

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

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

317 205 44729   5-16-24   26 10	Establishme		a of veges a sin T huxudous jeud	Telephone Number	Date of Inspection	ID#			
Declaration Dr. Greenwood 46143  Owner  Francisco Giancia Lopey  Owner address  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Francisco Garcia Lopez  Cerified food handler  Francisco Garcia Lopez  Cerified Tiess are identified in the checklist and narrative collimis marked "C"  VIOLATIONS REPEATUR PROOF PREVIOUS INSPECTIONS ARE DENVITED IN THE "SUMANU OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Section # C/NC R  Section # C/NC R  Section # C/NC R  Or and marinated chicken stored above raw ground beef  in walk in cooler  (2) raw marinated chicken stored above raw ground beef  in walk in cooler  (3) raw chicken e raw ground beef stored above sour  Cream in walk-in cooler  (3) raw shaimp stored above ready to eat chopped lettice  in walk-in cooler  (4) Can walk-in cooler  (5) Can walk-in cooler  (6) Raw Shaimp stored above ready to eat chopped lettice  in walk-in cooler  (6) Can walk-in cooler  (7) Can walk-in cooler  (8) Received by fame and ith printial;  Note:  (8) Can walk in cooler  (9) Can walk-in cooler  (10) Can walk-in cooler	3 Agav	ies Me	cican Grill & Bar		5-16-24	20010			
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Owner  Francisco Gancia Lopez Owner address  1. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Francisco Garcia Lopez Cerrified food handler Francisco Garcia Lopez Cerrified From PREVIOES INSPECTIONS ARE DENTED IN THE "SEMMANY OF VIOLATIONS" AND IN THE NARRATIVE BILLOW AS "R" Section # C/NC R  Section # C/NC R  Dente Complete Stated the Complete State of the Complete	11 Dec	darat	ion Dr. Greenwood 46143	3 Purpose:					
Person in charge  CAY Dos-manager and Israel  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  FYANCISCO del mesor@hotmail.com  Certifical food handler  Francisco Garcia Lopez  CERTICAL TERMS ARE DENTIFIED 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  Sello  Sell	Owner			1. Routine	YES 5	-26-24			
Person in charge  CAY Do F manager and Israel  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  TYANCISCO del mesor@hotmail.com  Certifical food handler  Francisco Garcia Lopez  CRITICAL TRESS ARE DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SLAMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Natrative  To Be Corrected by  Section # C/NC R  Natra	Franc	isco G	ancia Lopen	2. Follow-up	Summary of Viola	tions:			
Person in charge  Car lbs - manager and Israel  Responsible person's email  Francisco del meson@hotmail.com  Cerrified food handler  Francisco Garcia Lope2  - CRITICALITIENS ARE DEENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  - VOLATIONS, REPERTOE FROM PERSONS INSPECTIONS ARE DENOTED IN THE "SILMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section # C/NC R  Natrative  To Be Corrected by  Natrative  To Be Corrected by  Section # C/NC R  Natrative  To Be Corrected by  Self and the color of the subject of the subject of the subject of the color of the color of the subject of the color of the subject of the color of the co	Owner addr	ess	. 0	3. Complaint					
