

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.										
Establishmer	nt name		about Ind		g in security		Telephone Numb		Date of Inspection	ID#
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Establishmer	nt address	1	0 11	C-	reens	box	() Owner		4-6-6	148
Establishment address GON US 31 Greenwood 4/0142				Purpose:		Follow-up Release	se Date			
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							2. Follow-up		Summary of Viola	tions:
Owner address				3. Complaint			-			
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Person in charge				5. Temporary		CNC	R			
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Certified foo	d handler	-							1 2 × 3	4 5
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Section #	C/NC	R			-	N	Varrative			To Be Corrected by
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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

Establishme	ent Sanita	tion Requirements. The time limit for correcti	ion of each violation is specified	d in the narrative portion	of this report.
Establishmer	nt name	jueken hermer	Telephone Number	Date of Inspection	ID#
Enc	dress	Hauser	() Establishment	11/10/20	00811
Establishmer		A	() Owner	4/17/23	2284
235	5 £	notress place	Purpose:	Follow-up Releas	e Date
Owner			1. Routine	10 51	1/23
(nucle	4	Services GEndress	2. Follow-up	Summary of Violat	ions:
Owner addre	ess	Hauser	3. Complaint		
			4. Pre-Operational		
Person in cha	arge	while he was a self-or as as a ring .	5. Temporary	C_NC_	R
1	25.04		6. HACCP	A 17 10 10 10 11	- J 579 5
Responsible	person's er	nail man lenge digeta ang tratagon a lengt	7. Other (list)	Menu Type (See l	back of page)
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Certified foo		ansatto 6/16/25		123	45
	1	IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION((S) REPEATE	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	
Section #	C/NC	R	Narrative		To Be Corrected by
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		discurred.	meeds cleaning		
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Received by	(vame and	itle trinted) ·	Inspec	ted by (name and title printed	7):
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Received by	(signature):	1/2	Inspec	ted by (signature):	10 . 4
cc:	1	cc:	cc:		
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					Page 1 of



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.

Telephone Number Date of Inspection 4-4-2023) Establishment) Owner 1251 U.S. 31N Follow-up Release Date

Yes 4-14-2023 Purpose: Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler NOA Provided 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 4-4-2023 415 Observed insects throughout 415 3-14-2023 NC oserred c NOON Note: Clean throughout establishment. TO THORNING ONLY SINGLE GOOK COOK Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc: cc: Page 1 of



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

Page 1 of

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

Establishment name Person in charge Responsible person's email Certified food handler				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 1D#	
Certified foo	od handler	r			12 × 3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVEROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW A	s "R"
Section #	-	THE OWNER OF THE OWNER,		Narrative		To Be Corrected by
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Received by Received by	aie	g hi	printed): Lowe Same cc:	02	ed by (name and title printed) Solution Ed by (signature);):



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 Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Narrative To Be Corrected by 224 Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc:

NARRATIVE REPORT

Establish	ment N	lam	e Address	Inspection Date
La	Her	VC	adura II 226 S SR 135	4-26-23
Section#	C/NC	1 1	REMARKS	TO BE CORRECTED BY
177			Large Spice Shelving unit not 6"	
10 1811			above floor	
ļ		_		
			Mote: # Employee drinks Shall have a Lid & not	
			Shall have a Lid & not Stored above food or food	
			Drep areas	
			property and the	
		'	note: Cloth, towels shall	
			not line bes bottom of	4
		Ш	beer coolers in bar.	
		-	on to Hall I all all	
		\vdash	note: Hand towels shall be	
		H	Provided @ All designated Phand Sinks @ All times.	
	100	Н	hand sinks (@ All times.	
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Received B	y (Name	& Ti	Inspected By (Name & Title)	Page 2 of 2
State Form 4	8621 (P2	18.0	TANU.	
State FUIII 4	5021 (RZ	, 0-0	Elizabeth Schulty	



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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 parrative portion of this

3:07 p.m.

