

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

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

Page 1 of

230111011111			ratequireme						in the namative por		The state of the s
Establishmer	nt name	5	Don	UTS	MIRITAR	1.9.11	Telephone N () Establ	Number ishment	Date of Inspection		ID#
Establishmer	nt addres	s	1,5600	72		ש ודנעו	Owner		11/9/3		1
Q 1° Owner	1 4) 2	Jen er	8N 50	1(14)	~KLINI+	Purpose: 1. Routine)	Follow-up Rel	ease 1	Date [2-3
P.	G	F	Trong				2. Follow-up		Summary of Vio	olatio	ns:
Owner addre	ess						3. Complain				
D : 1							4. Pre-Opera		c NO	5	~ n
Person in cha	ew ew	FOI	ETENBE	RRY			5. Temporar	ry and a	C_O_NC		R
Responsible	person's	email	e titusi ser e Lavelse	gnis of l		of whotel word	7. Other (list	t)	Menu Type (S	ee ba	ck of page)
Certified foo	d handle	r	GANUT	(2)					12_3_		45
			ENTIFIED IN	THE CHI			E COLUMNS MARKE E "SUMMARY OF VIOL		THE NARRATIVE BEL	OW AS '	'R"
Section #	C/NC	-		-			Narrative			-	To Be Corrected by
431	NC	×	FLOO	RIP	JOT 6	CLEAN	pr me	175 OF	FRONT		11/17/03
	VILLEGES		AREA	1	BACK	Rose	A,	FLE	OOR WET	BUCH AN	AND I THE T
2811111111	11		unde			-	ment s.		And		
				ROVI	20	LARGE	move	25	Parintell or	27/1/	277m} 1/10
256	MC.	~	THERM			or scen	NIPOT W	erige 1780	CAU WITTER II	TUK	STORED ///
(A)C	40)	Z	PAn		3 0	SINGI	RATERIT	C+DIX	310100		Clean
000			UNUN		3 (o ripin	0C10.6001	3140		\dashv	
295	NC	2	und			¥ 54	de OF L	MRGQ	MEXERS	寸	11/15
			NOT	CLER	m					\dashv	
340	NC	20	Empl	111400	2 00	STROOP	n - 50R	podisp	ONSER NO	7	16/11
324	nc	(FUNC	1770			VOILET	NOT C			11/13
3	-	5	COTIST	ñ9 1	= AN	COUPR	NOTE	n PCA	ce ,		> 11/13
			<i></i>								1.5
431	ne	K	(20)	FRO	NTO	205 TRO	00m -0N	e cetti	ang Fran	/	11(13
			COVER	120	007	CLETTA	0200 30	IN DATA	ORIPPING	0	01012U V.
(NO	(0)	-M	OFP	lek_	WELL	_ 0	IFIER ZDI	UP DE	ORLPP.Z.	24	11/17
Received by			printed): Fortenbe	Cr4_			1 1 10 70		ed by <i>(name and title pr</i>		+ 575
Received by	(signature	cel)	du &	leb					ed by (signature):	S	2
cc:				cc:				cc:			



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

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

Establishment name HCSEY MIKS Establishment address Owner Owner	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up	Follow-up Releas NO //- Summary of Violate	e Date -27-23
Person in charge Responsible person's email Certified food handler	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC	pack of page)
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 Note; Employer Cleened every	Narrative Stafed Slizers a 30 minutes	Te a companismo	To Be Corrected by
Received by (name and title printed): Received by (signature): cc: cc:		ted by (name and title printed Lole B Fleerw ted by (signature): Llw Ellen	Pizo (* 1)



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

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

Establishment name Sets Pizza Establishment address Green wood Owner Owner Owner Responsible person's email				Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# $11-6-23$ Follow-up Release Date $11-16-23$ Summary of Violations: C NC R Menu Type (See back of page)	
• CRITICAL	L ITEMS A	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE		12_X_3	
Section #	STREET, SQUARE,	-		Narrative		To Be Corrected by
411	NC	Υ	Light out under pizz			12-6-23
438	Z	5 714	Label all spray bottles		The first factor of the special state of the specia	11-6-23
Received b	00	160	oripted): SMKMNUY CE:	1 1 mm um 6	ted by (name and title printe Caleb Fleen ted by (signature): Level Fle	