Car bs-manager and Israel  Responshe person's email  Francisco del mesor@hotmail.com  Certified food handler  Francisco Garcia Lopez  - CRITICAL TIEMS ARE DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  - VOLLATIONS, BEERATED 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  12 3 4 0 5  Section # C/NC R  Natrative  To Be Corrected by  188 C  Draw marinated chicken stored above raw ground beef  in walk-in cooler  (2) raw marinated chicken stored above raw marinated  beef (carne) in two door cooler  (3) raw chicken a raw ground beef stored above sour  Cream in walk-in cooler  (4) raw shaining stored above ready to eat chopped lettice  in walk-in cooler  (5) raw stored in noor rectly in the following places:  (2) stored between the wall a prescape sink  (3) raw chicken a raw ground beef stored by family the bar  (eak (3) shaysink drain line a wall needs to be cleaped behind a rain line  Received by family places:  (5) Stored between the wall a prescape sink  (6) Stored between the wall a prescape sink  (6) Stored between the wall a prescape sink  (7) Stored between the wall a prescape sink  (8) Stored between the wall a prescape sink  (9) Stored betw				4. Pre-Operational					
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Page 1 of	cc:		/ - CC:		111/L: CP				
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### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment Saintation Requirements. The time inint for correction	on of each violation is specified in	if the narrative portion of this report.
Establishment name	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment address	( ) Owner	5-15-24 11075
15 m MEXIDIAN PORTE IN	Purpose:	Follow-up Release Date
Owner	1. Routine	Nes 15-25-24
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	1 1
Person in charge	5. Temporary	c 2 NC Z R
and one of the state of the sta	6. HACCP	and brothers worth
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler		1 2 3 4 5 5
		123+3
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	
• VIOLATION(S) REPEATED FROM 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 by
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# 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishm	ent Sani	tatio	n Requirements. The time limit for correcti	ion of each violation is specified	l in the narrative portion	n of this report.
Establishme	nt name		shoot such men an attended their terms of	Telephone Number	Date of Inspection	ID#
FAF		` `	21501	( ) Establishment	5-6-24	10001
Establishme	nt addres	S	50 200 GWEENWA	( ) Owner	0-0-21	1000
1591	01	2	52 135	Purpose:	Follow-up Releas	se Date
Owner				1. Routine	NO 5	16-24
				2. Follow-up	Summary of Viola	tions:
Owner addre	ess	-		3. Complaint		
				4. Pre-Operational		1
Person in ch	a marca				$c \not = NC$	d p d
reison in ch	arge			5. Temporary	JC g NC	7 K 9
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Responsible	person's	email	Leading the control of the control o	7. Other (list)	Menu Type (See	pack of page)
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Owner addre	nt addre	ss Mon	IROPST. FrANKLIM, EN	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Releas  Summary of Violat  C NC	e Date/ //24 ions:
	Total Control of the		CAWLEY SORUSATE	VE COLUMNS MARKED "C"	123	5
		7	ROM PREVIOUS INSPECTIONS ARE DENOTED IN T	HE "SUMMARY OF VIOLATIONS" AS Narrative	ND IN THE NARRATIVE BELOW	To Be Corrected by
Section #	C/NC	8	INSIDE TOP OF S		NOT	5/24/24
218 256	NC	×	SMAZL REACH - IN PREPARATION AREA SPLIT / WATER , [1 SOON (NOT CONSE	HORMOMOTOR	NOT -	6 /21 75 /25
WOTE		*	BACK UPRIGHT!	FROZER NO E FREIZER	Tenforature	7//
						10 (12 (2 (1) x
		+				
Received by Received by	79.	en er	brinted):		pected by (name and title printed)  Sob Sm 174 + 77  pected by (signature)	):
сс:			сс:	cc		Page 1 of



