

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

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

Establishment name CA5845 GENERAL STORE Establishment address 3028 N VS 31 FRANKUM, IN Owner CA5845 MARKETING Owner address Person in charge HERTHER WATMAN	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection A A A A	Date 3 23 25 25 25 25 25 25	
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Page 1 of

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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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NARRATIVE REPORT

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

Office 317-346-4365 Fax 317-736-8264

Establishment name CIRCLEIK # 4700051 Establishment address 1014 N US 31 46184 Owner MAC'S CONVENIENCE STORES LICE Owner address PO BOX 347 Counas IN 47202 Person in charge APLIE WILSON EXP. 2/13/23 Responsible person's email					LIC	Telephone Numb () Establishm () Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operation 5. Temporary 6. HACCP 7. Other (list)	ent	Date of Inspection 2/27/23 Follow-up Releas 3/6 Summary of Violat CNC	e Date 27/23 ions:	
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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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460 N. MORTON ST. STE A 2/29 FRANKLIN, IN 46131

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

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

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

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

		attor	Requireme	ents. The time limit for correcti			of this report.
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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 COURT STREET CARR) Establishment Establishment address 39 E COURT ST. FIANKLE, AV Purpose: Follow-up Release Date Owner 1. Routine SHESTY YOUNG Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational C O NC Person in charge 5. Temporary S HUY
Responsible person's email YOUNG 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler YOUNG • 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 UPRESHT PLFRISH ATOR 11123 CHEST FREEZER 228 m EASRY MOVERBLO UNITS NOT THERMOMETERS NOT SEEN/NOT CONSPICUOUSLY NC 256 UPRIGHT & door REFrISE ATOR, grith SMALL REFRISERATOR FLOOR NOT TO WALL, UNDER EQUIPMENT 431 NOT CLEAN IN KITCHED door groket worn SPLIT ON 200R 218 REFRISONATION IN KITCHEN SMALL REFRAGORATOR ACRUSS From GRILL 245 NC JOOR GREKET NOT CLEAN PREMADE SOUPS PEARED IN LARGE PEASITE CONCROS corrected NC 190 CONTAINERS WHILE WARM, PERCON IN 2 JOOR QUICK CHILL METHOD PEFITARATOR VILL EZE MECHANICAL STAMBENTING HOT WATER SANITIZATION Temperature Adequate (160% OR MUC Inspected by (name and title printed):



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

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

Retail Food

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. Date of Inspection Establishment name Telephone Number CRECKSTELL ELEMENTARY
Establishment address) Establishment 2/14/23) Owner 700 E ST Rd 44 FLANKLIN, IN Follow-up Release Date FC5C 2. Follow-up Summary of Violations: Owner address 3. Complaint 4. Pre-Operational c O NC 2 Person in charge 5. Temporary DEAN A POPPECFIELD 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler PORTER FIELD OTENA 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 392 - OUTSIDE OUMPSTER NL 2/15/23 ROSTROOM COTLING EXHAUST NOT NCE FUNCTIONING MECHANICAL DISHMACHING HOT WHTER SANITIZATION TEMPERATURO ADEGNATE 160°F OR MORE ON 160°F/71°C Received by (name and title printed): Diana Torterfield Manager cc:



86 WEST COURT STREET FRANKLIN IN 46131

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

Establishme	nt name	_	. A V	2 1	nare to the	Telephone Numb	er	Date of Inspection	n	ID#
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NARRATIVE REPORT

Establishment Name Address 1071 W. Jefferson	Inspection Date							
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Establishment Name Dalls Family Pestawant St. Franklin, M Section# C/NC R REMARKS Address 107/W. Jefferson REMARKS 4613/	TO BE CORRECTED BY							
177 NC Flora stored on walk-in-freezer	2-3-23							
Lelpon.								
385 x Dumpster led Open/up.	2-2-23							
note: Employee all phone								
observed stored on a								
kitchen cooking board								
								
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Received By (Name & Title) Inspected By (Name & Title) Inspected By (Name & Title) Inspected By (Name & Title)	Page <u> </u>							
State Form 48621 (R2 / 8-05)								
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460 N. MORTON ST. STE A 3

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.

