

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

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

Establishmen Establishmen Owner Owner Owner addre Person in ch	nt name		Mer St. Edwargh	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection - / 0 - 23 Follow-up Releas	ID# 1510 e Date 20 - 23 ions:
Certified foo	d handle	r			12_X_3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		N THE NARRATIVE BELOW	AS "R"
Section #				Narrative		To Be Corrected by
			NOTES bottom of C	OCa-Cola (00/4	C NRESS	
Received by Received by cc:	ay C	2	cc:	Inspecte	ed by (name and title printed)	KEUN PAUL



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

Establishment Saintation Requirements. The time limit for confecti	ion of each violation is specified	in the namative portion	or this report.
Establishment name Theat Wall Chinese Peste unant	Telephone Number (317) 736 ± 5538	Date of Inspection	ID#
	() Owner	1-12-23	2021
1840 Novihwood Plaza Franklin, IN	Purpose:	Follow-up Releas	e Date
Owner 1	1. Routine	Yes 1-	22-23
di Yang	2. Follow-up	Summary of Violat	
Owner address //	3. Complaint		
<i>U</i>	4. Pre-Operational		
Person in charge	5. Temporary	$_{\rm C}$ $_{\rm NC}$	$\mathcal{I}_{\mathbf{R}} \approx 1$
Ti una	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
(SenSate EXP:)			1
Certified food handler 3/3/25		123	_45
· CRITICAL TIEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
239 NC Single use focks	not dispense	dto	1-12-23
protect from con	summer contain	nination	/
in denting room	1		L .
234 NC Spatula Stor fr	ued ruce sto	red in	Corrected
Stagnante water	4)		
112 NC Some refriger	ction units	are	12-31-24
218 NC Exterior don h	approved	4 readain	1 1-25-23
and the design and the	water off of	Sugianori	1) 1-25-23
190 NC Cooked Vices 1	IM PARAES M	otal.	Corrected
brough stoned at	room tom	perature.	Put produc
measured 88°F +	5 95°F)	on sheet
3 Cooked Nice Co	wered with	kelm	pans insia
inside walk-in-	cooler me	asured	WIC.
56°F,			
Notes : Duscussed	proper cool	ing	
techniques with	Owners (i.e. W	sing large	
sheet pans and th		sauct to	coolin WI
Received by (name and title printed): Nengwa Lin	A	ed by (name and title printed) ndrew Mill	er, EHS
Received by (signature):	Inspect	ed by (signature):	iller
cc: cc:	cc:	100-0 110	

Recommend using a cooling rack Page 1 of I unit inside with to save storage space



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		tatio	n Requirements. The time limit for correcti			
Establishmer			State of the state of the state of	Telephone Number	Date of Inspection	ID#
Sue	en	7(ACC 14	() Establishment	1 10 11	1570.
Establishmer	nt addres	S	4614	Z () Owner	1-18-23	1200
461	Gre	8 X	wood Park Dr 5	Purpose:	Follow-up Releas	se Date
Owner	0,,,		.00003 10 0 11 10 . 2	1. Routine	1-2	8-73
				2. Follow-up	Summary of Violat	
Owner addre				-		
Owner addre	288			3. Complaint		
				4. Pre-Operational	1x	1
Person in charge				5. Temporary	C NC_	R
				6. HACCP	The state of the state of	
Responsible person's email				7. Other (list)	Menu Type (See)	back of page)
					1 10 10	
Certified foo	d handle	r			12_X3	4 5
					123	
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
1			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
421	NC		Shooting Hoor IN	Apr Shelinia	(Mits	
9131	1.0	sort		in Coaler 15	soiled	Ac Laxel L.
411	NC	2747		room next f	Unchony	LANK WYON
			2. July 111 Storage	1001. 1 101	ON ICTION HIN	has bearlas
						- INCHIVE
		\vdash				
			NICHO? ECHENDISION	and is 1. Tooks	v (ZV)	
			NOTE: ESTENDISHM	THE COUNTY	L'amen's	
				S WY DOWN VOIL	2- CANAMA	
			(1strom.		To the second se	
	rian.	<u> </u>	be because and an artist of the second		nona.	1
wid	111.7	613.50	The state of the s		The Area of the Ar	Visit III III III III III III III III III I
		_				100000
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1			LUSK, GM	()	155! Hall	
Received by		-	- JA , UT I	Inspect	ed by (signature);	group bed 4
Treceived by	signature	To	h		Michall	
cc:	-	_	cc:		Harrians -	
1			СС.	cc.		



