

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

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

Page 1 of

Establishment name  Telephone Number  Date of Inspection  ( ) Establishment  Telephone Number  7/7/23	1D# 419
1601 11 OWNER	
	Date   23
Jo. Co. GovT 2. Follow-up Summary of Violatic	
Owner address  3. Complaint	
4. Pre-Operational	
Person in charge 5. Temporary C O NC C	DR
TI FFATUY PRUITT-ROTHEMETER 6. HACCP	shirtsas.
Responsible person's email  7. Other (list)  Menu Type (See ba	ick of page)
Certified food handler  KATHERINE BARUABY  1 2 2	55
• 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"
A STATE OF THE STA	To Be Corrected by
* NO VIOLATIONS GBSERVED	PENGERIN
M MOCHANICAZ SISHMAZHINO ZOT WATER	Approximately 6
THE TEMPERATURE ADEQUATE 160°F OR MORE	
NOT ON PLATE/UTENSIL SURFACE (WAS 164°F)	
han Ding of the nimeter to a good of the control of	
to the state of th	of the control of the
	intrarea -
Received by (name and title printed): THANY Pruitt-Rully [Inspected by (name and title printed): Bob South &	*5
Received by (signature):  Inspected by (signature)  Bull	iloadore  - G

## 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. Date of Inspection Telephone Number Establishment name Establishment 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 Menu Type (See back of page) 7. Other (list) Certified food handler 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 Corrected 193 Inspected by (name and title printed): Received by (name and title printed): Elizabeth Schultz Received by (signature) cc: chall @co.johnson.in.us

Establish	ment N	ame	e Address	Inspection Date
KF	<u>C</u>		1293 N SR 135 46142	7-10-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
174	NC		Label all hulk food - Containers	7-10-23
			Label all bulk food-Containers	
			Front hand sink not in use (would)	7-10-23
			because préviously the water did not get to 100°F All Hand Sinks shall be operable	
			did not get to 100°F	
			All Hand sinks shall be operable	7-10-23
		$\dashv$	a all times.	7 1 77
		$\dashv$	Hand wash Sinks Seemed to	7-10-23
			have intermittent hot water provided	
			Restrooms are soiled	7-10-23
			71 2011 2011 3 21 2 2011 29	, ,0 0 3
<u> </u>		$\dashv$		-
		$\vdash$		-
			Serv Safe employee will	
			be required when existing	
			Sew Safe Certiful employee	•
			is no longer a this loca	ation
		$\dashv$		
		$\dashv$		
		$\dashv$		-
<u> </u>	. 48.			
Received By	Name	ă Ti	Inspected By (Name & Title) Colingbeth Schulty ( )	Page <u>2</u> of <u>2</u>

State Form 48621 (R2/805)
You may make written Comments-fax, mail, or email



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

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Page 1 of\_

Establishme  Establishme  Owner  Owner	ger nt address N M	S	ton St Huisl	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational	Summary of Violation	21   23 ons:
Person in ch	A CARLO AND A COLUMN TO SERVICE AND A SERVIC	Б	Reed	5. Temporary 6. HACCP	c	2_R
Responsible	CONTRACTOR OF THE PARTY OF	-		7. Other (list)	Menu Type (See ba	ack of page)
Certified foo		200	20 (SERUSARE) (EX	P 2027)	123	4 <u>×</u> 5_
			ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS	; "R"
Section #	C/NC	R		Narrative		To Be Corrected by
197	C	llej loni	Internal temp of mo	at Deli (not a	rved at . t 135° or muc	JETPEM OF
239	NC		by minimum of le 1	nit stored off nines in back	cf Sushi	7/12/23
Note	V		Ph lug fer sushi not	up to date		Corrected
Mote	V		sushi cooler ambier	it air 46°		7/12/23
399	NC		Worn Wall in area	of balk chli	department	9/12/23
347	NC		Hand sink in dell ar with disposable to	Provided	7/12/23	
346	to me Hand sink in barnery not Provided with					7/12/23
Received by	(name and			Inspect Beb	ed by (name and title printed)	ney King
Received by	(signature)	Activities - 1	↑ ·	DA	ed by (riggrange): //	nes
cc:			cc:	cc:		

Establish			e Address Franklin, Frankl	Inspection Date 7/11/23
Section#	C/NC		REMARKS	TO BE CORRECTED BY
239	NC		STUTAFORM + rous not stored off floors by	17/12/23
	100		Styrofoam trays not stored off floors by MIN OF le inches in meat départment	1 17.09.00
WHC	$\checkmark$		Observed ham stocked above load limit	7/13/23
	_		Observed ham stocked above load limit in display refinder that	
<del></del>		_		
		_		
		$\vdash$		
		$\vdash$		
			<i>a</i>	
Received By	y (Name-	8 F	Inspected By (Name & Fitter)  Ball Image   March   Mar	Page <u>2</u> of <u>2</u>

State Form 48621 (R2 / 8-05)