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

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

-		tation R	dequirements. The tir	ne limit for correction	on of each violation is sp		_	of this report.
Establishm	ent name	. 1			Telephone Number		spection	ID#
Upp	ree	ees			( ) Establishme	nt 5/3	/24	05/2
Establishm	ent addres	s Z	5 Greenv N IN 461	100d	( ) Owner		/ 4/	(1)(0)
1251	05	011	N IN 461	42	Purpose:	Follow-u		1 1 .
Owner		,			(. Routine	Ves	5/	13/24
Con	Do	ate	)		2. Follow-up	Symmar	y of Violati	ions:
Owner add	tess				3. Complaint	'		
					4. Pre-Operationa	1 /		O.
Persoprin c	harge	0	1	www.iiidi.edozeno.ee	5. Temporary	c /	NC	$\mathcal{S}_{\mathbf{R}}$
Kei	anl	(1)	MK		6. HACCP		and the second	2 - 1
Responsible	e person's	email		in a distance of	7. Other (list)	Menu T	'vpe (See b	ack of page)
					colling, may greate man in	aman gabban	energines a	237 23019
Certified fo	od handle	r				1 2	3 ~	4 5
• CRITICAL	ITEMS AI	RE IDEN	TIFIED IN THE CHECK	LIST AND NARRATIVI	E COLUMNS MARKED "C"			
Annual Control of the		The same of the same	M PREVIOUS INSPECTION		E "SUMMARY OF VIOLATIONS	" AND IN THE NARRAT	IVE BELOW A	
Section #	C/NC	R	1		Narrative			To Be Corrected by
431	NC	0	floors &	roiled	in vario	is area.	2	5/12/24
	-1112711		of the	frim	4	Cay Water State of the Er	A charts	7/1
		(B)	grough !	drain	Soiled	mean	ii i saras	5/3/24
399	NC		as Opete	chew ic	e maker	- // -		T- /2 /2 /2 /2
	-	3	mout re	sair ne	ala so su	le to the		5/20/24
		1	maer va	r equip	ment & all	NR SLAL	con	
218	NC	1	r pelener	ussina	lon, Jun 1 k	2-1M-PX	oler	5/27/24
210	100		Theliving	ussing	The water		m	3/21/27
			rouge	and luni	Coolens.	rages &		
190	NC		Tilhito a	nd To	exi. nica.	TWAL	The section	Corrected
7 70	700	0	overed i	with a	paper like	2 cover	1	nalwayari 1
	31 70		A	oling!	inside the	walk-	-in-	page white l
			oler				-31	incepnii -
430	NC	-	France (	netal) 1	for doore	ay los	se	6/1/24
		1	for util	ity room	n	<i>F</i>		1,1,
413	NC	0	Overhead	door	in trash	I room	ノ	5/13/24
			contains	outer of	senings at	t both		
D : 11			corners.	/	, , , , , , , , , , , , , , , , , , ,	11 - (	1 1:11- 1-1:11-1	-
Received by	y p <del>amo</del> and	title prin	ted):		ľ	Inspected by (name an	a une printed)	ilar FUC
Received by	1	CD	Class	.17.20 J.73h.	1	Inspected by (signature	1011	ile, chis
Received by	y (signature)				ľ	Inspected by signature	200	2000
cc:	X		cc:			cc:	J 11	TUDE!
			1			Ta:		

# **NARRATIVE REPORT**

ment N	Address Greenwood 1257 US 31 N. IN 46142	Inspection/Date 5/3/24
C/NC	R REMARKS	TO BÉ CORRECTED BY
	De Rear exit door not tight-fitting	
		<del>-  </del>
NC	Bar area ice bin draw line is	5/7/24
	bloom and water drips on the	
NC	Onumerous rodent-like pellets!	5/4/24
	@ RLP's seen on floor in bar	
	area	
	@ RIP'S seen inside Cabinet	
C	OThree dead mice were observed!	5/3/24
		<del>'</del>
	2 Two dead muce were observed	
	inside a trap in the trash room	
	1) Notes: Mas sink Saucet with	7-1-25
	atmosphere vacuuch breaker (AVB)	
		5/13/24
	heater contain drain lines	
	men air gap	<b></b>
		-
M(1000)	2. Title)— Inspected By (Name 2. Title)	
γ (INαITUE	Inspected By (Name & Title)	Page <u>2</u> of <u>2</u>
	C/NC  NC  NC  C	CONC R  REMARKS  Rear exit door not tight-fitting at the interior lower right  Corner  NC Bar area ice bin draw line is blook and water drips on the floor  NC D'Alimeraus redent-like pellets (RIPS) seen in electrical box wire, across from ice maker.  RIP'S seen inside calknet in land area  RIP'S seen inside calknet in land area, near register  PRIS's seen inside calknet  In land area, near register  PRIS's seen inside calknet  Irlaw ice cream storage on hot (cold line geroals cook line)  C Othere dead mice were observed inside a trap in the trash  Troom  Thotas: Mag sink faucet with atmospheric vacuuts breaker (AVB)  Contains a four way splitter  D'Alotes: Mag sink faucet with atmospheric vacuuts breaker (AVB)  Contains a four way splitter  heater contains drain lines  into a gloor sink wilhout a one (1")  unch sir gag