Establishment name	Telephone Number		D#
Luciona's Mexicon Restaurant	() Establishment	11 20 20 1	200
Establishment address Greenwood	() Owner	14-15:65/	
1133 N SR 135 46142	Purpose:	Follow-up Release Date	
Owner	1. Routine	VES 15-5-	23
	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint		
	4. Pre-Operational	/ 1	
Person in charge	5. Temporary	CNC	R
Jose Cuotlacuatt	6. HACCP	I was recommend that their	
Responsible person's email	7. Other (list)	Menu Type (See back o	f page)
safra e vin finisce un un construir	all tag salls	Calker I are agreen the Lin	um
Certified food handler		1234_	_5
Mancisco Paredes VISOSO (5/2)	0/24)		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE		NAMES AND ADDRESS OF A SHARE	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	Narrative		e Corrected by
Section # C/NC R	variative	10 10	Corrected by
18 C C SELLO C TIPE	COLLON HOW		MILLIA
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107 C Proprietario	Chicken Insi	in potental de	SCLVAS
CONTAINS (With a	(DIE Made	41/11/73	JAN. CAL
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190 NO BOSENED MANY	CONTUNES &	2911PHO DEVEROU	Ni C
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324 PC OBSENIO VOV	DSINK MOT	attachla 5-	4-65
10 Mall	Cleman		
336 C. XIVERALA NOSE	CONDECTED H	1 MMn 4-	70-12
330 1000	74 1/60211	CHETTER	900
to hose bushout	ON DOUCK SID	Mana & Com	
top and topped	Mills on SIN	6 1010 -	
294 C Mened During	Shinning &	mitner 4-	147-18
1855 From 10 ppm 150	VIII DE 5000m	- 100 ppm	
Received by (name and title printed):	hspect	ed by (name and title printed):	1, mil
x Jose Wattaroct	U	DO HOW / WIND	rew / 1/ll
Received by (signature):	Inspect	ed by (signature): Ana	rew Mil
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NARRATIVE REPORT

218 N Z door reach in coder on 95kt 5-15- 314 N Z door reach in coder on 95kt 5-15- 324 N Z door reach nove of the sound	-23
324 NC HOND SINK NOT WEEKS NOT 4-25 399 NC Shout never melded in bang 5-5- COOKING area 430 NC Walk -in- cooler bottom 5-1- doon hinge is damaged and the doon is mot fully closing 286 NC V Kitchen dish machine Hersure garge was not working	BE CTED BY
324 NC Peeds three dawn. 324 NC Pool Sink not litter is not 4-25 399 NC Shout nearly melded in bang 5-5- Cooking anea 430 NC Walk -in-cooler bottom 5-1- door hinge is damaged and the door is not Pully Closing 286 NC V Kitchen dish machine Working I was not Working I	-23
324 NC HONG SINK NOT SINK 1-25 399 NC Shout repair melded in bang 5-5- COOKING anea 430 NC Walk - in - cooler bottom 5-1- door hinge is damaged and the door is not Fully closing 286 NC / Kitchen dish machine Working - way was not working -	
399 NC Brout near meded in bar 5-5- COOKING area 430 NC Walk - in - Cooley bottom 5-1- door hingl is damaged and the door is not Pully Closing 286 NC V Kitchen dish machine Hessure gaige was not Working	_
399 NC Brout nepair meded in bar 5-5- COOKING ANIA 430 NC Walk -in-Cooler bottom 5-1- door hinge is damaged and the door is not fully closing 286 NC D Ritchen dish machine nessure gaige was not working -	-23
Cooking area 430 NC Walk - in - Cooler bottom 5-1- door hinge is damaged and the door is not fully closing 286 NC D Ritchen dish machine nessure gaige was not working -	
and the door is not fully closing 286 NC / D Kitchen dish machine) Messure garge was not working	-23
and the door is not fully closing 286 NC / D Kitchen dish machine) Messure garge was not working	-73
messure gauge was not	
messure gauge was not	
messure gauge was not	1-23
Tworking -) - 2
309 NC Kitchen auch machine 5-1	
	5-23
air ventilation hood appeared	-
of steam, was noted in the	1
Ritchen Mear Ilt spray rinse	
Station	1
	5-23
Connection and under right	
aran pipe	
1 Set spray runse hose	
O Unit gleaks at center	
CONCICTION	
Note: Observed a few small files	William Ba
Note: Hand Sinks are for hand	
Mostary Milli	
unton suck said with four	
Separate writs 1 a hand Bink	
hose under continuous pressure, and	
two wall chemical dispensers)	
Received By (Name & Title) Inspected By (Name & Title) Page 2	