#### 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

		tation .	xequirem	ents. The	time iimit	for correct	on of each violation is sp			_	i tilis report.
Establishme			beel am				Telephone Number		Date of Insp	ection	ID#
KYB			SVI	·			( ) Establishme	nt	m /	1	0000
Establishme							( ) Owner		1/27	73	2230
262	5 1	4.1	nortor	1 St	•		Purpose:		Follow-up	Release	Date
Owner							1. Routine				
							2. Follow-up	Ī	Summary o	f Violatio	ns:
Owner addr	ress						3. Complaint				
							4. Pre-Operationa	1			
Person in ch	aroe						5. Temporary	.	$c(\zeta)$	NC_&	Y
									Cal	NC_Z	- X
Responsible	-		STC STUIT	A STATE OF THE PARTY OF THE PAR	104		6. HACCP		M T	/Can las	ah af naaa)
Responsible	persons	Cilian					7. Other (list)	e House	Menu Typ	e (see ba	ck of page)
Certified for	nd handle	r							/	/	
Geranea 100	or marcine								12_\(\frac{1}{2}\)	3	45
• CRITICAL	ITEMS AI	RE IDEN	TIFIED IN	THE CHE	CKLIST AN	D NARRATIV	E COLUMNS MARKED "C"				
							IE "SUMMARY OF VIOLATIONS	" AND IN T	HE NARRATIVE	E BELOW AS	"R"
Section #	C/NC	R					Narrative			7	To Be Corrected by
					^	$\wedge$					
	, latte	en ne	NO	viola	tion	dun	ng meple	ATON	7 ,	BIDOTA J	de la companya de la
9(1) (4,2)	i i i mig	SUTTE A	A Loon	Dobu	r barriga	ar lergist vir		11 197	A PATIETY	31/001 5/8	ODDENE
			4101211111	Hallifice	10,170	OHIT P	THE RESIDENCE TO		of pratiti	1591V/185	ALD TXXII
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										100	
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			4 Beach	levi	1, -,	10,			1 (1 - 1 - 1	a milan	nhansad #
	1	ord.	405322		ulesi L				and of net	a the second	enno de la companio
	-										
	-										
D : 11		1 00 1					1	Inemostad 1	by (name and ti	itle trinted):	
Received by	il G	$)h_{\cdot}$	niea): H	Lin	-11		1 1 3 300	Dai	U Bl	tipu	2Hs
Received by	(sjgnature	:00	0	11 -	1			Inspected	by (signature): l BUAD	No Hills	ngkatera.
	FUL.	Wi	X_	1127	(6053			Rau	l BUTE	u	
cc:		-	-	cc:				cc:			1-0.87
							1				



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

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			ratequirements: and time mineral consecution	or or other transmission of	1	
Establishmen	t <sub>a</sub> name		described and season and an arrange	Telephone Number	Date of Inspection	ID#
1/0	HPY	17	MNCATI	( ) Establishment	7 11 00	1150
Establishmen	t address	5		( ) Owner	11-11-73	1601
226	9	9	2 135	Purpose:	Follow-up Relea	se Date
Owner		71	1	1. Routing	11/0	7.1-13
Owner						0.00
				2. Follow-up	Summary of Viola	tions:
Owner addres	SS			3. Complaint		
				4. Pre-Operational	1 1	7
Person in cha	rge	,	Allen Street and annual to a second first a form	5. Temporary	C NC	R
1.0				6. HACCP		
Responsible p	erson's	emai	From Learn Line and Language and Language	d .	Menu Type (See	hach of page
responsible p	00130113	CITIAL		7. Other (list)	Menu Type (See	ouck of pages
Certified food	l bandla		1822			\/
amonghouse.		1	NO 70 do (EXP.		123	45
200		7/	NE ZOIGH CHECK SET AND NA DRATHE	COLUMNIC MARKED HOW		Valid Carried Street,
			ENTIFIED IN THE CHECKLIST AND NARRATIVI ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		ND IN THE NARRATIVE RELOW	AS "R"
-	C/NC	-		Narrative	IVD IIV IIIL IVARREITIVE BELOW	To Be Corrected by
1111	O	И	DVC 0.0 12 1 0 Co.	1: 11	40000	Q 1 20
415			DISCULO CI FELL	Hies throw	MOUL	10-1-63
	15/19/17	1176	hitchen.	1 1	150/2 2 500	2 (UERIEN)
			SODSPILL THE	Stabs IV C	ISVI OYEG	28 111 7 211
17 1	1.0		1 Ot orbitohing 4	Or COMMer	Crabbase Iven	oved 1
414	MC		KITCHIN DOCK OF	DON SCHEEN	13 MONNITON	1-14-13
190	NC		Observed Unicles	Cooling	J'ICO MOSTER	1-11-63
			Mede a Dague	Of Hamen	utholia.	
			(chiden was not	Horea in	y Din that	
			15 SUMMERGED IN	110:) 89	OOF	
	,		not on approved	y WELVED O	+ Cooling.	
NO	te:		Observed on or	KY COCK-C	DIO COM	4
	11000000		Stored Inside to	1 PTOP INC	1 (00 TET	Arrend
	-		(16++ 2:90) OLOONS	- 4009 MOI	Out: and	- 111.10
216	NC		Opserved to it by	y the tollowing	1 tamprout	1-14-13
			10 warmer tape	Q Carlo	J V ,	
			12 interior of the	p top Coole		
			(3) Stall.	1 1		
			NOT COSILY CLEONO	NIC .		
Received by	name and	7	brinted):	1( '	spected by (name and title printe	d):
Received by	cionature				pected by (signature):	packaginga
Treceived by (		Oll	mil.		MAT ECO	
cc:		1	cc:	CC	c:	
-						Page 1 of /_

