

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

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

Establishment name CHICAGOS PIZZA Establishment address 1047 W JEFFERSON ST. FRANKUS Owner MOSTS Owner address	Telephone Number () Establishment Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up Release Summary of Violati	Date 1/5 33
Person in charge BRITH MORRIS Responsible person's email Certified food handler Certified food handler Certified food handler	5. Temporary 6. HACCP 7. Other (list)	CNC Menu Type (See b)	
Certified food handler *MATT ALLO SERUSATE • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	TIVE COLUMNS MARKED "C"	N THE NARRATIVE BELOW A	
Section # C/NC R 2 8 NC > PIZZA PREPATA GOOR GASKET	Narrative TON REFRISH WORN/SPC+1	PRATOR	To Be Corrected by
256 NX = THERMOMETER,	NOT JOEN IN ATTON REFRISH	WATOR	9/30
SALAD BAR	CATOR ACROSS NOT BASTLY M	OVEABLE	10/20
431 MC & ROSTROOM CO NOT CLORN D' KITCHEN	SOME CETLIN	ST COVERS	9/30
Received by (name and title printed):	Inspec	ted by (name and title printed)	1 1 1
Received by (signature): DIAMON cc: cc:	Inspec cc:	ted by (signature):	P
			Page 1 of



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

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Establishment address Owner	Establishment name Chick-fil-A	borð stölfirsed Allibrau í gar ta stí Í	Telephone Number () Establishment	Date of Inspection	1-
Owner address 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food hangler Rick De hare Exp 6-25-26 - Certified food hangler Rick De hare First Sake IDENTIFEED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" - VIOLATIONIS, REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SLUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Note; First Observed a few 5 mall flye; Received by fusine and title printed): Received by fusine and title printed): Calch Hare Inspected by (signature): Inspected by (signature):	Establishment address		() Owner		
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler RESONATION FOR SEPTION ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Note: The observed of the Section of the Sectio		0 /	L-pt/Store	No G-	23-27
Person in charge 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler RICK School Fag 6-25-26 Certified food handler RICK School Fag 6-25-26 Certifical trians are identified in the checklist and narrative columns marked "c" VIOLATIONS, REPEATED PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Note; Fag deserved Per Small fles Note; Fag deserved Per Small fles Received by (name and tith printed): Color fles Received by (name and tith printed):			2. Follow-up	Summary of Viola	ations:
Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler Rick Jehnen Fx 8-25-28 Certifical tirems are identified by the checklist and narrative columns marked "c" violations, repeated from previous inspections are denoted in the "summary of violations" and in the narrative below as "r" Section # C/NC R Note; Far deserved of the Small floer Note; Far deserved of the Small floer Received by (name and tith printed): Calch Farance Received by (name and tith printed): Calch Farance Received by (name and tith printed): Calch Farance Inspected by (signature):	Owner address		•		
Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler R'AL D' HALLO FAR 8-25-28 • 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 Natrative To Be Correct Note; For observed for small file; Received by (name and title printed): Columns Marked "C" Inspected by (name and title printed): Columns Marked "C" Inspected by (name and title printed): Columns Marked "C" Inspected by (name and title printed): Columns Marked "C" Inspected by (name and title printed): Columns Marked "C" Inspected by (name and title printed): Columns Marked "C" Inspected by (name and title printed): Columns Marked "C" Inspected by (name and title printed): Columns Marked "C" Inspected by (name and title printed):	Person in charge	hmaXI (talam exclusion) (sq2 = 8 mb = 1 m) - o traducter to the contract thereone	5. Temporary	C D NO	R.
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Note; For observed are small thes Note; For observed are small thes Received by (name and title printed): Care Received by (name and title printed): Care Received by (signature): Inspected by (signature):	VIOLATION(S) REPEATED FRO		HE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOV	
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

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

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

INSPECTION REPORT

- ealth @ Co formson in

Owner addre	hous nt address Lev Lev sss	n I	men Ave 46106	Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 9-13-23 Follow-up Release Summary of Violate CNC Menu Type (See 1)	se Date tions: 2 R_ back of page)
• CRITICAL	TEMS ARI		ENTIFIED IN THE CHECKLIST AND NARRATIV ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		12_X3 D IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
139 191 430 234	en Ne	, to	not appear to be DOK to wash in Sanitize disk (2) Check Sanitizer L * Keep a Loog * Also teach Sanitizer Observed health claims Claims Shall be re Tea Shall have addr The Weight; Sliced cheese not da Vinigh base cove not f display Shelf	evel in machine employees hevel. on packets of to viewed by the ess where pack te marked in provided on "a wall on top of ice a tray under s	then to sink a daily ow to check ea - Health aged and flip top delibrative in maker scoop to easi	ly clean
Received/by cc:	(signature)	:	make written	Insp El cc:	ected by (name and title printed Control of the printed of the pr	n packaging



