Received by (si	ignature)	:	Seg	70			Inspected b	oy (signature):	376		
cc:				cc:			cc:		1		



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	TD#	
	Than e	5/		() Establishment	Date of Hispection	ID#	
Establishmer					7 - 7 - 7 -	1107	
11 07	in address			() Owner	フマフィ		
Owner	2	- 6	Main St Greene	Purpose:	Follow-up Releas	e Date	
Owner				1. Routine	Summary of Violations:		
0 11				2. Follow-up	Summary of Violat	ions:	
Owner addre	ess			3. Complaint		1 100	
				4. Pre-Operational			
Person in ch	arge			5. Temporary	CNC	\bigcirc R \bigcirc	
				6. HACCP		no Authoriti	
Responsible	person's	emai	avi in 1 ee 2 ee	7. Other (list)	Menu Type (See l	pack of page)	
0 10 14					\(\sigma\)	1 1147	
Certified foo	d handle	r			12_3	45	
• CDITICAL I	TEME AD	EID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"			
100000000000000000000000000000000000000			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	-		Narrative		To Be Corrected by	
	-11-51	***	to Source and a service		ar in the graph death	SW-SELF-	
90 101	100	9	No ileus os	ited fud	ay -	and the state of t	
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			7.	tar Lati		and the second	
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Received by	(name and	S	eve Merrill		aced by (many and mix prime)	lavier	
Received by	(signature)	<u>-رن</u>		Inspec	cted by (signature):	Sections	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		on requirem	ems. The time film for co	of each violation is		
Establishme	ent name	# 470	2288	Telephone Num	1 1	on ID#
Establishme	ent address	+ 110	ocoo Greenwood	() Establishn	7/8/2	2 //83
8001	ent address V US 3	3/	1 46147	Purpose	Follow-up Re	lease Date /
			N 7011 2	1 Routine	Yonow-up Ke	7/18/20
7)	1005	CONV	. Stores, L		Summary of Vi	olations:
Owner addi	1 aco	00,70	· UICICA, L	2. Follow-up	Sulfilliary of VI	olations.
Owner addi	ress			3. Complaint		
				4. Pre-Operation	nal	0
Person in cl	narge	1 1)	5. Temporary	c_1_N	C
KOU	ert l	vord	un	6. HACCP		AND AND THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY.
Responsible	person's ema	il	(mana	7. Other (list)	Menu Type (S	ee back of page)
0 10 10			INRESP		/	
Certified fo	od handler. Udla	Win	ight KXP: 2/11	1/26/	12_V_3	45
			V	RATIVE COLUMNS MARKED "C		
		_	S INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATIO	NS" AND IN THE NARRATIVE BEL	
Section #			A	Narrative	**************************************	To Be Corrected by
385	NC	Dun	roster lia	not on a	impoter	7/20/22
346	NC	no	hana soa	p at nana	Sink	new dom
200	. 10	in	feetchen a	lla 22 21 16 de	1 - 1 1 - 1 - 1	1/8/20
347	NC	110	paper tow	els nurae	a at nan	0 1/8/20
1121	110	ALL D	R MUAN 2	rver bay	and sinb	a 1, 122
430	NC	UPIO	is at wall	e velewin	ara sure	0/1/40
		2) 811	t main or	tall evit de	ma Aub	7/18/22
		1 ma	the doma	and Mot	sealingat	1/10/00
		Fho	1 relitical c	enter when	cloned	4
431	NC	F RI	on soiled		verage-in-b	00 7/8/22
	10	nack	20		8	2.1
187	C	Chol	rani Peach 1	Joaurt Mea	sured 79°F	Pulled
•		and	angus B	Jacon Cheese	burger, cold	from
		mea	sured 79°F	in @ warmer	Hot case	cooler
		whi	ch had a	n ambient	air temper	ature /
aar		01 70	1ºF (per du	splay unit)	000.00	
745	NC	Self	- serve s	oda statio		- Correctes
Di- 11			renoung par	ts are soil		inted):
	(name and title	printed):	den		Inspected by (name and title pr	Ver, EH8
Received by					Inspected by (signature):	00:00
	m				(marew)	Miller
cc:			cc:		cc:	
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NARRATIVE REPORT

