

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#
Dair	4 (DIRRY	135	() Establishment	1 10100	101
Establishme	nt addres	s		() Owner	10/8/62	306
350	5	- SR 13	35 Greenwood	Purpose:	Follow-up Releas	e/Date
Owner				1. Routine	6/15/22/01	118177
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess	27		3. Complaint		
				4. Pre-Operational		-
Person in ch	arge			5. Temporary	c_{NC}	
ve Jern Brade				6. HACCP	CRC_	
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
1	1			7. Other (usi)	Wiena Type (See a	such of puge)
Certified for	od handle	r	EXP		1 2 3	1 X 5
11104	+ K	raus 1	1/2/124)		12	
• CRITICAL	ITEMS AF	RE IDENTIFIED IN	THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
 VIOLATION 			US INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
415	C	Rode	at dropping obs	served in col	oinsts under	0-10-66
	-	Soda	Working		-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -	
ico	^		COL DOXES OF	Sugar Packets	Storedin	
189		O.Co. W	CONDINATE TOSCO	OCCUPATION	th cover lid (c	
130	ATE.	12100	1 11 DIOC JUCILLA	1) cooler Wi	12/33 10 H	astic contain
		9003	La Contribu	er of gravu	CO THOF LOV	
			at 1:300 m	er or grand) 1 TUL	1 13%
			Expottom con	tainer of avi	11/10 1994 of to	Kin
			at 1:30 p.m	3	AU 0 1 10	
		axade	Treats to be	represed to 1	oser and ther	7
		500	this could to	5 4106	2 4	
218	NC	Walk	in applanting	Zer door go	SKH Split LO	n 10-15-2
218			ruld ince built	d Up inside	MAIK IV.	dance
010		Freeze		110 10001	1 110	
218			rued ice build	up inside s	stand UP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
718		Ever		210 / 16 is 10.	50.04	
618		Stand	I UP Freezer ho	ndel is in dis	report	
Received by	(name and	title printed):		Ins	pected by (name and title printed):
Xle	m	Brades			10/2/10/1	an exactly to
Received by	-			Ins	pected by (signature):	1
XDI	M	Koad	ex.		lingbeth Jc	hultor
cc:	-		cc:	C		
					317-346-4	373

NARRATIVE REPORT

Establish	ment N	am		Inspection Date
Section#	C/NC	R	NEN 135 330 5 SR 135 GYPENIAUX	TO BE
431	NC	V	Floor Wher equipment is soiled	CORRECTED BY
431			floor in back room is soiled.	
324	NC		Observed a leak set the hand sink four	6-15-22
1		\square	by the Walk-in + reezer	1 0 22
1 1)	NC		Single, USE Hems not stored 6" off	10-9-22
425	NC.		an event ton com	(0-8-22
719	100	1	Observed 2 Free markets in disception	
210			esisserius e riger insulis in disigraii	
			Note: flip top cooler by Fyer is	
			recommended to be easiled things down	
			5 Observed food products between	
		Н	Note: Some Food Droducts not Nate Marke	7
			in coolers	V
× .				
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			N. C.	
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			110000	
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Possing d D	, /Na	ρ Τ	itle) Inspected By (Name & Title)	
Received B	y (Name	× 11	inspected by (Name & Title)	Page 2 of 1

State Form 48621 (R2 / 8-05)

