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

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

Establishment Sanitation Requirements. The time limit for correction	on of each violation is specified	in the narrative portion	of this report.	
Establishment name	Telephone Number () Establishment	Date of Inspection		
812 Bakehouse Establishment address Edinburgh	() Owner	8/25/23	2528	
Establishment address Edinburgh 201 E. Main Cross St. IN 46131 Owner	Purpose:	Follow-up Release	Date 4/23	
Owner Guen Bullingsley Owner address Person in charge Bullingsley Responsible person's email Certified food handler	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC NC Menu Type (See b	1 R	
Certified 1000 flandier		123	_45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW A	AS "R"	
	Narrative		To Be Corrected by	
430 NC Restroom doors frame and is not se	elf-closing		9-10-23	
Received by (name and title trinted):	Inspec	ted by (name and title printed)): - 10	
Received by (name and title printed): Wendolyn Billinyley Received by (signature): cc: cc:	Inspec Inspec Cc:	ted by (name and title printed of the hold	er, EHS	
			Page 1 of 1	



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 1823 BRKE HOUSE Establishment address 25E: COURT ST- FYROKUTY IN Owner Moore Owner address Person in charge RITH BERRY Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Releas Summary of Violat C NC	e Date 9 2-3 ions:
Certified food handler CERUSATER CERTIFIED WE NOTING CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT		12	5
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN Section # C/NC R 218 & C JOOR GHSKETS/SO ON KIRHON D 18ND JANING ROOM 256 NC THERMOMETER NO CHEST FROMER SMAZL REFORESER PERNUT BUTTER	Narrative PALS WORN SPE JOOR REFRIS T SEON IN AND FRONT P	CIT CORATOR CEFTISOSATOR CITCHEN HREA	To Be Corrected by 9/9/23 8/15
Received by (name and title printed): Received by (signature): CC: CC:		ted by (name and title printed DWB Sm 1876 ted by (signature)	Page 1 of



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

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

Establishmer	it name		had and a set the real species of	Telephone Number	Date of Inspection	ID#
ale Emporium			oum	(317 Bolishment	8-16-23	2280
Establishmer	t addres	ST	Δ	() 0/5560	3pm	
997	E	OE	unty Line Kd B	Purpose:	Follow-up Release	
Owner			46143	I. Routine	8-	26-23
Kiwi	at	Kr	WSKi & Brun.	2. Follow-up	Summary of Violatio	ons:
Owner addre		, ,,	003.00	3. Complaint		
				4. Pre-Operational		,
Person in cha	ırge	11	21.000	5. Temporary	$c_{\rm NC}$	$\binom{R}{R}$
	O			6. HACCP	n and a range of the	industrial E
Responsible 1	person's	emai	Leading a diagram to the contract of	7. Other (list)	Menu Type (See ba	ick of page)
				(1115)	s requiremu consing.	persuone :
Certified foo	d handle	r			1 2 3	4× 5
• CRITICAL I	TEMS AF	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIV			
CONTRACTOR OF THE PARTY OF THE	-	_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH			AND DESCRIPTION OF THE PARTY OF
Section #	C/NC	R		Narrative	. 0 1	To Be Corrected by
187	0	- Lear	Buttermilk matter	7 Beer Va	the (2,6/7)	8/16
ELLIN VIEW Y		tai 1	a 2:40pm on	- a melte	d ice va	the corr
			located by Th	ie progra o	ven.	a000,00
		_	Proper le back s	el apo	Tre @ o	above
				Largest 2	Cuil Partuck	lairel
			Ice must	have room	on all or	desof
			product Con	tainer, &I	ce cannot be	nelted
415	0		Excessive flies o	bserved; spe	cifically	- CONTROL
,			around Soda 1	poyes & Ip	viege	8-16-23
			floor miyer.	- Small Al	ies,	eripo aza i
414	rote p	arg I	V Doors & winds		, w/out au	e certain
431		/in i	Also Water &		wed to su	- on
-2 0/1	110	_	gloor under	Soda boxes	4 Ice make	ers.
384	NC	_	Dumpster lid of	en & Contain	s gawage	8-16 Core
		-	Bare wood shall be	sealed to be a	esile cl	eana 0.0.
			Dish machine Same	. ,	a time	Inspection
				tten comme	Into- tax wa	
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cc:			\ cc:	cc:	7.2 7.11	1070
					317-346-1	1313



