

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

Eastblishment name	Establishment Sanitation Requirements.	The time limit for correction of each violation is spec	cified in the narrative portion	of this report.
Owner address Owner owner address Owner addr	Λ ,	Telephone Number	Date of Inspection	ID#
Owner address Ow	Woodles & Company	(317) 7:39641200	1 22 211	2706
Owner address No. All Shop. Co - Colorado Inc. Owner address So. Zang St. Sted Broomfield (0) Person in charge Doug Addock - manage Responsible person's email Venifer m@ noodles. Com Ophife food handler Owner Address Responsible person's email Venifer m@ noodles. Com Ophife food handler Ophife food handler No. All Cock UND 13-28 Chitical Items are identified in the checklist and narrative columns marked "c" Notations replicated prom previous respections are identified in the checklist and narrative columns marked "c" Notations replicated prom previous respections are identified in the checklist of columns marked "c" Notations replicated prom previous respections are identified in the checklist of circles of circles and in the narrative below as "r" Not es: Operated Not es: Operated Not es: Operated Not es: Operated Above to ilet paper of prepriced by fusing and ith printed: Timpocations of the paper of t	Establishment address	(720) 21409 47	1-25-24	2100
Owner address So 2 Zang St. Ste D Broomfield (0) Summary of Violations: 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Le Mitted I Temporary 6. Concert (1) Le Moudles Com Chriffed food handler Le Mitted I Tems are Identified in the CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATIONS REPRETATIONS PREPARED PROMPREVIOUS INSPECTIONS ARE DENOTED IN THE "REMANARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative Notes: Wo violations observed Notes: Notes of prep cooler tops open Charles of oil observed who labels (3) Observed some cleaning chemicals stored Above to ilet paper of paper download Above to ilet paper of paper download Received by (nume and title printed): Timpocret by (nume and title printed): Timpocret by (nume and title printed): Timpocred by (nume and title printed):	12182 N. Morton St. F	Canklin N 4613 Purpose:	Follow-up Release	Date
Owner accress SO21 5. Complaint 4. Pre-Operational 5. Complaint 4. Pre-Operational 6. HACCP 7. Other (list) Menu Type (See back of page) Le Mifer Mark Market Mar	Owner	1. Routine	2-	3-24
Owner accress SO21 5. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) LANGER MENU Type (See back of pag	The Nordle Show Co-C	olovada /nc. 2. Follow-up	Summary of Violati	ons:
Sad Zang St. Ste D Bromfield (0) 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) 1. 2. 3. 1. 4. 5 1.	Owner address	2 Companiates		
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Received by (name and title printed): The printed of the printe		KNOVE TOTAL PAPER OF SPAGE	Labourd	
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Establishme	nt name	Local and their controls and	Telephone Number	Date of Inspection	ID#	
Tax	Ma	EXOVESS	() Establishment	1 .	116	
Establishme	nt address	- Greenwood	() Owner	1-71-24	1/100	
272	5	5R 135 Greenwood 46142	Purpose:	Follow-up Release	Date	
Owner			1. Routine		1-24	
			2. Follow-up	Summary of Violati	ons:	
Owner addr	ess		3. Complaint			
			4. Pre-Operational			
Person in ch	arge		5. Temporary	$c = 0$ NC $\frac{3}{2}$) R	
1	in or the		6. HACCP	10_0		
Responsible	person's e	mail	7. Other (list)	Menu Type (See b	ack of page)	
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Certified foo		Varans (2/23/27)		123X	_45	
• CRITICAL	ITEMS ARI	E IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEAT	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW A	S "R"	
Section #	C/NC		Narrative		To Be Corrected by	
324	NC	tobserved women's restroom tobserved right faucet leak	sink leaking at ha	ndle connections	2-12-24	
	Astronomic and	tobserved right faucet leak	ing at handle connec	ction	<u></u>	
	NC	observed a hair in the bu	ulk salt container o	at the cookline	Corrected.	
2011	110	voluntary discard	r: C: 1.1	> - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1-11-24	
324	NC	- observed Y-valve conne	ection attixed to ma	SPSINK taucet	1-11-14	
		4 chemical dispense	r attached to 1.	-vaive		
	1	Notes: (1) in-use utens	ils coming in con	tact with		
		Dotentially haze	erd ous foods shall	be washed.		
		timed accounting	ed every 4 hours			
	diamen	(2) observed walk	in coder door clas	sing & making	wi ma la	
		The true display	doors opening	0	pain of the	
	1	(3) observed garlice	rginger mix sorate to keep it refinger or discard of l	cookline at room	n temp.	
	-	container states	to keep it retariger	ated, shall be	in an	
	-	Kepto 41°P or less	or discard out	east every 4no	013	
		1				
Received by	(name and	title printed):	Inspecte	ed by (name and title printed)	:	
208	11 /	Thany - Stone M	anoju. Wid	Rangeorge	Attention E. L.	
Received by	(sknature):	0	U Inspecte	ed by(signdhire):	messag	
cc:		cc:	con V	Di-Hall		
			Charle	CO JOhnson. In. u	Page 1 of	