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

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Page 1 of

Establishment name Harders Establishment address UU N W S W W Owner Owner Owner address Person in charge	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Follow-up Release C _ NC _ S	z6/23 ons:
Responsible person's email Certified food handler COLITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST ALL VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE D	7. Other (list) ND NARRATIVE COLUMNS MARKED "C"	Menu Type (See ba	
Section # C/NC R	Narrative		To Be Corrected by
431 NC The floor and is soiled the walking the floor soiled the coles soiled the coles	the grill store of perser nozzles	orled and is	1/26/23
Received by (name and title printed): Received by (signature): cc: cc:	Í	by (name and title printed): Second Day Boy (signature): Surger Deur	less/



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

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

Establishment name	Telephone Number	Date of Inspection	ID#
JOHNSON COUNTY JAIL	() Establishment	1/27/23	419
Establishment address	() Owner	1/2//23	11.
109) HOSPITAL RO FRANKLIN, IN	Purpose:	Follow-up Release	e Date
Owner	1 Routine	- 2	16/23
Jo. Co. Govt	2. Follow-up	Summary of Violati	ions:
Owner address	3. Complaint		1
	4. Pre-Operational		
Person in charge	5. Temporary	C O NC	R
KATHERINE BARNABY	6. HACCP	nufoli se a la la la	v
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
· conjugate in the second		пися дываниров	
Certified food handler KATHEKIN BARNABY		12	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	
	Narrative		To Be Corrected by
295 NC & INSTAL TOP OF IC	e MAXOR NOT	CLOAN	2/1/23
218 MX TE MAKER STA	e worn	- 1 - 1 / 1 / 2 Hills	2/15
7 MG 44104 PARC 10	The Report of the State of the	The Triballings 272 ft is	
(NOTO) RECEIPTE 160°PH	mpocharup Tem	perporne	
(NUTU) ADEQUATE 160°PH	- on plate	UTERSI	-
SURFATO			
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and the state of t			,
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сс:	cc:		



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

Establishme		R	UEGOT	Telephone Number	Date of Inspection	ID#
	Ng		VFRET	() Establishmen	1/6/23	2041
Establishme			MORTON ST. FAMKLINGEN	() Owner	, ,	
	59 10	/ //	TORYOTO ST. MITTORESTON	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	- 11	
	En	Ch	ten	2. Follow-up	Summary of Violat	ions:
Owner addr	ress			3. Complaint		
				4. Pre-Operational		^
Person in ch			Lines P. Folder and a contract to	5. Temporary	CONCE	R
Time see	EN	C+	ter	6. HACCP	regulation res	
Responsible				7. Other (list)	Menu Type (See b	pack of page)
			g seturi i men		y miler ampar	200 - 00 ZC
Certified for	od handle	er	g		123	4.25_5
• CRITICAL			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	I(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW A	
Section #	C/NC			Narrative		To Be Corrected by
229	NC	A	SHELVING WORN IN			2/1/23
399	NC	•	WALL WORN, FLOOD	R WORN FO	U Area OF	211
			WAZK IN COLPR	6 1 6 1	20.421 -	
216	NC	4	METAL TABLE SHELL	T WORN/CO	KROOMS IN	211
229	ne		RATTHER COATING	2.10Ph/ A21	WATER	1/18
307	100		Egg ROLLS STORE	to ROATH	IN	1/10
		\vdash	REFRIGER ATOR	v even	-	
295	NC	•	prisale top of :	The MAKER	NOTCLEAN,	1/12
			RUSTED			
	10.11		as comparison constitues and a second		10-11	1 /-
324	NC	~5	HOT WATER DU ROS	1 ROOM HAAN	- 120°F	1 /-/
-	1	n f	155°F NOT	H1 100 F	-100-1	
-	-	\vdash				1 5000
		\vdash				
						- 1
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50V	CI	he	\mathcal{N}		Bol Long	
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		-11-000				7
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		- Latio	is requirements. The time mint for confection		
Establishmen				Telephone Number () Establishment	Date of Inspection ID#
	7	s /	an Pan De Greenwood	() Owner	1/30/23 434
Owner Owner	NIEV	100	an Park Dr Greenwood,	Purpose: 1. Routine	Follow-up Release Date 2/10/23
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in ch	arge			5. Temporary	C NC C R C
Responsible person's email Certified food handler				6. HACCP	
				7. Other (list)	Menu Type (See back of page)
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			ENTIFIED IN THE CHECKLIST AND NARRATIVI		THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
			NOTE:		0 7
			Floors by fryers in	I delli are tom	t not
			in good repayir - u	vone order in pr	DGN T. S.S.
			The state of the s	1	
			Great Job	,	
	-1-1				1.5 × 11 × 1
2 : 11	Ļ			Tr	
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Received by	(signature)	il	Danelo	Inspected	1 by (signature)
cc:		Ď	cc:	Coff	