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

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

Establishment name ROWS ROSTAURANT Establishment address 7 W MONROR FRANKLINGTY Owner TAM TREPPMENT Owner address Person in charge	Telephone Number () Establishment () Owner Purposet 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection S/H23 Follow-up Release Summary of Violation C_O_NC_	ons:
Responsible person's email Certified food handler WERKA CAWLY CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	6. HACCP 7. Other (list)	Menu Type (See ba	2
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	e "summary of violations" and in Narrative		CONTRACTOR OF THE PARTY OF THE
Section # C/NC R 399 NC NUALL WORN G AROUND MOP SHIV	TO AREA OF	KITZHEN	To Be Corrected by 9/20/23
Received by (name and title printed): Received by (signature): cc:	nager B	by (name and title printed): SMIT by (signature): Sulfate and title printed):	Hen EHS argudona
			7 1 1



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

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

Establishment name RPPC BLC S Establishment address 700 N MORTON ST. F. W.KJN, SU Owner Owner address Person in charge OUSTON LEMON Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 8/3/23 687 Follow-up Release Date 8/13/23 Summary of Violations: C_O_NC_3_R_ Menu Type (See back of page)		
Certified food handler OUSTIN 2+Mon Serus AFE • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIONS AFE DENOTED IN THE	VE COLUMNS MARKED "C"	1 2 B	55_	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO Section # C/NC R	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by	
138 NC S EMPLOYERS IN PR	RESTRAINTS	The part of the second	8/6/23	
431 NC & FRONT AGEN OF METAL TO SHELL FLOOR NOT C	KITCHEN UN FAUXT TO W WAN	IDER	8/6	
256 NC Q (1) REFRIGATION THE (MOMETER A	IN PREPARAT	70N MUA	8/6	
Received by (name and title printed): Received by (signature):		ted by (name and title printed Bob SM 1V1 ted by (signature):	# 275	
сс:	сс:		Page 1 of	



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

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

Establishment address SR 35 Owner Owner address Person in charge	Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Release Summary of Violate	11-65
man are a page the hour of the man are and the sea infrared	6. HACCP	or replanders and de	ib out co
Responsible person's email	7. Other (list)	Menu Type (See l	back of page)
Certified food handler Certif		123	45
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	Narrative	N THE NARRATIVE BELOW	To Be Corrected by
	Narrauve COLNCO+		O-111 13
374. NC DZ Day Sink leaks	nom funct.	erren erren erribtunt	0-14-62
20K NZ AL LOW "TOWISEN"	Jan Care late	Our Souled	0-10-13
and day it to	12 SISPINIAL YOU	5 501/10/11	H4 L
218 NC 01-000 TV 011/500	TO OPSIDE	15	8-71-75
3014115000	Con Just		1
DHM SINK M.	MU SINK 1	RIAS	8-10-23
Lengto to will			احل
724 NL MOSEYURA 16 SCO	cos Stored	00+00	8-7-23
of ill machine	C . Al	, ,	
5 not a cle	an surfac	4.	
(a) poer well tolk	Cot NOT TW	ctioning	Cours He
B OSCULO ON	TILL CHAIN	Company of the Compan	Otime of
3000 STOYEC	1 10 5 FOGO	NH.	Inspection
MALE & CONSENTED STATE			
NATE: DOSENTED OF TE	w thes me	itchin	
W CO			
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Saylar Cartter	Ele	jabeth Sel	rulta
сс: Сс:	cc: "	17-346-4	371
			Page 1 of 2

NARRATIVE REPORT

Establish	ment N	am	е	Address	Inspection Date
ASD	en	1	race	3154 S SR 135	8-7-23
Section#	C/NC			REMARKS	TO BE CORRECTED BY
256	NC		Thermometer	not provided in	8-7-23
			one, Sa	to te such Box 3 50	O wines)
347	NC		Disposable	towels out @ one snack bar (600 w	8-7-23
			Satelite	snack bar (600 wr	ie)
					0.
					100
			noti: Residen	teal prefrigerator / freezers &	rovided @
			Satelite S	nack bars. When you no	eed to
			replace the	em-Replacement shall be NSFap	groved - Command
			Automatic di	shmarhine appears to	
			be sainting	ine adequately	4091
					Empleado Empleado Empleado Empleado Empleado Empleado
					Salip (qmar
			\/		sails.
			You may in	rake written Comments-	
			fa	x, mail, email.	
Received B	v (Name	& T	itle)	Inspected By (Name & Title)	7 0
O Om	Min	0	arttro	(1025) HALL	Page <u>2</u> of <u>2</u>

State Form 48621 (R2 / 8-05)