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

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

Establishment name Johnson Lounty Senior Services Establishment address 36 Tracy Rol Whitelenel Owner Owner Owner address Person in charge Responsible person's email Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			Whitelend	Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC NC Menu Type (See	tions: R back of page)
Certified foo	d handle	r			1_23	45
The second secon				HE "SUMMARY OF VIOLATIONS" AND I	IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
		Take 1	Nothing to note	,	The second second second	7.0.021
11 110 %	24 44	DIU	Thank You		ere quince : leed	COMESSION
			mank Jou		avive is ill in a present	a privilege
	-					
	Heises	to over	constitued on the second have	Harabana and State and Asia	film at my emails and	Sangarage and C
isu'un	i angazana				-	P a
dic	e et	11	and attern and weather than the death of		nto to be street at the Committee of the	- Income by
		\vdash				altidore, s
		\vdash				
		\vdash				
					11. (1.01.1.1	7)
Received by		title p	1 - 1 /	Co	ted by (name and title printed 1eb Fleener	Facilities Th
Received by): .	For	Inspec	ted by (signature):	padagibag
cc:	Just 1		cc:	cc:		
						Page 1 of/

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

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

		tatio	in Requirements. The time mint for confection	of cach violation is specified	in the narrative portion of	n uns report.
Establishmer			To it wild distributed arise in course	Telephone Number	Date of Inspection	ID#
K	acey	15	Pizza Spol	() Establishment	11/2/	2644
Establishmer	nt addr <i>e</i> s	S		() Owner	11/30/23	1202
8	39 X	ł.	45 31 Whiteland, IN	Purpose:	Follow-up Release	Date
Owner			The state of the s	1. Routine	13	10/23
				2. Follow-up	Summary of Violation	
0 11					Summary of violatic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Owner addre	ess			3. Complaint		
				4. Pre-Operational		
Person in cha	arge			5. Temporary	C_L_NC_4	R
Fig. 1				6. HACCP	Table Rings 9	the rough
Responsible	person's	emai	I'm than done on by time to the other hold	7. Other (list)	Menu Type (See ba	ck of page)
				artific e a	- chrispans	
Certified foo					1 2 3 \(\times \)	4 5
Ra	\$ DEC	5	Kaus			
			ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED I	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW AS	
Section #	C/NC	R		Narrative N.J: N	1717	To Be Corrected by
					1101	1.7
256	NC	nergi	- Keep functioning	thermometer	75 in	12/6/23
91 (1 11 74 7	1977	Jasai	réfrigerators	. 1/ -7		AND THE RESERVE OF THE PARTY OF
				liping cloths]	must	
	<u></u>			itizes betw		
291	NC		Sunitizer test sti		10t	12-2-23
		-	located / Lat	Norine]		
	-		1 1 1 2 2 4 2 5	1 1 1:7:	za shop	N. I.
216	NC			on the Pizz		7 11
			walle-in tooler is	danieged - L	40111119 4941	
7.10	diser		A 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	K/MOP SINK	15	12-1-63
345	Nc	90 0		K/map SINK	12	121.05
1.1	-	ital	Soiled-	the sandygich	5h09	11/30/23
187	C	-		1	77.07	111 -45
	-	\vdash	service refriger	1 11 11 1	below.	
			being maintaine	0 4 7/ 1 21	DETOVY.	
	-	-				
	_	-				
Received by	(name and	d title	printed):	Inspecto	ed by (name and title printed)	1
	05	11	> Rodesoles	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	erry D Day	12.55
Received by			The state of the s		ed by (signature):	2 1
/ 0	Pro		Kalnauer		Kuy 721	My less
cc:	A JX		cc:	cc:		/
					L	/
The second second second		-				Page 1 of



