

460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Page 1 of

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

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Bell #2679 Establishment name Telephone Number Date of Inspection TAZO) Establishment 1/4/24 Establishment address) Owner 1579 N MORTON FIRNKLIN, IN Follow-up Release Date Purposu: Owner 1. Routine TACO BOLL OF AMORTEA Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge 5. Temporary CAZEB STYLANS 6. HACCP Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler CALLIB VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative Section # To Be Corrected by CLOANING SYSTEM AT MOD STOKE NOT PLUMBED / INSTRICT CORRECTLY 324 Received by (name and title printed):



460 N. MORTON ST. STE A \\60 FRANKLIN, IN 46131

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Page 1 of

Establishment name TACO BLLC	Telephone Number () Establishment	Date of Inspection	10#
Establishment address 211 N US 31 New WHITCHEN, IN Owner	Purpose: 1. Routine 2. Follow-up	Follow-up Release Summary of Violate	9 Date 124
Person in charge REKY Ood SON Responsible person's email	 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 	C NC R Menu Type (See back of page)	
Certified food handler RICKY DUDSON (SERVS AFR EXP 2028)		123X	5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	
Section # C/NC 赴	Narrative		To Be Corrected by
218 NC S UPRIGHT FREEZE 295 NC = WORN/SPCFT - F	R - 9 door	- gASKET -	- cipAN) /8 /
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NOT PLUMBED CO		MONT HLATON	
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cc: cc:	cc:	JOB STY U	



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

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Establishme	nt name		at the analy	mion et a repuentally hav.	Telephone Numb		ion ID#
Establishme		oa	tment	Center	() Establishm	ent 1/9/24	160
				1 111 /11/12/	() Owner	11/21	
Owner Owner	1531	5.	Frank	Im, IN 44131	Purpose:	Follow-up Re	l/19/74
Owner					1. Routine	Summary of V	1/1/21
0 11					2. Follow-up	Summary of V	ioiations:
Owner addre	ess				3. Complaint		
					4. Pre-Operation		1
Person in ch		Lio	1	e T	5. Temporary	C_O_N	C
400.	es	_	Jurn	ex ur	6. HACCP	1 1 1 2 10 11 1 2 10	A Tole Indian
Responsible	person's	emai	l gam dig	(8 , Safe	7. Other (list)	Menu Type (See back of page)
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ama	1	2:	Inolu	Exp: 11/29/26		12_V3)45
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Section #	C/NC	R			Narrative		To Be Corrected by
431	NC		Heac	n is soile	d aroun	d	1/9/24
22-	1000000	_	deep-	fryer	7 10403 12 10 10 10 10 10 10	OS. A VALLE OF DEVELOP	1.1.104
295	NC	0		person soils		Sheair	1/11/24
		(2	Can)	door cooler		Soilad	1/9/24
430	NC		Hearry			Lorth	1/25/24
130	100		exterio		valk-in-	_	7-71-
		(D Pool		sas mot	ld on	Corrected
			north	west interu	or floor i		Pease
		_		44	possibly	from the	Monuton
010	214	-	exterio		00.11.1	to have	1/10/24
218	NC	77	Quat	wet all to	Ouscolo	nation.	1/10/24
			gotten	contain an	ONDIALLON	data M	History
			3/30/3		exposition	ance of	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme		1 -	ment sun	braced vibras	ng mm la zolas	Telephone Numb	er 1	Date of Inspection	ID#
Teguila House			() Establishm	ent	1-8-24.	2709			
Establishme	nt addres	S				() Owner		10274,	on
50	US	2	15		46184	Purpose:]	Follow-up Release	
Owner		-		0	(1. Routine		yes 11-	-18-24
Fra	nce	20	0	5000	\sim	2. Follow-up	1	Summary of Violati	ons:
Owner addr	ess			white	0	3. Complaint		9	
Honn	200	do	wa	se 5198	5 Damail	3. Complaint 2.4 Pre-Operation	nal	-1 -	1 _
Person in ch	arge	cce			- Jirang	5. Temporary		CNC	R O
Jos	sé.					6. HACCP		ana voite sere ils	
Responsible		emai	re principal	duezortu i	ngs ai abayyat j	7. Other (list)		Menu Type (See b	ack of page)
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Certified for	nd handle	rai	1 Sal	anav	4/12/26			123	45
• CRITICAL	ITEMS A	RE ID			ST AND NARRATIVE	E COLUMNS MARKED "C'	"		
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Section #	C/NC	R				Narrative			To Be Corrected by
187	C	-	meat to	ziitasave	getables for	oundat 74°F	@ 4:09	5pm	1-8-24
		-				na Sgal whi	te plas	stic bucket	7
			1/ 1		osoupa			on theman to ophythe	VIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
100	1010	-	top I	rersonal	use" from	m Jose	versad a	1/15:00 10	1-8-24
190	NC	-	improf	er coolen	ed of snow	@80°F,obse	er vea a	Tapm, made	1-8-24
189			6 700	2pm	4 = +0000	enation la			
344	NC		- hanc	Mashi	no sink	erature log	accessi	ble in the	1-8-24
	1.40			chen	J SIME	in the state of the	ACC 3		
423	NC	-			nd air r	nattress for	and in	basement	1-8-24
177	NC					rus found on			1-8-24
245	NC	1	- wet o	loth fa		r cutting boo	and,	0	1-8-24
297	NC	mn i		n0221		r soiled -	Cobi	ra Head	1-8-24
251	NC	-	not	hermo	meter o	avoulable	-0 -00	ick col	1-8-24
191	NO	16-				ithout dat	ema	reus	1-8-24
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT

FRANKLIN, IN 46131

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

460 N. MORTON ST. STE A

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	22. W/1 / Louds (Telephone I	Number Date of Inspect	ion ID#
16x02	HOOG HILLS	() Estab	lishment 1111	11 172
Establishment address	GW	Elinacy () Owne	r 11-11-1	4 100
270 SM	action Dr. 41	OLL 2 Purpose:	Follow-up Re	elease Date 7 1
Owner		(I. Routine) Wes	1-22-24
		2. Follow-u	p Summary of V	iolations:
Owner address		3. Complair		_
		4. Pre-Oper		5
Person in charge			1 1	c/2 B
r croon in charge		5. Tempora	ITY CN	70- K
Responsible person's er	nail	6. HACCP	M. T.	Cook ask of trace
Responsible person's er	nan	7. Other (lis	Menu Type (See back of page)
Certified food handler	Stat let	5/28	12	345
CRITICAL ITEMS ARE	IDENTIFIED IN THE CHECKLIST A	ND NARRATIVE COLUMNS MARK	ED "C"	
	D FROM PREVIOUS INSPECTIONS ARE D			LOW AS "R"
Section # C/NC	R	Narrative		To Be Corrected by
303 C	Moserved	DON disho	MINIE.	Called
- Its, 2(**3))	Schnitzer Sch	ton northito	steriles	Ecolab
	40bs	erved distres	inside machine	
417 NC	aprons + p	ersonal Her	vs not store	01-16:24
	in designo	469 ONGO.		
324 NC	OLMOSOMEN	c Dreaker 1	Ocated O	1-60-64
	dish moun	ing 15 leah	111	
	D Wow	ager Stuted	NAODZINK	
	- atmospr	BLIC DIECUR	S CX HINX	
211 25	CENTILEY.	· M Drogres	5 1/12/74	11/12/1
2110 1	CODEL ORD CO	Marsona It	NING MORIC-IN	1-14-69
NOHE	COOKE +10	eosily Clear	20/0/2	
11/17/	10100	DE0114 CHAI	Eld Small	
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cc:	cc:		Elizabeth x	Schulp
			.0	Page 1-of 7

