



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Betsy
4/10

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 <i>Kentucky Fried Chicken</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/29/23</i>	ID# <i>2245</i>
Establishment address <i>1293 N. S.R. 135 Greenwood IN 46142</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>4/8/23</i>
Owner		Summary of Violations: <i>C 1 NC 13 R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge <i>McKenize Agee</i>			
Responsible person's email <i>SenSafe Exp</i>			
Certified food handler <i>McKenize Agee 10/2/24</i>			

• 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
399	NC		Floor tiles missing in walk-in-cooler/freezer area and at back door	4/29/23 ↓
309	NC		Public restrooms lack working mechanical exhaust	4/10/23 ↓
430	NC		ⓐ Back or East exit door rubs the door frame ⓑ Southeast exit door rubs the door frame	4/10/23 ↓
218	NC		ⓐ Walk-in-cooler contains two worn/spilt door gaskets ⓑ Blodgett top oven is missing the temperature control knob	4/29/23 ↓ 4/15/23 ↓
187	C		Sliced Swiss Cheese in a metal pan located inside another metal pan within the cold holding table measured 44°F	Corrected ↓
431	NC		ⓐ Floor drain by cooks area is soiled	4/5/23 ↓

Received by (name and title printed): <i>McKenzie Agee</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>McKenzie Agee</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name			Address		Inspection Date
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
Kentucky Fried Chicken			SR 135 Greenwood IN 46142		3/29/23
			② Floor behind men's toilet is soiled		4/5/23
			③ Ceiling in kitchen is soiled		
			④ Floors in various areas of the kitchen and drive-up are soiled		
385	NC		Dumpster lid was open		Corrected
255	NC		Henry Penny warmer lacked a working thermometer and the		4/1/23
295	NC		① interior tray tracks are soiled		4/1/23
			② Tray storing ice scoop was soiled		Corrected
			③ Inside bottom of deep fryers are soiled		4/15/23
218	NC		Rear top of ice maker is leaking & men's restroom sink needs caulked		4/8/23
404	NC		Kitchen areas lacked cove base and drive-thru area and/or		4/29/23
430	NC		① were worn/missing		
			② Kitchen ceiling tiles (some) are damaged (ie near three bay sink)		4/18/23
399	NC		Grout repair is needed in kitchen and back storage room/door area		4/29/23
430	NC		① Tent cover is loose, for hot water heater, above/near ice maker		4/10/23
			② Floor is buckled inside walk-in-cooler and door ramp is worn/near door		4/21/23
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
M Cheryl Ague Manager			Andrew Miller, EHS		



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Betty
3/15

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 Kroger J-735	Telephone Number () Establishment () Owner	Date of Inspection 3-14-23	ID# 2008
Establishment address 5961 N SR 135, Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3-24-23
Owner		Summary of Violations: C 5 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Kristin Stone (9/8/27)			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC		The following door gaskets are split/worn. - Starbucks 2 door reach-in cooler (right side) - Walk-in dairy cooler door (middle) - Walk-in beef & pork door - Sea food 5 door reach in freezer (right side 2 doors) - Walk-in freezer (by dairy walk-in cooler) door	
295	NC		Bottom of reach-in chicken display cooler is soiled.	
431	NC		Floor under the ice bin in Starbucks is soiled.	
431	NC		Floor under the hand sink in Starbucks is soiled.	
430	NC		Floor under & around fryer is not smooth & easily cleanable ↳ Needs repainted. Note: Starbucks hand sink hot water needs turned up (100°F - 120°F)	

Received by (name and title printed): Edex Lawrence Jr	Inspected by (name and title printed): Cassi Hall / Caleb Hepler
Received by (signature): 	Inspected by (signature):
cc:	cc:



460 N. MORTON ST. STE A
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Establishment name Kumo Japanese Steakhouse	Telephone Number () Establishment () Owner	Date of Inspection 3-24-23	ID# 1930
Establishment address 1251 US 31, Greenwood.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up 4-2-23	Release Date
Owner		Summary of Violations: N/A C <u> </u> NC <u> </u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
Note			Observed a spray nozzle connected to a hose connected to the dish area without a back siphonage for continuous pressure	remove Spray nozzle
			All hand sink hot water shall be 100°F to 120°F	

xiao hui liu

CC: 

Cass' Hall

[Signature]

cc:

CC:

CC:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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 <i>La Patróna Mexican Restaurant</i>	Telephone Number () Establishment	Date of Inspection <i>3/7/23</i>	ID# <i>2639</i>
Establishment address <i>884 North US 31 Greenwood.</i>	() Owner	Follow-up <i>—</i>	Release Date <i>3/21/23</i>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <i>0</i> NC <i>0</i> R <i>0</i>	
Owner address		Menu Type (See back of page) 1 <i>—</i> 2 <i>—</i> 3 <i>✓</i> 4 <i>—</i> 5 <i>—</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Aryana Dominguez. 2/23/28</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Aryana Palafox Dominguez		Inspected by (name and title printed): Paul Betton Etb	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



JOHNSON COUNTY HEALTH DEPARTMENT
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INSPECTION REPORT

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Betky 3/24

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.