Elizabeth Schultry



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

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

		on requirem	ients. The time mint for correc			_
Establishme	ent name	11 60/	f Course	Telephone Number () Establishment	Date of Inspection	ID#
Establishme	ent address	/	Franklin	() Owner	6/8/23	2 2018
535	7 E.	300	S. IN 46131	Purpose:	Follow-up Rele	ase Date
Owner	. 1.	10 - 1	00 10 1	1 (Routine	NOE	118/22
JON	V 57	lundy	Blandford	2. Follow-up	Summary of Viol	ations:
Owner addr	ess		U	3. Complaint		
				4. Pre-Operational	c_0_nc_	7-
Person in ch	narge	20	10001	5. Temporary	C_O_NC_	R
Responsible	person's ema	Dlar	rafora	6. HACCP	M T (6-	Last of hard
Kesponsible	person's em	ui ,	V	7. Other (list)	Menu Type (See	e back of page)
Certified foo	od handler				1 /2 3	4 5
			N THE CHECKLIST AND NARRATI			
• VIOLATION Section #		The state of the s	US INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND PARTATIVE	IN THE NARRATIVE BELOV	To Be Corrected by
324	NC	mo	hot 1120tol	1 OD DI HADAI	1 10 /	7 /g/22
007	100	POT	h Dulling	estrooms no	001	1/8/05
8 .00	1000	Sni	up bar sin	Rs ,		1
256	NC	na	thermometer,	seen in si	nall	6/12/22
		Ches	it freezer			1/1/
			<i></i>			
		no	to: Hum de	Des mot have	() (
		ho	t water for	the soll cli	ili.	
0.00		ho	use which	includes si	nack	
		la	W			
	-	39				1
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	-					- 3
Received by	(name and title	printed):		Inspec	ted by (name and title print	ted):
Tho,	mas 1	A. Bla.	ndford	I A	ndrow M	litter EHS
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(ANJ			(<i>W</i>)	www rul	
cc:			cc:	Cc:		