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

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

Establishment name Kentucky Fried Chicken Establishment address 2401 N MORTON FINKLIN Owner Owner Person in charge	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Release) i 23 ons:
McKenze AGRE	6. HACCP		And we
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
Certified food handler NCRWZIP AGER		13	5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARR THE CHECKLIST AN		IN THE MADDATIVE BELOW AS	"B"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED Section # C/NC R	IN THE "SUMMARY OF VIOLATIONS" AND Narrative		To Be Corrected by
431 NC & COILING WENT	COVERS DUSTY		11/8/23
25-6 NC = THERMOMETER M	UOT SEEN ON ON	e WACK-IN	1118
COOLER	ng manga sa katang maga sa ma		VOLUMENTO NAME OF THE PARTY OF
	NOT CLOSED	The second secon	1114
	WE EXHAUST HOOG	t NOT	11/8
FUNCTIONANG	clean next to	WAZL	11/8
431 NC S FLOOR NOT C	LENIO 10EXI (8	wite	(()
295 NC = SHELVING PN H	CATRIHEN, WARK	- IN COOLER	2 11/8
NOT CLEAN			
324 NC - OPEN FRONT		- NOT	1118
PROVIDED IN	Mens ROSTROG	n	
ref wored		The second	
	Ir	to I be from and the taken to	
Received by (name and title printed): MCKENZIE PG COE	E	ted by (name and title printed) SMITH	EAB.
Received by (signature):	Inspec	Bol Smith	raya - a sa
сс: сс:	cc:	7	
			Page 1 of



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

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

	-			1		
Establishme		0	Stood surching of shall remove as a large of	Telephone Number		ID#
Ktn	- paterna and a second	_	J FRET	() Establishmen	11/8/23	2041
Establishmen	nt addres	SS h /	made to held to	Owner	17/1- /	
003	9/	V	MORTON FRANKON, IT	Purpose:	Follow-up Release	Date
Owner				1. Routine	- 1111	8 33
E	or C	He	\sim	2. Follow-up	Summary of Violati	ons:
Owner addre	CALLED STATE OF THE STATE OF			3. Complaint		
				4. Pre-Operational		
Person in ch	arge	_	a francisco de la constanta de	5. Temporary	CONC A	7 R
	voh	Lon	<i>j</i>	6. HACCP	0	
THE RESERVE AND ADDRESS OF THE PARTY OF THE	THE RESERVE THE PERSON NAMED IN	-	brass lean. Innis	7. Other (list)	Menu Type (See b	ack of page)
георологого	Persons	C111101		7. Other (usi)	Wiena Type (See 5	uck of puge,
Certified foo			1		_ 1 2 3 8	4M) 5
	v ek		/		12	
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		AND IN THE NARRATIVE BELOW A	
Section #	-		1	Narrative		To Be Corrected by
414	NC	>		TORN JO	OR does NOT	11/23/23
0.00	1	1367	CLOSE TIGHTLY		1-22	11/221
295	NC	3	BULK FOOD CONTAI	THERE' NOT C	ORN, LIO	11214
229	MC	2	CRACKO	- 51 ADD AL	or Modal	11/20
29.5	NC	€D	WAZH-IN COOLER SHELVING NOT CL	DAN LOOK NO	or con-	11/20
177	NC		some food CONTAI	MARS NOT S	MINON MEE	11(15
1 1 1	100	>	FLOOR MINIMUM	OF 6 PUCH	37 JON	((,)
			WAZK-IN COOLER	0. 07		
431	NC	2	FLOOR NEXT TO W	VAIL, UNDER	EQUIPMENT	11/15
			NOT CLOPEN IN	KITTZHEN		a managetty
239	NC	4	Boxes of STRAGE	SERVICO ITE	ems not	11/12
44	li la ni	H.I.	STORED OFF FLOOR	MINIMUI	nor 6 THEHE	ence the
			on diving MEA	`		http://www.
		-				
		-				
Beceived by	(name an	d title	printed):	lı	nspected by (Name and title printed,):
ZW				s ho yer	Bob SmiTT	+ ENS
Received by	STREET, SQUARE, SQUARE,			I	nspected by (signature):	*
13	n.	dh	en		Ble Im	#
cc:			сс:		cc:	
						Page 1 of





Johnson County Health Department 460 N. Morton St., Ste. A, Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report



Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parrative portion of this report.