Establish	ment N	lam	e Address	Inspection Date
LStabilish	\@\\C\		1 221 C CO VAC	
LCX	MI	7	dura I 226 S SR 135	7-11-23
Section#	C/NC			TO BE
112 -		$\vdash$		CORRECTED BY
450	3	Н	How throughout hitchen 15	8-12-13
				<u></u> ,
795	NC	7	150th 2 door thip too Coolers	8-11-23
			Shelling rocks are soiled rusty	
		(9	DShelling rack storing (Jean dishes	
			is solly wisty	
		(2	Sheling the K bas dish machine	
		$\square$	15 Solle Mishi	
		(4		
		M	Soiled Total Soile	
		$\vdash$		. 1 .
<del></del>		$\vdash$	DWalk-in Cooler Lacouris Mon)	100
1211	. 51	Н	Disoth flip top Collers	71,00
234	NL	$\vdash\vdash$	Upseived a Knife Stored in the tup	7-11-23
		$\vdash$	too cooler sout	\
7.0		$\square$	5 not a clean Sytacherer	
218	Nr	<b> </b>	DOSENED DONK IN COOKE OUT	8-11-23
			andient temperature (0)0015	
			DSMILL DE YOF O'VIESS	
			5005Erred 10 Duild 10	<u> </u>
		П	Note: 3 Ween - (XH SWIFING, Orid	
		П	Day Opener Opener DAT applicate	
		$\Box$	FOR COMMERCIAL USE.	
			Note: Light Of april dish Machine	
		$\vdash$	Note: All Control Control	
		$\vdash$	THE PIN TOWN INCOME.	
		$\vdash$	Stored 6" Ott, Change 151001.	
		$\vdash$	Note: hand Sink by Stock Paks	
			typy tallet.	
		Ш	More: Labet all Spray bottles +	
		Ш	DUTK CONTINUES DOTALES.	
		Ш		
		П		
		П		
Received B	y (Name	& Ti	tle) , Ipspected By (Name <sub>/</sub> & Title)	0 1
Mesto	C.		1 10010	Page 2 of 2
17162 <u>1</u> 0	1. ()	بلالإ	orada Mila Santa	



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

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

Establishme	nt name	,	els est another violation parties at a	Telephone Number	Date of Inspection	ID#
1/2	20	54	7	( ) Establishment	7/11/2	7219
Establishme	nt addra	cc	111 106	( ) Owner	7/14/23	2019
5	0 1		SR. 135 STEA	Purpose:	Follow-up Releas	e Date /
Owner				1. Routine	7/21/29 7	124/23
				2. Follow-up	Summary of Violat	
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in ch	arge			5. Temporary	c_Z_NC_	7 <sub>R</sub> —
too fee				6. HACCP	nenskehmen er men	licatori Fave
Responsible	person's	emai	n - lateredoms in hereby of sixue -	7. Other (list)	Menu Type (See l	pack of page)
1	1			The state (stee)	and have enjoying	and of Fig.
Certified foo					1 2 3	$_{4}$ $\times$ $_{5}$
Jus	EPH		1 ENEN 64-11/21/21			
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	VE COLUMNS MARKED "C"		
<ul> <li>VIOLATION</li> </ul>	_	-	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	
Section #	C/NC	-		Narrative		To Be Corrected by
174	MC	-	BULK FOOD CONTAIN	DORS ARE NOT	CABELED	Vieronza I.
2-1	.\.		7 11 - 7650 16	1 -1/2	F2 1/2	noine sea
256	NC	+-	CHEST FREEZER	14 MERLMONGTO	THE IN THE	gabassari
	-	-	CHOST PIECE DOVE			
		-70	- CHEMILAL SPRAY B	DOTLES ARE	NOT CABLED	
438	C	L	Colemical Spray E	STLES ARE	30000	
			NEAR OR ABOVE	FOOD CONFEL	J SRIFACE,	
			- DO NOT STERE N	ENR:		
	مسنب		- Fron		Landing II muray	mism-roll
210	114	in E		1	1 Co	z Lubresed k
218	NC	-	- UTENSILS NOT IN	S COOP NOPE	Para and morrestand	description /
<u> </u>	-	-	-2 STRAIDERS			111800 0012
		$\vdash$		ITATIZER		
294	C	-	Disit Muetine: Cotton	the LOUGL ED	WAL TO OR	
			GREATER THAN ZOOP			
			, ,			
Received by			printed): Hin Robuguez Towes	Insp	pected by (name and title printed	
Received by			Frontier 1000		pected by (signature);	/
			ROBRIGEOT T.		K-R. 2/	
cc:			сс:	СС	1	
					MOLECON	
					~ ~~~	Page 1 of