Elizabeth Schultz

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

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

T 11:1		A							D 47	<u> </u>	
Establishment						te nestra	Telephone Numb		Date of Ins	,	12,1
Establishment	LOGI	<u>/</u>					() Establishm	ient	8/16	/23	2663
							() Owner		0/10/		2007
586	7 x	υ.	SR 13	35	4614 5 SENDEND	3	Purpose:		Follow-up	Release	Date
Owner 4	1124	18 /	ZOCKNE	n E Roisen	r SENDEND	3 sect	G. Routine			8/2	6/23
Des		I	SOD	1/ 1711	7.7.8		2. Follow-up		Summary	of Violati	ons:
Owner addres		1 2	200	1-200	200		3. Complaint				
								1			7
D : 1							4. Pre-Operation	iai		4	R
Person in char		1	Total .			-	5. Temporary		C	_NC_S	8R
Responsible p	34	Hu	mpt Re		and the first	(ff)	6. HACCP		r mile bree	irs no fin	Tuber i
Responsible p	erson's	email	Lis and			4	7. Other (list)	P1013	Menu Ty	pe (See b	ack of page)
Certified food	handler	r ,							1 2	2	1 4 5
Total	- 1	tu~	PHON	Exa	. 3/10/2	27			12_	3	_4 <u>×</u> _5
• CRITICAL IT	TEMS AR	RE IDE	NTIFIED IN	THE CHEC	CKLIST AND NA		COLUMNS MARKED "C	"			
• VIOLATION(S) REPEAT	ΓED FR	OM PREVIOU	S INSPECTIO	NS ARE DENOTI		E "SUMMARY OF VIOLATION		HE NARRATI	VE BELOW A	s "R"
Section #	C/NC	R]	Narrative				To Be Corrected by
261	10	-	115 1	Marchia	F 0/35/	50,050	1 AS SOLLE	۵			8/17/23
		IOC							prec L, 30	Bumming a	
432	HE	0001	BRSSA	150 C	Honcege	500	eay Bomes	SXBF	LABER	30	8/17/23
130			10	14 50	DAGE AN	ZEA	/			17 32 17	1 m24 H
			_	NEAD	Dist MA	etters	5				
				, , , , , ,							
234	MC	-	STIR	STICKS	STA	50 1	WA CUD U	01774	SOILER	0	8/17/23
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			20110								
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			and a	i	o				e la sena	n illumi	2 - P
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name AZUL TEQUILA AND BAR Establishment address 10.01 - W ST RD 135 46142 Owner /SRAEL GARCIA Owner address Person in charge /SRAEL GARCIA Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 8/16/23 Follow-up Release Summary of Violate C NC Menu Type (See b)	26/23 ions:
Certified food handler 15 RACL GARCIA 5/18/23		123	_4_X_5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS		N THE NARRATIVE BELOW A	
	Narrative		To Be Corrected by
430 pc - DOOR GASKET IS WOR	N ON THE FREM	ion STAND-	9/16/23
218 UP REFRIDGERATION		7500	ionexes -
295 NC - THE TOP BIN ON THE	KE MALLINE	15 Somes	8/19/23
394 NC - THE DimpSTER LID	15 OPEN		
174 Ni - BULK FOOD CONTAINE.	ns observes	WITHOUT	8/18/23
		and the same	gamen d
The state of the s		t sein A shoot	edvanor.
			Ingoores
*		2	
HAZARBOUS FROD.	CEADY TO CAT	- COTENTIA	ary
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сс:	ce:	0 00	Page 1 of 1



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

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

	Total of Order (Total To openies		
Establishment name	Telephone Number	Date of Inspection	ID#
DOWNOO	() Establishment	0-10-7-1	11921
Establishment address	() Owner	() (solg)	
4800 WSmith Valley Rd.	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	PBN 100 2-	70-13
	2 Follow-up	Summary of Violat	ions:
Owner address	_ ^		
Owner address	3. Complaint		
	4. Pre-Operational		2
Person in charge	5. Temporary	CNC_	
s in a hetro, et allanja Majday a from a	6. HACCP	Lo compeno ils	h almos si
Responsible person's email	7. Other (list)	Menu Type (See l	pack of page)
Link independent of the control of	an 'a suiter s	ideos amatiu <mark>pos</mark>	
Certified food handler		123	4 1 5
CANIN LI (114/25)			
CRITICAL TEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
190. K Moserved 2 mas	of control no	inles	8-10-23
- Carlin a racin to	Dentine @	1050 E BUILDER	\$ 1200 Kill
DOCEMBY DOCK	alumolines lasi	te I door	Mileste Et-
10 20 12 12 2000	asticioner (as	3001	S VEID ADIE
Demolare S	THE DAY	mode	
91:00 a.m.	8-10-23		1
795 K OSILVER SPENING	units by disk	muching 1	8-24-23
lare soiled risk	A)		
DShelling whits	in walk-in la	OPE CITE	
Soiled Mety.			
COSMPINING WORLD	the top colf	r ONR	1
Soiled Puty.		part of Light 1	and a state of the
9 Walk-in Cooker of	for anstatis	50100	ryace de la constante de la co
218 NC Bulk hin Of rile	110 18 010/e	<u>()</u> .	18-11-23
accentia to pull	c food is pro	len	
JES CONTURERS	reeded Cle	Mld.	
234 Ne Observed in-USE	Without to	dry stora	Je .
pork tous within	My Monde al	one produ	#
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сс:	cc:		
			D 1 6 1
			Page 1 of