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

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

Establishme	nt name	(111000	Telephone Number		ID#
1001	ICAY		JEVERILL TO UDD	() Establishmer	1 110/11	16111
Establishme				() Owner	0/1/10	- 1014
540	16	588	. Notch Lone	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	No 11	9/12
				2. Follow-up	Summary of Viola	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	(χ)	
Person in ch	arge			5. Temporary	C NC	ρ
	O			6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See)	back of page)
	P			7. Other (1131)	Mena Type Jose C	nick of puges
Certified foo	od handle	er			- 1 2 × 3	4 5
	A Brook Street				12/\	_45
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
430	NC		Ceiling tile, along-	the backw	All is	7/20/22
	10		MISSRY (WOYN)	311	HATTA NA	
1100		_	- Dappears	5 to have u	voter damye	This sail
430		<u> </u>	beiling tile by 185	trooms wo	YN 0	
110	116	_	, 22 cappears to	a hour me	iter dumage	7104111
618	NC	-	till treezer in i	DCK 10011	nos ice	11/1/1/1
1111	111	1	millioner.	I 100 1 GC0-10	Card II	7/12/11
711	NC	N	Observed light ou	of IVI AVESV	Tecons	111316
310	NC	-	TOWN - IN COUNTY	Cellin VIPI	15 80 11 0 d	7/10/17
510	100	-	We will vistigned	Celling 180	The solling	10160
351	NC.	. 1.	TVOSIA COOLIDATION	Tionson &	restroim	711177
221	(//		LIOS not Observed.	WUINNY	1 CONTOUND	111106
431	NC		Men's restroom	Will 10 50	186.	7/10/22
451	1		Note: Hormometer	for ice con	m freezer is	The same of the sa
		\vdash	reeded.	TUI IC CLU	N. Trees	
	1 -110-	-	NOte: Fresh food p	Wilk Cooler	needs clean	
		\vdash	Note: Emergency	exit by Rest		red.
				banna With C		ANTES 613012
Received by	(name and	d title	printed):	In	nspected by (name and title printed)!
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Received by	(signature,): /	2 0	Ir	nspected by (signature):	State of the state
RY	met	1	Imch		MOT KEED	
cc:			cc:		cc:	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment address 99 E. County Line Rd. IN Purpose: 1. Routine 2. Follow-up Summary of Violations: Owner address Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler • Certified food handler • Certified food handler • Continue Summary of Violations: Certified food handler • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"	Establisher	nent name	1		4.1	Telephone Number	Date of Inspection	ID#
Best blishment address Owner See 7 40773 Owner Address Owner Address Owner Address Owner Address Owner Address Owner Address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified Good handler Owner Address Order Market Denotripied in the CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS) REPEATED PROMPRENIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Narrative To Be Corrected by Court of the Walk of Address of	De	ollar) Ir	ee/		(317) 1857 sh4/2		
Owner address Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified Good handler WAT CONCER CONCER CERTICAL TEMPORAR EDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS) REPEATED PROM 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 177 NC Flood Than Atmed on the Walk— CONCER Natrative To Be Corrected by 187 Corrected by (name and tilk printed): Delay Inspected by (name and tilk printed): Corrected	Establishm			1.00 Pd	Greenwood		77/2/	23//
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 VOICHTONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VOICHTONS" AND IN THE NARRATIVE BELOW AS "R" Section # CNC R NOTATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VOICHTONS" AND IN THE NARRATIVE BELOW AS "R" Section # CNC R NATITATIVE TO BE Corrected by 177 NC JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	99/	E. CO	unty	THE ra.	/N	- 1	Follow-up Relea	//
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certifical food handler N. Certifical Tems 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 Narrative To Be Corrected by 177 NC JIONA STRELL ON STREET ON STRE	Owner	00	1	SHZ	16143		100	
Person in charge A. Pre-Operational	Do	OTTO TO STATE OF THE	Tree	Inc		2. Follow-up	Summary of Viola	ations:
Person in charge Solid Delever Solid	Owner ado	dress				3. Complaint		
Responsible person's genail Certified food handler NA NA NA NA NA Certified food handler NA NA NA NA NA NA CERTIFIED						4. Pre-Operationa		,
Responsible person's ofisial 7. Other (list) Menu Type (See back of page) Certifical food handler 1 2 3 4 5 - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS, REPEATED PROM 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 17 NC	Person in o	charge	1 = =	01		5. Temporary	c	_6_R
Certified food handler 1	13	lass	20	Genier	J	6. HACCP	11	
CRETICAL 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 Narrative To Be Corrected by Marrative 10 Be Corrected by 10 Be Corrected b	Responsibl	le person's	mail			7. Other (list)	Menu Type (See	back of page)
CRETICAL 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 Narrative To Be Corrected by Marrative 10 Be Corrected by 10 Be Corrected b				2017			The second of	
Section # C/NC R Narrative To Be Corrected by To Be Corrected by To Be Corrected by	Certified for	ood handler A	:				12/3	45
Section # C/NC R Narrative To Be Corrected by Narrative Below as "R" Section # C/NC R Narrative To Be Corrected by Narrative III. Alph	CRITICA	I ITEMS AD	E IDENTIFI	ED IN THE CHECK	ICT AND MADDATIST	E COLLIMNS MARKED "C"		
Section# C/NC R Narrative To Be Corrected by 177 NC Frod Was Stored on the Walk - 6/16/2/ 285 NC Distingster leav up Corrected by 4/3 NC Telt Interior of Stock room, 7/3/2/ 4/30 NC Dibliet State loose (North) 6/20/2/ 4/30 NC Dibliet Alat loose at South 4/31 NC France (American Corrected by (name and title printed): 4/30 NC Fast store Loont Lloon along 7/3/2/ 4/30 NC Fast Store Lloont Lloon along 7/3/2/ 4/30 NC Fast Store Lloont Lloon along 7/3/2/ 4/30 NC Fast Store Lloont Lloon Alone Miller Interested by (signature): Miller Miller Interested by (signature): Miller							" AND IN THE NARRATIVE BELOW	7 AS "R"
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Received by (signature): The Marine Miller EAS Inspected by (signature): Under Miller								
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Received by (signature): Inspected by (signature): Muller	Blair	ze Geni	er		-	-	Andrew Mill	er, EHS
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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	, ,	11. 12.	Telephone Number	Date of Inspection	ID#
100	<u>lla</u>	U	See	() Establishment	6/1/22	2401
Establishmer	nt addres	s // (whiteland,	() Owner	/ /	2741
18/	//	UJ	31 IN 46/84	Purpose:	Follow-up Release	/ /
Owner //	20	11	1 1 1	1. Routine	100 6	111/22
X	10U	a	E Dill	2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	0	7
Person in ch	arge /		17.1	5. Temporary	c_0_Nc	\mathcal{L}_{R}
	else	71	Mewer	6. HACCP	Y	
Responsible	person's	emai	3.9	7. Other (list)	Menu Type (See b	ack of page)
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Certified foo	d handle	r//	1		$1 \sqrt{2}$ 3	4 5
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN Narrative	THE NARRATIVE BELOW A	
Section #	C/NC	R	0 +	To Be Corrected by		
218	NC		Reservoom meter	ing faucet	1 mor	6/11/22
1100	110		no por 13 sec	mact v	h	7/1/22
702	NC		Drown like and	na plane lo	chain	1/1/22
			and mean with	08-101- 1000	ON A	/ /
			and corre los	e of plan	00	
			Men restroom	1		1,,
430	NC		anside of North	restroom a	pors.	7/1/22
			mean mandles	are dete	rionated	////
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Received by			LUVV C.	Inspected	l by (signature):	inn
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Establishmer SS4 Owner Owner addre	nt addres	3 5.	Pízza # 2539 Edmburgh, IN US 31 Fletzif	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operations	Follow-up Releas NO 7 Summary of Violation	e Date
Person in characteristics Responsible Certified foo	person's		1 Sensage	5. Temporary 6. HACCP 7. Other (list)	C NC	pack of page)
· CRITICAL I	LE ITEMS A	RE ID	entified in the checklist and narrative		1 2 × 3	
Section #	C/NC	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	AND IN THE NARRATIVE BELOW A	To Be Corrected by
Section #	C/IVC	1		Namative		To be confected by
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cc:			cc:		cc:	



