

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

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

1	,		
Establishment name	Telephone Number	Date of Inspection	ID# 2841
Valle M3ta Golf Conference	() Establishment	F/2.1.	2040
Valle vista Golf Conference Establishment address 755 £- marn sf 46143	() Owner	5/30/24	200
755 E. Marn 85 46143	Purpose:	Follow-up Release	Date
Owner	1. Routine	705 6	19/24
	2. Follow-up	Summary of Violation	
Owner address	3. Complaint	No So	OVE
	4. Pre-Operational		
Person in charge	5. Temporary	CNC	R
-	6. HACCP	11	
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)
	()	January Parkers	5) [8-7
Certified food handler		1 2 3 V	4 5
Mike Robison 12/25/25	later control of the	125	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THIS			
Section # C/NC R	Narrative		To Be Corrected by
	new order as a	ot 5/24/24	
Demi Glase Cove	exed with cle	er	Corrected
film in a pot	approximate	17	1
9 inches aeep 1	rieasurea 191		- Lan
White made walk-	and ceiling u	1000	12/1/24
and another and see	ling paint	DOYYI	12/1/24
3 Walvin-Contex		-freezer	IIIIE)
floor is worn Idam	age. am	There of	17/1/24
a Grout repair need	led in arou dish	area	10/1/24
(5) WIF walls and	ceiling needs	CADSE	8/1/24
holes sealed and	contains		1.1+
6 Thadequate ligh	ting		8/1/24
A Dumpster lids	myssing (PX	tenor)	6/15/24
(8) Upstairs (3rd S-	ony) ice mal	eer lacks	6/15/24
an' air gap on ai	ain line and	- 1.	' [
a interior avop	plate is crad	eed of AKE	12/1/24
	ingerator is n	OY NOSE/	12/1/24
Received by (name and title printed);	Inspected	by (name and title printed):	4
Joseph AKenn	And	rew Miller	EHS
Received by (signature)	/.1 //	by (signature): Willer	
сс:	cc: fai	l Beticu es	5/
(II) News answere day	maged on and	tani carlar	Page 1 of 1
12) Door gaskets day (12) Mop sink to be us	sed for Kitchen	to be in h	asement two
		1	(Doc)



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Establishme	nt name	- Jahry P	1.11	artri a trini en a - efe	Telephone Nu	mber	Date of Inspe	ection	ID#
	Vi	10	IIIa		() Establish	hment	5/0	61	1100
Establishme	nt address		۸	Coleenwood	Owner)		0/21	127	1600
1 20	0 11	May	FISON A	Greenwood, VC 46142	Purpose:		Follow-up	Release	Date ,
Owner	N	1 -		,	1. Routine		NO	6/	8/24
	Pa	1116) 。		2. Follow-up		Summary of	f Violatio	ns:
Owner addre					3. Complaint				
					4. Pre-Operati	ional	_	1-	7
Person in ch	arge _	h d		n= . Lustinu - v	5. Temporary		c 5	NC	5R
his los	V	rul)	۵		6. HACCP		anderor.	J: - T.	
Responsible	1		not all account	in the state of the state of	7. Other (list)		Menu Typ	e (See ba	ck of page)
					i i i ji ne	111	g loca in	and in	
Certified foo	d handler						12	_3	45
• CRITICAL	ITEMS AR	E IDENTIFII	ED IN THE CH	CKLIST AND NARRAT	IVE COLUMNS MARKED	"C"			
 VIOLATION 	(S) REPEAT	ED FROM PRI	EVIOUS INSPECT	ONS ARE DENOTED IN T	HE "SUMMARY OF VIOLAT	TIONS" AND IN T	THE NARRATIVE	CONTRACTOR OF THE PARTY OF THE	THE RESERVE AND ADDRESS OF THE PARTY OF THE
Section #	C/NC	R			Narrative	100	N =	7	To Be Corrected by
334	C	The	140 lowin	19 lacked a	1, ail gap;	1) tist	HOOP M	199	6/20/24
	BUBR	SIAN	with	seattack	et 2) both	115+ +10C	2 an	13	
		bah	SINKS	3) basemen		N H M	schanica	2018101	(4) 311
-		154	/ W/OPIV	AU ON SAST	100 and thi	17 HOUS			
M7	0	7/00	lall mis	in internal	oratust tom	peratures	at the	2	Upl.
17/		mair	KHELDER	2- 100 OCE	77	5 61	were		Discarded
		me	our Co	0 1	Sofuct - 48°	F, beef	chunks-	-45°F	Adjusted
		Mah	i-mahi-	43°F, 501	mon-450F			/-	temport
		CAN	bient a	if temp mea	suret at 44°	Fat	349 PM)),	unit
440	C	Bu	-500	abelet as 1	ON-COMMERC	ialo Lab	el 11575	use	5/29/24
	_	0,50	home	use only	121. 122.00	1100	. (501)	2)	Remove
295	-	Ince	hanical	table Slice	a projuct-1	aolder in	as soil	100	5/29/24
191	(Dat	PINACK	in Sustem	inconsiste	of Pool	fucts 5	ruch	5/29/24
	_	06	huma	// // /	eli meat we	re una		7000	0/2 (/2)
		1	· · · · · · · · · · · · · · · · · · ·		211 7 10001	1	000,000		1
218	NC	XIF	Chen?	1-toor pre	o cooler con	tainet	tom/50	2/94.	6/3/24
		100	r gaske	50			<u> </u>		
Received by	(name and	title printed):	7"		o do e some some l	And	by (name and till	tle printed):	HS
Received by	(ngnature)	://				Inspected	by (signature):	10011	meritsed
cc:			cc:			cc:			
						19			
									Page 1 of 2