NARRATIVE REPORT

Establish	ment-N	am	e Address	Inspection Date
Devi	aí c	1 /	padhouse 1270 S. Warlin Dr.	1-12-24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
431	NC		Floor Soiled under both Soda	1-13-24
1/0			machines wait (expo line)	
430	NC		Floor grout of tiles missing in	2-14-24
			areas making the floor	
			Sotenteal to harbor, insects	
430			Cove base missing on Car	2-14-24
	-		along dish machine wall	, , ,
0.00	.12		(North wall)	2 11/ 2 /
218	NC		Quarter pan (inverted) used,	2-14-24
			expo line: leg in Watt	
218			I light is out in Walk-in-Coole	2-1-24
218			Left Walk-in-Cooper door (South	2-14-24
			has a worn / split gasket.	/
			Roof leaks in Gar (- Catch-a	ee
			pitcher stored on bar	
			/	
1				187
-				
		4	Kitchen	12-1/12 001
			Dish machine appears to fre	ADVITATION OF THE SAME AND A LEGAL OF THE SAME A LOGAL OF THE SAME AND A LEGAL
		4.	sanitaries appropriately.	Embiesqo
			0 5 77 7	Temp Me. 2
				o 2.0
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State Form 4	8621 (R2	/ 8-0!		



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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 ID#) Establishment Owner Purpose: Release Date Follow-up 1. Routine Owner 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 426 NC 431 NC 399 NC 334 430 NC NC Received by (name and title printed): Received by (signature): cc:



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Establishment name hooft anothers ut of the test and the	Telephone Number	Date of Inspection	ID#
Top Tier Cakes	() Establishment		
Establishment address	() Owner	1/5/24	2636
225 N. US HWY31 New Whitelan		Follow-up Release	Date
Owner	1. Routine	Follow-up Release	5/24
	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	$_{\rm C}$ $_{\rm NC}$ $_{\rm C}$	$_{\rm R}$ $-$
non tenna agra a la la conformazione del assertante della	6. HACCP	en a distribution of a second	
Responsible person's email	7. Other (list)	Menu Type (See be	ack of page)
y rengt it that me, "" i	Tittiff magain wa	requiremple of my,	piero garq
Certified food handler		12_3	_45
Jenna Rigsby Ex 8/13/27	L		
• CIVITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV		ATHE NABBATIVE RELOWA	2 "D"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	Narrative	THE NARRATIVE BELOW A.	To Be Corrected by
			To be defrected by
Note: expired food dy	je - chscardeg	Total va 10 Scaling	ALEIS I
No items n	nted	Teamy Cale 13	Water Carlo
- armaque barrios de l'usir dubitant	MALO JULA VIII. 1174	F = PERMINITED TO	TRIEDKOTT -
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Establishment address 99 S. Modison Ave IN Owner Owner Owner address Complaint 4. Pre-Operational 5. Temporary 6. HACCP 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"	Establishme	ent name		hear sustance et eller es a ser eller	Telephone Number	Date of Inspection	ID#
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 handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R No. hand for the following for the following form of the following followin	1.35tabusinine	1/ /	laga	Parton	() Establishment		ID#
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 handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R No. hand for the following for the following form of the following followin	Establishme	ent addres	s	Greenware	d () Owner	1/15/24	250
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 handler - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMANY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R No. hand for the following for the following form of the following followin	90	9 5.8	nodi	SON AVE IN	Purpose:	Follow-up Releas	e Date
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 handler - VIOLATIONS REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section # C/NC R Natirative To Be Corrected by 347 HC No hand four is set the hand 5/Alcs 1/15/29 324 NC ### Floor orasin in the walk-in Cooler 436 Ne floor is sorted a sound the walk-in Cooler 436 Ne floor is sorted a sound the 1/17/24 Water heater Received by (name and title printed): **Received by (name and title printed): **Presented by (name and title printed):	Owner			7	1. Routine		
Owner address 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN 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 No haad for whe is at the hand 5'(Ales 1/15/29) 3-44 NC. If LOVEL - graft is 177 1351 Ng over 1/30/29 4-15 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LOVEL - graft is 5 177 1351 Ng over 1/30/29 4-16 LANC If LANC If LANC IN LANC						Summary of Violat	ions:
Person in change 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN 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 No hand frusts of the hand 5/hCs 1/15/29 347 HC No hand frusts of the hand 5/hCs 1/15/29 344 NC FUNCT - GRAFT IN THE WATK-IN COOLET 436 NC INC INC INC INC INC INC INC INC INC	Owner addr	ress					
Person in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 1 2 \(\) 3 4 5 Certified food handler Certifical ITEMS ARE IDENTIFIED IN 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 Narrative To Be Corrected by 347 Hi No hand fouls set the hand 51/1/29 224 Nc # COURT - grate is initialized around the walk-in cooler food for in the floor is soiled around the walk-in cooler feather 4/36 Nic floor is soiled around the walk-in cooler floated y //229 Gumpster //d closed Received by (name and title printed): 1. Inspected by (name and title printed):					•		
Responsible person's email 6. HACCP 7. Other (list) Menu Type (See back of page) 1 2 3 4 5 Certified food handler 1 2 3 4 5 Certified food handler 1 2 3 4 5 Certifical ITEMS ARE IDENTIFIED IN 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 Natrative To Be Corrected by 1/15/24 324 NC # COVER - grefe 75 17135310 g OVER 1/30/29 4 he 1/00 drain in the Walk-in Cooler 456 NC hall floor 15 507/ed around the Walk-in Water heate/ Water heate/ Received by (name and title printed): Received by (name and title printed): Received by (ignulature): Inspected by (ignulature): Menu Type (See back of page) 1 2 3 4 5 Menu Type (See back of page) 1 2 4 5 Inspected by (name and title printed): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature): Menu Type (See back of page) 1 2 4 5 Inspected by (ignulature) 1 2 4 5 Inspected by (ignulature)	Person in ch	aroe				C () NC	3 R
Responsible person's email 7. Other (list) Menu Type (See back of page) 1 2 \(\) 3 4 5 Certified food handler 1 2 \(\) 4 5 A food food food food food food food fo						C C NO	N N
Certified food handler - CRITICAL ITEMS ARE IDENTIFIED IN 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 Narrative To Be Corrected by 347 Hit No hand formers are denoted by 1/15/29 324 NC P COURS - 9(166 75 17) 1557 19 OVER 1/30/29 4 He floor drain in the walk-in COOLER 431 NO floor is sorted around the Walk-in Cooler Water fleated y (large Glumpster /id close denoted by (name and title printed): Narrative To Be Corrected by (name and title printed): No hand formers are identified by (name and title printed):						Menu Type (See)	back of page)
CRITICAL ITEMS ARE IDENTIFIED IN 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 Natrative To Be Corrected by 347 HC No hand to we is at the hand 511 les ### LOVES - grate 15 17/1337114 Over 1/35/24 #### Hoor drain the walk-in #### Cooler ###################################	acor since	Personne				Went Type (See a	ruck of puge)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Village Pently Establishment address 520 M. Meridian 34 Owner Greenwood 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 Relation Summary of Violent Type (See	ease Date plations: 3 R ee back of page)			
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1					E COLUMNS MARKED "C"		ONE AC HOLL
THE ROLL WHEN PERSON NAMED IN			OUS INSPECTIONS A		e "summary of violations" / Narrative	AND IN THE NARRATIVE BELO	To Be Corrected by
Section #	C/NC		11 -			walkvin	
2131	140	BUCKW	all pa	the wo	Marriage and the service	10-211- 11	1204
107	1377	1 1/2// 12/19	010, 12	2011.04	t block to be set to	10 40 11 7 200	
347	NC	No	towers	at the	hand sink	with you Quality within 1992	Vipa viila aasii
295	NC.	3-	Bay sink	i je dic	<i>Jy</i>		11023308
Received by	tep		wal	lace		spected by (name and title pro	yted): less
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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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Responsible p	person's	email	waldren InsI	7. Other (list)	Menu Type (See b	alikani 1. 1
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	-		Narrative		To Be Corrected by
430	NC	over Ind	cove base materia	iall in the	g loose Kilchen	3-M65
430	NC		Plumbing pipes	running ale	ng she	_
431	NC		The floor drain is	s very soil	ed-	2-3-24
3241	7C		The ice make	101	doesn't	3- mos
430	7/2	<u> </u>	Note: Cleaner dispenses be connected	ses unit m	ust not sink fur	y cet
Received by	RI	im	1/1/2	Monager	ed by (name and title printed 1214 D 60 ed by (signature): 1214	yless