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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

Establishm	ent Sani	tat10	n Requirements. The time limit for correct			i of this report.
Establishme	nt name		and the many the seconds fixed	Telephone Number () Establishment	Date of Inspection	ID#
Establishme	ht addres	S	Franklin, N 40131	() Owner	1/23/23	
Owner	10 10	DY	torist 46131	Purpose: 1. Routine	Follow-up Release	se Date 13/23
				2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational	CO NC	3
Person in ch	arge		Nilo ⁴ , skews with the co	5. Temporary	CNC_	
Dograpaille			DOUBLE AT GOOD THE THE	6. HACCP	N T (Co.	le role of trace)
Responsible	person's	emai	Lyne fram and the series are	7. Other (list)	Menu Type (See	back of page)
Certified foo	od handle	r			123	_45
			ENTIFIED IN THE CHECKLIST AND NARRAT		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
177	NC		Storage in staybuch	us ana has ite	ms	1/31/23
	110 194	2.298	-needs to be 6"0-	ff floor	TO VISIT OF CAUCATION	2761
402	NC		Bayeny Freeter Floor	+ storage and f	loor soiled	1/24/23
				, /		1 1
295	NC		- Cooler bottom s	oiled inside		1/25/23
	off proces	1150	ecolore a lucarum		- temelos	
	(122017)				<u> </u>	
	111	- 11111				din secena i
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cc:		1	cc:	99	/	



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

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Establishme	nt name		Table to the first of the first	Telephone Number	Date of Inspection	ID#
Í	1410	148		() Establishment	11.11.	0
Establishme	nt addres	s		() Owner	1/24/23	922
2200	Ino	le p	renderce Dr. Greenwood IN	Purpose:	Follow-up Releas	e Date
Owner				1. Routine		4/23
			2 2011 2 20	2. Follow-up	Summary of Violat	
Owner addre	ess	-		3. Complaint		+
				4. Pre-Operational		
Person in ch	arge			5. Temporary	C_ONC_	/ R
	S. plan			6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See l	pack of page)
					10075	71 87
Certified foo	od handle	r	2 1 1		123_ ×	45
			7 Broch			
1			ENTIFIED IN THE CHECKLIST AND NARRATIVE			
Section #	(S) REPEA		ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	N THE NARRATIVE BELOW	To Be Corrected by
	C/NC	К			iorn and	To be Coffeeted by
216	40		seafood coolar ·	shelves are u	Jorn and	N. T.
			ine jed			14.
-			1 10 C		A Cherry of Art	100-32-11
						1
		- 5				
	1 201	155.2	74			
						1
					7	
					11. () () ()	
Received by	(name and			Inspect	ed by (name and title printed): 55/
Received by	The second section is a second second	THE RESERVE OF		Inspect	ed by (signature):	Arra effets
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cc:			cc:	cc:	1'	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishment nar La (a) Establishment add 354 Owner Owner address Person in charge	dress Wlst		or 8	Cmill.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Artive columns Marked "C" Norrative To Be Complaint Artive distance of particles and malenals are not on the first malenals are not on the first malenals are cleaned. Inspected by (name and tiple printed): All Differences of the printed of the printe	2643 Date / 03/23 ns:		
Certified food har	ndler 0 A	wsta	The Name of the Address	2/13/27		12_	S I I	10.00
							THE BELOW AS!	ID!
	NC R	OM PREVIOU	SINSPECTION	IS ARE DENOTED IN		ONS AND IN THE NARRAT	The state of the s	To Be Corrected by
		NOT	E . On		we find mat	enals one	Overso	l
Received by (name of the latest terms of the l	Sarra		augle cc:			Inspected by (name an Loud Inspected by (signature faul betver) cc:	Detit	W LHS



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

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

ortion of this report.