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

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Page 1 of

Listablishilli	ciit Oaiii	tatio	in Requirements. The time mint for correction	or each violation is specified in	a the narrative portion of this report
Establishmer	nt name	4	Cool audministration and temporal forms	Telephone Number	Date of Inspection ID#
Day	e	7	Dusters	() Establishment	9-20-23 2338
Establishmer	nt addres	S		() Owner	
125	N		US31 46142	Purpose:	Follow-up Release Date
Owner			(1. Routine	No 19-30-2B
				2. Follow-up	Summary of Violations:
Owner addre	ess			3. Complaint	
				4. Pre-Operational	
Person in cha	arge		or tienall stabuly or become or your local con-	5. Temporary	c = 0 NC = RO
4 10				6. HACCP	La could deli er sentuou deni
Responsible	person's	emai	and made it for the sught med serve	7. Other (list)	Menu Type (See back of page)
			boot so the variation of the second	Br = 11	COL Tributapas es cobulty.
Certified foo	d handle	r	9		12345
• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
• VIOLATION	(S) REPEA	TED I	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative /	To Be Corrected l
190	NC		Observed pre-wro	apped portion	ed, 9-20-23
	WHEN THE	log.	Cooked Chick	en in W	alk-in
and and		2,000	Cooled dated		oder 19-20-23
			1:40pm" @ =	50°F@ 2:30	
		-	Cooked chicke		
			1110	or Less. Plete	ely cooled 5
402	MC		111	d, nor easily	cleanable 9-21-2
100	110		due ito Storage ra	,	in lo" oll Has
			0 10		eer cooller
	nili nere		700:		and the second second second
obaloe	21 11 173		note: Hang mo	os to dry -	Do not
100	10	16	keep in me	op bricket	
		_	,	1	
		-	Dish machines a	ppear to D	e adequately
		-	Sanctisine	a The Ur	ne of
		-	uspeatan	,	V
		\vdash	,		
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cc:			ce:		



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

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Establishmer	nt name			Telephone Number		
Poller General Establishment address 1140 N S.R. 135 Greenwood 46142				() Establishmo	ent 9-7.9	-23 1779
Establishmer	nt addres	s	a- Greenwood	() Owner		
1190 1	1 5.70	/	35 46/42	Purpose:	Follow-up	
Owner				1. Routine		10-9-23
				2. Follow-up	Summary of	Violations:
Owner addre	ess			3. Complaint		
				4. Pre-Operation	al /	
Person in cha	arge		**	5. Temporary	$\int \mathbf{c} \mathcal{O}$	NCR
	O			6. HACCP		
Responsible	person's	emai		7. Other (list)	Menu Type	(See back of page)
	p 42.00.20			7. Other (usi)	Wiena Type	(occ ouch of puge)
Certified foo	d handle	r			_	_345
					1	
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Section #	C/NC	R		Narrative		To Be Corrected by
430	NC		Observed missing/b	roken floor tiles	throughout 5t	ère
95	ろし		Bottom of Dair	4 COOLEC 10 Y	JUCK Stovas	٠
			scom is soiled	.)	` ()
414	NC		YOCK STOYUR Y	XVM EMERGI	ncy Exit	
			GOUT LOT DE	tected tropy	1 BOTCHILL	
			1098Ut3	1 .0 = 6 \ .00 (0 1	
0 1 5	1.0		23 controlle	MYZ OPERKA		
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1101	.,	-	(4) tresh tood coo			
431	MC	<u> </u>	floor inder ec	mibwent 12	201/10	
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			Seen			
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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			or dus report.
Domino's Pizza #2544	Telephone Number () Establishment	Date of Inspection 9-26-23	1847
Establishment address 12/1 N. Madisan Ave IN 46/42	() Owner		
	Purpose:	Follow-up Release	Date 22
Owner	1. Routine	NO 10-	-06-23
	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	c_/_nc_2	₹ R
Phillip Punh	6. HACCP	hand of after soul	
Responsible person's email	7. Other (list)	Menu Type (See bo	ack of page)
(Chris	7. Other (tist)	mena Type (See Se	ich of puge)
Certified food handler Safety Rogers		12/3	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARVATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND I		
Section # C/NC R	Narrative		To Be Corrected by
336 C Mas sink face	cet with	atmospheris	12-1-23
wasuum lireaker	(AVB) con	tained	7 7 TE
a u-value with	- shut off U	aves	NA STENSALL A
and a chemical	wall disp	renser	1
413 NC Some exterior	doors are	not	10-30-23
sealing at the	bottom		1
218 NC One door seal	on pinza, pr	ep table	10-26-23
(on faw right) is	split/tor	ń	
notes: storiae	closet nee	111	
ovanized.	and mu	lament yer also written at t	
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and an initial error of two streets in the streets		- Actions inches	stone de l
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cc: cc:	cc:		
			Page 1 of 1