Establish	ment N	am	# 4702288 800N US3/# M 46/42	Inspection Date
Section#			REMARKS	TO BE CORRECTED BY
411	NC		One light out inside walk-in-	7/18/22
1 4-1			cooler and other certina	7 7
			mounted light cover contained	
			social water	ربار
218	NC		Mualk-in-cooler door gaskets	7/18/22
	_		seal is damaged torn	/ /
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	at come			Telephone Number	Date of Inspection	77.4
		11		() Establishment	Date of Hispection	ID#
Establishmer	at address	V			7 - 7 - 7	11 0
			21 : 1 : 1 : 1	() Owner	1 1 00	-11094
	U	5	31 Whiteland	Purpose:	Follow-up Releas	
Owner				1. Routine	NOT	1772
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	4	6
Person in cha	arge			5. Temporary	C O NC	R
			and the second of the second	6. HACCP		
Responsible	person's	email	and the second s	7. Other (list)	Menu Type (See l	pack of page)
			g1 6 4 1 1		And the state of	No.
Certified foo	d handler	ε			12_33	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		DATE NA DE ATRITE DEL ONI	AC UDU
Section #	C/NC	and the last of	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	IN THE NARRATIVE BELOW A	To Be Corrected by
Section #	C/NC	K		Ivaliative		To be Confected by
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	n eggar	11341	100 items no	otted today		is ready s
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			Thank you.			
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Received by	(signature)	:	DILL	Inspec	cted by (signature):	gring@louni
MI	MII	1	1) Me		tru 346°	1376
ec:	Maria de la Companya		cc:	cc:		



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

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

Establishme 1251 Owner Owner addr Person in ch	Chert addres US Covers Cover	3 4	Daniels	Telephone Numb () Establishm () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas Summary of Violati	ID# 29 c/Date 7/22- ions:
Certified for	od bandle	r.	Paniels		123	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIV			
	-	ALTERNATION OF THE PARTY OF	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATION Narrative	IS" AND IN THE NARRATIVE BELOW A	
Section #	C/NC	R	The DAVICE YES	I Marrauve	0004110+	To Be Corrected by
			temperationes of on the Apps of table: (a) frontia (a) Calama	preparas Cheese	noduct) 47°	for emerge nepsix
431	NC		assembly Cook I	ine.	tho)	7/8/22
218 430 Received by	allie	(title,	in various are plastic insert / l Alverely cracke right side ion 2) Plastic top Cli rice richmin 2) Mars air cur brown Sticky l liack don 1) Floor drain.	as for the	leing a leitchen	7/22/22 7/22/22 7/20/22 7/20/22 er, EHS
cc:			cc:		cc.	

NARRATIVE REPORT

Establish	ment N	lam	9	Address	1	Greenu	1000	Inspection Date
The	<u>Cr</u>	lee	secake	Address IZ57 US 3	311	Greeny	142	7/7/22
Section#	C/NC	R	secake Factory	REMAR	KS		•	/ TO BE CORRECTED BY
			at parta	station	\sim			11,
				coolen i	ntere	on wa	بمالك	12/1/22
			peeling u	thite par				1/4
324	NC		Persel !	tation/	set S	may o	rea)	7/10/22
· · · · · · · · · · · · · · · · · · ·			vay/sirk	arain	o St	opper		1/1/
			unit mi	ssing a	na,	llaki	ng	
22-		_	water	A. O. Ha			<u> </u>	, L
295	NC		Interior	would	1 07	deep	,	7/22/22
			fryers or	en la lace	eye ?	line		/ /
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State Form 4	8621 (R2	/ 8-8						