		1	in requirements. The time mine for correct				
Establishmer	nt name			Telephone Number	Date of Inspection	ID#	
Cente	N gND	VE	Pairy Queen Greenwood,	() Establishment	2/27/2	2 307	
Establishme	nt addres	s 1	- Greenwood.	() Owner	12/2/12	5 00 -	
330 (Str	110	Rd BS Greenwood,	Purpose:	Follow-up Releas	se Date	
Owner		4		1. Routine	17123		
				2. Follow-up	Summary of Violat		
Owner addre	acc			- ^	,		
Owner addition	-00			3. Complaint			
				4. Pre-Operational	c	3 0	
Person in ch	arge			5. Temporary	CNC		
4			na ste st	6. HACCP	, sugaliwi, a jori	lot man paga	
Responsible	person's	emai	ly the form of the street of the street said	7. Other (list)	Menu Type (See)	back of page)	
			ze il etc. In the contract	Para Para	Tatalities of annual spessored		
Certified foo	d handle	r			123_	<u></u>	
				COLUMNIA MANAGEMENT			
1			ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE RELOW	AS "R"	
Section #	The same of the sa	Commence of the last		Narrative	7 IIV IIII IVANNIIIIVE BEEG W	To Be Corrected by	
100	6/140	A	ice maker in back has		2 Soiled	3/7/28	
2013	0		ICE Marcer In Buck Pa	s will mina	JOHCA	11/05	
174	WC	2,71111	Bull ranch not lase	eled in waveir	cooler	2/27/23	
430	NZ		Door gasket on walk in	Brever tom		3/7/23	
100				. —		2 (22 100	
198	WC		recream (a 41° F - 48	1	-	2/27/23	
		_	5 * Montor temper	anires daily		- '	
	-	-				1	
		-	La La Dicarda de La Calabara de Caracteria d				
		-					
Received by	(name and	d title	orinted):	Inspe	cted by (name and title printed	t):	
Received by):<	2000	Inspe	ected by (signature);	till	
X XI	nu		1.000		Jami Mulles	TXM	
95)		-cc:	Code			
		-				Page 1 of	



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

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 DasHMART) Establishment 2/15/23 Establishment address) Owner Follow-up Release Date 2/25/23 Purpose: 1) Routine Owner Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler · CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" · VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by Received by (name and title printed): Inspected by (name and title printed): SITE MANAGER IN



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			1		ID . CI				
Establishme			efectivo marka	Telephone Number	Date of Inspection	ID#			
	51 B		.aı	() Establishment	2/1/2	2325			
Establishme				() Owner	2/6/23	-33			
916	E. M	1471	1 St. Greenwood, IN	Purpose:	Follow-up Release	Date			
Owner				1. Routine					
				2. Follow-up	Summary of Violation	ons:			
Owner addre	ess			3. Complaint					
- Same				4. Pre-Operational					
Person in ch	arge			5. Temporary	CNC	P			
r crson in ch	arge				CNC	N.			
Responsible	norcon's	omail	Control of the same of the sam	6. HACCP	Man Town (Cook	ash of page			
Responsible	persons	eman	lignie	7. Other (list)	Menu Type (See bo	ick of page)			
Certified for	d handle		1 111000		- I was a second compact	a account student as a solidar			
Ceruned 100	d nandie	L		70	123	_45			
• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"					
Not on the Control of			FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW AS	3 "R"			
Section #	C/NC			Narrative		To Be Corrected by			
			Followers to 11	18/23 Coutin					
	The witches tab		Follow-up to 11, The Kitchen table	shelves us	ed for	PER LUXUE			
100			storage are soiled.		A T 10 10 11 12 12 12 12 12 12 12 12 12 12 12 12	TODAL SEE			
			The interior of the	walk vin co	poler door	VIDE XOLL			
			is soiled.						
			Bare wood shelves	used for bags	of Floor	Ť			
			are not easily cleans	able-	-				
		1	The wooden pallet	s in the u	walk-in				
			cooler are soiled, I	use molded pl	lastic or				
			cleunable dunnage	shelves					
		. =	- the front door is	not totally	rodent-proof-				
		Ty	boll at an archine	1-11 5/11	Mary Francisco Account of	Objected -			
	1 1		* continued non	Continued non compliance Lould					
			result in citatio	in and fines	/	NGL			
	District Control								
-									
	-								
	-					150			
Received by	(name and	title	printed):	Inst	pected by (name and title printed):				
1 A	Au	-	DER S-SHERGIL		Terry D. Barles				
Received by			DIK SOUNCESTE	Inst	pected by (signature);				
Keccived by	n S	1	Trong Mill		Shows D Been for	v ·			
cc:			CC:	cc		The same of the sa			
				- The second					