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

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

Establishinent Samta	don Kequitem	ents. The time mint for correcti	on or each violation is speci	ned in the narrative portion	or ting report.
Establishment name	Viva	o Ariso	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishment address	MUM	& MI X		5-12-24 3:450.m	1505
2150 T	Hener	idence Or. 4/d43	Purpose:	Follow-up Release	e Date
Owner	The state of the s	A A	1. Routine	1105 10-	1-74
Mann	an 10.	Cuenca	2. Follow-up	Summary of Violati	ions:
Owner address			3. Complaint		
V			4. Pre-Operational	11 0	
Person in charge			5. Temporary	C NC	R
MARIA	htn (	uenca-	6. HACCP		2 118
Responsible person's er	nail	in the set has an inequal site should be	7. Other (list)	Menu Type (See b	pack of page)
			Parallel III	สุดให้ของ นทโรรไม้ครา	Pagadesca
Certified food handler	C TO	C 2000 (870	12%	123_	45
Word	M IO	maracul			
		THE CHECKLIST AND NARRATIVES INSPECTIONS ARE DENOTED IN TH		ND IN THE NARRATIVE RELOW A	AS "R"
Section # C/NC		S INSPECTIONS ARE DENOTED IN TH	Narrative	TO IT THE TANGETTY DEBOTE.	To Be Corrected by
i >> C	NCO	ard call	hic Von Sto	00 d 0/00/10	5-72-24
1130	0000	Cack	ad Contractor	ACC CHUNC	0 66 69
a propinging	The state of	0000	a pointe	J 1000	DOLOT ALL
197 (	The	of the Form	Ma 1402 11/2	Prong	recomment
	2000	I tempera	Harry H	TCT 100	discording
		(1) Corplate	Wilk (0450	F. Shredded	OJ. H.F.
	V	rishbrowns 4	40f Cin O	otatoes	
	(	148°F 1000	ted in Flip	too cooler	
	Y	u Sodo M	- LINDER		
		DShredded	nashbro	WNS 1948°F	
	S	ovedded Chess	26 47° F M	29 below 6	\$ /
2   1   2   2   2   2   2   2   2   2	(0	45°F located	in +lip-top	Conter	
uildidenade	Y	in cook Time.		(1) Read 39°F	1
754 NC	200	of thermometer	or not occh	rute in ice water	5-12-24
218 NC	4/10	top Cooler	docasus	SIN	6-29-24
	Mari	1, Jocated	DY COOLIN		C 372 214
234 NC	W-U	Se Utensils s	stored in 10	190F Cotte	5-66-69
2162 556		in mir mit.	(Needs to be	135°F)	1mo 5-2927
218 NG		top handles are	MISSING + DOF	pected by (name and title printed,	11111
Received by (name and t	9			The Hall And	Very Millor F
Received by (signature):	o a significant		Ins	pected by (signature):	parleng L
				188 Hall and	rew Miller, E ren Meller,
cc:		cc:	e		n. v. i · i i i · i · i · i · i · i · i · i
					the state of the s

NARRATIVE REPORT

Greenwood

16/43 Inspection
5/22/3
TO BI

Establish	ment N	lam	Address 46143	Inspection Date
~ 1				-//
Anis	Pa	mo	cake House 2150 Independence Dr.	5/22/24
Section#	C/NC	R	REMARKS	TÓ BE CORRECTED B
291	NC		no Chlorine test, Dapers	5/22/24
. , ,			provided	1
334	C		Hose with songy nomble	5/22/24
			attached to moo sink faucot	Remove
			with atmospheric vacilin	hose
	That is		breaker (AVB)	7
+30	NC		Back or West door rubs the	6/22/24
			door frame and the door	1
			frame is in severe disrepair	
194	C		Orrechanical dish machine	5/22/24
-1 .			contained less than 50 ppm of	Called to
200			Chlorina	repair
309	NC		Wechanical ventilation appears	6/22/2
100	- 10	1	not working in employee restron	B. J.
130	NC		Ceiling tile in men's nestroom(pub	10/6/22/24
17.	1.0		was damaged (i.e. previously wet)	1 1 1
131	NC		Thon solled benind ite make	N 5/22/2
	/		and floor aroun for ice maker	
			V	
		9/		
45				
				-
Received B	By (Name	& T		Page 2 of 2
FAL OX	0000	0	SCIFF (Indeed Newly EM)	J