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

				_	
Establishmen		7W	Telephone Number	Date of Inspection	ID#
Establishme		7	() Establishment	7/25/22	1961
L/ O	nt address	lain Coss Edinburgh,	() Owner	- 1	
Owner Owner	+ 11	am cors In goldy		Follow-up Release	
Owner			1. Routine	1000	08/22
0 11			2. Follow-up	Summary of Violati	ons:
Owner addre	ess		3. Complaint		
			4. Pre-Operational	0	
Person in ch	arge		5. Temporary	C_NC_S	R
			6. HACCP		
Responsible	person's em	ail	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handler	Tracy (Exp. 3/29/26)		123_	_45
		DENTIFIED 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 AS	; "R"
Section #	C/NC R		Narrative		To Be Corrected by
256	re	some of the cooler p	& freezer Unit	Lose not	7/29/22
		have thermometers.			, ,
255	Me	small Cooler units	by fryer tempe	rature is	7/29/22
			[===,1=		
		NOTE: (Clean floor			
			are refreed at	grill area	
		get rid of sme	all flies.	U .	
	D				
		D. D	T T		
Received by	(name and title		Inspected	by (name and title printed) But ive	P. Mc
Received by		10mg	Inspected	by (signature):	-VI-
c /		Man .	1	Belton	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer	nt name				Telephone Number	er Date of Inspection	ID#		
(am	m		for 1.	traltallebat	() Establishme				
Establishmer	nt addres:	S			() Owner	72627	7774		
600	(-	V 6	enh	word Sonors	Purpose:	Follow-up Relea	. ,		
Owner					1. Routine	8 021	62		
					2. Follow-up	Summary of Viola	tions:		
Owner addre	ess				3. Complaint				
					4. Pre-Operation:	al			
Person in ch	arge				5. Temporary	C O NC	$C \longrightarrow NC \longrightarrow R \longrightarrow$		
					6. HACCP	11 15 11 - 12 x			
Responsible	person's	email			7. Other (list)	Menu Type (See	back of page)		
				19		Maria amenden (pla	Who saled		
Certified food handler						123_	45		
						THE RESERVE OF THE PROPERTY OF	NAME OF THE PERSON OF THE PERS		
				N THE CHECKLIST AND NARRATIVI US INSPECTIONS ARE DENOTED IN THI			AC "P"		
Section #			ROM PREVIOU		Narrative	5" AND IN THE NARRATIVE BELOW	To Be Corrected by		
Section #	0/110				110110110		To be delicated by		
	esski iley	-	No	ilens note	al toda	WHAT HE WE HE IS NOT	- REC 200		
	11.00				(3 10 10 10 10 10 10 10 10 10 10 10 10 10	e trigally		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

