

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

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

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Establishme	nt name		1 00 0	Telephone Number	Date of Inspection	ID#		
Ciral	el	20	ind Church food panto	() Establishment	1111	0 0 2 =		
Establishme	nt addres	s		() Owner	04/20/2	1 2 238		
230	W	n	int Church food panty inteland od New northand IN, 4619	Purpose:	Follow-up Release			
Owner			12 - 10 - D 5AU . CO.	1. Routine	Tonow-up Releas	e Date		
Owner		- /	Ver nontland It, 4619	1. Routine	C CXV: 1			
				2. Follow-up	Summary of Violations:			
Owner addre	ess			3. Complaint	1			
				4. Pre-Operational				
Person in ch	arge	-		5. Temporary	C NC R			
	U				10	-1		
Responsible	person's	emai	1		6. HACCP			
responsible	persons	Cilian		7. Other (list)	Menu Type (See l	pack of page)		
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• CRITICAL	ITEMS AE	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	JE COLUMNS MARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	AS "R"		
Section #				Narrative		To Be Corrected by		
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			ida-	nai	THE RESERVE OF THE PERSON NAMED IN COLUMN	Lds		
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Establishme Cowner Owner addre Person in ch Responsible	Afon at addres E m ess ess person's	emai	sex Corenwood, IN 1 46142	Telephone Numb () Establishm () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date $\frac{4}{122}$ Summary of Violations:
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
• VIOLATION	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATION	IS" AND IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
239	ne		Dish facts one on	the floor	(Melech to be 4/11/22
			above the floor)	V	1
100			Calle andler tomas of		Correled
187	C		Cake cooler temperat	ure al 41	747
295	nle		Inside of ice mai	elime is so or right of	ted (this needs 4/15/22) the maelime).
	NO1	E.	there's a gap at the	back puit	Loon
	1901	Eo	meres a grape at the	Dan Emi	corrected
			Vent inside walk-in	Cooler nee	
	Av.			^	· · · · · · · · · · · · · · · · · · ·
174	NC		there's one unmarked wither hand sink to be recommend toom to day strage	/	tamer by the still?
D : 11	<u> </u>	1	N		
Received by	(name and	title j	2		Inspected by (name and title printed); Raul Believ/carssity
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Establishmen	nt name	- 20	Pro	22enia	Telephone Numb		Date of Inspection	ID#	
Establishmen	nt addres			bromel IN 46143	() Establishm	nent	4/11/22	2146	
16	f2	6	leive 1	Granel IN 46143	Purpose:		Follow-up Release	ise Date	
Owner					1. Routine		NO 4	25/22	
					2. Follow-up		Summary of Viola	ations:	
Owner addre	ess				3. Complaint				
					4. Pre-Operation	nal	į.		
Person in ch	arge	100	T INP K	N. L	5. Temporary		C NC 4 R		
1	stic	3	- le	alter	6. HACCP				
Responsible	person's	emai	1		7. Other (list)		Menu Type (See	back of page)	
Certified foo			yp				123_\	45	
• CRITICAL I	TEMS AF	RE ID	ENTIFIED IN	THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C	"			
			ROM PREVIOU	IS INSPECTIONS ARE DENOTED IN TH		NS" AND IN T	HE NARRATIVE BELOW		
Section #	C/NC	R	1 4 (1)		Narrative	(-)	0	To Be Corrected by	
347 \$ 34	5 Me		1		rand soap	in c	ranal smy	C 4/15/22	
			in ste	et storage.				1 12 2	
411	Me	(010 h	ght insucle walk	t-in cooler	e. clos	e to small	01 2	
711	-uc		Cooler	10-0					
		1							
		(couple	of bigues or	it by oven	,		1	
0.54			111	A = + 0:	alast at a		- No Of		
256	Me			ometer not prov	take a u	me co	poler &	4/18/22	
		_	free Z	er unit.					
294	C		Tusul	ficient Samitize	er at 3-	Som &	sink	4/85/22	
0-11		D.	Ines of	The state of the s	or at		5 / Jan 19	11-11-1	
								of week	
			MOTE	MAKE SURE U	24-SCOUPSAT	RE PL	ACED PRO	PERLY	
			THE A	CLEAN CONTAINS	ER,	1 -	00-0-4		
				CE SURE SANTITZ	ER BULFET	ARE	PROPERLY		
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Establishmer	nt name		-:	Telephone Number	Date of Inspection	ID#	
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Establishmer	nt addres:	3		() Owner	7/19/0	- 100	
4101	(500	n	word Mark 5 Dr. 46,147	Purpose:	Follow-up Releas	e Date	
Owner	VIII			1. Routine	NO 141	24/22	
				2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in cha	ırge			5. Temporary	C NC)R	
X Mi	chae	16	usk	6. HACCP			
Responsible 1				7. Other (list)	Menu Type (See l	ack of page)	
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Certified foo	d handle	5			123	_45	
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW A	4S "R"	
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			on Requirements. The time mine for correct			1
Establishmen Hawa	nt name	1	Smoothree	Telephone Number () Establishment	Date of Inspection	ID#
Establishmen	nt addres	s	Smoothrie 31 M. Chreenwood 31 M. Tal, 46142	() Owner	04/11/22	
Owner	77	2	A 14. 12, 46142	Purpose: 1. Routine	Follow-up Releas	e Date
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		2 2
Person in ch	arge			5. Temporary	C NC	R
Responsible	person's	emai	1	6. HACCP 7. Other (list)	Menu Type (See b	pack of page)
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n			DENTIFIED IN THE CHECKLIST AND NARRATIV		ND IN THE NARRATIVE BELOW A	s "R"
Section #	C/NC	R		Narrative		To Be Corrected by
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			No violation durin	g megettion:	The same and the second	100
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			NOTE: TAKE OUT hi	citti BULBS I	IN BACK STORA	CLE
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Establishmen	T L	s Th	C CT	Can	KUM, I	~ [) Owner		11001	00	٥,	
	E	11 10	7 31.	r (m	KUTT	/	Purpose:		Follow-up R	elease I	Date /	
Owner							1. Routine	-		5	15/20	
					amanan marahanan		2. Follow-up		Summary of V	/iolation	ns:	
Owner addre	SS						3. Complaint					
							4. Pre-Operationa	1				
Person in cha	rge	Japan III	1989 9	0			5. Temporary		CONCR			
- KK	15.1	A		Rumm	JT1		6. HACCP					
Responsible p	erson's	email		-15 - 15	and the		7. Other (list)		Menu Type	(See bac	k of page)	
					_					7		
Certified food			COT	TERELL	SERVERI	18/2	4 EXP)		1(2	3	15	
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• VIOLATION(S	S) REPEAT	ED F	ROM PREVIO	US INSPECTIONS	S ARE DENOTED	IN THE "	'SUMMARY OF VIOLATIONS	" AND IN T	HE NARRATIVE BI	ELOW AS "	R"	
	C/NC	R					larrative			Т	o Be Corrected by	
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Office 317-346-4365 Fax 317-736-5264