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Establishment nan	ne	a page — element, floria interessor from the	Telephone Number	Date of Inspection	ID#
Panera	Br	ead	() Establishment	11/11/01	2712
Establishment add	ress		() Owner	11/4/24	2713
12156 (1S	31	Franklin	Purpose:	Follow-up Releas	e Date
Owner	01	1 Och Petri	1. Routine		114/24
			2. Follow-up	Summary of Violat	
Owner address			3. Complaint	, i	
Owner address					
D : 1	-		4. Pre-Operational		2
Person in charge			5. Temporary	c <u>O</u> nc_	∠_R
1 11 9 19	9 11-	r injund yn Oesseg (m. ji	6. HACCP	naphran somb	A rabilitate (
Responsible person	n's ema	il leger signi in boser o e se abo ?	7. Other (list)	Menu Type (See l	pack of page)
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Certified food han	dler	ter Exp 5/26/28		123	_45
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• VIOLATION(S) PER	PEATED	DENTIFIED IN THE CHECKLIST AND NARRATIV FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE BELOW	AS "R"
	IC R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	Narrative	TO IT THE TANGETT DELLOW	To Be Corrected by
425 N	_	25221 22 1222 /222			1/4
903 10		organize mops, hang	THEFF	and the second in this is	remarks a
431 NO	1	-clean floor in freezer	- 100 mg	1695 (A. M. WHATE 1 1 1 1 1	1/5
700		- Dublic restroom Wome	en's lan is due	tu	e picki dayis
		- public restroom women check that it is	operational	3	
		Cittle man be se	0/20101/10/1000		
		Note: chemical disp a mop sink	pensing tubes	at 3 baysink	
		a mop sink i	reed to be cui	t shorter to	
		be above th	e waterline		
		Coping around in disrepair-	The wall in	n utility area	uses z bi
		in disrepair-	work order su	ubmitted	Laborated T 2
	300 (3)	P I CI		a de la compania de la fermação de l	
	-	Backflow pre riser room, l	vention locate	ed in the	lingsauk i
		riser room, l	ast testea 2	.24.25	
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		5 5			
					Page 1 of \[\frac{1}{2}\]

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

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

Establishmer 2 Establishmer	nt name Pa nt address	Soh	AS 334 S. Epherson Br FREADOND FUNK DE EAST Greenwood	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection ID# 224/ Follow-up Release Date /25/24 Summary of Violations: C _ O _ NC _ Z _ R _ Menu Type (See back of page) 2 _ 4 _ 5 _		
Person in char Responsible Certified foo	person's o	email	along the first en Albary 5 43 to 3	5. Temporary 6. HACCP 7. Other (list)			
• CRITICAL I	/〈 a ITEMS AR	le b	ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE				
Section #	C/NC	-		Narrative		To Be Corrected by	
431	Nc Nc		Floor Tink Edra: the Sinks.	not are disty			
Received by Received by ce:	1	ac	ey Sumner Cly Dumner	1.	d by (name and title printed cre-y & Ba d by (signature): http://www.busy.com/		