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Establishme Dom Establishme	ino:	2	P122a # 2544	Telephone Number (3/7 859ish3030 Owner	Date of Inspection	1847
RPM	1 P	122	a Midwest, LLC	Purpose:	Follow-up Releas	se Date /
Owner	1 1/	N	ladison Ave Greenwood	1. Routine	No 6	/13/22
		\	ladison Ave Greenwood	2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	cO_NC	1 3
Person in ch	large .	(Habbatto :	5. Temporary	CNC	7_R_
Responsible	WU person's	amai	Jeorau	6. HACCP	M T (C)	l- 1-1 - C - 1-1
Responsible	persons	CIIIAI	/ Sensate	7. Other (list)	Menu Type (See	back of page)
Certified foo		er /	7. 1 EXP:		1 2 / 3	4 5
Jan	rus	- (WOLVY 4/17/23/			
~				E COLUMNS MARKED "C"		
• VIOLATION Section #		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND I Narrative	N THE NARRATIVE BELOW	To Be Corrected by
399	NC		- Da	22 1 22 1		7/3/22
011	NC	-	at alley don	and delive	A	1/3/02
130 000	gr.		don between	tile and	door	(Stanion)
P			threshold	Succession with		1.
430	NC	/	Interior walk	e-un-coolen	,	6/13/22
			DVC piping W	sed as a b	sumper	/ /
			guard are r	rot secure	lon	
1110	1 .	-	othe wall (3	Hotal).		1/21/
413	NC	V	approximately	three exte	non	6/24/22
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		-	die alluery doe	le i con a	1 room	
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256	NC		Thermometer	not accur	a + a	6/3/52
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

		tatio.	in requirements. The time mint to	n concent			
Establishmer	nt name	0	Anc manage	L -	Telephone Number () Establishmen	Date of Inspection	on ID#
Establishmer	- toddrag	2	1 traguemen	15			
Establishine	it address	S	C 1 1 0 1		() Owner	600	27 4720
79	75		Coline Rd		Purpose:	Follow-up Re	
Owner			Greenwood	0	1. Routine	NDIC	e 20 22
					2. Follow-up	Summary of Vi	olations:
Owner addre	288				3. Complaint		
				1	4. Pre-Operational		1
Person in cha	arge				5. Temporary		$C \bigcirc R \bigcirc$
	U				6. HACCP	<u> </u>	J 11
Responsible 1	person's	emai	I see so a les les gr		7. Other (list)	Manu Type (See back of page)
recoposition ,	person				7. Other (usi)	Menu Type (3	ee back of page
Certified foo	d handle	r				- I X	
Cerumet 15	d man					12/~3	45
• CRITICAL I	ITEMS AI	RE ID	DENTIFIED IN THE CHECKLIST AND N	NARRATIVE	E COLUMNS MARKED "C"	NAME AND ADDRESS OF TAXABLE PARTY.	
Calculations are study as the con-			FROM PREVIOUS INSPECTIONS ARE DENO			AND IN THE NARRATIVE BEL	OW AS "R"
Section #		-			Narrative		To Be Corrected by
	2 - 12		Na ile.m	(2)	ted toda	Q / / / / / / / / / / / / / / / / / / /	EXBWALL TO
			100	4			1 13 1 1 1
		\Box		5		<u> </u>	
		\Box	Thay goe	1,			
			The state of				-
			V			49.0	
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		П					
		\Box					
Received by ((name and	title j	printed): Late Vanue	04/	Ins	spected by (name and title pri	inted):
Received by ((signature)	:	Hate Vanwou	18	Ins	spected by (signature):	43710
cc:		-1	cc:		c	ec:	
1900 00)			ž.