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Establishme			C	Telephone Number	875	ID#
	NO		of lolago	() Establishmen	nt s	
Establishme			O	Owner	4216	515
172	m	e	looky in Greening		Follow-up Releas	
Owner				1. Routine	NO B	122
				2. Follow-up	Summary of Violati	ions:
Owner addre	ess		*	3. Complaint		
				4. Pre-Operationa	1 _	
Person in ch	arge			5. Temporary	C NC	$\mathcal{O}_{\mathbf{R}}$
	7 2			6. HACCP		
Responsible	person's	emai	1	7. Other (list)	Menu Type (See b	pack of page)
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Certified foo	d handle	r			1 2 3	4 5
• CRITICAL	ITEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
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Section #	C/NC	R		Narrative		To Be Corrected by
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Office 317-346-4365 Fax 317-736-5264

Establishme	nt name			Telephone Number	Date of Inspection ID#	
In	1 .	a v	Batav	() Establishment		
Establishme		_		() Owner	3:150	
				Purpose:	Follow-up Release Date	
Owner				1. Routine	4-28-2	5
				2. Follow-up	Summary of Violations:	
Owner addr	ess			3. Complaint		
				4. Pre-Operational	1	
Person in ch	narge			5. Temporary	C + NC 5 R	0
	Ü			6. HACCP	0	i 1
Responsible	person's	emai	Live a replace	7. Other (list)	Menu Type (See back of pa	(ae)
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Certified foo	od handle	r			- 1 <u>2_3_4</u> !	5
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		31
200000000000000000000000000000000000000			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW AS "R"	
Section #	C/NC	R		Narrative	To Be Co	orrected by
415	C	-	Observed flies in e	establishmen	- & especially 4	-28-22
			by 3-bay sink			
	2.		Observed Several de	ead mice on a	glue traps in	
-			Kitchen as well a	as rodent de	Sopping thru out	
	-		Back doors may be us		. , , ,	
				organiting	& hiring a	
441	C.	-		trol operato	1	2.2
ודת	·		- 0	rved in Kita	5	
				se in a comm		es
			are allowed.		Stated on Label	1
191	0		Food in Walk-in-Cooler	N.Z.		3-23
419	0			tored on Shelf	by Mango) 0 -
			Custard Dowder.	Personal C	are Droducts	1
			1,	roved by f	ood products	
				(
						1
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NARRATIVE REPORT