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Establishme	nt name		oue focule	bursus lieis agram la como	Telephone Number	Date of In	spection	ID#
Do Da	So	hr	1 λ		(317)530ab17004	11.		
Establishme	nt addres	S		46143	(502 261=727	1/30	124	2783
5881	NS	tate	Rd 135	Greenwood, IN	Purpose:		p Release I	Date
Owner		30.1.5			1. Routine	NO	2-9	-24
Owner Papa 1 Owner adds	John	۵			2. Follow-up	Summary	of Violation	ns:
Owner addr	ess			40299	3. Complaint			
2002	Pan	1 Ar	hus Blu	d Louisville, Ky	4. Pre-Operational			
Person in ch	arge '	U		In the second of	5. Temporary	C D	_nc_2	R
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Responsible				denkal bere ta e a fact meli	7. Other (list)	Menu T	ype (See bac	ck of page)
Steve.	<u>eva</u>	N	o pap	ajohns com	returns a pro-	_		
Certified for	d handle	r	, ,	expection		12_	3	45
· CRITICAL	ITEMS AT	REID	ENTIFIED IN	THE CHECKLIST AND NARRATIVI	E COLUMNS MARKED "C"			
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	IS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRAT	IVE BELOW AS '	'R"
Section #	C/NC	R			Narrative		Т	o Be Corrected by
344	NC		hand	washing sink blo	ocked by larg	k trash	can	corrected 1/3
257	NC	1		washing sink blomometer in pizz	a topping c	boler not	Starte, mark	2/7/24
			Seev				Carania Cara	107 2015
			Notes	(1) lide of Amin	00 000000000	20014 - Carl	cractor	130
			2 VOICE	C) more not al	gs prepaooler	ovroughly	recree	1 1 30
				between us	es-2mops	ouching -	correc	ted 1/30
				(3) chemical dispe	ensing tubes	at 3 bay	sink	
				extend belo	owflood r	im J		
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	of the same						900	
and the second	341			mol i i i i i i i i i i i i i i i i i i i	1			
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cc:				cc:		cc:	0	
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Establishme PAK	ent name	IRS	T OF	VIO	9 (F)	ANKU	(20)	Telephon	e Numb ablishm				ection		ID#	77
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Owner	D(7//°	1/1	DEVE	1 /	70107(0	1, 6.0		1. Routine)		гопо	w-up	Release	7 /	122	1
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Owner addr		101	31 V	7101	/							ining o	1 110141	.01101		
Owner addi	.033						-	3. Compla								
D : 1		-						4. Pre-Op		ial	_	F	NC	7	_	
Person in ch		1	r Retain					5. Tempo			C_	0_	NC	(R	
			ncan			2 112		6. HACCI			160		(O. I	-	0.70	1
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Certified for	od bandle			1 CN	20.10	200							entrapol J	1	3	
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• VIOLATION	N(S) REPEA	TED F	ROM PREVIOU	IS INSPEC	CTIONS AR	E DENOTED	IN THE	"SUMMARY OF V	IOLATION	NS" AND IN	THE NA	RRATIVE	E BELOW A	s "R"		
Section #	C/NC	1					I	Varrative						To I	Be Gorre	ected by
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Establishment name	Telephone Number	Date of Inspection	ID#
PODENES	() Establishment	111111	1111/2
Establishment address Greenword	() Owner	11-11-19	1610
1251 NILIC 21	Purpose:	Follow-up Release	Date
Owner	(1. Routine)	MOS II-1	[74
Owner		yes III	1. 7.1
	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint	1 .	
	4. Pre-Operational		
Person in charge	5. Temporary	c 2 NC 2	R
		110_0	
Personal Learning Constitution of the Constitu	6. HACCP	25 TT /C 1	1 C
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
de de julion de la companya de la co	teneral vicinity in the	1 2/2 1/2 2 2 4 1 1 J	
Certified food handler		123 🗡	_45
11 ac Shaw (8/2/29)			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI			
	Narrative		To Be Corrected by
324 NC Appears on the 16 Y	Machine 15 le	aking-	2-1-24
6 Han line	an is isang man-ing — sanang	- 100 h	Merrin E
1876 Doserva red Dea	as not hold	120°F	-1-11-24
Occited 9 Warman	table CH-	Doserved time	Stamp.
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191 C DODSERVED Flour 1	NIX We tor	Cusi	
Chicken With at	time Stamp-		
(D) Observed many C	20 Stampers of	row	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

T 11:1	T 1 1 N 1	D	
Establishment name	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address	-	1/23/24	1601
21 S MORTON ST. FRANKETN, IN	() Owner	V 11	
	Purpose:	Follow-up Releas	a lay
Owner	1. Routine	01	
MADDOX	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational		lij.
Person in charge	5. Temporary	C_O_NC_	7R
RACHARD LYNCH	6. HACCP	. Junidapara . r.	
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)
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Certified food handler		1 2 3	4 5
CHAS MADDOX		12	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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Section # C/NC R	Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