NARRATIVE REPORT

Establish	ment N		e Address 4800 W Smith Valley Rd.	Inspection Date
Section#	C/NC		REMARKS	TO BE CORRECTED BY
216	NC	T	Opserved and board lining Solving	8-10-13
		(7)	Served foil lining the pipes behind	
2016		-/2	Carlina.	
1915	NY		con opener is soily	8-17-27
			Labeled.	0 17 3
431	25		FESTONOLISM MONT MORAS DEFOUND GROUND	Q-7-4-23
	1.0		5 Screen to rack downlos reported	4.
181	Q		Los asor More stated the Mix	Corrected.
			1205 mode a 11:00	
				-
			Note: Observed of few fires.	- ix
				4
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	.51			
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				- 4 # 6
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Neceived by	(Ivaille	2	Inspected By (Name & Title)	Page <u></u> of <u></u>



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

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

Establishment name Benjamus Coffcehouse Establishment address Evanuary / 44/31 Owner Owner address Person in charge Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violatio	27/23 ns: 		
Certified food handler Andrea Brewer Exp: 2027	7. Other (1131)	123_ /	(See back of page)		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI					
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	e "summary of violations" and i Narrative		To Be Corrected by		
			(1127/22		
192 No y Floors soiled in some of - under 3 bay, equipm 257 No y the momentus mot last 295 No expresso mainine soiled 295 No ite dispenser soiled	sity accessible in		8/17/23		
		o alliano	fan or 1		
And the state of t	1.00	en a sur Alaboritat	Sherwell R.		
g asknown in		(a			
		9 1	Harasus		
			To be a little of the second		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		ation of non-potter liv hazardout pods	Telephone Numb	er Date of Inspection	ID#
Bio	()	45	#52Q4	() Establishm		1911
Establishme	nd address	5	Franklin	() Owner	17-14-6	11040
153	81) /	Mortan St Franklin	Purpose:	Follow-up Rele	ase Date
Owner				1. Routine	1-18	-24-63
				2. Follow-up	Summary of Viol	ations:
Owner addr	ess			3. Complaint		
				4. Pre-Operation	nal	
Person in ch	arge		n crooked w propored in infiler. Renell fo	5. Temporary	C NC	\bigcup_{R}
			a Later of the Market of the Communication of the C	6. HACCP	the second of the second of the second	nuli shuhasil E -
Responsible	person's	email	mostagils is seen menti sinula ment sessi	7. Other (list)	Menu Type (See	back of page)
			مدال معاك وتطبع الأنظلي التصويطا مييك فسطور	om I a gar de	quiring a data garation	бт англица
Certified foo	d handle				12_X3	45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			W AS "R"
• VIOLATION Section #				Narrative	NS" AND IN THE NARRATIVE BELO	To Be Corrected by
Section #	C/NC	И	NO HENCE NOTED	ON FINAN	OF	To be conceiled by
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(10)	127-17	5.2E	HSpanon	- p	mas in policina as so w	11 00000221
			Zinbirthago operfisor blu, testrobblish in	CHEEDER SOME ENERGY	a rough to a constant of the	(10) (10) 12(11)
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			3.55			e ditto asse
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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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