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Establishme	nt name			Telephone Number	Date of Inspection	ID#
	EI	0	Abuelo	() Establishment	. //	2
Establishme	nt addres	SS	989 US 31	() Owner	6/6/22	1873
			109 45	Purpose:	Follow-up Releas	
Owner			who feland, In	1. Routine		6/22
				2. Follow-up	Summary of Violat	ions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	, :	
Person in ch	arge			5. Temporary	CNC	R
			The testing of the te	6. HACCP	ran u ja jih	
Responsible	person's	email	and the second	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	od handle	r			- 123_X	4 5
		Ala	n zaragoza		123_X	_45
• CRITICAL			ENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
199	NC		An excessive as	mount of ct	nicken	6/6/22
	an element y		is thawing imp	roperly. Run	ring must	19.0
			px 70°F			
191	-		1 - 1 - 1 - 1	<i>h</i>	164 . (411/ -24	1101-
1-11	C		Cooler were not	dela mella	d wellan	6/6/22
			COOKE WELL NOT	auge primities	a.	
			Mote: too mu	uh food is	berng	
			prepared as	one time.		
			1. /			
				4 "		
					J 30 16 07	
		\vdash				THG
		\vdash				
		1000				
Received by	(name and	-	printed):	Insp	pected by (name and title printed) Terry D Bay/	25
Received by	(signature): 16		Insp	pected by (signature): Band	es
cc:	JIW		сс:	cc	: / 2 ///	



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

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Establishme	ent name	1/4	2	Telephone Number	/ /	ction ID#
El	12	01	0	(317) 535-133.	55 6/6/2	2 2380
Establishme	ent addres	S	1 DI I Bargersville	() Owner	190/20	2500
299	20	٠ (STOVE DIVA IN 46106	Purpose:	Folloy-up R	
Owner	7 '.	- 1	0-1:	1. Routine	No	6/16/22
1/1	igu	el	Rodriques	2. Follow-up	Summary of V	Violations:
Owner addi	ress			3. Complaint		
	0		0	4. Pre-Operational		. 1
Person in cl	jarge	_		5. Temporary	$\begin{bmatrix} c & I \end{bmatrix}$	NC_4_R
/	NK	1		6. HACCP	- /	
Responsible	person's	emai	1 10 01	7. Other (list)	Menu Type	(See back of page)
			Bensate		Ten	(2000)
Certified for	od handle	ħ	01 : EXP:-11	/	1 2	3 1/4 5
Thu	gull		KDAUGUER 1/20/25/	1		
/	/		DENTIFIED IN THE CHECKLIST AND NARRATIVE			
		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	The state of the s	AND IN THE NARRATIVE BI	
Section #	C/NC	R	7	Narrative	400 1 1 000	To Be Corrected by
210	NC	V	Repuge according to	or seals ?	win in	7/6/22
324	NC		The state of the s	1.1 01001	Dochena	7/11/22
529	NC		Far right drai	n pipe	rd lauc	cot 6/16/22
	1		mack my sink	,	on fam	
430	NC		(north by trhon)	door rul	n tho	7/6/22
700	//		don frame	7000		1/1
		(2 Walk-in-Coole	w roller	bracket	4
			missing on exteri	ion of the	door	
		(3 Walk-in-Coole	V/ freezer	interior	
			floors need	repair, f	iom	
2.4	410		Udamage,	1 10	10	1/=/2
256	NC		to extermony	un insi	ae	6/1/23
197	C			nd raw	beel.	6/1/22
101	_		measured 45 °F	inside D	sea table	Con
	200 - 100		across looms doe	o luer	up more	unit!
			Cours Dune Cary	Dy		monitor
Received by	(name and	l title	printed):	Iı	nspected by (name and title)	printed): 100
,	AND DESCRIPTION OF THE PERSON NAMED IN	sel	(Ladrique)		THUILD V	11 VPer, 518
Received by	(signature)):		Iı	rspected by (signature):	M. M.
X	M		VI C		andrew 11	uller
cc:			cc:		cc:	
			1			