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

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

Establishment name PUEBLO	() Establishment	Date of Inspection ID#
Establishment address	Owner	9/11/23 2038
1904 NORTHWOOD DR. FORNKANIN	Purpose:	Follow-up Release Date
Owner	1. Routine	(48) 9/21/23
WANESSA AGUIRRE	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	(1)
Person in charge	5. Temporary	c NC 8 R
GABRIEL MIRELES.	6. HACCP	C_W_NC_S_R_
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler MIRELES		12345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "R"
Section # C/NC R	Narrative	To Be Corrected by
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		Precooked &
71 + 1 0		more corrected
Time rengeran	T PONITARY	TSCAPA 9/11
I BIG SHIRT WE	11 VAULUEU	
309 NC FRONT ROSTROOM	5 - MECHANA	CAT EXHAUST 9/21
NOT FUNCTIONING		
207 NC/2 BOTTOM SHELF	OF MOTHE TABLE	
CLOSE TO FLOOR - LOS		
a 18 WC & door GASKET/SEAR	WORN, SPLET OF	V KITCHEN 10/11
3 JOOR REFRIGERA		com gree
	P BASE OF 2	JOOR ROFITS APOT POR 8/21
395 / ON KITCHEN	P BASE OF 2	OCOR POIL TOTAL
	THE ITEMS NOT STO	POSOFF FLOOR 9/13
MENUMUM OF 6 STUCK	5	
43! NC & BACK WOMENS	ResTROOM 1	
411 NC NOT CLEAN STATET 4	16, - 1-, " - 1	JOSUATO
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460 N. MORTON ST. STE A A A A FRANKLIN, IN 46131