Establishment Sanitation Requirements. The time limit for correction			or tino report.
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address	() Establishment	1-12 12	1159
Establishment address	() Owner	11-15-67	
226 5 SR 135 4606	Purpose:	Follow-up Release	Date
Owner	1. Routine	1105 1-6	3-13
	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint		
	4. Pre-Operational	1 11	
Person in charge	5. Temporary	C = NC	R
	6. HACCP	0	-
Responsible person's email	7. Other (list)	Menu Type (See ba	ack of page)
responsible person o emini	7. Other (usi)	Wienu Type (See Of	versoong
Certified food handler		1 2 3	1 × 5
Than Quezado (9127/26)		123	_7/\
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS			THE RESIDENCE OF THE PARTY OF T
Section # C/NC R	Narrative		To Be Corrected by
419 -C, Observed the foll	alilay medila	tions	corrected.
toxic moterials	Stored order	THE HIED	E
TOOL	20-1-21		7 - 230 -
- 50x C+10x004	WEDICATIO	1	
- Wall off			
2160 10000000000000000000000000000000000	1 Canibar	MICIA	1-19-72
545 0 0 0 0 0 0 0 0 0 0	SIS SIGNO	The state of the s	11065
The second state of the second	July Starton	11.101	
- Designated Na	a Sinks no	for hand	
Mashing Work.	No On in the		J
347 NC " MORNING TO POUR	CHURIS OF D	IN Nord Sink	1-13-13
1008 Ned madria	CITA MIX S	HVCQ.	1-13-23
118 NC MAR DUC 3 DOW	SINK Selve	C Time.	1 1/ 00
SIGNE DOSENED CHUMINA	total max	the beer	1-16-23
Coolers		1100 1000	
216 NY OBSENIES OMMINIS	John four M	the the ton	
III NO WESTER OF WART	1101 1 06:2011 7	VED GOLDON	1-76-13
Received by (name and title printed):	H WSI ON WAR	cted by (name and title printed)	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND PARTY OF THE OWNER,
X Vertor Vuezaaa	all as a message	355 HAU/KE	VIN PAULIN
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cc: cc:	cc:	7	0
			1
			Page 1 of

NARRATIVE REPORT

0	ment N			Inspection Date
Section#				TO BE
201				CORRECTED B
254	NC		THE THERMOMETER IN THE REALH-IN COOLER	1/26/23
			READ 540 - ALL PSTENTIALLY HAZARODS FOOD	
			ITEMS WERE BELOW 41°F	
			- REPLACE THERMOMETER	
			WKITCHEN	
324	NC		DRAIN FOR THE 3 BAY SINKA HAS	1/24/23
			A LEAK WITH A CATCH BUCKET.	, ,
177			- REPAIR PLUMBING	
178	NC		BUCKET OF WARM KED SQUE BEING	
			STORED ON THE FLOOR	
			- ALL FOOD SHOULD BE STORED A MINIMUM	
			OF GINCHES ABOVE THE FLOOR	
757	NC		No THERMOMETER PRESENT IN FLIA-TOP	1/24/23
~ /	/		COOLER.	1/26/2
		Н		
		\vdash	- INSTAU THERMOMETER IN READILY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			ACLESSIBLE SPOT.	
2.57	ia		11 10 - 11 11 100	1/2:122
30'7	NC		HOUD ABOUE STOVE HAS GAPS	1/24/23
17			2 - 2 4 - 2	1/21-2
77	NC		BOXES OF KAW CHICKEN BEING STORED ON	1/13/23
			THE FLOOR IN WALK-IN COOLER.	
			- FOOD ITEMS NEED TO BE STORED A	
			MINIMUM OF 6" ABOVE THE FLOOR,	
			//	
218	NL		ICE BUILD UP IN \$ WALK-IN FREEZER	1/26/23
			- REPAIR UNIT	, ,
218	NC		DOOR GASKET ON THE WALK-IN FREEZER	1/26/23
			DOOR IS IN DISREPAIR	/ /
			- REPLACE DOOR GASKET	
130	NC		BACK DOOR HAS A LARGE HOLE IN THE	1/26/23
			BOTTOM LEFT CORNER.	/ /
			- REPAIR OR REPLACE THE DOOR.	
		П		
310	NC	H	WOMEN'S RESTOOM FAN IS SOILED	1/24/23
,, ,	700	\vdash	-CIEN THE FAN IN WOMEN'S RESTROOM	1/2/2
		Н	CLED THE PAD IN WOMED'S KESTROOM	
eçeived By	v (Name	& Ti	itle) Inspected By (Name & Title)	
ITOU D'	, (. 1411/6	1	mobelies of (hairy a rine)	Page Z of 3