NARRATIVE REPORT

Establishm	nent Na	ne VIIIA 200 N Majison Ave greenwas tu	Inspection Date
Section#	C/NC F	REMARKS	TO BE CORRECTED BY
430	NC	east main kitchen wall peeting paint.	6/8/24
256	NC	NO thermometer seen in apply entrance cake + cheese cooler.	5/29/24
295	NC	Interior of cake cooler soiler, Including foor under cooler	5/29/24
13%	NC	Employee preparing food without hair restraint,	5/29/24
295	NC 1	manual can opened blade soiled.	5/29/24
ı	NC	obent-like tropoings seen on bottom shelf of basement try storage area. Amana and trailer freezess non-commercial.	5/29/24 Monitor 12-1-24
218	NC	Amana freezer Missing interior lide	12-1-24 Vew Unit by 12
431	NC	2nd Story drain (on floor) heavily soiled	5/29/24'
295/	VC	Ind floor interior top of ice makes "heavily"	5/29/24
347	NC	Sint basement and thirt story hand sinks need both paper towel holder and hand soap.	6/2/24
MOTE	- a (Doigns of cosent activity in 30 floor water heater come Grawing on insulation	
		Cake + Cheese Cooler needs to be easily movable (i.e. on wheels/caster dedicated	3)
	É	No hand sink provided on second story dish area. This area has one bay sink, mechanical dish unit, ice bin,	it.
D : 15			
Received By	621 (R2) 8	andrew Miller, EHS	Page <u>2</u> of <u>2</u>

State Form 48621 (R2 / 8-05)