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

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

Establishment Sanitation Requirements. The time limit for correction	on or each violation is specifice	in the narrative portion	ror uns report.
Establishment name	Telephone Number	Date of Inspection	ID#
HZUL TEQUEA BANK	( ) Establishment	-120/24	
Establishment address	( ) Owner	5/29/24	2662
1001 N SR 135 46142	Purpose:	Follow-up Releas	e Date
Owner	1. Routine	- 6,	19/24
ISPACE GARZIA	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint		
	4. Pre-Operational	l le di	
Person in charge	5. Temporary	c 5 NC /	/ R -
hardware barden men a	6. HACCP	1,0	
Responsible person's email	7. Other (list)	Menu Type (See l	back of page)
skapt a local series	7. Other (tist)	adplace gui atuna	such of puge,
Certified food handler		1 2 3	1 × 5
1522EAC 5/18/28		123	4 (6 5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND	N THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
310 DC - EXHAUST FARS IN W	omen's & Mer's	RESTROOM	6/4/24
ARE SOILED		The second second	- C
219 NC - DOOR GASKET ON RE		LEMATOR	- IN PROCESS
IN BAR AREA IS IN			1-0/01/
218 NC - ICE BULD UP ON RIGHT			5/29/29
REACH-IN FREEZER			
CLOSING PROPERTY.	TEMPS ARE BEC	ow Min.	5/20/74
433 NC + MOD AREA IS DISORYAGE	7265:	7 4 . 1	3/24/21
294 C - DISH MACOFINE - WA	TO PROPERLY E	79	6/9/24
	CR TEMP OBSE	RVOD	6/1/21
174 NC + 2 BULK FOOD CONTA	was Do - I MA	100	5/29/24
1.1 NE - Z BUCK FOOD CONTIN	io cres per cresc		3/21/-1
			diam.
	1-	11 / 1.1	7)
Received by (name and title printed):		ted by (name and title printed	
Received by (signature):		ted by (signature)	CID OUTS
Received by (signature):	Inspect	1/1/	
cc:   cc:	cc:	1-1-1	



# 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 narrative portion of this report.

			Date of Inspection
	317.7	60.8778	5/30/2024
•		Summary of Violations	
GREENWO	OOD, IN 46143	0 C, 0	NC, 0 R
		Follow-up	Release Date
NSON		No	6/10/2024
ed Food Handler		Purpose:	Мени Туре
NONE R	EQUIRED	Routine	1- Limited menu
County	District	1	
ohnson	D5		
	NSON ed Food Handler NONE R County	ed Food Handler NONE REQUIRED County District	GREENWOOD, IN 46143  O C, 0  Follow-up NSON ed Food Handler NONE REQUIRED County District  O C, 0  Follow-up No Purpose: Routine

- 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:
			NO VIOLATIONS OBSERVED AT THE TIME OF INSPECTION	

Sugar Far

Elizabeth Senisse



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

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

Page 1 of

	one ounit		quirein				i or enem violation to of	_			r
Establishmen	nt name		sbrion - to	JE SI	ir-net J. se	Tr. A	Telephone Number		Date of Insp	ection	ID#
100	M	X	0	C.			( ) Establishme	ent	57	711	10h
Establishmen					11	01	( ) Owner		2-6	- 29	1011
480	0		SM	1 Mts	alles	KN	Purpose:		Follow-up	Release 1	
Owner							1. Routine		Ves	5-1	7-24
						7	2. Follow-up		Summary o	f Violation	ns:
Owner addre	ess						3. Complaint				
1/ 1/11	M	1	,				4. Pre-Operation	al	,	1	
Person in ch							5. Temporary		c	NC 5	R
1, 1, 1						1.12001	6. HACCP		1.30 N. 1-10.	ag so il il	
Responsible	person's	email	is the great	right in the	J1107 - 11 11	and office	7. Other (list)		Menu Typ	e (See bac	ck of page)
						~ 1		2	Until Progra	-2H	,1 0,
Certified foo	d handler	· \	1-1	())12	1125	-			12	3	45
• CRITICAL	ITEMS AR	E ID	ENTIFIED IN	THE CHEC	KLIST AND N	NARRATIVE	COLUMNS MARKED "C"				
• VIOLATION	(S) REPEAT	ED F	ROM PREVIOU	IS INSPECTION	NS ARE DENO		"SUMMARY OF VIOLATION	IS" AND IN T	THE NARRATIVI	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN	And the second section of the second
Section #	C/NC	R				I	Varrative		-	T	To Be Corrected by
190	NO		UD59	ryed	Drev	PUDIL	in Cooked	1100	Ales 1	0	
	7	-	OW	retal	MOUSE	31507	to than 4	() W	thay	) lusti	
			CON	10	Contro	9 11	DIOT MA	7/2	y cool	45	Sales a control
		-		13 WHI	rnax	tem!	BELOUGHE	ODE	DEAMED		
190	010	$\dashv$	DVG	0.0.00	1000	11:01:	Shi Cacita	100	V din	moline	
110	NC		100	V 6-40	7 15/6	2100	EUTY THU	27	1 170	11/2 .11A	
			2016	11000	Chille Cold	100	to dillo	2001	- CECA	n-m	
			donie	200	.000	- NOW	TICS III				
					ernal	1 +61	mograture.	005	bened		
	distra		o maris succession	720	F				Charles I have	offened -	
303	C	en h	(D)058	Crred	en	DLOY	ee not s	tipo	TARE	21111	Anna a
			dish	es Q	50	Ch =	Sink acts	C/2	DAIR	×4	
2.11	1.1.	6	RIVE	XII	Horis	1	2 0 1/1			7	nicaled
216	NC	V	MOSE	TUES	401	11101	111	M Colo	1.0	2 1 2	
		6	0000	ANGO	CON	7 Day	- Simil B	Shell	MAM	177)	
-											
-											
Received by	(name and	title t	orinted):					Inspected	by (name and to	itle printed):	
		Ĺ	iyun L	-1				1205	2. Hall	grise	1
Received by	(signature)	THE RESERVE OF THE PERSON NAMED IN	^	_				Inspected	by (signature):	in inter	es de conf
			gr					102	MACK		
cc:				cc:				cc:			
1											1