1.00 - 1.		on of each violation is specific		or uno reporti
Establishment name	man's Pin	Telephone Number Description:	Date of Inspection	ID#
Establishment address / Str. 10	Mayor 120	() Owner	7-11-22	2362
916 E. Main St., Green	wood. IN	Purpose:	Follow-up Releas	e Date 1
Owner M	46143	Routine	NO 7/	22/22
achattar Sin	gh	2. Follow-up	Summary of Violat	ions:
Owner address		3. Complaint		
		4. Pre-Operational	19	, 1
Person in charge	· D	5. Temporary	c	R
Machhattar Si	rah	6. HACCP	al	and the state of
Responsible person's email	Sensate	7. Other (list)	Menu Type (See l	pack of page)
Certified food handler	EXP: 1			/
Laurayeet Jingh	6/23/25		123	45
· CRITICAL ITEMS ARE IDENTIFIED IN THE C	HECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECT			O IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R		Narrative		To Be Corrected by
931 NC Walls	- soiled es	n employee	restroom	7/11/22
and	walls 1	rear the	12)	1/1/
stay -	sink,		22211111	-1-1
291 NC 100 C	ruat test	strips 1	novidea	1/12/22
256 NC Therms	ometers 11	not seen	in	7/14/22
move	U Me Ol	ean fles	700	///
2/2 1/2 1/2 1/2 200	RUGIULE	grest fr	11 00 +	12/1/22
1/2 WC Kemone	VICT ADDA	The factor	MUCC	14/1/22
/VSF/AI	VII aggra	10 -ca 0		/
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer Establishmer Owner Owner addre	y address NN	S	n Franklin Ponict	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection 7/2/6/22 Follow-up Releas 8/ Summary of Violat	6/2/2 ions:
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411	rix		light out in walk in free?	206		8/16/22
			TIGHT CAT THE DOWNER TO THE		14.3-17	9119
187	С		Chili @ 114°F at hot hold	ding / ADMB 2135	F) required	7/26/22
342	NC		water temp (hand sink	LS @ 130°F		8/1/22
	7 V V		Water temp (hand sink	ed)		7.700
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						V
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme				Telephone Number	Date of Inspection	ID#
	Whit	ela	nd Dairy Queen	() Establishment	2/2/-	1262
Establishme	ent addres	SS	1	() Owner	7/3/22	1792
	99	ا د	nd Dairy Queen 4531 Whiteland, IN	Purpose:	Follow-up Release	Date
Owner				1. Routine	7/	18/22
				2. Follow-up	Summary of Violati	
Owner addr	ess			3. Complaint		
				4. Pre-Operational		43
Person in cl	narge			5. Temporary	C_O_NC_	ъ
r croon in cr	mige				CNC	<u> </u>
Responsible	nerson's	emai		6. HACCP	Mana Tama (Saa la	sob of page)
responsible	persons	Cilian		7. Other (list)	Menu Type (See b	ack of page)
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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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5	hab	10	HACAD 110 76	2. Follow-u		Summary of Violation	1/22
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Responsible	person's	emai	SenSafe	7. Other (la	ist)	Menu Type (See bac	ck of page)
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	1		insects see	In are	a of	the	today
1.2		10	drive-up	soda sta	tion	floor	1
			drain			0	+
431	NC	V	THOORS, SLOC	n grain	wall	s soiled	7/12/22
			in areas of	the f	um,	1 1 7 1	//
		(3) Mechanica	exhaus	t hoo	a felter	0
10-	_		are soiled	, ,,		600	1-1-
295	NC	V	Inside t	ap of ice	mai	Ren	7/12/22
1.01		/	is soiled	7 +:	*		21-7
431	NC	V	inverted p	eastic cra	eles a	re used	0/12/27
216			for shelp	ing in	the f	un 1	graer shell
218	NC	(100 White ta	ver capin	et, U	WXT TO	8/12/22
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NARRATIVE REPORT

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

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

Establishmer	nt name		No. of the second secon	Telephone Number	Date of Inspection	ID#
	De	Si	Bazar	() Establishment	-1.1	
Establishmer	it addres	S		() Owner	7/26/22	2325
916	EIR	2011	st. Greenwood, IN	Purpose:	Follow-up Release	e Date
Owner				1. Routine	2	15/22
				2. Follow-up	Summary of Violati	
Owner addre	SS			3. Complaint	1 1	
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Person in cha	irge			5. Temporary	C_O_NC_5	R
Dononcillo	1			6. HACCP	(0.1	7 6
Responsible j	person's	emai		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handle	r				
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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Section #	C/NC	R		Narrative		To Be Corrected by
177	NC		- BOXES of Freezes	items are	stored	8/2/22
	2.7			the freezer f	1000.	252-251-
218	Na		- The freezer do	i will not 5th	ut properly	10 112 00 1
216	NC	-		iks in the k.	dchen	
			are wom badly			
216	NL		- The white cutti		re	
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431	NC			ne front count	her area	
			are soiled-			
			* Packaged ite	ms at the fi	not	
			counter are	not labeled-		
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Johnson County Health Department 86 W. Court St., Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264



Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) 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		Date of Inspection
D epot			7/14/2022
		Summary of Violations	
31 Franklin, IN 46131		C_2_NC	20 R 13
		Follow-up	Release Date
nmy Swallows		Yes	7/24/2022
Certified Food Handler		Purpose:	Menu Type
Tammy Swallo	ws (Exp: 6/11/23)	Routine	3-Extensive
County	District		handling
Iohnson			
	Depot 31 Franklin, IN 46131 nmy Swallows Certified Food Handler Tammy Swallor County	Depot Telephone 31 Franklin, IN 46131 nmy Swallows Certified Food Handler Tammy Swallows (Exp: 6/11/23)	Summary of Violations C_Q_NC Summary of Violations C_Q_NC Follow-up Yes Certified Food Handler Tammy Swallows (Exp: 6/11/23) County District Routine

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
112	NC	X	Kitchen Stove and various chest freezers (also in basement) not NSF/ANSI	12/1/22
			Approved. soiled	
431	NC	X	Floors, walls, ceilings, solid in various areas of the firm.	7/14/22
295	NC	X	Bar soda gun soiled.	Corrected
			Exterior sides of kitchen cooking equipment soiled.	7/15/22
177	NC		Food was stored on the floor in the walk-in-cooler and single service items	7/14/22
			Were stored on the basement floor.	
255	NC	X	Ambient air thermometers not seen in Holiday chest freezer and two chest	7/16/22
			Freezers located in the basement.	
385	NC	X	Dumpster lids were open.	7/14/22
382	NC	X	Firm's dumpster is not stored on concrete or pavement (on gravel).	10/1/22
431	NC	X	Kitchen mechanical exhaust hood system, filters, and	8/1/22
310	NC	X	outside exhaust bell is soiled.	8/1/22
218	NC	X	Exterior ventilation bell does not have a catch pan.	8/1/22
187	С		Raw shelled eggs measured 75 degrees F while stored in the kitchen at	Corrected
			Room temperature.	
416	NC		Three dead and decaying mice were in the basement.	7/14/22
430	NC		Walk-in-cooler walls and floor are deteriorated/damaged.	8/1/22

ndrew Meller,



Johnson County Health Department 86 W. Court St., Franklin, IN 46131

Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report

NARRATIVE REPORT

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
399	NC	X	Basement ceiling tiles are moldy and/or missing.	8/1/22
430	NC	X	Door from kitchen to walk-in-cooler has gap at the top and not sealing.	7/24/22
227	NC	X	Bar coolers not easily movable.	7/22/22
430	NC	X	Exterior ground sewer pit contains a long rectangular piece of metal that	8/1/22
			Does not Fully cover a hole(s) in the previous round lid.	
	(AM	Interior outlet pipe inside the exterior sewer pit continuously leaks/drips.	8/1/22
426	NC	X	Various personal items are stored under the South exterior deck and along	7/20/22
			The building (close to the dumpster).	
413	NC		Both East entry/exit doors do not fully close and contain outside gaps.	7/25/22
431	NC		Men's public restroom walls and toilet are soiled.	7/14/22
218	NC		Kitchen hand sink base is cracked and Holiday chest freezer interior lid	7/27/22
			Is cracked/damaged.	
415	С		Numerous rodent-like pellets (RLP's) were seen on the shelf storing	7/14/22
			Microwave. Apparent rodent-like burrowing was seen in the North kitchen	
			Wall around a gas line. Apparent rodent-like burrowing was seen in the	
			West interior walk-in-cooler floor/wall juncture.	

Jac Jalline

Andrew Miller, EHS

Establishment Representative



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 of each violation is specified in the narrative portion of this report.