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

		tation Requireme	nts. The time limit fo	or correctio	n of each violation is sp			f this report.
Establishme	nt name	Disposit final		n to a te	Telephone Numbe		e of Inspection	ID#
Establishme	107 nt addres	O 54	A Greenwood	d in	() Establishme () Owner	ent	9-25-23	2603
1727	noon	dy Lane	46142	۵, //۰	Purpose:	Foll	low-up Release	Date
Owner	Hell	ay aare	74172		1. Routine			5-23
		V			2. Follow-up	Commercial	mary of Violation	
Owner addre	ess				3. Complaint			
					4. Pre-Operationa	al	,	
Rerspy in sh	arge	1	Λ		5. Temporary	C	5 NC 13	5_ _R
V Y	101	lel Do	MAK		6. HACCP		1	tina (
Responsible			San Car	G Eva	7. Other (list)	M	enu Type (See bac	ck of page)
Certified for	nd handle	r	· Jacksa	7 /		-	2 3	4 V 5
	Mil	L Delora	do\ 3/24,	/27		1		45
• CRITICAL	ITEMS AI	RE IDENTIFIED IN	THE CHECKLIST AND	NARRATIVE	COLUMNS MARKED "C"		-	
 VIOLATION 	(S) REPEA	TED FROM PREVIOUS	S INSPECTIONS ARE DEN		"SUMMARY OF VIOLATIONS	S" AND IN THE N		
Section #	C/NC	R		-	Narrative			To Be Corrected by
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150	nia n	low	11 1	utche	in dish	area	L	0 15 13
109	C	The	furm	wa	s order	ed)		9-25-23
	-	CLOS	el at a	ppre	xurraill	4 1:10	pm	
	-	aue	intronco)	· , G	Wys July	ginu	acy	
211/	810	Ma	~ ~ ~ ~ ~ ~	< 0	0 1,41.	0114	ilable	Corrected
346	NC	107	the long	010	nd East	kite	hen	Corrected
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Sections CNC R REMARKS TO BE CORRECTED BY CORRECTED BY CONTRICTED BY CON	<i>"</i>			NARRATIVE REPORT Address Address 46.147	wood IN
El JOHD 172 Melay, Jane 1012 9-25-23 TO BE A hard Sink Including MS Connected by By Ne Paper towels at Jeither Connected by Sink 33.6 c Map Sink with an atmosphilic femore. Julian Including MS Contains 9-25-23 Linder Continuous freshing 4-25-23 Linder Continuous freshing 10/15/23 Bas Ne Leakida at West 9/30/23 Fetchen washing 4-25-23 Linder Continuous freshing 1: Collain apps 4-25-23 Linder Continuous freshing 1: Col	Establish	ment N	lam	e Address / 4/14	Inspection Date
REMARKS AND SINK INCLUDIA NO CORRECTED BY AND SINK INCLUDIA AT JOITHEN CONFEDER 336 C MOD SINK WITH AN ATMOSPHINE PRODUCE 336 C MOD SINK WITH AN ATMOSPHINE PRODUCE A HOLE WITH ADMAN MODEL WALL CONTINUOUS PREJUND 113 NC FRONT MAIN EVENTON DOORS CENTEN BOTTOM WITH ATTMA AT CENTEN BOTTOM WITH PRP 130 NC WALLS IN PRIP AREA EXTERNA THE PRP 1310 NC WALLS IN PRIP AREA EXTERNA THE PRP 1311 NC HAND SINK LEAKING AT WEST 10/15/23 AND MAIN EAST RETCHENS HAND 1324 XV WAND SINK LEAKING AT WEST 9/30/23 PETCHEN WALL 130 NC WOMENS NEXTHERM WALL WALL 1310 NC WOMENS NEXTHERM WALL 1311 NC WOMENS NEXTHERM SOAP 9-28-23 1310 NC WOMENS NEXTHERM SOAP 9-28-23 1311 NC DEAD WHAT ATHERM SOAP 9-25-2 WALL HAND SINK LEAKING WATHOUT ALPS 1325 NC DEAD WHAT ATHERM (IF CONCURRED A 9-25-2 WALL ALL HAND SINK LEAKING OF THE CONCURRED A 9-25-23 1331 NC DEAD WHAT APPEARED CONCURRED A 9-25-23 1331 NC JACKER A ARAIN PRIZE 10-3-23 1332 NC JACKER A ARAIN PRIZE 10-3-23 1333 NC JACKER A ARAIN PRIZE 10-3-23 1333 NC JACKER A ARAIN PRIZE 10-3-23 1343 NC JACKER A ARAIN PRIZE 10-3-23 1353 NC JACKER A ARAIN PRIZE 10-3-23 1364 NC JACKER ARAIN PRIZE 10-3-23 1375 NC JACKER ARAIN PRIZE 10-3-23 1376 NC JACKER ARAIN PRIZE 10-3-23 1377 NC JACKER ARAIN PRIZE 10-3-23 1378 NC JACKER ARAIN PRIZE 10-3-23 1379 NC JACKER ARAIN PRIZE 10-3-23 1370 NC JACKER ARAIN PRIZE 10	El	Job	U	2 172 Melody, Lane) 1812	· 9-25-23
336 C MOS SITE WITH AN ATMOSPHING REMOVE WALLEY (AVB) CONTAINED 4-25-23 A hose with Abray Monde while which Continuous phessions (A) 10/15/23 O hose with Abray Monde while which continuous phessions (A) 10/15/23 O hose with Abray Monde while which continuous phessions (A) 10/15/23 O are not tight fitting at Center bottom when blosed - 130 NC Walls in prep area kitchen 12-1-23 Ond dunh area are beging white paint of the FRP. 399 NC Illow which the FRP. 399 NC Illow washed the free which wall white paint of the free wall white paint of the wall and hard sink leakeds at what 9/30/23 Pitchen wall washed at white 9/30/23 Pitchen wall washed at wall contained the fitting white wall washed without Corrected between walls and they are father white white white wall what appeared cocknibation 9-25-23 1310 NC Washed white and they are father white white white wall what appeared cocknibation 9-25-23 1311 NC Dumpster had open and 9-25-23 1321 NC Jacked a drain plus in 9-25-23 1331 NC Jacked a drain plus in 9-25-23 1331 NC Jacked a drain plus in 9-25-23 1331 NC Jacked a drain plus in 9-26-23 1331 NC Jacked a drain plus in 9-26-23 1348 NC Bay mechanical dish machine 9-26-23	Section#				I IOBE I
336 c Mos sirk with an atmospheric Romove william breaker (AVB) contained 9-25-23 A hose with Abrah Monde winder Continuous phessions 10/15/23 White Continuous phessions 10/15/23 White pottoms when blosed				hand sink including mo	Corrected
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Includent breaker (AVB) Continued 9-25-23 O how with spray Monde Individual with spray Monde Individual with spray Monde Individual with spray Monde Original Not trant litting at Center bottom when closed Center bottom when closed Center bottom when closed Center bottom when closed Individual and seeling White paint of the FRP Sink are missing Sink are missing College of the spray of the seeling Individual comments of the wall Drain pipe leaking under back Alom the bay sink I womens retricted with wall I womens retricted expansion Alom was according without Corrected Either michanical expansion And tight of the wall I for the wall O had white appeared cochribate 9-25-2 Was on prep table in preparation Anom and luch of kitchen plep cooler O Space top and lie bin drop plate are soiled I warning areas				sine	
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218 NC Bar mechanical dist machine 9-26-23 temperature gauge was stuck on 1	431	NC.	_	Thoors walls are soiled in	4-25-23
temperature gauge was stuck on	710		╀-	Course was	00/102
~ 100°F. 0 0.	11 <u>0</u>	NC	\vdash		
Received By (Name & Title) Inspected By (Name & Title) Ins		-	╂		'
Manay Millor FUS Page 3 of 3	Pagnisod 5	Ry (Nome) 2. T	itia) Inestituted By (Name & Title)	+
		ااانداد د سر کر ا	"	(Indros Millor) FUN	Page <u>3</u> of <u>3</u>