23tubHoimi	Tem oum	tation xtequires	mento. The time mint for corr	cetton of each violation is specif		T
Establishme	ent name	eds t	Place	Telephone Number	Date of Inspection	ID#
Establishme	-	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN		() Establishment	8/25/23	2397
0	E. N	Jain Cr	Edinburgh	Purpose:	Follow-up Release	e Date
Owner	/ v	iam or	033 /N 76/27	1. Routine	1/es 9	14/23
111	1:00	41 H	Pallow	2. Follow-up	Symmary of Violati	
Owner addı	ress	run 11	ourly	3. Complaint		
			0	4. Pre-Operational		
Person in ch	narge			5. Temporary	C 2 NC	3 R
11/1	Mak	1 Ha	llew	6. HACCP	THE STATE OF THE S	2 7 60
Responsible	person's		acey	7. Other (list)	Menu Type (See b	ack of page)
	*			1 1 1 1 1 1 D	name ing se skiley, na	processor
Certified for	od handle	,			123_v	45
160	ne -	In pray	ress			
CRITICAL	ITEMS AI	RE IDENTIFIED	IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"	ID IN THE MADDATIVE BELOW	S "P"
• VIOLATION Section #	C/NC		DUS INSPECTIONS ARE DENOTED IN	Narrative	ND IN THE NARRATIVE BELOW A	To Be Corrected by
107	C/NC	000	/ 00. / .		80E	8/25/23
18/	-	Man	le inside;	measured 40 the server		0/23/23
	an load	med		I cottage chees		Joneth zeft
		3	milk mes	uned 49%	while	White of a state of
		ins	ude the se	ever area	one door	measu
111		cool	er 3 Raw baco	n in back room		er 1 49°F
295	NC	Osa	n in dish a	rea is soile	79 1	9-1-23
	-	(2) (0)	npressor un	its are soul	led on	8-23-65
112	NC	5011	re refrigerat		esser	12-1-23
110	100	1101	the are	est NSF FAN	154	1
2/8	NG	200	seal torn	on one do	or kitchen	12-25-23
4		fre	eser and or	n two bases	nent	degree la
		ch	It freezers			1
		0760	tes: some	water on t	he	,
	200000000000000000000000000000000000000	la	sement floor	v from wat	er softener	1
		(B) P.C	ease clean	shelving in	one door	
		ser	ver cooler	0		
Received by	v Iname an	d title print(d)	. 1	Insp	pected by (name and title printed)):
10	Mu	d De			Andrew Miller,	
Received by			1/ 4.	Insp		
Wi	llard	Mad	ley	(indrew Mill	er .
cc:			cc:	cc		



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

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

BIG WOODS Establishment address 1800 E KING ST. FRANKUM IN Owner BIG WOODS Owner address Person in charge TERESA HALLORAN Responsible person's email	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection S O 23
Certified food handler TEPESH HALLORAN		12342_5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR. VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IT.		IN THE NARRATIVE BELOW AS "R"
Section # C/NC -R	Narrative	To Be Corrected by
218 NC COWATER PONDED	In one REFRI	gerA700 8/20/33
187 C & FRONT PPZEPAN	From Perfise	TIEMS
FRUIT MOLDY, FOOD INTERNA (HERVY DREAM)	TO TEMPERATURE OF	HHZHROUS DECTION 10049°F-50°F & 110/
218 AC REFRISIRATOR		NOT 9/1



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

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Establishmer	nt name		Soot september that they are an a mark	Telephone Number	Date of Inspection	ID#
NO	do	N	CHARR.	() Establishment	0 20 15	7 1/21
Establishme	ndaddres	\leq	GMSENWAG	() Owner	18-24-L	1001
KID	α	Va.0	1.00	Purpose:	Follow-up Relea	se Date
Owner	-	m	111111111111111111111111111111111111111	Routine		9-23
				2. Follow-up	Summary of Viola	
Owner addre	ecc			3. Complaint		
Owner addre	.00		•			
D : 1				4. Pre-Operational	C NC	1
Person in ch	arge		contestor per necker order. Retail to	5. Temporary	CNC	<u> </u>
11 / 1		ly: I l	u rans- taubotij fest Trasca i i ilitie :	6. HACCP	mar interpretation of the party	lote of Billocar
Responsible	person's	email	rous knod in a ero toute sample medisarrou	7. Other (list)	Menu Type (See	back of page)
			arla an ba _{re} i usar a up' pada	10 10 10 10 10 10 10 10 10 10 10 10 10 1	_ \	
Certified foo	d handle	r			12X_3	45
CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
187	C		Observed Single d	igor, Cooler	Dimplent	mare
	- XIECTIL	(ar temperature	948°F	valorio ese y A Disor	P.H.F.
	- 11.0	220.01	1nternal for	d tempero	two was	4P GI ++ ENSI
			Observed O 4	108-4608		(00)fr.
	-		applors cooler L	son Hurrey	11 2018 1 10 1	
			5415 W COOI-15 10x	rger man	4 hows was	
12/1	NC		Observed in Use	1,400,10	Stored	Collectey
237	MC		Observed Was	ME	510140	Corrected
205	NC		2017	Company of the	m/2c 18	9-9-23
245	10-		50/10/10/10/10/10/10	300 CCC	WIN O	I darrons d
			301000		I John P. Jarov	taling several last
			er ed em er ud. a	41 7.3.10	enation for t	n faun fan
						who are the second
				- Iv		(d),
Received by	(name and	d title j	Place SNAMO	ln:	spected by (name and title printe	el a compress
Received by	(cianatum	.).	02: 05:10	Too	spected by (signature);	l parasagne l
Received by	signature	<i>)</i> ·	Pleso (JAHN)		MAK BLO	
cc:		-	cc:	c	C: AND A MAIN	
						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.