Establish	Establishment Name		e Address	-	Inspection Date
Indi	an	J	Satar		4-18-22
Section#		R		IARKS	TO BE CORRECTED BY
177	ŊC		Food not stored	off floor-	4-18-22
			Observed Large	Stock por on	
			floor of Kitch	en; Food observed	
			on Hoor in	Containers in walk-	in-Cooler
431	NC		Floors, walls, Ceil	ings Spiled; specific	ally 4-21-
			By trash can	under 3-bay, in U	latein,
			under equip	ment-	
		-	Inverted 26 Carryin	e container for	
1	43.5			asy to clean uno	
433	NC			p to dry stored	4-18-22
			w wringer of	mop marke bucke	
174				Kets have soiled u	Dates
2856	NO		Buen Food not		4-20-22
2650	NC			ved in Walk-in-cooler veter Shows it is 61°F	
			Food in Walking		
		\exists		cooler-Thermomete	
			not observe		~
			(10) 00357		
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State Form 48	3621 (R2 /	8-0		()	



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

Establishin	ent Sam	tatio	n Requirements. The time limit for correction	m of each violation is specifi	led in the narrative portion	1 of this report.		
Establishmer	nt name	^	186	Telephone Number	Date of Inspection	ID#		
JUC	ics	1	10~+>	() Establishment				
Establishmen	nt addres	s	eridian Parherson	() Owner	4202			
7101) 1		eridion I'w held	Purpose:	Follow-up Release	se Date		
Owner			(2.00mwood	1. Routine	The state of the s	30 72		
				2. Follow-up	Summary of Viola	tions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operational		,		
Person in ch	arge			5. Temporary	$C \longrightarrow NC$	$C \longrightarrow NC \longrightarrow R \longrightarrow$		
				6. HACCP				
Responsible	person's	emai		7. Other (list)	Menu Type (See i	back of page)		
	5.		west a	,	3 akgri	JI G /		
Certified foo	d handle	r			123	45		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE					
		-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW			
Section #	C/NC	K		Narrative		To Be Corrected by		
114	NC	1116	habel all bui		entainers			
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Establishme	nt name		The state of the s	Telephone Number	Date of Inspection	ID#	
Jen1	Lin	5	Farm Market	() Establishment	11/10/11	177711	
Establishme			200 Franklin	() Owner	9/0/16	12514	
556	6	Wi	CNVA 757	Purpose:	Follow-up Releas	e Date	
Owner				1. Routine	NO 5/1	0177	
				2. Follow-up	Summary of Violat		
Owner addre	ess			3. Complaint			
				4. Pre-Operational	2	1	
Person in ch	arge			5. Temporary	C NC R		
				6. HACCP	NO		
Responsible	person's	emai	Den de en ego en en general des en e	7. Other (list)	Menu Type (See l	pack of page)	
			en and a second		, ,		
Certified foo	d handle	r			12_X3	45	
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
 VIOLATION 	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW		
Section #	C/NC	R	1 1 1 2 2 4 1 1 9	Narrative		To Be Corrected by	
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			treezes			1 15 W 1 2 2 1	
107	06		5 3 in Skd 2	inside Store	2000 00 12	Tall Tomp	
191	NC		theselling ciper	for m shed w	lbears to		
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				are a second and a			
					1.51 - 1.91		
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K-9.							
Received by	(name and	title.	printed):	Inspecte	d by (name and title printed):	
	unc		Harper	MS	SSIHALL		
Received by	(signature)):		Inspecte	ed by (signature):	the state of the	
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						Page 1 of	