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

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

Establishment n	name	E. obil m	Ligged Sir v.	- 1987 T. 2,	Telephone Numbe	er I	Date of Inspection	ID#	
bickAn	rel	Assist	ed bring		( ) Establishme	ent	, ,	110	
Establishment address 3021 Stella dr. Tul			( ) Owner		5/08/24	1759			
3021 stella dr. Tal				Purpose:	1	Follow-up Release Date			
Owner					1. Routine		Tonow up Increase Zaite		
					2. Follow-up	5	Summary of Violati	ons:	
Owner address					3. Complaint		,		
owner address					1	.			
					4. Pre-Operationa	ai	C NC 7 R D		
Person in charge				5. Temporary		C_W_NC_/	R_ <b></b>		
Low Ives of	17711	sale i garantist	Director of	and the state of t	6. HACCP	-	ng day 200 mag day	pull tog T	
Responsible per	rson's e	mail	signizari i in da		7. Other (list)		Menu Type (See back of page)		
			The state of the s	A Diff a fact of	er gam mile s		pitche digitatury in	010	
Certified food h	nandler					1		_45	
ODVERGAL VERN	20.10	C IDENTIFIED I	NAME OF TOOLS IN	AND MADDATIVE	COLUMBIC MARKED IICII				
					E COLUMNS MARKED "C" E "SUMMARY OF VIOLATIONS	S" AND IN TE	HE NARRATIVE BELOW A	s "R"	
	/NC		OS INSTECTIONS INC		Narrative			To Be Corrected by	
	Ne	V door	& Main	drain by		Enk	is sorted.	6/20	
781	W.	V Just	Bulling	Committee	y three-bay sink is solled			3/,2	
324 1	re	one,	hand em	t Paule	t is leaking				
32/		5	INTERNATIONAL PART		A STATE OF THE STA			Hab de la	
411	Me	one	light is	out at	In crorage room.				
			0				2		
295 1	yc	& Sur po	rle of S	nices l	volder is 8	volled	-	1	
1		(is) plat	e holder	is 80	uted.			-	
		/							
	la nos	· Johnson	(3) 1/2		1.00		110%	rian-seil	
	200	NOTE	- : Quea	se schi	dule entre	aust	Nood Cle	ming	
4410	71.00	<u> </u>	(h-) 1/40	to sure	spines tra	ds an	e covered	after	
			lack	- Udl			acta of all	- D. M-a	
<u> </u>			(W) Nea	AVB Call	nosplune valu n Water was	um #1	tager) song	500	
			mach	SO D	1 vouces jours	12 12	a contract you	purch	
	-		n cacero	1100					
Received by (na.	me and	title printed):		10 N		Inspected b	y (name and title printed)		
1549	06	161,	70R4	1414	>	Kaul	Betien	Eds	
Received by (sig	napure)					Inspected b	(signature):	alt for the	
Ker /						Raul	Betileu		
cc.		-	cc:			cf.	BUTCU	1	
				ike					
					the contract of			Page 1 of	