Establishment name

Telephone Number

Date of Inspection

ID#

Establishment name	Telephone Number	Date of Inspection	ID#
Bob Evans	() Establishment	01110	01010
Establishment address GYCC NWOOD	. () Owner	18-11-65	11/19
159 Marlin Dr.	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	8-7	71-73
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational	1	
Person in charge	5. Temporary	C NC	\int R
The state of the s	6. HACCP	10-1-10-4	
Responsible person's email	7. Other (list)	Menu Type (See i	back of page)
April a site a macros of Same	7. Other (man)	which comes is	, ment e) [men
Certified food handler		1 2 3	4 X 5
DEMIRI SWOON 18/10/2	8)		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE PROPERTY OF THE PROPER		THE NARRATIVE BELOW	
Section # C/NC R	Narrative	3: 12	To Be Corrected by
431 NS OFLOOR HOROUGH CL	A ESTADISMINO	14 12	INIANS) XXIA
50,62.	V/V/ / / / / / / / / /	10 Cc00705	politicani C
5 Morr eggs	DIMINH MIND	IV) treter,	ST VILLE VIZOR
Droc dring to	230001110011	Dilod	
2018 NC 2111 Shelling (M)	LE WINGE	n Conlex	
CO 50 100 100	K) III WAIII	1.0000	
374 NC MO MOCHINE PLOD	pars to be le	akins.	Corrected.
11 10000 011 2N 815	SCOOP IS A	maget.	Corrected
475 NC MOD NOT MIND	The coppeors	het.	
190 Ne Observed 3 Dins	of green bean	Cooling	
@ ayand 950% gt	room tems	5-0	2000
218 K COID IND UNIT DE	1 COOKING INTE	CUUX	thing on
tood temperatures	DETINICITY TO F	5 645°F	1, th. 1 to
501150 ge CYL	imple made 8/11	Doection.	JAN MILEO
187 C 2 door fly top (arara the afterna of the	Dr. Clark	Marion
		18°F-50°F	
4 Discordale P.	H.F	10	
Received by (name and title printed):	Inspecto	ed by (name and title printe	d):
HSNLY Glidden		1221 Hall	/ wicesard
Received by (signature):	Inspect	d by (signature)	
SUMM		881 DM	
сс:	cc:	5 - 4 -	
			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#
BUB EVANS RESTAURANT	() Establishment	8/3/23	2134
Establishment address	() Owner	8/3/23	9139
900 N MORTON ST. FORTKUM, IN	Purpose:	Follow-up Release	Date
Owner	1. Routine	Follow-up Release	(13/23
Bab EVENS)	2. Follow-up	Summary of Violation	
Owner address	3. Complaint		
	4. Pre-Operational		^
Person in charge	5. Temporary	c 0 NC 6) R
KATE Howell	6. HACCP		
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
	<u> </u>		_
Certified food handler (Se CWSAFE)	0 (///27)	1 2 3 (4 5 5
KATE BOUEL (EX	P6//d/		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			
3,000	Narrative nage		To Be Corrected by
399 NC WALL WORN, CHAPP	TO IN MORS	OF KIVEITED	913103
174 NC & BULK PLASTIC CONTA	TONIS	& Com	NO 8/3/22
HIL NL & (11 LIGHT OUT OF			8115
431 M & FLOOR NOT ELAN U			7 8/10
WACK-IN FREEZE		,	<i>,</i> <u> </u>
			•
295 or a SIDES OF GITTLE	L NOT CLEAR)	8/10
218 MC & SHELF COATING	WORN DND.	DOR	9 3
	ATOR NEXT T		ee
	MZATEN Demperat		OL)
(1) 2 door upcr94T	refregerator	NOT THE USE	
INTERNAL TEMPE	2. 18 77 110 15	Hease,	8/4
	LEXAN CONTRACT		011
TOP OF SMALL PREF			
~ 43°F NOT AT	410F or coss	Recommond	
metal pans)	1		
(NOTE I SMALL FLY SOON A			
Received by (name and title printed): Thate Hoover	Inspec	eted by (name and title printed) Bob Sm 174 -	2 45
Received by (signature):	Inspec	cted by (signature):	
cc: cc:	cc:	2000	
			Page 1 of