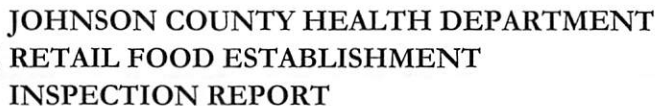
Establishment name <u>Long John Silvers</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>3/21/23</u>	ID# <u>2169</u>
Establishment address <u>2191 Independence Greenwood</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>Yes</u>	Release Date <u>4/04/23</u>
Owner		Summary of Violations: C <u>3</u> NC <u>6</u> R	
Owner address		Menu Type (See back of page) 1 2 3 <u>✓</u> 4 5	
Person in charge			
Responsible person's email			
Certified food handler <u>Shelly Harris</u> <u>1/31/27</u>			

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC		floors are soiled by three bay sink & by fryer	3/29/23
431	NC		main drain by three bay sink is soiled	1
187	C		Fish inside walk-in cooler internal temperature asap at 48°F	
191	C		No date marking on some foods inside walk-in cooler	3/23
255	NC		Ambient air temperature of walk-in cooler at 49°F	1
187	C		Rice inside walk-in cooler appears to be moldy	Asap
297	NC		Soda nozzles are soiled	
255	NC		Ambient air temperature of small cooler next by fryer at 68°F	3/23
			NOTE: @ work on cleaning floors & I recommend cleaning soda nozzles 1-3 days.	
295	NC		upper corner of ice-machine is soiled	3/23

Received by (name and title printed): <u>Brianna Miller</u>	Inspected by (name and title printed): <u>Paul Beticu EHS</u>
Received by (signature): <u>Brianna Miller</u>	Inspected by (signature): <u>Paul Beticu</u>
cc:	cc:

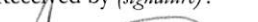



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[illegible]

Received by (name and title printed): Zhihui JIANG		Inspected by (name and title printed): Bob SMITH EIT
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

3-8-23

Bukmy 3/6/23

460 N. MORTON ST. STE A
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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 Luciana's Mexican Restaurant	Telephone Number () Establishment () Owner	Date of Inspection 3-1-23	ID# 1220
Establishment address 1133 N SR 135, 46142	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date 3-10-23
Owner		Summary of Violations: 5 NC 11 R	
Owner address		Menu Type (See back of page) 1 2 3 4 X 5	
Person in charge			
Responsible person's email			
Certified food handler Francisco Paredes Visoso (5/20/24)			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Observed queso not holding in server area - unit appeared not functioning properly	Corrected.
191	C		Observed no date marks inside walk-in cooler	Corrected
336	C		Observed a hose connected to mop sink with a spray nozzle affixed to hose without a back siphonage approved for continuous pressure.	3/5/23
448	C		Observed pest strips in bar area that is not for commercial use	Corrected.
174	NC		many bulk food product containers not labeled.	3/1/23
286	NC		Dish machine pressure gauge not functioning properly	3/8/23
324	NC		Observed a leak at bar 3 bay sink faucet connection.	3/8/23
431	NC		bar 3 bay sink floor drain is soiled	Corrected
346	NC		Observed no hand soap at bar hand sink	Corrected.

Received by (name and title printed):

Jose C. Catterwall

Received by (signature):

Jose C. Catterwall

Inspected by (name and title printed):

Cassi Hall / Andrew Miller, EHS

Inspected by (signature):

Cassi Hall / Andrew Miller

cc:

NARRATIVE REPORT

Establishment Name <u>Luciana's Mexican Restaurant</u>			Address <u>1133 N. S.R 135 Greenwood W 46142</u>		Inspection Date <u>3/1/23</u>
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY	
438	C		Observed many spray bottles not labeled.	Corrected	
342	NC		many hand sink hot water not adequate. ↳ Shall be at least 100°F	3/1/23	
256	NC		many thermometers not observed inside cooler units.	3/2/23	
309	NC		Employee restroom did not contain a mechanical exhaust fan	3/10/23	
190	NC		Previously cooked chicken covered with clear film measured 149°F and 150°F while stored at room temperature	Corrected Retained Employee	
218	NC		① Bulk bin storing tortilla chips contained what appeared to be fire damage (i.e. heat) near the top	3/1/23	
			② Various refrigeration door gaskets are split/torn	3/18/23	
			③ Warmer table leg is bent and bottle shelf is held up with an inverted metal pan		
			④ Warmer box outside thermometer was inaccurate and missing first number	3/2/23	
			⑤ Two strainers with wood handles are worn	3/5/23	
399	NC		Drain repair needed in cooking area	3/18/23	
			Notes: ① Remove foil and cardboard from shelving		
			② Cover top of tea dispensers		
			③ Lock outside walk-in-freezer		
			④ Some live small winged insects seen in firm		
Received By (Name & Title) <u>Jose Gutierrez</u>			Inspected By (Name & Title) <u>Andrew Miller EHS</u>		Page <u>2</u> of <u>2</u>