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

Establishme	_	١	touse	Telephone Number	Date of Inspection	ID#
Establishme			1000	() Establishment	5/29/24	1677
			RGAR IN FRANKETY, IN	() Owner		
	Um	DI	right 210 TIMIONCE 1310	Purpose:	Follow-up Release	Date
Owner				Routine	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2	8/24
	-			2. Follow-up	Summary of Violatio	ons:
Owner addr	ess			3. Complaint	~	
				4. Pre-Operational	-	_
Person in ch	arge	101	an and a sample and the Return	5. Temporary	c_0_Nc_5	R
TE	2400	P	WORD	6. HACCP	tapa e salari	T. Hazel
Responsible	person's	email	e w teen of francies Bournes - or i buttersom the or were even in transport that i butters & social	7. Other (list)	Menu Type (See ba	ick of page)
Certified foo	ed handle		word sensage		123	5
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
Name and Address of the Owner, where		_	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		D IN THE NARRATIVE BELOW AS	
Section #	_			Narrative		To Be Corrected by
256	WC	-82	THERMOMETER NOT		2FrisaRATOR	6/6/24
	77		UNDER WAFFER IRO	N5	THE RESERVE OF THE PARTY OF THE	of Table
218	NC	*	4 door REFFISERATE	OR-(EOFT OF	acri)	7/1
245	ne	7	JOOR 9 ASKETS WORN!			alern 6/1
093	100	\vdash	SHELVING (COATING WO	IRN) RASO		2011 011
			CLOAN AND HO	IOUR hEFILSOCA	TOR RIGHT OF	
		\Box	grall (SHELF CORTE		-	>7/1
295	NC	A	FLOOR/SHELULTUS	OF WAZK-	IN COOLER	,
			NOT CLEAR		>	6/6
	l III.	9	Control of the second s		designated and a second	Lange L
177	NC	(3)		TOCK APPA-SO		611
	delai m	net.	STUPP OFF FLOOR	MINIMUM OF	6 thether	
			machanton didin	Attao HET	I H DOP	CONTRACTOR IN
(200)	re)		MECHANICAZ DISHM SANITZATION TEMPLE	11CHTUR -1000	10F (P)	(OK)
100			PAGENTO 160°F UR	myon aw AlA	Pluperst)	
		+	SULFATO	THE POST	00,0101210	
			51071713			
Received by					ected by (name and title printed):	
			ton word - GIM		BOD SMITH	HID
Received by	(signature	1	Janey	Inspe	Bel Smiles	urdingsord
сс:	_	//	сс:	cc:		
						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 name Waffle House # 423 Establishment address 1069 EMain St. Greenwood Owner Owner address Person in charge Responsible person's email				6. HACCP	Date of Inspection 5-2/-24 Follow-up Release Date 6-/-24 Summary of Violations: CNCR Menu Type (See back of page) 123X45
			TIFIED IN THE CHECKLIST AND NAR M PREVIOUS INSPECTIONS ARE DENOTED		D IN THE NARRATIVE BELOW AS "R"
Section #	C/NC	R		Narrative	To Be Corrected by
218	NC	B. 47 (0.2)	Hers Maps to proper	on acre	Testensia manding a me opposi-
					English Street S
Received by	(name and	ł title prin	eted):	Insp	ected by (name and title printed):
Received by		-	Brite Loci		ceted by (signature):
					Page 1 of



460 N. MORTON ST. STE A 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. Telephone Number Date of Inspection Establishment name) Establishment 5-13-2 Establishment address) Owner Purpose: 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational c_{NC}^{2} RPerson in charge 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) Certified food handler 22057362 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" C/NC Section # R Narrative To Be Corrected by Inspected by (name and title printed): Received by (name and title printed): serusse Received by (signature): Cc:



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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.

Establishme D20 Owner Owner addi	nt address N Dav ress harge person's	JS k emai th	nn Bart Grill 31 Whiteland W Clark Clark ony Miller	Telephone Number () Establishmen () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operationa 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release VeS 5 Summary of Viola C 5 NC 4 Menu Type (See	23 R_
no	Cla	te,	licate Provided		123	245
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN		' AND IN THE NARRATIVE BELOW	
Section #	C/NC	R		Narrative		To Be Corrected by
426	NC		Tumerous unu	sed items	some	5/21/24
	ZHETH	ing	holding water,	are stored	on the	
	medad		Thest exterior	of the bu	elding.	1-1-1/211
399	NC	V	Floors, walls, Ce	ellings ar	e sociled	5/21/24
431	NC	V	in aceas	. 10	,	5/2//24
295	NC	V	Walk-in-cooler	shelveng (green are	5/21/24
			soiled and oth	er reach-	en - Refrigere	ition
		-	units contain s	oiled door	gaskeis	
225		-	or soiled insid	ie 1 1 le la la	0	1 - /21/24
240	C	1	Meal tenser	ezer wase	s are soil	100 5/01/21
2/8	NC	-	Refrigeration	odoor sea	es are sur	1 6/21/24
1111	. 10	1.7	on O some u	1000	m Lundam	1 6/10/24
411	NC	V	Green in Suit	missing &	11 1would	10/27
1/01/	110	V	freezer in Suit	10) lahin	d. manna	1/01/1/21/
404	NC	1	1 hitchand to the	so recor	a jo apara	16/01/
355	NC	1	(Retchen) table	DAMMINOS	in Diam	6/21/24
	/00	1	July som sured)	unit loom	Bulding	1,1
413	NC	W	Back door in	terior lou	1 1 1	6/21/24
Received by		4			Inspected by (name and title printe	d): /
1	9 H	0		John guine a rug por	Andrew Miller	EHS
Received by	Highatur	e): (\$ \} =		Inspected by (signature): andrew Mille	yagabiq (
cc:	$\langle \rangle \rangle$		сс:		cc:	
1	M)				
THE RESERVE THE PERSON NAMED IN	THE RESIDENCE OF THE PARTY OF T		The state of the s	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		Page 1 of 12