NARRATIVE REPORT

Establishment Name			Address 226 S SR 135 4600	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
2160	NK	-	doseryed green cotton cloths	1-16-73
411	NC		They the lar coller	1-7/513
	100		dish area	
295	K		Colled in Stelling racks	1-26-23
			Observed wet wishing Oldhis not	1-13-23
245	MC	4	Stoved inside South izer blicket	
199	100		DU SINK WITHOUT HIS WITH OVER	
			Flowing.	
			Notes Label all Dersonal Hems.	
			+ Keep Seprote from establishment	
			food products	
			Note: lide need to be on employee	
			DISK MUCHINE & SONIFICM OK OH	
			time of inspection	
				71
Received By	(Name	& Tit	Inspected By (Name & Title)	Page <u>3</u> of <u>3</u>

State Form 48621 (R2 / 8-05)



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

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

Establishme	nt name		dan da i da m	Telephone Numb	er Date of Inspection	ID#
1.12	110	Ca	es ass	() Establishm	ent +1/-/ -	1819
Establishmer	nt addres	ss		() Owner	1/6/23	1317
670	LIS	31	5 Greenwood, IN	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	Follow-up Release	116/23
				2. Follow-up	Summary of Violat	
Owner addre	ess			3. Complaint		
				4. Pre-Operation	a1	
Person in ch	nroe			-) -		7 n
i cison in cii.	aige			5. Temporary	C/_ NC	/ R
Responsible	percon's	emai		6. HACCP	M T (C)	-1-C
Responsible	persons	emai		7. Other (list)	Menu Type (See l	pack of page)
Certified foo	d handle	r				
4	Lis	ä	whitney		123	45
	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	Market Market Commission Commissi	
• VIOLATION	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATION	S" AND IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
	27					
431	NC		wall by the dough	miker is a	darty	1/16/23
9 3 3 7	NC		Remode the old		oler	
431	NC	1	The floor in the 3	-bay since	anea is	1/16/23
			Filthy- door			1111 =
352	NC		= The restroomnis		- callad	1/6/23
1171	1/0		The restion h		15 soiled -	1/6/23
431	Ne	-	-The ceiling and well the 3-bey sink		led in	1/16/23
4//	Ne		7	the Walk-	in acoler	1/16/23
VII	7,40		is burn + out-	THE WALL	1.0016	171612
295	NE		The inside susface	e of the	metal	1/7/23
			Wallern Looks door	is soiled		
193	C				the meda. up	1/6/23
			P:220 rucks 30 1	rizzas at	room temperat	iste.
			* Citations will b		on the	
					at ed	
Received by	(name are	l title	on the follow	U-47 Trispe	Inspected by (name and title printed).
	(name and		Sewell			,
, , , , ,					Inspected by (signature):	\$
Received by	Lene	. Q	entl		Jams & Bear	/m
cc:		()	cc:		cc:	K



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

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

Establishment name	Telephone Number	Date of Inspection	ID#
Little Carsaris Pizza	() Establishment	./= ./- =	
Establishment name Little Carsar's Pizza Establishment address 670 3 45 31 Greenwood, IN Owner	() Owner	1/26/23	1819
670 5 45 31 Greenwood IN	Purpose:	Follow-up Release I	Date
Owner	1. Routine		
	2. Follow-up	Summary of Violation	ns:
Owner address	3. Complaint	'	
State of the state	4. Pre-Operational		
Person in charge		l vio	
1 cison in charge	5. Temporary	CNC	K
Responsible person's email	6. HACCP	M. T. (Cools to	1. of b 400)
responsible person's email	7. Other (list)	Menu Type (See bac	ek oj pagej
Certified food handler			
		123_X_4	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	and the second s	
 VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH 	IE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "	R"
Section # C/NC R	Narrative	Т	o Be Corrected by
		He 15 12 12 1	
Fullow	ip to 1/6/23	inspection	Part 188 Mg
		- 1 1 1 1 1 1	Service Control of the Control of th
1. Remove the old 2.1 Light is out	prep ratingerator		
2. / Light is out	in the well	O ZIN	
Cooler			
		41	
Received by (name and title printed):	Inspecte	d by (name and title printed):	
Valene Jewell	7	erry D Bayla	255
Received by (signature):	Inspecte	Dby (signature): Tim has	
cc: cc:	cc:	My 12 12/10	
сс:	l cc.		



