

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

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

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4135	, E	LOY	Mure	h La	nburgh, IN 46124	Purpose:		Follow-up Release	Date /	
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NARRATIVE REPORT

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Page 1 of

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Telephone Number Date of Inspection) Establishment Edinburgh Establishment address) Owner Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up 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" Narrative To Be Corrected by Section # C/NC R 100+84 Inspected by (name and title printed): Received by (name and title printed): Received by (signature): Inspected by (signature cc: cc:



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Owner	N	XNY	VIVIOR			1. Routine		- (0)	3/17	
						2. Follow-up		Summary of Violations:		
Owner addre	ess					3. Complaint				
						4. Pre-Operation	a1			
Person in ch	arge					5. Temporary		$C \cap NC \cap R$		
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Responsible	person's	email				6. HACCP		Many Tone (See hack of page)		
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	1000			7	1791 42	1 1000				
295	NC		Insid	e both	Star	A MP FOR	€7-8×	2	5/27/22	
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Establishment name	Alberta de la companya della companya della companya de la companya de la companya della company	Telephone Number	Date of Inspection	ID#	
ESS RO11 #1		() Establishment		The second secon	
Establishment address	^	() Owner	51972	7464	
LOYD US 31 G	(somes)	Purpose:	Follow-up Release	Date	
Owner		1. Routine	NO 5-	2972	
		2. Follow-up	Summary of Violations:		
Owner address		3. Complaint			
Charles of the Charle		4. Pre-Operational	1	la.	
Person in charge		A	C O NC O	n 🔿	
r cron in charge	- 1 h	5. Temporary	CNC	K	
Responsible person's email		6. HACCP 7. Other <i>(list)</i>	Menu Type (See bac	ch of page)	
responsible person's chian		7. Other (usi)	Menu Type (see out	.k of page)	
Certified food handler			1 2 3	4 5	
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EL	. Cop	Cel	() Establishmen	nt relacion	2525
Establishme	nt address		() Owner	5/18/22	2533
			Purpose:	Follow-up Release	Date
Owner			1. Routine	NO 61	
			2. Follow-up	Summary of Violation	ons:
Owner addr	ess		3. Complaint		
			4. Pre-Operationa	1	
Person in ch	arge		5. Temporary	C NC	R
100			6. HACCP		3
Responsible	person's en	nail	7. Other (list)	Menu Type (See ba	ack of page)
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• CRITICAL	ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
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Section #	-		Narrative		To Be Corrected by
29.5	NC	Bowls should not k		t room lle-mace	me 5/21/27
190	MC		Ahod used	lle-sevop.	Receipts 7
111	140	Stop of the	gong week		
239	Me	Bish racks are on	the floor		
218	NC	walk in greezer o	loor garket	worn.	6/01/22
		7	& thr	worn: e. Doy Sint sher Solled.	1 1
431	re	Floor by mechanica	l dish wa	oher solled.	5/21/72
				1 29	
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	100			· 1	
	NOTE	: Make sure employed	es washe the	ir hands before	re &
			1		
		Mr Marino Should	contact the	health lept	
		to talk about both,	nam drain	(4',	
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Establishme	nt name	_	cont	Telephone Number	Date of Inspection	ID#
t	RY	U	1 2/07	() Establishment	6/16/17	7589
Establishme	nt address	s U	of line Dillo D Green	Odd) Owner	11616	600
5100	(A)	161	JOION MAKE IN	Purpose:	Follow-up Release	Date
Owner				1. Routine	NO GOL	1172
10.00				2. Follow-up	Summary of Violati	ons:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_{NC}	P D
r croon in ch	80			6. HACCP	CNC	N
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Responsible	persons	Cilian		7. Other (list)	Menu Type (See b	ack of page)
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Jerunea 100	- Inniero				12_/_3	_45
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
791	NC		QUINT test Strips 1	Never not Observe	d (provided	5-26-27
	of the	113	for 3 bay sink sani	tring Sollation		
3 2-32)		Service Specific	Line of the Control o
324	NC		leak Observed on 3	boy drain Imi	900 15 44-24	6-8-22
			5 Work order	has been put	n	
324			MOD SINK COLD WOT	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	min	6-4-22
	4 14		- COP MOX	er knob is mis	Sing	
		_	0 10 1 1 1 1	1 1 1010 1100	1 -1 -1	
342	NC		Kest room hondsink	hot Water Was	dostruld	
			9 81 of (needs to be	1004-1004)		
	-37	-	A Mine House	S realed Pass	Small	
		-	Note: thermometer		SWAII	
		-	Stand up tridge at tr	ont of Store	ge in back	
			room . Cin process of	getting new frid	as wake	3
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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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Establishment name Telephone Number Date of Inspection Establishment address Purpose: Release Date Owner 1. Routine Summary of Violations: 2. Follow-up 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 # Narrative C/NC R To Be Corrected by Inspected by (name and title printed): Received by (name and title printed) Received by (signature Inspected by (signature): cc: cc:



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Establishmen Establishmen Owner	Stont addres		fordservice. 1511/15/16/31	Telephone Number () Establishment () Owner Purpose: 1. Routine	Date of Inspection Follow-up Release	ID# 1467 See Date 15.17.7
Owner addre	est to	emai		 Follow-up Complaint Pre-Operational Temporary HACCP Other (list) 	Summary of Viola C NC Menu Type (See all 2 \ 3	Rback of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Telephone Number Date of Inspection Establishment name) Establishment Establishment address) Owner Purpose: Release Date Follow-up Owner 1. Routine Summary of Violations: 2. Follow-up 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" Narrative Section # C/NC To Be Corrected by Received by (name and title printed): Inspected by (name and title printed): Bunter SMR Inspected by (signature): cc: cc:



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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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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

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

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

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Establishment name Establishment address Owner Owner Date of Inspection Establishment Owner Purpose: Routine Follow-up Summary of Violations Complaint Person in charge Establishment Owner Purpose: Responsible person's email Telephone Number Date of Inspection Conner Follow-up Release D Summary of Violations Complaint A. Pre-Operational Establishment Conner Follow-up Summary of Violations Conner NC NC Menu Type (See back	122
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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 Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name	e - Sange Color - Ol	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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18 E	- J	eA	PSON ST. FRANKLININ	Purpose:	Follow-up Relea	se Date
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			3 JOOR VREFRIGERATO	/	SPATATION	6/10
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			IN WHEMER UNIT	110 1 1001	171 153 1	212
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NARRATIVE REPORT

AND KATCHEN SMALL FREDERINGS S/10/36 395 NC 2 JOOR VETGHT TOKOT REFIZERATION S/10/36 SHEWING NOT CLEAN NOT LIBELD ON SHELF IN JISHWASHING ANDREA 356 NC - BESERVANT - (3) CHEST FREDERS AND KATCHEN SMALL FREDER THER MONERS NOT SOON 411 NC 1/94T NCT FABRICO (DOWN) WARK AND S/DS COULD COULD TOURS OF THE SOON 411 NC 1/94T NCT FABRICO (DOWN) WARK AND S/DS COULD COULD COULD TO THE WOOD TO THE SIDE OF T	Establishr	nent N	am	e Address	Inspection Date
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ASSET WASHING AFOR 356 NC - BISEMENT - (3) OHEST FREDERS, AND KATCHEN SMAZL FREDER- THERMOMEREN NOT SEEN 411 NC × LIGHT NOT PRIVILE (DUNK) WACK AN S/DS COOLER -	174	MC	V	SMAZE BULK CONTATIVER OF (SINCE)	518
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AND KITCHEN SMALL FREDER- THERMORECEN NOT SEEN 411 NC * LIGHT NOT HOUSE (Jough) WALK AN STOS COOLER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				SISHWASHING AROA	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Listablishili	CIII Saini	tatio	on Requirements. The time limit for correcti	on or each violation is specified i	ii the narrative portion	or tins report.	
Establishmen	- 1		C. G	Telephone Number () Establishment	Date of Inspection	ID# 449	
Establishmen	//er ent address	s	. Care Nineveh		5/5/22	-110	
1070	ϵ .	Co	o. Rd. 775S. IN	Purpose:	Follow-up Release	e Date	
Owner	ann	,	1000 46164	1 Routine	No 5		
317-	755	-6	2299	2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
				4. Pre-Operational	0	2	
Person in ch	1-		O The second sec	5. Temporary	CNC_	R	
	biar		Garcia	6. HACCP	L IS I	w2'	
Responsible	person's	email	I that is a second	7. Other (list)	Menu Type (See b	ack of page)	
Certified foo	od handle	r	` ')	MANUFACTURE OF THE PARTY OF THE	2 2 1	/	
Ja	Smi	n	1 Kameres		123_V	_45	
1/			DENTIFIED IN THE CHECKLIST AND NARRATIV				
Market Committee Com			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A		
Section #		R		Narrative		To Be Corrected by	
413	NC	U /1	Southeast door	contains a	bottom	5/25/20	
1091	NC	\square	Proministralia C	AND A FACE	ment	Corrected	
110	///		(on 5/5) Cover	ed swith a	lil	Correction	
			Enside the Wa	ek-en-cooler)		
101			measured 56°F	. / /		1/	
43/	NC		quale-in-cooler	(veer and	produce	5/20/23	
		$\vdash\vdash$	fan word wel	e solla		'/	
		\Box	0				
1			with the same of t		and the Annual of the same of		
		\square				- Sani	
		\vdash					
						1000	
Received by	. /			Inspected	d by (name and title printed)	Her EHS	
Received by		117	JOSN (M	Instructed	d by (signature):	Iller, Ell8	
X Convert by	(Signature)	76		lim	Now Mell	24)	
cc:			cc:	cc:	cen .		