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

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

Page 1 of

Establishment Sanitation Requirements. The time limit for correcti			
Establishment name	Telephone Number	Date of Inspection	ID#
LOP GIOS STATION.	() Establishment	Q-75-13	11154
Establishment address Fronkly	() Owner	000	1000
165 10 11 10 1 ton St. 4(013)	Purpose:	Follow-up Release	Date
Owner	1. Routine	1117.1	5-23
	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational	7	1
Person in charge	5. Temporary	C NC	2R
un suagent Vaglangerra rachen ut dage sien in de	6. HACCP	eli ce had deperment	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Auginitarian in the	er er sinklige	emplores grasifimos	21 37
Certified food handler		1 2 X 3	4 5
		1—2—4	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		ND IN THE NARRATIVE BELOW A	
Section # C/NC R	Narrative		To Be Corrected by
425 PC (Mop not hung L	if to dry	N Thomswer to prelibred	9-1-23
430 NC page beard to the	55 m m the	following	9-45-13
Cheas	12-	3,32713	7117 141 442
o by tront a	SUATE OF C	500 0 12 5	
* Over Capille	H 1/1 0/0 t	OFF COUNTER	
3/2 / 11 (1)2 / 200	8,000	Soilan	9-1-23
231 NO 93 Day SINK HO	N CHALLE	201011	1 2 3
(a) Kest com tolat	18 20110d	Storage	
100000000000000000000000000000000000000	MILE IN	s locuted	
t + + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Codler		ensi i
1 O THE COURT III	CV-)LI	r para fastori	u a u and 1
and conserve and a filtrans of the		n mit nouvetimen	and the other
	ITani	pected by (name and title printed)	
Received by (name and title printed):	Ins	MSS LAND	ateb Flerre
Received by signature:	Inc	pected by (signature):	agignalang le
Received by signature :		a llattige	lv Elema
cc: cc:	CC	Way a forder	



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#
Bulfalo Wild Wings # 3342	() Establishment	0/2/2	2120
Establishment name Buffalo Wild Wungs # 3342 Establishment faddress 1077 N. Emerson Ave. Ereenwoog 1077 N. Emerson Ave. 1N 46143	() Owner	8/2/23	2129
1077 N. Smerson Ave. 11/46/13	Purpose:	Follow-up Releas	e/Date /
Owner	1. Routine	, , ,	12/23
	2. Follow-up	Summary of Viglat	
Owner address	^	Opininary or vigini	104101
Owner address	3. Complaint		
	4. Pre-Operational		9
Person in charge	5. Temporary	c_O_nc_	R
yon Jarnager	6. HACCP	rigght inscriba	be shall on the
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
1.00 1 7025 2 1 1 1 1 1 1 1 1 1 1	Single temperature of the second	ня годзадраг	19/2019
Certified food handler		1 2 3 1	4 5
Amber Seal			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
399 NC Okitchen Book t	iles are n	rissing	12-1-23
Eserver areas	need grout	repair	
218 NC VO Inside of pre	duce Ocoole	r door	10-1-23
is rusty			
V3 Inside top c	eiling light	in	
freezer is hat	& worken	9	+,,
431 NC V 00 0 Floor SO	Eled under	petchen	1 8/3/23
mechanical dish	machine	,	1
V (2) Floor is soil	ed under se	rver	
station areas			10/1-
413 WC South exterior do	uble doors	not	8/15/23
sealing at cente	bottom	0	611
324 NC Mose attached to	wall water	line (in	Ritchen)
not protected fro	m lipck sy	monage	8/12/23
402 NC Cove base los	se aamageo	c near	9/4/23
walk-in-freezer	0	+ 1.+1	10/2/2
324 NC Vacuum break	er leaks a	i pucher	8/8/23
mechanical aisi	machine	derebe	18/12/13
430 NC Door threshold	loose for	d by (name and title printed	0/18/02
Received by (name and title printed):	Quispecte Day		
Received by (signatyre):	Increase	d by (signature):	in EHS
Received by (signature):		when Mill	
cc: cc:	ce:	www I week)
cc:			
			Page 1 of