NARRATIVE REPORT

	NARRATIVE REPORT						
	Establish	ment N ナル	am	n Bar + Grill 1020 N. US31 IN 46184	Inspection Date 5/21/24		
	Section#	C/NC		REMARKS	TO BE CORRECTED BY		
ı				corner contains an exterior gap	, <i>L</i> ,		
	112	NC	√	Some Ruelsers in Suite 1	12/1/24		
				are Mot NSF/ANSI approved	1/1,		
	218	NC		no paper tower holder provided	5/23/24		
				at hand Sirk in Suite 1'	', L',		
	352	NC	✓	Restroom door, in Suite 1, not	5/28/24		
			<u> </u>	self-closing and men's restroom	·		
ł				door in main bar/kitchen			
ŀ	431	N. G	 	Inverted milk crates are used	//21/24		
ł	431	NC	\vdash	as shelving inside the unlk-in-crotich	6/21/24		
<u>,</u>	334	C		as maker bin drain line	5/21/24		
	۲ در			lacks an our pap	1/1/1		
Ļ.	430	NC		Kitchen Michanical exhaust	5/21/24		
ľ				filters are) wouldomaned	7		
;	430	NC		DExterior roof exhaust Ivell	5/21/24		
l				(mechanical) one of two contained			
				what assessed to leaking "heavy	ly"		
١				spent cooking chease down!	0'		
ļ				the rook and into the buildings	West (
ļ	10.			autter			
ŀ	190	<u>ر</u>		Turkey in a plastic bag	5/01/24		
ŀ				guas labeled 6-1-24 and			
ŀ				ham was labeled 5-4-24 insid			
ŀ				the kitchen two door preparation	\mathcal{C}		
ł	219	とじ	√	Dana Parras Pranto and damaged	6/21/24		
ŀ	40	<u></u>	H	(2/2))	7,4		
Ì	227	NC.	П	Kitchen cooking equipment are	12/1/24		
j				not easily movable	/ /		
۱,	438	ل		Plastic sorry bottles were not	5/21/24		
				Robeled as to the contents	/ /1,		
, L.	295	NC		Can open blades (manual) is	5/21/24		
	- 0			soiled'	, , ,		
ļ	295	NC	<u> </u>	thriaus floor mats in kitcher	O Corrected		
, 	1120		\vdash	and vary area were soiled	5/21/24		
•	439	1	7	Charcas fluid was stored	5/21/24		
ŀ	Received/B	//Name	<u> </u>	forthe extension too of a freezewing the (Name & Title)	4		
		X//\/	K	Undrew Miller EHS	Page <u>2</u> of <u>3</u>		
L	State Form 4		, ,				

NARRATIVE REPORT

Ī	Establish	ment N	•		Inspection Date
	Whi	t's	lni	n Bar+Grill 1020 N US 31 IN 46184	5/21/24
Ī	Section#	C/NC		REMARKS	TO BE CORRECTED BY
.	295	NC		Exterior sides of kitchen	5/21/24
		100		Cooking laurement are soiled	J/41/1
	430	NC		Suite 1 East door sticked	6/21/24
				rubs the door frame and	
H	3	NC		the door is not self-closing	5/28/24
ŀ	324	C		Floor drain, by walk-in-cooler	D. Corrected
ŀ			H.	not araining properly as	dúringinspect
ŀ				water pools/collects	2//
ŀ	413 h	C	-	Suite 1' East door is not tight-litte	ng 6/21/24
ŀ			-	Blong the bottom 0 0	1 11
ł		7	\dashv	notes: Furm ordered to close	
ľ				by health department at	
İ					4
		(2)		Term may only reosen	
I				after approval from the	
L				Realth department	
ŀ		(3)		No backflow nevention	
ŀ				seen mourded on two separate	
ŀ			-	water lines mean leitchen	
ŀ	*		-+	gene trap	
ŀ	्य-	(A)	+	missing and on contain holes	gaps/dam
ł				in kitchen and storage room	gaps /acure
ľ				with beverage-un-box (bib)	
ľ		(3)		* / asteriske) items on the	
				report must le corrected	
L				and verified by the health	
L				department before respering	
ŀ		(b)		Mo mechanical exhaust 0	
ŀ			_	(Kitchen) Cleaning Sticker	
ŀ				was provided on hood System	
ŀ				at time of inspection	
ŀ					
ľ					
f	-1	_			
		VI			
ſ	Received E	(Name	& Title		Page 3 of 3
	UK	14	11	Unden Miller, EHS	. 250 0,