establishment		telephone		Date of Inspection
The Knuckle Sa	ndwich	317	7-422-5767	11/29/2023
Establishment address		•	Summary of Violation	
5116 N SR 13.	5, Greenwood, IN 461	06	0 C	1 NC, 0 R
Owner			Follow-up	Release Date
	inda Milton		No	12/10/2023
Person - in - Charge	Certified Food Handler		Purpose:	Menu Type
Brent Milton	Linda	Milton	Routine	4-Extensive handling
Establishment Identification #	County	District		
	Johnson	D5		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "C"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	C/NC	R?	Violation Observed:	To be Corrected by:
190	NC		Tightly covered Beef at 105°F, Beef Broth at 90°F & 119°F at 3:50pm	
150	1,10		located in the walk-in-cooler. Products made today at 2:30pm.	correcting
			Reheat products to 165°F, then, starting at 135°F you have 2 hours to	
			reduce product temperature to 70°F, then you have an additional 4 hours to	
			reduce product temperature from 70°F to 41°F or less.	
			Recommend keeping a food temperature log so that you know when the product reaches the above milestones.	
			Proper cooling includes - using an ice bath, reducing the size/amount of	
			product so to cool quicker, adding ice as an ingredient, leave uncovered	
			until it reaches an internal temperature of 41 °F or less	
		_		1
			\bigcap	
				\mathcal{D}
			g Squ ve p	- X (.
			T , II	7/h

Brent Milton, Establishment Representative

Inspected by: Elizabeth Schultz, REHS (317) 346-4373 <u>eschultz@co.johnson.in.us</u>

Miapageorge



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

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

Establishment address Separation of the stablishment address 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)	Follow-up Released NC_NC_Menu Type (See	ase Date -8-23 ations:
Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA	DDATIVE COLUMNS MADVED "C"	123	4X5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTE		IN THE NARRATIVE BELOV	V AS "R"
Section # C/NC R	Narrative		To Be Corrected by
431 NO Produce mist system	stide door needs repaired steets need replaced ik 1st Area Pak O Ha 3 Go Ha G Stay Duck	ASERS OF	
Received by name and title printed): Received by (signature):	Ca	ted by (name and title prin. IE b Fleen- ted by (signature): WELLEMEN	al ave is
сс:	00;	May Lak	Mickeyyery Page 1 or V



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

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

		ion Requirements. The time limit for com-	rection of each violation is specified	a in the narrative portion	i or this report.
Establishme KV b C		. Thought have have the man	Telephone Number	Date of Inspection	ID#
Establishme	nt address	•	() Establishment	11/29/2	3 434
2100	Mexic	lide Parre Dr	Purpose:	Follow-up Releas	se Date
Owner	1410110	lian Parke Dr Greenwood, IN	1 Routing	No 12	1
			2. Follow-up	Summary of Viola	
Owner addr	ess		3. Complaint		
			4. Pre-Operational		2
Person in ch		editional submittee in the contract of	5. Temporary	CNC_	\sim R
401	11	averse	6. HACCP		Jachen 1
Responsible	person's en	ail	7. Other (list)	Menu Type (See	back of page)
Certified for	od handler			1 2 3	110
				123	_45
, sand and a second second		IDENTIFIED IN THE CHECKLIST AND NARRA			
		FROM PREVIOUS INSPECTIONS ARE DENOTED IT	N THE "SUMMARY OF VIOLATIONS" AND Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
Section #	C/NC I	Starbucies	Ivairative		10 Be Collected by
431	NC	drain undersiness	Dilect	o a sa zaka se bumpusu	12115123
310	WC	fan in cooling unit		ted	11/30/23,
187	C	Cooling unit W/milk	tapple jule running	ghigh	corrected
	-	0-Milk @ 47°F	= + thrownout day	hing inspects	m
		Knaer			
399	NC		any areas (deli,	meat, etc)	12/31/23
310	NC	fans dusty in pick u		orkorderinprox	press 11/30/2
	-	L'aprected	<u>'</u>	, ,	/
	Chemnata	NOTE: SMail Winger	insects observed i	n deli	a polary specific
- in	fa getta F				e promotonia.
		#11 items besides t	loors corrected dur	ing time	dintrocaled
		of inspection			
					-
D : 11	y (name and ti	the arrived).	Inspec	cted by (name and title printe	d):
Received by	wris Fo	er printed):	100	Mue Miller	F 11.
Received by	y (signature):	lh a	Inspec	ted by (signature):	UN FUS
cc:		сс:	ce:	317 3410 42	109
				011010	Page 1 of