E - 11'1			A	Tolombon - Ni	Data of Inspection	TD#
Establishmen	nt name			Telephone Number	Date of Inspection	ID#
Establishmen	C		<u> </u>	() Establishment	1-24-24	1809
			- 0 . 2 0 1 2	(-) Owner	2p	
3100	Mer	id	ian Parke Dr Ste Q 46142	Purpose:	Follow-up Releas	e Date
Owner			46142	1. Routine		-5-24
Mik	e		9	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational		_
Person in ch	arge	-	A language of the second secon	5. Temporary	C D NC	3_{R} 0
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Responsible		emai	I man from the man of the second school to	7. Other (list)	Menu Type (See b	pack of page)
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Section #	C/NC	R		Narrative		To Be Corrected by
437			NOTE: Spray both	les shall be	labeled	1-24-24
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187	ardaid		NOTE: Cooked dice	d Chicken y	not timed	1-24-24
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441	All Control		2 2 2	hall be used	asper	1-24-24
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210	NC	Mark T	Cardboard used to	1' '	t is not ea	·// 0
245	NC	-	Wet cloth observe	, ,	1	1-24-24
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190	NC		- 1.1	01	es CGOF	corrected
					wrap items o	Luring Cool .
			Reminder = Sanites		hall have	
			70°F water &	Chlorine (50-10		in bucker
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment i	name		Show steered upon a conto so.	Telephone Number	Date of Inspection	ID#
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Establishment a	address		plin .	() Owner	40	1824
299 11	1 m	i	46142	Purpose:	Follow-up Release	e Date
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				2. Follow-up	Summary of Violat	
Owner address	0			3. Complaint		
Owner address						
				4. Pre-Operational		1 - 0
Person in charg	1			5. Temporary	C NC	/R
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Responsible per	rson's e	mail		7. Other (list)	Menu Type (See b	pack of page)
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						Page 1 of

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

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

Establishment name Rise r Roll	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection 1/29/24 Follow-up Release Date 2/9/24 Summary of Violations: C_O_NC_3_R_ Menu Type (See back of page) 1_2 × 3_4_5_			
		12			
	ECKLIST AND NARRATIVE COLUMNS MARKED "C" TIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW AS "R"			
Section # C/NC R	Narrative	To Be Corrected by			
430 Nc The bac	Floor drain under the redoor cooler must have a grated & cover- The back storage room ceiling is not finished. Rear door is not so If-closing				
Received by (name and title printed): L'Broindon Deato Received by (signature): cc: cc:	Dog	pected by (name and title printed): 1611 -			



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

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

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

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

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Establishme	-			Telephone Number	Date of Inspection	ID#
ASSESSMENT OF THE OWNER, THE PARTY NAMED IN	155a41	THE RESIDENCE OF		() Establishment	1/21/21	1479
Establishme				() Owner	1/31/24	1
	229		N. Madison Add	Purpose:	Follow-up Release	Date
Owner				1. Routine		
			Greenwood, IN	2. Follow-up	Summary of Violation	ons:
Owner addre	ess		(3. Complaint		
				4. Pre-Operational		
Person in ch	arge	-	7.00.00	5. Temporary	c_0_Nc_3	R
				6. HACCP	10	T.
Responsible	person's	emai	es da rej svetë e ddome të triuma. Imre i miljes na ereman një ingle ereme eval	7. Other (list)	Menu Type (See bo	ach of page
responsible	Persons	CITILO	Alan a sanga bagan ang ang ang ang ang ang ang ang ang	7. Other (tist)	Wienu Type (See of	ick of pages
Certified foo	d handle	r .			12 ⊀3	4
1	her	il			12_*3	_45
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34/7	Ne		1/223 / 62.16. 1.	1 / 1		
5.61		_	Keep towels in No test strips the dish was her.	handsinic	dispenses	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishme	nt name	grep	Cakery		Telephone Numbe		ID#
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Establishme	nt addres	; /	/	/// ///	() Owner	1.12.24	1966
127	9 1	(En	enson' Evans	46143	Purpose:	Follow-up Relea	ase Date
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reison in ch	arge		ared to oden Ren		5. Temporary	CNC_	R
D 11	-	11	m unipolitice et le	the traffic or	6. HACCP	tanging (6)	1 1 C
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Section #	C/NC	R			Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Estibilishment pance Description Number Purpose: Follow-up Release Dric 1/8 Authorities 2. Follow-up Release Dric 1/8 Authorities 3. Complaint 4. Pre-Operational 4. Pre-Operational 5. Temporary 6. HACCP 1. Other (liss) Menu Type (See back of page) Certificial from Standille Certificial from S	Establishment Sanitation Requirements. The time limit for correct	ction of each violation is specified	in the narrative portion of this report.
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Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 1. Other (list) Menu Type (See back of page) 1 2 3 4 5 Certified poor handle 1 2 3 4 5 To be Corrected by Natrative To Be Gorrected by Natrative 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 (Routine)	No 2/ /24
4. Pre-Operational 5. Temporary 6. HACCP Responsible person's cmail Certified floot financial Certified floot	Owner address		
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Page 1 of 1	cc: Cc:	cc:	
			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. Telephone Number Date of Inspection Establishment name Establishment address