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

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2350001101111	ciii ouiii	······	a requirements. The time mint for contents	or each violation is specified	m the marative portion	or the report
Establishme	nt name		rances of two-potentials bendy lines foods.	Telephone Number	Date of Inspection	
NIN	19	SY	OP #2248	() Establishment	5/21/2	4 7630
Establishme	nt addres	s (141	() Owner	1 3 / 3 ,	000
la constant	DI	1	MAIN ST. FRANKLIN, FOR	Purpose:	Follow-up Releas	e Date /
Owner		100-0-17	7 1	(Routine	- 6	ri (24
7	An	PE	SH PATEL	2. Follow-up	Summary of Violat	ions:
Owner addr	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i		311 11100	^		
owner addr	C33			3. Complaint		\sim
				4. Pre-Operational	C ○ NC €	
Person in ch	arge	PI	12 00001	5. Temporary	C NC	<u>R</u>
Sai lei	The second second second	-	12 PATEL	6. HACCP	i purplichemen se es etc	lambel
Responsible	person's	emai	done frod is set on a single meal a re-	7. Other (list)	Menu Type (See l	pack of page)
0 10 10			date a legisla della ti	ATTRICTURE AND THE	A STATE OF STREET	
Certified for	od handle		PATEL (10/19/26 EX	& SERUSATE)	123	5
		1774-00-1				
			DENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE RELOW	AS "R"
Section #	C/NC	-		Narrative	THE WARRATTVE BELOW	To Be Corrected by
Section #	C/NC	11		Consultative		To be conceiled by
-	Villetin.	04	TWO STATES OF THE STATES OF TH	pur essential montrardon in the man	enone you so gauba.	111000 111 1100
138	NC	Sins	LLATE ROSTRAINS	NOT WORN RU	+ Professor	5/23/24
120			HATR RESTRATIVE (CAP/VISOR) HATR M	FILOPO	2,000	
			(111) 223000) 11/17/001			
						1500
	-					
			anned has also haved also			A Company of the Comp
marii (i)	235 10		and the state of t		Landing Callery	Jack Dill t
1,1	ul.	de	erog apen kalance majana alah ahere	<u> </u>	Large to a medical remove	secondo el lei
						liberozos
	-	_				
<u> </u>	-	-				
Received by	(name and	d title	trinted).	Inspecte	ed by (name and title printed	0:
Received by	(nume uni	1 11110	rung.	Inspector (F	BOD SMIT	1 1 40
Received by	(signature):	- [Inspecte	ed by (signatury):	A
ViR	12.	Pol	+61		Bl Im	70
cc:	-	-	cc:	cc:		



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

Establishme 22 Owner Owner addre	() Establishment () Cowner ()					
	THUI ITEMS A	S RE ID	A HILL FOLLS ENTIFIED IN THE CHECKLIST AND NARRATIVE FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		123_	55
Section #			ROMER REPORTS INSTRUCTIONS ARE DENOTED IN TR	Narrative	IN THE HARRATTY E BELOW	To Be Corrected by
336 295 295 218 218 431	C C C NC NC	A A A A A A	PRVOT SNSTDE TOP OF SI WACK-IN COOLER SHE DOOR GASKET WOR	OPENED CONTRA POPENED CONTRA POR OPENED CHEORING A TONING TO TO COMPANY TONING TO TO COMPANY TONING TO TO COMPANY TONING TO TO COMPANY TONING TO TO TO MITKER NO TO MITHER NO TO MITKER NO TO MITTER	TTE SHOF NOT ATOPOSTER THAN MOP STNX WA TO CLEAR ATOPOSTER ON REFUSE	WES DESIGNATED TO SELECTION OF 125 125 125 125 125 125 125 125 125 125
Received by T/Qu Received by cc:	1:5	Al	printed): 1 & Lell Managel CC:	V	sected by (name and title printed Solution Mathematical Sected by (signature).	Page 1 of