NARRATIVE REPORT SHE A

Carta la l'alla sa	() (Ladamantina Bata
Establishm				Inspection Date
El		O	w 172 Melody Rane W	9-25-23
Section#	C/NC		, REMARKS 46/42	TO BE CORRECTED BY
415	<u>ر</u>		Juo live flies were seen	9-25-23
			on a vottle of honey	
			point top b chia apput of	
		\dashv	the Container	
324	NC		Strong sever gas smelled)	9-25-23
			noted in mor room.	Dry Trap
not	0 A	. /	Tast pest control visit was	,
14			9-15-23	
			Pest control to arrive this	
			luening (9-25-23) B) Hood Theoring Company to Clear)
		19	seichen Mechanical exhause	(Am)
	1/		on 9-25-13 exhaust	
	*	4	Firm can only re-open	
	-		after guen health department	
			- grante	
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Received By	y (Name	8.T	Inspected By (Name & Title) Warrew Miller, EHS	Page 3 of 3
State Form 48	8621 (R2	/ 8-0	81	



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

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

Establishme	nt name	_	about ambassa Marine	uri-t - Incomis	Telephone Number	Date of Inspection	ID#
(SE 9	6	0		() Establishment		2206
Establishme			Ü		() Owner	9/27/23	2000
213	32 1	15 3	1 GLOONYON	1-1	Purpose:	Follow-up Relea	se Date
2132 4531 Greenwood, IN					1. Routine	Tonow-up Reica	se Date
					2. Follow-up	Summary of Viola	tions:
Owner addre					-	Summary of viola	tions.
Owner addre	ess				3. Complaint		
					4. Pre-Operational		7
Person in ch	arge				5. Temporary	C O NC	2R
10.1		ээкес	o pre afout	Market I in the	6. HACCP	e in Dirigota - April 1 men 1	h-,501529
Responsible	person's	email			7. Other (list)	Menu Type (See	back of page)
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Certified foo			. 0 1			123	45
X			sa P-jles			7.	
			NTIFIED IN THE CHECKLIS			IN THE MADD ATTEMPT DESCRIPTION	AC !!D!!
• VIOLATION Section #			OM PREVIOUS INSPECTIONS AI	E DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
and the same of the same of the same of	C/NC	К		1/-		1	9/30/23
295	NC	109 (7099 07	THE	dispension	14	117925
101.000	12(5)(1	5,00	Equip 410011	10 O.S	7	DAID. J. DOG	PRODUCT S
256	N		No thermos	notor	MINS Moteral	11	9/30/23
2)6	N		th.	Grash &	ruit display	100/05/	(occept
			, ,,,	112771	101) 41.77.47	2001-0	10000
431	N.		the floor	dan	directly under	·	
			Lhe	3-ba-1	sink is	solled.	V
			7 7 7				
	Lana-	1000		134		i si ser e so i sila i s	lar pilomon I I
			- 10 Level 1 vi	11.00		media and allowed	a polyment in the second
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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 Establishment) Owner Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational c 0 NC 7 Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) Sensafe Exp 7. Other (list) Certified food handler 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 352 NC trooms 12-1-23 324 NC 12-1-23 399 NC 355 12-1-23 NC k (designated 190 NC 10-6-23 112 NC Must achieve 160° F hind restroom sink 10-6-23 404 NC Inspected by (name and title printed): Received by (name and title printed): Owner wine 1 avies indrew Miller cc:

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

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Page 1 of

		atio	r Kequirements: The time mint for confection			Tor tins report.
Establishme	nt name	-	and a new sea mails translations foods	Telephone Number	Date of Inspection	ID#
200	do	7	room stryick.	() Establishment	9-13-23	1148
Establishme	nt address	S 	Greenwood	() Owner	1 0	10.0
140	N	U	531 4(0142	Purpose:	Follow-up Release	
Owner				1. Routine	- 19-	23-23
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		,
Person in ch	arge		saked in the street transfer. Ret if for	5. Temporary	$_{\rm C}$ $_{\rm NC}$	R
Free Lin				6. HACCP	numasi, bootess ny li	yl, s misza l
Responsible	person's	email	our cody to equipmed in unite ment, second	7. Other (list)	Menu Type (See	back of page)
				ample of a large pla	idae on newtype	toraco control
Certified foo	d handler				1 2 × 3	4 5
			ENTIFIED IN THE CHECKLIST AND NARRATIVI			
	-	NAME OF TAXABLE PARTY.	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		THE NARRATIVE BELOW	And the second s
Section #		R		Narrative	= 1 1 (2)	To Be Corrected by
218	M	dag	The tollaring after	SUSTATE ON	Stylmow.	I IVIZ.
. Interior	187.00	1011	1 Moll-14 COSES	dsplay door	Cilvers	
				stored.	02011	
			DWILL IN COOLER	display door	MAIR	
411	N	_	Observed a few 1	3 Stored	N XIDL	1
901	10-		Cooley	7112 ONI 1111	200112, [1]	
			100171			
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			u a maa lead u de de l			the action
						Jelius and I
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Thomas	100	30	16th - Store Manage	V,	1104 125	reasoned I
Received by	(signature)	<u> </u>	The state of the s	Inspected	d by (signature):	- Packaging I
THON	JUN		la to	1, 1/2	Mak C	
cc:	1111		cc:	cc:	Da - 1000	-
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Page 1 of

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

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

Telephone Number Date of Inspection Establishment name Establishment Owner Release Date Follow-up . Routine 2. Follow-up Summary of Violations: 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 handles VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" To Be Corrected by Narrative C/NC R Section # 228 NC 295 NC 234 NC 291 NC NIC Inspected by (name and title printed): Received by (name and title printed): Received by (signature): cc: cc: cc:

NARRATIVE REPORT

Greenwood IN

Establishr	nent N	am	Address 46/42	Inspection Date
Thee	N.	<u> </u>	inser 1675 W Smith Valley Rd	9-27-23
Section#	C/NC	R	REMARKS Ste E.	TO BE CORRECTED BY
218	NC		four round cooking barkets	10-8-23
			were worn and contained	replace
100			entra wires (metal)	1 1
431	NC		Kitchen mechanical exhaust hood	10-3-23
443	С		system is soiled	C 1001 0 d
112	<u></u>		Tiliping Cloth Solution in	Corrected
		1	10 nom	
187	C		The following internal product	Morred
			imperatures were measured	noducts
			at 1:27 pm inside the walk-in-co	olen to
			(1) John 44°F	other
			(2) Row beek 47°F	coolers
	K		3) Kaw Shelled eggs 48°F The ambrent as temperature of	Called Lon
	-1	\Box	this wint was 52°F at 1:28 pm	emengency
			Author At it ad in a About	Hison
			was around 41° Fat approximately	needs to
			10:45 am	V T T IX MV I XXX J I
			20	Closely
			Mote: Please wash curtains	
		-	that are in door way to kitch	en
		-		
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				<u> </u>
Received By	(Name	2 T	(a) Mehartari Rv (Nama & Titla) 00 - 01	
The converse	(Ivame		Inspected By (Name & Title) Washes Willer Els	Page <u>2</u> of <u>2</u>
<u></u>			- Winner Huner, Lin	·