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

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

			*	1	- I	-	
Establishme	nt name	7	TWA	Telephone Number	Date of Inspection		
LA Establishme			A1 - 11	() Establishment	11/9/2	3 1673	
			ERTON ST. FrANKLIN, DU	() Owner	' '		
Owner	10	[7]	1010 91. 1 (1100 VO) De	Purpose: 1. Routine	Follow-up Releas	Date (23	
1	0000	5	ZXTO PERI	2. Follow-up	Summary of Violat		
Owner addr	PART HOLDING		-7010	3. Complaint			
	entitions.			4. Pre-Operational			
Person in ch	arge		11 1	5. Temporary	C O NC	7 R	
		CA	BRERA	6. HACCP	1425	, O	
Responsible	person's	emai	lomas li, em algorisco il como e se se con con con	7. Other (list)	Menu Type (See l	back of page)	
0 10 10	11		the street rates of rate to to		ableen an alepan	EDECUSOR	
Certified for	od handle BUR		STXTON SERUSAFEI	(7/29/25p)	13	(440)5	
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		4	
• VIOLATION	(S) REPEA	TED F	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW		
Section #		R		Narrative		To Be Corrected by	
324	WC.	-	CONDENSATE ORATINAS	e FROM WAZK	-IN COOLER	12/1/23	
	THE STATE OF	- interest	OUTLETS DATE BUCKE	T NOT INTO di	DOUGE	2/19/04/11/10	
100			Temperature of u	ATTI - TI FOR	JOHE BACK	11/13	
197	NC	~	NOT AT OF OR les		CUR COF	1///2	
	-		TO THE WELL				
2-39	M	×	HANDLE OF FRE SLEDA	IN CONTACT W.	ITH ICE	corrected	
5 - /	1		IN FRONT SOFT ORI	NK STATION 1	HANDLE NOT	1119	
			STUPED OUT OF ITO				
28	MC	X	JOOR GASKET WORKIS	PLIT ON PREPAR	4410N/90IL	13/9	
256	rc.	101	2 TAM REFRIGERATOR	THERMOMET	PR NOT -	11/15	
	1	100	OBSERVED FOR THIS	THERISETHOR	Elmo I	MATIN 11/2-	
No	-	×	THE MAKER ORPEN does	NOT KINNE MIES	DUDIO FLEDE O	MIN 11/20	
199	NC	>	RAW MERT IN PAN TH	MODIE & MINHOU	KUIUIUI-7	Corrected	
324	NC		WATER STANDING IN	FIME STUK-	NOT	12/1	
2007	100	-	TRAINING PROPERL			10.77	
		\vdash	0.00				
Received by	-			Inspecto	ed by sname and title printed Bob Sm 1 VH	DE 15	
Received by	(signatur	e):	ABRERA	Inspecte	ed by (signature);	ymigs inus	
	Sall		2	6	Del Snow	2	
cc:	Ariam (a Chinalad		cc:	cc:			
						D 1 6	
						Page 1 of	



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

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

Establishmer		abo	n. ar tod rotenialir lazardous inc	Telephone Number	Date of Inspection	ID#	
45	CROI.	SSAN	T	() Establishment			
Establishmer	it address		,	() Owner	11.22.23	2506	
				Purpose:	Follow-up Relea	se Date	
Owner				1. Routine	1 3	\$ 12/2/23	
				2. Follow-up	Summary of Viola	tions:	
Owner addre	ss			3. Complaint			
				4. Pre-Operational			
Person in cha	ırge		and the first on the same of the same	5. Temporary	C O NC 8	3 R	
	9	ARGAS	> 1	6. HACCP			
Responsible	person's e	email	La mi Studio di La compania di Liu di	7. Other (list)	Menu Type (See	back of page)	
1				The states (trees)	1,10,10	77.87	
Certified foo	d handler				1 2 5 3	45	
			IFIED IN THE CHECKLIST AND NARRA				
			PREVIOUS INSPECTIONS ARE DENOTED IN		D IN THE NARRATIVE BELOW		
Section #	C/NC	R		Narrative		To Be Corrected by	
345	NC	+ /	HAND SINK IS NOT ACCES			1/22/22	
218	NC	1/	REACH-12 COOLER IS OU!			1/22/23	
			- 1 Rea WALK-IN FREEZER IS OUT OF SERVICE				
			SANDWICH STATION FL		ERVICE	1	
(1333	-21		MIXER IS OUT OF SER		2122 1130	12/2/23	
411	PL		1914 INTERSING 12 KI		OBSERVED	12/40	
138	NC	1	216HT NOT WORLEN	The colon Real	- MUTS	11/23/23	
431	NC		TORAGE ROOM IS I	DISORGANIZED/NOT	MAINTAINED	12/22/23	
291	NC	+ 7	ST CHEMICAL TEST	- Source NOT DUALLA	1813	1//27/23	
611	/0-		- MERD CHLORID	E TEST STUPS FOR	DisHurston		
257	NC	+1	10 METALSTEM/ DIGI			11/27/23	
5,45			TO CHECK INTERNAL		1.8514 151 15	, ,	
431	NC	1 4	ENERAL CLEANING NE	/		11/23/23	
,			- INSIDE FLIPTOP				
			- WALK-IN COOKE				
			- REALT-IN COOLS	r .			
			- FLOORS, WALLS	12 Kiriter Arca		-	
D . 11	(14:41			ected by (name and title printe	ed):	
Received by		. //		Inspe	Levis Robario C	Els MinPapaa	
Received by	110/1	Moa	P	Inen	ected by (signature):	1 Million	
kecewed by			. +7	Шэр	1-00/ 111	1a Remain	
X V/	16011	1/100	-15		5/4/0/	WOLD WAS AND S	
cc:	166		cc:	cc:	/)	- []	