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

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Establishme		0	do et mar porantali inscurleus fræds.	Telephone Number	Date of Inspection	ID#
Cer	ntral	9		() Establishment	1-1-1-	391
Establishme			Greenwood.	() Owner	5/8/24	1346
2	1999	5.	4.5.31 EN	Purpose:	Follow-up Release	se Date
Owner				1. Routine		
				2. Follow-up	Summary of Viola	tions:
Owner addr	ress			3. Complaint		
				4. Pre-Operational		
Person in ch	narge		e of doorn herenen to bolish is	5. Temporary	C_C_NC_C	> R
	Less 13				an begal, property in it	inde de
Responsible	person's	email	ous burde is restricted to single middlesses		Menu Type (See	back of page)
			new hand, many an mesong C to 1	Latinos en gortico en la manual	a digree a Suportibe.	proce
Certified foo	od handle	+ '	Smith	Z 259	123	45
		and the last of th	NTIFIED IN THE CHECKLIST AND NARRATI	VE COLUMNS MARKED "C"		
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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#
Clark Pleasant Middle	() Establishment	5/2/24 1618
Establishment address / School	() Owner	3/2/24 1010
1354 E. Worthsville Rd Greenwood	Purpose:	Follow-up Release Date
Owner 11 46143	I. Routine	No 5/12/24
CPCSC	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	
Person in charge		C O NC O R O
	5. Temporary	CNCR
Carol Sexton	6. HACCP	M. T. (See back of page)
Responsible person's email Serv Safe	7. Other (list)	Menu Type (See back of page)
	/	1 2 / 3 4 5
Carol Sexton (Exp: 3/2/26)	/	12345
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Cocived by name and title printed): And rew Miller, Elected by (signature):	Establishm	ent Sanit	ation Requires	ments. The time limit for corr	ection of each violation is specifie	d in the narrative portio	n of this report.
Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Menu Type (See back of page) 12 * 3 * 4 * 5 Menu Type (See back of page) 12 * 3 * 4 * 5 Menu Type (See back of page) 12 * 3 * 4 * 5 Menu Type (See back of page) 13 * Complaint 14 * Pre-Operational 15 * Temporary 16 * HACCP 17 * Other (list) Menu Type (See back of page) 18 * Summary of Volations: 19 * Menu Type (See back of page) 19 * Summary of Volations: 10 * Note of page) 10 * Summary of Volations: 11 * Summary of Volations: 12 * 3 * 4 * 5 Menu Type (See back of page) 12 * 4 * 5 Menu Type (See back of page) 12 * 4 * 5 Menu Type (See back of page) 12 * 4 * 5 Menu Type (See back of	Establishmen	nt name	1,	of acuty for all the state of t	Telephone Number	Date of Inspection	ID#
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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 Ray Crowl Elementary Establishment address Greenwood 1300 Ray Crowl Way IN 46143 Owner CPCSC Owner address Person in charge Responsible person's email SewSafe Exp Certified food happeller	Telephone Number () Establishment	Date of Inspection 5/2/24 Follow-up Relea No 5/ Summary of Viola C NC	ID# 2496 se Date //2/24 tions:
6/10/26		123	45
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
No violations inspection			WEB J.C.
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			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 name South west Elementary Establishment address 6/9 W. Smith Valley Rd Owner Greenwood July 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 ID# 4/29/24 390 Follow-up Release Date Summary of Violations: C NC R Menu Type (See back of page) 1 2 \(\sqrt{3} \) _4 5	
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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#
West wood Elementary	() Establishment	4/20/2 7/2
Establishment address Gree	Milood () Owner	4/29/24 7/2
Establishment address Gree 899 Honey Creek Rd	IH Purpose:	Follow-up Release Date
Owner	1. Routine	1
	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
D	4. Pre-Operational	
Person in charge		C O NC O R
	6. HACCP	exclude dels onse stood departure
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