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. Establishment name Telephone Number Date of Inspection) Establishment Establishment address) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary ZACHARY MILLER 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 IN DISREPAIR Received by (name and title printed): Inspected by (name and title printed): Received by (signature): Inspected by (signature): cc: cc:



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

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

Establishme	nt name		the same of the report, in	Telephone Number	Date of Inspection	ID#
	LUL	a	1/122a di Roma	() Establishment	1//	
Establishmer	nt addres	s	GIZZA di Roma US 31 Greenwood IN	() Owner	1/4/23	1052
12	51	N-	US 31 Greenwood In	Purpose:	Follow-up Release	Date
Owner			***************************************	1. Routine	~ 1/1	1/23
				2. Follow-up	Summary of Violati	
Owner addre	ess	-		3. Complaint		
				4. Pre-Operational		
Person in ch	aroe			5. Temporary	c_0_Nc_7	P
r croon in cir	80			6. HACCP	CNC	N
Responsible	nerson's	emai		7. Other (list)	Menu Type (See b	ach of page)
кезроплоге	persons	CIIIII		7. Other (usi)	Menu Type (See O	ack of page)
Certified foo	d handle	r	a 6		1 2 3 -	
	John		Saston 2023		123	_45
• CRITICAL	ITEMS AR	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ΓED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
					,	
342	NC		No hand towns at the	e front counter	hand since	1/4/23
112	No		yoright freezes	is not NSI	Commercial	when
			quality- Home us	se only		replaced
	1.5		A			1st sold.
	NU		fackaged ham in		cooker	114/23
71/	At's		is not date mark	20.		
7216	NC N.C.		Front counter for	magnol on t	(a a)	
430	N.C		come base 75 da	magnol on 1	no	<u> </u>
			front counter.			
295	No	-	Work Puble shelve	es are soile	-d	1/6/23
215	NO		1406 34.010-	00.11		, =
218	No		Pizza prep co	oler is not		1/4/23
210	010		mainfaining proper	Jemperature-	[41° F7	,,,,
			- Fromes adjust me		-	
	7 3		, ,	frodust !	emoved	
						7
Received by	1 1			Inspected	d by (name and title printed)	: //
* (Di Milio		Tessy D Dayle	85 /
Received by	(signature)	:	0-	Inspected	d by (signature):	1
X O	Me	H	172		Tuny DITTEN	un
cc:	/		сс:	cc:	, /	



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

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

Page 1 of

T 1 1: 1		-			711	NT 1	In . cr .	T
Establishme	nt name	1		770.	Telephone		Date of Inspection	ID#
Establishme	at address) -	2 1,1			blishment	11-12-75	111
Establishme	nt address	1	16 2	1 / // /()	() Own	er	11002	10011
784	10		CCK	1, 46184	Purpose:		Follow-up Release	
Owner					1. Routine			22-23
					2. Follow-t		Summary of Violati	ons:
Owner addre	ess				3. Complai	int		
					4. Pre-Ope	rational	X G	7
Person in ch	arge		plend) o	Para et la constant de la constant d	5. Tempor	ary	C NC	R
					6. HACCP		potal Section (Lit	
Responsible	person's	emai	l ymyr in of T	atti i ki et tri t kan	7. Other (la	ist)	Menu Type (See b	ack of page)
				the planty of the			2015-1-11	
Certified for	d handle	P	xidag	PS (0) 11/23	3)		123	_45
• CRITICAL	ITEMS AF	E ID	ENTIFIED	THE CHECKLIST AND NARR	ATIVE COLUMNS MARI	KED "C"		
• VIOLATION	(S) REPEAT	TED F	ROM PREVIOU	US INSPECTIONS ARE DENOTED	N THE "SUMMARY OF VIO	OLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R			Narrative			To Be Corrected by
431	MC		7/000	- Inder Sh	Elvin Mi	ts ins	10)	
	VIIII 13	inq.	Wall	K-in Cooler	- one 50	illed	st. — a resident when a	VERIOR DE LA
295	NC	2-45	100	or thip to	2 Cooler	- hand	ble 15	
710	0.16		Miss	inge	Carlan	the co	0.01.1	1
218	NC		C 00	or top top	COOLER	any a	Moret	
			15 54	SUFIMOUN.)	
-								
							and the second	
	J122700		and Day	A first the state of the state of	nr I bloom a fill and a		n da Visa e etavá s	
		101	Note	o Li MK-in C	coler for	15 Star	tinx to	Control .
			Dave	Duid his : No	eds Cleur	rec:)	
			Note	! Dottom of	drink (alles 1	yed	
				ud.	1			
			NOTE	es hong Mo	5 27 20 8	1111-		
					(N) (N))		
Received by	(name au	title	trinted).			Inspecto	d by (name and title printed)	:
		t	prinieaj:	a da ac		/ VIC		polison i I
Received by	1 .		YOY	10,2 6)		Inspecte	d by (signature):	urlande - 1
X	it i		V K	Enclose		26)	Matica	
cc:	vel		10	cc:		cc:	9 7 (D)	