State Form 48621 (R2 / 8-05)



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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 address LOCKEY Establishment address Owner Owner address Person in charge Responsible person's email Certified food handler			Telephone Number () Establishment () Owner Purpose: (Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# H-(8-73 329 Follow-up Release Date H- 18-23 Summary of Violations: C NO R Menu Type (See back of page)	
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		ENTIFIED IN THE CHECKLIST AND NARRATIVEROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	AS "R"
Section # C/N			Narrative		To Be Corrected by
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Brala l	NO	tuel "			Page 1 of



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#
Willay KIM	() Establishment	11 21 12 11
Establishment address	() Owner	4-60-63
10900 Whateland led	Purpose:	Follow-up Release Date
Owner	1. Routine	J-15-6-15
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	/
Person in charge	5. Temporary	C NC R
	6. HACCP	
Responsible person's email	7. Other (list)	Menu Type (See back of page)
- is - 2 x 1 m m = 17	ta an analy	- North Supplier Co.
Certified food handler		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST	AND NARRATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS AR		THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
415 NC OBSERVED TO	dent propries in inte	rior 5-17-73
colomets in	dankstalis Storage	room (a few)
177 NC Observed Ca	orn Strup and utens	oils Stored 4-26-23
in dawnsta	ins employed restro	
IT w portan of	DOIN GUEL STOVERS	Jelves 5-5-23
located in	Contistours Storage	10011
7.18 10 1016-10 (6	poler door acsout 15	5-710-73
346 NC NO hand SC	a at my drak bi	2 000 4-26-23
Sunk	super to see situation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
347 NC NO paper t	ours of hand sink	hu 3
Day Sink		
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	custo ue cream Sha	
rote: cand	n't access chest fr	ulzer
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Received by (name and title printed): Madeline BRIGGEMAN		21 HMM
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сс:	cc.	
		Page 1 of



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

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

Establishment Sanitation Requirements. The time limit for correct			
Establishment name	Telephone Number	Date of Inspection	ID#
MARATHON EXPRESS	() Establishment	1.1	
Establishment address	() Owner	4/24/23	2463
2710 52 135	Purpose:	Follow-up Relea	se Dațe
Owner	Routine	5	14/23
PJAY TWO IX PARTH PATEL	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint		
2710 SR 135	4. Pre-Operational		
Person in charge	5. Temporary	C_D_NC_	O R
GURI	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See	hack of page)
	7. Other (iisi)	Wienu Type (See	1 essential
Certified food handler		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT.	IVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN 1		IN THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
+ 1/2 WATER IN PURIN	Remone is its	- FUNCTION DING	5/2/23
* NOTE + HOT WATER IN PUBLIC	UNDEREDICTURE	2)	5/42
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сс: сс:	cc:		