Section CNC R REMARKS  CORRECTED BY  CONTROLL	Establish	ment N	am	Address 50 N SR 135 4101010.	Inspection Date
H31 MC Officer Under Snellyng Units in Storage 7-20-23  VOOM OR, Soiled  IS SOILED  IS SOILED  IS SOILED  IS SOILED  IN OF EASILY Cleonable  295 M ONTER OF 16 MOLANGES SOILED  IN OF EASILY CLEONABLES SOILED  IN OF EASILY CLEONABLES  DO CAVEEN & SILVEY SNELLYN (CAKS LATE  BY ASSING MAN MILL OF SOILED  THE ASSING A PORT OF THE THREE DIST 1-28-23  THE ASSING A PORT OF THE THREE DIST 1-28-23  THE ASSING A PORT OF THE THREE DIST 1-28-23  THORE : MILK COMMITTEES EXP ON 7/13/23	Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
Received By (Name & Title)  Linspected By (Name & Title)	431	NC	0	Floor under Shelving Units in Storage	1000
Received By (Name & Title)  Linspected By (Name & Title)			7	room are soiled	
298 M. Sherila foil in my the portion of 7-14-28 298 M. Sherila foil in my the portion			(2	The state of the s	
295 K Shart or of 100 man 115 Solid 7-70-73  Doctor of 100 man 115 Solid 7-70-73  Doc	7-110	NC			7-14-23
295 M Shekror of 10 maching sould. 7-20-23  Maching by Soan Maching 15  Sould of Shekror & Silving Shekror (ackshairs)  374 NC Obervilla a leak at the three blow 1-28-23  218 Maching a leak at the three blow 1-28-23  **Thore : Mick Commence Exp on 7/13/23  **Received By (Name & Title)   Juspected By (Name & Title)   A 1				d'Showy hink	
DOCKTON OF LEAR IN COCA-COLO  MOCHANI MY SODA MOLLANIE IS  SOLE OF SILVE SHEWING CACKS HAIS  374 NC OFENICA O LEAK AT THE THREE DAY 1-28-73  218 MILLE CONTRIVERS EXP ON 7/13/23  THORE : MILLE CONTRIVERS EXP ON 7/13/23  Received By (Name & Title)  [Inspected By (Name & Title)				bnot easily Cleanable	
Sold.  Discontinuity of Sold 1128-73  218  HOOTE: MILK Commens Exp on 7/13/23  Received by (Name & Title)  Inspected By (Name & Title)	295	M	()	disterior of 10 machine is solld.	7-20-23
Sold.  Discontinuity of Sold 1128-73  218  HOOTE: MILK Commens Exp on 7/13/23  Received by (Name & Title)  Inspected By (Name & Title)			(1	pottom of reach in cola-cola	
324 NC SERVED A PART HOLE DAY 1-28-73  218 MAR ON THE CONTRIVENS EXP ON 7/13/23  THORE: MILK CONTRIVENS EXP ON 7/13/23  Received By (Name & Title)  [Received By (Name & Title)]  [Inspected By (Name & Title)]				English by sook tricering is	
374 PC Served a fear At the three Day 1-28-73  218 Mar Doseved gaps in mad System  Thore: Mick Corrainers Exp on 7/13/23  Received By (Name & Title)  Inspected By (Name & Title)  Inspected By (Name & Title)			6	Dereen + Silver Shellin raksini	
Received By (Name & Title)  Sink draw Ing Congliction  Applied Sink draw Ing Conglicti			-	on dish machine we solled with	
Received By (Name & Title)  A DOTE : MILK CONTRIVENCE EXP ON 7/13/23  Received By (Name & Title)  Inspected By (Name & Title)  Inspected By (Name & Title)	324	MC		CASSES OF THE PARTY OF THE PART	7-28-23
Received By (Name & Title)  A TITLE CONTRIVENS EXP ON 7/13/23  Inspected By (Name & Title)  Inspected By (Name & Title)	210	mm		31112 digital line collision of	
Received By (Name & Title)  Inspected By (Name & Title)	718	Sant.		ODSERVED SHOW SHOWN	
Received By (Name & Title)  Inspected By (Name & Title)	1	1	4		
Received By (Name & Title)  Inspected By (Name & Title)	*	JOTE	- 5	: MILK CONTRINGUES EXP ON 7/13/23	
Received By (Name & Title)  Inspected By (Name & Title)				, , ,	
Received By (Name & Title)  Inspected By (Name & Title)					
Received By (Name & Title)  Inspected By (Name & Title)					
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Received By (Name & Title)  To an Marin Roberts T-  Inspected By (Name & Title)  ASS HAWKEUR Rown  Page 1 of 1					
Received By (Name & Title)  Town Warm Rodry 2 7-  Inspected By (Name & Title)  ASS: Hawker Rower Page 1 of 1					
Received By (Name & Title)  Juan Marin Robys to ASS: Hawker Received By (Name & Title)  Page 1 of 1					
Received By (Name & Title)  Town Mantin Gorges 4-  Inspected By (Name & Title)  ASS: Hall Keyner Received Page 1 of 1					
Received By (Name & Title)  Juan Mantin Gorges J-  ASS: Hall Keys R have					
Received By (Name & Title)  Town Mantin Rodright T-  Inspected By (Name & Title)  ASS: Harry Robert Page 1 of 1					
Received By (Name & Title)  Town Mantin Govern 2 7-  Inspected By (Name & Title)  ASS HOW KEVIN R David Page 1 of 1					
Received By (Name & Title)  Town Mantin Govern 2 to 1  Inspected By (Name & Title)  ASS HOW REVISE DE					
Juan Mantin Rodrigor 2 to Page L of L	Persited 5	y (Nam-	ρт	itio) Inspected By (Name 9 Title)	A 1
State Form 48621 (R2 / 8-05)	Juan 1	lav.	1		Page of