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

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

Establishment name Little Cuesays Establishment address GZO. 5 US 31 Gree 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)	Date of Inspection	30/23 ns: Z_R
Certified food handler 2130 Whitpey	2027	123	45
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS A Section # C/NC R THE PROPOSE OF PROPOSE AND PROPO	Narrative Narrative	the dough up soom 3-bay Linterior 7	"R" To Be Corrected by (1/30/23 11/36/23 11/36/23 11/36/23 11/36/23
Received by (name and title printed): LVOLONE JEWEN Received by (signature): LVOLONE JEWEN cc: cc:	Inspe	ected by (name and title printed): Lory D: Diverseted by (signature): Juny D: Letter L	



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

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

Establishmer Lord Establishmer 106 f Owner Owner addre Person in cha	to Lead reserved to the season of the season		Purp 1. I 2. I 3. 0 4. I 5. 7 6. I	elephone Number) Establishment) Owner ose: Routine Follow-up Complaint Pre-Operational I'emporary HACCP Other (list)	Date of Inspection - 3 - 7 3 Follow-up Release - 2 Summary of Violati C NC	e Date 27-73 ons:
Certified foo	d handle	r			123	_45
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN OM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMM		THE NARRATIVE BELOW A	S "R"
Section #	C/NC		Narra			To Be Corrected by
			Nothins to Note	M (100) (et v per tex getilbfuild	viensixa
			Thank you		A constant of the constant of	vide sun vide s
Received by			good a woodell	Laspecter	d by (name and title printed, b Heerer d by (signature): W Helms	- изгенді. - расышты
cc:			сс:	cc:	Dien-	



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

			- Requirements. The time mint for confection			or uno report.
Establishmer	nt name	`		Telephone Number	Date of Inspection	ID#
	77/10	37	hotis	() Establishment	11-17-73	125 10
Establishmer			77-	() Owner	10	
191	S		< 155	Purpose:	Follow-up Releas	e Date
Owner				1 Routine		7-23
				2. Follow-up	Summary of Violat	ions:
Owner addre	SS			3. Complaint		
				4. Pre-Operational		
Person in cha	ırge			5. Temporary	C NC	R
				6. HACCP		
Responsible	person's	email		7. Other (list)	Menu Type (See b	ack of page)
Certified foo	d handler	r			- 123 <u>X</u>	_45
• CRITICAL I	TEMS AR	E ID	ENTIFIED IN THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"		
1			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		ND IN THE NARRATIVE BELOW	.s "R"
Section #	C/NC	R		Narrative		To Be Corrected by
			NO HEMS DO	769 Q +M	12 Ut	ļ
			Inspection			-
<u></u>			-			
 						
-						
						
	<u> </u>	<u> </u>				
	ļ	 				<u> </u>
	 	 				
	 					
Received by			printed): ALDEN	Ins	spected by (name and title printed):
Received by			DWX.	Ins	spected by (signature):	
cc:	y	-	CC:	C	c:	