NARRATIVE REPORT

Establish	nent N	am	e Address Emerson Ave	Inspection Date
Buk	al	0	Wild Wings 1077 N. Green wood in 46143	8/2/23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			walk-in-cooler	8/8/23
295	NC		1) Inside top and walls of	8/2/23
			large ue maker are soiled	
			2) O Exterior top of kitchen	
			dish machine is soiled	
			3) Inside bottom of server soda	
			cabinets are soiled	
1	/		M+ c Dlane connet	· · · · · · · · · · · · · · · · · · ·
+			Note: Please correct	
<u> </u>			repeat "Violations	
<u> </u>		\vdash	Kitchen floor must be	
X			completely prepared on or	
			Sectore 12-1-23 on Rism	
			marker subject to closured	
			and lo lines	
			0,000	
_				
·		_		
		-		
		-		
·		\vdash		
		<u> </u>		
		_		
		_		
Possing #	(NI====	0.7	Ho) Inspected Ry (Nama & Title)	0 0
Received B	y (ivame	ا جھچا	Inspected By (Name & Title) Maren Miller, EHS	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

T 1 1' 1				T-11 N 1	D CT	
Establishm	hih	,	King #844	Telephone Number (317) 881-220.9	Date of Inspection	
Establishm	en addre	SS	A Cropping (1)	() Owner	0/20/23	1658
1714	US	3	1 S. Greenwood IN 16142	Purpose:	Follow-up Relea	ase Date
Owner	0			1. (Routine)	Yes	9/1/23
		00	ls, LLC	2. Follow-up	Summary of Viola	ations:
Owner add	ress		,	3. Complaint		
				4. Pre-Operational	c / NC_	8
Person in c	harge		Michel - Shiff Supervisor	5. Temporary	CNC_	<i>B</i>
Jal	bun	a			A STATE OF THE STA	1 1 Ci
Responsible	e person's	emai	Servsate 1	7. Other (list)	Menu Type (See	back of page)
Certified fo	od handle	er	(24.		1 2 3	$\sqrt{}_{1}$
Vo	e B	er	redict 9/29/25/		1	
• CRATICAI	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VICLATION	N(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOV	Manager and the second
Section #	_	R	91 1	Narrative	2	To Be Corrected by
295	NC		suest area sous	auspensin	g paris	Corrected
334	C	1000	and the state win	the shutoh	le in	9-1-23
			1 installed de	wastream	of the	CO (AU SCOP)
			atmospheric vac	mum brea	eer at	
1100	-		the mop sink	faucet.	00 1	9-8-23
430	NC	C	Northeast corner	the to	feashing.	9 1-8-23
<u> </u>		-	11 m	e me no	cra pr	
		(2)	Self- closure d	evice is le	oose	
	vector		on the back of	Pine	tribues is militar	L
218	NC	rgi	mobile meat	freezer top	lid	9-8-23
205		-	is damaged	1 217 222 7	n is e = 1	ed 9-1-23
309	NC	-	Walk-In- coole Mechanical ex	1 1 0	appears	not 9-1-2
307	NC	1	Lvorking in bot			, 4
43/	NC			or quest ar		8/24/23
		L,	drain is peavel	y Soiled		1/1
D : 11) Filoors and wall	s soiled in	ted by (name and title print	1 V
Received b	y (name an	a nue	6 Michel	Inspec		er EUS
Received b	y (signatur	e):	2 22/1/	Inspe	by (signature):	70.
Sale	UND	9	1'Harel	cc:	Endrew Me	xca
cc:			cc:	cc:		
						Page 1 of 2

NARRATIVE REPORT

Establish	nent N	ame	Address Greenwood	Inspection Date
Bur	aer	Kin	# 844 714 US 315. IN 46142	8/22/23
Section#	C/NC	R C	REMARKS	TO BE CORRECTED BY
4//	NC		verhead lights out in restrooms	9-1-23
		a	nd storage room near	
			estrooms	
399	NC	7	Ninor grout repair needed	9-19-23
		in	mens restroom	
		17	ote: Not water heater was	Corrected
		T.	uned to "Very Hot" Hot water	Maintain
		1	emperature I was 162°F at	100°F to
			hand sink by prep sink	120°F max
<u> </u>				
		-		
		-		
-				
				
		-		
 -	-	- -		
				
		\sqcap		
Received B	y (Name	& Title)	The Supervisor (Marker Miller, EHS	Page <u>2</u> of <u>3</u>
State Form 4	<i>[] [</i>] 8621 (R2		CACO JOSE I NUNION	