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

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

D 11:1	-	_							
Establishme	nt name	28.	(1)		Telephone Number		Date of Inspection	ID#	
me	ソス	PZ	ove Cafe	-	() Establishme	ent	5/25/22	2530	
Establishme	nt addres	s 2/	Plank Rd. 1N 4	ersville	() Owner		, ,	2000	
524	E. C	110	Plank Kd. INJ4	6106	Purpose:		Follow-up Release	Date /	
Owner	1				1. Routine	1	No 6/4/22		
(1)	HIL	/	histan Buf	ken	2. Follow-up	1	Summary of Violatio		
Owner addr	000	/ 6	rusiur Dog.		4				
Owner addi	CSS .				3. Complaint	1			
				4	4. Pre-Operation	al	1 /		
Person in cl	arge		0 11		5. Temporary	- 1	c 1 NC 6 R		
C	Vus	_	Bufken		6. HACCP			- T - 1	
Responsible	person's			englat in di	7. Other (list)	ì	Menu Type (See ba	ck of page)	
					/ 11 11		MODEL IN THE	/	
Certified for	od handle:	r	0 00:				1 2 2 1/	1 -	
	rus	,	Bulfin				123	45	
• CRITICAL	ITEMS AF	7.00	ENTIFIED IN THE CHECKLIST AN	ND NARRATIVI	E COLUMNS MARKED "C"		AND STREET, ST		
• VIOLATION	(S) REPEAT	red F	ROM PREVIOUS INSPECTIONS ARE DI	ENOTED IN THI	E "SUMMARY OF VIOLATIONS	S" AND IN T	HE NARRATIVE BELOW AS	"R"	
Section #	C/NC	R			Narrative			To Be Corrected by	
430	NC		Racki duhl	0000	, done / 41	ihi	,	6/1/22	
100	NC	Y:	the door	loso	not and	1 0	20t	0/1/00	
11 -14	271 (10)		Fight litting	al lar	a wine	1 1/	w	1	
218	NC		DI Continue	10 Ps	our draw	ion i l	1111111	5/25/22	
210	/V C		1001 ATLENT	and	am hight	+An	perature	1/23/20	
			YIMA 570E	an	arguera	1001	go and		
			(2) HEALHI M	0,00	numulation	11 M	1 100		
			Proposition of	VITION	1 A DID		Le in		
			D18491841 0	000	of pup	rac	The MO		
402	NC		Chung m	MALIN	a lighim	1 10	10)	6/3/22	
102	100		mach In l	and	Thorth 1	hon t	wall	6/3/20	
	-		110/ 100/160	2000	rour si	ww	wale	/ /	
256	110		10001	1 400 1	tion uni	+0. 1	Jack:	5/26/22	
250	NC		and black	1.	thermon	1 0+00	ack	120/00	
177	110		Hot Thater	ain				5/2//22	
	NC		area contr	1 - 1	ter room	,	torage	2/20/02	
			CHA COM	single stor	serv	The second secon	/		
			the series	ud	o suoi	ea	on		
294	C		the floor	111	1 manhin	01/	not.	Carronter	
Received by		title	mechanical	ausi	v machen	Inspected 1	by (name and title printed):	Corrected	
						An a		Y, EHS	
Prosingly			en			Inspected	oy (signature):	, 4118	
Received by			1/			7 1		00.	
	un FX	02				-	drew The	Wer .	
cc:			cc:			cc:			
1								1. 1	

NARRATIVE REPORT

Establish	ment N	am	NOUL Cafe 524 E. Plank Rd. Bargersville	Inspection Date 5/25/22
Section#	C/NC	1 1	REMARKS	TO BE CORRECTED BY
			sanitizing dishes immediately after of cleaning.	CONTROLLED BY
			after o ocleaning.	
			notes: Firm to use.	
:	·	X	June as a Public Health.	*
			Control for Chicken Batter	: 1
.0				
218	NC		brease trap for three try sink, held supported by concrete	6/10/22
			Hocks	
			notes: Firm has until 9/1/22	
			to insure culinas in	N/
				*
			Artchen/ cook area server area & and dish/ prop area area server smooth and easily cleanable,	
			Francisco og a morely cerumone,	
		-		
Received By	(Name	&Tit	Inspected By (Name & Title) When EHS	Page <u>2</u> of <u>2</u>
Stock	Teff 6	8	VIII I IMAREW NUNDER ERD	·