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

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

Establishment name Home To was NUTRATION Establishment address 33 South Morton Frankla, In Owner Owner Owner address Person in charge MAJSON SNYJOR 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 9/25/23 Follow-up Release 10/2 Summary of Violation C NC Menu Type (See ba	2_ R
Certified food handler		1	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	COLUMNS MARKED "C" "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW AS	"R"
	Varrative		To Be Corrected by
256 NC × THERMOMETER NO			10/4/23
SMAZL REFRISHRAT	UR WARRAND		71×11×11×11
IN WHICH EGGS	STORED	The second secon	Obraskii i
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	amenge iz an in	and the policy of the second	780 175n E
431 NC X ROSTROOM CERLIN	g FAN COVE	e NOT	10/4
336 C = SPRAY NOZZED/ MUP STNK FAVO NUT BELQUATE PRESSURE APPLICA 3 COMPARTMONT	FOR CONTINUES, ALSO	device	10/10
Received by (name and title printed): Madison Shyder, employee		ed by (name and title printed):	EM5
Received by (signature): H. M. Shifave		ed by (signature): Re I for) washing
ce: ce:	cc:		



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

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

Office 317-340-4305 Fax 317-730-320

Establishment name	Telephone Number	Date of Inspection	ID#
1 1 1 1 1 1 1 1 1	wood) Establishment		
	au poc	9-27-23	2436
Establishment address 2339 S.S.R.135 Greenwood IN 46143	Purpose:	Follow-up Releas	na Data
Owner	1 Routine	1 100 Keleas	-7-23
	2. Follow-up	Summary of Violat	THE RESERVE OF THE PARTY OF THE
Owner address		Sugmary of Violat	10113.
Owner address	3. Complaint		
	4. Pre-Operational	$_{\rm c}$ $_{\rm NC}$	16
Person in charge	5. Temporary	C NC	R
Rath Rumple	6. HACCP	recent to other med.	by allowed
Responsible person's email	V. Other (list)	Menu Type (See)	pack of page)
Centified food handler Boyance 1/28/28		123_\	45
Odrama.			
	ATIVE COLUMNS MARKED "C"		.c. unu
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED I Section # C/NC R	Narrative	N THE NARRATIVE BELOW	To Be Corrected by
	to Alexanderica	1 6)	10 Be Coffeeted by
309 NC Excessive Stea	fr laura up	2111+2	9-30-23 0x ASAD
that be taken a	to a Comment	g vae	101113111
413 NC V north halla	My doon lo	adina	9-30-23
to dumosters	are mot	sealing	1
at the center	Protton.		
324 NC Three bay far	ucet, on left	is loose	10-3-23
227 NC and the lin	it needs s	ealed -	10-3-23
to the wall	9	,	
336 C Mop sink for	aucet with	atmospher	ic 11-23-2
vacuum brea	Ler (AVB) con	tains	
anuse to a.	wall chemic	al	Laba II
aupenser aupenser	a ou manal	- 1 -11-01	10 2 77
277 nc Pressure gaug	useen 15-25 psi	cal desh	10-3-23
295 NC Refugeration	1 4	00 50,000	9-27-23
- To full the second	door gaskets a	in dama	red 9-28-2
218 NC Ones deep fu 431 NC Filoor soiled	Insido 1, m	Db-in-	9-28-23
Coroles and free	oser.	00 10/1	1
Received by (name and title printed):		ed by (name and title printed	0: (2)(
haven icenell, humple	Ar	MARIN MAN	er thy
Received by signature):		ed by (signature):	
cc: cc:	(C:	drew Wille)
J			
			Page 1 of 3