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Establishmer	nt name	-		Telephone Number	Date of Inspection	ID#
1 /	16	P	eTROLOUM INC	() Establishmen	1	
Establishmer		SS		(Owner	0/0/bs	2402
237	W	20	efferson St. FIANKLIN;	Purpose:	Follow-up Release	Date
Owner				1 Routine	3/	943
SIA	JGH	-	4090	2. Follow-up	Summary of Violation	
Owner addre				3. Complaint		
				4. Pre-Operationa	1	
Person in ch	arge			5. Temporary	c_0_Nc_6	R
	5		KUMAN	6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type (See bo	ack of page)
Certified foo	d handle	r				4 5
	<				12_3/	_45
• CRITICAL I	TEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
Section #	C/NC	_		Narrative		To Be Corrected by
410	NC	*	WALK-SN COOLER		LAGHTOS	3/12/23
	Uspellio		SHIPLY does NOT	EXTEND	FULL CENGTH	
2011			OF LIGHT BULB	= -14.05		7/10
324	NC	4	CERK NOTED AT	3 compres	THENT STAK JOE BUILT	3/10
218	NC	/	FOR CREAM CITEST	FREEZER	Ja BUILT	3/10
291	NC	7	CHEMICAL TOST	DARRE G	FOR BLEACH	3/6
\sim 11	100	,	NOT PROUDED	7111 010 1	OR Den sir	5/6
						,
309	NC	1	RESTROOM En	VECHANICA	HEXHAUST-	- 4/1
324	NC		NOT FUNCTION	AT NOTE		, 1
			0 TOTLET SO	AT NOT C	PEN FRONT-	-3/12
			TYPE			
Received by	(name and	l title i	printed):	I	nspected by (name and title printed):	
,	Scion	انذا	KUMCIE		Bob SMITH &	75
Received by				I	nspected by (signature))
					Ful James	
cc:			cc:		cc:	
						/



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Page 1 of

Establishment na Establishment ad Owner Owner Owner address Person in charge	on's emai	Steneral #1572 orthwood Plaza	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 2-/7-2023 Follow-up Release NO 2-2 Summary of Violate C NC NC	ions:
Certified food ha	ındler			12_X_3	_45
		DENTIFIED IN THE CHECKLIST AND NARRATIVE		IN THE NARRATIVE BELOW A	S "R"
Section # C/	NC R		Narrative		To Be Corrected by
430 A	IC X	Floor in employee rest Floor tites throughout	store worn	illomati	2-27-2023
Received by (sign	7	CXUENTIN JACK	(SC) Inspec	eted by (name and title printed) aleb Fleene eted by (signature): LU Ellewe	



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

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Page 1 of _

Establishmen	UAR nt addres	SS	3-eneral pro1555	() Establishment () Owner	2/14/23	2332
Owner	5	N	MURTON FRANKLIN AN	Purpose: Routine 2. Follow-up	Follow-up Relea	24 23
Person in che Responsible	arge Der person's	email	THOMAS	 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 	C NC Menu Type (See	direku na s
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE) IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
295	NC	*	BASE ENSIDE MI	LK DAZRT REA	CH-SW	2/19/23
256	NC	32	FROZEN FOOD RE IN WHICH CHI THERMOMETER	AZH-XW FREC CKEN/BOLF 5T NOT SOEN	20 R - 10 R9d -	2/18
NAME OF TAXABLE PARTY.	bert	n fig		F	cted by (name and title printe	Kars P. Pavis
Received by	(signature Lee C):	Thomas Thomas	Inspe Bu cc:	Son // //	Pop