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

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

Establishment name	Telephone Number	Date of Inspection	ID#
ISab EVans	( ) Establishment	12 11	1120
Establishment address	( ) Owner	12-15-64	1475
159 S. Marlin IV.	Purpose:	Follow-up Releas	
Owner	1. Routine	VP8 5-	23-24
	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint	1	
	4. Pre-Operational	0/ 1	
Person in charge	5. Temporary	C / NC	<i>Q</i> R
and a little state of a major and state of	6. HACCP	my in the course in	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Shall a special digitality to the	the first product of the second	stablear and a cont	5.1
Certified food handler (8-10-28)		123	_4_X_5
	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS	E "SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW A	
Section # C/NC R	Narrative		To Be Corrected by
415 C DOSENED MONU	Small tiles	through-	5-15-24
DH NITCHON	)	0.	= 10 111
414 NC BESEIVED BOCK	SHELD GOOL	Drobbea	5-13-24
Of the with Orale	aloca in a	2/2/2/1	
40.00	Serve of Of	Triver 1	
187 C Observed wash	CT. ING COLOGI	FINA	
1016	1-1/1/10/10 × 1/10+	+ 101	
336 C OSENED a OVERN N	all consisted	to the	
Mila: too mo sink 1st	ith a Somu n	077/8	
Office of the mose	SUCK DIFFORTER	KF10W	matusize Familia
Drevention delive	FOC''CONTINU	aus pressur	notes the first
431 NC Floor & arout 15	Soiled Trivous	out,	5-15-24
establish phint	0 0 0 0		figosafal
- Linder E	tributery 2061	Mill Muts	
2711 116 110 Walk-in Cooke	THE IS TO THE TENT	a noto	
324 NC 110 MOCHINO CHAY	ne orders not	Connected	1
to machine	Me officer 110t	COMPLYICE	
Received by (name and title printed):	Inspected	by (name and title printed)	):
- ON OP WELTOCK	l(',os	si Hall	Extensive
Received by (spinding):	Inspected	by (signature):	angial and l
AMIGU MICKE	Sco)	Mother	0
cc: Cc:	cc:	- 1 11	1
	(cli	gavelle /	Page 1 of 7
		/ 1	Tage I UI

# NARRATIVE REPORT

Establish			Address 159 S. Maylin IX.	Inspection Date 5-13-24
Section#	C/NC	Т	REMARKS	TO BE CORRECTED BY
431.	NC		Observed Stagnant water on the	5-13-24
			towers are Stored.	
295	NC		Observed religions follows tongs t	
		H	Trellow pun's (Soiled) Stored on	
295	ΝC		top of dish machine is Sould	
		H		
		H		
		$\vdash$		
		H		
		H	Na mail make lisitted, Comments-	
			No may make written Comments- fax, mail, email	
		dash	<u> </u>	
Received B	y (Name	 78 Tj	Inspected By (Name & Title)	Page 2 of 2
			Inspected By (Name & Title)	Page or

State Form 48621 (R2 / 8-05)

Elinabeth Senisse ESenisse @ Co. johnson. in. us



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

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

Establishment name Bob EUMOS	Telephone Number ( Establishment	Date of Inspection  5/20 22			
Establishment address	( ) Owner	>/00 B	7 2 137		
900 N MORTON ST. FRANKLING		Follow-up Releas	e Date 30 34		
Owner	1. Routine				
	2. Follow-up	Summary of Violat	ions:		
Owner address	3. Complaint				
	4. Pre-Operational		CT.		
Person in charge	5. Temporary	C_1_NC_8_R			
BREWDA EDWARDS	6. HACCP	hely state to see the state of the state of			
Responsible person's email	7. Other (list)	Menu Type (See b	pack of page)		
Certified food handler BRIVITE EDWAPS SERVITE (2006)	DEXP	123	45		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATION	IVE COLUMNS MARKED "C"				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A			
Section # C/NC R	Narrative		To Be Corrected by		
	perature of	cheese,	THEMS TO		
	ONT REFRIGER		discard		
	41°F OR WSS	ito	5/00/00		
431 NC & FLOOR, WAZL NO	REFRISARATO	NERS OF KITCH	Hen 6/14		
			614		
324 NC LEAK NOTES UNDE	report of m	echanicas	5/28		
dTSHMAZHIME			la la		
239 NC = dISHRACKS NOT	stored off Fo	200R SUFFACE			
	OT CONSPICUOL	USLY LOCATO	5/28		
INSTOP REFUSE(168	ORS	- 00\ - P	661		
295 NC B STANDUP/UPCENT B	0	enecek	6 14		
INSTOR SHELLING /S	FOR NOT CLO	7770			
mecHANTERZ DIST	8MAZHING JONG	protouro	. /		
HOT WITTER SANTETZ		of )			
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Dunda Calwarett		Sul Jimas			
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			Page 1 of		