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

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Page 1 of 1

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 corre	ction of each violation is specified	in the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Laindo Mexico, Inc	( ) Establishment	7/10/10	1483
Establishment address Green W	oca ) Owner	1/10/23	11100
	Purpose:	Follow-up Release	Date
Owner 46143	1. Routine		18/23
Wian Bravo	2. Follow-up	Summary of Violation	
Owner address	3. Complaint		
U	4. Pre-Operational		
Person in charge	5. Temporary	c_0_nc_4	R
Sen Cale Ex	6. HACCP	nemb fedte e sout d	alanta al
Responsible person's email	7. Other (list)	Menu Type (See bo	ack of page)
Juan Bravo (8/17/27	1	appliant services as	,, F8-7
Certified food handler	7	1 2 3 ~	4 5
Daniel Jovan (11912)	/		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN			and the second s
0.00	Narrative 1		To Be Corrected by
430 NC alley door	is acterion	atla	9/18/23
at the be	ottom		0 100 100
218 NC Omiddle door	gasket to	inon	8/18/23
preparation	a classe	+000	
motal and	a lacid	tom	
olano asa	) Marie Ma		
(3) TValk-un - C	golow mot	( )	
Shouting	runty		Ц.
430 NC TOD OF COUR	base (tile.	)is	9/18/23
Dulling awa	y from t	he nort	
kitcher wall	Rear de	o Bryer	polyanya   + 1
324 NC Hot water	un mon's	100	7/19/23
restroom was	s 127°F and	women	Prange
was 135°F.	^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1000 F to
note: Some			120° F may
live) were	den in fi	fim.	
	U		
Received by (name and fitle printed):	Inspect	ed by (name and title printed):	
D-1 - 1- D 1	Inspect	DAVELLI MI	llor FU
Received by (signature):	1 11	ed by (signature):	500
KATO R	1/1/2	rdrew M	1000
cc: cc:	cc:	www in	1
100			



#### 460 N. MORTON ST. STE 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.

Establishment name Date of Inspection Telephone Number ) Establishment 7/10/23 ) Owner Follow-up Release Date 7/20/23 Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational c 0 NC 3 R Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler 至水平. John 2028 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 295 NG 216 NI No 112 Received by (name and title printed): Inspected by (name and title printed):