ESTATE Rol 135) Establishment) Owner Follow-up Release Date Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC R Received by (name and title printed): GENERAL MANAGER EMILY RUSSEL



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

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

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Establishment name	Telephone Number	Date of Inspection ID#
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Establishment address bevolvsvill	Owner	11-8-19 110491
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211 3 34 100	Purpose:	Follow-up Release Date
Owner	1. Routine	VPS 11-18-75
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
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	4. Pre-Operational	$C \bigcirc NC \stackrel{\square}{=} R$
Person in charge	5. Temporary	C
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Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction		
Establishment name	Telephone Number	Date of Inspection ID#
Starbucks #13529	() Establishment	11-21 1111111111
Establishment address CWEENWOOD	() Owner	1-60-69116
100 1251 N US 31	Purpose:	Follow-up Release Date
Owner	1. Routine	2-6-24
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge	5. Temporary	CNCR
say, fire of regist istoproper, and report at the plateau. Then in	6. HACCP	4.1
Responsible person's email	7. Other (list)	Menu Type (See back of page)
		Section 1985 Asset and
Certified food handler SOLLA 5/10	128)	12345
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VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW AS "R"
	Narrative	To Be Corrected by
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		Page 1 of



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

Establishmen	t Sanit	ation	Requirements. Th	e time limit for co	rrection of e	ach violation is spe	cified in	the narrative port	ion of	this report.
Establishment Sanitation Requirements. The time limit for correction Establishment name Steak Make Establishment address Steak Make Owner Owner Owner address Person in charge Responsible person's email					Purp 1. 2. 3. 4. 5. 6.	ach violation is specification is specification. Description: Description: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	nt]	Follow-up Release Date - 2 - 2 - 4 - 2 - 2 - 4 - 2 - 2 - 2 - 4 Summary of Violations:		
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Certified food	handler						1	13_	4	55
VIOLATION(S)	EMS AR REPEAT	E IDI	ENTIFIED IN THE CH ROM PREVIOUS INSPEC	ECKLIST AND NARI	RATIVE COLU IN THE "SUM Narr	MARY OF VIOLATIONS"	' AND IN TI	HE NARRATIVE BELO	OW AS A	o Be Corrected by
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			/			31	Coli 7-3	MDH1	37.	Page 1 of



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

Establishment name Stone Orlek Dining Establishment address 911 N SR 135 H6142 Owner Owner Owner address Person in charge	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Date of Inspection 1-12-24 3:20 Follow-up Releas 1-3 Summary of Violat C NC(e Date 22-24 ions:
Responsible person's email Certified food handler	6. HACCP 7. Other (list)	Menu Type (See b	pack of page)
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	Narrative		To Be Corrected by
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сс:	cc: 31	7-346-43	73 Page 1 of

Eschultz@Co.johnson.in.us



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Establishme	ent Sanı	tatio	n Requirements. The time limit for corr			or this report.		
Establishmer	nt name		along the land of the same of	Telephone Number		ID#		
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Establishmer	naddres	S	100 Ma Cowlenn	Owner) Owner	1-26-24	ILIMIL		
59	10)	1	J SK 155	Purpose:	Follow-up Releas	e Date		
Owner				1. Routine	NO 12-6	5-29		
				2. Follow-up	Summary of Violat	ions:		
Owner addre	ess			3. Complaint				
				4. Pre-Operationa	ıl 🔬	all de		
Person in ch	arge		71 - 9 - 5 - 1 - 1 - 1 - 7 - 5 - 1 -	5. Temporary	CNC	$C \longrightarrow NC \longrightarrow R \longrightarrow$		
				6. HACCP	too bookbas to d			
Responsible	person's	emai	lyre for obee on borons.	7. Other (list)	Menu Type (See l	back of page)		
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Section #	C/NC	R		Narrative		To Be Corrected by		
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			requirements. The time mint for concetto			1
Establishmer	nt name	t .	Scoop market	Telephone Number () Establishment	Date of Inspection	
Establishmer	t addres	c		() Owner	1/12/24	2449
Owner	30	00	Tracy Rol whiteland, IN	Purpose: 1. Routine	Follow-up Releas	e Date 2/24
				2. Follow-up	Summary of Violat	ions:
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Responsible	person's	email	dous your lines	6. HACCP 7. Other (list)	Menu Type (See b	pack of page)
Certified foo	d handle	r			12_ ∠_3	_45
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216	NC		particle board a	not easily	ler dring cleanable	
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239	Na		Single service be	otes from	\$1600- 67A.	
430	NC		not smooth and	storage loom Dastly cleana	ble	V
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