NARRATIVE REPORT Greenword

Section# (ence July of 2339 5.5. R. 135 46143	Inspection Date 9-27-23 TO BE
Section# (Unce Juliage of 2339 S. S. K. 753 46145	TO BE
Section# (R REMARKS	TO BE
	C/NC I	REMARKS	
295			CODDECTED BY
295			CORRECTED BY
	0	Table Slicer was noted cleane	<i>9-2</i> 7-23
		but found soiled around	1
		the sharpening stone	
20.1			<u> </u>
324 A	VC	Floor arain Man two bay	<i>9-28-23</i>
		sink contains stagnant liquid	·
431 1	NC	and the floor a gran sor Did	9-28-23
		Back codd for the law on the	0 20 23
218 /	VC	Back condenser levaporation is	4-20-20
		iced over for walk-in-heeren	NIONITOY
410 h	JC	deapt shields moken / missing	9-28-23
		Ain dut mes	1
<u> </u>		CIME ANST WILL	10 11 27
352 A	UC	Restrooms just East of Retchen	10-11-23
		lack self-oclosing doors	<u>_</u>
393 /	NC	Left exterior trash dumpster	10-11-23
7/2 /	<u> </u>		1011-12
		lacked a drain plug	<u> </u>
218 Λ	VC.	Two plastic scoops were damaged	L Corrected
		at the open end.	7
295 h	VC		9-27-23
270 N	<u> </u>	Ofable miver was soiled under	1-01-6
		the mixing neck	
]_	Bottom neck of juice machine	_
		was soiled	
		U U S S S S S S S S S S S S S S S S S S	
			···
			
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Received by	(Name &	Title) from Inspected By (Name & Title) When EHS	Page <u>J</u> of <u>J</u>



460 N. MORTON ST. STE A G

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

Establishmen	it name	-	on of managementally magnificant to no	Telephone Number		ID#
Indyo Frozen Yogwt Establishment address			en Yogurt	() Establishment	9-13-23	2223
Listablishinch	it addics	3		() Owner		
1751	1	10	15 31 Greenwood	Purpose:	Follow-up Relea	se Date
Owner				1. Routine	Follow-up Relea	23-23
				2. Follow-up	Summary of Viola	
Owner addre		-			Cummary of Viola	
Owner addre	SS			3. Complaint		
				4. Pre-Operational	1 4	. 1
Person in ch	arge	ne la un	a a thire - Januaria ede Remitté	5. Temporary	C NC	8 R.
1 1.112				6. HACCP	Menu Type (See back of page)	
			er febely is resummed in single ment servi	7. Other (list)		
1					amiliono subsuipo	desired of Pugo,
Certified foo	d handle	r			1 2 3/	D 4 5
			safe will be emailed		13	45
	-	Name and Address of the Owner, where	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW	AS "R"
Section #	TO SHARE THE PARTY OF THE PARTY	NAME OF TAXABLE PARTY.		Narrative		To Be Corrected by
	-					
	7)11.11	34 JCL 3	to supervise that she was the contained	woods and of the first	DO OPE SAPE TO MINISTER	I Surtemanuel
7/10-07	mensur	90.01	with the state feeting appealing their	TO THE RESERVE THE STATE OF THE	manyisii 7. bad	2000000000
			NOTE: Observed a fe	Was II Alec	and training of Avi	OF THE TYPE
		\vdash	The II, Observed are	Janali ones		
			MOTE Observed	-andient alatem	o 5	
			NOTE: Observed as cooke stored at 420 needs	- Whom suit and	church le	
			3 900 STONE UB CONE	I seed I	abeter 0	
			Trond at 12 miles	TURNED MOWN		
		\vdash				+
	officies	5,105	tanan kanan kanan da		co. to potitioner	Louisian
501 17	20, 2377	71	<u> </u>	سيد عمر المسالين المسالة بالتالية التالية التالية التالية التالية التالية التالية التالية التالية التالية الت	and the said and the	Luch
	aid At 18	1111	<u> </u>		te malliciteda's	a sonesta j
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	1		unar huner	Colt	6 Fleens	Community
Received by	(signature ₎	17/	XMM - IIII	Inspecto	ed by (signature): WEllemon	
		W	Mon Comment	Cal	w Ellemon	A.C.
cc:			cc:	cg	1100/1	
			* *		MAN WHEN	



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

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

Establishment name Interchurch Fovel Pantry Establishment address 2/1 Commerce Or Frenklin Owner Owner address Person in charge Responsible person's email	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection ID# G-Z8-Z3 1408 Follow-up Release Date 10-5-Z3 Summary of Violations: C NC R Menu Type (See back of page) 1 2 3 4 5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED		IN THE NARRATIVE RELOW AS "R"	
Section # C/NC R NO Violetions	Narrative	To Be Corrected by	
Received by (name and title printed): KEN DYAR AMBAS AND 1 BON Received by (signature): cc: ce:	MEMBER (cted by (name and title printed): Coleb Flene cted by (signature): Live Fledner	