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

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

		ation Requirements. The time limit for correct			
Establishme	nt name	or a south planning based on the	Telephone Number	Date of Inspection	ID#
MAN	(6)	5 1/220	( ) Establishment	7/12/23	1/00/1
Establishme	nt address	whitelond	Owner		
490	3 N	JUS 31 4(0184	Purpose:	Follow-up Releas	se Date
Owner			1. Routine	YS 71	22/23
			2. Follow-up	Summary of Violat	
Owner addr	000		-		
Owner addr	ess		3. Complaint		
			4. Pre-Operational		7
Person in ch	arge		5. Temporary	C_O_NC_	R
			6. HACCP	on perub book 23 s. di	
Responsible	person's e	mail and from the second of the second of	7. Other (list)	Menu Type (See )	back of page)
			1	requireste c	agezonomá +
Certified for	od handler			1 2 × 3	4 5
				1	
• CRITICAL	ITEMS AR	E IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
• VIOLATION	(S) REPEAT	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R	Narrative		To Be Corrected by
431	NC	13 bay SINK PLOOT	drain soiled		7/19/23
	11	hote semant ador	noted at the	18 CF	SHALLDING A
100,00	mulated in	inspection	10000	in to visuality - zbort	
-		DPERSI FLOOR drain	Souled	_ OF DOMESTIC TOLD IS	APPLY SEASON SEA
2110	NC	observed Dastie Fr	im attached t	O exhaust	7/12/23
-	100	hood system over	oven		
	HT-11	note: not easily dea	inable.		
295	NC	Observed souled Uti	Insels on green	Shelving	
	100	Valk Next 10 Ecor	er cappedis to	be ackan	
		Utensil rack)	C T FCCUS IC		- Table 1
218	NC	DE CLOOK FLIP TOP COO	JET TOP MONO	pashets	7/26/23
	100	AR SOUTHWORN	or to the case	John Martey / about	
		10) 3 door FUP for CO	over middle to	P doot oright	Innersthe 1
		are split/worn		V Char	
174	NC	PEN FORM CONTOUNE	is and bottles	not labet	7/14/23
421	IVC	Floor solled thirtish	JUT Kitchen	The Total Control of the Control of	7/14/23
10	100	Sequipement shekily	ner racks, etc.		
417	NC	observed red emplox	ab adrons not	Stored in	7/12/23
9111	100	decionated area (	observed stored or	Utensil rack	
Received by	(name and	title printed):	Inspe	cted by (name and title printed	1):1,
, ·	300 - E	Koliden Pear	Her Co	S5. MM	MARY DO
Received by	(signature)		Inspe	cted by (signature);	mar-of
,	108		5 10	S Marine	III) DES
cc:	VIII - 111 - 111 - 111	cci	cc:	soon lasters	WIGHT



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

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

Establishment Samtadon Requirements. The time intr		
Establishment name	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment address	Over Mood Owner	17-10-23 11788
10 15 W Smith Valley	Hal Purpose:	Follow-up Release Date
Owner	1. Routine	Ves 71-20-23
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	I / I M
Person in charge	5. Temporary	C NC R
the control of the co	6. HACCP	majah kombas ne ilah al-culadi.
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler	NO TO	Them of the same o
Alexandra Peroz (7	1291151)	12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AT	ND NARRATIVE COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE D		
Section # C/NC R	Narrative	To Be Corrected by
187 C Doewld the	TOTALING INFERNO	& temperatures P.H.F
Weight the T	doc the tob cook	1) scorded
TOPET (C	31801	TIMO OF
(3) (Ni (Vo)	0 0 1808	Mederies
A FISH	345	
187 C moserved tw	0. tollowing Where	I te mos ratures
1512 2 dr	MARY COOLEY LACER F	at -top 91:11
Dheeta	94408	13.
ODServed CO	If haterneson in t	10 1001
0160 6 186	F	00) 1000101 7 10 20
438 C DOSGUO 0-3	total Sound DOHAIL	10t labiled 7-10-23
491 0 05040 0	THE TILL OF I CO	t offine
79 NC TOLOGO	10 WWW.W1 15 S	7-17-73
216 N DERVIED OF	Dastin Sim on e	21 NOMOA 7-10-73
- Front Pasil	y alla able.	Internation 1
234 NC DOSEVED OF S	PORMA (152 to Stir	- GIRSO
Stored mas	NOTOD DOWN MITHUR	0461
Received by (name and title printed):	Inspect	red by (name and title printed):
Received by (signature):	Inspect	ed by (signature)
	A. A	Da Hall Elizabetta Schulk
cc: cc:	cc:	17-246-4272
	13	Pr
	1 11 (2)	

Establishr	Inspection Date					
mar	7-10-23					
Section#	C/NC	R		REMARKS	O	TO BE CORRECTED BY
	1	7	DOSENI	d in use uters	sils for Spices	
			not Stov	ed with harden of	your took products	
			- Lids C	re needed for	Spills &	
420	-14	ν.	toctille	N SURTIST DOUNS.	1	7 700 07
430	NC	X	Hole on	top of grease	1 ~	7-20-23
190	VC	,	Im mano	Ment in dis	repair	7-10-23
100 1	<i>V C</i>		of a	0001116. NOU	ins of ressiel	
			- Chelan	a observed on	After voon	- 1
			table	@ 79-81°F @		ect
			take		mperature	
			Cont	7	om. You have	
			/	us to cool	food to 70°F	
			gro	1		bal
			010	Keep tempo	, ,	below)
			Please	Reep Tempe	when Pio	
			Sond	gets to	1350F As 1+1	a A
			1 15 W	hen the tin	ne stanto	69
			don't	V	it not to	135°F
			9 %	ave to assume	it is when	you
			took	product or	ut of temper	Sture
0.11-			100	trol)		- 10 -
245	NC		Chlorin	1 11	not observed	7-10-23
1/21	No		Bun	loor soiled	Cloth buch	0 100
701	100		Sar J	loor Soiles	- Andrews	50 ppm-100ppm
		11	± 0			
	1	4	ote: I	ue extinguish	en Shows	Company
			- 1	Recharge on	wall by	files Comun
				0		) out
						Juesday
			\ (		,	
			You m	an make we	illen Comme	ents-
			1000	1 Kax em	ail mail.	
				U		
Received By	(Name	& Ti		Inspected By (Name	& Title)	Page <u>2</u> of <u>2</u>
State Form 48	3621 (R2 /	8-0	<u>n Mani</u>	Ca - I A	Schult	
- 1	NOTACIÓN (ISS			Celinabeth	5 Jehner	