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

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

Establishmer	_		A. Land	Telephone Number	Date of Inspection	ID#
J	IB	5	BBQ	() Establishment	N/a /22	22621
Establishmen		ss	Complete 3	() Owner	4/8/20	0000
	38	5	CROWELLS FAMPLED F	Purpose:	Follow-up Release	Date)
Owner			11 =	1. Routine	- 4	18/29
		70	Tesse HONTON	2. Follow-up	Summary of Violation	ons:
Owner addre	ss			3. Complaint		
				4. Pre-Operational		
Person in cha	ırge		- 34-34 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Temporary	CNC	R
		(Iesse HUTTON	6. HACCP	1 10	
Responsible 1	person's	email		7. Other (list)	Menu Type (See ba	ick of page)
Certified foo	d handle	T	OSSE HUTTON SOME AFRE	6/22/23 128	123	55
• CRITICAL I	TEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
	-		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC	R		Narrative		To Be Corrected by
187	(>	2 N = 122 N = 11/1 11 - 1 - 1	remper Atvoices		4/9/20
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			UPSIGHT REFIZERA	70K 444	SOT AT	
		\vdash	@ 41°F OR 1055			
187	C	2	INTERNAL GOOD TEN	rperatures of	= POTENTATION	419/20
, , ,		~	HAZARDOUS ITEMS	IN HOT H	of ATMY UNIT	11110
				AT \$ 135°F	OR MORE	
254	NL	*	DIGITAL THERMO	meter NOT	-UNCTION ING/	corrected
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		\vdash				
Received by (name and	l title t	winted).	Insp	Bob Sm (774	EH5
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment n Establishment a 727 Owner Owner address Person in charge	MU (ddress)	John's We's Blod Greenwood IN 416142	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Relea Summary of Viola	2 //027 ase Date 5/1/22 ations:/	
Responsible per			6. HACCP 7. Other (list)	Menu Type (See 123_	back of page)45	
1		DENTIFIED IN THE CHECKLIST AND NARRATI FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW	'AS "R"	
1 1 V	VC (Product stored on the lanel Sauces in coole stand up cooler soil Cleaning bottles Not Ploor drain under 31 Sanitizer in 3 bays Spuild up on ice dispense	ed Inside labeled w/ come pay sink soited ink is low (2)	thane	To Be Corrected by 4/22/72 4/21/22 4/21/22 5/1/22 4/21/22 9/25/22	
Received by (signal oc:	ph	General Murya	- d	ected by (name and title printe MAL BANDO ected by (signature):	of EHS	



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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.

Establishme			FeBI & Carther N. I	Telephone Number	Date of Inspection	ID#				
Johns	on's l	3B	Q Shack Bynd Way	() Establishment	4-20-22	2358				
Establishme	nt addres	s	0	() Owner	4-20-22	_,,,,				
100	Ru		4 1120 46143	Purpose:	Follow-up Release	e Date				
Owner	170	5		1. Routine	Yes 4.	30-22				
Ma	10	(Jah . 1 1 20 1 1	2. Follow-up	Summary of Violati					
Owner addre	ess		701NBON.	3. Complaint	, ,					
D : 1	2000			4. Pre-Operational	1	c 1- NC 8 R				
Person in ch	arge			5. Temporary	C_ NC_)R				
			19	6. HACCP						
Responsible	person's	emaı	L. space at the second	7. Other (list)	Menu Type (See b	ack of page)				
Certified foo	d handle	-			1, 2, 1	20				
Cerunea 100	d nandic	L			123	_45				
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"						
 VIOLATION 	(S) REPEA	FED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW A	S "R"				
Section #	C/NC	R		Narrative	To Be Corrected by					
191	C		Date marking not o	observed		4-20-22				
190	NC	ro tr	Chicken in Sauce 73°F 6	4-20-22						
-1 YOU MARK	1714	- 17	Chicken in Sauce 73°F @ 3:30 pm in walk in 4 Cooler inside metal covered metal pan +iu							
187	0		Avanto Refrigeration reach-in-Cooler 14-20-22							
	@ 90°F @ 3:20pm, Observed									
0 10			moldy pie, 91	1						
342	NC	X	Hand SINK (in Ki	4-20-22						
414	Ne		Day light observed (4-30-22						
177	NC		Shelves not lo" of floor (some not all) 4-30-22							
			Single Service Cu	(1)		-				
221	110		surface insid	0.00	e front bar	11-22-22				
324	NC		2-bay faucet ru	4-22-22						
425	NC		mop not hung u	4-20-22						
351	NC		Waste receptable	not cover	red in	4-22-23				
310	NC		<u> </u>	e dustu		4-22-22				
210	1.00		New York	- mora	The second of th					
			Beards should be	covered						
			The second of th							
Received by	(name and	title	brinted):	Insp	ected by (name and title printed)	V /				
	u	1	Srandon	E	linabeth	Schultr				
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	0	11			May Redi					
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l			ı							