Johnson County Health Department 460 N. Morton St., Ste. A, 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 parrative portion of this report.

establishment		telephone		Date of Inspection
Marco's Pi	zza	317	-630-9888	1/20/2023
Establishment address			Summary of Violations	s
586 S State Road 135,	Ste. B , Greenwood,	IN 46142	0 C,	, 5 NC, 0 R
Owner			Follow-up	Release Date
Brid	ges Investments		No	1/30/2023
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
	Shelby	Linnan	Routine	2-Limited menu
Establishment Identification #	County	District		
2318	Johnson	D5		

- 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	R3	Violation Observed:	To be Corrected by:
218	NC		Walk-in cooler door gasket is split/worn	2-20-23
431	NC		Floor under walk-in cooler shelving racks are soiled	1-26-23
295	NC		Can opener is soiled	1-20-23
324	NC		Hot water was not provided at the hand sink by the oven. Employee stated they turn off the hot water due to a leak at the hand sink.	1-27-23
294	NC		Observed sanitizer solution for the 3 bay sink less than 150 ppm. Appears that the cap to the sanitizer is broken, needs replaced.	1-23-23
218			Prep shelf is damaged/broken	2-20-23

Airphi)

Cold i Dall



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

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

						-
Establishmer	it name	s	shoot same that may be in its	Telephone Number	er Date of Inspection	ID#
MEIJE	ER G	ZA	S STATION #132	() Establishme		100
Establishmer	it address	3		() Owner	1/27/23	683
77 N	50	12	= Goes war 4/147	Purpose:	Follow-up Release	
Owner	21-	10	5 GREENWOOD, MY 4414Z	T. Routine	- 7	/ /
M	5		Limines PARTHERSHIP 49544	2. Follow-up	Summary of Violati	ons:
Owner addre	ss	NE	LIGHT VACIONALE USCHILL	3. Complaint		
	1 2		AVE GRAND RAPIDS, MI	4. Pre-Operation	al	
7929	NACO	1	HUE GRAND HAPIDS, MI		C NC C	of n
Person in cha	irge	5	Retail Retail	5. Temporary	C_9_NC_	R
NoRE	الانكا	X	YDZEWSK	6. HACCP	1 / 12 /8 11 /50	1 0
Responsible j	person's	emai	to the population of the total	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	1111		v sulfitti			7 H 10 H
Certified 100	a nandiei				12 × 3	_45
CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IS" AND IN THE NARRATIVE BELOW A	s "R"
Section #	C/NC	R		Narrative		To Be Corrected by
	None		- FLOOR DINTY UNDER	SOA Macutio	3	1/27/25
	7 010		Pedere Divoly Obsiders	332.1	if w galloned	7-1
		97.	THE MENT OF THE PARTY OF THE PA		No. 1 1 10 1/2 10 10 10 10	1951 - 01
			- 1 2 3 Fr. (3 - 5 - 5 d.))	i		1 4.00
			AIR			
			1000			
			(1ROA)			
						1 1
	2-10-2-1-12	753	I I You I I I I I I I I I I I I I I I I I I I			
	26 (124)		to the state of th		a di restactatatatat	
Received by	(name ana	title	printed):		Inspected by (name and title printed)	:
					KEVIN R. PAULI	
Received by	(signature)	:	Equitorism		Inspected by (signature):	inisekast]
X, Vin	Mel		Rydrewski		K-RH	
cc:			СС:		cc:	1000



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

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

Establishment name Mi House to Establishment address 377E Jefferson St Owner Owner address Person in charge Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Summary of Violation Menu Type (See back)	28 23 ns:
Certified food handler		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R		NAME OF TAXABLE PARTY AND POST OF TAXABLE PARTY.	"R" To Be Corrected by
295 NC Cooling unit soiled in	Vside		1118/23
239 WC Utensils held to be 8- 402 NC Walkin cooler floors	tored and cleane	d property	1/18/23
177 NC food stored on floor is	n walkin coolers	fnezer rasunda	1/19/23
NOTE: No Personal be on or mar p	food ordning	should	
	17	d by (name and title printed):	
Received by (name and title printed): EYIK DIUZ Received by (signature): EVIN DUZD	Va	My (Mame and the primed): My (My (My (My My M	lu
сс:	oc:		