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Establishmer	nt name	1	Types v	111000	Telephone Numb		Date of Inspection	ID#
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Establishmen					() Owner		1116/66	1011
1872	. N	OV.	thison	od Plaza, 46131	Purpose:		Follow-up Release	Date 1
Owner				the state of the s	1. Routine		Yes 7/1	71/11
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Section #	C/NC	R			Narrative		7	To Be Corrected by
425	NC	X.	MOC	is not hung	1, 11) Capoea	ws /	(+9)	7/14/26
411	NC	X	(Pill	ng light is a	A in emolo	lee Y	PSTroom?	7/19/22
430	NC	X	Floo	on pullation	DOC "2" 15	WO	rn	3/17/72
430	7	X	F100	r in emolo	Pe restroi	m Je	NOVA	
430			Floor	- tiles throw	In art Stor	0 15	LOYD	
431	NC		F1000	in back rook	n soiled	1		1114166
77.	-			5 Observed 1	2 Spill Dy	DUU	Sdoor	
310	NC	1	Empl	Oyll restroo	m Ventus	bille	1	119166
795	NC		Ateu	1 Shelves in	Food Section	n 50	riled	
				LO Observe	1 Spills			11010
431	lu é		2000	Sink is soilled				1115166
295			BOFF	MOT COOLS 1	V pack room.	is Soill	D	1115126
295			BOH	on of Mice	COURT IS S	belic		1
			Note	: Observed i	e build-up	in p	ack room	
			Freez					
			Note		oor handly			
			Note	: electrical CO	ily is missin	y by	MODIFEST	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name	3	0.000	Telephone Number	Date of Inspection ID#
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				2. Follow-up	Summary of Violations:
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1				4. Pre-Operationa	1 1
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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 of each violation is specified in the narrative portion of this report. Telephone Number Date of Inspection Establishment name ID# Establishment address Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up 1/20/62 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) 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" Section # C/NC R Narrative To Be Corrected by Received by (name and title printed): Inspected by (name and title printed): Inspected by (signature); Received by (signature): cc:

Page 1 of_



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 of each violation is specified in the narrative portion of this report.

Establishme Stablishme Stablishme Owner	nt addres	is is	ee #09029 31, Greenwood	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up Release Summary of Violation	4/72
Person in ch Responsible Certified foo	person's	er	DENTIFIED IN THE CHECKLIST AND NARRATIVE	5. Temporary 6. HACCP 7. Other (list)	C NC R	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW AS	
Section #	C/NC	R		Narrative		To Be Corrected by
414 425 430	414 MC Back room exterior doc not protected from Octobial rodersts 425 NC A few ceiling tiles transplant store are dimanded of pears to have both dimanded on good products with dimanded of the store of the solid with different to the solid inspects Note: ceach in freezer day gooket Note: from inside Mark-in freezer should be to first or solid.					7/18/122
Received by	(name and	1	printed):	Inspec	cted by (name and title printed)	1 - 1 - 1 - 1
Received by cc:	(signature	OR SHOULD BE	lgids cc:	Inspector CC:	cted by (signature):	

Trank YOU!

Page 1 of



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

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

Establishme	nt name			Telephone Number	Date of Inspection ID#
Dunk	ment address Downth Valley Rd ddress in charge ible person's email food handler CAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE CORON(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	() Establishment	7/11/27 21/01		
		() Owner	111/00 2901		
Owner Owner				Purpose: 1. Routine	Follow-up Release Date
					NO 7/21/22
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
	ment address Description Mith Valley Rd Iddress I charge ble person's email food handler AL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR ON(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN # C/NC R - English 43 - English 45 - Mall Wingled in Self Wash hands by (name and title sprinted): Wash hands	4. Pre-Operational	0 - 5 4		
Person in ch	arge	101	9%-56-36	5. Temporary	C NC R
U	1.25		i phys.	6. HACCP	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE Section # C/NC R TO TB Holding temp at a company of the company				7. Other (list)	Menu Type (See back of page)
					_ (_
Cerunea 100	C Handle				12345
• CRITICAL	TEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NAR	RATIVE COLUMNS MARKED "C"	
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED		
Section #	C/NC	R		Narrative	To Be Corrected
NO	115	N II	notaing temp at a	1 1140	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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			notin ust	tten and dose f	id when
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					410
			Mare sure employe	201	ara
			Nasti rearge	treguenty!	
		me and little frinted):			
			\ 		
Received by	(name and	(tille)	winted).	In	spected by (name and title printed):
Received by (name and little firinted):					Value Blanton
Received by	(signature)	2/1	CA GUA	N In	spected by (signature):
X		H	PURVA CATO	/	Jenan Glankar
cc:			cc:	C	The state of the s
ı				4	