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

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Establishme	ent name	12	2 Maria Restaura	alm dim di	Date of Inspection	ID#
Establishme	ent addres	s .	C Edinburgh, IN	(3/7) EAGilist (6) (1) Owner	410 6/7/22	2568
200	E. 111	air	Cross St. 46/24	Purpose:	Follow-up Releas	e Date /
Owner)	\wedge \downarrow	1. Routine	1/as 6,	117/22
J.	uan	1	VIII Bada	2. Follow-up	Summary of Violat	ions:
Owner/add	ress	-		3. Complaint		
\mathcal{O}				4. Pre-Operation	nal /	
Person in cl	harge /			5. Temporary	$c_1 = 1_{NC}$	5 RO
Jamin Duggada				6. HACCP	0110	
Responsible	e verson's	emai	guerrun	7. Other (list)	Menu Type (See b	pack of page
10	u			7. Other (usi)	Menu Type (see a	such of puges
Certified fo	od handle	r			1 2 2 1	/1 =
					123,	<u></u>
• CRITICAL	ITEMS A	RE IL	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C	"	
 VIOLATION 	N(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		NS" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
438	C		Six plastic spr	ay bottle	les not	Corrected
	0.4		laveled with	contents	2	1
324	NC		plot water in	suvec re	strooms	6/7/22
0.11			measured 130°F'	and 131°F		16/-
291	NC		no chlorine te	st Strips	provided	6/1/27
430	NC		(i) Water dupper	ry from	Center	8/17/22
			opening for w	ale-in-co	our (WIC)	
	-	-	3) Wask-in-fr	eeser acon	condensate	
	-		closing what c	interior 1	Mil for WIC	
	+		(3) (Butok: Motod	de incina	Tale por wice	6/10/22
	+	_	Vitchon Och JUN	of wyperg	Chosini	0/10/02
			com dans ation 1) m	DAD Those	July Cinb	
177	NIC	- 645	ROVAL AT PLAN	I IIPAO. CT	ored on	6/7/22
11/	100		WELLOW) www si	Villa U/U	11/100
139	WC		apparent conde	nsation 1	was noted	6/17/22
100			on tron of a l	ox of mi	ishrooms	Move,
			stored along t	the East.	interior	Praduct/
			wall (on top sh	relf) of th	e WIC.	repair
Received by	(name and	l title	printed):	000	Inspected by (name and title printed	WIF doo
~ 1a7	min	(Duezada	11. 11	Mayew 11/1/1	er, EHS
Received by	(signature)):			Inspected by (signature):	1000
X () or	mi	_	Quada		(mallew//	ller
cc: / /	1		() cc:		cc:	
						1



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Establishme	1			Telephone Number	Date of Inspection ID#
	di		<u> </u>	() Establishment	1 7,777770
Establishment address				() Owner	6 0100 0548
90 US 31 Whiteland				Purpose:	Follow-up Release Date
Owner				1. Routine	NO
				2. Follow-up	Summary of Violations:
Owner address				3. Complaint	
				4. Pre-Operational	0 2 0
Person in charge				5. Temporary	$C \stackrel{\bigcirc}{=} NC \stackrel{\searrow}{=} R \stackrel{\bigcirc}{=}$
				6. HACCP	La company of the second
Responsible person's email				7. Other (list)	Menu Type (See back of page)
Certified food handler					1 2 3 4 5
					12345
Calcate the account of a same			ENTIFIED IN THE CHECKLIST AND NARRAT		DATE NARDATHE DELOW AC IIDII
Section #	-	-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN 7	Narrative	To Be Corrected by
431	NZ.		work on flow	cleans i	/: [.
1 -1	140	17.	Wait Station	and bas	
167	5 117	T _e			The second second second
411 No Posside light with in wast state					at station
			FORT SIXTURE		
- do not put on tung In sink					Par handaine
					510/2
		<	makyor!		
1158					
	Note watch cold toud temps				
			in 19 telen		
Received by	(name and	l title	printed): 100	Inspect	ted by (name and title printed):
				Je	ted by (signature):
Received by (signature):				Inspect	ted by (signature):
					W 392 4576
сс:				cc:	