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

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4

Establishmer 223 Owner Owner addre Person in cha	at address		Tree #1970 morton St 46131	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 Date Summary of Violations:			
Certified foo	d handler				12_X3	45		
			ENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NARRATIVE BELOW	AS "R"		
Section #	C/NC	-	U U	Narrative		To Be Corrected by		
793°	NC NC		Many Shelves the Ore Solled. Bottom of Cooler Bock room exterio From potential ri Boday ly ht I Shot High	olyhout food 15 Soiled. 511et 15 Soil 5 dav not prodents 10 Observed	Section redected notected	Passing page 1		
Received by Received by Cc:	COY	1	(lattacked to the bro	anager (AS	d by (name and title printed			



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12 12 1					10 17	
Establishme	nt name	1	20.0	Telephone Number		
101	ON	11		() Establishmen	2/22/20-3	7461
Establishme	nt addres	S	11/1-1	() Owner	/ /	C-12
187	N	U	S 31 H10184	Purpose:	Follow-up Release	Date
Owner				1. Routine	3/4	4/2023
				2. Follow-up	Summary of Violati	ons:
Owner addr	ess	-		3. Complaint		
				• -		- 1
Person in ch	4400			4. Pre-Operational	C NC S	5 - 0
r erson in ch	aige			5. Temporary	C_O_NC_	
D 71				6. HACCP		
Responsible	person's	email	Dige H Rei - Tx	7. Other (list)	Menu Type (See b	ack of page)
Certified for	nd handla					
Cerunea 100	od Halldic	ı		1	123	_45
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRA'	TIVE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN		AND IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
394	NC		Dunster area needs	Gended Lids	need Closed	
425	NC		Moss not huns	270	Que la la della de	
177	NO		Mops not hung Observed food grad	ducts not Stucke	es off of	
			Walk in Freezer Floo			
310	NC		LIPER ISOTHERS OF VENT			į.
414	NC		Emergency Exit d rodent entry	co- day ight of	bened sotenHerl	
	= -		rodent entry			
			-			
					The last of	68 P. C
					- 10	
Received by	(name and	title p	ormed); X	arober In	spected by (name and title printed)	
Received by	(signature)	X		In	spected by (signature):	Brack Co.
TM	ho		m		ale Bleener	_
cć:			сс:	c /	(a) XMI	



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			1			ne namante portre	n or time report.
Establishme	nt name	^	n # nrinz	Telephone Numbe		Date of Inspection	
Establishme	CUI at address	\mathcal{U}	5 2500	() Establishme	ent	2/17/23	3 2298
099	l l l	19	31 Whiteland,	() Owner		, ,	
Owner	NC		29 12 701	Purpose:	1	Follow-up Relea	Ise Date 27/23
RPN	1 P	77	ea Midwest, LLC		5	Summary of Viola	
Owner addre		160	a maves, ex	2. Follow-up	ľ	diffillary of Viola	itions.
Owner addre	Coo			3. Complaint	,		
Person in ch				4. Pre-Operationa		. 7	4 _
retson in ch	arge	M	lorgan /	5. Temporary		c	R
Responsible				6. HACCP	-	Manu Tama (Caa	hash of page
recoponatore	persons	CIII	Sensare Exp:	7. Other (list)		Menu Type (See	back of page)
Certified foo	d handle	r) / / /)	— ₁	2 3 🗸	/ _ =
000	hu	0	7/ Vorgan (10/21/27)	<u> </u>	1.		43
			entified in the checklist and narrative				
		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		" AND IN TH	E NARRATIVE BELOW	
Section #	C/NC	R	9 6 - 7	Narrative		1	To Be Corrected by
431	NC		And Cold Colled	under to	w0 0	toor	3/17/23
		(2) Alpen Annin	solled u	ndol		2/19/23
			3 low suite	secre ci	y www	U	1/1/1
218	NC			loose at	dis	h area	2/27/23
			hand sink				1, 1
324	NC		Center bottom	of three	, ba	y sink	2/27/23
			faucat leaks	0		a	1 1/23
218	NC		0	exterior	do		3/1/23
				rea is cra	icklo	land	
551			Sharp				
						77	
				9			
Received by	(name and	title	winted).	Tī	Inspected by	(name and title printe	d):
Toch	(name ana		Morge employer	ľ	And	VELD MI	iler FHS
Received by	(signature)	:	1102313	I	Inspected by	(signature):	11013 1110
(1/2 ×		_			and	rew TY	uller
ce:			cc:		cc:	XXXX	