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			1		15 45	
Establishme			The state of the s	Telephone Number	Date of Inspection	ID#
	114 (Cu	7	() Establishment	4/28/23	223
Establishme				() Owner	1/20/23	
259	5. r	11.0	ridian st. Greenwood.	Purpose:	Follow-up Releas	e Date
Owner				1. Routine	\ \frac{1}{1}	ney 8,2023
				2. Follow-up	Summary of Violat	ions:
Owner addre	ess	The State of		3. Complaint	5500	
				1		
D : 1				4. Pre-Operational	0 0 20	2 n
Person in ch	arge			5. Temporary	C O NC	R
		91 U.	er men sa eque — ette — et ma	6. HACCP	matten.	
Responsible	person's	emai	Pre-jibar i mani i irana - a Accidi kol	7. Other (list)	Menu Type (See)	back of page)
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Certified foo	od handle	r , N	Miller		12_X_3	45
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			ENTIFIED IN THE CHECKLIST AND NARRATIV		IN THE NADDATIVE DELOW	AS "B"
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Section #	C/NC	R		TVarrative		To be confected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishment name	Telephone Number	Date of Inspection ID#
DY SIIC	() Establishment	11 20 20 12644
Establishment address	() Owner	4.60-63 600
1) () Sween and love E.M.	Purpose:	Follow-up Release Date
Owner	1. Routine	5-1-77
		Summary of Violations:
	2. Follow-up	Summary of violations.
Owner address	3. Complaint	1
	4. Pre-Operational	
Person in charge	5. Temporary	$C \longrightarrow NC \longrightarrow R$
Uran la segnago di cili na con in escribir di differenti di con	6. HACCP	west for the action abatisas
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler		1 2 × 3 4 5
Mail Frost (177,017.7)		12345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	1
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW AS "R"
	Narrative	To Be Corrected by
718 NC WANKIN COOKE AC	C CASVOT 18 S	mm 15.10
	Classi	Kuttani,
392 px 12mpster lid 1707	7193	1015 The second section 1015 to 175.
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		tatioi	n Requirements. The time limit for corre			of this report.
Establishme	nt name	1.	. L #111/	Telephone Number	Date of Inspection	ID#
0.	na	lll	UN # 406	() Establishment	4/25/23	1111
Establishme	ent addres	SO	97 - H	() Owner	1,754,7-5	/
8 X 6 .	5.5	.K	.133 Leenwood	Purpose:	Follow-up Releas	Date
Owner	2 0	0	1 1N 46143	d. Routine	10 5/	5/23
(!)'(har	00	up, LLC	2. Follow-up	Summary of Violat	ions:
Owner addr	ress			3. Complaint		
				4. Pre-Operational		
Person in ch	narge		the second secon	5. Temporary	c_0nc	$2_{\rm R}$
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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 FRANKLIN, IN 46131

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

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

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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

Owner

MC INVESTMENTS

Owner address Purpose: Follow-up Release Date 2. Routine 2. Follow-up Summary of Violations: 3. Complaint 4. Pre-Operational Person in charge 5. Temporary Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 110A ZEMANTIS Exp. 1/11/25 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 - LIGHT OUT IN STORAGE ROOM
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	Page 1 of



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.

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2962 E. 500 N. 46184) Establishment 11:30AM) Owner Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational $C \nearrow NC \nearrow R$ Person in charge 5. Temporary 6. HACCP Menu Type (See back of page) 7. Other (list) 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 Narrative To Be Corrected by CABINET UNDER SODA MACHINE IS SOLED 431 - OLD RAGS OBSCRUCO CATILLED FLOOR IN CABINGT 195 NIC FLOOR UNDER ICE CREAM FREEZER AND REFRIOGERATOR 430 WALK-IN COOKER 218 Ne 431 430 218 NL 295 430 Inspected by (name and title printed): Received by (name and title printed): cc:

NARRATIVE REPORT

, Establishment Name			Address		Inspection Date
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			MUST BE REPLACE COMMERCIAL FREEZO 1, CURRENT UNIT 2. UPLRADING / EX 3, DUNTERSHIP COLO	STOPS WORKING DANDING FACILITY NGE	
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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 FRANKLIN, IN 46131

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