Page 1 of _

eschultz@co.johnson.in.us



460 N. MORTON ST. STE AV

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

Establishmer	nt name			Telephone Number	Date of Inspection	ID#		
1200	tu	-1	un Friod Chicken	() Establishment		10#		
Establishmer	nt addres	s	3	() Owner	47177	2245		
1792	1	1 <	SR135 Greenwood	Purpose:	Follow-up Release	Date		
Owner				1. Routine		1-77		
				2. Follow-up	Summary of Violation			
Owner addre	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	$C_{NC} \sim R_{NC}$			
	0			6. HACCP	01			
Responsible	person's	emai	I make year ago a make ma	7. Other (list)	Menu Type (See back of page)			
			ar i mag - 1 an	The other (1888)	Mena Type (See S.	ich of puge,		
Certified foo	d handle	r		PROPERTY AND PROPERTY OF THE P	1 2 3	4 05		
• CRITICAL I	TEMS AF	RE ID	DENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW AS			
Section #	C/NC	R	77	Narrative		To Be Corrected by		
399	N		Replace Missing	gtout	int	2		
10 (10)			buche halling	O				
299	n.		ware on ice	ovider in	uplus	Connel		
	140		500/E 67 10 .	out any		A LOW		
			1 1	7 (
			Nice job.	notani.				
			0					
	Cl -day							
						1528		
						Programme and the second		
Received by	(name and	title p		Inspected	by (name and title printed):			
	ny	9	Jerteam	Je)	Misery	laval		
Received by	(signature)	:		Inspected	by (signature):	1271.		
001			T co:		~ 576	1710		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme	nt name		COL	Telephone Number	Date of Inspection	ID#			
KING BUFFET			-141	() Establishment	4 16 laa	2041			
Establishme	nt addre	ss	NORTON ST. #G FIANKLIN IN	() Owner		2			
	391	0 11	TORYOTO ST. TO FIANKLY, I		Follow-up Releas				
Owner			1/201	1. Routine	The same of the sa	116/22			
,		E	r cHen	2. Follow-up	Summary of Violat	ions:			
Owner addre	ess			3. Complaint		,			
				4. Pre-Operational		en.			
Person in charge				5. Temporary	C_0_NC_0	c_0_nc_8_r			
	-	EN	CHEN	6. HACCP	, I × 1				
Responsible	person's	emai		7. Other (list)	Menu Type (See l	Menu Type (See back of page)			
Certified foo	d handle	or			-	(F)			
Ceruned 100	od Handie	E	in olten		123(1234X_5			
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"					
	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW				
Section #	C/NC	-		Narrative		To Be Corrected by			
177	POC	*	BAG OF RICO NUTS			4/7/23			
1112	2.10	195		OF 6 FRENES		5/1			
411	NC	*	OF KTIZHEN	3 11					
199	NC	N)	Notes III II the second	FROZEN CHICKEN BEING THAWA IN BEASTE					
\ ' '	V- C	70	REPRITED AT ROOM T	corrected 4/6					
			RETRIEN AT ROOM THEMPERATURO (NOT THANKS) 4/16						
H31	NC	*	FLOOR UNDER DISHA	4/12					
				R LID NOT	CLOSON				
392	NC	0	autside dumpste	ectrected 4					
324	NC	₩.		OF (WAS 13		Tuke /			
120	100	۵	NOT AT 100°F - 120	111-7					
138	wc	(CA)	HAIR ROSTRAINT (CAP/UISOR/HAIR NET) 4/7 NOT WORN BY EMPLOYER IN KATCHEN.						
431									
			CLEAN			4110			
Received by	(name an	1		Insp	Bob Im) TH	EHS			
Received by	(signature	e):		Insp	pected by (signature):	M			
230	, ch	en			Bel Sonth				
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	and the same of					D1 6 1			
						Page 1 of			



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

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			riequiremen			t for confecti	on or each violation is s				tins report.	
Establishment name							Telephone Numb		Date of Insp	ection	ID#	
16now					() Establishm	ient			,			
Establishment address					() Owner		9 21	077	434			
3100 mendianforce or					Purpose:		Follow-up	Release I	Date			
Owner			6	100	1. 1	1	1. Routine		NO	10 77		
				v ee	~w	Pocy	2. Follow-up		Summary o	ns:		
Owner addre	ess	-					3. Complaint					
							4. Pre-Operation	1				
Person in charge					-0	ıaı	$C O_N C O_R$					
r erson in en	arge						5. Temporary		I CNC R			
D 311		-1	1 1 0 D				6. HACCP					
Responsible	person's	email					7. Other (list)		Menu Type (See back of page)			
Certified foo	1111						2-1				X	
Cerunea 100	a nandie	r					21		12	3	45	
• CRITICAL	ITEMS AD	EID	ENTIFIED IN T	HE CHEC	KI IST AN	ID NARRATIV	E COLUMNS MARKED "C'	"				
							E "SUMMARY OF VIOLATION		HE NARRATIVE	E BELOW AS "	'R"	
Section #	C/NC	_				AND DESIGNATION OF THE PARTY OF	Narrative			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	o Be Corrected by	
	3,113						A A A A A A A A A A A A A A A A A A A				•	
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