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

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

Zotaonomi		- CHILOTT	requiremen	itoi viie tiille iii	int for correctiv		emed in the narrante porte		
Establishment name						Telephone Number  ( ) Establishmen			
Maruti Corner store Establishment address 36995 Morgantown rd.						( ) Establishment ( ) Owner	7/10/23		
Owner Morgan fown rd.					`	Purpose:  1. Routine	Follow-up Relea	Follow-up Release Date	
						2. Follow-up	Summary of Viola	tions:	
Owner address  Person in charge  Responsible person's email						3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)			
							C NC_	C NC R  Menu Type (See back of page)	
Certified foo	od handle	r	1 01 01	110 921 01, 1212 1	31 (C) 1 (1)	1 maga pala l	12 <u>3</u>	12 \( \sum_3 \)_45	
						E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS"	AND IN THE NARRATIVE BELOW	'AS "R"	
Section #	C/NC	R				Narrative		To Be Corrected by	
						g megletion			
Received by	(name and	title pr	inted):			Ir	aspected by (name and title printe	d): L EHS	
Received by	(signature)	,	->			Ir	aspected by (signature):	Packagine	
сс: сс:							cct		



#### 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#
mc Donalda	( ) Establishment	7/5/73	1555
Establishment address  2000 F V v Cl Franklin, IN	( ) Owner	112/22	1200
2090 E. King St 4(1)31	Purpose:	Follow-up Release	Date 1
Owners O	1. Routine	TIEN 7	15/23
(md11, 13,00)	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
J v	4. Pre-Operational		1
Person in charge	5. Temporary	c_1_nc_	$\omega_{\rm R}$
Person in charge Character and	6. HACCP	mquli vi i uni	
Responsible person's email  Sen Sa Fe	7. Other (list)	Menu Type (See b	ack of page)
I EVP;	meet compat n	Latite Indistriped	opdo at
Cerefied food handler Alimitan 10/30/26	Y	123_V	45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
295 NC DSell-Aly De soda	Station le	e shoots	7/5/23
are Soiled	THE STREET	Litt Cartugae unde	1//
(B) Inside top of	Le make	と、	IOD TART I
Ibehind Cashiel	e 11 Sale	d	
B Drue-up win	dow #2 sa	Sda	
back plate a	nd Ice She	oot	
are saled	000000101000	. 1 d. A	
Junit in Soiled	) //wayanu	al aisi	
431 NC D Floor under	Lee make	2 DARLINA	17/5/23
Capping Ray	nd.	1,200000	2//5/00
D Mac Chen at	anue us u	undan	roleman I
#2 12 Soilet	www ap a		error dist
3 Floor behind	Junder Ros	2	fac-parts.
Twashing mac	hine is "!	neavely	
Soiled"		٥	
(4) Interior flor		-W-	
B) 21908 ACIL	mulation	M 100	$\downarrow$
Received by (name and title printed):	Inservation	d by name and title printed)	1 210/
Emmandy Alverado		navew Mit	ler, EHV
Received by (signature)	Inspecte	d by (signature):	Dot 0
cc: cc:	cc:	www I've	
			Page 1 of 2

· 			NARRATIVE REPORT Franklin	1
Establish	ment N	lam )/(	alds 2080 E. King St. 146/31	Inspection Date
Section#	C/NC		REMARKS	TÓ BE CORRECTED BY
			was noted inside top of	
210		_,	the walk-in- heazer	9/5/3
218	NC	┼	Interior shelients is rusty	8/5/23
			O crocer + one blue ice bucket damage	d L
324	NC		D'mac area ice by drips	7/15/23
<u> </u>	<u> </u>		ha mor han metal anna	/
			to the bloom down	
			2) Jos volcum breaker (one	
			of two leaks on top of the	
		7.	3) Wind. In Men's Airthnam	
			1s "Out of order"	
		$\Box$	1) Both mep sink vacuum	8/5/23
		H	breakers (atmospheric) contain	
<u> </u>			to 10 Tuall mounted.	
200			chemical dispenser(s)	
399	NC		Thing agut repair needed.	8/1/23
			en mac Servece area dep	lon
1 202			Didnit	
187	C		Sliced Cheese Measured.	Corrected
<del></del> _				majed to
430	NC		1) Women's Morth Stall don	7/15/23
			rubs the don frame	10000
	_	<u> </u>	2) (Inhiert air In the Mac.	HSHP
		Η,	LUAN 87°F/88°F	
		$\vdash$		
Received B	v (Name	& Ti	tle) Inspected (By (Name & Tithld) 110 010	
. 10001760 D	, (.14.1116	- II	ttle)  Unspected By (Name & Mile)  White Hisparite Hispa	Page <u>2</u> of <u>2</u>
State Form 4	8621 (R2	/ 8-0	/ /1	