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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A 310
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 MAIN & MADISON CAFE'	Telephone Number () Establishment () Owner	Date of Inspection 3/1/23	ID# 2208
Establishment address 100 N MAIN ST FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 3/1/23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge ASHLEY SCHULTZ / JORDON GILLASPIE		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u>X</u> 5 <u> </u>	
Certified food handler ASHLEY SCHULTZ			

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[illegible]



Received by (name and title printed): * Jordyn Gillaspie Assistant General Manager		Inspected by (name and title printed): Bob Smith ETO
Received by (signature): [Signature]		Inspected by (signature): [Signature]
cc:	cc:	cc:

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 McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 3/22/23	ID# 903
Establishment address 2252 S. US 31 Greenwood, IN	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 4/1/23
Owner		Summary of Violations: C <u>0</u> NC <u>3</u> R <u> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> X </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Juan Xolo			

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[illegible]

Received by (name and title printed): ↓ Juan Xolo General Manager		Inspected by (name and title printed): Terry D Bayless	
Received by (signature): 4 		Inspected by (signature): 	
cc:		cc:	



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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[illegible]

Received by (name and title printed): ✓ CASEY Asher		Inspected by (name and title printed): Terry D. Bayless	
Received by (signature): ✓ Casey Asher		Inspected by (signature): Terry D. Bayless	
cc:	cc:	cc:	



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name McDonalds	Telephone Number () Establishment () Owner	Date of Inspection 3/21/23	ID# 2326
Establishment address 1197 south port Greenwood	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 4/4/23
Owner		Summary of Violations:	
Owner address		C <u> 0 </u> NC <u> 0 </u> R <u> 0 </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> ✓ </u> 5 <u> </u>	
Certified food handler Veronica Hernandez / Exp. 11/22/27			

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[illegible]

Received by (name and title printed):

• Veronica Hernandez G-M

Received by (signature):

2. Chen He

CC:

CC:

Inspected by (name and title printed):

Paul Blücher Lts

Inspected by (signature):

gand Betiku

CC:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A 316
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 McDonald's	Telephone Number () Establishment () Owner	Date of Inspection 3/02/23	ID# 2612
Establishment address 2962 E 500 N	Winteland, IN	Follow-up NO	Release Date 3/16/23
Owner	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>0</u> NC <u>2</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler Mathew Hicks			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Matthew Licks		Inspected by (name and title printed): Paul Betts LTH.
Received by (signature): Matthew Licks		Inspected by (signature): Paul Betts.
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



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Establishment name <i>Meijer #295</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>03/08/23</i>	ID# <i>2048</i>
Establishment address <i>2390 N. Merton St</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>3/22/23</i>
Owner		Summary of Violations:	
Owner address		<i>C 0 NC 2 R 2</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 2 3 4 ✓ 5</i>	
Certified food handler <i>Robin Owens Exp. 2027</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

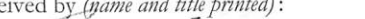


Received by (name and title printed): Jan Schuber Food/Fresh Lines Lead		Inspected by (name and title printed): Paul Beltrick Etc
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:

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 <i>Meijer Gas Station #295</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/8/23</i>	ID# <i>2037</i>
Establishment address <i>2354 N. Norton St</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date
Owner		Summary of Violations:	
Owner address		C <u><i>Ⓟ</i></u> NC <u><i>Ⓟ</i></u> R <u><i>Ⓟ</i></u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u><i>✓</i></u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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"

[illegible]

Received by (name and title printed): 		Inspected by (name and title printed): 
Received by (signature):		Inspected by (signature): 
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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 <i>Meijer #132</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>3/7/23</i>	ID# <i>636</i>
Establishment address <i>150 S. Merrill Dr. Greenwood IN 46142</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>3/21/23</i>
Owner		Summary of Violations:	
Owner address		<i>C 0 NC 3 R 0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1 2 3 4 5</i>	
Certified food handler <i>Anne Scruggs</i>			

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[illegible]

Received by (name and title printed): - July 13, 2000	Inspected by (name and title printed): Paul Beltracchi
Received by (signature): Jeffrey L. Rogers	Inspected by (signature): Paul Beltracchi
cc:	cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name My Super Taqueria	Telephone Number () Establishment () Owner	Date of Inspection 3-14-23	ID# 1582
Establishment address 89 E Jefferson St, 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up /	Release Date 3-24-23
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>2</u> R <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Certified food handler Francisco Garcia Lopez (exp. 4/8/26)			

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- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): Roberto Villarreal		Inspected by (name and title printed): Cassi Hall / Caleb Fleener	
Received by (signature): Roberto Villarreal		Inspected by (signature): Cassi Hall / Caleb Fleener	
cc:	cc:	cc:	