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

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

Eştablishment name	Telephone Number	Date of Inspection ID#
McDonalds	() Establishment	
Establishment address	() Owner	11/16/23 2/87
Mortonst	Purpose:	Follow-up Release Date
Owner	1. Routine	No 11/24/23
O WHEE		Summary of Violations:
	2. Follow-up.	Summary of Violations.
Owner address	3. Complaint	
	4. Pre-Operational	$_{\rm C}$ $_{\rm NC}$ $_{\rm R}$ $_{\rm L}$
Person in charge	5. Temporary	C_NC_R_
Kayla Allen	6. HACCP	and hacares and the second
Responsible person's email	7. Other (list)	Menu Type (See back of page)
es used dinear to a	cadadhāma gair a — gaine	payress suppressed
Certified food handler KAMA : ANCM (Exp: 2028)		12345
	D COLUMN AND THE HOLE	
CHITCHETTEMOTHE IDENTITIES IN THE CHESTER IN THE CHIEF	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS "R"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	Narrative	To Be Corrected by
000000000000000000000000000000000000000		
431 Ne Drains soired under a	VIZITORIZATEL A 2 K	aysive 1.1 Estes
295 NC xcleaning nottles for a	cafe dunko ano	P d MM 11/16/23
machine in Loppe	1	
macra m sopre		
NOTE: Hang maps		
Keep an eye or	it on fryer basi	ects
for fraying Dit	cus 0	
	1- 61-0-11	
SMAN Winged Inser	its observed dur	ing inspectival
al of a large and a large makement of Common and other		
	Land to the second seco	1 17 C - 1 17 C - 1 17 C - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		La Contra
Received by (name and title printed):	1	d by (name and title printed):
Layla Allen		yore Miller
Received by (signature):	Inspecte	d by (signature):
* 9 regles HULL		you Mills Etts
cc: cc:	OC:	
		*



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

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

Establishme	at acres			Tolombon - Non-to-	Data of I	1 "
		BUE	PLINO 3	Telephone Number () Establishment	Date of Inspection	ID#
Establishme	nt addre	SS		() Owner	11/9/23	2460
			NORTON SI FORNKLING IN	// // // // // // // // // // // // //	T. II	D
Owner			2	Purpose:	Follow-up Release	19/23
o wher	0.	000	A.D.		Summary of Violati	In the second se
0 11	Name and Address of the Owner, where the Owner, which is the Owner,	ern	/ H	2. Follow-up	Summary of violati	ons:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		3
Person in charge BULMITRO R GANCIA C-				5. Temporary	c_O_Nc	
CONTRACTOR OF THE PERSON NAMED IN COLUMN 2	COLUMN TWO IS NOT THE OWNER.	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN		6. HACCP	of published the color	a in a sale
Responsible	person's	email	es from edgale es l'apirtica et la cili de l' promo e d'assaul III en con	7. Other (list)	Menu Type (See b	ack of page)
Certified foo	nd handle	er) (GANCHA CORNA GOPUSATE	7/26)	123(4 5
		Control of the last	ENTIFIED IN THE CHECKLIST AND NARRATIV			
• VIOLATION	(S) REPEA	TED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"
Section #	C/NC	R		Narrative		To Be Corrected by
399	MC	2	WAZL BASO COUTING	LOOSE IN AROA	00	12/1/23
		1777	dISHMACH TRIP	de complete and a similar	affin Arada and and a	
177	NC	2	some Food ITIOMS NO	OF STOROS OFF Y	HOR	11/18
			MINIMUM OF 6 PR	ictes IN WAC	ck-In Free	an
				700 - 1000st		11/10
239	NC	*	PLASTIC LED ON	100 CUTALOS		DAGIATO)
		\vdash				REPLIVEE)
	-	\vdash				
		+				
	Vilenzo	+	- musikerling a dear god			4
Johnson		red .	to the beautiful and it is the man			
			3011 017 398 1 1030 1070			Commen
	1	+				
	1					
Received by	(name an	d title f	orinted): Corcio C.	Inspec	ted by (name and title printed)	
Received by	(signatur	e):	Corcio	Inspec	ted by (signature):	5
	[mar	(C	Garcia C.		Bot Ind	
cc:	(MAY	1 80	cc:	cc:		
						,
						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 name MJLLICS TO Establishment addre 90 W F	CTOAM ss effekt er/'s	MATT'S MEATS ON FRANKEJM, AN MELSES MANANTHA ANGRE	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 11/15/23 Follow-up Release 13/25 Summary of Violate CNC	ID# 11 MAT 2711 MAT 2
	RE IDENT	TIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"	12	<u>9</u> 45
• VIOLATION(S) REPEA		I PREVIOUS INSPECTIONS ARE DENOTED IN T	rhe "summary of violations" and Narrative	IN THE NARRATIVE BELOW A	To Be Corrected by
ale NC	7 (1) REFREGERATOR GASKET WORN/SPE		, 000R	12/15/23
324 NC	>	RISTROOM (PUBCIC) FRONT TYPE	TO DIET SCAT	NOT OPEN	13/1
Received by (name and SSS) Received by (signature)	An	cc:	Bo	tted by (name and title printed SMITH Mi sted by (signature):	Page 1 of