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

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

Establishmer	nt name				Telephone Number	Date of Inspection	ID#
BOJAKS BAR & BALL					( ) Establishmer	5/29/24	1365
Establishment address					( ) Owner	15/07/10/1	
377 E JEFFEBAN FRANKLIN, IN					Purpose:	Follow-up Release	se Date /
Owner					1 Routine	Follow-up Release	18/24
	AU	378	W GORD		2. Follow-up	Summary of Viola	
Owner addre					3. Complaint		
					4. Pre-Operational		
Person in cha	roe				5. Temporary	$c = O_{NC}$	0
چې د د د د د د د د د د د د د د د د د د د	50H	~	LANHAM		6. HACCP	010	
Responsible 1	person's	email			7. Other (list)	Menu Type (See	hack of page)
,					7. Other (11131)	Wiena Type (See	
Certified foo			1	·		$ \begin{vmatrix} 1 & 2 & 3 \end{vmatrix}$	5
2	O KM	)	LANHAM			1-2-4	
			ENTIFIED IN THE CHECKLIST AND NA				
			ROM PREVIOUS INSPECTIONS ARE DENOTE			AND IN THE NARRATIVE BELOW	
Section #	C/NC	_			Narrative		To Be Corrected by
138	20			TIR	POSTRAINT	NOT WORN	6/4/24
		7		DN C	KITCHER	29 IN	5/90
- Luar	1 2					wen use	3190
- F		<b>*</b>	<del></del>			PREPARATION	corrected
Aren	TO REACE STORES ON FOOD PROPERTION						5/29
218	٣ς	4	door GASKET	s u	BRN SPLIT	ON REFRISE	PRADE
		ACROSS FROM GARL					
295	WC.	* EXHAUST HOOD FILTPRI NOT CLOTEN					6/3
425	M	5	BROOMS NOT	614			
431	I NC FLOOR UNDER GRALL, UNDER JOE MAKER (6/8)						
(5m)		1279			RATIO NOT		200102 WACK
431 NC - COSTING IN KITCHEN NOT CLEAN 431 NC - ROSTROOM CORING EXAMIST CEVERS NOT CLE					10 18 1 18 1 18 1 18 1 18 1 18 1 18 1 1		
						711	
399	7-0			757		301104.2	+ / ,
399	WC.	6	<u> </u>	0050		OF KITTHER	6/20
234	MC	4			FICH - ICE S	71	~ corrected
			CONTRCT WITH JO				5/29
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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 correct	ction of each violation is specifie	d in the narrative portion	of this report.	
Establishment name	Telephone Number	Date of Inspection	ID#	
Burger King	( ) Establishment	= 1101010	0000	
Establishment address Curlenwood	( ) Owner	5/13/24	2606	
Establishment address  (839 E. Marm 84 IM	Purpose:	Follow-up Release	e Date	
Owner	1. Routine			
	2. Follow-up	Summary of Violati	ons:	
Owner address		Summary of Violations.		
Owner address	3. Complaint			
	4. Pre-Operational	X C	Y	
Person in charge	5. Temporary	$_{\rm C} \mathcal{S}_{\rm NC} \mathcal{K}$	R	
and the form of the second control of the se	6. HACCP	to the sides perfo		
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
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Certified food handler		1 2 3 V	4 5	
John Reyes.				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT.	IVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN 1		IN THE NARRATIVE BELOW A	S "R"	
Section # C/NC R	Narrative		To Be Corrected by	
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	an siching offt &	ricle) of men	-	
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(iii) Please, ha	ve a work ord	er for		
	leak at three-	bon sinc		
(iv) Alkase have				
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