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#
CREEKSTOP ETEMONTARY	() Establishment	1/31/24	788
Establishment address	() Owner	17511511	,,,
1140 E STPD 44 FROKETY D	Purpose:	Follow-up Release	Date /
Owner	1 Routine	2	19/24
F.C.S.C.	2. Follow-up	Summary of Violation	ons:
Owner address	3. Complaint		1
	4. Pre-Operational		
Person in charge	5. Temporary	C_ONC_C	R
DIANA PORTER ETELD	6. HACCP		5
Responsible person's email	7. Other (list)	Menu Type (See bo	ack of page)
	ndae rie	and some distriction of	e page
Certified food handler DIANA PORTERFIELD SERVSAFE	EXP. 3/24)	123	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE			The second secon
	Varrative		To Be Corrected by
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to decrete to grow a second construction of the			estrucia (
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Received by signature:	Inspected	l by (signature):	three tags
cc: cc.	cc:		
			Page 1 of



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

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

Page 1 of

Establishment name	Telephone Number	Date of Inspection	ID#
CUSTER BAKER DITESTELLAND SCHOOL	() Establishment	1/31/24	400
Establishment address	() Owner	1/31/29	1-700
101 W ST RJ 44 FANKLIN IN	Purpose:	Follow-up Release	
Owner	1. Routine	- 2	19/24
FCSC.	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	CONCO	R
mogan Ford	6. HACCP	the group and	
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
(AFE)	min il die er	requirements.	5 (106) T
Certified food handlery (Se RUSAGE) MEGAN FORD (Se RUSAGE) (EXB. 4/26/27)		123	_45
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SUTFACE (W	AS. 160, SF)		
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Received by (name and title printed): Megan Ford Manager	Inspecte	d by (name and title printed):	+ 575
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сс: сс:	cc:		
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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#
Franklin Comm. Middle ScHace	() Establishment	1/31/24	1385
Establishment address	() Owner	1/3/104	1200
Establishment address 625 GR IZZLY CUB DR. FRINKL	Purpose:	Follow-up Releas	se Date
Owner	1. Routine		19 124
FC.S.C.	2. Follow-up	Summary of Violat	
		Junimary of Violat	
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	C_O_NC_	R
MELTNOLA SCOTT	6. HACCP	numero de la companya della companya de la companya de la companya della companya	
Responsible person's email	7. Other (list)	Menu Type (See l	back of page)
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Certified food handler NOLLANDA SCOTT SERVISION 5/13/124 E		1 2 3	4 5
MELLANDA SCOTT SE (5/13/124E)	×(°)		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW	
Section # C/NC R	Narrative		To Be Corrected by
218 NC = WAZK - IN COOLER WORN/SPLAT IN	2 door gasket		3/1/24
WORN/SPLAT IN	Area	THE RESERVED	The state of the s
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256 MC × ()1 MICK COOLER THERMOMETER W	ON SERVING 17	Μ,	000
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- mecHANICAZ dISH	THE THE NOT WI	newbor	OK
CINCIE SANITIZATION TE	mpe (HNRE Add	200111C	794-0
160°F OR MORE	ON PLATE/UTE.	10346	
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			J (treasure)
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Melinda Scott Cafeteria		ob Smith	BHS
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KM linda Scrold		al sm	
cc: cc:	cc:		1
			A
			Page 1 of