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

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

Establishment name Mayub Conney Con			
There alors	Telephone Number () Establishment	Date of Inspection ID#	
Establishment address 3697 South Morgan town	() Owner	1\$/15/23 (691	
3697 South Morgan town	Purpose:	Follow-up Release Date	
Owner	1. Routine	_	
	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C NC / R	
Light graph finite and the model of the character	6. HACCP	2 - Legisland Colored Colored	
Responsible person's email	7. Other (list)	Menu Type (See back of page)	
to are as usual by the stage and are usual	Paragraph and the	B TO THE WORLD TO SHOULD	
Certified food handler		12_V_345	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELOW AS "R"	
Section # C/NC R	Narrative	To Be Corrected by	
256 Ne Thermometer's not so	en in couple of	0 freezer. 11/23/03	
Thread on Ye dust a track of the constant	and the second of the second	Was 1 see an imparted Alstrace 1	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		760 250	
MOTE : Whight intensi	fy morde walt in anny suffices in	Cooler 13	
msufficient			
(ii) mat 2 Sure Ole	aning Sufflies in	kot Chin és	
Commercial gr	adel 10		
U			
dha e aga ta calla ta aga			
AR BUILD IN DELEMAN SE		And Introduced	
		1	
Received by (name and title printed):	Inspecto	ed by (name and title printed):	
Valay	pa	ul Betion etts	
	pa	ul Betien Etts ed by (signature):	



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

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

Establishin	ent Sam	tation	Requirem	ents. The th	me mint for	correction	of each violation is specific	ed in the narrative portion	Tor this report.
Establishment name Male's Gy'I Express Establishment address Franklin 89 E Jefferson St.					-2101' (1011)	tor	Telephone Number	Date of Inspection	ID#
Establishmen	et address	5	11.11	EXPLE	SS	() Establishment) Owner	11-13-23	1705
29	E .	105	22.92	on St	F Y(cnKlin!	Purpose:	Follow-up Releas	se Date
Owner				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The second secon	1. Routine	Follow-up Release	-23-23
							2. Follow-up	Summary of Viola	ions:
Owner address							3. Complaint		
Person in charge							4. Pre-Operational	L	
					130		5. Temporary	C_4_NC_	C + NC O R
D 311	Trang\	1200	T - LI - FELI				6. HACCP	75 77 /0	1 1 6
Responsible	person's	email				n - Fn 1	7. Other (list)	Menu Type (See	oack of page)
Certified foo	d handle	r						1 2 3	X 4 5
							OLUMNS MARKED "C"	NINT THE NADDATIVE DELOW	AC "D"
Section #	C/NC	-	ROM PREVIOU	SINSPECTION	IS ARE DENOT		SUMMARY OF VIOLATIONS" ANI arrative	OIN THE NARRATIVE BELOW	To Be Corrected by
438	6		Labo	1 011	5pra	-	Her		11-13-2023
100	digi-10.	ш	Lave	DITT STORM	Spra	7 001	17C	L right War to grand and	e Manata's
TO THE REAL	The part	12		TUTE!	(14 To 1)	7	0 30 mm 1 1 mm 20.	SO NO TENER	Major Til
			727-71-12-71	Lange de la constitución de la c	* P/LE 30 St.			a salarilla deser	P 789 12011
									-
	-mules			Law years		-11-7-1-1-1		and the second second	homani i
	25	120	1100	Alaba Marana		X 911 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Lastre La l
		14810	1061						I form some
D : 11		1 .:					T.,,,,,	at all law (u aura and title triute	<i>d</i>).
Received by	mame and	iele	rimea):	drigge	ez			ected by (name and title printed	_/Jstreux_1
Received by	(signature)	1.	AC	7			Inspe	ected by (signature):	er
cc:	9	1-1		cc:			cc:		
1									