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

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Establishment name  Mc donald?  Establishment address  2962 E 500 M White lamel, In  Owner  Owner  Owner address  Person in charge  Responsible person's email	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID#  1			
Certified food handler  LINI Spicer.  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA		12345			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN					
Section # C/NC R  347 NC Peyertowells not Seen  297 NC Soda nozzles one  430 NC One till missing on  MOTE: place do  Thank you	Narrative  at Bouple of hand smks.  Soiled  floor by three-boy smk  m floors & walls				
Received by (name and title printed):  Received by (rignative):	Ins	pected by (name and title printed):  LAW BITTUE EHS  pected by (signature):			
cc: cc:	c	Mul Betieu			



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

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

Page 1 of

Establishment Samtation Requirements. The time mint for correct	ion of each violation is specified i	in the narrative portion	or tins report.
Establishment name	Telephone Number	Date of Inspection	ID#
Mi Alonelito	( ) Establishment	7/2/23	7319
Establishment address  Franklin, T-N	( ) Owner	14165	(2)
1577 Elefferson St Ste B 46131	Purpose:	Follow-up Release	e Date
Owner	Routine		2/23
Juan Quezada	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_\_NC_\	OPA
ERIC OFFIC		CNC_1	<u> </u>
Responsible person's email	6. HACCP	Many Toma (Saa h	and of page)
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler		nun - ro am i nigazi	. A
NOSE Francisco Camavena exe 5/7/14	4	13	_4_'_5,
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	HE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	S "R"
Section # C/NC R	Narrative		To Be Corrected by
U14 NC Oxperved lanck door three	shold gove		8/1/23
431 NC restroom mechanical ex	haust not Clean	organ was to guillour in	7/15/23
NOte: Dichloryas AN Strip	L 00-1 110 - 11 MI	bisment (not	Allowed) 7/15
218 NC Front drink Station upr	ight retridgerator of	loor gasket	8/1/23
	outing rusting	10.11	100100
174 NC Bulk Confainer of Sugar		1	rected)
177 NC Some Containers of For	nd Stored on 9100		7/15/23
tridge and Speezer as	0	en (must be	
aminimum of linches	s of the toor	1 0	
229 NC Some dinner plates	Chipped in Kitt	in Vitchen	(an appleal)
730 C SPINY POTFIES OF CITO	ther not labeled	1 10 110 100	Corrector attimes
7 FILL MC Metal Stan Mala truck	Good thermometer	vegistering Co	7/15/23
300431 NC Floor Wet by back wat	to beater Elance	Life Mayn	7/15/73
399431 NC FLOOR WET DY DOCK WAT	tand sesser not be	Maple Corrector	Vattime ofine
DUNC CONTRAINERS OF SAI	I alla tobbol 10, if	MACKET GOTTALE	CATTILL CATTI
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EVIK DICOZ	1300.	JMAN COITH	in flegrer
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EVIKAKIN	Belle	so / Ullle	SIL
сс:	cc:	1	
I I	l l		



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

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

Establishmen	nt name	and the second	from frage? Playardou tents.	Telephone Number	Date of Inspection ID#		
Mr Establishmen	Ilf	2	<u> </u>	( ) Establishment	07/11/23 1639		
				( ) Owner	09/11/23 1639		
6	5.	5.4	2 135	Purpose:	Follow-up Release Date		
Owner				1. Routine	_		
				2. Follow-up	Summary of Violations:		
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	aroe			5. Temporary	C NC R		
l cison in cir	arge				CNCR		
Responsible	person's	emai	les e fram plants at his treat it should de-	6. HACCP	Many Type (See heah of page)		
rcesponsible	persons	CIIIai	west as results original and the state of the	7. Other (list)	Menu Type (See back of page)		
Certified foo	d handle	r					
Fore			Exp 2024		12345		
			DENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW AS "R"		
Section #	C/NC	R		Narrative	To Be Corrected by		
112	Ne		Sereen door at the	back exit has	a gaf effering 7/18/23		
TO	/Usture	[07]	at the bottom	CONTRACTOR DIVISION OF THE SALE			
191 (100)	21115 T	1951	Auto a ser capitolis armopo es reservo.	y the land skill	A COURS A SOOLS CONSERVED		
			PARTICULAR STATE OF THE STATE O		THE HISTORIAL PERSONS AND TRANSPORT		
			/				
			/		j		
	Contraction (		a agreement for the action and the action action and the action	dan mengana pada bagai kanpada mengana bagai kanpada mengana bagai kanpada mengana bagai kanpada mengana bagai	mar as in an ilanduinas aid		
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	9£26413	Lela	gog on s		restrict nontrepring appeals		
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