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

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

Establishmer	nt name		sabon and term of the company of	Telephone Number	Date of Inspection	ID#
MI	ASO	21	MI ABUELITO	() Establishment	1 1	
Establishmer	nt addres	SS		() Owner	1/10/23	2460
279	7 N	1	LORTON STEA FRANKUN	Purpose:	Follow-up Release	Date
Owner				1. Routine	Yes 1	/20/23
J		3	QUEZADA	2. Follow-up	Summary of Violati	
Owner addre	STATE OF TAXABLE PARTY.			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	C_/_NC_	5 R
to reconstruction or an expension	O	0	P (=2.30	6. HACCP	one versibilization of ils	n shalter I
Responsible	person's	email	R. CERN	7. Other (list)	Menu Type (See b	ack of page)
1			50 50 50	7. Other (many	I was a mining page	area of puge,
Certified foo			× 1		1 2 3	4 × 5
BUCMA	RO	CE	RNA GEP. 3/17/26 SERUSAFE)		123	
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
• VIOLATION(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW A	
Section #	C/NC	R		Narrative		To Be Corrected by
239	NC		DISH RACK OBSERVED SIT	The on THE For	FLOOR	- CORRECTED 1/10/2
			THE STATE OF THE S			In a constant
324	NC		LEAKS OBSERVED OF F			1985
			LEAK NOTED ON 3 ConpaRTM	GT SIDK DRAIN	<u> </u>	
392	NC		Dumpster LID OBSERVE	ED IN UP POSI	MON (OFEN)	
* HOTE	夫		1	22	P. a	Correctes 1/20/23
Hore			IMPROPER FLY STRIPS	OBSERVED UNDER	SAIC	CORRECTED 1/10/2)
			7=			
			TEMPERUPES DE			
187	C		1 THROWAL FOOD TEMPERA	mers of Poten	TALLY HAZARDON	5- BBS
	1		FORD ITEMS OBSERVED ,	AT 47-490-NO	OT AT 410 OR	DISCARDO
754		1	LESS	didde y av a	Old Tolland Science	
						lare .
254	NC		METAL STER PROBE T	TRE THERMOME	TER 0°-220°	Correctes 1/10/2
			NOT ACCURATE			
	10.10				/	
234	NC		HANDLE OF ICE Scoop	IN COSTACT W/	ICE	CORNELICO 1/10/2,
Received by	(name an	d title 1	brinted):	Inspe	ected by (name and title printed)	2 2 0 /
0 0 1	,	R	Garcia C		EUN PAULIDA	
Received by	1012 (signature):	CMCIV C		ected by (signature):	100
X Barr	2	5		1	R. Pet 1 BM	Ina
cc:			сс:	cc:	0	
	-)
and the first term of the second	-					Page 1 of



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

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

		1	1
Establishment name FRANKLEN SR. Comp		Date of Inspection	ID#
MORNING POINTE	() Establishment	1/6/23	1211
Establishment address	() Owner	110195	1011
75 SOUTH MILFORD FRANKER	The Purpose:	Follow-up Releas	e Date
Owner	1. Routine	- 1/	16/23
	2. Follow-up	Summary of Violat	
Owner address			
Owner address	3. Complaint		
	4. Pre-Operational		1
Person in charge	5. Temporary	c	
KEM BARNETT	6. HACCP	and any district Sage on the	
Responsible person's email	7. Other (list)	Menu Type (See l	back of page)
1, 2 (6)	le stori	in a language of	EDZIJESE JAKS
Certified food handler 60 RNSAFGE		1 2 3 9	24) 5
Certified food handler ANV SPURLOCK (SORNSAPPR)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT	IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
2 219HT BULB STM	ON EXHAUST	Hood	
to ICM V			
324 NE & LOAK NOTED ON	3 compartment	STUK	1/8/83
PAUCT	U	THE SHIPME SE STEPPED	(VED)
and the second s		s in a supplifier of	
reserved by a set the new conduction of the second	Lydrice Lear, 1838. ". W.	There is a second	and most
ed at a real to be seen as a constant at a constant		The second of th	
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			Page 1 of